Impacts of Trauma on Substance Use Within LGBTQ Communities

Trauma and LGBTO Substance Use¹



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 LBGTQ 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%



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



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%

ELDERS



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

Cannabis 13.9% vs

Prescription Tranquilizers Nonmedically

3.6% vs I.I%

Prescription **Opioids** Nonmedically

4.7% vs 2.3%





Use of Inhalants 3.7% vs 0.3%

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Intervention Example: Trauma-Sensitive Modalities¹

Treatment must address the relationship between:

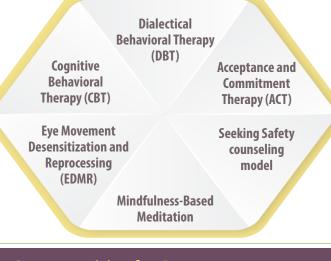
The role of the addictive behavior in "medicating" traumatic activation

The trauma and the addictive behavior

The origins of both in the traumatic past

The reality that recovering from EITHER requires recovery from BOTH

Effective Therapeutic Modalities:



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?

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

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?
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