

Substance Use Disorders in LGBTQI Communities

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(and special thanks for the dark colored slides to my colleague **Petros Levounis, MD**,
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My perspective/ defining scope

General outpatient psychiatrist who works with LGBTPT patients with and without addiction disorders who are struggling with problems of sexuality/orientation substance use/abuse or are just working on problems of living.

Case History of SB

52 yo man referred for treatment after terminating treatment with his prior psychiatrist.

Chief complaint: “Something snapped inside of me.”

Case History of SB: HPI

Depressed mood of several years duration.

Multiple psychosocial stressors:

1. Lost job after leaving abusive message for boss during drunken episode resulting in getting fired from job. Was involved in lawsuit against former employer.
2. Struggle with gender issues: he had been cross dressing for several years for “sexual stimulation” but was “exploring possibility that I am transgender” with a trans-affirmative psychotherapist.

Case History of SB:HPI

He had been transitioning at one point, living as a woman, but was now living as man.

Hx of painful facial surgery resulting in chronic pain syndrome.

Family had discovered cross dressing/lost custody of children.

Case History of SB: HPI

Heavy ETOH use with blackouts

Prior Detox/rehabs/5150 secondary to substance use

Hx of panic attacks.

Meds at intake: Clonazepam, citalopram, trazodone

Case History of SB:

Medical HX

Neuro consult: Impressions: Vascular HA and cognitive sx secondary to depression or anti-depressants

Was working with PCP who was known in community as trans-affirmative. Was not on hormone rx.

Case History of SB

Initial Dx:

Axis 1: Major Depression, moderate to severe
Alcohol Dependence

Anxiety disorder NOS

Rule out substance induced mood and anxiety disorders.

Case History of SB: treatment course

Multiple anti-depressants tried without great success,
Conflicts of over benzodiazepine use.

Pt remained unemployed, fixated on lawsuit,
disability claims.

Refused psych testing, persisted with complaint that
“something broke inside of me.”

Loss of therapeutic alliance after he appeared in office
in as woman in acute distress-- ?Effexor WD ?
intoxication . Finally admitted to using valium,
opiates, amphetamines.

Substance Use Disorders

Definition in DSM V: category of substance use disorder replaces abuse and dependence diagnoses

Definition

A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12 month period:

1. Substance taken in larger amounts or over a longer period than was intended
2. There is a persistent desire or unsuccessful efforts to cut down or control use.

Definition

- 3. A great deal of time is spent in activities necessary to obtain substance or recover from its effects.
- 4. Craving or a strong desire to use substance.
- 5. Continued use resulting in a failure to live up to major role obligations at work, school or home.
- 6. Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by effects of substance.

Definition

7. Important social, occupational, or recreational activities are given up or reduced because of substance use.

8. Recurrent use in situations in which it is physically hazardous.

9. Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.

Definition

10. Tolerance: a. need for increased amounts of substance to achieve intoxication or desired effect or a diminished effect with continued use of the same amount of substance.

11. Withdrawal

SS Is the prevalence of
substance use disorders
higher in LGBTQI
communities?

Theory of Excess Social Stress

Discrimination

Expectation or Perception of Discrimination

Internalized Homophobia

Substance abuse-specific risk factors for LGBT adolescents

Sense of self as worthless or bad.

Lack of connectedness to supportive adults and peers.
Lack of alternative ways to view “differentness”

Lack of access to role models.

Lack of opportunities to socialize with other gays/
lesbians except bars

Modalities of Treatment

1. Medical: Dextoxification/Medication
2. Formal Inpatient or Outpatient Rehab Programs
3. Twelve Step Programs, LifeRing, Motivational Interviewing.

12 Step or Anonymous Programs

First was Alcoholics Anonymous founded in 1935 by Bill Wilson and Dr. Bob Smith in Akron, Ohio.

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.— from www.aa.org.

The Twelve Steps

STEP
1

**Admit
Powerlessness**



**We admitted we were
powerless over our
addiction - that our
lives had become
unmanageable**

12 step programs-
Attending groups
Working with Sponsor
Steps meant to be worked
sequentially

www.12Step.org or
www.aasf.org

The Twelve Steps

2: Came to believe that a Power greater than ourselves could restore us to sanity.

3: Made a decision to turn our will and our lives over to the care of God as we understood God

.

Life Ring

LifeRing Secular Recovery is an abstinence-based, worldwide network of individuals seeking to live in recovery from addiction to alcohol or to other non-medically indicated drugs.

In LifeRing, we offer each other peer-to-peer support in ways that encourage personal growth and continued learning through personal empowerment.

Our approach is based on developing, refining, and sharing our own personal strategies for continued abstinence and crafting a rewarding life in recovery. In short, we are sober, secular, and self-directed.

Motivational interviewing

is a counseling style based on the following assumptions:

Ambivalence about substance use (and change) is normal and constitutes an important motivational obstacle in recovery.

Ambivalence can be resolved by working with your client's intrinsic motivations and values.

Motivational Interviewing

The alliance between you and your client is a *collaborative partnership* to which you each bring important expertise.

An empathic, supportive, yet directive, counseling style provides conditions under which change can occur.

Alcohol

MACDUFF

Was it so late, friend, ere you went to bed, That you do lie so late?

Porter

'Faith sir, we were carousing till the second cock; and drink, sir, is a great provoker of three things.

MACDUFF

What three things does drink especially provoke?

Porter

Marry, sir, nose-painting, sleep, and urine. Lechery, sir, it provokes, and unprovokes; it provokes the desire, but it takes away the performance. There-fore, much drink may be said to be an equivocator with lechery: it makes him, and it mars him; it sets him on, and it takes him off; it persuades him, and dis-heartens him; makes him stand to, and not stand to; in conclusion, equivocates him in a sleep, and, giving him the lie, leaves him.

MACDUFF

I believe drink gave thee the lie last night.

IN AN ABSOLUT WORLD

ABSOLUT VODKA. 40% ALC/VOL (80 PROOF). ABSOLUT VODKA IS A PRODUCT OF SWEDEN. ABSOLUT VODKA IS A REGISTERED TRADEMARK OF V&S VIN & SPRIT AB. ABSOLUT VODKA IS A PRODUCT OF SWEDEN. ABSOLUT VODKA IS A REGISTERED TRADEMARK OF V&S VIN & SPRIT AB. ABSOLUT VODKA IS A PRODUCT OF SWEDEN. ABSOLUT VODKA IS A REGISTERED TRADEMARK OF V&S VIN & SPRIT AB.

ENJOY WITH ABSOLUT RESPONSIBILITY™

THE



What is problem drinking?

Binge drinking:

For women, 4 or more drinks during a single occasion.
For men, 5 or more drinks during a single occasion.

Heavy drinking

For women, more than 1 drink per day on average. For men, more than 2 drinks per day on average

SMIRNOFF



EVERY PAIRING IS PERFECT

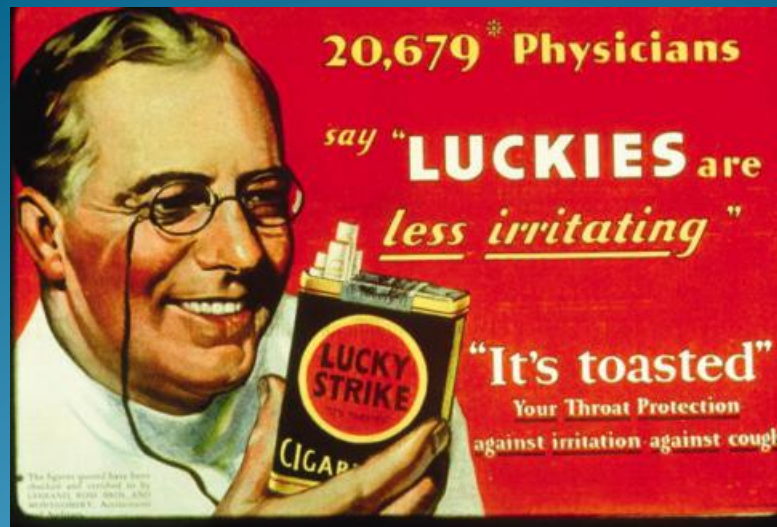
Medication Treatment for alcohol use disorder

Antabuse (disulfiram)

ReVia (naltrexone)

Campral (acamprosate)

Tobacco



Tobacco

Cigarette smoking remains the chief preventable killer in America, with more than 40 million Americans caught in a web of tobacco dependence.

In 2008, 21.1 million (18.3%) women smoked in the United States compared to 24.8 million (23.1%) men.

Smoking and tobacco use pose a serious risk of death and disease for women. Annually, cigarette smoking kills an estimated 173,940 women in the United States.

You've come a long way, baby.



Virginia Slims.

This is the one cigarette made just for women.
They're slimmer than the fat cigarettes men smoke.
With the full, rich Virginia flavor women like.



Found in Mom's Basement

California



Lesbians, Gays, Bisexuals, and Transgender

Tobacco Use Survey— 2004

California Department of Health Services
Tobacco Control Section

Prepared by
Field Research Corporation

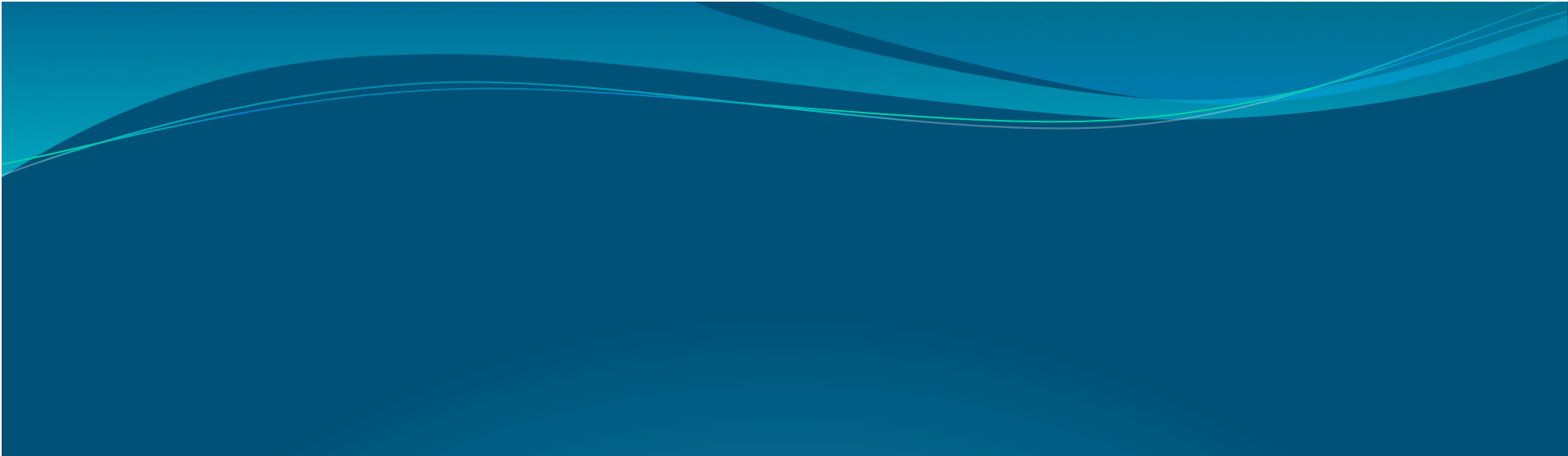


Arnold Schwarzenegger, Governor
State of California

Kimberly Belshé, Secretary
California Health and Human Services Agency

Sandra Shewry, Director
California Department of Health Services





Smoking Prevalence¹

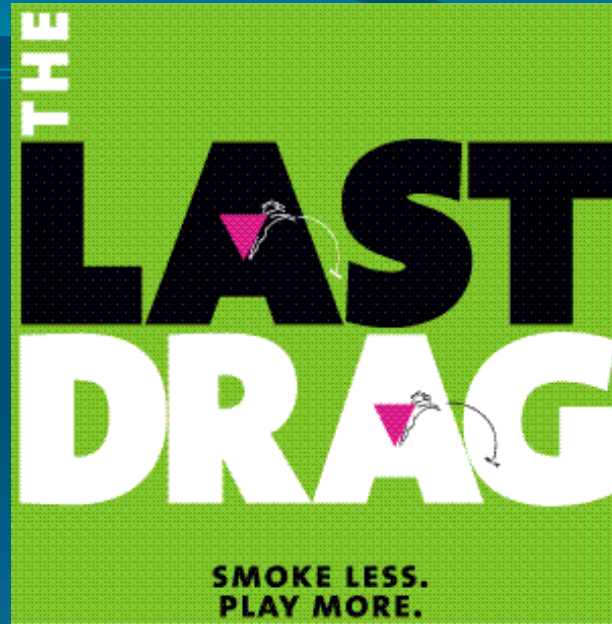
Smoking prevalence for the LGBT population (30.4%) is about double that of the general population (15.4%) as reported by the 2002 CTS. The difference is most pronounced among women where LGBT women smoke at a rate of 32.5% compared to CTS rate of 11.9% for adult women generally. The LGBT woman's rate is almost 200% higher than CTS woman's rate. The LGBT men's rate is about 50% higher than that for CTS men (27.4% versus (vs.) 19.1%).



Treatment

Quit smoking Programs

Medications: Nicotine Patches/gum, Chantix (varenicline), Zyban (wellbutrin-bupropion).



Free Quit Smoking Class for LGBT & HIV+ Smokers

The Last Drag is a free quit smoking class for lesbian, gay, bisexual, transgender and HIV+ smokers held in San Francisco.

Quit smoking in a confidential and supportive group setting. Classes led by a highly skilled and experienced clinic leader certified by the American Lung Association.

Classes are held four times a year and are free of charge.

To register for this free 7-session class ,
email to info@lastdrag.org with your name, telephone number, email and postal address.

Crystal Meth



**HOT SEX
WITHOUT
CRYSTAL?**

DERRICK HANSON

JAY BLACK

HELL YES!

tweaker.org



PHOTO: JAYAN HANSON JAYAN HANSON.COM

Treatment of Crystal Meth Use Disorders

The Stonewall Project

www.stonewallsf.org check out Stonewall's walk in schedule1035
Market St. 4th floor(415) 487-3100

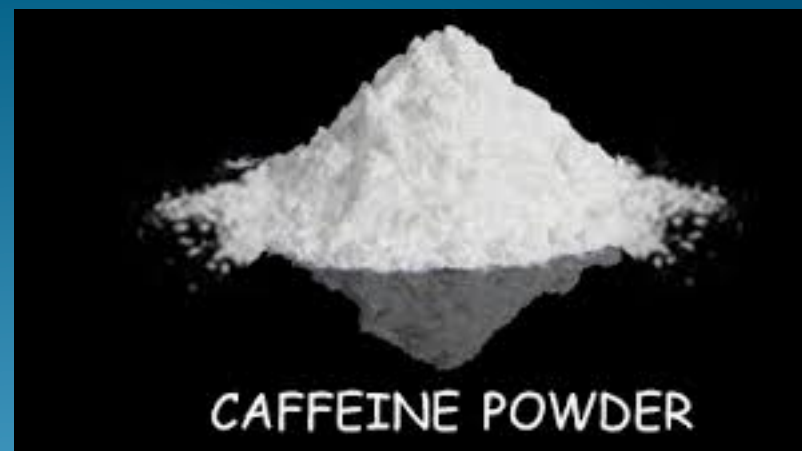
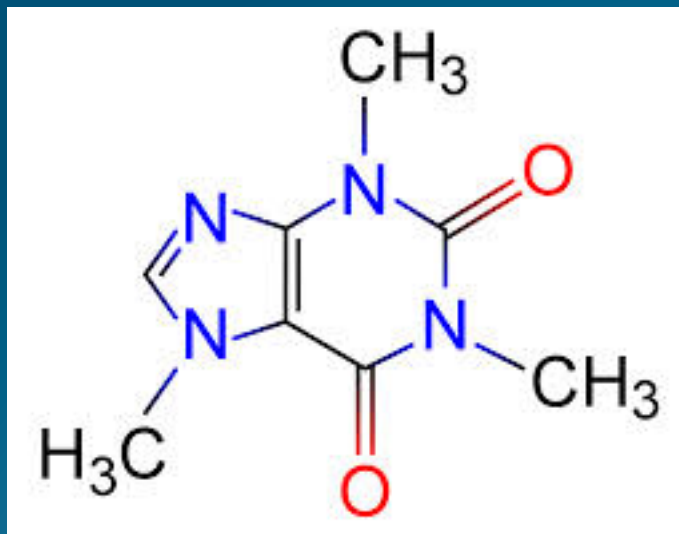
Magnet

4122 18th Street

San Francisco, CA 94114

Magnet is a place where gay men connect. In addition to our clinical services, Magnet is also an art gallery, lounge and internet café. We are a place where people can engage and participate or just hang out. A program of the San Francisco AIDS Foundation, we're unique in our approach to total health - we promote the physical, mental and social well-being of gay men.

Caffeine



Caffeine

Can make you stronger, faster,
and more alert. A quarter
teaspoon will lead to racing
heart, sweating, acute anxiety.
A tablespoon can kill you.



Caffeine

Case Hx: 25 yo woman MS2 who was complaining of anxiety, insomnia, and dysphoria. She was drinking 3 cups of coffee a day and using up to five 5 hour energy drinks (200+ mg of caffeine) on the day/night before exams.

Caffeine

