

ENGAGEMENT IN THE BLACK COMMUNITY
 A VIRTUAL NAADAC SUMMIT
 February 25 - 26, 2021

CLOSING SESSION

A Rainbow Pipeline: The Earnest Impact of Addiction on Black LGBTQ+ Identifying Individuals



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A Rainbow Pipeline: The Earnest Impact of Addiction on Black LGBTQ+ Identifying Individuals
Facilitator



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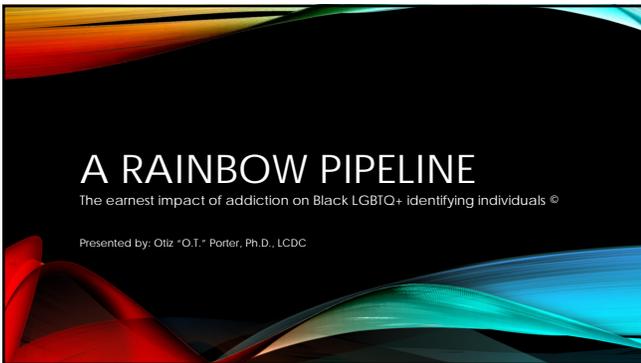


A Rainbow Pipeline: The Earnest Impact of Addiction on Black LGBTQ+ Identifying Individuals
Presenter



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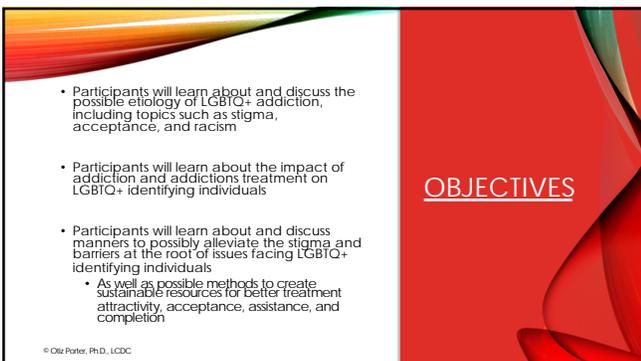
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A RAINBOW PIPELINE
 The earnest impact of addiction on Black LGBTQ+ identifying individuals ©

Presented by: O.T. Porter, Ph.D., LCDC

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OBJECTIVES

- Participants will learn about and discuss the possible etiology of LGBTQ+ addiction, including topics such as stigma, acceptance, and racism
- Participants will learn about the impact of addiction and addiction's treatment on LGBTQ+ identifying individuals
- Participants will learn about and discuss manners to possibly alleviate the stigma and barriers at the root of issues facing LGBTQ+ identifying individuals
 - As well as possible methods to create sustainable resources for better treatment, attractiveness, acceptance, assistance, and completion

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**BACKGROUND:
THE UNFORTUNATE TRUTH**

- There is little by way of empirical research literature available on the LGBTQ+ population
- When you add in the “Black” factor the information becomes abundantly scarcer
- Research continually shows SUD rates of LGBTQ+ people to be higher than the general (heteronormative) population

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**STIGMAS AND
STATISTICS**

- LGBTQ+ identifying individuals are less likely to discuss addiction and treatment issues
- Gay and bi men have higher lifetime use of alcohol, tobacco, club, and prescription drugs
- Gay men are 6.5 times more likely to report methamphetamine use than heterosexual men
 - Bisexual males are three times more likely

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**STIGMAS AND
STATISTICS
PT. 2**

- Lesbians are more likely than heterosexual women to meet SUD criteria and begin drinking younger
 - Also have higher lifetime rates of cocaine, LSD, MDMA, and methamphetamine use
- Transgender women are six times more likely to seek methamphetamine treatment as compared to cisgender individuals
- LGBTQ+ youth begin use of opioids and sedatives at younger ages
 - And use tobacco at more than double the rate (34% vs 14% Chaney, 2018)

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• Transsexuals are also more likely to meet SUD criteria and drink at younger ages than cisgender individuals

• Transgendered men who enter substance treatment are five times more likely to live with someone else with a SUD

STIGMAS AND STATISTICS
PT. 3

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• Abusing substances increases an already increased risk for LGBTQ+ individuals to experience:

- Homelessness
- Domestic violence
- Suicidality
- Engage in nonconsensual sexual behaviors related to alcohol consumption

*As compared to the general (heteronormative) population

STIGMAS AND STATISTICS
PT. 4

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JOURNAL ANALYSIS

- The Journal of Addiction and Offender Counseling (JAOC) has published over 280 articles from 1980 – 2018, of those...
 - Only five (1.78%) focused on LGBTQ+ SUD (or process addiction)
 - Most only focus on men that have sex with men (MSM)
 - Sexual minority women and transgendered persons are even more underrepresented – especially if they are also minority in racial or ethnic background
- Of all substance abuse research published in the years 2007 and 2012 (553 combined articles)...
 - ...only 21 (3.8%) reported sexual orientation...
 - ...and seven (1.3%) reported non-binary gender identity (Chaney, 2018)

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JOURNAL ANALYSIS
PT. 2

- In a study by Cochran, Peavy, and Robohorn of 854 substance use treatment programs identified as having specialty services for sexual minority clients, less than 8% actually provided those services (Washington & Brocato, 2011)
- When LGBTQ+ individuals are mentioned in research they are typically collapsed into a homogenized grouping without gender breakdowns or orientation as a variable to be analyzed
- Of 127,000 Abstracts surveyed from the National Institutes of Health (NIH) from 1989 – 2011...
 - ...only 0.5% mentioned LGBTQ+ participants

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WHITE-OUT

- The substance abuse issues of Black, Hispanic, and other cultural backgrounds have been largely overlooked in the literature
- Black LGBTQ+ identifying individuals have the stigma of being a “Double minority” and may abuse substances as coping mechanisms to deal with not only racism, but also societal oppression, and the low self-esteem that often results from internal homonegativity

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WHITE-OUT PT. 2

- Black LGBTQ+ identifying individuals are often invisible in White LGBTQ+ communities or shown through the lenses of White queer racism (or Black heterosexism)
- The Black LGBTQ+ experience is confounded across multiple variables, such as assimilation, race, and class
 - Black LGBTQ+ individuals are often simultaneously present and excluded in their own cultural neighborhoods and in mainstream (White) LGBTQ+ life

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BLACKNESS

- Coming out is often frowned upon, thus many Black LGBTQ+ individuals co-exist in a state of tolerance using a “don’t ask, don’t tell” mentality
- The connection to the Black church and the ensuing fundamentalism often rails against homosexuality
 - So church is simultaneously and dichotomously a place of great comfort and a place of great contradiction, as a space where many first felt a sense of connection and belonging, yet still are condemned and ostracized
- The idea non-heterosexual orientation implies a developmental dysfunction, that something has gone wrong to “make” someone LGBTQ+

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BLACKNESS PT. 2

- Black Comedy
 - Often portray LGBTQ+ individuals in in stereotypical, negative manners, using distorted one-dimensional information portrayed as facts
- The Black Church
 - Fire and brimstone homophobic sermons against LGBTQ+ individuals are often well received by congregations (signaling approval)
- Black Radio/Hip-Hop Culture
 - Speculations about who is or is not “gay” fuel many discussions
 - Rap and reggae music often carry violence encouraging messages against LGBTQ+ individuals

*These messages (and many others) go unchallenged

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BLACKNESS PT. 3

- A major predictor of suicide in the Black community is homosexuality
- Bullying is considered/viewed as a “right of passage”
- Strongly defined and rigid adherence to gender role norms create issues
- Learning to “Posture” (gestures, mannerisms, verbalization) so that one is not taunted with terms like “faggot” or “sissy”

*These issues foster stress, anxiety, and fear - and limit the range of human emotional expressiveness - which are all predictors of substance abuse issues

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BLACKNESS PT. 4

- Being "Black and Gay" or "Gay and Black"
 - Being situated in choosing and declaring allegiance to one identity over the other, thereby rejecting part of oneself
 - The issue is further compounded if the individual identifies as bisexual or transgender
 - They are further marginalized and underserved (even by other LGBTQ+ individuals)
- Demystifying the masculine mystique of the Black man as big-penised, virile, and sexually ravaging, and Black women as hot, sassy, seductive, and always ready for sex
 - Dehumanizing and objectifying terms that can lead to internal stress/anxiety
- Understanding and overcoming the influence of internalized homonegativity and internalized racism

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BLACK, LGBTQ+, AND TREATMENT

- Many do not consider treatment a safe space and perceive homophobia as a prevailing issue among addiction counselors
- Perceived lack of effective treatment of childhood and sexual trauma related to addiction
- Expressed feeling institutional and societal oppression in traditional (not LGBTQ+ specific) substance abuse treatment environments

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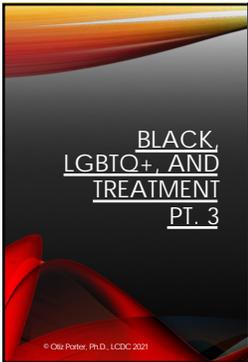
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BLACK, LGBTQ+, AND TREATMENT PT. 2

- Experienced a range of homophobic attitudes, acts of stigmatization, and discrimination from the addiction professionals
- Often are subjected to rejection from their own ethnic minority (Black) community for identifying as LGBTQ+
 - Yet face discrimination and racism from the White LGBTQ+ community
 - This creates a conflict of loyalty and the ultimatum of choosing between their ethnic or sexual identity
- Due to the aforementioned, there is the possible obstacle of feeling internal alienation from both heterosexuals of their own group and White LGBTQ+ clients in treatment

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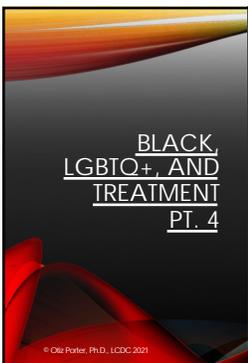


BLACK, LGBTQ+, AND TREATMENT
PT. 3

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- Black men who engage in homosexual behaviors are more likely to identify as heterosexual or bisexual
- Treatment must tackle:
 - Issues of being accepted, respected, and understood by addiction counselors
 - Feelings of safety in arenas where they have encountered or perceived heterosexist or racist attitudes
 - Overcoming feelings of disconnectedness and dissatisfaction with treatment

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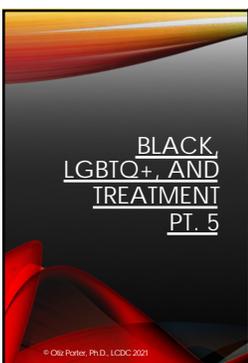


BLACK, LGBTQ+, AND TREATMENT
PT. 4

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- While there is no monolithic Black LGBTQ+ community, Black LGBTQ+ individuals are treated in a homogenous manner
- Black LGBTQ+ people tend to experience, not only racism and homophobia, but also malicious gossip, intimidation, bullying, discrimination, vandalism, isolation, social rejection, sexual assault
- How many of the items on this list are commonly discussed and dealt with in your practice as an Addictions or other type of Counselor?

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BLACK, LGBTQ+, AND TREATMENT
PT. 5

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- There is a subculture of Black men that have sex with men and women (MSM/W) for drugs or money to purchase drugs (Washington & Brocato, 2011)
- Addiction counselors rarely know the differences between the MSM (men that have sex with men) and the MSM/W communities
 - Or the common drug choices and vernacular of the communities
- Actual (or perceived) biases, stigma, and discrimination were seen as problematic in entering and completing addiction treatment for Black MSM/W

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ISSUES IN TREATMENT

- Themes were present in a study by Lyons, Shannon, Pierre, Small, Krusi, and Kerr (2015) of indigenous transgender individuals, which can also highlight many of the issues faced by other minority groups:
 - Stigma via social rejection and/or violence
 - Phobia and felt/perceived violence
- Other treatment related issues include:
 - Physical/structural barriers (segregated housing or groups)
 - Negative attitudes or lack of general knowledge about Black LGBTQ+ individuals by the addictions professional

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ISSUES IN TREATMENT PT. 2

- Isolation from felt (internalized) stigma due to fear of experiencing stigmatization
 - Feeling their mere presence is a disruption, nuisance, or diversion to others in treatment (particularly true with transgender people), which causes individuals to limit accessing treatment, what they share in treatment, or completing treatment
- Treatment centers igniting feelings of isolation, being unsafe, or unwelcomeness in residential treatment

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What were some of your automatic thoughts as I read through the previous slides?

Why do you believe you had those thoughts?

Were there any thought patterns you believe do not meet the beneficence and nonmaleficence standard?

WHERE DID YOUR MIND GO?

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- Study on your own
 - Human sexuality is not a requirement for certification or renewal of certification as an addiction professional
 - Treatment providers may not be adequately trained/prepared to provide effective treatment to sexual minorities
- Learn skills for a nonjudgmental approach that creates a safe space for Black LGBTQ+ identifying individuals to express needs
- Use motivational interviewing skills to help build rapport and break down barriers
 - Perception by Black LGBTQ+ identifying individuals of homophobia, stigmatization, and discrimination are possible barriers to retention and successful completion of addiction treatment

POSSIBLE COUNSELOR INTERVENTIONS

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- Be aware of if your attitude is negative or ambivalent, and if it is, change it
 - A sample of over 350 addictions professionals in both rural and urban settings showed nearly half had ambivalent or negative attitudes and limited knowledge of the needs of the population (Washington & Brocato, 2011)
- Be affirming and work from a positive regard stance
 - Treatment for Black and other nonwhite LGBTQ+ individuals may need to include components to enhance esteem and racial identity

POSSIBLE COUNSELOR INTERVENTIONS
PT. 2

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- Provide equal respect
 - Even if you stand firm on the belief that sexual orientation is a choice, other human choices (religion, where one lives, jobs, etc.) are afforded nondiscrimination protections under the law
- Place more attention in addictions treatment settings on strength-based models, resiliency, and prevention
- Be introspectively aware of the role racism and homonegativity have played in your development and work to resolve conscious or unconscious residual bias or prejudice

POSSIBLE COUNSELOR INTERVENTIONS
PT. 3

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- Introspectively identify if unconscious bias, racism, and homonegativity are influencing your care provision – actively work to change them if so
- Work with Black LGBTQ+ individuals from the following perspectives:
 - Empathetic understanding
 - Genuineness
 - Openness
 - Flexibility
 - Commitment
 - Positive Regard
 - Appropriate self-disclosure
 - Confidence

POSSIBLE COUNSELOR INTERVENTIONS
PT. 4

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RECOMMENDATIONS

- States could benefit if they required formal training in cultural competency and human sexuality relevant to LGBTQ+ and other sexual minorities
 - Currently less than 30% of state credentialing organizations require training in cultural diversity and human sexuality is not a requirement
- Do you believe this should be a requirement for licensure? Why or why not?

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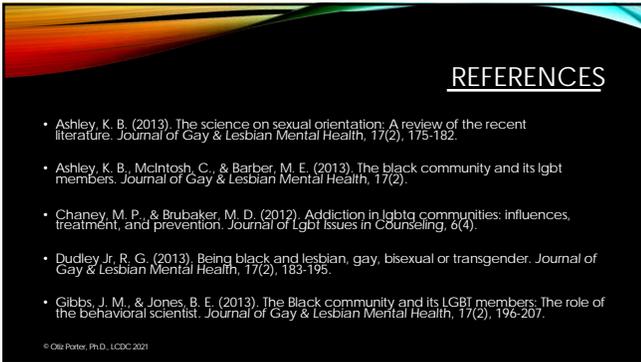
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RECOMMENDATIONS PT. 2

- Take part in personal and immersive experiences with Black LGBTQ+ patients to assist in expanding your cultural sensitivity and understanding
 - Reading and research do not provide the depth and breadth of positive personal interactions
- Create more research on the addictive behaviors of ethnic and sexual minorities
- What are some manners in which you or your colleagues can create personally immersive experiences with Black LGBTQ+ individuals and/or create empirical research relevant to that community?

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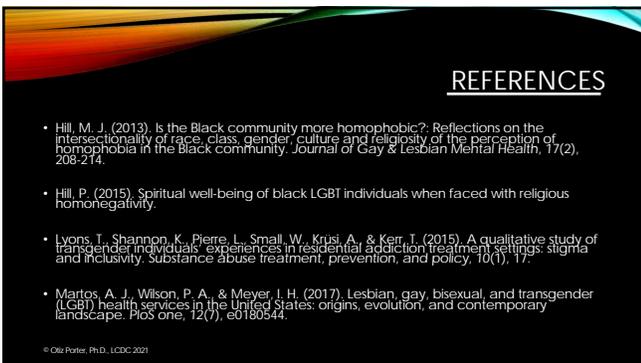


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Thank you for joining!



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