Substance abuse, dependence, and mental health severity among Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals

Substance use, abuse, and dependence among LGBTQ

Over the past two decades, many studies have been conducted to examine patterns of substance use and abuse among LGBTQ individuals. Historically, these studies suggest that compared to heterosexuals, sexual minorities are more likely to use alcohol and illicit drugs as well as develop problems with these substances over time (Wilsnack et al., 2008; McCabe et al., 2009). Furthermore, a study by Marshal et al. (2009) suggests that these differences may emerge as early as adolescence and may become more pronounced through young adulthood. Their school-based longitudinal study of various health-related behaviors revealed that LGBTQ adolescents were more likely than heterosexual adolescents to report higher rates of alcohol and drug use, and their use increased more rapidly through young adulthood.

Green and Feinstein (2012) conducted a recent review of 13 studies comparing substance use and abuse among LGBTQ samples to strictly heterosexual samples. Overall, more recent studies suggest that compared to heterosexual women, lesbian and bisexual women are more likely to binge drink, drink more frequently, experience negative consequences from alcohol use, and seek professional help for alcohol problems (Cochran et al., 2004; Burgard et al., 2005). Gay men are more likely than heterosexual men to use marijuana and other illicit drugs and are more likely to develop dependence on these drugs (McCabe et al., 2005; 2009). In sum, findings from these studies indicate that lesbians and bisexual women are more prone to developing alcohol problems and/or dependence, whereas gay and bisexual men are more likely to use illicit drugs and experience problems related to illicit drug use.

Studies also indicate that being bisexual (as opposed to gay or lesbian) may place one at particularly elevated risk for problematic substance use, especially among women. Halkitis and Palamar (2008) examined initiation of use and patterns of use of a number of club drugs (cocaïne, GHB, ketamine, ecstasy, and meth) among 450 gay and bisexual men and found that 79% had used one or more of these drugs in the past four months. McCabe et al. (2004) found that among a large sample of undergraduate women, compared to those who self-identified as heterosexual, those who identified as bisexual were significantly more likely to smoke cigarettes and use illicit drugs, particularly marijuana and ecstasy. Though the general pattern of alcohol use was similar for the two groups, bisexual women were much more likely to experience adverse consequences of alcohol use.

Factors that may underlie the development of problematic alcohol/drug use among LGBTQ

Studies have begun to examine the factors that may underlie the increased risk of substance use and abuse among LGBTQ. One of the most salient factors pertains to the shame and ostracism they often experience once they disclose their minority status (Beatty et al., 1999; Weber, 2008). It is well-documented that LGBTQ individuals are exposed to many forms of discrimination that place them at increased risk of suicide, mental illness, and verbal and physical abuse by family and peers (Grossman, 1997). In addition, attitudes of homophobia (defined as anxiety, discomfort and aversion that some people experience in relation to LGBTQ individuals and their sexual behavior (Davies, 1996) and heterosexism (defined as the belief that opposite-sex relationships are the only acceptable form of romantic love) can also contribute to physical and emotional stress. Weber (2008) examined the relationship between heterosexist events, internalized homophobia, and substance use among a large sample of lesbian, gay, and bisexual individuals. Lesbians and gay men reported experiencing more heterosexism than bisexuals, and gay men and bisexuals reported experiencing more internalized homophobia than lesbians. Furthermore, participants who met criteria for a substance use disorder (SUD) were significantly more likely to have experienced internalized homophobia and heterosexism than those without a SUD. Finally, another factor pertains to the fact that LGBTQ culture has grown out of bars and nightclubs that serve as private meeting spaces for these individuals. This association between the LGBTQ culture and settings where chemical use is prevalent may increase the risk of developing substance-related problems.
Substance abuse, dependence, and mental health severity among LGBTQ individuals

Characteristics of LGBTQ individuals attending alcohol/drug treatment

Because few LGBTQ studies have examined treatment-attending samples, little is known about the extent to which LGBTQ patients differ from heterosexual patients in substance use and mental health severity. The Butler Center for Research (BCR) recently conducted statistical analyses on 2 samples of patients (n = 115 LGBTQ; 38% female; n = 143 heterosexual; 35% female) attending adult residential treatment at Hazelden. The graph below shows that LGBTQ patients were significantly more likely to have a co-occurring Axis I mental health diagnosis.

In addition, LGBTQ were significantly more likely to have suffered past sexual abuse (48% vs. 15%) and physical abuse (51% vs. 28%). Regarding substance use severity, LGBTQ patients reported significantly fewer drinking days in the 90 days before treatment admission than heterosexual patients (M = 37 vs. 47 days). However, LGBTQ reported a significantly higher number of pretreatment amphetamine use days (M = 17 days vs. 5 days) and cocaine use days (6 days vs. 1 day) and were significantly more likely to meet dependence criteria for alcohol and at least one other illicit drug (43% vs. 29%). Finally, LGBTQ individuals reported a significantly higher number of past detoxes and inpatient treatment episodes than heterosexuals. These data suggest that LGBTQ individuals are more likely to have a history of trauma and are more likely to suffer from a number of mental health issues. Collectively, these findings demonstrate a tremendous clinical need for services tailored to the needs of LGBTQ individuals, particularly in light of the fact that they are dramatically underserved. A recent analysis by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that less than 7% of substance abuse treatment facilities offer LGBTQ-specific programming (Office of Applied Studies, 2010).

Treatment outcomes and correlates of outcome among LGBTQ

Because LGBTQ individuals tend to be overrepresented in treatment-attending samples (Hardesty et al., 2012) and are at higher risk for a number of co-occurring mental health issues, there is currently an urgent need to understand the factors associated with successful alcohol/drug treatment for LGBTQ individuals. However, this is currently a challenge as virtually no studies to date have examined treatment outcomes among LGBTQ patients, how their outcomes compare to heterosexual patients, and which factors specifically predict outcomes among LGBTQ individuals. Paul et al. (1996) examined changes in substance use among a sample of 455 gay or bisexual men attending outpatient substance abuse treatment. Over the first 90 days of treatment, 50% of patients substantially reduced their substance use, and 37% reported using no alcohol or drugs during the first six months of being admitted to treatment. In another study, Hardesty et al. (2012) analyzed data collected as part of a national longitudinal panel study of publicly funded substance abuse treatment programs. At 12 months posttreatment, sexual minorities reported roughly the same number of substance use days during the previous month as heterosexuals (M = 8.49 vs. 7.65 days).

In summary, the findings as a whole underscore the need to increase understanding of the challenges faced by LGBTQ individuals and how issues around their sexuality are related to substance use and mental health functioning. This knowledge will help with the development of treatment strategies uniquely tailored to the needs of these individuals.

References