TREATING ADDICTION IN LESBIAN, GAY, BISEXUAL AND TRANSGENDER POPULATIONS

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Disclosures

• None
Sexual Minority Alphabet Soup

GLBTQQQAiINB2S
Sexual Identity
4 Components

- **Physical Identity**: Biological sex
- **Gender Identity**: Psychological sense of being male or female (or both)
- **Sex-Role Identity**: Interests, attitudes, appearance and behaviors—masculine, feminine, androgynous
- **Sexual Orientation**: Gender/sex to which attracted sexually and romantically
  - Heterosexual
  - Bisexual
  - Gay
  - Lesbian
From Abomination to Gay Rights

- In Western Judeo-Christian society, interpretation of some scriptural passages has been used to justify prejudice, hate, homophobia, persecution
- Modern psychology from Freud onward moved homosexuality from moral depravity to sickness
- First half of 20th century, support groups formed and made first attempts to obtain basic human rights
- June 27, 1969: Stonewall riots in NYC **WATERSHED EVENT**
- 1973: homosexuality removed from psychiatric diagnostic manual of mental disorders
- In recent years, increasing acceptance of gay marriage, adoption
- Transgender persons are still marginalized and abused
“Dr. H. Anonymous” at APA, 1972
Kinsey Continuum

Heterosexual

0-----1-----2-----3-----4-----5-----6

Homosexual
Some Demographic Data

- **NESARC data (2013)**
  - Lesbian and bisexual women three times more likely than heterosexual women to have lifetime alcohol use disorder and lifetime substance use disorder
  - Gay and bisexual men have significantly higher odds of lifetime drug use disorder than heterosexual men, but not alcohol use disorder
  - Bisexual men and women have highest rate of receiving treatment for substance use disorders
  - Sexual minorities less likely to have insurance for treatment

- **Green and Feinstein Review (2012)**
  - LGB individuals, particularly women, at greater risk of SUD
  - Bisexual identity further elevates risk in both men and women
  - Minority stress model
Patients come to addiction treatment in various stages of “coming out”
- In denial to self and others
- Sees self as “probably homosexual” or “maybe trans” but sees this as a bad thing
- Accepts self as homosexual, but not out to others
- Out to family, friends
- Out to everyone, most comfortable in GLBT community
- Out and comfortable in any social situation

Treatment planning must be individualized with this factor taken into consideration
Stages of Acceptance in Treatment Providers and Staff

- Homophobic
- Heterosexist
- Tolerant
- Accepting
- Affirming
Continuum of Sensitivity in Treatment Programs

- Anti-GLBT Programs
- Traditional/ Heterosexist Programs
- GLBT-Naïve Programs
- GLBT-Tolerant Programs
- GLBT- Sensitive Programs
- GLBT- Affirming Programs
Moving Your Treatment Program Along

- Make the environment “LGBT-friendly”
  - Pictures of rainbows, scenes from Wizard of Oz, gay families
  - *The Advocate* on coffee table along with *Time, Newsweek*
- Revise forms, questionnaires to remove heterosexist bias
  - __single __married __divorced __widowed __partnered
  - Sex: ___Male ___Female ___Other
  - *Age at first sexual activity with an adult?* ______ (rather than *History of childhood sexual abuse?*___)
Moving Along (Cont.)

• Increase staff knowledge, sensitivity and comfort via didactic and experiential training
  • Attendance at workshops
  • “Homework” of noticing heterosexism and homophobia in group, community, cafeteria, etc.
• Avoid trap of having a “designated queer”
• Start a group for LGBT patients in your program
• Incorporate discussion of sexual orientation into patient lectures on sexuality in recovery
Psychological Complications in Recovery for Gay and Lesbian Addicts

- Internalized Shame and Self-Hatred
  - Contributes to depressive symptoms
  - Relapse risk when incorporated into denial
  - Often repressed, hidden under bravado and activism

- Fear and Mistrust
  - Contributes to anxiety and insomnia
  - Blocks full participation in treatment

- Trauma and Abuse History
  - Manifests as isolation and avoidance
  - Patient appears numb and detached, dissociated
  - May be aggressive, insensitive to others’ feelings
Critical Issues of Sexuality for Addicted Gay Men

- How is your addiction intertwined with your sexuality?
  - Drugs of choice that increase sexual arousal
    - Crystal methamphetamine (“Tina”)
    - Cocaine
    - MDMA ("Ecstasy", “X”)
    - Other “Club Drugs” (Ketamine, GHB, etc.)
  - Social settings
    - Bars, clubs, discos
    - Circuit parties
  - Sexual enhancement substances
    - Nitrates
    - Viagra© et al
- Is compulsive sexual behavior part of your addiction?
- What relapse risks involve your sexuality?
  - Internal
  - External
“Quadruple Diagnosis” for Gay Men

Addiction

Compulsive Sexual Behavior

HIV/HCV

Psychiatric Illness
Case Study #1

• 27 year old gay man, medical professional, entering treatment after multiple relapses on injection opioids diverted from his workplace

• Had had three previous short-term residential treatment experiences in which he had been open about his sexual orientation but have never discussed his sexual behavior with therapist (this was considered an “outside issue”)

• Despite periods of 9-12 months of abstinence from opioids, he continued to engage in compulsive anonymous sexual encounters, visiting gay clubs
Case Study #1 (continued)

- Patient was started in an intensive outpatient program with the following treatment plan:
  - Inducted on buprenorphine, stabilized on 16mg/d
  - 9 hours weekly of therapy groups and education
  - Individual psychotherapy weekly with gay-sensitive LCSW
  - Active 12-Step participation with 2 LGBT meetings weekly
- At 12 weeks, treatment plan was amended to
  - Weekly continuing care group for 6 months
  - Monthly buprenorphine visits with physician
  - Continued individual therapy and 12-Step meetings
- Doing well at 2 years, continuing in monitoring, weekly monitoring groups and individual therapy
Critical Issues of Sexuality for Addicted Lesbians

- How is your addiction intertwined with your sexuality?
  - Drugs that increase sexual arousal
    - Stimulants
    - Cannabis
  - Drugs that decrease inhibitions and trauma-related symptoms
    - Alcohol
    - Sedatives
    - Opioids
- Social settings
  - Bars
  - Sports activities
- Is sexual and/or relationship compulsivity part of your addiction?
- What relapse risks involve your sexuality?
“Quadruple Diagnosis” for Lesbians

Addiction

Chronic Pain

History of Sexual Trauma

Domestic Violence
Case Study #2

- 56 year old lesbian woman, partnered, with a history of severe, chronic back pain, increasing use of prescription opioids and obtaining multiple Rxs for short-acting opioids and benzodiazepines from 3 different physicians. This was revealed through PDMP check.
- Patient was referred to an outpatient treatment program and started on methadone, continued on alprazolam. She left the program stating she could not tolerate her pain on the dose of methadone provided, and was becoming increasingly depressed and suicidal.
- Patient entered specialized addiction/pain treatment residential program where she was medically withdrawn from opioids and benzodiazepines. She began intensive physical therapy, acupuncture, pain management group and couples therapy with her long-term life partner
- As she progressed in treatment she became more open with her therapist about her history of childhood sexual trauma
Case #2 (continued)

- As detox progressed her pain score went from 8 to 3. She was discharged home with continuing care plan:
  - Follow-up with addiction-savvy physiatrist and physical therapist
  - Continued gay-sensitive couples therapy
  - Continued gay-sensitive, trauma focused individual therapy
  - Attendance at Pills Anonymous and LGBT AA meetings 3-4X weekly
- Patient continues in individual and couples therapy with gay-sensitive PhD therapist. EMDR has allowed her to begin intensive trauma work.
- She has been able to return to work as an office manager and is participating in a Yoga group, physical therapy and daily walking.
LGBT and Mutual Help Meetings

- Alcoholics Anonymous- Local meeting schedules often list LGBT and Women’s Meetings.
- Narcotics Anonymous- Local meeting schedules may not list special interest groups but information can usually be obtained from local Gay Community Center.
- Smart Recovery- Frequently meetings are held at the local Gay Community Center or other locations in community
- Online resources
  - [http://www.stonewallcolumbus.org/programs](http://www.stonewallcolumbus.org/programs) (NYC)
  - [http://www.glbtcolorado.org/home/socialsupport/](http://www.glbtcolorado.org/home/socialsupport/) (Colorado)
  - [http://usrecovery.info/GLBT/index.htm](http://usrecovery.info/GLBT/index.htm) (U.S.)
  - [http://www.glccb.org/resources/health-resources](http://www.glccb.org/resources/health-resources) (Baltimore)
What About Bisexuals?

- Very little meaningful research
- Stigmatized by both heterosexuals and homosexuals, which promotes shame-based secrecy
- Many sub-groups
  - Bisexual women and substance use
    - Higher rates of substance related health issues than either heterosexual or homosexual women
    - “Biphobia” impacts all areas of function
  - The “Down Low” and other cultural phenomena in MSMW
    - Drugs as enhancers
    - Drugs as motivators
    - Drugs as allowers
    - Drugs as rationalizers
    - Drugs as facilitating access to same-sex partners
  - Young people who defy and resent categorization
    - “Queer”
    - “Gender Queer”
    - Gender fluidity
### Klein Grid

<table>
<thead>
<tr>
<th>Variable</th>
<th>PAST</th>
<th>PRESENT</th>
<th>IDEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Sexual Attraction</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B Sexual Behavior</td>
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<td>C Sexual Fantasies</td>
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<tr>
<td>D Emotional Preference</td>
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<tr>
<td>E Social Preference</td>
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<tr>
<td>F Heterosexual/Homosexual Lifestyle</td>
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<td></td>
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<tr>
<td>G Self-Identification</td>
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</tbody>
</table>

**For variables A to E:**

1 = Other sex only  
2 = Other sex mostly  
3 = Other sex somewhat more  
4 = Both sexes  
5 = Same sex somewhat more  
6 = Same sex mostly  
7 = Same sex only

**For variables F and G:**

1 = Heterosexual only  
2 = Heterosexual mostly  
3 = Heterosexual somewhat more  
4 = Hetero/Gay-Lesbian equally  
5 = Gay/Lesbian somewhat more  
6 = Gay/Lesbian mostly  
7 = Gay/Lesbian only
Gender Identity Spectrum

- Male comfortable in usual role expectations
- Male more comfortable with feminine qualities
- Male who dresses and acts as female
- Male who feels he was born into wrong body
- Male transitioning to or living as female

- Female comfortable in usual role expectations
- Female more comfortable with masculine qualities
- Female who dresses and acts as male
- Female who feels she was born into wrong body
- Female transitioning to or living as male
Transsexual, Transgender

- Transgender is a broad term; includes transsexual as well as transvestite and others
- Transsexual- Generally, a person who wishes to or has changed his or her birth gender assignment to that of the opposite sex
  - Preoperative
  - Postoperative
- Many transsexual persons have had an awareness of sexual (gender) identity dysphoria since childhood or early adolescence
- Not related to sexual orientation
A Broader Perspective on Gender Identity

• Some individuals and groups take exception to viewing gender identity as a dichotomy
  • Why do I need to choose between being a male or a female?
  • Evolving terminology
    • Genderqueer
    • Non-binary
    • Genderfluid
    • Not conforming to “cisnormativity”

• Social expectations and perspectives are changing
  • Facebook has 56 gender identity options
  • Gender neutrality is evolving in language, style, the arts
  • Medicine and psychiatry need awareness of this evolving area
Incidence of Addiction in Transgender Persons

- No real data
- Advocacy agencies suggest there is a higher than average incidence of alcoholism and other substance use disorders
- High incidence of secretive, “under-the-counter” usage of pharmaceutical agents
  - Anabolic steroids
  - Sex hormones
    - Estrogen in MTF
    - Testosterone in FTM
  - Opioids for pain
References


Resources

- **NALGAP**, The Association of Lesbian, Gay, Bisexual and Transgender Addiction Professionals and Their Allies  
  [www.nalgap.org](http://www.nalgap.org)

- **GLMA**, Gay and Lesbian Medical Association  
  1326 18th Street NW, Suite 22  
  Washington, DC 20036  
  202-600-8037  
  [www.glma.org](http://www.glma.org)

- **AGLP**, Association of Gay and Lesbian Psychiatrists  
  4514 Chester Avenue  
  Philadelphia, PA 19143  
  215-222-2800  
  [www.aglp.org](http://www.aglp.org)
We Are All Around You

Someone you know and love is gay