Presentation Outline

Part 1: LGBTQ - Who We Are
Part 2: Substance Use in the LGBTQ community
Part 3: Intro to SBIRT
Part 4: The SBIRT process
Part 5: Case Examples
Part 6: Q and A
Part 1: Who We Are
Terminology

- L- lesbian “A woman who is primarily attracted to other women”

- G- gay “A person who is attracted primarily to members of the same sex or men who are attracted primarily to men.”

- B- bisexual “A person who is attracted to both people of their own gender and another gender. Also called “bi”.”

(International + LGBT at The University of Michigan)
Terminology

- **T- transgender** “People who do not identify with their assigned gender at birth. This includes transsexuals, cross-dressers, genderqueer, drag kings, drag queens, two-spirit people, and others.”

- **Q- queer/ questioning** “Exploring and discovering one's own sexual orientation, gender identity, or gender expression.”

(International + LGBT at The University of Michigan)
Terminology

It is important to respect people’s desired self-identifications.

One should never assume another person’s identity based on that person’s appearance.

Simply *ask* people how they identify, including what pronouns they prefer, and respect their wishes. And remember that sexual orientation and gender identify are two separate things.
Culture

• **Come out**: I will let my family, friends, and colleagues know that I support equality for LGBT people when it is appropriate and acknowledge my own uncertainties when necessary.

• **Speak up**: Whether I am responding to an anti-LGBT joke or remark, discussing current events, or correcting misinformation or a commonly held stereotype I will stand up for equality.

(https://www.straightforequality.org/SignThePledge)
Culture

- **Join in:** I will begin to incorporate small every day actions to demonstrate my support for the LGBT community to help move equality forward.

([https://www.straightforequality.org/SignThePledge](https://www.straightforequality.org/SignThePledge))
Culture

The LGBTQ population encounters a high prevalence of many medical and behavioral health issues and unique health disparities across the lifespan.

Furthermore, gay men, bisexual men, and transgendered men have specific health needs in comparison to lesbians and bisexual women.

It is important to distinguish the health needs of the differing subgroups of the LGBTQ population in order to bridge the health disparity gap.

(Institute of Medicine, 2011)
Recent Developments

Despite recent political changes and a growing cultural acceptance of the LGBTQ population, discrimination and disparities persist.

It was not until 1973 that the DSM removed homosexuality as a pathology.

Though healthcare professionals’ attitudes have changed greatly, many still lack confidence and competency in providing care for the LGBTQ community.

(APA, 1973; Kaiser Family Foundation, 2002)
Part 2: Substance Use in the LGBTQ Community
Tobacco: LGBTQ

Studies have found that lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women.
Tobacco: LGBTQ

Additionally, many studies indicate that gay men use tobacco at much higher rates than straight men – reaching nearly 50 percent in some cases.

(SAMHSA, 2012)
Tobacco: LGBTQ

Bisexual men and women seem to have the highest smoking rates of any subgroup for which data are readily available.

- States that have collected data on bisexuals via surveys found that smoking rates within the population to be between 30 and 40 percent.

(SAMHSA, 2012)
Tobacco: LGBTQ

High rates of tobacco use, specifically cigarettes smoking, have also been found among transgender people.

- Some studies suggest tobacco use rates can range from 45 to 74 percent.

(SAMHSA, 2012)
Special Issue: Tobacco use amongst Transgender individuals

It is critical for prevention specialists and healthcare providers to note that, in transgender women who take estrogen, smoking greatly increases the chances for blood clots.

In addition, transgender men who take testosterone increase their risk of heart disease, and smoking further increases that risk.

(SAMHSA, 2012)
Alcohol: LGBTQ

A number of studies have also suggested that lesbians are significantly more likely to drink heavily than heterosexual women.

(SAMHSA, 2012)
Alcohol: LGBTQ

Data have shown that bisexual adults exhibit significantly higher rates of binge drinking (22.6 percent) than their heterosexual counterparts.

- Additionally, Bisexual women report more hazardous drinking than heterosexual and lesbian women.

(SAMHSA, 2012)
Other Drug Related Issues: LGBTQ

Some studies have shown that gay men use substances, including alcohol and illicit drugs, at a higher rates than the general population.

- Not just in larger communities such as New York, San Francisco, and Los Angeles.

(SAMHSA, 2012)
Other Drug Related Issues: LGBTQ

- Some studies have shown that marijuana, crack cocaine, and alcohol are the most commonly used drugs by transgender people.

- Other studies have also found varying rates of methamphetamine (4 to 46%) and injection drug use (2 to 40%).
  - With the highest rates found in Los Angeles and San Francisco.

(SAMHSA, 2012)
Among the LGBTQ communities, local culture greatly impacts drug and substance use. Historically, some of this is a product of the marginalized status of these communities. Use of drugs in some sub-pockets was part of the process of being included in the community. Drugs and alcohol continue to form a strong basis on which social and sexual interactions occur within LGBTQ communities.
Chicago

- Alcohol & Cannabis are very high use substances
- Relatively low levels of methamphetamines
- Expanding use of prescription opiates
  - Transitions to heroin
- Lower levels of club drugs than other metro areas

CDPH Personal Communication
Los Angeles

- Historically, an epicenter for methamphetamines
- Crack that is about 50% higher than other urban areas
- Until recently lower heroin use
- High rates of polydrug use
- High alcohol & cannabis

Thiede et al 2003
Miami

- High alcohol & cannabis
- 25% higher rates of cocaine use than other major metro areas
- Lower methamphetamines
- Highest levels of ecstasy (on par with Seattle)
- Barbituates & Heroin
- Polydrug use

Thiede et al 2003
Part 3: Intro to SBIRT
What is SBIRT?
SBIRT stands for...

**Screening:** Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse

**Brief Intervention:** Brief motivational and awareness-raising intervention given to patients at risk for substance use issues

**Referral to Treatment:** Referrals to specialty care for patients with substance use disorders

- NOTE: Treatment may consist of brief treatment or specialty AOD (alcohol and other drugs) treatment
What does the SBIRT approach aim to accomplish?
SBIRT aims to...

Identify and effectively intervene with those who are at moderate or high risk for psychosocial or health care problems related to their substance use.
Why is the SBIRT approach important?
Missed Opportunities

Most patients (68-98%) with alcohol abuse or dependence are not detected by physicians.

- Physicians are less likely to detect alcohol problems:
  - When screening tools are not used universally
  - In patients who they do not expect to have alcohol problems: Whites, women, and those of higher SES

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
Is the SBIRT approach effective?
Effectiveness of SBIRT

Meta-analyses and Reviews

- More then 34 randomized controlled trials
- Focused mainly on at-risk and problem drinkers.

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
SBIRT Cost Savings Example

Fewer hospitalizations and ER visits

- Screening & Intervention cost per pt.: $177
  - Cost savings per patient: $1170
  - Benefit/cost ration: 6.6/1

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs, with more than 1.5 million persons screened.

- Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.

- Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on review of SBIRT GPRA data (2003–2011)
Effectiveness of SBIRT Example

If you see on average, 40 patients per week...

- 4 to 8 of these patients are at risk for experiencing substance misuse related issues (10 to 20%).
- With brief intervention 1-3 patients weekly, are likely to lower their risk.

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
How do I make the transition from “business as usual” to SBIRT?
Making the Transition to SBIRT

- Routine and universal screening
- Validated screening tools
  - AUDIT and DAST
- Alcohol and drug use as a continuum (as opposed to the traditional dichotomous view)
- Patient-centered approach (as opposed to directive/advice giving)
  - Motivational Interviewing

Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org)
SBIRT with LGBTQ individuals - things to keep in mind
Part 4: The SBIRT Process
Screening Step #1

Front desk gives patient a health and wellness screen with imbedded **single question pre-screens.**
Prescreening Strategy

Use brief yet valid prescreening questions:

- Alcohol:
  - The NIAAA Single-Question Screen or the AUDIT C

- Drugs:
  - The NIDA Single-Question Drug Screen

Negative

- Based on previous experiences with SBIRT, screening will yield 75% negative responses.

Positive

- If you get a positive screen, you should ask further assessment questions.
Questions

- Do you sometimes drink beer, wine, and other alcoholic beverages?

- Do you sometimes use tobacco products of any kind?

- Do you sometimes use drugs and/or prescribed drugs for non-medical reasons?
NIDA Quick Screen

<table>
<thead>
<tr>
<th>In the past year, how many times have you used the following?</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Almost Daily</th>
<th>Daily or Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol (For men, 5 or more drinks in a day; for women, 4 or more drinks in a day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs for Nonmedical Reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Screening Step #2

Staff member then reviews screen and administers the AUDIT or the DAST (if necessary).

- Positive?
  - Patient asked to complete AUDIT and/or DAST

- Negative?
  - No further activity
Screening Tools

- **AUDIT**: Alcohol Use Disorders Identification Test
  - Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems

- **DAST**: Drug Abuse Screening Test
  - Shortened version of DAST 28, containing 10 items, completed as self-report or via interview. DAST(10) consists of screening questions for at-risk drug use that parallel the MAST (an alcohol screening instrument)
Prescription Drug Misuse

Although many people take medications that are not prescribed to them, we are primarily concerned with—

- Opioids (oxycodone, hydrocodone, fentanyl, methadone)
- Benzodiazepines (clonazepam, alprazolam, diazepam)
- Stimulants (amphetamine, dextroamphetamine, methylphenidate)
- Sleep aids (zolpidem, zaleplon, eszopiclone)
- Other assorted (clonidine, carisoprodol)
Key Points for Screening

- Screen everyone.
- Screen both alcohol and drug use including prescription drug abuse and tobacco.
- Use a validated tool.
- Prescreening is usually part of another health and wellness survey.
- Demonstrate nonjudgmental, empathic verbal and nonverbal behaviors during screening.
- Explore each substance; many patients use more than one.
Screening LGBTQ individuals - things to keep in mind
Brief Intervention

Practitioner reviews results of screening tool and delivers brief intervention.
Brief Intervention Step #1

Raise the Subject:

“Would it be ok with you if we discussed the results of the screening you filled out today?”

- Asking permission makes it a collaborative process.
Brief Intervention Step #2

Provide feedback and process response:
“In reviewing your screening results, I noticed that you are drinking (or using drugs) at a level that may be harmful to your health.

How do you feel about your alcohol (or drug) use?”

Note: Providing the information and then eliciting the persons own views, allows you to collaborate and to gauge person’s motivation level.
When screening or during brief interventions, it’s useful to clarify what one drink is!
How Much Is “One Drink”?

- 5-oz glass of wine (5 glasses in one bottle)
- 12-oz glass of beer (one can)
- 1.5-oz spirits 80-proof 1 jigger

Equivalent to 14 grams pure alcohol
WHAT IS BINGE DRINKING?

A pattern of drinking that brings blood alcohol concentration levels to 0.08 grams per deciliter.

**FOR WOMEN:** four drinks in two hours

**FOR MEN:** five drinks in two hours
Recommended Limits for Alcohol Consumption

Men = 2 per day/14 per week

Women/anyone 65+ = 1 per day or 7 drinks per week

> Regular limits = at-risk drinker
Brief Intervention Process Step #3

Explore and enhance motivation to change:

“Would it be alright if I asked you a few more questions about your alcohol (or drug) use?

On a scale from 0 to 10 how motivated are you to cut down or abstain from alcohol (or drug) use?”

cont.
Brief Intervention Step #3 cont.

If patient responds with a number other than “0”:

“Why that number (their answer) and not a ___ (lower number)?”
NOTE: The patients reply should contain reasons for change.

If the patient responds with “0”:

“Thanks for being open to talk about this. If you were to reduce or abstain from substance use, in what ways would your life potentially change and/or improve?”
Brief Intervention Process Step #4

Negotiate a change plan

Scenario 1: Patient is ready to talk further about change:

“What changes would you like to make? And how could you go about making those changes in order to be successful?”
Scenario 2: Patient is not ready to talk about change:

“What are some warning signs that you could look out for that would indicate your alcohol (or drug use) has become problematic?”
Brief Intervention with LGBTQ individuals - things to keep in mind
Referral to Treatment

The practitioner then provides a referral to treatment or provides the person with resources they could utilize in the future.
Referral to Treatment

Scenario 1: The patient is ready to seek treatment:

“Treatment services are available in your area. Would it be ok if I provided you with a referral and helped you schedule an initial consult?”

cont.
Referral to Treatment Resource

SAMHSA Behavioral Health Treatment Finder
Hotline and website:
1-800-662-HELP (4357)
http://findtreatment.samhsa.gov/

cont.
Referral to Treatment

Scenario 2: The patient is not ready to seek treatment:

“Would it be ok if I gave you some resources you could utilize if you decide to make a change in the future?”
Referral to Treatment with LGBTQ individuals - things to keep in mind
Part 5: Case Studies
Case Example #1

- Gary is 32 year old Army veteran.
  - He was recently discharged (honorably) from the Army and most of his social support network is linked to the military.
  - He identifies as gay but has not come out to his friends or family for fear of rejection.
  - He screens positive for alcohol misuse and upon inquiring further, you discover a long history of tobacco use and binge drinking dating back to adolescence.
    - Gary’s binges are also linked with unsafe sex practices including unprotected sex with men he meets at bars.
Case #1: Approach

- Screen
- Acknowledge the military service – allow him to express what the experiences were about for him.
- Ask permission to discuss alcohol or tobacco (likely best to address one)
- Discuss his own stance on his substance use prior to discussing the possibility of change
- Potentially negotiate a change plan
  - Referral for counseling or support related services.
Case Example #2

- Meredith is a 19 year old college student.
  - She is unsure of her sexual orientation and has a history of being sexually active with both males and females.
  - She reports a history of anxiety and depressive symptoms.
  - She also tests positive for illicit drug use and upon further investigation, you discover that she is smoking marijuana several times a day.
    - Her marijuana use is often tied to her sexual encounters.
Case #2: Approach

- Screen
- Check-in about pronoun use and make sure to use LGBTQ sensitive language.
- Ask permission to discuss marijuana use
- Discuss Meredith’s stance on substance use prior to discussing the possibility of change
- Potentially negotiate a change plan
  - Referral for counseling or support related services.
  - LGBTQ specific services.
References

doi: 10.2105/AJPH.93.11.1915


Top Health Issues for LGBT Populations Information and Resource Kit (2012). Rockville, MD: SAMHSA