

Episode 4 – Substance Use: Final Transcript

Dr. Dustin Nowaskie 00:07

You're listening to the Pride365+ podcast from Optum, where we explore how to create equitable, affirming and supportive spaces for LGBTQ+ individuals and communities. During this series, we invite you to do three things: be an active listener, be flexible to change, and be vulnerable. I'm Dr. Dustin Nowaskie, queer non-binary psychiatrist and my pronouns are he/him, they/them. I'm also the founder of OutCare Health, the nation's comprehensive resource for LGBTQ+ health care. Thank you for joining us. Let's get started. Today we'll be talking about substance use, particularly within the LGBTQ+ community. I'm joined today by Dr. Alex Keuroghlian, director of education and training programs at the Fenway Institute and associate professor of psychiatry at Harvard Medical School. Dr. Keuroghlian works as a clinical psychiatrist, and their expertise includes substance use disorders among transgender adults, homelessness among LGBTQIA+ youth, and tailored HIV interventions. Welcome.

Dr. Alex Keuroghlian 01:15

Thank you so much for having me. Glad to be here.

Dr. Dustin Nowaskie 01:17

Dr. Keuroghlian, let's start by having you introduce yourself, share your pronouns, and tell us a little bit about yourself.

Dr. Alex Keuroghlian 01:24

Sure, thanks so much again, for having me. My name is Alex Keuroghlian and my pronouns are he/him or they/them. I'm a clinical psychiatrist based at Fenway Health in Boston, which is a federally qualified health center that sees all patients regardless of ability to pay. I direct the division of education and training which includes the national LGBTQIA+ Health Education Center. At Harvard Medical School, I'm an associate professor of psychiatry where I direct two senior courses for Harvard medical students focused on the science and clinical practice of caring for patients with diverse sexual orientations, gender identities, and sex development. At Massachusetts General Hospital, I'm associate chief for public and community psychiatry, and I direct the Division of Public and Community Psychiatry, where I also started our psychiatry gender identity program four years ago for transgender and gender diverse patients.

Dr. Dustin Nowaskie 02:19

Thank you so much. You're doing so much for the LGBTQ+ community, both in academia and the community at large. Today, we're going to be talking about substance use, and I know that you'll absolutely be able to provide us a lot of different insights and perspectives on this very large and broad topic. We do know that rates of substance use are higher among LGBTQ+ individuals. But before we get into the why, I'd like to clarify what exactly we mean when we say the word substances.

Dr. Alex Keuroghlian 02:46

Yeah, it's a definition that has evolved over the years, not just for LGBTQIA+ people. We typically think of substances into buckets. There are what are called drugs and there's alcohol. And what constitutes a

drug is something that evolves as new substances start to become used. So we talk about substance use and that's not necessarily a substance use disorder. For example, someone may have a glass of alcohol once every evening without that ever interfering with the person's social or occupational functioning. So that's alcohol use, that's not an alcohol use disorder. So there are different degrees to which, and ways in which, substance use, alcohol, or any drug can increasingly interfere with a person's social and occupational functioning and cause distress in their life.

Dr. Dustin Nowaskie 03:46

We've heard that substance use and disorders have increased during the pandemic. And I don't think that is surprising to anyone given the increase of stress and isolation that many people went through during the pandemic. What are some factors that we should be aware of when we're talking about substance use disorders within the LGBTQ+ community?

Dr. Alex Keuroghlian 04:06

It's important to understand that while across the population there was an increase in substance use and substance use disorders during the COVID-19 pandemic, there has historically been disproportionate use of substances and disproportionate prevalence of substance use disorders among LGBTQIA+ people in the context of minority stress. This idea that LGBTQIA+ people, chronically, developmentally, from early childhood, experience everyday discrimination, victimization, microaggressions. And there's very much an intersectional component to that where, for example, the FBI has reported in recent years that one of the populations with the very highest incidence of hate crimes in the US are African American transgender women. And for many LGBTQIA+ people, over time, these external stigma related stressors can take a toll. They can contribute to disruptions in certain general psychological processes like coping skills, emotional regulation, interpersonal functioning. And all this external stigma related stress can contribute to internal stigma related stress. Internalized homophobia, internalized transphobia, believing all the negative things that society has to say about one's sexual orientation, gender identity, and gender expression. And all this external and internal stigma related stress, we think, is related to what we see in the research that has been emerging, much higher prevalence of depressive disorders, anxiety disorders, post traumatic stress disorder, and substance use disorders as a way in many cases to cope with this increased stress.

Dr. Dustin Nowaskie 05:40

I've noticed that there are two broad categories of why people in the community may use substances. On the one hand, I've seen substances used in order to explore one's identity, to feel comfortable with one's identity, to build community. But on another hand, I have also seen LGBTQ+ people use substances in order to alleviate some of the stress or the shame or guilt that they have because of how they identify within modern society and culture.

Dr. Alex Keuroghlian 06:11

I totally agree that those are two ways in which substance use disorders may develop. On the one hand in terms of socialization, and community norms, and exploring one's LGBTQIA+ identities in community. We see that, for example, with regard to cultural norms and higher prevalence of alcohol use in settings where people would convene and potentially also seek partners. And it's also related a bit to the other contexts you described in which LGBTQIA+ people may use substances, which is to be

disinhibited in the context of sexual activity and not experienced shame in the context of certain sexual behaviors that someone may have been socialized to have shame related cognitions around.

Dr. Dustin Nowaskie 07:00

There was a lot of research that has shown that on the one hand, LGBTQ+ bars can be social havens for many people, right? It's a way to build community. But on the other hand, there's a lot of research that has shown that people that are in close proximity to LGBTQ+ bars actually have higher rates of substance use disorders.

Dr. Alex Keuroghlian 07:20

Yeah, it's complicated, right? Many people in our communities had their awakening and initial immersion in LGBTQIA+ solidarity with a lot of positive reinforcement and joy and pleasure in the context of bars, for example, and other party contexts for LGBTQIA+ people. And historically, these bars and other settings have served a very critical political function as well. It has been challenging to have these be settings that, in some ways, revolve around or at least heavily incorporate substance use alcohol, smoking cigarettes, and other drugs. And one thing I found interesting in the last couple of years is noticing more mindfulness within LGBTQIA+ communities and gatherings of the fact that many among us are sober and in recovery. And I've noticed some more thoughtfulness around creating dry spaces so that we don't compromise the efforts of members of our communities who are trying to maintain sobriety. I think the vast majority of people if they understood how difficult it is for members of our communities who are struggling with sobriety and just how much risk they're in if they relapse, and it's quite exclusionary, to make that the basis upon which activities happen. So I think framing it in the context of inclusivity is going to resonate a lot with LGBTQIA+ community members who are very sensitive to that to their own lived experience.

Dr. Dustin Nowaskie 09:00

I love that point, inclusivity. And let's take a step back. I think many people, LGBTQ+ and non-LGBTQ+ that use substances may find themselves in unhealthy behaviors, unhealthy relationships, and may kind of question when is the time to discuss this with a friend, a colleague, a health care provider. It can be very intimidating, it can be very challenging to come to a realization yourself, but then also seek out support elsewhere. What are some signs of use that may be unhealthy?

Dr. Alex Keuroghlian 09:36

I think you raised a few really important points there. One is that substance use is often involved when people are in relationships or intimate contexts that involve mistreatment, abuse, or violence in some way across the board. That intimate partner violence, sexual assault and the like, there's very often substance use in the mix and it makes it harder for you to, as the survivor, resist or prevent that from happening. And it also can disinhibit the abuser who may then do things that harm others. If you find that you're having these sorts of interpersonal experiences and that there is substance use in the mix, that is a good flag that your substance use behaviors probably warrant some examination and discussion with a trained professional.

Dr. Dustin Nowaskie 10:31

Very well said. Whenever people have come to me, I often start with, in what context are substances being used? And if substances are consistently always used with sex, sexual behaviors, or they're always related to feeling positive or empowered by your identity, there may be something of concern that you need to discuss with the provider. At the same time, there are a lot of very small and even large cities that do not have LGBTQ+ centers. For those individuals and people who live in those areas, any particular resources that come to mind?

Dr. Alex Keuroghlian 11:11

If there is any such organization within your state, there is a good chance, particularly after COVID-19 pandemic hit that they have moved to a telehealth model. So you could probably get treatment if you have adequate internet connectivity from where you live. So I would look within your state at who's providing care and odds are, they're providing telehealth services in some way.

Dr. Dustin Nowaskie 11:34

You know, a couple of things that we're doing through OutCare Health, we have a national public resource database where we have identified and vetted LGBTQ+ groups that provide specific services to the community. But we also have our Outlist, which is our directory of LGBTQ+ culture content providers. We're almost at 3,000 providers across the country and so it's very easy for people to come to our outlet and search those particular topics that they want, especially for those that are living in what are considered healthcare deserts, and so we absolutely recommend reaching out to those that may be able to deliver telehealth services to you. We've talked about a lot of different things today. And we always like to wrap up with what is the one thing you would like people to take away from this episode?

Dr. Alex Keuroghlian 12:22

For providers, I would say never underestimate the impact you can have changing or even saving an LGBTQIA+ person's life by approaching them with cultural humility, by listening, by adopting a non-judgmental stance, and by educating yourself and foundational concepts and terminology related to LGBTQIA+ communities. Understanding minority stress, how stigma is related to mental health and addiction related inequities, how to engage in sensitive and effective communication with LGBTQIA+ people. Work through your own implicit bias against LGBTQIA+ folks, which all of us have, even those of us who are LGBTQIA+. And how to build an inclusive and affirming care environment, within your practice within your organization. And for community members, you're not alone. As isolated as this feels, as much shame as you may have, as hopeless as you may have felt at times, do not give up. Things can get better. Don't suffer alone because that's what will perpetuate the suffering. If you reach out and ask for help and allow yourself to take that chance and be vulnerable things are likely to improve.

Dr. Dustin Nowaskie 13:34

So beautiful. Listening to you, and all of those statements, really brought back what we started with this podcast. And it was really three things it was to be an active listener, to be flexible, to change and to be vulnerable. You know, at the end of the day, we're all human, right? And when we take a step back and really listen to what people are telling us, when they reach out, when they need help, to really, really

hear the words and communication, can really push us forward and to be better world. So thank you for all of that.

Dr. Alex Keuroghlian 13:36

Thank you for having me. Such a pleasure to be here with you.

Dr. Dustin Nowaskie 14:17

Thank you for listening to the Pride365+ Podcast. Find more resources at pride365plus.com. That's Pride-365-P-L-U-S-dot-com.