Substance Use and Abuse

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Presentation Overview

- General Information
- Assessment
- Intervention/Referral
Alcohol and drugs may be used by LGBTQ people for various reasons

• To cope with stress from victimization, transphobic/homophobic attitudes, “coming out”
• To escape feelings of loneliness, depression
• To help “build courage” to approach potential partners
• Environment: marginalization of LGBTQ people encourages socializing at bars and clubs

Lesbian/Bisexual women

Compared to heterosexual women:

• More alcohol-related problems (McKirnan, 1989; Wilsnack, 2008)
• Heavier alcohol use (Aaron, 2001)
• Greater lifetime rates of marijuana (24-36%) (Skinner, 1994, 1996), cocaine (39%) and other illicit drugs (Cochran, 2004)
Gay, Bisexual men, and Trans women

Compared to heterosexual men:

• Greater lifetime use rates:
  • Cocaine (37%) (Cochran 2004)
  • Marijuana (18-37%) (Skinner 1994)
  • MDMA (ecstasy)
  • Methamphetamine
  • Poppers/Inhalants (Stall 2005; Cochran 2004)
  • Alcohol use rates similar to heterosexual men (Drabble 2005)

• Transgender women
  • IDU rates (12%) (Herbst 2008)
  • Other illicit drugs (27%) (Herbst 2008)
Substance Use and Sexual Risk Behavior

- Alcohol and drug use (poppers, crystal meth) associated with higher sexual risk-taking among Gay/Bisexual Men and Transgender Women (Molitor 1998; Purcell 2005; Wong 2005), and consequently with HIV-infection and other STIs
Increased risk due to:

• Disinhibitory effects of some substances
  • Prolongation of sexual encounters when on drugs
  • Decreased pain thresholds = increased mucosal trauma
• Possible immunosuppressive effects of drugs
• Increased rates of condom failure when on drugs
Substance Use:
Subpopulation Considerations

Gay and Bisexual men

- “Party drugs” or “Club drugs”: MDMA (ecstasy), Ketamine, GHB, poppers, crystal meth
- Circuit parties, raves: High levels of substance use, combining substances
- Anabolic steroid use
Substance Use: Subpopulation Considerations

Lesbians and Bisexual women

• Substance use may not decrease with age as much as in general population (Skinner 1994; Hughes 2006)

• African-American lesbians may be more likely to be heavy drinkers and have drinking problems (Hughes 2006)
Substance Use: Subpopulation Considerations

Transgender People

- High rates of injection drug use (Clements 1999)
- Injection hormones from “black market”
- Sex work linked to substance use among transgender women
Tobacco Use

- LGBTQ people have significantly higher smoking rates compared to heterosexual/cisgender population.
Why are Smoking Rates Higher?

Possible reasons (Ryan, Wortley 2001):

• Coping with stress from stigma, discrimination
• Among youth – seeking social acceptance while coping with social isolation, loneliness
• Bars, clubs have historically been primary social outlets for LGBTQ
• Targeted advertising by tobacco industry
Assessment

Screening tools such as:
• AUDIT-C (focused on alcohol)
• CAGE (focused on alcohol)
• DAST-10 (focused on drug use)
AUDIt-c
(Alcohol use disorders identification test)

- Q1: How often did you have a drink containing alcohol in the past year?
- Q2: How many drinks did you have on a typical day when you were drinking in the past year?
- Q3: How often did you have six or more drinks on one occasion in the past year?
CAGE Questions:

Have you ever felt you should cut down on your drinking?

Have people annoyed you by criticizing your drinking?

Have you ever felt bad or guilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?
DAST-10 (Drug abuse screen test)

Sample questions (28 total):

• Have you used drugs other than those required for medical reasons?
• Are you always able to stop using drugs when you want to?
• Do you abuse more than one drug at a time?
• Have you had “blackouts” or “flashbacks” as a result of drug use?
DAST-10 (Drug abuse screen test)

- Add score up, over 12, high likelihood of substance use disorder present
- Scores 6-11 likely substance use issue
Intervention

- Stages of change
- Motivational Interviewing
- SBIRT
Stages of Change Model

1. Pre-Contemplation: No intention on changing behavior.
2. Contemplation: Aware a problem exists but with no commitment to action.
3. Preparation: Intent on taking action to address the problem.
4. Action: Active modification of behavior.
5. Maintenance: Sustained change; new behavior replaces old.
6. Relapse: Fall back into old patterns of behavior.

Upward Spiral: Learn from each relapse.
Motivational interviewing

• “a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

• The spirit of MI is based on three key elements: collaboration between the provider and the client, evoking or drawing out the client’s ideas about change; and emphasizing the autonomy of the client.
Motivational interviewing

Technique: OARS.

• Open Ended Questions
• Affirmations
• Reflections
• and
• Summaries
SBIRT

• **SBIRT CONSISTS OF THREE MAJOR COMPONENTS:**

  • **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

  • **Brief Intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

  • **Referral to Treatment** — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.
General tips

Knowledge
• Risks related to substance use and abuse
• Losses and trauma experienced or likely to be experienced
• Harm reduction strategies
• Discrimination and hostility
• Sexual health concerns

Assess
• Nicotine addiction
• Self-acceptance, and be able to provide support as needed
• Mental status and determine whether intervention related to anxiety, depression and suicidality is needed
• Treatment modalities and groups accommodate sexual orientation and gender identity

BSAS, 2013
References


References


References

References


Resources

• http://store.samhsa.gov/shin/content/SMA12-4104/SMA12-4104.pdf
• http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=12&content=STCUSTOM3
• http://www.integration.samhsa.gov