

Substance Use/Abuse and it's Affects on the LGBTQ Community

Presented by

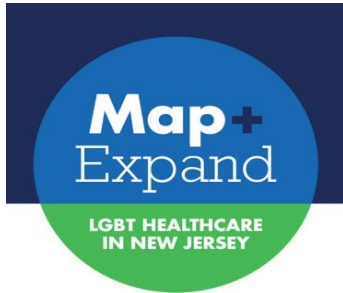
Bianca Mayes, MPH, CHES
Health & Wellness Coordinator
Pronouns: She/Her/Hers



**GARDEN STATE
EQUALITY**

Garden State Equality

Our mission is to provide advocacy, services, and programming that meet the needs of the LGBTQ community across New Jersey and promote equality for all. In addition to our legislative and policy work we have three initiatives:



GardenStateEquality.org



Garden State Equality

**Our mission is to provide advocacy program and services that meet the needs of the LGBTQ community across New Jersey and promote equality for all. We have three initiatives:
Map & Expand, Teach & Affirm, and Pledge & Protect.**



www.gsequality.org



This initiative includes

- Workshops for Administrative Leadership & Healthcare Clinicians
 - LGBTQ+ 101 Health Disparities
 - TGNC+ Health Disparities
 - Cycle of Prejudice and Intersectionality
 - Mental Health and the LGBTQ+ Community
 - Substance Use Within the LGBTQ+ Community
- Community Education Workshop
- LGBTQ Research



If you are interested in this program please email me at:

Mayes@GardenStateEquality.org

SEX



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So what is sex?

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females.

In general use in many languages, the term sex is often used to mean “sexual activity”, but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.

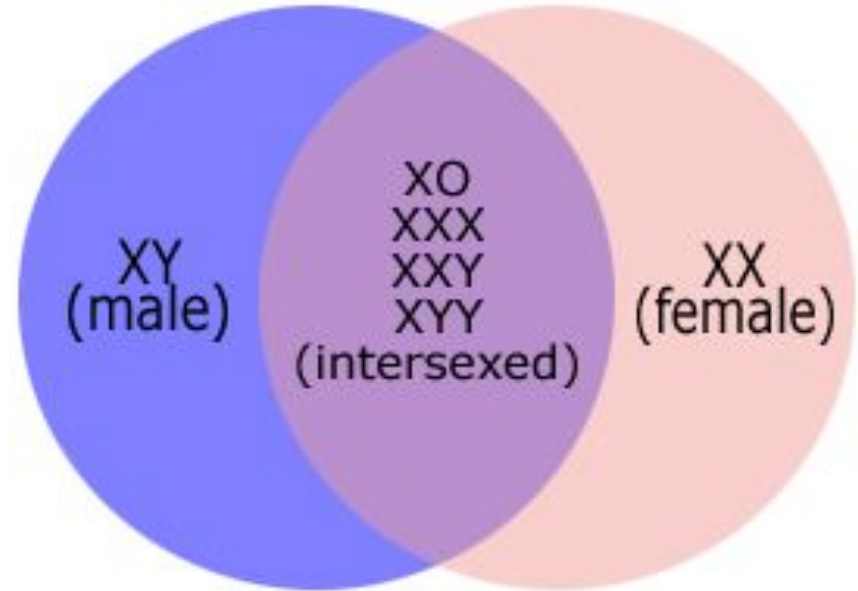
(World Health Organization, 2018)

Intersex

The intersex definition is a person is born with a combination of male and female biological characteristics, such as chromosomes or genitals, that can make doctors unable to assign their sex as distinctly male or female.

Being intersex is a naturally occurring variation in humans, and isn't a medical problem. It's also more common than most people realize. It's hard to know exactly how many people are intersex, but estimates suggest that about **1 in**

100 people born in the U.S. is intersex.



GENDER



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So what is gender?

Gender refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed.

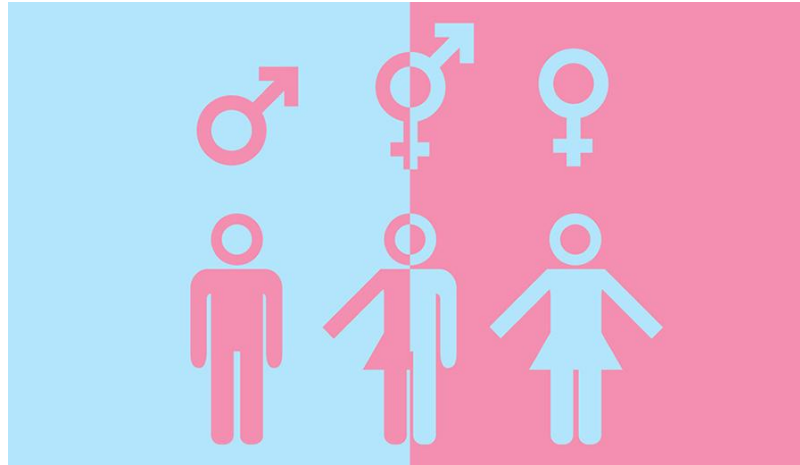
Gender norms, roles and relations influence people's susceptibility to different health conditions and diseases and affect their enjoyment of good mental, physical health and wellbeing. They also have a bearing on people's access to and uptake of health services and on the health outcomes they experience throughout the life-course.

Gender “Norms”

While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and workplaces. When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health. It is important to be sensitive to different identities that do not necessarily fit into binary male or female sex categories.

What is gender identity?

Our deeply held, internal sense of self as male, female, a blend of both, or neither; who we internally know ourselves to be.



Gender Binary

Concept, based on societal norms, that there are only two genders: male and female.



Cisgender

Cisgender: A person whose gender identity or gender expression aligns with the sex assigned to them at birth.



cis·gen·der



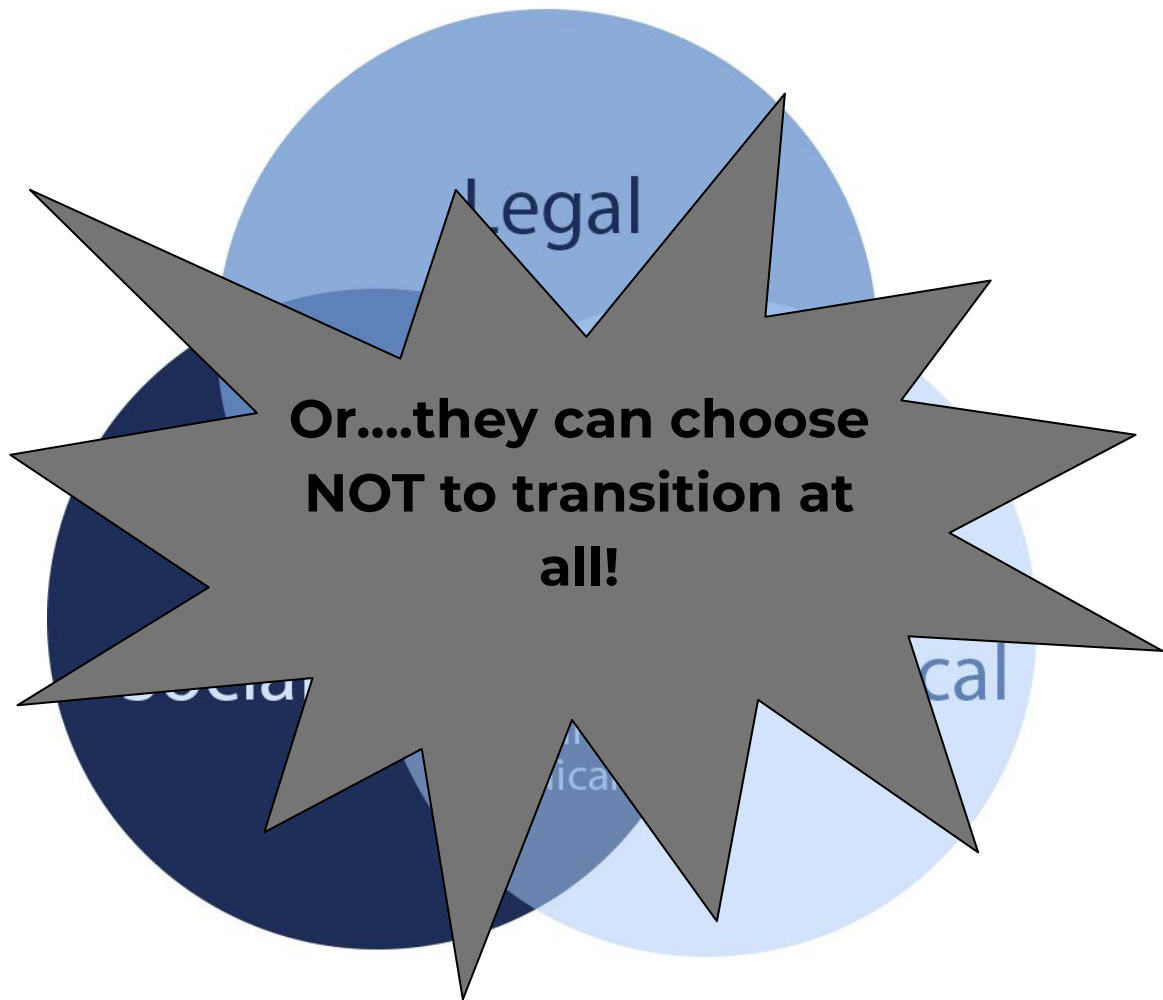
Transgender person: A person whose *gender identity* or *gender expression* differs from the **sex assigned to them at birth**

- **Transgender girl/woman:** use if someone was assigned male at birth, but identifies as female.
 - ◆ Can use the following pronouns: She/Her/Hers; They/Them/Theirs

 - **Transgender man/ boy:** use if someone was assigned female at birth, but identifies as male.
 - ◆ Can use the following pronouns: He/Him/His; They/Them/Theirs
-

People can transition in different ways!

- **Medical:** Gender Affirmation Surgery, Hormone Therapies, etc.
- **Social:** Name, Pronouns, Gender Expression, etc.
- **Legal:** Birth Certificate, Drivers License, legal name change, other identity document.



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The Gender Spectrum

Understanding that gender is not either/or. Rather, each of us has some characteristics thought of as masculine and some characteristics thought of as feminine.

Most people, including most transgender people, identify within the binary, as either male, or female



What is gender expression?

The way in which one communicates his or her gender identity through appearance and behavior.

We express our gender in different ways including:

- Mannerisms
 - Speech
 - Articles of Clothing
-

ORIENTATION



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Romantic Orientation

Romance is a type of love or affection that can be expressed differently depending on cultural and individual preferences. For some people this expression includes sex, but sex is not a requirement. Other ways of expressing romantic feelings include:

- Gestures of physical affection, such as hand holding and cuddling
 - Spending quality time together
 - Giving meaningful gifts
 - Complimenting or affirming another person
 - Sharing responsibilities
-



Sexual Orientation

a term that describes a person's sexual, emotional, or romantic attraction, as well as the gender(s) of the people they are attracted to



L

LESBIAN

G

GAY

B

BISEXUAL

T

TRANSGENDER

Q

QUEER

Q

QUESTIONING

I

INTERSEX

A

ASEXUAL

P

PANSEXUAL

+

Substance Use in the LGBTQ Community



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Substance Use

The LGBTQ community reports higher rates of drug, alcohol and tobacco use than that of straight people.

Major factors that contribute to substance use by LGBTQ people include **prejudice, discrimination, lack of cultural competency in the health care system and lack of peer support** (NAMI, 2018).

LGBTQ Tobacco Stats

- > 20.6 percent of LGBT adults and 35.5 percent of transgender adults smoke cigarettes compared to 14.9 percent of straight adults
 - > Lesbian and bisexual girls are 9.7 times more likely to smoke cigarettes regularly, compared to their heterosexual peers
 - > 1 in 5 LGBT adults smoke cigarettes compared with 1 in 6 straight adults
-

How are LGBTQ affected by Big Tobacco?

LGBT individuals frequently experience discrimination which is caused from social stigma

> LGBT populations have the highest rates of tobacco, alcohol, and other drug use

> Tobacco companies advertise at gay pride festivals and other LGBT community events

>The company Newport cigarettes visited a pride festival and handed out \$1 cigarette pack coupons



LGBTQ+

Factors for Smoking



Stigma & Discrimination



Lack of Access to Healthcare



Social Bonding & Bar Culture



LGBTQ+ Orgs Accepting Tobacco Sponsorships



Being Targeted by the Tobacco Industry

Vaping & Smoking Statistics Among LGBTQ

Vaping Prevalence

In a 2016 study published in the Annals of Internal Medicine:



35.5%

of Transenders

20.5%

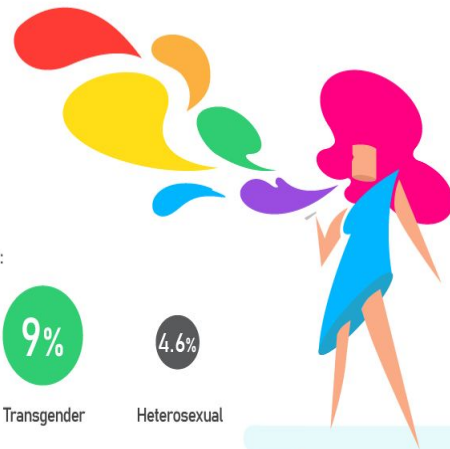
of Lesbian, Gay & Bisexual adults

15.3%

of Straight adults

Cigarette Prevalence

This data is based on a 2016 National Health Survey by the Centers for Disease Control and Prevention (CDC).



LGBTQ & Alcohol Use

Alcohol is often the drug of choice because of its prevalence in social settings. According to the National Institute on Drug Abuse, gay, lesbian, and bisexual adolescents are 90% more likely to use alcohol and drugs than their heterosexual counterparts.

The National Survey on Drug Use and Health also found that lesbian, gay, and bisexual adults are more likely to engage in casual, binge, and heavy alcohol use than their heterosexual counterparts. Approximately 44.6% of LGB individuals between the ages of 18 and 28 reported binge drinking (consuming 5 or more drinks in one day) at least once in the past month. Another 10.2% reported heavy alcohol use, which is defined as binge drinking at least 5 times in the past month. Although alcohol addiction in the LGBTQ community has gained more awareness in recent years, it's still greatly under-treated.



ALCOHOL ABUSE & HEALTH RISKS IN THE LGBTQ COMMUNITY

Percentage of Respondents Who Have Participated in Binge Drinking



Percent of respondents who met the CDC's criteria for binge drinking – adult men having five or more drinks on one occasion and adult women having four or more drinks on one occasion – at least once every 30 days.

Percentage of Respondents Who Have Participated in Heavy Drinking



Percent of respondents who met the CDC's criteria for heavy drinking – adult men having at least two drinks per day and adult women having at least one drink per day on average in a typical 30-day period.

Percentage of Respondents Who Reported Smoking Every Day



SOURCE: CDC's Behavioral Risk Factor Surveillance System, 2015

The Unseen Face of Meth

What does a meth user look like? You're probably not picturing Courtney – and that's one reason why it's so important to hear his story.



What Puts the Community at Risk?

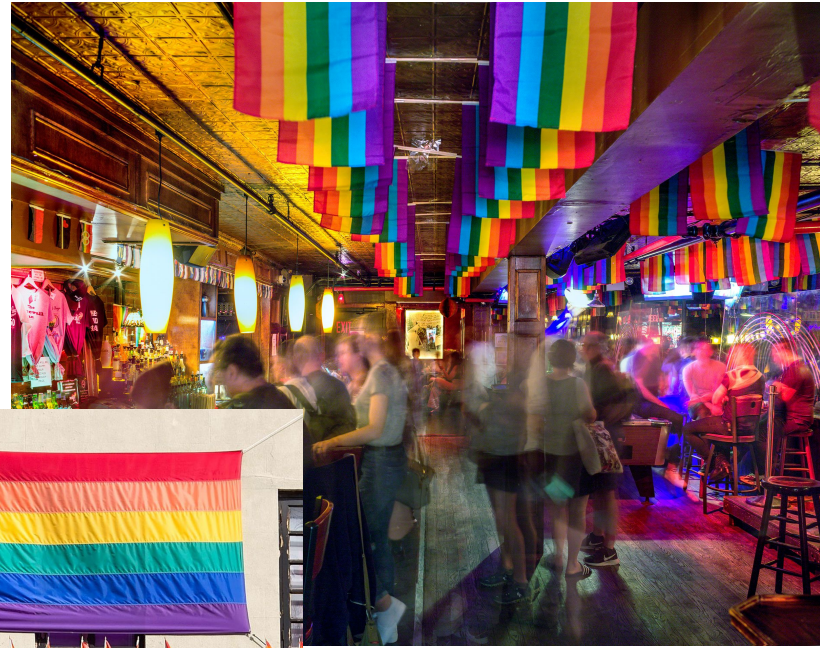


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LGBTQ and “Bar Culture”

Historically, the bar was a safe space for the LGBTQ community to come together!



Health Disparities

- Depression
 - HIV/AIDS
 - Mental Health
 - Anxiety
 - Isolation
 - Depression
 - Suicidality
-

Suicidality

The LGBTQ community is at a higher risk for suicide because we lack peer support and face harassment, mental health conditions and substance abuse.

For LGBTQ people aged 10–24, suicide is one of the **leading causes of death**.

LGBTQ youth are **4 times** more likely and questioning youth are **3 times** more likely to attempt suicide, experience suicidal thoughts or engage in self-harm compared to straight people.

Between **38-65%** of transgender individuals experience suicidal ideation.

Someone who faced rejection after coming out to their families were more than **8 times more likely** to have attempted suicide compared to someone who was accepted by their family (NAMI, 2018).

How You Can Help!

Connect the person to resources and to a support, trusted adult.

Accept and listen to the person's feelings and take them seriously.

Respond if a person has a plan to commit suicide and tell someone you trust.

Empower the person to get help and to call the Trevor lifeline or any of these resources listed.

LGBTQ+
Suicide Prevention Resources

-  **National Suicide Prevention Lifeline**
1-800-273-TALK (8255)
Veterans: Press 1
-  **Trans Lifeline**
Support for transgender people,
by transgender people
1-877-565-8860
-  **Text TALK to 741741**
Text with a trained counselor from
the Crisis Text Line for free, 24/7
-  **SAGE LGBT Elder Hotline**
Peer-support and local resources
for older adults
1-888-234-SAGE
-  **The Trevor Project**
TrevorLifeline: Available 24/7 at
1-866-488-7386
TrevorText: Text TREVOR to
1-202-304-1200
TrevorChat: Via thetrevorproject.org
-  **The LGBT National Hotline**
Peer-support and local resources
for all ages
1-888-843-4564

afsp.org/lgbtq

 **American
Foundation
for Suicide
Prevention**

Barriers for LGBTQ People

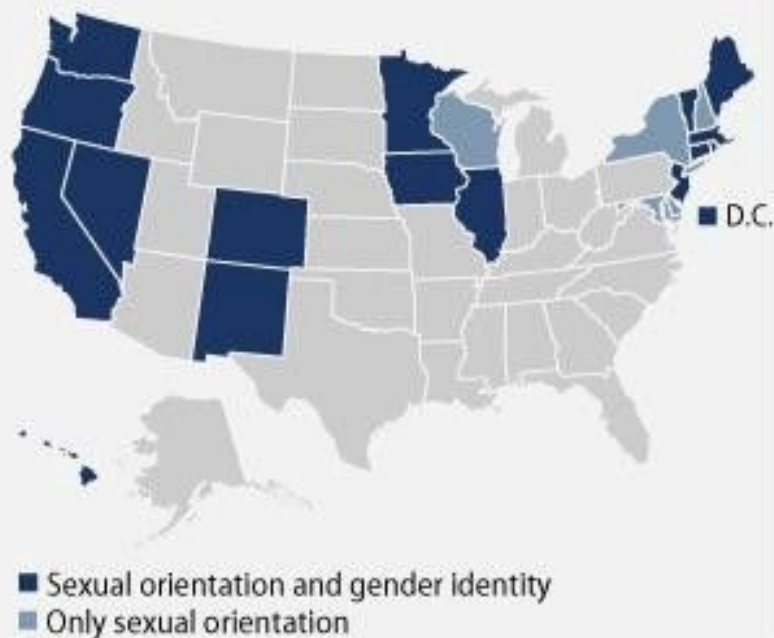
- Homophobia/Biphobia
 - Internal
 - External
 - Transphobia
 - Internal
 - External
 - Racism
 - Classism
 - Ableism
-

Barriers to Care

- Underinsured/Uninsured
 - Lack of legal recognition/protections
 - Access to Care
 - Culturally incompetent practitioners
-

STATE LANDSCAPE

21 states and D.C. have laws that prohibit discrimination based on sexual orientation.
16 states and D.C. do so based on gender identity.



29 states have failed to pass laws that protect gay and transgender workers. 71 percent of U.S. square miles have no protections.



Change Your Language



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Pronouns in Use

Introductions:

Hi, my name is *[insert name here]*, my pronouns are *[insert pronouns here]*,

I am your *[insert healthcare title here]* and I have a few questions to ask you.



Email Signature:

Bianca Mayes, MPH, CHES

Pronouns: She/Her/Hers

Health & Wellness
Coordinator

Mayes@GardenStateEquality.org

| Best Practices | Examples | Customer service Principle |
|--|---|----------------------------|
| Avoid specific gender markers | "How may I help you today?" | RESPONSIVENESS |
| Politely ask if you are unsure about a patient's preferred name or pronoun | "I would like be respectful—how would you like to be addressed?" or "What name and pronoun would you like me to use?" | OPEN-MINDEDNESS |
| Ask respectfully about names | "Could your chart be under another name?" Avoid: "What is your legal name? What is your real name?" | COMMUNICATION |
| Did you goof? Politely apologize | "I apologize for using the wrong pronoun. I did not mean to disrespect you." | ACCOUNTABILITY |
| Gender neutral language | Use "they" instead of "he" or "she". | RELIABILITY |
| Only ask information that is required | Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way? | RESPECT |

Use Gender Neutral Language

Adapting this language and applying it to everyone indicates that you are inclusive of everyone!

When greeting others

Avoid:

ladies gentlemen ma'am sir girls guys etc.

Consider using instead:

"Thanks, **friends**.
Have a great
night."

"Good morning,
folks!"

"Hi, **everyone**!"

"And for **you**?"

"Can I get
you **all**
something?"

Why?

Shifting to gender-inclusive language respects and acknowledges the gender identities of all people and removes assumption.

Be mindful of language

Creating Affirmative & Inclusive Clinical Environments



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Defining SOGI Data

SOGI Data is any data that is collected around sexual orientation and/or gender identity/expression.

Types of SOGI data include:

- Sexual orientation identity
 - Sexual behavior
 - Sexual attraction
 - Gender identity
 - Gender assigned at birth
 - Gender expression
 - Transgender status
 - Relationship status
 - Chosen name
 - Chosen gender pronoun
-

Why collect SOGI data?

The collection of population-level data is critical to understanding the experiences of LGBTQ Americans.

LGBTQ people are often referred to as “invisible” because sexual orientation and gender identity cannot be seen, and there is relatively little data collection on sexual orientation and gender identity.

SOGI data collection is critical to addressing **societal and legal barriers**, as well as the **health disparities**, facing the LGBTQ population.

Concerns about SOGI data collection

LGBTQ people **may have well-founded concerns** that sharing SOGI information will expose them to discrimination, including denials of access to benefits, services, and employment.

Specific populations within LGBT communities—including LGBT people of color, older adults, youth, people receiving social welfare support services, people whose primary language is not English, and people interacting with the criminal justice system—may involve particular considerations related to issues such as terminology and confidentiality protections.

Assurances of nondiscrimination and confidentiality are critical.

Where to collect SOGI data

SOGI Data can be collected in:

- Population surveys
 - Research
 - Intake forms and applications
 - Clinical records
 - Administrative data
 - Program data
-

What to Ask

Current best practice in collection of **demographic SOGI data**, is to ask one question about sexual orientation, and two questions about gender assigned at birth and gender identity to assess transgender status.

Attempts to measure both sexual orientation and gender identity with one question or a series of questions tend to conflate the concepts and reduce resulting information quality.

These two concepts are distinct and should be measured by separate questions. In some cases, agencies may choose to measure only one of these concepts, depending on the goals of the survey and feasibility of measurement (Westbrook and Saperstein, 2015).

| | | | |
|---|---|---|--|
| Preferred Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Ze <input type="checkbox"/> A pronoun not listed <input type="checkbox"/> No pronoun preference | | | |
| We require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements. The options for some of these questions were provided by our funders. Please help us serve you better by selecting the best answers to these questions. Thank You. | | | |
| Preferred Spoken/Written Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other: _____ Language interpretation services needed? <input type="checkbox"/> No <input type="checkbox"/> Yes, language: _____ | Race: *Select all that apply* <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black and/or African American <input type="checkbox"/> White/Caucasian Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Native Hawaiian/Pacific Islander: <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Decline to Answer | Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Dominican <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic/Latino <input type="checkbox"/> Decline to Answer Housing Status: <input type="checkbox"/> Stable Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Decline to answer If homeless, select which best applies: <input type="checkbox"/> Street <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Doubling Up (not paying rent) | Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you first learn of Callen-Lorde? <input type="checkbox"/> Friend/Patient <input type="checkbox"/> Referral <input type="checkbox"/> Health Fair/Presentation <input type="checkbox"/> Callen-Lorde Website/Internet <input type="checkbox"/> Callen-Lorde Brochure/Ad <input type="checkbox"/> Facebook/Social Media <input type="checkbox"/> TV/Radio/Print Media Do you have a non Callen-Lorde primary care provider that you want to continue to see? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Orientation <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Something Else <input type="checkbox"/> Queer <input type="checkbox"/> Decline to Answer | Gender Identity: <input type="checkbox"/> Male/Man <input type="checkbox"/> Female/Woman <input type="checkbox"/> TransMale/TransMan <input type="checkbox"/> TransFemale/TransWoman <input type="checkbox"/> Genderqueer/Gender nonconforming <input type="checkbox"/> Something Else <input type="checkbox"/> Decline to Answer | Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer | |

Demographic surveys: sexual orientation

Sexual orientation comprises three distinct but related variables: self-identification, sexual behavior, and sexual attraction. **When collecting demographic data, the question is about self-identification.**

In other surveys, for instance in collecting information about patient health, sexual behavior and sexual attraction may be equally or more important variables than self-identification.

Sexual orientation: self-identification

Do you consider yourself to be:

- Heterosexual or straight
 - Gay or Lesbian
 - Queer
 - Pansexual
 - Bisexual
 - Different identity (please state): [text box]
 - Decline to Answer
-

Demographic surveys: gender identity

Current best practice for assessing transgender status is to ask a **two-step question**.

The two-step question allows transgender people to be identified:

- (1) If the individual selects a current gender identity that includes the term transgender, or
 - (2) If the individual selects different answers for current gender identity and sex assigned at birth
-

Gender identity: self-identification

1. What is your current gender identity?

- Male
 - Female
 - Transgender man
 - Transgender woman
 - Gender Queer
 - Non-binary
 - Different identity (please state): [text box]
 - Decline to Answer
-

Gender identity: self-identification

2. What sex were you assigned at birth, meaning on your original birth certificate?

- Male
 - Intersex
 - Female
 - Prefer not to answer
-



Creating a safe environment

- Provide visual clues for LGBTQ patients that your practice is a safe place
 - Display brochures and educational materials about LGBTQ health concerns
 - Visibly post a nondiscrimination statement
 - Exhibit posters of same sex couples or posters of LGBT organizations
- Participating in provider referral programs through LGBT organizations
- Advertising your practice in LGBT media can create a welcoming environment even before a patient enters the door
- Display LGBT-specific media, including local or national magazines or newsletters about and for LGBT and HIV-positive individuals


(Gay & Lesbian Medical Association)

LGBTQ

persons are

4x

more likely to
develop some
type of substance
abuse disorder

 American Addiction Centers

Other Institutional Changes

- Offer LGBTQ support groups
- Table at pride
- Provide Outreach at pride
- Create LGBTQ substance free events



DIVERSE
INCLUSIVE
ACCEPTING
WELCOMING
SAFE SPACE
FOR EVERYONE

Do

Presume your agency has LGBTQ clients

Do

NOT assume you can identify LGBTQ individuals by appearances, experiences, or external characteristics.

Do

Remember that a client's sexual orientation and gender identity are only two aspects of a person's overall identity and life experience.

Do

Ask your clients about their sexual orientations and gender identities in a safe and confidential manner.

Do

NOT assume that treating everyone the same, regardless of sexual orientation or gender identity, is effective or will make LGBTQ people feel safe or welcomed.



BE A MYSTERY SHOPPER!

Let us know how your primary health care provider is doing and help make sure they are looking out for their LGBT patients. Just e-mail: pip@lgbt.foundation for your Top Secret instructions!



Patient Walkthrough

A walkthrough may be the easiest way to give your staff the patient's perspective and the fastest way to identify system, flow, and attitude problems, many of which can be fixed almost overnight.

Performing a walkthrough is an effective way of recreating for staff the emotional and physical experiences of being a patient or family member.

Walkthroughs provide a different perspective and bring to light rules and procedures that may have outlived their usefulness

Summary Points

- A long history of anti-LGBTQ stigma and discrimination has created both individual and structural barriers to access healthcare and achieving optimal health outcomes
 - Establishing inclusive and welcoming healthcare environment for LGBTQ people can help eliminate disparities by:
 - Increasing access to and retention in care
 - Encouraging patients to be open about their SOGI, enabling providers to offer more appropriate, targeted, and sensitive care
 - **Create inclusive environments and remember, learning about LGBTQ healthcare can be a lifelong process; take advantage of the many venues currently offering educations through journals, webinars, grand rounds and conferences**
-

Resources for LGBT Health

- [Gay and Lesbian Medical Association \(GLMA\)](#)
 - [Callen-Lorde Center](#)
 - [Fenway Health](#)
 - [The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies](#)
 - [Mazzoni Center](#)
 - [National LGBTQ Task Force](#)
 - [National Coalition for LGBT Health](#)
 - [Lesbian, Gay, Bisexual, and Transgender Health](#)
-

Q. & A.



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My Contact Information:

Bianca Mayes, MPH, CHES,
(She/Her/Hers)

Mayes@GardenStateEquality.org



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THANK YOU!



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