

INTRODUCTION

CHAPTER SUMMARY

This introduction describes major changes that have occurred in our understanding of LGBT substance use since the earliest studies began in the mid-1970s. It also offers an overview of the structure of the text.

OVERVIEW

Our understanding of LGBT substance use has evolved since studies began in the 1970s. While it was once thought that LGBT individuals use addictive substances primarily to cope with shame stemming from their identity, contemporary research has identified many reasons that LGBT individuals begin and continue their substance use. Also, changes in our understanding of addiction, methodological improvements in studying LGBT substance use, calls for culturally competent treatment for LGTB patients, and society's acceptance of gender and sexual minorities have all led to improvements in conceptualizing and treating LGBT substance users. Finally, the intersecting identities of each and every person are now recognized as relevant in substance use treatment formulations.

KEY TERMS

LGBT substance use; shame; cultural competency; health disparities; methodological improvements; intersecting identities

Substance use in the lesbian, gay, bisexual, and transgender (LGBT) populations comes in many guises, and while stereotypes such as the licentious gay man combining drugs and sex, the embittered lesbian alcoholic, the bisexual person using drugs or alcohol to cope with confusion, and the transgender woman exchanging sex for money have some counterparts in real life, substance use is far more complex than these stereotypes imply. It was once thought that LGBT individuals use addictive substances primarily to help them cope with shame stemming from their identity, and while this reason is true for some, the reality is that LGBT individuals begin and continue to use substances for many of the same reasons heterosexuals and gender-conforming people do: particularly, peer pressure, improvement in mood, and desired changes in behavior (e.g., increased confidence). However, these reasons are often accompanied by a litany of additional factors—especially the stressors of being part of a stigmatized minority group—that are detailed throughout this book. This text sets out to examine the complexities of LGBT substance use. Though elevated rates of substance use (both illicit and licit) among the LGBT population have been noted from the earliest studies, a new era of research has broadened our once-limited conceptualization of both the problem and the best approaches to treatment. This broadening of knowledge has occurred for several reasons:

First, our understanding of addiction grows every year. Neuroimaging technology now allows us to see the impact of substance use on the brain in real time, and we have a far better understanding of its psychological and physiological implications.

Second, our current understanding of addiction has led to improved treatments, which now include medication-assisted therapies, evidence-based practices, behavioral interventions, and family- and couples-based treatment. All of these therapies and treatments are applicable to LGBT individuals.

Third, we have a much better understanding of LGBT-specific substance use. In place of case studies or those using small convenience samples that typified earlier research, we now have large-scale national probability surveys, meta-analyses, and vastly improved research methodology.

Fourth, the growing recognition of health disparities has led to calls for culturally competent treatment. While this was originally a concept and an approach developed for those working with ethnic and racial

minorities, culturally competent treatment is now used in LGBT treatment, and several existing models can frame this work.

Finally, recognition and acceptance of LGBT individuals are now much greater than ever before. However, the transgender and bisexual communities continue to work toward higher levels of acceptance and lower levels of stigmatization.

OVERVIEW OF THE TEXT

The volume is divided into three sections. The first section, Chapters 1–3, addresses our understanding of substance use disorders in general as well as our understanding of LGBT substance use. Alternative, historically accepted terms for substance use disorders have included *substance abuse*, *drug abuse*, *alcoholism*, *addiction*, and others. These terms may appear in early research studies.

Chapter 1 traces the history of LGBT substance use studies and common challenges inherent in interpreting this research, including the conflation of demographic groups and the noninclusiveness of some studies. It also addresses barriers to treatment often experienced by LGBT people. Chapter 2 reviews the research on risk factors for substance use—both generic risk factors and LGBT-specific risk factors. Chapter 3 reviews treatment models, specifically highlighting the need for cultural competence, affirmative treatment, and a trauma-informed approach.

The second section, Chapters 4–7, addresses substance use by the four major divisions under the LGBT umbrella. The transgender (trans) and bisexual populations are discussed first because their substance use patterns can be especially alarming and they are often neglected by researchers and generally unknown to the general public. Chapter 4 discusses substance use by transgender people. Chapter 5 examines substance use by bisexual individuals and includes research on straight men who have sex with other men (SMSM), a group defined as men who consider themselves heterosexual but who engage in sex with men or express the desire to do so. Chapter 6 addresses substance use by lesbians and highlights the combined risk of their sexuality and gender status. Chapter 7 examines substance use by gay men, the population on which most research has been done and continues to be focused.

The third section posits that there is no stereotypical LGBT person;

that to understand each individual, his or her substance use, and the appropriate treatment formulations and interventions, we must consider many additional factors, including race, ethnicity, age, family relations, and place of residence, to achieve the most positive outcomes. The term *intersecting identities* is commonly used to describe this confluence of factors. While research on race and ethnicity are dispersed throughout the text, the chapters in this section review other identity factors as well. Chapter 8 explores research on LGBT youths' behavioral health, risk factors, and treatment needs. Chapter 9 examines substance use by LGBT elders, one of the fastest growing demographics in the LGBT population. Chapter 10 examines the impact of substance use on couples and families, including nontraditional families such as gay-parented families and families that have an LGBT member. Chapter 11 reviews the research on the legal system, because LGBT individuals are over-represented in jails and prisons in comparison to the heterosexual and gender-conforming populations. Finally, Chapter 12 addresses a relatively new area of research: LGBT individuals living in rural areas.

Momentous changes have occurred since the earliest studies of LGBT substance abuse were conducted in the mid-1970s, particularly as they relate to LGBT acceptance and approval in society, our understanding of addiction (including risk factors, psychological and physiological consequences, and health disparities), and treatment methodology. Two of the guiding principles of the National Institute on Drug Abuse are that "addiction is a complex but treatable disease" and that "matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success."¹ An understanding of this combination of principles is particularly valuable when it comes to working with LGBT individuals who have substance use problems.