

Preventing Root Causes of Substance Use in LGBTQIA+ Youth

**Proactive
Techniques for
Upstream
Prevention Efforts to
Address Minority
Stress Among
LGBTQIA+ Youth**



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The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.



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

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This is a call to action.

LGBTQIA2S+ (Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, Asexual, Two-Spirit, and other Queer identities that may not be explicitly listed here) people face extreme health and education disparities as a result of stigma, discrimination, bullying, and misinformation. The United States Department of Health and Human Services declared LGBTQIA2S+ people as a priority population for the Healthy People 2030 goals and objectives. Recent studies have shown that LGBTQIA2S+ people (shortened to "Queer" moving forward) experience a higher prevalence of suicidal ideation and attempts, self-injury, substance use, and mental distress when compared to their heterosexual (straight) or cisgender (not transgender) peers. **As public health and prevention practitioners, it is our responsibility to provide inclusive and affirming services to Queer youth and it is their right to receive these services.** If we work together to combine upstream and downstream prevention efforts with creative evidence-informed programming, we can achieve health equity for all people.

Currently, there is a nationwide attack on Queer youth. Across the United States, there are bills being introduced that will **negatively impact the health and well-being of millions of young people.** Access to adequate healthcare services and providers, the ability to engage in athletic programs, receive gender-affirming programming in schools, and even access to safe housing are just a few examples of the basic human rights that are being threatened. *It does not need to be this way.* This toolkit for prevention practitioners will describe techniques to address minority stress in LGBTQIA2S+ youth, which is a root cause of substance use in this population. This toolkit will provide information about how to **be a good ally**, how to **incorporate queer-affirming and inclusive practices into prevention science**, and how we can use the toolkit to achieve **health equity**.

It is critical that we make our services and training initiatives more robust. **On average, medical doctors receive less than four hours of LGBTQIA2S+ content in their schooling.** Some educators never receive training or technical assistance on LGBTQIA2S+ content throughout the span of their entire career. However, a person does not have to have a thorough understanding of sexuality or gender to be able to be affirming, kind, and inclusive. This toolkit will include some basic terminology and concepts, but **language evolves quickly**. The key takeaway of this toolkit is not to memorize vocabulary, but rather to encourage prevention leaders to seek out education, advocate for those whose voices may be absent or silenced, and to provide a sense of futurity for youth who need it.

Where We Stand

- As of summer 2023, there are currently over 490 anti-LGBTQIA2S+ bills being introduced in legislature across the United States. These bills attack LGBTQIA2S+ health, education, and self-expression (such as banning drag shows or correct pronoun usage in health or school records).
- LGBTQIA2S+ people already experience major health and education disparities such as increased prevalence of suicide, self-harm, and substance use.
- LGBTQIA2S+ youth are 2-3 times more likely than their heterosexual and/or cisgender peers to use a variety of substances due to stigma, discrimination, and stress. This is known as the minority stress complex.
- It has been proven that having even one affirming and supportive adult as a resource for a LGBTQIA2S+ youth can dramatically decrease their risk of suicide, self-harm, or substance use.



Quick Data

These data are a glimpse into why this topic is important to have an understanding of when working with youth. Compared to their heterosexual peers, sexual minority students are more likely to have:

01.

Seriously considered suicide

- 48% LGB students
- 32% unsure
- 13% heterosexual
- 45% have same sex
- 19% only opposite sex

02.

Felt sad or hopeless

- 63% LGB students
- 46% unsure
- 28% heterosexual
- 64% have same sex
- 35% only opposite sex

03.

Used illicit drugs

- 23% LGB students
- 27% unsure
- 12% heterosexual
- 36% have same sex
- 19% only opposite sex

04.

Been bullied at school

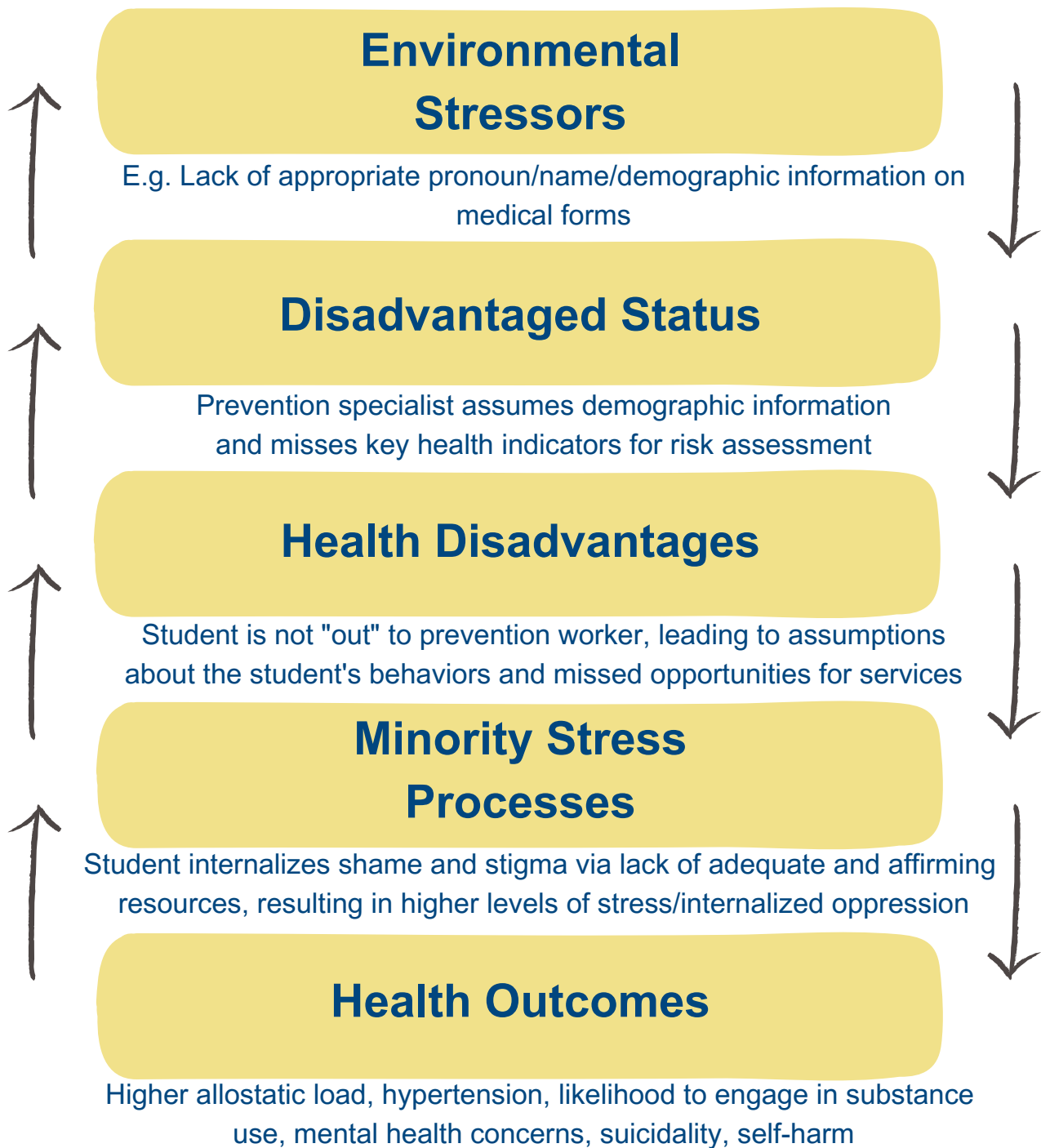
- 33% LGB students
- 24% unsure
- 16% heterosexual
- 36% have same sex
- 19% only opposite sex



Disclaimer: Historically, data pertaining to transgender, non-binary, and questioning/Queer youth have not been collected in national surveys such as Youth Risk Behavior Survey (YRBS).

<https://www.cdc.gov/healthyyouth/disparities/health-disparities-among-lgbtq-youth.htm>

Minority Stress



Building Resilience

There are many creative ways to incorporate affirming, inclusive, trauma-informed care into prevention. Here are some ideas to get you started:

- Provide a sense of "Queer Futurity" to reduce minority stress. **Intentionally recruit, hire, train, and retain prevention specialists** who mirror the identities you are trying to engage in prevention efforts.
- **Highlight Queer elders** in your public posts and events to show youth they can and will get through difficult times.
- Fundraise for unrestricted funds to engage youth in fun, substance-free prevention focused activities. Give specialized effort to your community's specific needs and let the events be **youth-driven** (e.g. a Queer Prom event in areas where LGBTQIA2S+ partners might not be able to go to a dance together).
- Hold focus groups, highlight youth experiences, and **pay youth fairly** for their time.



Evidence-Informed Ideas

Surveys and focus groups in rural parts of Rhode Island (South County/Washington County) have shown that LGBTQIA2S+ youth feel invisible, erased, and as though they are not being treated equitably in schools. They have expressed that these factors contribute strongly to their urges to engage with substances like nicotine, alcohol, and cannabis. Students have shared that the following types of prevention-focused events would be very affirming and helpful:

- Queer Prom or Dance Events where all partnerships (polyamorous, Queer, non-binary to mention a few) are welcome.
- Local Pride events since transportation can be a barrier for many youth.
- Inclusive and affirming sexual health education that is accurate.
- The presence of supportive and engaged adults who care.
- The presence of a Gender and Sexuality Alliance (GSA) as a support in every public middle and high school.

“Lack of queer-inclusive sex education is one of the reasons so many of us feel invisible, don’t know what to do, feel lonely, and turn to things like vaping to fill the void.” -

A student participant at a South County Pride Club

“It isn’t us you need to focus on educating better. It’s educating the straight, cis kids who wait behind lockers in the hallway to shout out our deadnames just to be jerks. Those kids won’t be happy until all of us trans kids are dead.” -

A student participant at a South County Gender & Sexuality Alliance meeting in March 2023

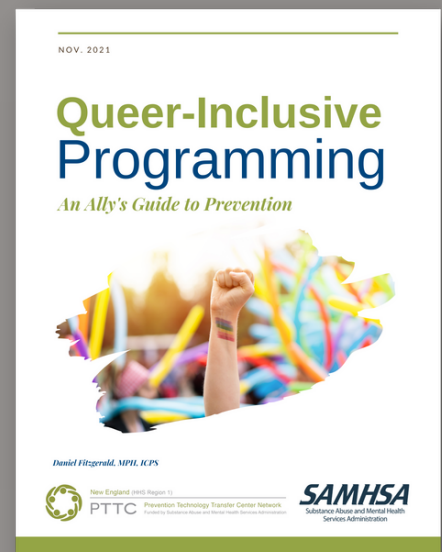


“There are so many other things that we could be here for hours that I feel are important for behavioral health providers to know.” – An adult participant at a behavioral health-focused Safe Zone training

Resources for Prevention Teams

Remember, this is a rapidly changing linguistic revolution. Language changes over time. Keeping your finger on the pulse and checking in about resources is key.

- **A robust glossary of terminology and concepts can be found at the following link:**
<https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>
- **The American Civil Liberties Union has an up-to-date bill tracker for you to learn about bills that are introduced and/or advancing in legislation in the United States:**
<https://www.aclu.org/legislative-attacks-on-lgbtq-rights>
- **The Trevor Project is an LGBTQIA2S+ specific resource for suicide prevention:**
<https://www.thetrevorproject.org/>
- **The National LGBTQIA+ Health Education Center has a robust library of webinars, publications, and resources for healthcare providers:**
<https://www.lgbtqiahealtheducation.org/>
- **SAMHSA LGBTQ+ Behavioral Health Equity Center of Excellence:**
<https://www.samhsa.gov/lgbtq-plus-behavioral-health-equity>
- **Burlington Partnership for a Healthy Community:**
<http://www.burlingtonpartnership.org/btvlgbtqmemo/>
- **New England PTTC Products and Resources Catalogue including former Research and Design Fellow Products such as Queer-Inclusive Programming:**
<https://pttcnetwork.org/centers/new-england-pttc/2021-fellowship-program-product-queer-inclusive-programming-allys-guide>



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- Dentato, M. P. (2012, April). The Minority Stress Perspective. American Psychological Association. <https://www.apa.org/pi/aids/resources/exchange/2012/04/minority-stress>

Organizational References

- The National LGBTQIA+ Health Education Center has a robust library of webinars, publications, and resources for healthcare providers: <https://www.lgbtqiahealtheducation.org/>
- SAMHSA LGBTQ+ Behavioral Health Equity Center of Excellence: <https://www.samhsa.gov/lgbtq-plus-behavioral-health-equity>
- New England PTTC Products and Resources Catalogue including former Research and Design Fellow Products such as Queer-Inclusive Programming: <https://pttcnetwork.org/centers/new-england-pttc/2021-fellowship-program-product-queer-inclusive-programming-allys-guide>