Addressing Disparities in LGBTQI+-specific Substance Use Disorder Treatment: Deflection Approaches by the Franklin County, Ohio, SAFER Program

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Members of the LGBTQI+[1] community in the United States experience substantially higher rates of substance use disorder (SUD) than non-LGBTQI+-identifying individuals, with a recent study indicating that approximately 30 percent of LGBTQI+ adults aged 18 or older experienced some form of SUD in the past year—10 to 15 percent higher than for the rest of the population.[2]

Understanding of how LGBTQI+ identities affect the development of SUD and the efficacy of available treatment strategies has been slow to develop. This is, in part, because of a historic reluctance to acknowledge the LGBTQI+ community as a discrete group and a lack of investment in research to understand how those identities impacts individuals' health. As a result, available research on SUD among LGBTQI+ individuals and LGBTQI+-specific SUD treatment is often out of date or limited in scope. However, it can still highlight patterns and disparities that may inform the present landscape.

Risk Factors for the Development of SUD in the LGBTQI+ Community

Disparities in SUD rates among LGBTQI+ individuals have been attributed to a confluence of social, biological, and economic factors that make LGBTQI+ adults uniquely vulnerable to initiating substance misuse and developing SUDs.[3] LGBTQI+ adults often report difficulties forming or maintaining social and familial connections because of fears or experiences of discrimination on the basis of their sexuality or gender identity.[4, 5, 6] Substance use is a common mechanism used to cope with these feelings of isolation, and because the most visible LGBTQI+-friendly spaces are typically bars and nightlife venues,[7] LGBTQI+ adults report feeling pressured or reliant on patterns of regular substance use to form social connections with other members of their community.[8] LGBTQI+ individuals are also more likely to experience homelessness, physical or emotional abuse, and sexual assault, all of which can increase the likelihood of developing SUDs.[9] The impact of these experiences is further exacerbated by the presence of co-occurring mental and behavioral health disorders, which occur at higher rates among the LGBTQI+ community.[10, 11]

Disparities in LGBTQI+-focused Treatment Resources and Programming

Despite the elevated risks of SUD among the LGBTQI+ community, specialized treatment programming and resources for LGBTQI+ individuals living with SUDs are very limited. One 2003–2004 survey of almost 8,000 treatment providers across the United States found that only around 60 programs offered specialized resources or programming for gays and lesbians, half of which were located in either New York or California.[12] While no longer quite as severe, such scarcity remains damaging, as LGBTQI+ individuals are hesitant to enroll in traditional treatment programs[13] and those that do are less likely to complete treatment and remain in recovery.[14] Specifically, LGBTQI+-identifying program participants frequently reported that they felt unsafe discussing gender and sexuality with providers and fellow participants, which discouraged meaningful engagement with the programming, inhibited access to essential resources, and created additional stressors that contributed to relapse and other negative health outcomes.[15, 16]

Innovations and Opportunities for Growth

A growing number of treatment programs now offer specialized services, such as LGBTQI+-focused support group discussions, and actively work to pair LGBTQI+ participants with staff members and providers qualified to speak to their concerns.[17, 18] Advancements in research have also led to more inclusive approaches to treatment, allowing providers to adjust prescriptions to minimize the risk of adverse interactions between medications for opioid use disorder and hormone replacement therapies or anti-retroviral therapies, and to adapt existing treatment models to better support the LGBTQI+ experience.[19]

Inclusion in Deflection Initiatives

Deflection initiatives[20] utilize alternatives to traditional enforcement or community engagement methods to better meet community needs and redirect individuals with SUDs and mental health disorders away from incarceration. The Stop Addiction For Everyone Resource (SAFER) program in Franklin County, Ohio, originally operated out of the local fire department as a SAFE Station self-referral[21] deflection program. This self-referral model invited community members to come into the stations for resources and linkages to treatment services. SAFER has since relocated to an unaffiliated building as a neutral location and has made a concerted effort to be more inclusive and accessible (i.e., "safer") for marginalized populations such as the LGBTQI+ community and others who are less likely to seek out traditional services.

As a part of this inclusive approach, SAFER has adjusted its intake procedures to ask prospective clients about their sexuality, gender identity, and preferred personal pronouns. SAFER program staff describe this as an effort to "leave room for clients to tell us who they are" to ensure that they are connected to effective and affirming SUD and mental health services. SAFER has implemented regular staff training on topics such as nonstigmatizing language and also requests feedback on both program design and the program's physical location from LGBTQI+ leaders and community members.

In the future, the SAFER program staff hope to expand the program through the use of active outreach deflection,[22] by which first responders and community partners identify and engage with community members to connect them with resources and treatment.[23] By providing first responders with specialized training and pairing them with credible messengers or health care professionals who have experience working with LGBTQI+ people, active outreach can help build trust and break down barriers that have traditionally kept members of the LGBTQI+ community from accessing treatment.[24]

Conclusion

The LGBTQI+ community has been disproportionately impacted by SUD, and despite remarkable advancements in the treatment field as a whole, resources specifically designed to support this community remain limited. However, new and exciting innovations suggest a growing shift toward a more inclusive treatment landscape. A growing number of treatment providers have implemented targeted changes and specialized services to better accommodate LGBTQI+ individuals. Alternatively, deflection initiatives like the Franklin County SAFER program have opted for a broader approach, directly incorporating community feedback into its service model in the hope that a larger portion of the community will view the program as an available and accessible resource. By prioritizing alternative approaches to enforcement for drug use, deflection initiatives have helped expand the scope of mental health and SUD treatment resources available to marginalized communities. These efforts serve as a positive example for other programs, demonstrating the ways in which incorporating inclusive initiatives and community feedback can lead to greater engagement and allow programs to serve their communities more comprehensively.

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Endnotes

1. This publication uses "LGBTQI+," following the official language used by the Substance Abuse and Mental Health Services Administration (SAMHSA) and other sources. This refers to individuals who identify as lesbian, gay, bisexual, transgender, queer, and intersex as well as others. Because of limitations in available research, certain statistics are not necessarily representative of all sexual minority identities.

2. Substance Abuse and Mental Health Services Administration, 2022, *2020 National Survey on Drug Use and Health: Lesbian, Gay, and Bisexual (LGB) Adults* (Annual Report), https://www.samhsa.gov/data/report/2020-nsduh-lesbian-gay-bisexual-lgb-adults.

3. Felner, Jennifer K., et al., 2020, "Stress, Coping, and Context: Examining Substance Use Among LGBTQ Young Adults With Probable Substance Use Disorders," *Psychiatric Services* 71(2): 112–120, https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900029.

4. Bostwick, Wendy Beth, et al., 2014, "Discrimination and Mental Health Among Lesbian, Gay, and Bisexual Adults in the United States," *American Journal of Orthopsychiatry* 84(1): 35–45, https://doi.org/10.1037/h0098851.

5. Substance Abuse and Mental Health Services Administration, 2023, *Lesbian, Gay, and Bisexual Behavioral Health: Results From the 2021 and 2022 National Surveys on Drug Use and Health*, https://www.samhsa.gov/data/sites/default/files/reports/rpt41899/2022_LGB_Brief_Final_06_07_23.pdf.

6. Addiction Center, 2023, LGBTQ+ and Addiction, https://www.addictioncenter.com/addiction/lgbtq/.

7. Center for Substance Abuse Treatment, 2012, *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*, Substance Abuse and Mental Health Services Administration, https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4104.pdf.

8. Green, K. E., and B. A. Feinstein, 2012, "Substance Use in Lesbian, Gay, and Bisexual Populations: an Update on Empirical Research and Implications for Treatment," *Psychology of Addictive Behaviors* 26(2): 265–278, https://doi.org/10.1037/a0025424.

9. Ibid.

10. Gonzales, Gilbert, and Carrie Henning-Smith, 2017, "Health Disparities by Sexual Orientation: Results and Implications From the Behavioral Risk Factor Surveillance System," *Journal of Community Health* 42(6): 1163–1172, https://pubmed.ncbi.nlm.nih.gov/28466199.

11. See note 5 above, Substance Abuse and Mental Health Services Administration, *Lesbian, Gay, and Bisexual Behavioral Health: Results From the 2021 and 2022 National Surveys on Drug Use and Health.*

12. Cochran, Bryan N., K. Michelle Peavy, and Jennifer S. Robohm, 2007, "Do Specialized Services Exist for LGBT Individuals Seeking Treatment for Substance Misuse? A Study of Available Treatment Programs," *Substance Use & Misuse* 42(1): 161–176, https://pubmed.ncbi.nlm.nih.gov/17366131.

13. Mooney, Erin E., 2011, "The Need for Specialized Programs for LGBT Individuals in Substance Abuse Treatment," Southern Illinois University Carbondale, Research Paper 182, http://opensiuc.lib.siu.edu/gs_rp/182.

14. Senreich, E., 2010, "Are Specialized LGBT Program Components Helpful for Gay and Bisexual Men in Substance Abuse Treatment?" *Substance Use & Misuse* 45(7–8): 1077–1096, https://pubmed.ncbi.nlm.nih.gov/20441452. This study defines "recovery" as continued abstinence from substance use.

15. Senreich, E., 2010, "The Effects of Honesty and Openness About Sexual Orientation on Gay and Bisexual Clients in Substance Abuse Programs," *Journal of Homosexuality* 57(3): 364–383, https://pubmed.ncbi.nlm.nih.gov/20390999.

16. See note 13 above, Mooney, "The Need for Specialized Programs for LGBT Individuals in Substance Abuse Treatment."

17. American Addiction Centers, 2024, "A Guide to LGBTQIAPK Addiction Treatment," https://americanaddictioncenters.org/lgbtqiapk-addiction.

18. Pride Institute, Drug Rehab for LGBTQ+ Individuals in Minneapolis, Minnesota, accessed Nov. 16, 2023, https://pride-institute.com/lp/drug_rehab_lgbtq/?gclid=Cj0KCQiAuqKqBhDxARIsAFZELmIZ5Wq0k7hc-3D9R6EXAi-mcyqJFgzsiH_UcsXmNtRWIDqP2f9yWMsaAqXsEALw_wcB&gclsrc=aw.ds.

19. Girouard, Michael P., 2018, *Addressing Opioid Use Disorder Among LGBTQ Populations*, National LGBT Health Education Center, https://lgbtqiahealtheducation.org/wp-content/uploads/2018/06/OpioidUseAmongLGBTQPopulations.pdf.

20. Law enforcement and first responder deflection initiatives provide pivotal opportunities to redirect individuals with SUDs, mental health disorders, and co-occurring disorders away from placement in jails or emergency departments and, instead, connect them to community-based substance misuse treatment, mental health services, and recovery support as well as support services such as housing and food assistance.

21. Deflection initiatives following the self-referral pathway allow individuals to voluntarily initiate contact with a first responder agency (law enforcement, fire department, EMS) for a referral to treatment services, https://www.cossup.org/Content/Documents/Articles/CHJ_Pathways_to_Diversion_Self-Referral.pdf.

22. Deflection initiatives following the active outreach pathway utilize first responders to actively identify or seek out individuals with SUD to refer them to, or engage them in, treatment, https://www.cossup.org/Content/Documents/Articles/CHJ-TASC_Pathways_to_Diversion_Active_Outreach.pdf.

23. Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center, 2020, "Critical Elements of Successful First Responder Diversion Programs," https://www.cossup.org/Content/Documents/Articles/CHJ_TASC_Critical_Elements.pdf.

24. COSSUP Resource Center, 2022, "Active Outreach Pathway Effective Response to Substance Use in LGBTQ+ Community," https://www.cossup.org/Content/Documents/Articles/CHJ-TASC_Active_Outreach_Response_in_LGBTQ_Community_June_2022.pdf.