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Substance Abuse Among Gay, Lesbian, Bisexual, Transgender, and Questioning Adolescents

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Abstract: Recent studies have indicated that substance abuse is a growing problem among youth and that the problem is even greater among gay, lesbian, bisexual, transgender, and questioning youth. The origins of substance abuse in sexual minority teens may be linked with feeling marginalized by society, seeking relief for feelings of depression and isolation, or desiring alleviation of the chronic stress associated with being stigmatized both interpersonally and intrapersonally. Prevention and intervention efforts can be successful in working with sexual minority adolescents in jeopardy of developing substance abuse problems. School-based clubs or groups for sexual minority youth are one effective mode of prevention. School psychologists are uniquely poised to address this problem through education, prevention, and intervention efforts.

Substance abuse has become a major problem among youth (Adger, 1991). Sexual minority youth (i.e., gay, lesbian, bisexual, transgender, and questioning youth) may be at even higher risks than heterosexual youth for developing problems with substance abuse due, in part, to negative societal attitudes about homosexuality (Shifrin & Solis, 1992). The unique circumstances of sexual minority youth contribute to their risk of substance abuse and require specialized responses from psychologists and other adults. The school setting presents a unique environment for identifying youth at risk and implementing treatment and prevention programs.

Substance abuse is a maladaptive pattern of using alcohol or drugs that results in significant adverse consequences such as problems at school or home, placing oneself in dangerous situations, legal troubles, or interpersonal problems (American Psychiatric Association, 1994). Substance abuse is differentiated from substance use, which includes social or occasional drinking or use of drugs. Although alcoholism and drug addiction may manifest widely different patterns, consequences, and even causes, they will be considered together for the purpose of this discussion.

Etiologies

Substance use and abuse among gay, lesbian, bisexual, transgender, and questioning adolescents may be affected by many factors that differ from those affecting heterosexual teens (Rotheram-Borus, Rosario, Van Rossem, Reid, & Gillis, 1995), although some of the reasons and risk factors for abuse may be the same (Savin-Williams, 1994). For example, all teens may use substances due to peer pressure, the desire to experiment with something new, to seek independence from parents, or for pleasure (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998; Savin-Williams, 1994). Identified risk factors for substance abuse among teenagers include early antisocial behavior (Kaplan, Martin, & Robbins, 1984), school failure or lack of interest in school (Kandel, 1982), and low self-esteem (Kumpfer, 1989). However, it should be noted that there is a dearth of knowledge about lesbian and bisexual girls' risk factors and substance abuse behavior. Similarly, little is known about transgender youth.

One prominent theory of substance abuse postulates that adolescents who engage in one problem behavior are more likely to engage in other problem behaviors—substance abuse,

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conduct problems, aggression, delinquency, and sexual activity—with the thread being an underlying construct of unconventionality (Jessor & Jessor, 1977). However, although this clustering of problematic behaviors does appear to be supported in the literature for heterosexual youth (e.g., Farrell, Danish, & Howard, 1992; Jessor, 1992), this constellation of problem behaviors was not seen in a study of 136 primarily Hispanic and African-American urban gay and bisexual male adolescents (Rotheram-Borus et al., 1995). Risky sexual behavior (e.g., unprotected intercourse or numerous partners) did not appear to be part of the problem behavior constellation for gay and bisexual male youth; yet, it did for heterosexual male youth, although almost all the gay and bisexual male youth in Rotheram-Borus and colleagues' study were sexually active. Furthermore, although the gay and bisexual male youth engaged in problem behaviors at approximately the same frequency as heterosexual youth, the problem behaviors did not appear in clusters or as a "syndrome" in the gay and bisexual youth. However, differences also may be attributable to the racial composition of the sexual minority youth studied—they were predominantly minority youth; the heterosexual youth were predominantly Caucasian.

Sexual minority adolescents have the additional stress of coping with their sexual orientation in a society that is often homophobic and heterosexist. Thus, the origins of substance use and abuse in sexual minority teens may be linked with feeling marginalized by society, seeking relief for feelings of depression and isolation, or desiring alleviation of the chronic stress associated with being stigmatized both interpersonally and intrapersonally. In a study of adult gay men, Kus (1988) found that lack of acceptance of one's sexual orientation was a critical factor in the development and maintenance of alcoholism. Sexual minority adolescents may be the most vulnerable to gay-related stressors because that may be the time of life when people first begin to question their sexual orientation (DiPlacido, 1998), and youth may be ill-equipped developmentally to handle the strain of being different.

Alternatively, sexual minority youth may use drugs or alcohol to be part of the gay and lesbian subculture, which in many localities may be organized around bars. Bars and clubs as the sole or major source of socializing with other gay men and lesbians may lead teens to begin using the alcohol that is readily available in these establishments (Faltz, 1992; Nicoloff & Stiglitz, 1987). However, one study found that frequenting gay or lesbian bars was not related to the etiology of alcoholism (Kus, 1988). This etiological theory may have been more appropriate in the past when youth organizations and clubs were rare, but less appropriate today when positive, alcohol-free options for teens do exist, at least in larger cities (Jordan, Vaughan, & Woodworth, 1997). However, it does remain true that in many locations, there is a lack of age-appropriate social outlets for sexual minority youth; thus, their culture is often pushed underground and not adequately supervised. This may lead gay, lesbian, and bisexual youth to identify with marginalized subcultures (e.g., gangs and other delinquent groups at school), which, again, increases their likelihood of exposure to substance use.

Sexual minority teens may use drugs and alcohol as a tool to rationalize their same-sex feelings and behavior (Rotheram-Borus et al., 1995; Savin-Williams, 1994). Youth may justify same-sex sexual behavior with a rationalization such as, "I only had sex with X because I was drunk." Similarly, gay, lesbian, and bisexual teens may use substances to alleviate the anxiety they feel when in a gay or lesbian environment or situation. This mixing of sexual behavior and substance use may put teens in potentially dangerous situations in which they may be exposed to sexually transmitted diseases or nonconsensual sexual encounters (Rotheram-Borus, Rosario, Meyer-Bahlburg, Koopman, Dopkins, & Davies, 1994).

Furthermore, gay, lesbian, bisexual, transgender, and questioning adolescents may face harassment and victimization, both at home and at school (Jordan, Vaughan, & Woodworth, 1997; Garofalo et al., 1998), and as a stigmatized minority group are subjected to ongoing and systematic oppression. Substance abuse is disproportionately evident in many minority groups (e.g., Native Americans) who are subjected to such oppression (Fifield, 1975, cited in Nicoloff & Stiglitz, 1987).

Prevalence

There have been numerous reports that substance abuse is more prevalent among gay, lesbian, and bisexual adolescents than among their heterosexual counterparts. For example,

Remafedi (1987) found that 58% of his small sample of Minneapolis gay and bisexual youth met criteria for substance abuse. Another study found high rates of alcohol abuse (76%), marijuana use (42%), and cocaine/crack use (25%) among a sample of predominantly Hispanic and African-American gay and bisexual males in New York City (Rotheram-Borus et al., 1994). Estimates for substance abuse in heterosexual youth vary widely (and often include sexual minority youth because studies neglect to ask questions about sexual orientation), but estimates are that 4% of youth drink alcohol daily, 33% have had 5 or more drinks at one time within the past two weeks, and more than 90% of high school seniors have experimented with alcohol at some time in their life (Adger, 1991). A recent study that surveyed students in 59 schools in Massachusetts found that gay, lesbian, and bisexual students (who represented 2.5% of the population) were more likely than students who did not report they were gay, lesbian, or bisexual to engage in 24 substance-use related behaviors including using alcohol before age 13 (59% vs. 30%), binge drinking (46% vs. 33%), using marijuana (69% vs. 47%), using cocaine (33% vs. 7%), and sharing needles (16% vs. 1%) (Garofalo et al., 1998).

Minimal information exists for substance abuse patterns among lesbian and bisexual female adolescents. However, at least two reports have indicated that similar patterns exist among adult lesbians and adult gay men (Anderson, 1996; Glaus, 1988). McKirnan & Peterson (1989) found slightly lower rates of alcoholism in lesbians than gay men (9% vs. 17%), rates which were similar to those for heterosexual women (7%) and men (21%).

These statistics must be interpreted with caution because the youth included in the studies are not a representative sample of sexual minority youth. Rather, they are youth that have been willing to identify themselves as gay, lesbian, bisexual, transgender or questioning youth to researchers or participate in some organized activity for sexual minority youth. Furthermore, the samples are predominantly male.

It should be noted, as well, that youth with poor coping skills and poor networks of social support are at a greater risk of engaging in self-destructive behavior, regardless of their sexual orientation. Thus, youth with good coping skills will be at less risk of succumbing to substance abuse, even though the stress of "coming out" is great. This is supported by research findings that many sexual minority youth are engaged in healthy, positive activities (e.g., Jordan, Vaughan, & Woodworth, 1997).

Associated Risks

Substance abuse among this population is of particular concern because of the increased risk of problem behaviors associated with it (e.g., Rotheram-Borus et al., 1995). Such problems include homelessness, running away, prostitution, school and learning problems, dropping out of school, and problems with the law. However, these issues must not be assumed to be the sole result of drug or alcohol abuse. For example, an adolescent may be homeless due to being forced out of his or her home by the parents after disclosing his or her sexual orientation.

Two additional life-threatening issues associated with drug and alcohol abuse are frequent unprotected sexual encounters and suicide attempts. Both of these behaviors have been noted to increase when substance use is present (e.g., Rotheram-Borus et al., 1994). Gibson (1989) reported that as many as 20% to 35% of gay youth have experienced suicidal ideation. Studies have found that substance abuse may be linked to higher levels of suicidal ideation and attempts (Rofes, 1983) and that gay-related stressors are more common among adolescents who had attempted suicide than those who had not (Rotheram-Borus, Hunter, & Rosario, 1994). Use of drugs and alcohol may impair judgment and lead youth to engage in more risky sexual behaviors such as sex with multiple partners or unsafe sex practices (Rotheram-Borus et al., 1994).

Prevention

Prevention efforts take two paths. First, prevention tactics based upon increasing the visibility of sexual minority youth can alter the sociopolitical climate of the school, neighborhood, or community and increase acceptance of these youth (Shifrin & Solis, 1992). For example, information on sexual orientation can be presented in the form of fliers, posters, lecture material in classes, special assemblies in schools, or media presentations. These information initiatives, geared toward all youth (and adults as well), would educate them about the realities of gay and lesbian life and dispel myths.

Similarly, gay, lesbian, and bisexual issues can be included in existing multicultural curricula. A second prevention approach involves directing information on substance abuse to youth identified as gay, lesbian, bisexual, transgender, or questioning. For example, youth groups at community centers or schools may present substance abuse prevention seminars or workshops. Furthermore, these groups may work at prevention indirectly by building self-esteem and providing alcohol and drug-free activities.

School psychologists are in a unique position to respond to and affect this problem. One growing phenomenon is the presence of gay, lesbian, and bisexual groups or clubs in high schools, often supported by faculty and administration. These groups offer age-appropriate opportunities for socialization and for meeting other gay, lesbian, bisexual, transgender, questioning, or supportive teens thereby providing social support and furnishing opportunities for developing social skills. In addition, these programs may offer avenues for addressing the prevalent harassment of gay, lesbian, bisexual, transgender, and questioning teens in schools, thereby reducing stimuli for substance abuse. In one study of sexual minority youth in the Chicago area, gay, lesbian, and bisexual high school students reported that school-based groups or clubs for gay, lesbian and bisexual students and straight supportive allies, with administrative support and assistance, were an important part of making the school environment amenable to sexual minority students and alleviating their sense of alienation and differentness (Jordan, Vaughan, & Woodworth, 1997).

Intervention

With teens who have true substance abuse problems, school psychologists may be able to intervene on an individual level, by being aware of substance abuse issues in this population, noting when particular students appear to have problems or deterioration in school performance, and providing assessments and referrals for treatment.

Treatment must build on traditional substance abuse treatment models and incorporate appropriate focus on issues specific to this population (Cabaj, 1996). D'Augelli (1996) suggested seven critical areas in mental health treatment for lesbian, gay, and bisexual youth. They include stress connected with management of their lesbian/gay/bisexual identity; peer relationship disruptions; the decision to disclose to family and the consequences of disclosure; emotional reactions to developing close relationships; being isolated from gay-affirming situations; discrimination, harassment, and violence due to sexual orientation; and anxieties about sexuality, especially HIV. Treatment with this population may be difficult; the issues facing lesbian, gay, and bisexual youth are complex. For example, complicating factors include difficulty with family, unavailability of gay-friendly treatment centers or therapists, religious beliefs, and anti-gay violence and harassment (Ratner, 1993).

Successful treatment begins with a thorough assessment, which should include questioning about many factors unique to lesbians, gay men, and bisexuals. For example, it is important to understand experiences with homophobia and heterosexism, the "coming out" experience, the social support network, religious beliefs, relationship with the family of origin, history of romantic and sexual relationships, and current relationships (Ratner, 1993). Thus, the psychologist may query the youth about the reactions of others (friends, parents, teachers) to their disclosure about their sexual orientation, their daily experience with peers, school personnel, and family regarding their sexual orientation (i.e., is it ignored, are they teased), their same-sex relationship history, and their support network.

Other important factors to assess include signals of inappropriate use, such as difficulties with social life, legal problems, and school or employment difficulties (Faltz, 1992). Warning signs include deteriorating academic performance, increasing interpersonal difficulties (e.g., fights at school), suspensions or expulsions, excessive absences, and threats of dropping out of school. Finally, patterns of use and preferred substances should be thoroughly assessed (e.g., using substances only with a certain group of friends vs. using alone; experiencing blackouts).

Involvement with groups such as Alcoholics Anonymous or Narcotics Anonymous can be beneficial to the recovery process (Anderson, 1996). Some groups may specifically state that they are gay-friendly or may be exclusively for sexual minority persons. Furthermore, many of these groups include a system in which a new member is provided with a sponsor. It is important to consider the sponsor choice carefully, including considering whether to have a sponsor

of the same or other gender and whether to have a sponsor of the same sexual orientation (Ratner, 1993). No research on the efficacy of exclusively sexual minority groups or the sexual orientation of the sponsor with sexual minority youth has been conducted, however.

Countertransference issues also are important. If the therapist also is lesbian or gay, minimization of the client's substance abuse may be easier if the pattern of abuse is similar to others within the therapist's social circle. Similarly, idealization of the client may occur (Faltz, 1992). Alternatively, a therapist's negative attitudes toward lesbians and gay men may cloud treatment. Therapists may assume that the client's sexual orientation is the cause of the substance abuse problem (Faltz, 1992) and inappropriately focus on changing sexual orientation as a therapeutic goal (Committee on Lesbian and Gay Concerns, 1991).

Programs to address the needs of youth who have dropped out of school also are important. Several programs have been developed to reintegrate sexual minority youth who have dropped out of high school back into the school setting (e.g., the Hetrick Martin Institute in New York City, Project 10 in San Francisco).

Conclusions

School has an important role in the lives of teenagers, and gay, lesbian, bisexual, transgender, and questioning youth are no exception. Thus, school psychologists can have a pivotal role in the prevention, detection, and treatment of substance abuse problems in this population. By providing support for gay, lesbian, and bisexual organizations at school, they may help alleviate the isolation and loneliness common to these teens. By being aware of the prevalence of substance abuse among gay, lesbian, and bisexual teens, they may be able to detect problems when they start or when they begin to interfere with schoolwork and appropriate development. However, it is important that school psychologists not assume that all lesbian, gay, bisexual, and transgender youth are substance abusers. Finally, they may contribute a critical service in providing treatment to teens who do experience substance abuse problems.

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