

Discrimination of LGBT Population's Ability to Access Substance Abuse Treatment

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Presenting Problem

Addiction is commonly portrayed in the man in the detox unit of a hospital who is cringing from the pain of pancreatitis who has no plans to quit drinking (Van Wormer, 2018). Addiction is also evident in the coughing of a smoker, involved with the actions of the dependable employee who was imprisoned for misuse of company money, or the homeless woman who lost everything due to her love for cocaine. The diagnosis and use of the word of addiction was altered in the updated Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) in 2013, eliminating the former diagnosis of addiction. The substance-related disorders encompass ten separate classes of drugs, including alcohol, hallucinogens, inhalants, tobacco, other substances, caffeine, cannabis, opioids, hypnotics, and sedatives (American Psychiatric Association, 2013). These ten classes are not absolutely specific. All licit or illicit drugs that are taken overabundantly have similarly direct activation of the brain's reward system, which is associated with the augmentation of behaviors and the manufacturing of memories. The drugs create such a profound activation of the brain's reward system that ordinary activities could be neglected. Rather than accomplishing reward system activation, pharmacological instruments by which each class of drugs manufactures reward contrast, but the drugs commonly stimulate the system and create perception of pure bliss, generally cited as a "high." Moreover, persons with lower levels of restraint, which may echo deterioration of brain hindering structures, could be notably predisposed to establish substance use disorders, indicating that the origin of substance use disorders for a number of individuals is apparent in behaviors significantly before the commencement of indisputable substance abuse itself. A pathological pattern of behaviors relevant to using substances, such as drugs, which builds the diagnostic criteria for substance use

disorder and a critical characteristic of substance use disorders is a crucial alteration in brain circuits that could extend beyond detoxification. Repetitive relapses and intense drug cravings are demonstrated when persons are in close proximity to drug-related catalysts indicative by significant behavioral effects of changes in the brain.

Historically, the prevalence of substance use issues was believed to be found in lesbian, gay, bisexual, and transgender (LGBT) populations. Previous research supports this assumption that drinking problems were demonstrated in up to two-thirds of lesbians and one-third of gay men (Green & Feinstein, 2012). As attested by the Substance Abuse and Mental Health Services Administration (SAMHSA), the percentage of substance abuse disorders amidst LGBT persons is not noted, but studies illustrate it could be 20% to 30%, which is unquestionably greater than the general population (9%) (Green Valley Publishing Company, Inc., 2014). The amount of providing facilities that offer specialized care and treatment programs for LGBT persons is significantly limited (fewer than 6% of state government-run programs and private nonprofit programs; 2.6% of federal facilities and 7% of privately-run for-profits treatment programs) which means sexual minorities are most likely to receive treatment in groups surrounded by heterosexuals (Van Wormer, 2018).

A Look Back in Time

The initial DSM was created in 1953. In this version, homosexuality was defined under the category of sociopathic personality disturbance. The DSM was next amended in the DSM-II in 1968 to list homosexuality as a sexual deviation. Homosexuality was not omitted as a mental illness until 1973 in the DSM. In 1969 at the Stonewall Inn, a gay bar in the Greenwich Village of New York, efforts of coming out were made. A routine police raid to the bar led to a brutal resistance from patrons of the bar as well as protests and brawls in the streets (Ritter, 2017).

In 1981, the AIDS pandemic soared, and assumptions were made that the only modality of contracting AIDS was via someone's sexual orientation, explicitly, homosexual orientations. A gay rights activist named Cleve Jones invented a concept of a Quilt in November of 1985. The Quilt was a way to memorialize persons who had died of AIDS. The Quilt was on display at the National March on Washington for Lesbian and Gay Rights for the very first time on October 11, 1987. Consequently, on the same day, October 11, 1987, there were half a million people who engaged in the National March on Washington for Lesbian and Gay Rights, making this event the second demonstration in our country resulting in a number of organizations for LGBT being founded (Human Rights Campaign, 2011).

The first-time in which U.S. government inquired from every American home regarding unmarried partner relationships was on the U.S. Census in 2000, which revealed approximately 600,000 same-sex couple households throughout the nation (Ritter, 2017). Most sexual minorities in treatment are in heterosexual-dominated programs (Van Wormer, 2018). Despite having overcome many hindrances in the LGBT community and having been able to gain few rights throughout our nation's history, the LGBT community is still facing discrimination in this day and age.

Relevance of Social Justice Issue Today

In substance abuse treatment programs, making sure that all staff are trained to be culturally competent with minorities that are prone to discrimination, like the LGBT community, is many times not enough (SoberRecovery, Staff Writer, 2014). Being culturally competent in all aspects within the program alone is also not enough to establish a discrimination-free environment. Cultural competency does not equate to a culturally sensitive system (SoberRecovery, Staff Writer, 2014). Many professionals can be trained and provide adequate

treatment in a given field; however, when programs are not exclusive to sensitive communities, minorities such as LGBT individuals can and will still be discriminated against by other clients and staff that are not trained and do not understand the importance of accepting interactions (SoberRecover, Staff Writer, 2014).

According to recent studies, individuals that identify as LGBT experience higher rates of mistreatment, such as discrimination and victimization compared to heterosexual individuals (Flentje, Livingston, & Sorensen, 2016). Because of the mistreatment in the LGBT community, studies have shown a positive correlation in higher substance use disorders and mental health diagnosis when compared to heterosexual persons. This may account for poorer physical health outcomes for this community as well (Flentje, et al., 2016).

The connection between substance abuse in sexual minorities could be associated with feeling criticized by civilization, searching for alleviation of depression symptoms and feelings of isolation, or wanting relief of the continuous stress which is correlated with being interpersonally and intra-personally stigmatized (Jordan, 2000). Percentages of drug use and the diagnosis of Substance Abuse Disorders (SUDs) among LGBT persons continue to inordinately be significantly higher compared to heterosexuals (Flentje, et al., 2016.) Self-medicating with drugs as a coping mechanism is a result of the growing marginalization that contributed to the LGBT community's struggle with depression, anxiety, and stress (Green Valley Publishing Company, Inc., 2014). Unfortunately, the modern American society still exposes persons in the LGBT community to extensive discrimination and prejudice (The Association for Addiction Professionals, 2014). The community of LGBT persons are repeatedly objects of sexual, verbal, and physical offenses, which can subsidize to astronomical levels of stress, especially when linked with being stigmatized by society and constantly facing discrimination from those around

them (Anderson, 2009) Homophobia and heterosexism are terms to depict the prejudice LGBT people face (SoberRecovery, Staff Writer, 2014). LGBT persons have greater obstacles securing pertinent mental health and medical services, causing them to experience health disparities in relation to receiving competent substance-use treatment services contributable, in part, to institutional or provider bias and lower percentages of competent health coverage comparable to heterosexuals (Flentje, et.al, 2016).

When working with substance abuse clients, trust is paramount in the treatment process. When minorities feel unsafe and are having difficulty with trust because of prejudice and discrimination, the recovery efforts are at a standstill (Sonia Dziegielewski & George A. Jacinto, 2016). Considering whether clients might encounter negative bias from providers is an important factor in determining what treatment services will be appropriate for this population (Flentje, et al., 2016).

Affected Population

Sexual orientation discrimination is more prevalent than society may recognize in the LGBT community. Namely, LGBT persons are refused substance abuse treatment due to their sexual identification (Great Valley Publishing Company, Inc., 2014). Because of the homophobia occurring during the ordinary treatment group sessions, few gays and lesbians want to take the risk of admitting their sexual orientation when they feel like foreigners in this type of group setting (Van Wormer, 2018). Falsity can start discrimination for LGBT individuals. Illustrations of such falsity, specifically for gay men, include having a misinformed belief that they are womanish or that all lesbian women are macho (SoberRecovery, Staff Writer, 2014). The LGBT community and persons are inadequately serviced, deprived of equal care, and are forced to seek substance abuse treatment services that are homophobic and not culturally

competent. Moreover, these programs are often hostile in regard to their sexual orientation (Craft, 2001). Because of an internalized homophobia among society, stigma is often projected onto LGBT persons, resulting in self-medicating behaviors, i.e., drinking too much or using illicit drugs, which creates a personal need for the substances being abused. Clients may distrust a practitioner who looks or acts differently from them (Sonia Dziegielewski & George A. Jacinto, 2016).

The Brunt of the Issue

In aspects of micro, the attitudes of treatment providers, (doctors, therapists, social workers, counselors) concerning clients who identify as LGBT emerge as being an essential component in the quality of services delivered for substance use, or chemical dependency (Cochran, Peavy, & Cauce, 2007). The brunt of a provider's predispositions could be even more apparent when working with an unremarkably marginalized group. Factors such as gender, race, and religious beliefs also influence attitudes in regards to LGBT health care (Rowe, D., Ng, Y.C., O'Keefe, L., & Crawford, D., 2017) In an early survey, it was recorded that fifty-nine percent of members identifying as LGBT communicated a preference for LGBT counselors. (Cochran, et. al., 2007). This may indicate LGBT individuals fear that heterosexual counselors would misunderstand, or, worse, vigorously discriminate against them on their sexual identities (Cochran, et. al., 2007). In addition to discrimination, many LGBT people are refused services outright because of their sexual orientation or gender identity (Human Rights Watch, 2019). Knowing this, treatment providers could review their approaches to treatment and take steps to welcome LGBT clients by becoming more culturally competent and sensitive, specifically pertaining to the LGBT population in order to provide effective treatment (Department of Health and Human Services, 2019). The LGBT populations experience personal and structural barriers

that interfere with their ability to access high-quality mental and physical care (Rowe, et al., 2017). Sexual gender minority individuals also experience health care barriers due to isolation, insufficient social services, and a lack of culturally competent providers (Rowe, et al., 2017). At the same time, many health care providers (HCPs) experience various barriers to providing LGBT care and need to increase their cultural competence by improving awareness, receptivity, and knowledge (Rowe, et al., 2017). By holding a belief and bias that heterosexuals would benefit more from substance abuse treatment, counselors will have complications with providing adequate treatment for clients who identify as LGBT. These counselors struggle with the treatment process due to lack of culturally sensitive training approaches when servicing LGBT clients with substance use needs. One personal barrier to quality care is stigmatization toward LGBT persons as expressed through HCP prejudices, beliefs, attitudes, and behaviors (Rowe, et al., 2017).

The Trump administration is considering regulatory changes that would worsen barriers many lesbian, gay, bisexual, and transgender (LGBT) people in the United States face in obtaining health care (Human Rights Watch, 2019). Enactment of such changes would not only oppress and discriminate further against this population, but would also undermine all efforts made at antidiscrimination campaigns and LGBT rights thus far. The Affordable Care Act under Section 1557 clarifies that sexual discrimination in health care is prohibited and also prohibits discrimination against transgender people (Human Rights Watch, 2019).

Problems within an organization could stem from an unsupportive environment for LGBT clients, or clients being discriminated against or refused substance abuse treatment due to their sexual orientation. It may not be possible to discuss any issues that LGBT persons may face within a facility that is culturally insensitive or holds views that are hostile to the needs of this

population (Senreich, 2010). LGBT clients may go to a substance abuse treatment facility to seek treatment unperceived of any reactions a provider may have upon mentioning of their sexual orientation. Many LGBT clients expressed concern that laws permitting providers to refuse services on moral or religious grounds would make adequate care even harder to obtain (Human Rights Watch, 2019). In facilities where homophobia is prevalent or has an environment that portrays hostile attitudes towards LGBT persons, family member inclusion of the treatment process may be inadequate (SoberRecovery, Staff Writer, 2014). Inclusiveness can be officiated within an agency by involving clients in integral changes. By including the clients in this change process, this allows the client to not feel discriminated against or marginalized during their treatment process.

If an agency lacks implementation of policy or rules for counselors or staff to follow, clients who identify as LGBT could face unfair treatment. Implementation of such policy would regulate any guidelines specific to treatment of LGBT clientele, as well as lead to possible discrimination. An agency must have such rules and regulations in place to protect themselves and their consumers.

Support in This Day and Age

Gay affirmative practice (GAP) is one approach that would allow for the transmission of treatment with LGBT clientele to be culturally sensitive. GAP implements guidelines for attitudes and expectation in practice with LGBT persons (Great Valley Publishing Company, Inc., 2014). The Person in Environment (PIE) approach is defined as meeting a client where they are and starting the therapeutic relationship where the client is currently at, rather than where the provider is. PIE is the governing rule in social work practice. Substance abuse treatment providers should be up to date on educating themselves to be able to understand antigay bias,

heterosexism, and homophobia in order to work adequately with LGBT persons (SoberRecovery, Staff Writer, 2014). Providers can improve their needs assessments as well as the quality of treatment of LGBT clients by asking about their sexual orientation and making it a part of their Electronic Health Records (Flentje, et al., 2016).

Programs and providers can provide better services for LGBT individuals seeking substance abuse treatment and understand best practices when it comes to meeting their needs (Flentje, et al., 2016). Substance abuse treatment providers may use their understanding of the client and the client's cultural context to develop a culturally appropriate assessment, identify problems, and choose appropriate treatment strategies for the client (SoberRecovery, Staff Writer, 2014). Providers can eliminate the fear of marginalization, discrimination, or hostility for LGBT clients by committing themselves to equality in treatment services by enhancing their own cultural competence. Provider attitudes and education are among the most prevalent gaps that contribute to inequities in health care of LGBT populations. Training and skills development in sexual histories taken by clinicians are vital in reducing health disparities and in helping LGBT patients feel more comfortable in accessing health care. Providing additional LGBT-focused Transcranial Magnetic Stimulation (TMS) courses could help increase provider knowledge and cultural competencies (Rowe, et al., 2017).

Evaluation of Problem

Substance abuse treatment facilities should create an environment for LGBT persons to feel safe and comfortable with confessing their sexual identities. Culturally competent training should be mandated for all social workers, counselors, and other professional staff encountering work with LGBT persons. Cultivating cultural competence in counselors, social workers, and treatment providers would allow the facilitation of more efficient treatment for LGBT persons.

Training on LGBT health topics is vital in improving health care delivery to LGBT populations and is essential in evaluating the quality of care given the impact on patient outcomes and health disparities in LGBT populations (Rowe, et al., 2017). Percentages of substance abuse would decrease providing LGBT persons felt able to discuss their issues safely with a therapist who authentically could empathize and validate their concerns without anticipating discrimination against their sexual orientation.

Being alert to a client's beliefs is important; moreover, the social worker can be a vital link in ensuring the use of culturally sensitive ethnic practices and encouraging clients to maintain their right to establish self-determination concerning mental health treatments (Sonia Dziegielewski & George A. Jacinto, 2016). It is the Substance Abuse and Mental Health Services Administration's (SAMHSA) mission to serve and protect vulnerable and underserved populations (Department of Health and Human Services, 2019). A useful tool for practitioners would be to protect LGBT clients against discrimination and hostility.

Summary

Overall, LGBT persons would be able to authenticate themselves and remain able to discuss feelings of adversity in facilities that practice cultural competence, thus adding enhancement to results in substance abuse treatment. There is an urgent need to better understand factors associated with successful substance abuse treatment of sexual minority, or LGBT clients. Ideally, this would provide a safe environment for the substance using LGBT client in a culture that is dominant in marginalizing LGBT persons. More complete understanding of the actual experiences both clients and counselors will help in elucidating the factors related to providing high quality substance abuse treatment to all individuals, thus addressing the major public health problem of chemical dependency and substance abuse (Cochran, et al., 2007).

Keeping in mind that clients who identify as LGBT are unaware of the reception they will get when indicating their sexual orientation is important for substance abuse treatment providers (SoberRecovery, Staff Writer, 2014). It is essential that providers offer services that are inclusive of LGBT individuals, and that services are provided in a manner that is affirming of LGBT individuals and responsive of their unique health care needs. (Rowe, et al., 2017). Clinicians should note that it is critically important to practice culturally competent care and should seek consultation and training specific to LGBT experiences and an LGBT-affirming therapeutic style when providing services to LGBT individuals (Green & Feinstein, 2012). Social workers and counselors are tasked with the duty of ensuring they uphold the utmost competence in their work in order to shield clients from disservice. Educating and understanding diversity essentially would eliminate discrimination of clientele. The National Association of Social Workers (NASW) sets forth a Code of Ethics of which social workers are to abide by. In this code, social workers have ethical responsibilities as professionals. Specifically, by displaying competence professionally, as well as not practicing, facilitating, condoning, or collaborating with any fashion of discrimination for any reason, these professionals can display fairmindedness in their practice (National Association of Social Workers, 2020).

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