



Addiction Messenger

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Ideas for Treatment Improvement

LGBTQ Issues in SA Treatment Part 1 - Language, Research, and Agency Readiness

A new workshop developed within the ATTC Network is available to enhance the capacity and capability of providers to serve LGBTQ clients. It includes information beneficial to staff, clinicians, and administrators. The curriculum, *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*, is based on a US Department of Health & Human Services, Center for Substance Abuse Treatment (CSAT) publication by the same title.

This is the first of three AM issues that will feature information drawn from the new curriculum, with special thanks to its lead developer: Prairielands ATTC. In this issue we will discuss terminology, research, and considerations in assessing staff and agency ability to provide effective services for the LGBTQ population.

Lesbian, gay, bisexual, transgender, and questioning communities are underserved and often unrecognized. However, they comprise a larger proportion of people needing substance use disorder treatment than is commonly assumed. In order to offer effective care for LGBTQ clients, services need to be sensitive, affirming, and culturally relevant. Providers need to know and understand the interaction between LGBTQ issues and substance use and be familiar with issues and barriers faced by those seeking treatment.

Terminology

Establishing a common understanding of terms and definitions is a first step in discussing how to enhance services for LGBTQ clients, and in enabling providers to help clients assess sexual orientation, gender identity, and treatment issues at intake. Take a few minutes to take the *terminology quiz* below, matching the twelve descriptors on the right to the most appropriate general category on the left side of the table, noting that a few of the descriptor words may fit under more than one category. The narrative that follows will help clarify which descriptions fit into which categories.

General Categories	Descriptions
Sex	Lesbian Gay
Gender/Gender Role	Bisexual Transgender
Sexual Orientation	Transsexual Heterosexual
Gender Identity	Queer Male
	Female Masculine
	Feminine

"The individual has always had to struggle to keep from being overwhelmed by the tribe. If you try it, you will be lonely often, and sometimes frightened. But no price is too high to pay for the privilege of owning yourself."

~ Friedrich Nietzsche
 (1844-1900)~

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Next Issue:
 Clinical Issues

It is still common for many people not familiar with LGBTQ identities, cultures, and lifestyles to be confused about the differences and similarities among these groups. Misunderstandings about language and terms of identity also may be the basis for inappropriate assessment or bias. The following terminology provides useful definitions for a number of concepts that will be discussed in this series, taking into account that people do not fit neatly into categories.

- **Sex** in this context refers to anatomy, for our purposes specifically genital and reproductive anatomy. If you have a penis, scrotum, testicles, and a prostate, your sex is generally referred to as *male*. If you have a vagina, labia, clitoris, uterus, and ovaries, your sex is generally referred to as *female*.
- **Gender** refers to the concept of femaleness or femininity and maleness or masculinity; *gender role* refers to behaviors and desires to act in certain ways that are viewed as *masculine* or *feminine* by a particular culture or society and within a given time period. For example, in white, middle-class America in 1940, a woman who wore trousers was considered to be behaving out of her gender role, while today it is normal.
- **Gender identity** is one's inner sense of oneself, a person's self-concept, in terms of gender. Most of us think in terms of only two genders, *male* and *female*, but we are beginning to understand that gender is not just polarized but complex; and it can be fluid. Today some individuals identify as *bigender*, for example. Gender identity is not always derived from genital anatomy.
- **Sexual orientation—lesbian, gay, bisexual, heterosexual**—describes one's attraction to, sexual desire for, lust for, or romantic attachments to others. Sexual orientation is best described as a function of gender identify. For example, if a person gender identifies as female and is sexually oriented to females, she will probably describe herself as lesbian. If a person gender identifies as a man and is sexually oriented to men, he might best describe himself as gay. We use the word *orientation* as more inclusive and appropriate than *preference* because the use of the word preference indicates a choice that can imply moral decision making. Although some LGBTQ people may say their sexual orientation was a choice, *many feel it is not* a choice—that it is as inborn as some other characteristics we have, like eye or hair color. For civil rights purposes, it is easier and clearer to seek equal protection under the law for inborn characteristics than for something that is perceived

to be a choice. Therefore, many in the LGBTQ community have advocated the concept of orientation over preference.

- **Transgender** does not denote sexual orientation but is an umbrella term for a variety of gender expressions including drag, cross-dressing, transsexuality, and bigender experience. It includes the spectrum and continuum of gender identities, expressions, and roles that challenge or expand the current dominant cultural values of what it means to be male or female.
- **Queer** is a term that is coming more and more into use by the LGBTQ communities to describe everyone who identifies anywhere along the spectrum of identities of lesbian, gay, bisexual, transgender, questioning, and, even more recently, intersex. Although at one time, "queer" was pejorative, in the 1980s LGBTQ rights activists reclaimed the word as an empowerment word. It can even include heterosexually identified allies who are advocates for LGBTQ human rights. Transgender activists have used the term *gender queer* to describe gender identities that do not fit into the more traditional polarity of male to female.

Serving LGBTQ Clients

If you work for a substance abuse facility, consider for a moment how many clients your agency sees and/or treats on a monthly or annual basis. Considering the concepts described above, what do you know about them? For example, of those served how many are "out" to you as lesbian, gay, bisexual, or transgender? How many are out as LGBTQ to everyone in the treatment setting?

How comfortable you are with your answers might tell you something about your agency's approach to LGBTQ individuals. If you think your agency sees large numbers of LGBTQ clients, it may underscore the need for LGBTQ-relevant services. If you think that more LGBTQ clients are probably in the system than you recognize, this may indicate a need for enhanced LGBTQ-sensitive services.

Apart from personal observation, there is a lack of reliable data on how many LGBTQ people are in the general population. A number of studies have attempted to identify the number who would identify as lesbian, gay, or bisexual, but none provide conclusive data. Also, very little is known about the true prevalence of transsexual and transgender identity in the general population. Some professionals who work regularly with gay, lesbian, and bisexual

persons support a ten percent estimate, but remember that is not a scientific estimate. Updates and more information on LGBTQ populations and data are available at: www.gaydata.org.

A number of studies have looked at rates of substance use disorders for LGBTQ people and generally have found higher rates than among the general or heterosexual population. Since evidence also supports a strong correlation between the use of drugs and increased sexual risk taking, there may be an increased risk in the LGBTQ population for HIV, hepatitis, and other infectious diseases. In addition, a few studies do support the concept that increased stress from prejudice, discrimination, and stigma experienced by LGBTQ populations may, as a coping mechanism, be a contributing factor to higher incidence rates. While more research is needed, what we do know underscores the need for LGBTQ-specific services within our treatment system.

Agency Readiness Issues

The Pride Institute, an LGBTQ-affirmative program, released data showing that programs that consider acknowledging one's sexual orientation a key factor in recovery have successful treatment outcomes (Ratner et al. 1991). At 14-month follow-up, clients of LGBTQ-affirmative programs were found to have an abstinence rate of 67%, while the rate for non-LGBTQ-sensitive programs was 55%.

Key points for assessing your agency and staff level of services for clients include:

- **Staff sensitivity:** What knowledge, skills, and attitudes do treatment staff members need to have to offer LGBTQ clients effective treatment?
- **Assessment practices and issues:** What needs to be included in your agency's standard assessment protocol that would help identify issues important to LGBTQ clients?
- **Facilities and modalities:** Are there special needs that LGBTQ clients may have with regard to residential room assignments, shared bathrooms, and specific program components? What about treatment modalities such as individual, group, and family interventions?
- **Discharge and aftercare:** What are effective discharge planning practices, including referrals for aftercare and recovery support?

In the continuum of care, what additional services

may be needed to support the LGBTQ client's recovery process? Keep in mind that, essentially, substance abuse treatment for LGBTQ individuals is the same as that for other individuals in its *primary focus on stopping the substance use* that interferes with the well-being of the client. However, LGBTQ clients will need to address their feelings about their sexual orientation and gender identity as part of their recovery process. Even if the LGBTQ individual is open about his or her identity, it is virtually impossible to deny the effects of society's negative attitudes, which can result in feelings of doubt, confusion, fear, and sorrow.

Understanding terminology and recognizing the need for expanding and enhancing LGBTQ substance abuse treatment services is a first step. Strategies for improving services for LGBTQ clients, including clinical needs of specific groups, will be addressed in the next two issues. In the meantime, more information is available on-line at: www.publichealth.uiowa.edu/pattc/lgbtrainingcurriculum, or through LGBTQ training from your regional ATTC.

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Visit our website at: www.attcnetwork.org or contact bryanm@ohsu.edu

Sources

- Prairielands Addiction Technology Transfer Center (2008). *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals: Training Curriculum*. Downloaded from the World Wide Web at: <http://www.public-health.uiowa.edu/pattc/lgbtrainingcurriculum>
- Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (2001). *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*. Washington, DC: U.S. Department of Health and Human Services. Publication No. (SMA) 01-3498.
- Ratner, E.F., T. Kosten, A. McLellan (1991). Treatment outcomes of PRIDE Institute patients: First wave—Patients admitted from September 1988 through February 1989. In: A.T. McLellan, (ed.) *Outcome Report*. Eden Prairie, MN: PRIDE Institute.

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