

Addressing Lesbian, Gay, Bisexual, and Transgender Issues From the Inside: One Federal Agency's Approach

Edwin M. Craft, DrPH, LCPC, and Kevin P. Mulvey, PhD

ABSTRACT

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to protect and serve underserved and vulnerable populations. Congress established SAMHSA under Public Law 102-321 on October 1, 1992, to strengthen the nation's health care capacity to provide prevention, diagnosis, and treatment services for substance abuse and mental illnesses.

SAMHSA works in partnership with states, communities, and private organizations to address the needs of people with substance abuse and mental illnesses as well as the community risk factors that contribute to these illnesses. As part of its efforts to address the unique needs of special populations, SAMHSA has reached out to the lesbian, gay, bisexual, and transgender (LGBT) community. SAMHSA and its centers (Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and Center for Mental Health Services) have made a concerted effort, through both policy and programs, to develop services responsive to this community. (*Am J Public Health*. 2001;91:889-891)

Although related research has been both inconsistent and incomplete in its findings, the increased risk of lesbian, gay, bisexual, and transgender (LGBT) populations for substance abuse and mental health problems has been generally accepted. In late 1993, the Center for Substance Abuse Treatment convened a national, multiracial, and multiethnic work group of lesbian and gay policy experts, community leaders, and health and substance abuse treatment providers to develop recommendations for increasing access to substance abuse services for lesbian and gay communities¹ and to raise national awareness of the need for increased development, funding, and implementation of culturally competent existing services for lesbians, gay men, and bisexual persons. This first Center for Substance Abuse Treatment work group believed that societal biases against homosexual expression and gender role conflicts were the leading causes of these disparities in service delivery. Higher rates of substance abuse and addiction put LGBT individuals at higher risk for HIV disease, breast cancer, and other health problems. The 1993 work group called for needs assessment; demonstration programs, along with rigorous evaluations of the programs; and systemwide training and technical assistance (Table 1).¹⁻³

Federal Action on LGBT Issues

Because the Substance Abuse and Mental Health Services Administration (SAMHSA) is committed to addressing the unique needs of special populations, it has worked with the LGBT communities to identify and meet substance abuse and mental health service needs. SAMHSA's Center for Substance Abuse Treatment work group, convened in 1993, concluded that LGBT individuals and populations have historically been underserved or have had to avail themselves of substance abuse treatment services that were not culturally competent, but were homophobic and frequently hostile to them about their sexual orientations.

In 1997, following several requests from constituents, including the National Association of Alcohol and Drug Abuse Counselors and the 6 oldest and largest providers of HIV/AIDS care in the United

States, the Center for Substance Abuse Treatment began to develop, with multiple experts from the LGBT communities, the first primer on LGBT substance abuse treatment. In January 2001, the resulting document—*A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*³—was published and disseminated to nearly 20 000 treatment providers and other constituents (Figure 1).

The work group of writers and community representatives realized that, in the interest of enhancing the likelihood of effective treatment outcomes, "mainstream" substance abuse treatment providers (i.e., providers who have not recognized, or provided specific services to, LGBT individuals) were, for the most part, ready to accept some guidance that would help them initiate or strengthen culturally competent services for LGBT individuals. This work group therefore included as part of its charge a specific training and technical assistance plan in connection with dissemination of the primer it had produced. This plan included local, state, regional, and national training; site-specific and on-site technical assistance; development of intake, assessment, and program evaluation tools; and flexibility and options in training methods and modes to meet various adult learning styles. It also suggested use of Center for Substance Abuse Treatment training resources already in place, such as the Addiction Technology Transfer Centers.

In addition, as part of the extensive fact-finding required to complete publication of the primer, the Center for Substance Abuse Treatment identified the need for, and implemented, an internal work group to address LGBT issues and an external work group of experts on LGBT issues under its Knowledge Application Program. Moreover, the

The authors are with the Substance Abuse and Mental Health Services Administration, and the US Department of Health and Human Services, Rockville, Md.

Requests for reprints should be sent to Edwin M. Craft, DrPH, LCPC, Center for Substance Abuse Treatment, Rockwall II, Suite 840, 5600 Fisher Ln, Rockville, MD 20857 (e-mail: ecraft@samhsa.gov).

This commentary was accepted February 21, 2001.

Center for Substance Abuse Treatment has hosted or supported several conferences across the United States that addressed HIV prevention, stimulant abuse, and other topics of interest to the LGBT communities. The Center for Substance Abuse Treatment's Treatment Improvement Protocol *Substance Abuse Treatment for Persons With HIV/AIDS*,⁴ recently expanded and revised, has a detailed section on issues of importance to the LGBT communities. Its Targeted Capacity Expansion/HIV and Recovery Community Support demonstration programs are also now serving LGBT communities.

The Center for Substance Abuse Prevention has, through an internal work group, explored unmet prevention needs of sexual minorities; produced and updated extensive resource guides containing abstracts of key prevention materials, studies, articles, and reports and a list of national resources; published a summary of LGBT prevention research; supported or directly developed numerous articles and book chapters on LGBT issues; and developed the "Celebrating the Pride and Diversity Among and Within the Lesbian, Gay, Bisexual, and Transgender Populations" section of the National Clearinghouse for Alcohol and Drug Information Web site. These Web pages, launched in the summer of 2000 (<http://www.health.org/features/lgbt/index.htm>), have been hailed by health professionals for their comprehensive content and cultural appropriateness. Also, in late 2000, a revised and expanded edition of the Center for Substance Abuse Prevention's *Substance Abuse Resource Guide: Lesbian, Gay, Bisexual, and Transgender Populations*⁵ was published. Again, feedback from constituent groups, including the Regional Alcohol and Drug Awareness Resource (RADAR) Specialty Center and the National Association of Lesbian and Gay Addictions Professionals membership, contributed to the revisions.

Center for Mental Health Services activities include development of a white paper that summarized the existing research on violence against gay, lesbian, and bisexual youths and the effect of such violence on the victims and their family members and on the witnesses to such crimes; publication of a report on LGBT youth suicide; and a Safe Haven Project grant through the L.A. Gay & Lesbian Center to reduce high school antigay harassment. The Center for Mental Health Services also is working to strengthen services for LGBT individuals through its HIV/AIDS demonstration grants and cooperative agreements, including a cost study that will help to ascertain the cost-effectiveness of combining substance abuse and mental health services

TABLE 1—Service Imperatives for Lesbian, Gay, Bisexual, and Transgender Persons, as Identified by the Field

- Increase awareness by substance abuse treatment providers, counselors, therapists, administrators, and facility directors of the issues facing lesbian, gay, bisexual, and transgender clients.
- Include sexual orientation questions in epidemiologic studies on alcohol and drug abuse.
- Strengthen the consistency of methodologies used in lesbian-, gay-, bisexual-, and transgender-related research studies.
- Develop effective measures of incidence and prevalence and prevention and treatment services for substance abuse issues that are germane to lesbian, gay, bisexual, and transgender communities.
- Research and develop innovative lesbian-, gay-, bisexual-, and transgender-specific prevention, intervention, and treatment approaches.
- Create innovative outreach efforts, prevention campaigns, and standards of treatment for lesbian, gay, bisexual, and transgender individuals by collaboration of researchers, government agencies, and community-based organizations.
- Include lesbian-, gay-, bisexual-, and transgender-identified researchers, scientists, and consumers in public health policy formulation and resource decision matters related to substance abuse and mental health services.
- Increase counselor awareness of how lesbian, gay, bisexual, and transgender individuals learn to acknowledge their sexual orientation; the stages of "coming out"; and how to meet the needs of clients, regardless of sexual orientation.
- Teach providers about the effects of internalized homophobia; of bias against lesbian, gay, bisexual, and transgender persons; and of heterosexism on the lesbian, gay, bisexual, and transgender individual and community and how to help lesbian, gay, bisexual, and transgender clients affirm themselves and address negative feelings. (A better understanding is needed of the interplay between sexual orientation and the sociocultural context in relation to substance use, abuse, and treatment.)
- Provide training in cultural diversity and sexual orientation sensitivity to staff members to promote better understanding of lesbian, gay, bisexual, and transgender populations.
- Identify and use resources for providing culturally competent substance abuse treatment services to lesbian, gay, bisexual, and transgender clients by service purchasers such as managed care organizations, health maintenance organizations, and employee assistance programs.
- Review and revise existing policies of community services personnel, professional associations, and others engaged in training mental health and social work professionals and support staff to reflect lesbian, gay, bisexual, and transgender needs.
- Develop better lesbian-, gay-, bisexual-, and transgender-specific outcome data.
- Promote application of standards by accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations, the National Committee for Quality Assurance, and the Commission for the Accreditation of Rehabilitation Facilities to specifically acknowledge and address the needs of lesbian, gay, bisexual, and transgender individuals and provide appropriate education for surveyors from these bodies. Treatment accreditation bodies should mandate demonstrated proficiency in lesbian, gay, bisexual, and transgender health and safety issues.

with HIV and AIDS medical regimens. Developed by grantees of the HIV/AIDS Mental Health Services Demonstration Program, *Mental Health Care for People Living With or Affected by HIV/AIDS: A Practical Guide*⁶ is a Center for Mental Health Services publication that may be helpful to providers in initiating or strengthening LGBT-sensitive services.

Conclusion

SAMHSA has already produced much information on the LGBT population for dissemination but has learned a great deal about issues and needs that should be addressed when attempting to provide service to this community. Clearly, 4 major activities should be carried out in the coming years:

1. Epidemiologic studies on alcohol and drug abuse and mental health should be conducted in LGBT communities.

2. The consistency of methodologies used in LGBT-related research studies should be strengthened.

3. Substance abuse treatment providers, counselors, therapists, administrators, and facility directors should have increased awareness of the issues facing LGBT clients.

4. In the context of addressing the mental health and substance abuse treatment needs of LGBT persons, providers should be aware of the effects of internalized homophobia, of bias against LGBT individuals, and of heterosexism on the LGBT individual and community.

Helping LGBT clients affirm themselves and address negative feelings may frequently contribute to improved treatment outcomes. Finally, future research should ad-

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FIGURE 1—Cover of the first primer on lesbian, gay, bisexual, and transgender substance abuse treatment.³

dress the interplay between sexual orientation and the sociocultural context in relation to mental health and substance use, abuse, and treatment. □

Contributors

E. M. Craft and K. P. Mulvey collaborated jointly in designing and drafting the commentary. E. M. Craft edited the commentary and prepared it for publication.

References

1. Center for Substance Abuse Treatment. *Recommendations on Access to Substance Abuse Services for the Lesbian and Gay Communities*. Rockville, MD: Solis-Marich Associates; August 3, 1994.
2. *Advancing Gay and Lesbian Health: A Report From the Gay and Lesbian Health Roundtable*. Los Angeles, Calif: L.A. Gay & Lesbian Center; January 2000.
3. Substance Abuse and Mental Health Services Administration. *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*. Rockville, Md: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment; 2001. DHHS publication SMA 01-3498.
4. *Substance Abuse Treatment for Persons With HIV/AIDS*. Washington, DC: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment; 2000. Treatment Improvement Protocol (TIP) Series, No. 37. DHHS publication SMA 00-3410.
5. *Substance Abuse Resource Guide: Lesbian, Gay, Bisexual, and Transgender Populations, Revised*. Rockville, Md: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention; 2000. DHHS publication SMA 94-2097.
6. US Dept of Health and Human Services. *Mental Health Care for People Living With or Affected by HIV/AIDS: A Practical Guide*. Research Triangle Park, NC: Research Triangle Institute; 1998. Project 6031.