Technical Information



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This webinar is now live.



It is being recorded.





Welcome

Central East PTTC Webinar

Bisexual Women and Substance Misuse

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Acting Executive Director

Deborah Nixon Hughes
Project Director





Technology Transfer Centers

Funded by Substance Abuse and Mental Health Services Administration

Each TTC Network includes 13 centers.



Network Coordinating Office

National American Indian and Alaska Native Center

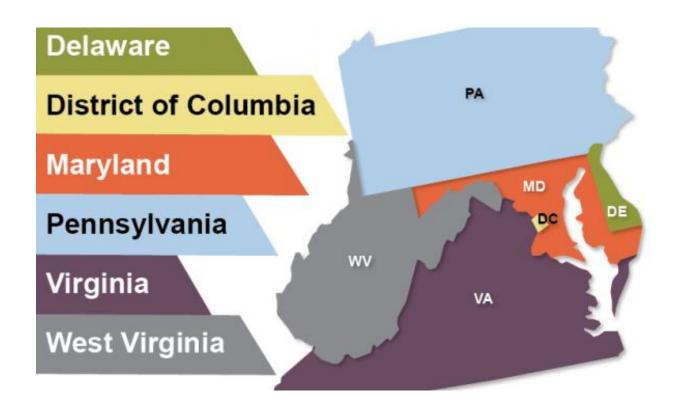
National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)



Central East Region

HHS REGION 3





The use of affirming language inspires hope. LANGUAGE MATTERS. Words have nower. PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



orientation ethnicity spirituality practices expression normalize care Matter shootings education change Racial space seem normal powerful NASW self Black gender affected Lives hate humility Diversity uncertainty sexual competency religious



PTTC Mission

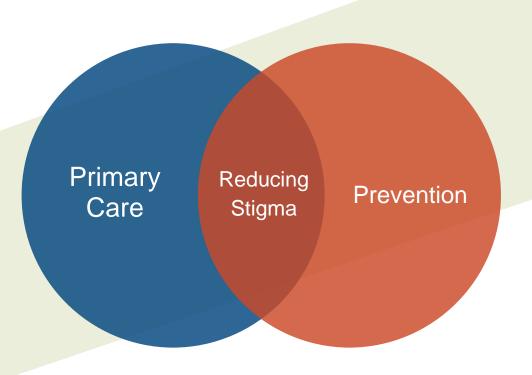




Central East PTTC Specialty Area

Engaging and Collaborating with Primary Care Providers for Substance Use

Prevention





Eligibility

Consistent with Regional, State and Local Needs



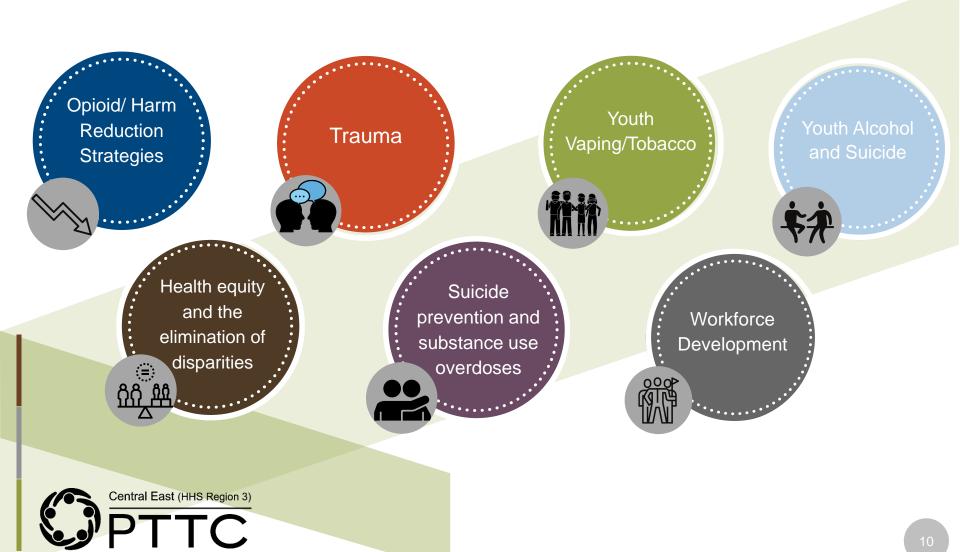
No Cost

Data Driven

EBPs provided by Subject Matter Experts



PTTC Focus Areas



Services Available





Technical Assistance



Skill Based Training







Facilitate Prevention
Partnership &
Alliances



Research Learning Collaborative







Literature Searches





Research Publication



Other Resources in Region 3



Central East (HHS Region 3)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)



Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Bisexual Women and Substance Misuse

Kate Bishop, MSSA

Education Coordinator
The Center for LGBTQ Health Equity
Chase Brexton Healthcare, Baltimore Maryland

April 27, 2022





Presenter: Kate Bishop

- Education Coordinator
 The LGBT Health Resource Center of
 Chase Brexton Health Care, Baltimore MD
- Expertise in working with LGBTQ+ populations, HIV/AIDS, reproductive health, intimate partner violence, sexual trauma
- 25 years of training experience; certified as an LGBTQ trainer through GLSEN (Gay, Lesbian and Straight Education Network) as well as SAGE (Services and Advocacy for GLBT Elders)
- BA: Gender Studies, Hiram College MA: Social Work, Case Western Reserve University









The Center for LGBTQ Health Equity

A Chase Brexton Health Care Center of Excellence

























Center for LGBTQ Health Equity Services:

- LGBTQ Health Navigation
- LGBTQ-Informed **Primary Care**
- LGBTQ Behavioral Health
- **Gender-Affirming Care**
- **Training and Education**
- Advocacy



QUICK QUIZ:

What is your primary job role?

- 1. Therapist
- 2. Educator
- 3. Case Manager
- 4. Substance Abuse counselor
- 5. HIV service provider
- 6. Law Enforcement/Corrections
- 7. Medical provider (MD, CNP, PA)
- 8. Administration/Policy
- 9. Researcher
- 10. Something else



Learning Outcomes

- 1. Describe the scope of substance use among bisexual women.
- 2. Explore the unique challenges many bisexual women face which may contribute to elevated rates of substance use disorders within the population.
- 3. Identify intervention strategies to support bisexual women who wish to address chaotic substance use in their lives.



QUICK QUIZ:

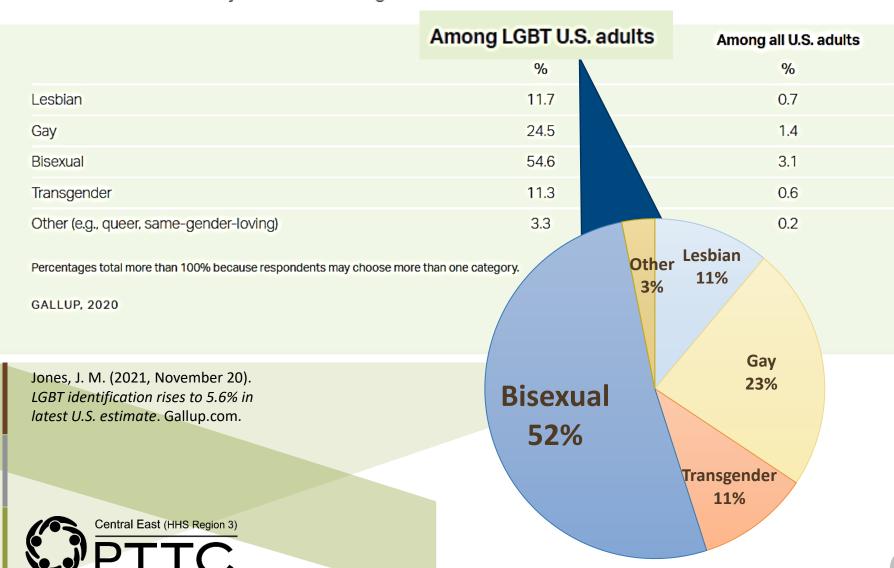
What is your level of professional experience in serving the LGBTQ community?

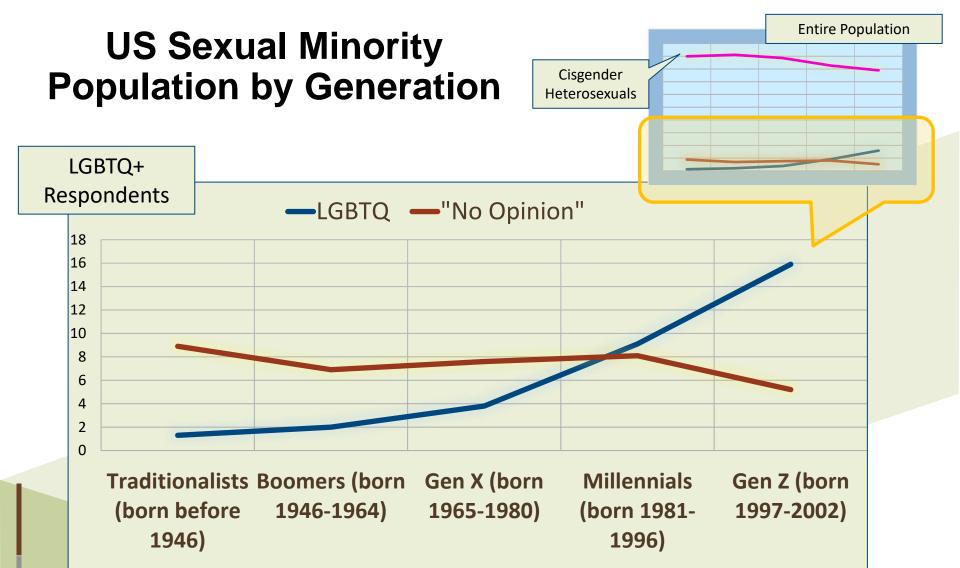
- 0. None At All
- 1. Beginner
- 2. Advanced
- 3. Expert
- 4. I am LGBTQ+ myself



Americans' Self-Identified Sexual Orientation

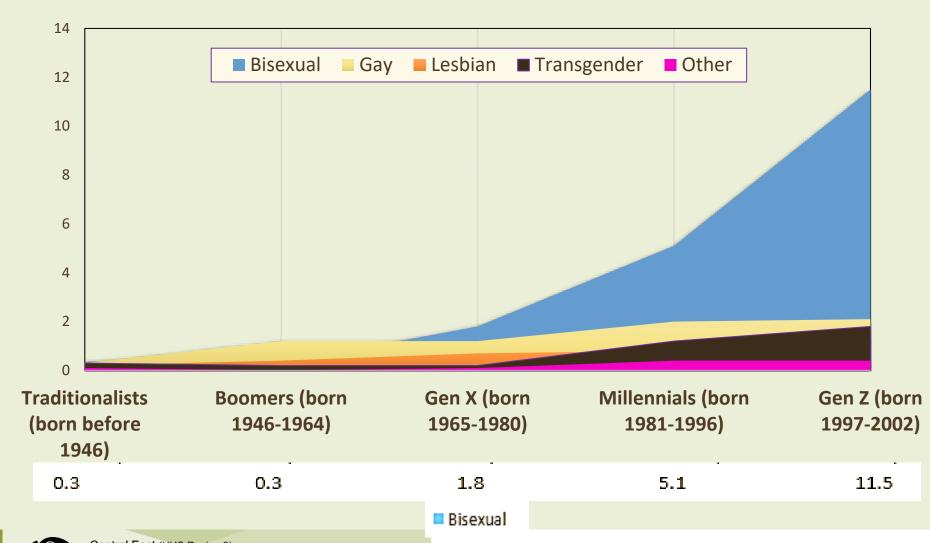
Which of the following do you consider yourself to be? You can select as many as apply: Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender.







Sexual Orientation Trends by Generation



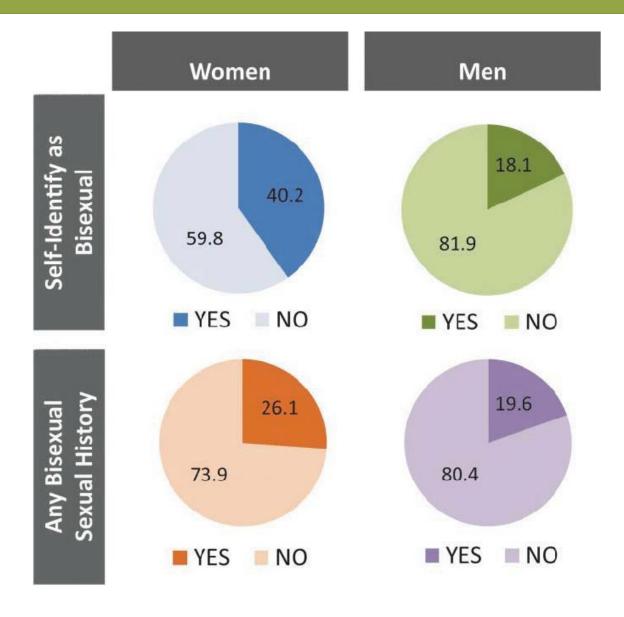


Quick Quiz

Please Answer in Chat:

True or False: LGBTQ individuals use more drugs and alcohol than other people.





Greta R. Bauer & David J. Brennan (2013) The Problem With 'Behavioral Bisexuality': Assessing Sexual Orientation in Survey Research, Journal of Bisexuality, 13:2, 148-165,

"How do you talk about your bi+ identity?"

I call myself bisexual because I acknowledge in myself the potential to be attracted — romantically and/or sexually — to people of more than one gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree. For me, the "bi" in bisexual refers to those with genders similar to my own, and those with ones that are different.

– Robin O. (she/they)



Bisexuality

Attraction to more than one gender.

This attraction could be physical, romantic, and/or emotional.

Bisexual people may experience different kinds of attraction to different genders, and their attractions may change over time.

Pansexuality

Attraction to all genders and/or regardless of gender.

This attraction could be physical, romantic, and/or emotional.

Pansexual people may also experience different kinds of attraction to different genders, and their attractions may change over time.

Pansexual and bisexual are identities that overlap and have nuanced differences, and someone who is attracted to all genders or regardless of gender might also identify as bisexual.



"Bisexual" – Bi Resource Center

 "The BRC uses 'bisexual' as an umbrella term for people who recognize and honor their potential for sexual and emotional attraction to more than one gender (pansexual, fluid, omnisexual, queer, and all other free-identifiers). We celebrate and affirm the diversity of identity and expression regardless of labels."

Ruthstrom, E. (2014, October 3). Bisexual Health Awareness Month draws attention to community's urgent health needs. National LGBTQ Task Force.



WHILE THE TERMS

BISEXUALITY

AND

PANSEXUALITY

BROADLY OVERLAP, THE DISTINCTION

MATTERS TO SOME PEOPLE. ONE IS NOT

INHERENTLY BETTER OR MORE CORRECT

THAN THE OTHER, AND THE IDENTITY DOES

NOT DEFINE THE PERSON DEFINES

THE IDENTITY.



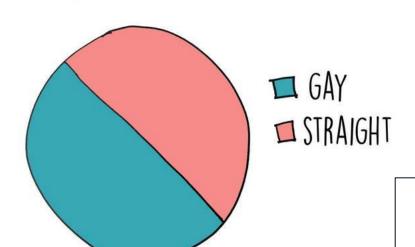
"How do you talk about your bi+ identity?"

I use the word "bisexual" to describe myself personally, but "pansexual" fits me just as well. I also use "queer" when I'm referring to myself in the context of the larger movement for liberation.

– Belle S. (she/they)



WHAT PEOPLE THINK BISEXUALITY IS



WHAT BISEXUALITY ACTUALLY IS

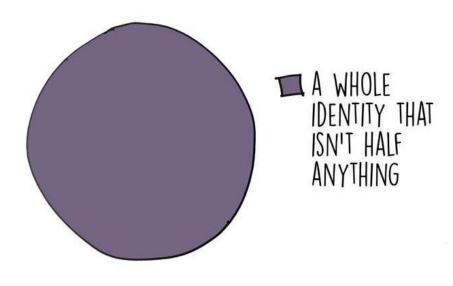
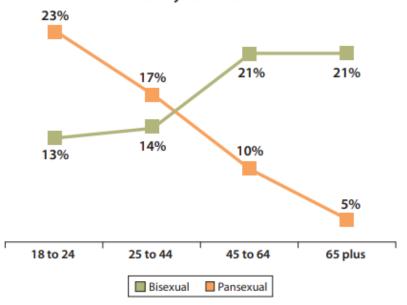


Image Source: Reddit/akidcalledMeg

Transgender Bisexuals

Figure 2: Younger Transgender People Are More Likely to **Identify as Pansexual**

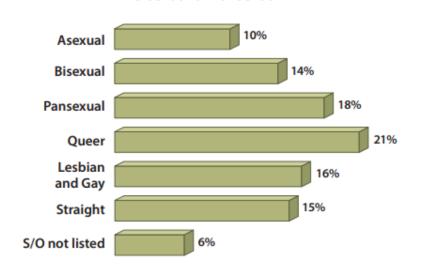


Source: Original analysis by the Movement Advancement Project of data from the U.S. Transgender Survey, administered by the National Center for Transgender Equality.



Image Source: Bisexual Resource Center

Figure 1: One-Third of Respondents Identified as **Bisexual or Pansexual**



Source: Sandy James, et al., "The Report of the 2015 U.S. Transgender Survey," National Center for Transgender Equality, 2016, http://www.ustranssurvey.org/report.



Movement Advancement Project, BiNetUSA, Bisexual Organizing Project, Bisexual Resource Center, & National Center for Transgender Equality. (2017, September). A closer look: Bisexual transgender people. Movement Advancement Project (MAP).

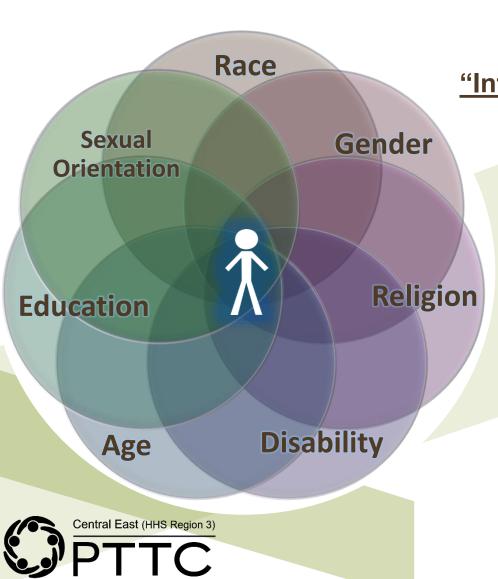
"How do you talk about your bi+ identity?"

I'm transgender and attracted to people regardless of their gender. I describe myself as bi, pan, or queer, depending on who I'm talking to. I think "queer" resonates the most with me, but I love the word "bisexual" because it makes me feel more connected to the history of the LGBTQ+ community and the bisexual activists who came before me.

River M. (they/them)



Intersectional Lives, Intersectional Needs



"Intersectionality"



Dr. Kimberle Crenshaw, 1989

- We live at the crossroads of our identities
- Multiple marginalization = compound discrimination
- Cultural Humility approach can help bridge rapport across power dynamics

Targeted Population Stress

- Damaging physical and mental health effects for those who are targeted with prejudice and discrimination
- Impacts all marginalized groups
 - sometimes called "minority stress"
- Hostile environments, anticipated threats, and continual micro-aggressions cause or exacerbate:
 - Depression
 - Anxiety disorders
 - Substance abuse
 - Hypertension
 - Heart disease
 - Cancer





Ambiguous Identities



- Queer
- Hetero/Homoflexible
- Bi-curious
- Performative Bisexuality
- Situational Bisexuality
- Fluid
- Wibbly-Wobbly Sexy-Wexy
- "I love boys and I love girls."
- "I don't like labels."

"How do you talk about your bi+ identity?"

I am bisexual. I'm attracted to more than one gender, but I don't know if I'm attracted to all genders because I don't think I've met folks of all genders. I also don't say that I'm attracted regardless of gender because my attractions are gendered.

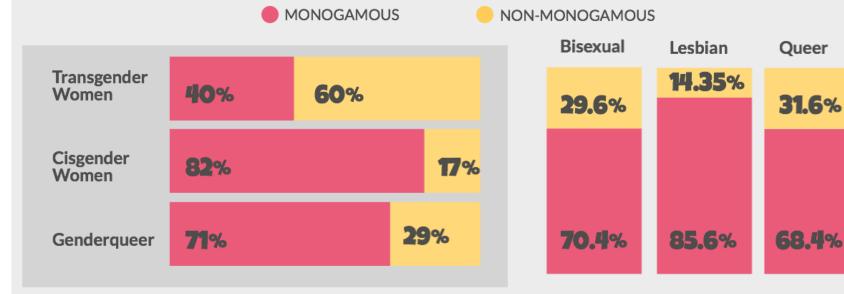
– Camille H. (she/her)



MONOGAMY! (OR NOT)

Featuring data from the 2015 Autostraddle Ultimate Lesbian Sex Survey, completed by 8,566 people, of which 89% were between the ages of 18 and 36.

OF SURVEY RESPONDENTS IN RELATIONSHIPS...





Riese. (2022, January 19). Here's the salacious sex statistics on queer women in non-monogamous vs. monogamous relationships. Autostraddle.

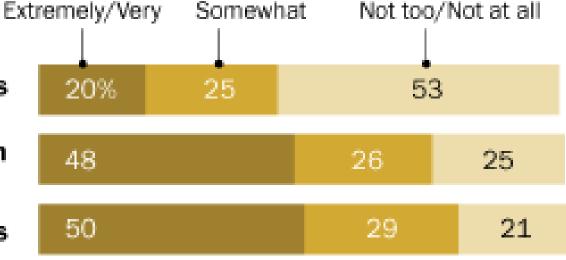


Bisexuals Less Likely to Say Sexual Orientation is Important to Their Identity

Percent who say being LGBT is ... important to their overall identity

Notes: Based on all LGBT (N=1,197). Responses for transgender adults are not broken out due to small sample size but are included in the total for LGBT. Respondents' individual sexual or gender identities were inserted; for example, lesbians were asked how important "being lesbian" is

Bisexuals



Parker, K. (2020, May 30).

Among LGBT Americans,
bisexuals stand out when it
comes to identity, acceptance.
Pew Research Center.

All LGBT

Gay Men

Lesbians

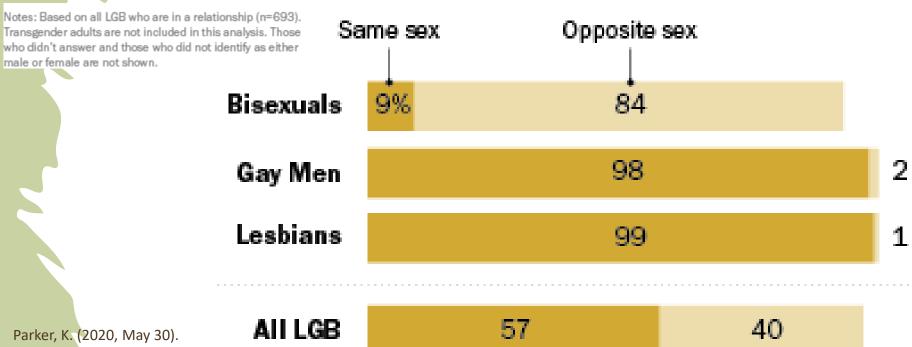
37

26

36

Most Bisexuals in Relationships Have Partners of the Opposite Sex

Percent in committed relationships with partners of the ...



Parker, K. (2020, May 30).

Among LGBT Americans,
bisexuals stand out when it
comes to identity, acceptance.
Pew Research Center.

"How do you talk about your bi+ identity?"

I say that, even though the majority of my intimate relationships have been with men, I know that I'm attracted to people of all genders (that is, people who are the same gender as I am, and people who are of a different gender from me). I have the capacity to have intimate relationships with people of all genders. I always like to sum it up by saying, "I'm bisexual because I say I am!"

– Gloria J. (she/her)



"Performative Bisexuality"

- Bi+ women are often accused of being performative for male attention because of the way bisexual women are depicted in pornography and popular culture.
- As Dr. Nicole Johnson notes "the media, and pornography in particular, have a long history of depicting women as "bisexual" while engaging in same sex behaviors for the pleasure of male onlookers.
- Recently, this experience, which has been labeled "performative bisexuality" has become common place in bars and at parties where two girls/women engage in same-sex behavior for the purposes of arousing men." This makes for a very confusing environment for individuals exploring and identifying their true selves and sexuality.



Bisexuals are far less likely to be 'out' to the important people in their life

% of those who identify as bisexual or gay or lesbian saying that ____ of the important people in their life are aware of their sexual orientation



Note: Includes only those who are currently or have ever been in a relationship or married. Share of respondents who didn't offer an answer not shown.

Source: How Couples Meet and Stay Together 2017 survey (fresh sample), conducted by Stanford University July 13-Aug. 1, 2017.

PEW RESEARCH CENTER

Pew Research Center. (2019, June 18). Bisexuals are far less likely to be 'out' to the important people in their life. Pew Research Center.

The Closet Has Costs

Research shows that the majority of Bi+ folks make active efforts to conceal their sexual identity in everyday life.

- Identity concealment is generally associated with a big increase in mental health issues.
- Loneliness is another factor Bi+ folks report in high numbers due to double exclusion (feeling left out of both gay and straight circles).
- Brian A. Feinstein, Casey D. Xavier Hall, Christina Dyar & Joanne Davila (2020) Motivations for Sexual Identity Concealment and Their Associations with Mental Health among Bisexual, Pansexual, Queer, and Fluid (Bi+) Individuals, Journal of Bisexuality, 20:3, 324-341,



Common Bisexual Community Experiences

While cultural identity affects an individual's situation, Gravely and Silverman highlighted common experiences people who are bisexual may face that contribute to mental health problems, including:

Encountering the false belief that bisexuality does not exist.

Feeling a constant need to "come out" to people or explain bisexuality.

Facing interpersonal issues related to the myth that bisexuals are untrustworthy.

Encountering stereotypes that bisexuals are immoral or hedonistic.

Experiencing emotional exhaustion caused by stigma and discrimination.



Biphobia in the LGBTQ Community

Advocate Megan S. Schuler names these stereotypes as contributing to stigma around Bisexual Women:

- Bisexual people aren't sufficiently committed to LGBTQ identity or the struggle for equality
- Bisexual people are "prone to cheating" because they are attracted to more than one gender.

Likely because of these in-group pressures, bisexual women who report being more out about their sexuality actually experience greater alcohol and drug use, especially if they feel greater discrimination.



"How do you talk about your bi+ identity?"

It really depends on the context. If in a straight-dominant space I say I'm queer and specifically bisexual if people assume I am lesbian. If I am in a friendly LGT+ space, I just say I'm bi. If I am in a sophisticated LGBTQ+ space, I'll go further and say that I'm a Bi, demi, nonbinary person. If I am in any unfriendly straight or LGT+ [space], I won't mention much about myself, and that includes orientation, since I won't be back anyway. Despite so much progress, trust still plays such a big factor for all queer people.

-Patricia S. (they/them)



What Contributes to Bi+ Erasure?



Mislabeling bi+ people as lesbian, gay, or straight, even when they come out as bi+

Denying that bi+ people exist

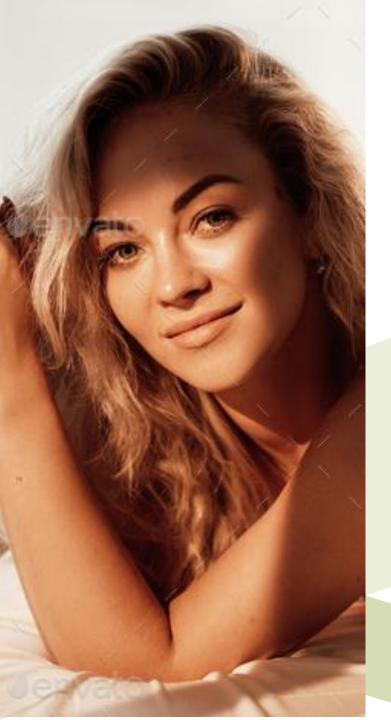
Calling bi+ people "allies"

Using non-inclusive language like "gay marriage," for example, even when there are out bi+ people getting married

Assuming a person is lesbian, gay, or straight depending on the gender(s) of their partner(s)







Hypersexualization

In a 2016 study, 18% to 31% of people reported believing the stereotype that bisexual women are inherently hypersexual, promiscuous, or unable to be in monogamous relationships.

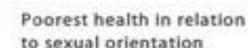
Heinze, J. L. (2021, September 22). *Disparities in bi+ health and sexual violence*. National Sexual Violence Resource Center.

Bisexuals Face Severe Health Disparities

- BOTCA BISERVARI RESOURCE CEMBER
- Higher rates of anxiety, depression and other mood disorders, compared to heterosexuals, lesbians and gays.
- Higher rate of STI diagnoses, compared to heterosexuals.
- Higher rate of heart disease, compared to heterosexuals.
- Higher rate of cancer risk factors, compared to heterosexuals.
- Lower rate of cancer screening, compared to heterosexuals.
- Higher rate of tobacco use, compared to heterosexuals, lesbians and gays.

Best health in relation to sexual orientation

Gays & Lesbians





Bisexuals

Heterosexuals

Bi the Way, Our Health Matters Too!



Ruthstrom, E. (2014, October 3). Bisexual Health Awareness Month draws attention to community's urgent health needs. National LGBTQ Task Force.

Bisexual Health Disparities

- Higher rates of anxiety, depression, and other mood disorders.
- Higher levels of sexualization -- being objectified or fetishized by others.
- Higher reporting of self-harm.
- Lower levels of social support, which contribute to low help-seeking and an increase in mental health issues.
- Higher rates of intimate partner violence and low self-esteem.
- Higher rates of sexual harassment in the workplace and in public.
- Higher rates of substance use, including cigarette smoking and heavy drinking.
- An increase in eating disorders.
- Higher poverty rates.



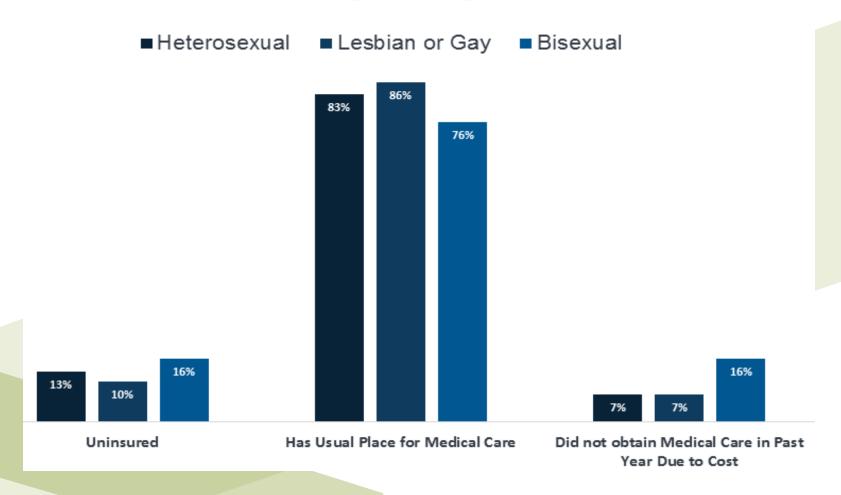
Chronic Conditions

- Studies indicate that Bi+ trans folks are least likely to say that their health was excellent or very good, compared to gay, lesbian, and heterosexual transgender people.
- Overall, Bi+ individuals were more likely to identify with having a disability than both their straight and gay counterparts.



Access to Care

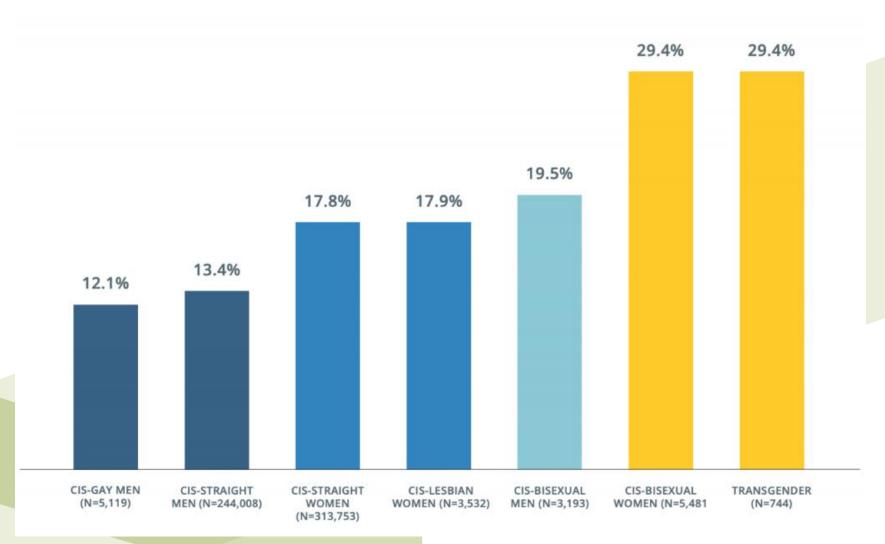
Among adults ages 18-64





Kates, J, U. R., Beamesderfer, Dawson, L., & Salganicoff, A. (2018, May 3). Health and access to care and coverage for lesbian, gay, bisexual, and transgender (LGBT) individuals in the U.S. - health challenges. KFF.

LGBTQ Poverty Rates





Brownworth, V. (2020, November 2). *New study shows roots of LGBTQ poverty and need for government data: Analysis*. Pennsylvania Capital-Star.



Bisexual Women in the Justice System

 Because of this combination of discrimination, sexual trauma, substance use, and poverty, around 30% of women in the justice system are lesbian or bisexual, in contrast to 3.4% of the general U.S. population.

Bisexual Mental Health Disparities

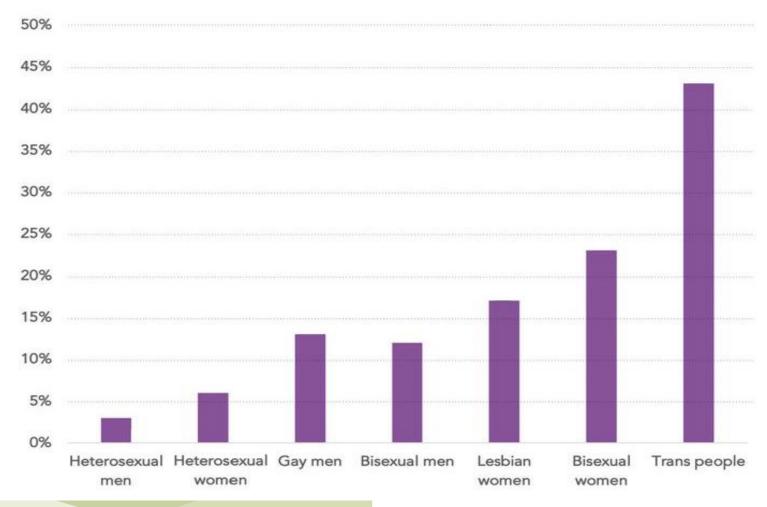
- Forty-five percent of bisexual women have considered or attempted suicide, followed by bisexual men (35%), lesbians (30%), gay men (25%), and much lower rates for heterosexual women and men.
- Bisexual women are twice as likely to have an eating disorder than lesbians.
- Bisexual women report the highest rates of alcohol use, heavy drinking, and alcohol-related problems when compared to heterosexual and lesbian women.
- Bisexual men and women report the highest rates of smoking of all orientations.

Ruthstrom, E. (2014, October 3). Bisexual Health Awareness Month draws attention to community's urgent health needs. National LGBTQ Task Force.



Adult Suicide Attempts by SOGI

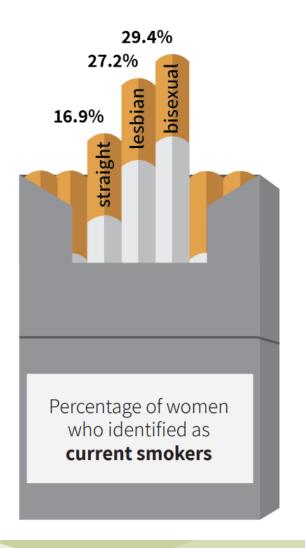
(2019 meta-analysis study)





Source: "A systematic review and meta-analysis of disparities in the prevalence of suicide ideation and attempt among bisexual populations," Archives of Sexual Behavior, 2019; "Suicidality among trans people in Ontario: implications for social work and social justice," Service Social, 2013.

Substance Use and Sexual Orientation



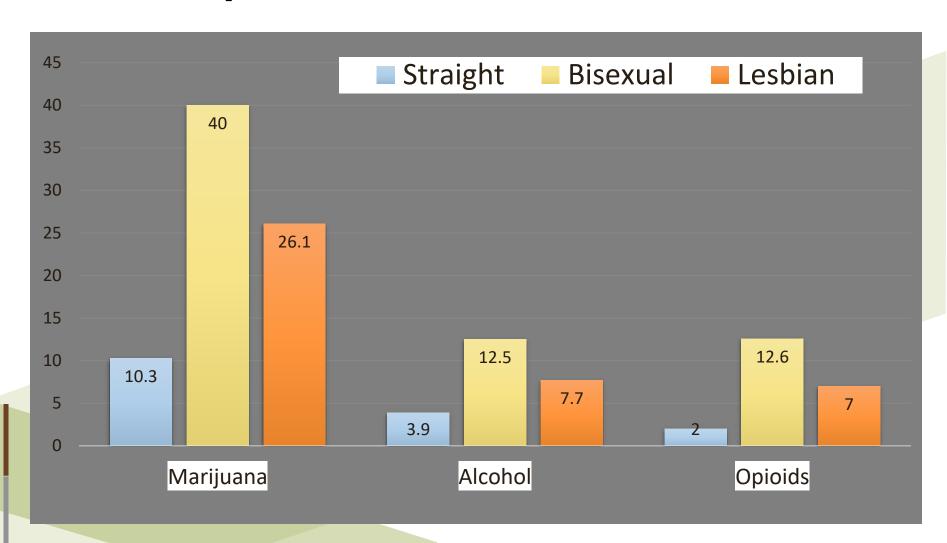


Percentage of adults aged 18-64 who had 5 or more drinks a day within the past year



Image Source: Bisexual Resource Center

Full Spectrum of Substance Misuse





Discrimination Starts Early

- Young LGBTQ women report feeling higher levels of stigma than their male counterparts. This is particularly true for bisexual women, who often lack role models who are out and bi. Young bi women are surrounded by stereotypes that bisexuality isn't "real," that bi people are "actually" straight or gay and simply confused, or that bi people should "choose a side."
- "The sexual identity development process potentially is more prolonged or confusing" for bi women, says Schuler.
 "Bisexuality is not presented as a valid option."



Sexual Violence

One in two
bisexual women
has experienced
severe violence
by an intimate
partner



Image Source: Bisexual Resource Center

- Studies indicate that 61 percent of bisexual women experience rape, physical violence, or stalking by an intimate partner, compared to 35 percent of straight women.
- Three social factors that may contribute to higher sexual violence rates among Bi+ women:
 - Substance use
 - Hypersexualization
 - Biphobic harassment



Increased Vulnerability, Increased Drug Use

SM showed higher odds of past-year substance use and lifetime chemsex drug use.

Bisexual women had higher odds for use of all analysed substances relative to heterosexual women.

Urbanity, being uninsured, and unmet need for mental health treatment were associated with significantly higher odds of substance use, chemsex drug use and binge drinking.

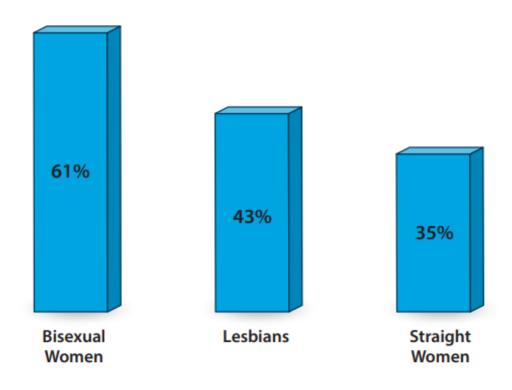
Higher odds of drug use correlated wiht lower health ratings.

Sexual minority people have significantly higher levels of socioeconomic vulnerability.

Higher vulnerability indices were associated with increased odds for drug use.

Figure 4: Women Experiencing Intimate Partner Violence

% Of Women Who Say They Have Experienced Rape, Physical Violence, And/Or Stalking By An Intimate Partner



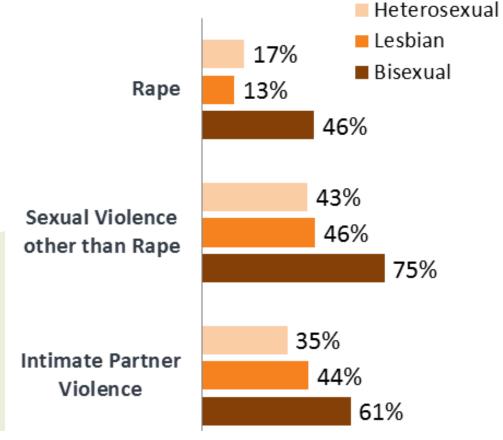
Source: M.L. Walters, J. Chen, and M. J. Breiding, "The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation," National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2013.



Sexual Trauma

Lifetime Prevalence Among Women





Sexual Violence other than rape includes being made to penetrate, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences. Perpetrator can include an Intimate Partner.

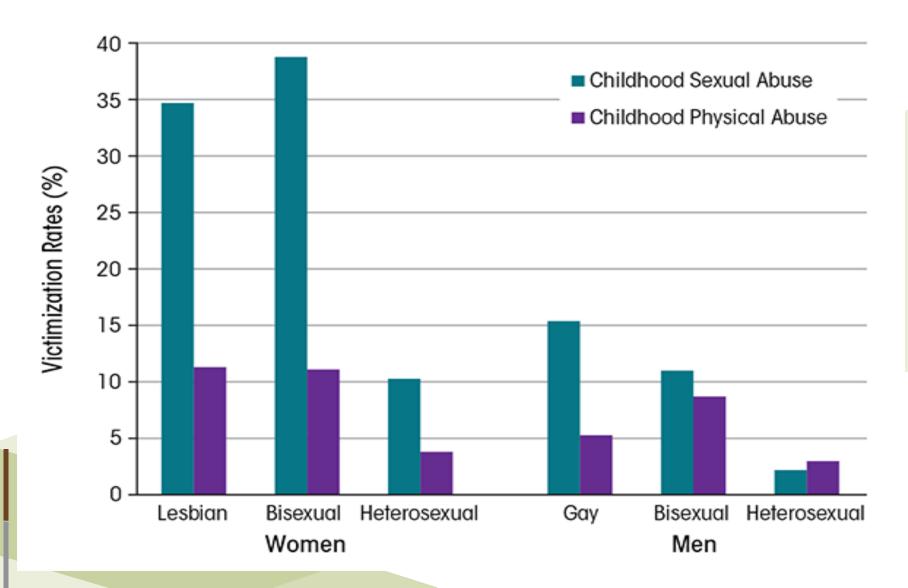
Intimate Partner Violence includes physical and sexual violence, threats of physical or sexual violence, stalking, and psychological aggression by a current or former intimate partner.

NOTE: *Sample size too small for estimate. Among adults 18 and older.

SOURCE: CDC. (2013). The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation.



Kates, J, U. R., Beamesderfer, Dawson, L., & Salganicoff, A. (2018, May 3). Health and access to care and coverage for lesbian, gay, bisexual, and transgender (LGBT) individuals in the U.S. - health challenges. KFF.





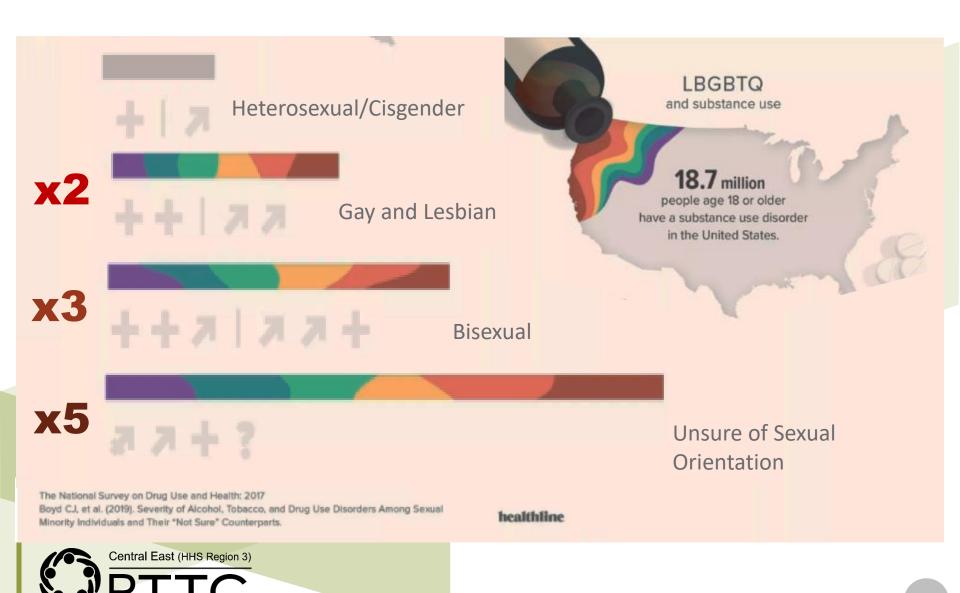
Hughes, T., Wilsnack, S., & Kantor, L. (2016, January 1). The influence of gender and sexual orientation on alcohol use and alcohol-related problems: Toward a global perspective. National Institute on Alcohol Abuse and Alcoholism.

Sexual Trauma Leads to Substance Use

- "A lot of people report subsequently using substances to cope in part from constantly experiencing victimization," says Schuler.
- 'This victimization partly stems from stereotypes of bi women as hypersexual. "Our standards of women regarding sexuality are clearly different than men. I think that's the real magnifying factor," says Schuler.
- Researchers like Nicole Johnson, at Lehigh University's
 Resistance Lab, back up this explanation, arguing that because
 bi women are stereotyped as indiscriminately sexual, our
 partners may use our bi identity as an excuse to coerce or
 control us. Bi women may turn to substances to help us cope
 with the resulting trauma.



Substance Use Disorder: An LGBTQ Epidemic



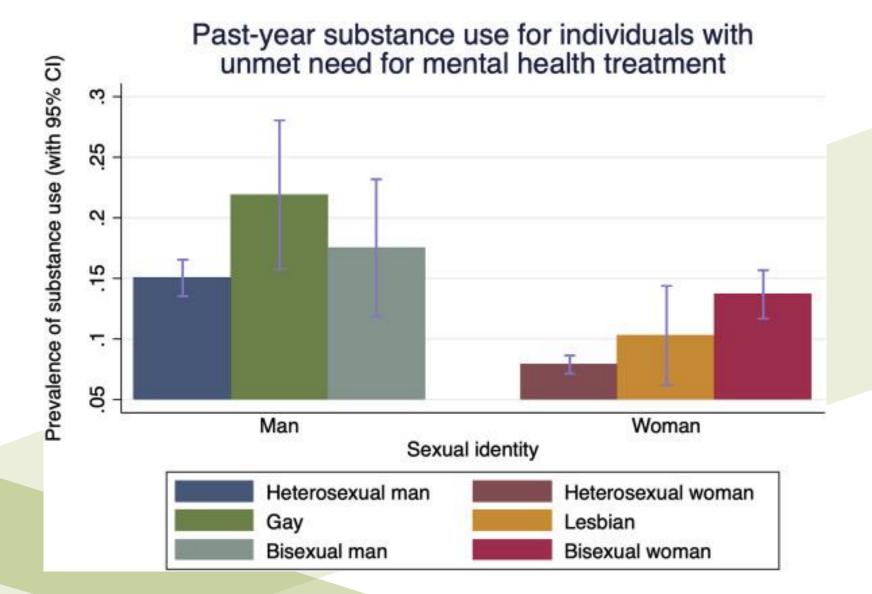
Five Reasons Why

High rates of LGBTQ substance use and abuse may be due to:

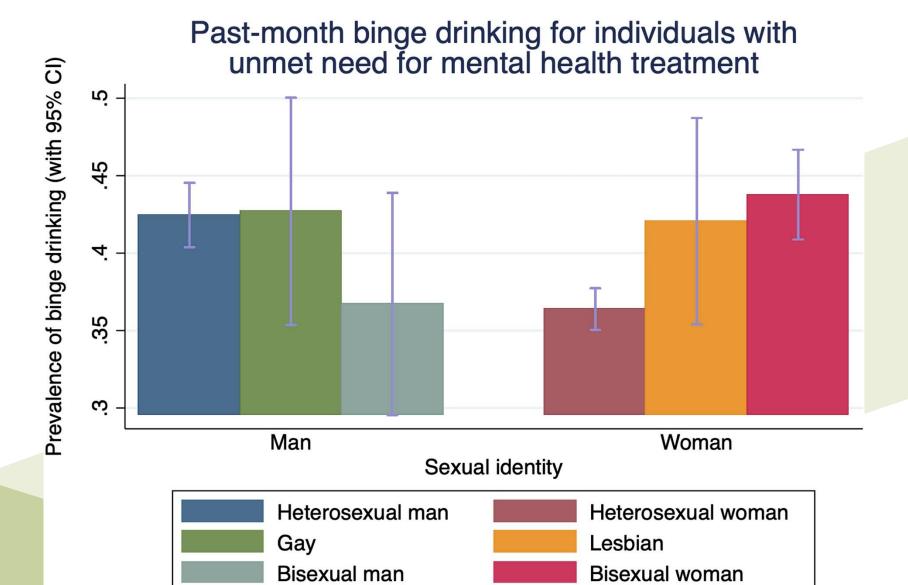
- 1. STIGMA: High stress levels due to social, legal, medical, employment and housing prejudice and discrimination.
- 2. TRAUMA: More likely to have experienced trauma and other mental health concerns than their cisgender/heterosexual peers
- 3. SAFER SPACES: LGBTQ people have relied on bars and clubs as community-controlled safe venues for socializing
- 4. TARGETED MARKETING: Alcohol and tobacco companies exploit LGBTQ values like freedom, self-expression, and visibility
- 5. CARE SYSTEM GAPS: Lack of cultural knowledge in health care discourages LGBTQ population from seeking treatment

Hunt, Jerome. Why the Gay and Transgender Population Experiences Higher Rates of Substance Use. Center for American Progress, 3/9/12.

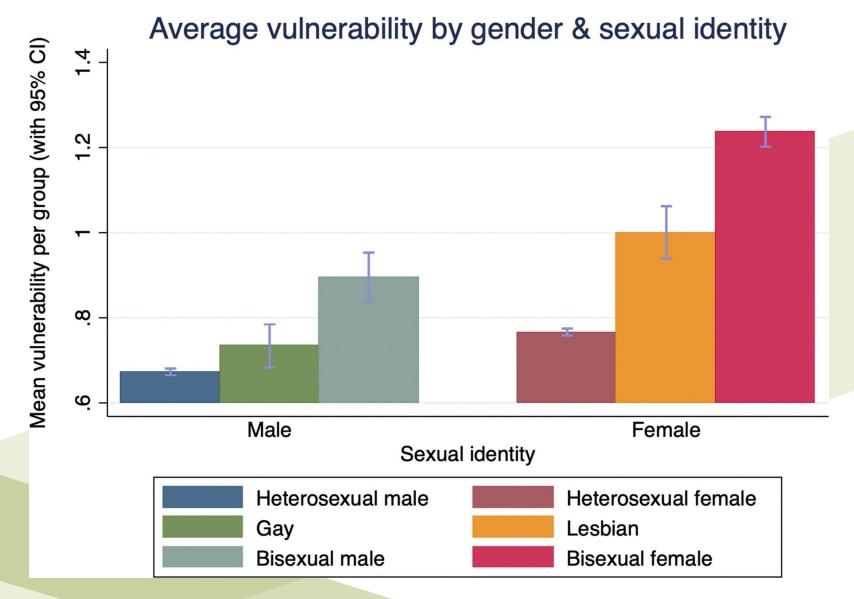








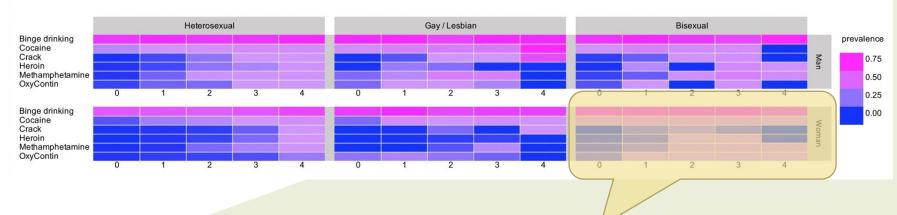




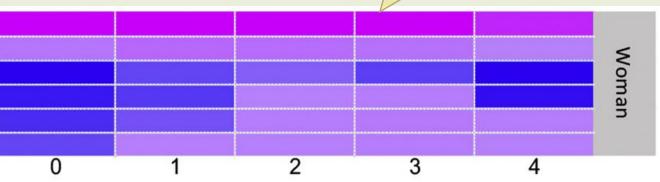


Prevalence and Vulnerability

Patterns in prevalence of substance use by sexual identity and gender



Binge drinking
Cocaine
Crack
Heroin
Methamphetamine
OxyContin





High Stress, High Risk

Stress related to prejudice, discrimination, and disclosure/hiding



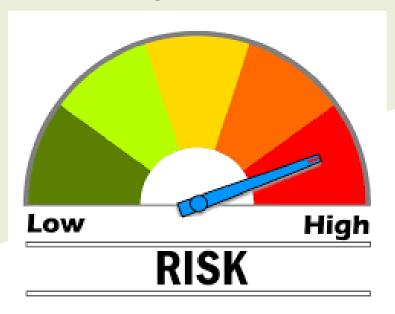
LGBTQ cultural normalization of heavy substance use



Social and sexual/romantic opportunities limited to venues designed for substance use



Disproportionate risk for substance use-related health, emotional, social, and legal problems



Plus ça Change / The more things change...





QUICK QUIZ:

What was the name of the NYC bar where a 1969 uprising against police brutality started the U.S. LGBTQ liberation movement?

- 1. Pegasus
- 2. The Cubbyhole
- 3. The Stonewall Inn
- 4. The Eagle



It's What We Do

- For many LGBTQ people, bars and clubs are home, the only place it is safe to be completely authentic.
- Dedicated sober spaces are more common in leather/BDSM communities and in lesbian/bisexual/ queer women's socialization



 Mark: "So, the next 20 years or so, all I knew was that if you are gay, you go to bars and clubs. Over the years, you're just trapped. You don't have a choice. It's like 'you're gay, here's a bottle, here's a bag."



Targeted Alcohol Marketing



Targeted Tobacco Marketing

http://transformingcareconference.com/wp-content/uploads/2017/11/Creating-Tobacco-Free-Initiatives-for-LGBTQ-Communities.pdf



Advertisement by American Spirit via LGBT Tobacco; Photo illustration by Lisa Larson-Walker. Ads by manufacturer via LGBT Tobacco.





LGBTQ
Substance
Misuse
Prevention and
Treatment



Limited Targeted Treatment Options

Of the 854 treatment programs (including residential, outpatient, and partial hospitalization) in the SAMHSA directory that reported to have specialized treatment services for LGBTQ people...

...Only 62 programs confirmed these services actually existed during a telephone follow-up

- 70.8% of these "LGBT" programs were no different from services offered to the general population
- Only 7.4% could identify a service specifically tailored to the needs of LGBT clients

Bryan N. Cochran, K. Michelle Peavy & Jennifer S. Robohm (2007) Do Specialized Services Exist for LGBT Individuals Seeking Treatment for Substance Misuse? A Study of Available Treatment Programs, Substance Use & Misuse, 42:1, 161-176.

78

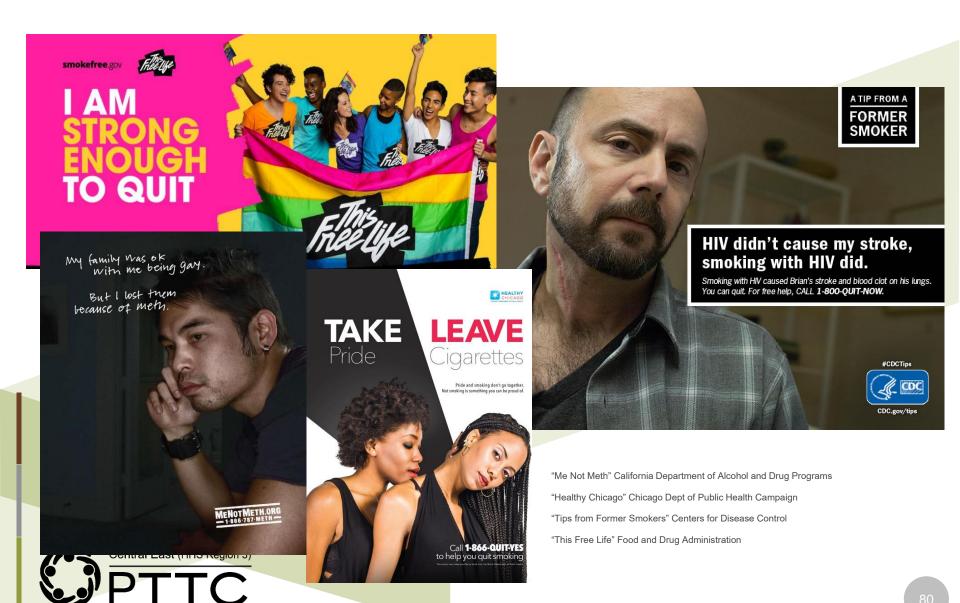
Proven Prevention Strategies

- LGBTQ-targeted prevention messages and images
- "No Wrong Door" model
 - 24-hour crisis support
 - walk-in centers
 - peer support groups
 - community outreach programs
- Protective Interventions:
 - Mental Health Therapy: individual, group, and family (including "families of choice")
 - Meeting Basic Needs: Housing, Food, Income
 - Connection: promoting strong social networks

Medley, G., Lipari, R. N., Bose, J., Cribb, D. S., Kroutil, L. A., & McHenry, G. (2016, October). Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review. Retrieved from https://www.substanceabuserehab.com/lgbt-substance-abuse-prevention/Central East (HHS Region 3)



Targeted Prevention Messages



LGBTQ-Specific Recovery Concerns

- Self-acceptance of sexual orientation/gender identity
- Managing discrimination and microaggressions
- Mistrust of healthcare providers and systems
 - Especially prevalent in gender diverse communities and among people of color
- Handling peer pressure in LGBTQ culture
- Interference with hormone treatments or HIV regimens
- Coming out to loved ones, maintaining relationships
- Family rejection and social isolation
 - Bisexual individuals particularly may feel disconnected from both heterosexual and homosexual communities

Ranes, Bethany. Research Update, Butler Center For Research, Hazelden Betty Ford Foundation, January 2016



LGBTQ- Focused Recovery Program Strategies

- Positive and affirmative environment
- Acknowledge LGBTQ identities and realities
- Affirm "families of choice"
- Integrate sexual concerns into treatment
- LGBTQ staff and peer role models

- Focus on
 - self-acceptance
 - self-awareness
 - practical strategies for coping with
 - stigma
 - discrimination
 - stress

Ratner E. A model for the treatment of lesbian and gay alcohol abusers. Alcohol Treat Q. 1988;5(1):25-46.



Risk Reduction: Building Resilience

CARE

- Easy access to effective, culturally competent care
- Support from medical and mental health care professionals
- Restricted access to highly lethal means of suicide (e.g. firearms)

SKILLS

- Positive role models and self esteem
- Coping, problem solving and conflict resolution skills



Risk Reduction: Building Resilience

PRIDE

- Academic, artistic, athletic achievements
- Cultural and religious beliefs that discourage suicide
- LGBTQ Identity

CONNECTION

- Strong connections to family members (original and chosen)
- Connectedness to safe schools
- Positive connections with friends who share similar interests

Prioritize Social Network Development

- Social support is crucial for all clients
- Those estranged from families of origin may be especially vulnerable to relapse
- Offer a buffer around identity-related distress
- Help to build scaffold of resilience
- Established support for when things go wrong
- Possibility models: positive reflection creates hope
 - Especially crucial for LGBQ/SGL/Gender Expansive people of color facing both internalized racism and homophobia/transphobia





Skill Builder Section: Frameworks That Work









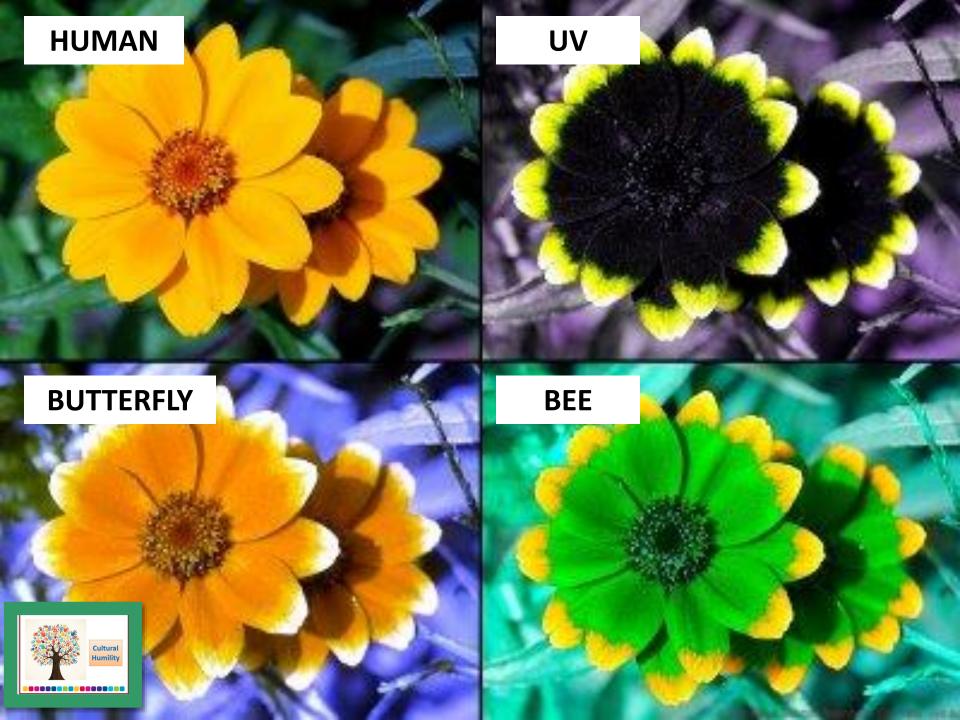


What is Cultural Humility?

- Other-centered interpersonal approach
- Ethical orientation of service delivery
 - A commitment to understanding power dynamics
 - Requires us to take responsibility for our interactions
 - Acknowledges the limitations of our own cultural perspective
 - "Borrow the patient's glasses"









Community Concept: Service Providers

Agency assurances that services are "for Everyone" may not mean much to a LGBTQ person.

- LGBTQ people tend to assume service providers will be unwelcoming or hostile until proven otherwise
- LGBTQ people often believe services do not include their concerns unless explicitly targeted toward them
- LGBTQ people historically have been offered "help" to become "normal", may automatically be suspicious of help from any institutional representative





Community Concept: Safety

- "Safety" to LGBTQ people means:
 - Safety to be authentic and open with identities
 - Safety to feel believed about discrimination and abuse
 - Safety to feel unafraid of homophobic/transphobic responses and attitudes of service providers
- People from a dominant (heterosexual, cisgender) culture tend to assume that if they are mistreated, they have an automatic right to help, and will be treated respectfully by any agency
- Those from a subdominant (LGBTQ) culture may not have experienced agencies as helpful in the past, may not believe that help is genuinely available, and may not seek out help





What Is "Sex Positive"?

"An attitude towards human sexuality that regards all consensual sexual activities as fundamentally healthy and pleasurable, and encourages sexual pleasure and experimentation."

Allena Gabosch, Center for Sex Positive Culture







Why It Works

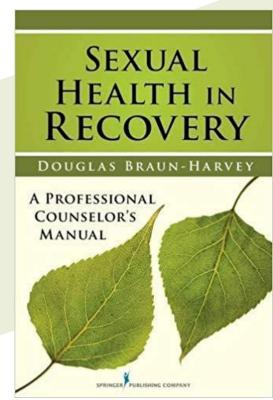
- LGBTQ individuals have been pathologized, even institutionalized, by medical and psychological consensus for their sexual desires
- Clients may be scanning for these attitudes, concerned their attractions and activities will be labeled sick and immoral
- Free sexual expression is a key value to communities who have had to fight for sexual dignity
- Frank conversation about sexuality, sexual concerns, and sexual pleasure is common and normal within LGBTQ communities
- Sexual connection can be a strongly positive route to healing for LGBTQ individuals





Example: Sexual Health in Recovery

- Group-level psychoeducational intervention originally developed by Douglas Braun-Harvey
- Curriculum allows participants to explore sexual values, examine sex/drug linked behaviors, and plan for triggers that can impede recovery.
- From the SHIR facilitator's manual:
 "Sexual Health is not just about avoiding relapse, or about avoiding disease, or unintended pregnancies, or getting PAP smears and testicular and prostate exams. It's <u>also</u> about having sexuality be a safe, consensual, joyful, pleasurable and meaningful part of our lives."





QUICK QUIZ:

Which of these is **NOT** an example of a harm reduction strategy?

- 1. Abstinence-based SUD treatment
- 2. Mandated Face Masks
- 3. PrEP (Pre-Exposure Prophylaxis)
- 4. Syringe exchange programs





What is Harm Reduction?

- Practical strategies intended to save lives
- Avoids abstinence-only approaches to managing risky behaviors
- Non-judgmental, non-coercive services
- Resources for people who do not abstain from risk

Examples:

- Seat Belts
- Contraceptives
- Nicotine patches
- Syringe exchange programs
- Methadone and buprenorphine
- PrEP (Pre-Exposure Prophylaxis)





Why It Works

- Abstinence-based approach can be incompatible with LGBTQ counterculture-culture
- Mitigates LGBTQ community value of medical/service provider mistrust
- Acknowledges the cultural centrality of drug use in LGBTQ populations
- Allows client to set pace, extent, and routes of behavior change
- Empowers the client as the expert about their own experiences and needs





Example: Tweaker.org



If crystal's part of your game, set your limits before you're on the scene or in one. And think about how you're gonna keep to your limits before you run into them.



SMDuate for Tweeker.org, 2008



- Harm Reduction project aimed at gay/bisexual/queer crystal meth users in San Francisco
- Focuses on mitigating sexual risk-taking while using club drugs
- "Tweaking Tips for Party Boys" tip sheet offers advice for safer crystal meth use before using, during the high, coming down, and how to cut back or stop if you want to, and many recovery resources.





Trauma-Informed Care: Principles

EMPOWERMENT

Noticing capabilities in the individual

COLLABORATION

Making decisions together

TRUSTWORTHINESS

Providing clear and consistent information

SAFETY

Creating areas that are calm and comfortable; setting boundaries

CHOICE

Providing individuals options in their services and treatment

Institute on Trauma and Trauma-Informed Care, 2015, adapted from Harris, M. & Fallot, R. D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services*. San Francisco: Jossey-Bass.





Why It Works

Trauma impacts LGBTQ communities at extraordinarily high rates. Addiction is often a survival strategy vs pleasure seeking strategy:

- To self-soothe and self-regulate
- As a way to numb hyperarousal symptoms: intolerable affects, reactivity, impulsivity, obsessive thinking
- In the service of walling off intrusive memories or facilitating dissociation
- As a way to combat helplessness by increasing its hyper vigilance and feelings of power and control
- To "treat" hyper arousal symptoms of depression, emptiness, numbness, deadening
- As a way to function or to feel safer in the world





Example: Trauma-Sensitive Care

Treatment must address the relationship between:

- The trauma and the addictive behavior
- The role of the addictive behavior in "medicating" traumatic activation
- The origins of both in the traumatic past
- The reality that recovering from EITHER requires recovery from BOTH

Effective Therapeutic Modalities:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)
- Eye Movement Desensitization and Reprocessing (EDMR)
- Mindfulness-Based Meditation
- Seeking Safety counseling model



Jeff Zacharias, "The Interplay Of Trauma & Addiction In The LGBT purposity" Addiction Studies Institute (ASI) / Columbus, OH, 8/15/15

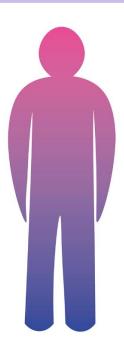
PTTC

How Helping Professions Can Help Eliminate Bisexual Erasure

- Check your own biases. Recognize if you view things through the lens of monosexism so you can acknowledge any biases you may have about others' sexuality.
- Use affirming language. Respect that people may use different labels for their identity and ask them what they prefer to use in conversation.
- Use inclusive language. Acknowledge bisexual-plus people instead of referring to just "gays" and/or "lesbians." Be mindful of how phrases like "gay marriage" erase bisexual people who are in same-sex relationships and who are married.
- Educate yourself. Learn about the bisexual-plus community and how the connections between identity, behavior and attraction can look different for people.
- Educate others. Support bisexual-plus people by teaching their family members, coworkers and the community about bisexuality.



How to Be An Ally to a Bi+ Person



Believe we exist.

Accept the labels and identities we use.

Speak up when we're being defamed or excluded.

Validate our frustration with the L & G communities when they ignore or exclude us.

Celebrate bi+ culture with us!





Image Source: Bisexual Resource Center



Kate Bishop kbishop@chasebrexton.org





Contact Us



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