Addiction

and the LGBTQ Population
Speakers

- Buster Ross, MA, CADC II, CPC
  Director of Hazelden Betty Ford Foundation LGBTQ Integrative Programming

- James Barry, MS, LAADC, CADC II
  Betty Ford Center Outpatient Services Counselor and LGBTQ Specialist
The Hazelden Betty Ford Foundation is a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs. It is the nation’s largest nonprofit treatment provider, with a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center. With 16 sites in California, Minnesota, Oregon, Illinois, New York, Florida, Massachusetts, Colorado and Texas, the Foundation offers prevention and recovery solutions nationwide and across the entire continuum of care to help youth and adults reclaim their lives from the disease of addiction.

The Foundation includes the largest recovery publishing house in the country, a fully accredited graduate school of addiction studies, an addiction research center, and an education arm for medical professionals and a unique children’s program, and is the nation’s leader in advocacy and policy for treatment and recovery. Learn more at HazeldenBettyFord.org.
The LGBTQ community is made up of many communities already at greater risk for substance use and mental health issues. No other community is as cross-sectional, containing so many different people.

- Chemical use disorders at a rate estimated between 2-4x higher than the national average
- Higher prevalence and acuity of trauma
- Higher rates of treatment utilization
TERMINOLOGY

LGBTQ
AFFIRMATIVE
INTEGRATIVE
GENDER
SEXUAL HEALTH
LGBT

- Health and Human Services uses LGBT as the agreed upon acronym in the United States.
- They don’t use GLBT, GBLT, LBGT, GLBTQ, LGBTQ, etc.
- LGBT stands for Lesbian, Gay, Bisexual, and Transgender.
What We Know

• How many people identify as LGBT?
What We Know

• Q: How many people identify as LGBT?

• A: That’s a ridiculous question
What We Know

• Q: How many people identify as LGBT?

• Easy Answer: 3.4 percent of the U.S. adult population - more than 8 million people.
  *(2012 Gallup report)*
What We Know

• Q: How many significantly struggle with substance use?
What We Know

• Q: How many significantly struggle with substance use?

• A: That’s a ridiculous question
What We Know

• Q: How many struggle with substance abuse?

• Easy Answer: As much as 20-30 percent of the LGBTQ community may struggle with substance use disorders (Substance Abuse and Mental Health Services Administration)
  - Compared with 10 percent of the population as a whole.
So Why Do We Use the Q?

- Q represents the “continuums”
- Questioning clients represent a significant portion of those engaging in our program
“LGBT Services”

- A recent study found that ___ percent of treatment facilities reported that they offered LGBT-specific services.
“LGBT Services”

- A recent study found that 12 percent of treatment facilities reported that they offered LGBT-specific services.
“LGBT Services”

- A recent study found that 12 percent of treatment facilities reported that they offered LGBT-specific services.
- On closer examination, only ___ percent of them could identify a specific service tailored to LGBT clients – the rest simply reported that they accepted or did not discriminate against LGBT clients.
“LGBT Services”

- A recent study found that 12 percent of treatment facilities reported that they offered LGBT-specific services.
- On closer examination, only 7.4 percent of them could identify a specific service tailored to LGBT clients – the rest simply reported that they accepted or did not discriminate against LGBT clients.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Genotype/Phenotype</td>
<td>XX, XY, XO, XXY</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Self-identified phenotype characteristics</td>
<td>Male, Female, Transgender, Transsexual, Intersex</td>
</tr>
<tr>
<td>Gender Role</td>
<td>How you act as your gender (scripts)</td>
<td>Feminine, Masculine, Androgynous, Father, Mother, Homemaker</td>
</tr>
<tr>
<td>Sexual / Affectional Orientation</td>
<td>Who/what arouses you</td>
<td>Object’s Gender, Physical Traits, Personality</td>
</tr>
<tr>
<td>Sexual Behavior</td>
<td>What you do</td>
<td>Monogamy, Polygamy, Polyamory, Prison, Sex Trade, Practices, Frequency</td>
</tr>
<tr>
<td>Sexual Identity</td>
<td>How you identify</td>
<td>Gay, Straight, Bi, Lesbian, Queer, Bear, Polyamorous, Butch, Chaser, Tra*<strong>f</strong>, Same-Gender-Loving, On the DL, Top</td>
</tr>
</tbody>
</table>

These labels/identities may be seemingly unrelated.
Research Findings
LGBTQ Research Findings

- Hazelden’s Butler Center for Research
- Statistical analysis of two samples of patients in adult residential treatment at Hazelden.
- Findings published in *Research Update*
- Article published in a 2014 edition of *Journal of Gay & Lesbian Social Services*
# Mental Health Findings

<table>
<thead>
<tr>
<th>Percent of patients with</th>
<th>LGBTQ</th>
<th>non-LGBTQ</th>
<th>p =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis I disorder</td>
<td>92</td>
<td>78</td>
<td>.003</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>70</td>
<td>50</td>
<td>.001</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>68</td>
<td>50</td>
<td>.003</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>73</td>
<td>44</td>
<td>.000</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>51</td>
<td>28</td>
<td>.001</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>48</td>
<td>15</td>
<td>.001</td>
</tr>
</tbody>
</table>
### LGBTQ CHRONICITY

<table>
<thead>
<tr>
<th>Mean or average:</th>
<th>LGBTQ</th>
<th>non-LGBTQ</th>
<th>p =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of detoxifications</td>
<td>1.54</td>
<td>0.65</td>
<td>.002</td>
</tr>
<tr>
<td>Number of inpatient CD episodes</td>
<td>2.08</td>
<td>1.32</td>
<td>.015</td>
</tr>
</tbody>
</table>
What Surprised Us
LGBTQ-Integrative Model

1. Innovative Training
2. LGBTQ-specific Groups
3. Integrating-Interventions (across MDT)
4. Sexuality Counseling
5. Range of Curriculum
6. Affirming Policy
7. Sexual Health in Recovery (for Everyone)
8. Advanced Trauma Programming
9. Local Community Bridging
10. Specialized Referral Network
Outcomes

Looking at Treatment Effectiveness
Average Days in Treatment

Sample of 127 LGBTQ clients and 915 NON-LGBTQ clients over the last 3 years at Hazelden Springbrook gathered by BCR.
Data on LOC Transition

**RES TO E/C**

- **NON-LGBTQ transfers to Extended Care**
  - 21%

- **LGBTQ admits at HSB are 2.3 times more likely to transfer to E/C**
  - 46%
Discharge Statistics

**Percentage of Atypical Discharge**

<table>
<thead>
<tr>
<th>Non-LGBTQ</th>
<th>LGBTQ</th>
</tr>
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<tbody>
<tr>
<td>10.6%</td>
<td>6%</td>
</tr>
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</table>

When looking at every client who admitted to Hazelden Springbrook in the last 3 years, heterosexual clients were nearly twice as likely to discharge against staff advice, against medical advice, or at staff request.

**With Staff Approval Discharges**

<table>
<thead>
<tr>
<th>Non-LGBTQ</th>
<th>LGBTQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>10%</td>
</tr>
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</table>

When looking at every client who admitted to Hazelden Springbrook in the last 3 years, the rate of completing treatment with staff approval for LGBTQ clients is 10% higher, generally based on following continuing care recommendations and treatment compliance.
Questions?