

# Addiction in the LGBTQ Community

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The LGBTQ community is heavily impacted by substance abuse for a variety of reasons. Learn more about the dangers of addiction for LGBTQ members.

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We present the information on this page as a generalized, educational overview. Specific details below regarding treatment protocols may not reflect the protocols utilized by Compass Recovery.

Please do not hesitate to reach out if you would like to learn more about Compass Recovery and our individualized programs for those struggling with substance use and co-occurring mental health disorders.

[We look forward to speaking to you: 949.603.0711](tel:949.603.0711)

## Who is in the LGBTQ Community?

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LGBTQ is an acronym for lesbian, gay, bisexual, transgender, and queer or questioning (one's sexual or gender identity). These terms describe an individual's sexual orientation or gender identity. The terms are defined as follows:<sup>1</sup>

- Lesbian: a woman who has a romantic and/or sexual orientation towards women.
- Gay men: men who are attracted to men in a romantic, erotic, and/or emotional sense.
- Bisexual: a person who experiences sexual, romantic, physical, and/or spiritual attraction to more than one gender.
- Transgender: a person whose sense of personal identity or gender does not correlate to the sex assigned to them at birth or which does not conform to gender stereotypes.
- Queer: can mean an attraction to people of many genders, a non-conformity to cultural norms around gender and/or sexuality, or a reference to all non-heterosexual people.
- Questioning: a person who is unsure of and/or exploring their gender identity and/or sexual orientation.

As of April 2020, there are an estimated 13 million LGBT people in the United States (aged 13+).<sup>2</sup> A Gallup poll conducted in 2020 found that 15.9% of Generation Z adults (born 1997-2002) identify as LGBT (for perspective, 9.1% of Millennials (born 1981-1996) and just 3.8% of Generation X (born 1965-1980) identify as LGBT. In total, that amounts to 5.6% of the US adult population.<sup>3</sup>

## Exploring Substance Use Disorders in the LGBTQ Population

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### The Connection Between Addiction and LGBTQ

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Most people think of crises in terms of an emergency event, like a heart attack or a natural disaster. However, a mental health emergency can also be a crisis. A mental health crisis is an overwhelming event — like a mental breakdown, violence, or the loss of a loved one— that a person or family cannot manage on their own.

These situations can develop after any stressful event. Sometimes, they may occur after prolonged drug use or because of a psychiatric condition. Other times, however, the cause of a mental health crisis might remain unknown. (1)

Although an individual might try their best to deal with a crisis on their own, outside help in the form of a crisis prevention intervention becomes necessary. A mental health crisis reduces a person's ability to respond appropriately, preventing them from utilizing their coping skills to manage the situation. (2)

Many federally funded surveys have only recently started to ask about sexual orientation and gender identity, so there is not enough data available to establish long-term trends about substance use and substance use disorder (SUD) prevalence in LGBTQ populations. However, research conducted in the past five or so years has found that sexual minorities are at an increased risk for various behavioral health issues. Data taken from the 2015 National Survey on Drug Use and Health shows that:<sup>4</sup>

- 15.1% of the LGBTQ population suffers from an illicit drug or alcohol use disorder compared to 7.8% of the non-LGBT population.
- Almost 11% of the LGBTQ population suffers from alcohol use disorder compares to 6.1% of the non-LGBT population.
- 7.8% of the LGBTQ population suffers from illicit drug use disorder compared to 2.6% of the non-LGBTQ population.

### The Trevor Project

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The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ young people. The Trevor Project aims to end suicide among LGBTQ youth through 24/7 crisis services, peer support, research, education and public awareness, and advocacy. TrevorSpace, a moderated social media platform for LGBTQ youth ages 13 to 24, fosters a space free from hate speech and

discrimination where LGBTQ youth can find peer-to-support.

Studies conducted by the Trevor Project also reveal the rates of substance abuse alongside mental disorders in the LGBTQ Community.

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## Why Are the Addiction Rates Higher for LGBTQ Members?

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The Minority Stress Model posits that prolonged exposure to prejudice and discrimination experienced by members of minority and marginalized groups is associated with adverse psychological outcomes and health risk behaviors such as substance use.

In addition, representing the experiences of over 40,000 LGBTQ youth ages 13-24 across the US, the Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health is the largest of its kind. The information from this survey presented in this section indicates that even the LGBTQ members growing up in the most accepting and tolerant time experience unique challenges and risks not faced by the non-LGBTQ population. These challenges and risks precipitate life circumstances that can lead one to abuse substances for relief.

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### Bullying for Lifestyle Choices

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LGBTQ people are a minority population and as such may be targets of bullying, workplace harassment, or hate crimes. LGBTQ youth in particular are at an increased risk of bullying. As shown in the CDC's 2017 Youth Risk Behavior Surveillance, around a third (33% and 27.1%) of LGB high school students report they have been bullied on school property and online, compared to just 17.1% and 13.3% of their heterosexual peers.<sup>5</sup>

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### Rejection by Family or Peers

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A 2009 study found that LGB adults who reported high rates of parental rejection in their teens were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs than LGB peers who reported no or low levels of family rejection. In addition, LGBTQ youth without family or peers they can go to for help can have more difficulty getting treatment for substance abuse, prolonging their addiction.<sup>6</sup> Relevant Trevor Project Statistics:

- 60% of LGBTQ youth reported that someone attempted to convince them to change their sexual orientation or gender identity, with 35% of these attempts coming from a parent or caregiver, 28% from a friend, and 22% from another relative<sup>7</sup>
- 29% of LGBTQ youth have experienced homelessness, been kicked out, or run away<sup>8</sup>

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### Stigma or Discrimination

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In 1973, the American Psychiatric Association (APA) removed the diagnosis of "homosexuality" from the second edition of its Diagnostic and Statistical Manual of Mental Disorders. In the following decades, the World Health Organization removed homosexuality from the International Classification of Diseases.

Laws were enacted protecting the rights of LGBT people in society and the workplace, the ability of LGBT personnel to serve openly in the military was affirmed, marriage equality and civil unions grew, and gay parents' adoption rights were facilitated. However, stigma, prejudice, and discrimination toward LGBT populations continue to exist and influence the population's physical and mental health.

Relevant Trevor Project Statistics:

- 1 in 3 LGBTQ youth reported that they had been physically threatened or harmed in their lifetime due to their LGBTQ identity<sup>9</sup>
- 61% of transgender and nonbinary youth reported being prevented or discouraged from using a bathroom that corresponds with their gender identity<sup>10</sup>

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### Internalized Homophobia

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Also called internalized sexual stigma, internalized homophobia refers to the personal acceptance and endorsement of sexual stigma as part of an individual's value system and self-concept. Theories of identity development suggest that internalized homophobia is commonly experienced as one's LGB identity develops and is essential to the development of a healthy self-concept.

However, internalized homophobia emerges as a reaction to external negative attitudes based on sexual orientation. For instance, in an environment where expectations of rejection are reasonable, concealment (or, in extreme cases, denial) of one's sexual orientation to cope with stigma may result. Internalized homophobia often leads to depression, anxiety, and SUD.

Relevant Trevor Project Statistics:

10% of LGBTQ youth reported undergoing conversion therapy, with 78% reporting it occurred when they were under age 18<sup>11</sup>

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### Co-Occurring Mental Disorders and Addiction

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Members of the LGBTQ community with SUD are more likely to have co-occurring psychiatric disorders than members of the heterosexual community.

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### Depression Rates in the LGBTQ Community

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Major depressive disorder is defined in the DSM-IV as a period of 2 weeks or longer in the past 12 months when an individual experienced a depressed mood or loss of interest or pleasure in daily activities. That individual must also show some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth.

Relevant Trevor Project Statistics:

55% of LGBTQ youth reported symptoms of major depressive disorder in the past two weeks, including more than 2 in 3 transgender youth<sup>7</sup>

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## Anxiety Rates

Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure.

Relevant Trevor Project Statistics:

68% of LGBTQ youth reported symptoms of generalized anxiety disorder in the past two weeks, including more than 75% of transgender youth<sup>7</sup>

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## Suicide and Self Harm

Suicide is the second leading cause of death among young people. LGBT youth are more than four times as likely to attempt suicide than their peers. LGBTQ youth who underwent conversion therapy were more than twice as likely to report having attempted suicide. Relevant Trevor Project Statistics:

- 40% of LGBTQ respondents seriously considered attempting suicide in the past twelve months<sup>7</sup>
- 48% of LGBTQ youth reported engaging in self-harm in the past twelve months, including over 60% of transgender youth<sup>7</sup>

Transgender youth who reported having pronouns respected by all or most people in their lives attempted suicide at half the rate of those who did not have their pronouns respected<sup>7</sup>

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## Body Dysmorphia and Eating Disorders

Approximately 54% of LGBT adolescents have been diagnosed with an eating disorder during their lifetime, with an additional 21% suspecting that they had an eating disorder at some point. Adult sexual minorities have also been found to have experienced significantly disordered eating symptomology, including a desire to be thin, bingeing, purging, and body dissatisfaction.<sup>8</sup>

The rates of body dysmorphia and eating disorders vary across each LGBT subgroup due to different risk factors. For instance, transgender adults and adolescents report higher incidences of laxative usage, diet pill usage, steroid usage without prescription, dietary restraint, bingeing, purging, and general disordered eating behaviors compared to their cisgender counterparts.

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## Other Common Disorders Amongst LGBTQ Members

LGBTQ members are at an increased risk for PTSD because experiencing homophobia, biphobia, transphobia, bullying, and feeling identity-based shame is often traumatic. The LGBTQ community is also one of the most targeted groups for hate crimes in the US.

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## Health in the LGBTQ Community: Improving Care and Confronting Discrimination

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### Why LGBTQ Members Self-Medicate with Substances

In 2020, significant numbers of LGBTQ youth didn't receive mental health care due to concerns related to the LGBTQ competence of providers, including the inability to afford care, fears of being outed, and previous negative experiences. LGBTQ adolescents and adults alike choose to self-medicate with substances at higher rates than their heteronormative counterparts.<sup>9</sup>

"Self-medicating" describes the action of choosing and taking drugs or alcohol without the guidance and expertise of a physician, typically to deal with the symptoms of a mental health disorder or other health condition. It may offer relief in the short term, but self-medication can lead to addiction if used carelessly. Depending on the substance being consumed, addiction may be developed quickly.

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### Alcohol

Alcoholism has been ingrained in LGBTQ society because, for decades, the only places that LGBTQ individuals could be open about their sexuality with other LGBTQ individuals and feel safe were gay bars.<sup>10</sup>

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### Stimulants

Stimulants are a class of drugs that include prescription drugs like amphetamines (e.g. Adderall), methylphenidate (e.g. Ritalin), diet aids, and illicitly used drugs like methamphetamine and cocaine. When abused, stimulants may be taken to produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged periods, and "get

high.”<sup>11</sup>

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## Opioids

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl and methadone, and pain relievers available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, and morphine.<sup>12</sup> Opioids, notably oxycodone and hydrocodone, are abused for the euphoric effects, feelings of relaxation, and sedation they produce.<sup>13</sup>

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## Benzodiazepines

Benzodiazepines are a class of drugs that produce central nervous system depression and are most commonly used to treat insomnia and anxiety. Alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), diazepam (Valium), and temazepam (Restoril) are the five most prescribed benzodiazepines, as well as the most frequently found on the illicit market. When abused, benzodiazepines can produce a calming, euphoric effect.<sup>14</sup>

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## Treatment Options for Co-Occurring Disorders

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### Detox

Detoxification is the process of treating someone who is physically dependent so that acute withdrawal symptoms are controlled and the state of physical dependence is ended. For example, if you can't stop using a drug, continue using a drug despite the harm it causes, or exhibit unsafe behavior as a result of using a drug, a drug detox may be in order.

Medical detox is recommended when withdrawing from certain drugs (e.g., benzodiazepines or alcohol) due to the life-threatening complications associated with withdrawal. During medical detox, medical professionals monitor an individual as their body adjusts to a decrease in drug intake. Often, medications may be used to alleviate some of the withdrawal symptoms.

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### Therapies

Addiction is a chronic disease characterized by drug-seeking behavior and drug use that is compulsive or difficult to control despite harmful consequences. Addiction changes the brain in a way that interferes with self-control, and these changes can persist long after the individual becomes sober.

For this reason, people suffering from co-occurring mental disorders and addiction may benefit from cognitive-behavioral therapy. Learning new and positive ways of thinking and behaving that reinforces an individual's sense of self-esteem, as well as ways to cope with urges to use drugs or alcohol, can help prevent future relapses,

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### Inpatient/Outpatient

Depending on the circumstances of the individual, inpatient or outpatient therapy is the next step to recovery after detox. Outpatient therapy involves the attendance of weekly therapy sessions for several months. If an individual is not able to carry out treatment independently, inpatient therapy at a residential treatment facility that specializes in treating clients with a dual diagnosis of mental illness and addiction may be a better option.

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### Medication-Assisted Treatment

Medication-assisted treatment (MAT) is used to treat SUD as well as sustain recovery and prevent overdose by using medications, in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of SUDs. Primarily, MAT is used in the treatment of addiction to opioids (e.g. heroin, prescription pain relievers containing opiates) and alcohol use disorder by managing withdrawal effects.<sup>15</sup>

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## LGBTQ Affirming Treatment in Facilities

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### What is LGBTQ Affirming?

LGBTQ affirmative therapy is a type of psychotherapy used to validate and advocate for the needs of LGBTQ clients. In this type of therapy, therapists use verbal and nonverbal means to demonstrate an affirming stance toward LGBTQ clients.<sup>16</sup>

How is this aspect different from LGBTQ-friendly? “LGBTQ friendly” marketing is welcoming acknowledgment of a program's outreach to the LGBTQ communities and communicates that the program wants its LGBTQ clients to feel comfortable there – but that may be all it is. LGBTQ affirming treatment provides accommodations or considerations specific to the needs of LGBTQ clients that go beyond simple physical needs. LGBTQ-friendly treatment may not.<sup>17</sup>

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### How Can Facilities Incorporate LGBTQ Affirming Treatment?

According to the National LGBT Health Education Center, there are various ways a facility can demonstrate affirmation for LGBT individuals:<sup>18</sup>

- Health education or marketing materials should show images of LGBTQ couples or families

- LGBTQ-specific signs, stickers, and brochures should be displayed in the organization
- Community bulletin boards should include postings for LGBTQ people
- Waiting areas should have reading materials (newsletters, magazines) appealing to LGBTQ clients
- Provide restrooms that conform to all genders

Affirmative therapists are trained to be aware of their own heteronormative and gender normative assumptions, know the differences between sexual orientation and gender identity, use the correct terminology, and access LGBTQ affirmative continuing education training and resources for clinical practice.<sup>19</sup>

### How Language and Trained Staff Matter to LGBTQ Members

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Using language that makes LGBTQ clients feel heard, respected, and validated is essential. Providing training in LGBT-affirmative psychotherapy can enhance therapists' attitudes, knowledge, and skills, allowing better treatment and well-being of LGBTQ clients. Staff should be properly trained to use inclusive language, not to make assumptions, and not to be afraid to ask what gender pronouns a client uses. Both verbal and nonverbal cues, such as attentive eye contact, a welcoming handshake or disposition, and receptive facial expressions, can LGBTQ clients feel comfortable and safe.<sup>20</sup>

### Resources

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2. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-ND-Protections-Update-Apr-2020.pdf>
3. <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>
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19. <https://psycnet.apa.org/record/2018-11631-007>
20. <https://dworakpeck.usc.edu/news/four-basic-guidelines-for-practicing-lgbtq-affirming-social-work>

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