

Substance Abuse Prevention, Assessment, and Treatment for Lesbian, Gay, Bisexual, and Transgender Youth

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KEYWORDS

• LGBT • Substance abuse • Assessment • Youth • Prevention programs

KEY POINTS

- There are limited data on the epidemiology of drug use among gay, lesbian, bisexual, and transgender youth; its prevalence is inferred from field studies.
- Preventive programs foster skill building, general wellness, and specific refusal skills; The success of preventive programs hinges on community “buyin.”
- The Screening, Brief Intervention, Referral and Treatment should be part of routine examination to identify those at more serious risks requiring a more targeted assessment and treatment.
- Incorporating gender and sexual orientation issues into treatment that works enhances engagement and retention. When indicated, medications should be considered and supported.

INTRODUCTION

Knowing how to manage substance abuse in all youth is an important aspect of pediatric care, including providing clinically appropriate anticipatory guidance, monitoring, assessment, and treatment. Although most lesbian, gay, bisexual, and transgender (LGBT) youth do not abuse substances, as a group they experience unique challenges in self-identity development¹ that put them at somewhat of an increased risk for substance abuse. This article addresses the prevention and management of substance use in LGBT youth relevant to clinical practice in pediatrics and allied professions as an aspect of their overall health care. It reviews basic information about substance abuse in youth and discusses special considerations relevant to LGBT youth.

The author has nothing to disclose.

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EPIDEMIOLOGY

A number of national epidemiologic surveys monitor substance use among youth in the United States (available: www.monitoringthefuture.org²); the National Survey on Drug Use and Health (available: <https://nsduhweb.rti.org>³); the Youth Risk Behavior Surveillance System: biennial Centers for Disease Control Survey (available: www.cdc.gov/healthyyouth/yrbs/index.htm⁴), although these have not monitored routinely in LGBT youth specifically. The epidemiology of drug use among LGBT youth needs to be studied further. Dimensions on sexual orientation (sexual identity, sexual attraction, and sexual behavior) should be incorporated as each confers differential drug use profile.⁵ Subsequent trends can then be followed meaningfully and contrasted with heterosexual youth.

However, some data do exist on the epidemiology of substance use among this group. A community-based cohort of US adolescents were surveyed from 1999 to 2005 looking at whether minority sexual orientation is a risk for drug use.⁶ Respondents whose sexual orientation was mostly heterosexual, bisexual, or lesbian/gay were more likely than completely heterosexual youth to report past-year illicit drug use and misuse of prescription drugs. Further, bisexual females were most likely to report use. Age was also considered significant with larger use during adolescence compared with early adulthood. In this study, the prevalence of drug use was much higher when compared with respondents in the 2002 National Survey of Drug Use and Health. Marijuana is the most prevalent drug of abuse. Other studies replicated these results.⁷ Drug use has been found to accelerate more quickly over time among LGBT youth compared with heterosexual youth.⁸ There is also increased prevalence of methamphetamine⁹ and alcohol use and binge drinking among young men who have sex with men.¹⁰

Risk Factors for Substance Abuse

Research has demonstrated a number of risk and protective factors in youth for developing substance abuse. These allow clinicians to identify risks for drug use early on, and to monitor those youth at risk appropriately. They include:

1. Difficult temperament,
2. Reduced attention span,
3. Irritability,
4. Externalizing behavior (acting out of anger), and
5. Genetic factors (twin studies indicate 40%–60% heritability of risk).

Alcoholism onset before age 25 is more likely in those who are male and aggressive (with or without alcohol use), display high novelty seeking, low harm avoidance, and are not motivated by rewards.

In addition to the general risk factors for substance use in youth described, additional risk factors include feelings of being “different” and alienated for the LGBT youth. Bias-motivated bullying victimization, which is highly prevalent among LGBT youth (see Valerie A. Earnshaw and colleagues’ article, “[LGBT Youth and Bullying](#),” in this issue), is associated with high-risk sexual behaviors (unprotected anal sexual intercourse, sometimes with concomitant drug use), and increases the risk of infection with the human immunodeficiency virus (HIV) among sexual minority youth. Young racial minority men who have sex with men are at especially increased risk of HIV infection. Internalized homonegativity is also found to be associated with drug use.^{11–15} Fortunately, there is evidence that, as sexual minority youth transition to early adulthood, victimization can decrease (It Gets Better Project).¹⁶ This underscores the

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