

Substance Abuse Treatment for Lesbian, Gay, Bisexual, Transgender Individuals

Jon E. Grant, JD, MD, MPH
University of Minnesota
School of Medicine
Medical Director, The Pride Institute

Disclosure Information

- ◆ I have the following financial relationships to disclose:
 - Grant/Research support from: Forest Pharmaceuticals, GlaxoSmithKline
- ◆ I will discuss the following off-label use and/or investigational use in my presentation:
 - All medications used to treat non-substance addictions are off-label and include - SSRIs, lithium, antiepileptics, opioid antagonists, stimulants, antipsychotics, calcium channel blockers, muscle relaxants, antiemetics

Substance and Non-Substance Addictions

- ◆ Methamphetamine
- ◆ Cocaine
- ◆ Alcohol
- ◆ GHB, Ecstasy
- ◆ Compulsive sexual behavior
- ◆ Pathological gambling
- ◆ Compulsive Internet use
- ◆ Compulsive spending

Gays, Lesbians, and Addiction

- ◆ National Health and Social Life Survey (NHSL) found that approximately 3% of men in a community sample identified as gay or bisexual
- ◆ Gay and bisexual men appear to suffer from substance use disorders at two to three times the rate found in the general population

Epidemiology

- Gay men more likely than heterosexual men to use recreational drugs; 1/3 gay men use drugs 1x/week; 2/3 used in past 6 months
- Lesbians at greatest risk
- Substance abuse 1.47 times greater in gay men compared to heterosexual men
- Age at first alcohol or drug use younger in gays and lesbians

Co-Occurring Disorders

- ◆ Gay men twice as likely to have a mental disorder in their lives
- ◆ More likely to have mood, anxiety or substance use disorder
- ◆ Bisexual men more likely to have psychiatric disorder compared to gay men
- ◆ Psychiatric disorders even greater in African-American gay men

Research and Data

In a recent (1999, 2000) San Francisco study by Dr. Kristin Clements at the San Francisco Department of Public Health AIDS Office:

- ◆ **HIV prevalence** among MTF persons was **35% and 65%** among African-American MTFs.
- ◆ **Injection drug use** was **34%** among MTF transgender individuals and **18%** among FTM transgender individuals.
- ◆ **55%** of MTF individuals reported they had been in alcohol or drug treatment sometime during their lifetimes.

Power Point Slide # 10-5, n40

Research

A study from Hollywood, California, (Reback and Lombardi 1999) reported that the **drugs most commonly used by MTF transgender individuals** were alcohol, cocaine/crack, and methamphetamine.

Other recent studies of transgender health risks in urban areas around the country, including Boston, New York City, Washington D.C., Chicago, Los Angeles and Houston, show **similar results with higher rates of substance abuse in general and higher rates of substance abuse with HIV prevalence, particularly among transgender sex workers.**

Power Point Slide # 10-6, n41

True or False ????

HIV infection rates have dropped among young gay white men and new infections are lower among all gay men than among their heterosexual counterparts

- ◆ 7% infection rates among 3,000 15- to 22-year-old young gay men sampled in a rigorous new CDC study (Vilteoy 2000).
- ◆ Fully one half of all new infections occur among people younger than 25.
- ◆ Young gay white men form the largest group in this age bracket, followed closely by young gay black men.

FALSE

Power Point Slide # 11-2, n2

True or False ????

There is overwhelming evidence that verbal and physical violence against LGBT youth of all backgrounds can lead to high-risk behaviors that increase their risk for substance abuse and HIV/AIDS

Youth who were victims of bias related harassment and/or violence are:

- ◆ **Twice as likely to report bingeing on alcohol** (5+ plus drinks at one time) at least once in the past month
- ◆ **Twice as likely to report using marijuana** in the past month
- ◆ **Three to ten times as likely to report having tried cocaine**
- ◆ **Two to three times as likely to report having ever tried hallucinogens, depressants or stimulants**

TRUE

Report of the Anti-Violence Documentation Project from the Safe Schools Coalition of Washington (1997).

Power Point Slide # 11-3, n3

Dynamics of Multiple Addictions

- **Switching:** Replacing one addiction with another
- **Alternating:** Cycling from one addiction to another in a patterned, systematic way
- **Masking:** Using denial around one addiction to cover up for another
- **Ritualizing:** one addiction is part of the ritualizing for another

Dynamics of Multiple Addictions

- **Intensifying:** Using addictive patterns simultaneously to intensify the overall experience
- **Numbing:** using addiction to medicate shame and pain due to another addiction
- **Disinhibiting:** Using one addiction to lower inhibitions for other addictive acting out

Methamphetamine

- ### Methamphetamine
- ◆ Prevalence of people who have used within the past 12 months is 0.6%
 - ◆ Prevalence rates for methamphetamine use in the previous 6 months among MSM in San Francisco range between 11%–17%
 - ◆ Associated with high rates of HIV
 - ◆ 13-25% experience psychosis; 11x the population
 - ◆ 90% of gay men using meth also use other drugs

- ◆ In New York City, rates of syphilis increased 400% in the past 5 years. Gay men account for virtually the entire rise.
- ◆ Between 1998 and 2000, 15% of syphilis cases in Chicago were attributed to gay men. Since 2001, that number has grown to 60%.
- ◆ 25% of men who reported meth use in the previous month were H.I.V+. The drug appears to double the risk of infection
- ◆ The number of men who say they use condoms regularly is below 50%
- ◆ The number of new H.I.V. diagnoses among gay men increased every year between 2000 and 2003.

Compulsive Sexual Behavior

- ### Compulsive Sexual Behavior
- ◆ Sexual thoughts, urges and behaviors that are normative
 - ◆ Engaged in with a frequency or intensity that leads to distress or impairment

- ### CSB Behaviors
- ◆ Compulsive masturbation 85%
 - ◆ Phone sex dependence 31%
 - ◆ Pornography dependence 73%
 - ◆ Ego-dystonic promiscuity 50%
 - ◆ Sexual chat room dependence 40%

Characteristics

- ◆ Begins in late adolescence
- ◆ Peaks between ages 20 and 30
- ◆ Ratio of males to females is 3:1
- ◆ Minimum TSO of 7/week for at least 6 months

Health Concerns

- ◆ HIV and AIDS
- ◆ Hepatitis
- ◆ Syphilis
- ◆ STDs
- ◆ Self-Esteem
- ◆ Nicotine dependence

Body Image, Sex, and Crystal Meth



Eating Disorders

- ◆ Gay men 3x more likely than heterosexual men to have an eating disorder
- ◆ Often takes the form of compulsive exercise
- ◆ Steroid abuse

Problem Gambling and Compulsive Sexual Behavior: Unrecognized Co-Occurring Disorders

Gay Men, Sex, Gambling

- ◆ 105 men with pathological gambling
- ◆ Twenty-two (21.0%) subjects identified themselves as gay or bisexual
- ◆ Gay/bisexual men were more likely than heterosexual men to report a lifetime or current behavioral addiction

Impulse Control Disorders in Gay/Bisexual Men Compared to Heterosexual Men with Pathological Gambling

MIDI Diagnosis	Gay/Bisexual (n = 22)		Heterosexual (n = 83)	
	Lifetime	Current	Lifetime	Current
Compulsive buying, n (%)	5 (22.7)	4 (18.2)	12 (14.5)	10 (12.0)
Compulsive sexual behavior, n (%)	13 (59.1) ‡	11 (50.0) ‡	14 (16.9)	8 (9.6)
Kleptomania, n (%)	1 (4.5)	0 (0)	3 (3.6)	2 (2.4)
Trichotillomania, n (%)	0 (0)	0 (0)	2 (2.4)	2 (2.4)
Pyromania, n (%)	0 (0)	0 (0)	1 (1.2)	0 (0)
Any MIDI diagnosis, n (%)	18 (81.8) †	15 (68.2) †	37 (44.6)	29 (34.9)

Addiction and Depression

Self-Harm and Suicide

- ◆ Gay men 7x more likely to have attempted suicide
- ◆ Gay youth comprise 30% of completed suicides annually
- ◆ Gay and bisexual men have higher rates of deliberate self-harm

Nicotine Dependence

I didn't survive HIV so I could die from lung cancer. I had to stop smoking. -PAUL

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

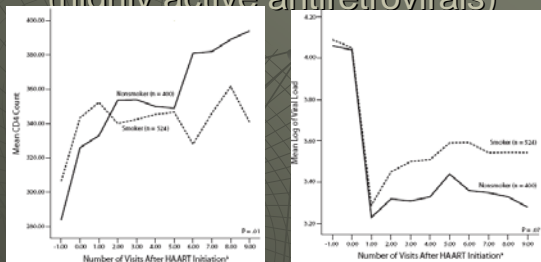
Nicotine

- ◆ 20-24% of men and women smoke
- ◆ Approximately 50% of adult gay men and women smoke
- ◆ Fewer gay men and women have made attempts to quit
- ◆ Smoking associated with faster progression to AIDS from HIV
- ◆ Higher numbers of male partners correlate with higher rates of tobacco use

Lung Cancer in PLWHA

- ◆ Elevated incidence of lung cancer
- ◆ As people with HIV live longer and age, clinicians should be alert to the possible diagnosis of lung cancer in HIV-infected patients
- ◆ Need to develop effective interventions to assist individuals in their attempts to quit smoking

Women: Cigarette Smoking and HIV Prognosis in the HAART Era (highly active antiretrovirals)



Feldman JG, Minkoff H et al. The association of cigarette smoking with HIV prognosis among women in the HAART era—A report from the Women's Interagency HIV Study. Am J Public Health 2006;96(6):1-6

Coronary heart disease in HIV-infected patients in the highly active antiretroviral treatment era

Daniel Vittecoq^a, Lelia Escaut^b, Gilles Chiron^b, Elina Teicher^a, Jean Jacques Monsuez^a, Michel Andrejak^c and Alain Simon^b

Objectives: To assess the incidence and the clinical features of coronary heart disease in HIV-infected patients. To assess atherosclerosis risk factors in this population.

Methods: A review of our experience consisting of 16 patients with acute myocardial infarction (AMI) was the basis of our retrospective analysis of two cohorts in France. Incidence was compared with the national database on the incidence of AMI in the

Conclusions: Coronary heart disease is of a higher than expected incidence in HIV-infected patients. The limitation of risk factors (mainly tobacco smoking) is a new challenge. An adaptation of the Framingham score is necessary to state the individual

typically of sudden onset without prior history of angina pectoris. Treatment and prognosis of AMI in this population has no specificity. Patients with coronary heart disease present several risk factors such as tobacco smoking, hypertension, diabetes mellitus and low high-density lipoprotein level. The links between AMI and protease inhibitor exposure is still a matter of debate, and longer duration of follow-up is needed in order to reach any conclusion.

Conclusions: Coronary heart disease is of a higher than expected incidence in HIV-infected patients. The limitation of risk factors (mainly tobacco smoking) is a new challenge. An adaptation of the Framingham score is necessary to state the individual risk. Prospective, controlled studies are necessary to assess new strategies such as the role of statins and switching therapeutic regimens. © 2003 Lippincott Williams & Wilkins

AIDS 2003, 17 (suppl 1):S70-S76

Keywords: side effects, hyperlipidemia, diabetes mellitus, acute myocardial infarction, atherosclerosis, HIV-1, statins

Oral Health

- ◆ HIV+ smokers are more likely to develop
 - Oral candidiasis
 - Periodontitis
 - Oral hairy leukoplakia
 - Cancers

Assessment and Intervention



- ◆ Ask about interpersonal violence in private
- ◆ **Ensure confidentiality**
- ◆ Ask questions in an affirming and culturally sensitive manner
- ◆ **Empathize with client's feelings**
- ◆ Look for indicators of interpersonal violence
- ◆ **Use third-person examples to screen possible batterers**
- ◆ If a client is identified as either a victim or batterer, refer him or her to an LGBT support group, to an LGBT affirmative batterers' intervention program, and for ongoing consultation with an LGBT domestic violence treatment expert

Power Point Slide # 12-11, n31

Treatment for Lesbian, Gay, Bisexual, Transgender Individuals

Curriculum for GLBT Substance Abuse Treatment

- ◆ Prepared by Prairielands Addiction Technology Transfer Center (ATTC)
- ◆ Anne Helene Skinstad, PhD
- ◆ Jennifer Kardos, MA
- ◆ Candance Peters, MA, CADC
- ◆ Barbara Warren PsyD

22 classroom hours

Overview

- ◆ 4 Modules: Overview, Cultural Issues, Legal Issues, and Treatment Approaches
- ◆ Clinician's Guide
- ◆ Administrative Guide

Neisen's 3-Phase Model for Recovery From Shame – Phase I

Breaking the Silence parallels the process of coming out. It is important for LGBT individuals to tell their stories and to address the pain of being different in a heterosexist society.

Counselor Tasks:

1. Facilitate client discussion of hiding LGBT feelings from others
2. Explore emotional costs of hiding/denying one's sexuality
3. Discuss how the client has tried to fit in and at what cost
4. Examine negative feelings of self-blame, feeling bad or sick, and the effect of shaming messages on client
5. Foster client's ability to be out

Power Point Slide # 5-11

Phase Two: Establishing Perpetrator Responsibility

Allows clients to understand their struggle in the context of societal discrimination and prejudice.

Counselor Tasks:

1. Facilitate focusing and managing anger constructively, not destructively
2. Help client understand and accept negative self-image as socio cultural, not personal
3. Counteract client's experience of heterosexism and homophobia by role-modeling and by providing a treatment environment that is empowering for LGBT persons, not stigmatizing.

Power Point Slide # 5-12

Phase Three: Reclaiming Personal Power


Involves improving self-concept, self-esteem, and self-confidence

Counselor Tasks:

1. Facilitate client's self-concept and self-efficacy
2. Identify and change negative messages to affirmations
3. Recognize and release residual shame
4. Develop a positive affirming spirituality
5. Integrate public and private identities
6. Build a support network, connect to community

Power Point Slide # 5-13

Special Issues for Lesbians

1. Multiple stigmas and stressors related to sexism, lesbian identity, and substance use
2. Relationships as a major treatment focus for all lesbians 
3. Relapse to protect themselves from painful feelings surrounding their sexuality

Power Point Slide # 7-8, n21

Special Issues for Gay Men

1. Linking of substance abuse and sexual expression 
2. Internalized homophobia
3. The role of sexual abuse and violence
4. Limited social outlets

Power Point Slide # 8-6, n27

Clinical Issues and Implications for Treatment



1. Issues about appearance, "passing" and body image
2. History of hiding or suppressing gender identity
3. Lack of family and social support
4. Isolation and lack of connection to positive, proactive transgender community resources
5. Hormone therapy and use or injection history
6. Stigma and discrimination
7. Employment problems
8. Relationship/child custody issues

Power Point Slide # 10-7, n42

Summary

Conclusions

- ◆ Addictions appear to be common in the GLBT community
- ◆ Frequently co-occur with other disorders and health issues
- ◆ Treatment interventions should to target issues within the community and comorbidities.