

Social Issue/Population

Substance Use Disorder (SUD) profoundly impacts the U.S., burdening healthcare, families, and the economy. The Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community has a 3.1 times higher lifetime risk of SUD (Williams & Fish, 2020), and **gay men are 4X more likely to use meth** than their heterosexual counterparts (*Addiction and Abuse in the LGBTQ Community*, n.d). Furthermore, within the MSM subgroup, **10.3% engage in chemsex** - using drugs like meth while engaging in sexual activities – which has been shown to significantly increase the risk of contracting STIs and HIV (Ivey et al., 2023; Priedeman, 2023).

So, What's the Appeal?

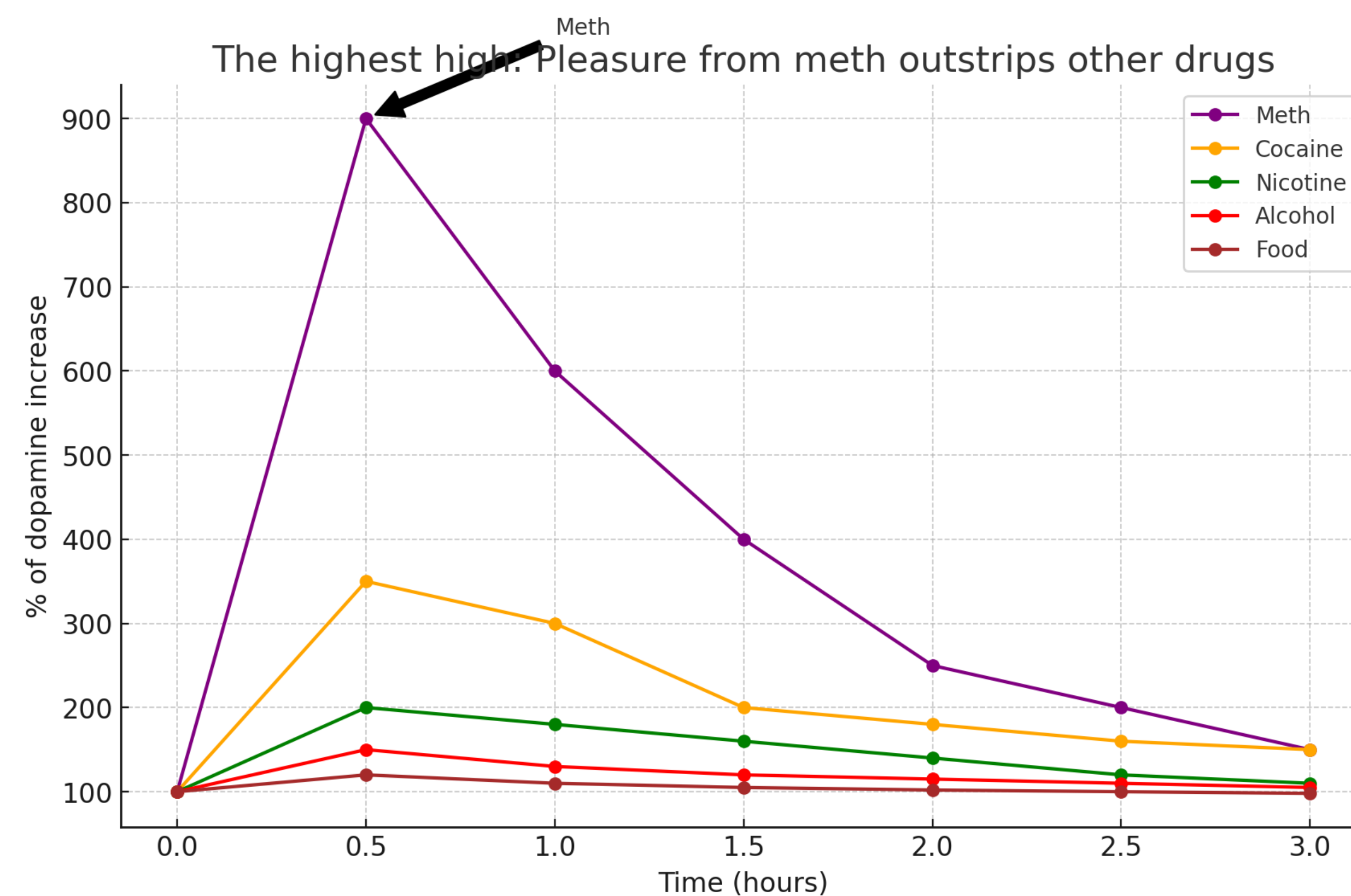


Figure 1. (McElhiney, 2022)

Theory/Intervention

Due to only 17.6% of U.S. treatment centers having LGBTQ-centric programs, historical stigmatization and lack of cultural competence lead to more than half of LGBTQ individuals not finishing traditional recovery programs and exacerbating relapse rates (Williams & Fish, 2020). Based on the concepts of Contemporary Trauma Theory (Goodman, 2017), the following proposal details the recommended **micro-level direct practice** interventions:

- **Trauma Informed Care (TIC) training**
- **Motivational Interviewing (MI)**
- **Modified Intake Forms**

1. Enhance the TIC training for intake specialists to improve their initial patient interactions by demonstrating respect (despite possible underlying personal biases), ensuring a safe environment, and building trust – which can significantly enhance patients' recovery prospects (Brown, 2021).
2. Emphasize to specialists that “interviewing is NOT completing a form.” Implement Motivational Interviewing techniques to establish a culture of “no wrong doors,” whereby patients will feel comfortable sharing their stories and personal information (Minkoff, 2024).
3. Modify intake forms to include two narrative questions at the onset: ‘What do you most want us to help you with?’ and ‘What is your vision of your most hopeful, happy, and productive life or most important goals?’ (ILSA-Basic form designed by Zia Partners). From the very first encounter, the intent is to develop a patient-centered, strengths-based perspective.

“Just don’t be shame/guilt
PRODUCERS.”

(Dr. Kenneth Minkoff, 2024)



Antiracism, Diversity, Equity, Inclusion and Social Justice

Mezzo Perspective: Hussen et al. (2021) revealed an escalating trend in methamphetamine use among gay black men having sex with men (GBMSM) in Atlanta, with a notable demographic shift towards younger, less affluent individuals. Factors identified as contributing to this rise include the drug's association with sexual activity, compounded stress, mental health issues, unstable housing, mobility, and economic hardship.

Macro Perspective: Treloar et al. (2021) highlight that chemsex-related stigma among MSM affects behaviors, social networks, services, and policy, requiring comprehensive anti-stigma efforts that consider intersectional dynamics of social power, sexuality, drug use, infection status, and sexual minority identities.

Intersectionality

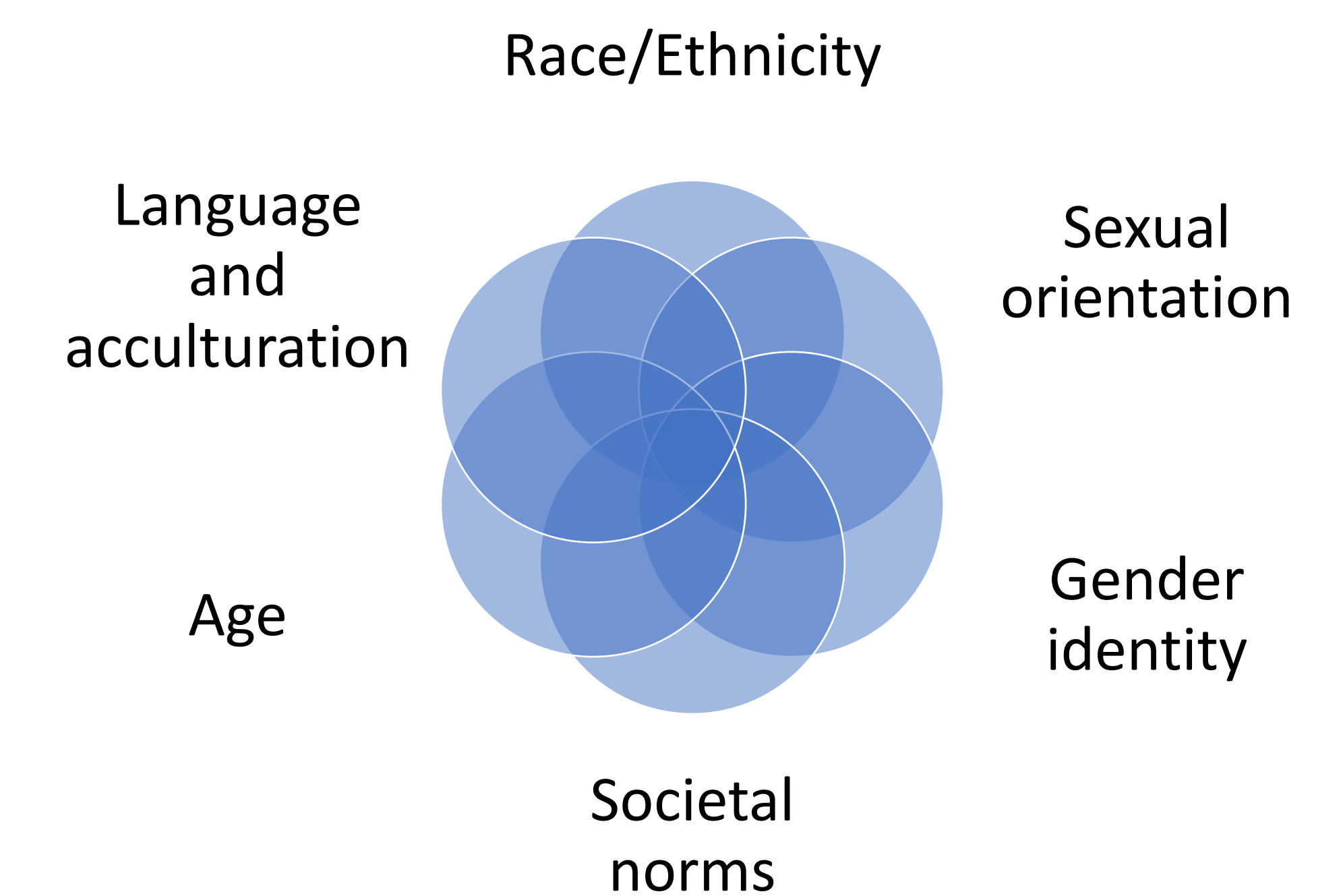


Figure 3. (McElhiney, 2022)

Cultural Trauma

Cultural trauma arises among marginalized groups when they challenge the established societal norms, leading to backlash and oppression from the dominant culture. This trauma reduces community cohesion and identity, exacerbating feelings of isolation. In the LGBTQ community, key determinants contributing to potential adverse outcomes include stigma and fear surrounding 'coming out,' the threat of bullying or violence, religious and moral injury causing feelings of unworthiness, and the negative impact of anti-gay rhetoric in politics. For some within the community, this type of trauma can lead to struggles with substance abuse. Therefore, addressing the resultant shame and guilt is critical to fostering healing and cultivating a sense of worth and belonging (Balsam & D’Augelli, 2006; Crocker, 2021; Hurd et al., 2022; Jones, 2017; Ringel & Brandell, 2020; Rostosky et al., 2022).

Plan and Outcome Evaluation

Despite possible initial reluctance to change their intake processes due to the burden of state-mandated forms, decision-makers in treatment centers are likely to appreciate this proposed streamlined intervention for its simplicity. This new approach includes a half-day training for specialists in Trauma-Informed Care (TIC) and Motivational Interviewing (MI) techniques, followed by the early integration of narrative-based questions in the intake process. By utilizing Zialogic’s Collaborative Outcomes Feedback and Integration Tool (COFIT-100™) or similar evaluation tools, organizations can gather data, measure outcomes, and make informed decisions to enhance the quality of care, promote recovery-oriented practices, and ensure that services are trauma-informed, culturally competent, and responsive to the diverse needs of this marginalized population.

Social Work Profession/Implications

The National Association of Social Workers (NASW) Code of Ethics (2021) guides the pursuit and application of the Grand Challenges of Social Work, advocating for more effective and inclusive recovery-support approaches. To achieve positive treatment outcomes for this marginalized population, treatment centers and practitioners must intentionally validate each patient's dignity and self-worth. This principle reinforces the critical intersection of three Grand Challenges of Social Work (2020): promoting long and productive lives, combating social isolation and loneliness, and bridging health disparities. The complexities of shame and fear, particularly prevalent within the MSM community engaging in chemsex, necessitate that treatment facilities incorporate TIC and MI strategies during initial contact and apply minor modifications to their intake forms.

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“Meth ultimately increases **isolation** and **loneliness**, and eventually creates even more **stigma** for a tribe of gay men by dividing the community itself. It adds another layer of **shame** in the form of a cruel drug that makes men lie to their friends, cheat on their lovers, and ignore their responsibilities. Ultimately it fuels and reinforces their innermost **fears** that they are, indeed, **flawed**.” (Fawcett, 2016, p. 42)