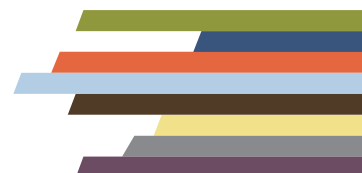


Impacts of Trauma on Substance Use Within LGBTQ Communities



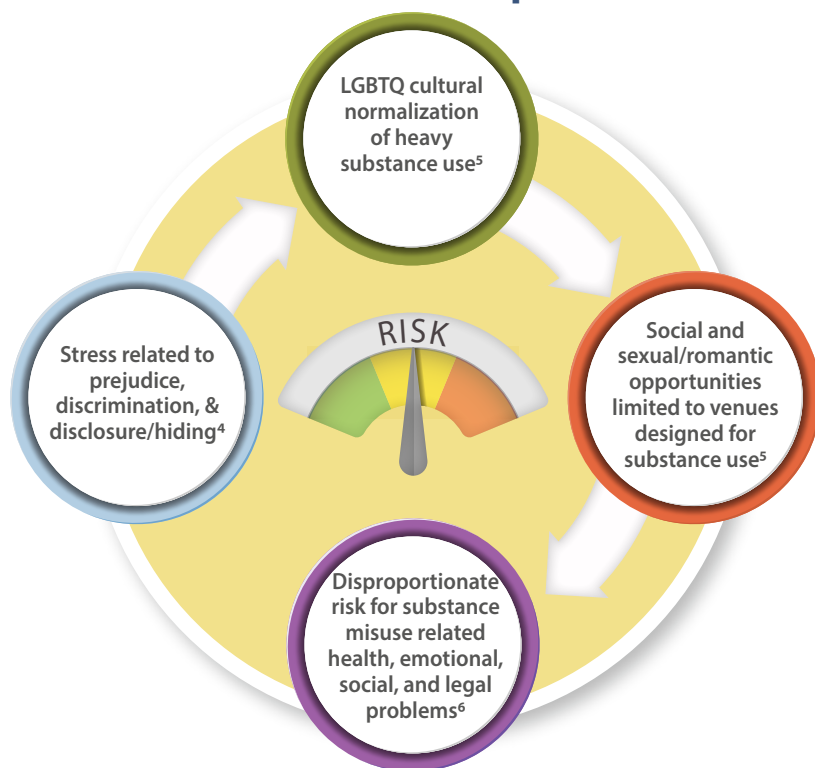
Trauma and LGBTQ Substance Use¹

Survival vs Pleasure Seeking

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

The Cycle of Trauma and Substance Abuse in LGBTQ Populations



LGBTQ Substance Use Disparities Across the Lifespan

ADULTS: Sexual Minority Adult Substance Use compared to Heterosexual Adults²:



Cocaine Use **5.1% vs 1.8%**
 Heroin Use **0.9% vs 0.3%**
 Methamphetamine Use **2.3% vs 0.6%**
 Use of Hallucinogens **5.0% vs 1.6%**

Use of Inhalants **3.7% vs 0.3%**
 Misuse of Prescription Tranquilizers **5.9% vs 2.2%**
 Misuse of Prescription Stimulants **4.2% vs 1.9%**
 Misuse of Prescription Sedatives **1.2% vs 0.6%**

YOUTH



“The odds of substance use for LGB youth were, on average, **190% higher** than for heterosexual youth and **substantially higher** within some subpopulations of LGB youth.”³

340% higher for **bisexual youth**
400% higher for **females**

ELDERS



Older sexual minority adults were more than **twice as likely** than their heterosexual peers **to use²**

Cannabis	Prescription Tranquilizers Nonmedically	Prescription Opioids Nonmedically
13.9% vs 5.5%	3.6% vs 1.1%	4.7% vs 2.3%



Central East (HHS Region 3)

ATTC

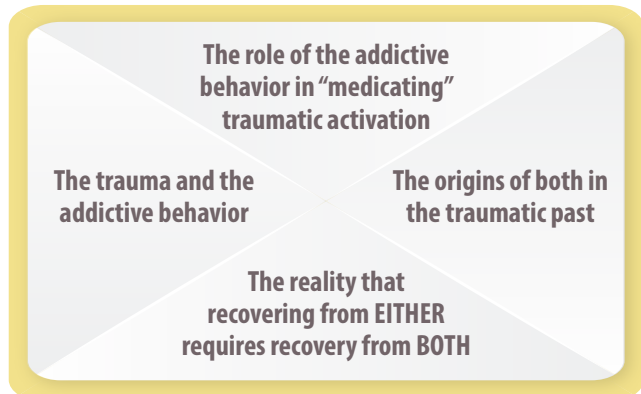
Addiction Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
 Substance Abuse and Mental Health Services Administration

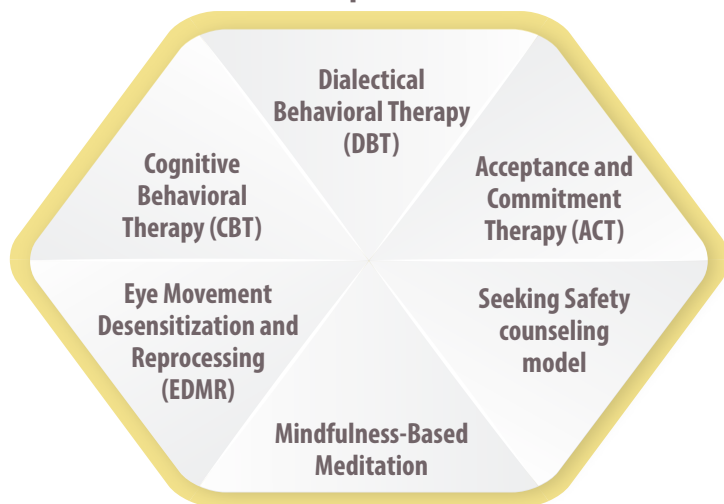
Impacts of Trauma on Substance Use Within LGBTQ Communities

Intervention Example: Trauma-Sensitive Modalities¹

Treatment must address the relationship between:



Effective Therapeutic Modalities:



Assessing Clients for Trauma⁷

- Screen clients who have trauma history of for related psychological symptoms and mental disorders
- **Do not require clients to describe traumatic events in detail**
- Screen for suicidal thoughts and behaviors
- Be aware that some clients have not made the connection between their trauma and current patterns of behavior (e.g., alcohol and drug use and/or avoidant behavior) -- be delicate in exploring this area
- Focus assessment on how trauma symptoms affect clients' current functioning
- Do not delay screening; do not wait for a period of abstinence or stabilization of symptoms
- Talk about how you will use the findings:
 - to plan the client's treatment
 - problem solving and arranging for interpersonal support
 - referrals to community agencies
- At the end of the session, make sure the client is grounded and safe before leaving
- Assess readiness to leave by checking:
 - the degree to which the client is conscious of the current environment
 - what the client's plan is for maintaining personal safety
 - what the client's plans are for the rest of the day

Opportunities for Re-empowerment

- What information would be helpful for us to know about what happened to you?
- Where/when would you like us to call you?
- How would you like to be addressed?
- Of the services I've described, which seem to match your present concerns and needs?
- From your experience, what responses from others appear to work best when you feel overwhelmed by your emotions?

Strengths-Focused Assessment Questions

- What behaviors have helped you survive your traumatic experiences (during and afterward)?
- What are some of the creative ways that you deal with painful feelings?
- What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- How do you gain support today? (family, friends, activities, coaches, counselors, other supports)
- What does recovery look like for you?

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

2. National Survey on Drug Use and Health (U.S.), & United States. (2020). The NSDUH report. Rockville, Md.: U.S. Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration, Office of Applied Studies.

3. Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., Bukstein, O. G., & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addiction* (Abingdon, England), 103(4), 546-556.

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

5. Brian Mastroianni, Why the Risk of Substance Use Disorders Is Higher for LGBTQ People. Healthline, 6/28/19

6. 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. NSDIJH Data Review

7. Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

8. Alex Keuroghlian, (2018) Suicide Risk and Prevention for LGBTQ People, Webinar for The Fenway Institute