



Appropriate services for gay, lesbian, bisexual and transgender people: More than just gender sensitive?

Medicine

National Drug and Alcohol Research Centre

Drug Policy Modelling Program

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Introduction

The alphabet soup: G, L, B, T, T, T, Q, I

Paper outline

- History and context of alcohol & drug services for GLBT
- GLBT-specific A&D services
- GLBT-sensitive A&D services
- Conclusions

Literature review

- More than 100 papers, mainly descriptive
- Focussed on outcome studies – limited number
- Quality of research generally poor
- Definitions and labels – GLBT; service types

History and context (1)

Culturally-specific determinants of problematic drug use

- Marginalisation and stigma
- Social settings associated with heightened drug use
- Sexual behaviours
- Some milestones (marriage, children) associated with decrease in A&D use not as common

History and context (2)

Rate of A&D disorders higher

- Alcohol: n=63 studies of alcohol consumption; n=13 studies of alcohol use disorders with comparison group
- Alcohol findings: higher rates, significant for women (L,B)
- Drugs: n= 83 studies of drug use; n=12 studies of drug use disorders with comparison grp
- Drug findings: higher rates, significant for both men and women (G,L,B)

(eg: Cochran, 2004; Drabble, 2005; Talley, 2011, Bolton, 2011)

History and context (3)

Homosexuality as a disorder

- 1973 DSM removed 'homosexuality' as a disorder, replaced with 'sexual orientation disturbance' (DSM-II), and 'ego-dystonic homosexuality' (DSM-III)
- 1987 DSM-III-R removed 'ego-dystonic homosexuality'
- 1992 ICD removed homosexuality as a disorder

Sexual conversion therapies

(Drescher, 2002; Eubanks, 2006; Davison, 2005)

History and context (4)

#'s in treatment will be high

- Rate of A&D disorders higher
- Precipitating stressors
- Stigma less of a barrier (Green, 2011)

Homophobic attitudes amongst staff

- Not Aus research, but likely to apply (Welch, 2000; Eliason, 2000)

All these factors suggest the need for GLBT-specific services....

GLBT-specific services

- Set up specifically for GLBT
- Tailored A&D services
- GLBT staff & positive role models
- Strategies for coping with stigma, along with standard A&D interventions
- Extensive support network
- Engagement with significant others (MacEwan; Senreich)
- More honesty in GLBT-specific (Senreich) but not associated with better outcomes....

Research evidence re outcomes?

GLBT-specific services – outcomes

Outcome studies (~ 8 studies): positive results for

- 12-step programs (Paul, 1996)
- Behavioural couples therapy (Fals-Stewart, 2009)
- Cognitive Behavioural Therapy (Peck, 2005)
- Contingency management (Jaffe, 2007)

Comparison studies: GLBT-specific vs generic treatment

- Post-treatment survey – better outcomes for men in GLBT specialised treatment programs (but not for women) (Senreich, 2010)
- CBT & methamphetamine: gay-specific CBT best outcomes (depression & sexual risk behaviour) (Jaffe, 2007)
- CBT & methamphetamine: as above but no difference between grps by 12 months post-treatment (Shoptaw, 2005)

GLBT outcomes in AOD treatment

And a number of studies found no differences in outcomes between GLBT groups and non-GLBT groups in non-tailored A&D treatment :

- Cognitive behaviour therapy and contingency management (Wong, 2008)
- Methadone maintenance treatment (Grella, 1997)
- Community reinforcement approach – youth on the streets (Grafsky, 2011)
- Behavioural couples therapy (Fals-Stewart, 2009)
- Cognitive behaviour therapy (Peck, 2005)

Other issues with GLBT-specific

Practicalities – can't duplicate every service type

May reinforce 'difference' and 'stigma' (Anderson, 1996)

Motivations for treatment strikingly similar between GLBT and non-GLBT (Green, 2009)

Preferences – not all GLBT want a GLBT-specific services (Matheson, 2006; Barbara, 2004)

May undermine the need for all services to be GLBT-sensitive.....

.....GLBT-sensitive services.....

GLBT-sensitive services

- Non-judgemental (Mathews, 2006)
- Welcoming and respectful environment (Coker, 2010; Matheson, 2010)
- Culturally astute staff (SAMHSA, 2001)
- Understand potential issues
- Use of language, assumptions etc
- Networks of referral (to specialist GLBT services) and alliances with GLBT agencies (SAMHSA, 2001)

GLBT-sensitive services – treatment outcomes

Small number of studies (< 8)

Treatment outcomes positive in GLBT-sensitive services:

- Cognitive behaviour therapy (McElhiney, 2009)
- Motivational interviewing (Morgenstern, 2007)
- Self-help (Rowan, 2011)

Conclusions

History reminds us that things have changed – will also change in the future

Need for “specialist” GLBT services may decrease

- Growth in GLBT-sensitive services
- Decrease in stigma and discrimination

Relevance of sexual orientation to A&D treatment

Individual preferences important

GLBT-sensitive services: achieving 100% coverage

A worthwhile endeavour

- Better treatment outcomes (Covey, 2009; Grafsky 2011)

Thank-you

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