CHAPTER SUMMARY

This chapter describes LGBT-specific risk factors for substance use that are superimposed on general risk factors. The confluence of factors helps explain the elevated rate of substance use for many LGBT individuals.

OVERVIEW

A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. One noted health disparity is the elevated rate of substance use among LGBT people. Research finds that there are common risk factors for the initiation of substance use, and that the more risk factors a person has, the greater the chance that taking addictive substances will lead to a substance use disorder. There are also LGBT-specific risk factors that compound an individual’s likelihood of developing a substance use problem; these include minority stress (including internalized heterosexism), experience of microaggressive behaviors, navigation of the coming-out process, and an LGBT culture deeply rooted in bars and clubs, where the use of alcohol and other substances is prevalent. These risks are further compounded when one is a member of more than one minority group.

KEY TERMS

Health disparity; risk factors; minority stress; microaggressions; hate crime; internalized heterosexism; stereotype threat; stigmatization; coming-out process; gay bars and clubs
NOTES TO CHAPTER 2

1 Case study adapted from Center for Substance Abuse Treatment, A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (Rockville, Md.: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2001), 120.


4 National Institute on Drug Abuse, Drugs, Brains, and Behavior.


7 National Institute on Drug Abuse, Drugs, Brains, and Behavior.

8 Ibid.


11 Center for Substance Abuse Treatment, Treatment of Adolescents with Substance Use Disorders (Rockville, Md.: Substance Abuse and Mental Health Services Administration, 1999).

12 National Institute on Drug Abuse, Drugs, Brains, and Behavior.


19 Patti R. Rose, Cultural Competency for Health Administration and Public Health (Sudbury, Mass.: Jones and Bartlett, 2011).


23 U.S. Department of Health and Human Services, National Health Promotion and Disease Prevention Objectives for 2020.


31 Ibid.

32 Ibid.


Sue, *Microaggressions*. 

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Claude M. Steele, Whistling Vivaldi (New York: W. W. Norton, 2010).

Steele, Whistling Vivaldi, 126.


Hatzenbuehler, “How Does Sexual Minority Stigma ‘Get Under the Skin’?”


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Perry Stevens, Lisa M. Carlson, and Johanna M. Hinma, “An Analysis of Tobacco Industry Marketing to Lesbian, Gay, Bisexual, and Transgender (LGBT) Pop-
