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## Raising Awareness on LGBTQ+ and Addiction

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Raising Awareness on LGBTQ+ and Addiction

Raising Awareness on LGBTQ+ and Addiction

Carina Villaseñor

A Capstone project for the Bachelor of Arts in Human Development and Family Studies

## Raising Awareness on LGBTQ+ and Addiction

### Raising Awareness on LGBTQ+ and Addiction

#### **Introduction**

Often, adults in recovery may have limited understanding of the LGBTQ+ community and how sexual minority status may relate to drug addiction. It becomes a struggle when individuals lack awareness because one may not realize the negative effects it has on those who have struggled or are struggling with coming out which may lead to substance abuse, as well. To address the limited understanding, I created a 3-session curriculum about drug use and some obstacles that members of the LGBTQ+ community face.

#### **Needs Statement**

The LGBTQ+ community has many mixed sentiments against it. Some may not approve of such choices, because one's religion or simply homophobia. Many times, discrimination towards the LGBTQ+ community, leads to addiction within.

The process of “coming-out” is already difficult enough for many that are struggling with it. It has been relatively easier for the millennial generation to be more outspoken than older people who were not able to, during their younger years. Adults tend to wait on telling friends or family about their sexual orientation; “the median age with gay men telling others is around eighteen years old, lesbians around the age of twenty-one, and bisexuals around the age of twenty,” (PEW Research Center, 2019). Some risk behaviors adults in the LGBTQ+ community may also face are substance abuse, mental illness (e.g., depression, anxiety), and identity issues.

There's various reasons drug addiction plays a role in the LGBTQ+ community. The lack of support from loved ones is a leading factor in drug misuse. When an individual “comes-out” and lacks support, they feel inferior and tend to cope with it, by experimenting with substances. According to an article, *Comparison of Government and Non-Government Alcohol and Other Drug*

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*(AOD) Treatment Service Delivery for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community*, “alcohol, stimulants and cannabis use have been historically embedded within the LGBT subculture,” (Mullens et al., 2011b; Prestage et al., 2015).

Mental illness affects all people, however, the LGBTQ+ tends to be more susceptible to it because they face more adversities, such as, isolation, hate, and discrimination. “Young adult men who identify as gay or bisexual, tend to be among the highest risk group to experience depression, anxiety and substance use problems,” (Adeyinka, Harkness, McConocha, Pachankis, & Reynolds). The LGBTQ+ community is more likely to seek mental health services. Not only does the LGBTQ+ community have to feel rejected by loved ones, but also from society. It leads to feeling isolated and having to tolerate the sexual minority stress. They go to places where they are able to socialize freely and be able to speak up, without the fear of negative stigma.

The LGBTQ+ community, aside from managing discrimination and homophobia, struggle with identity issues. One may identify as LGBTQ+ but will not disclose it because of the fear of getting discriminated against. It leads to not having freedom, in a sense. Religion gets involved and causes friction to the community; at times culture has a lot of influence on why some LGBTQ+ individuals reserve to disclose their identities. The fact that many LGBTQ+ individuals are unable to be themselves is because of fear they will be victimized. Not being able to express oneself, leads to “low-self-esteem, alienation, and indulgence in self-destructive behavior,” (Magruder & Waldner, 1999). Overall, being able to confide in people in coming out helps significantly with coming out entirely and builds sexual identities in a more positive way.

Given that the LGBTQ+ community have more vulnerability than those who are heterosexual, it is likely that they feel misunderstood and unequal. In order to have more diversity and equality among the LGBTQ+ community, all should be able to

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express themselves, no matter the age or identity. I intend to provide a 3-day lesson about the LGBTQ+ community and causes to their drug addictions, for adult residents at Momentum for Health in San Jose, CA.

### Theory

Erik Erikson's developmental stage I will be using is Intimacy vs Isolation. The stage focuses mostly on young adults, ages eighteen to forty. Dr. David Susman defined Erikson's stage as "centers in forming intimate, loving relationships with other people," (Susman, 2020). To feel intimate in a relationship does not only mean in a sexual connotation, it also means to have deep relationships of trust with friends or family. The term isolation is to have poor boundaries and a lack of building healthy relationships. I find this theory fits best because the population I will conduct my project on are between the ages of eighteen to forty. In general, it may be more difficult for an adult to begin creating intimate relationships with new people, versus a teen to create them; building a relationship with someone to confide in, and to disclose personal information about oneself, particularly being a member of the LGBTQ+ community. According to an article, *Coming-out across the life course: implications of age and historical context*, "the significant effects of age revealed that self-identification in adolescence as opposed to adulthood was associated with an overall young coming-out trajectory for all milestone experiences," (Bakeman, Floyd, 2006). Erikson's theory also relates because many of the residents I work with are in an epoch in their life where they have faced many obstacles and are in a careless manner to rebuild or mend broken relationships, because of their expectation of rejection. An article, *Stress, Coping, and Context: Examining substance use among LGBTQ young adults with probable substance use disorders*, "Participants who considered themselves transgender or other gender minorities, all of whom identified as sexual minorities, described unique stressors and coping... which shaped their substance

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use over time,” (Felner, et. al.) Therefore, I am creating a series of activities for adults to understand some reasons why LGBTQ leads to substance use, and ways to cope with “coming-out” freely.

### **Consideration of Diversity**

My project will be conducted at Momentum for Health, a facility that houses up to sixteen residents, co-ed, with drug addiction and/or mental health problems (e.g. bipolar, schizophrenia). The treatment facility is a voluntary placement and serves adults with psychiatric crisis. The mission statement is “Momentum for Health exists to help individuals achieve mental and emotional health, discover and reach their potential, and fully participate in life,” (Momentum for Health, 1997). The vast majority of the residents speak English and are mostly receptive to program rules. In order to participate in my project, the residents must be able to understand English. The content I will deliver is direct, and adolescents can be capable of learning through the activities. If I were to present this material to middle age children, I would probably not open up about addiction and the LGBTQ+ community. I would change my learning outcomes to more child-friendly activities, (e.g., cut out person, define discrimination, etc.).

### **Learning Outcomes**

At the end of my lesson, participants will be able to:

1. Identify at least one reason why sexual minority status affects addiction. (Measured by responses to questions.)
2. Identify the colors and meaning of the pride flag. (Measured by a coloring activity.)
3. Demonstrate favorable attitudes towards the LGBTQ+ community. (Measured by a post-project survey.)

### **Method**

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### **Day 1**

On day one, before the group begins, I will welcome the residents to the group, and provide a brief introduction on the material we will discuss, followed by handing out pens and paper to residents. I will have some fun facts on the LGBTQ+ community, written on the whiteboard. See Figure 1. I will begin by asking the residents to write down or voice their response to the questions I will ask; the icebreaker questions are “introduce yourself and state your pronoun, if you know it.” I will follow the discussion by asking the residents if they can identify at least one reason why being of sexual minority status affects addiction. I will wrap up the topic with sharing about some celebrities and their struggles with mental health. I will end group by playing a song on LGBTQ, “I’m coming out- Diana Ross.” (<https://youtu.be/zbYcte4ZEgQ>).

### **Day 2-**

On day two, I will ask residents if they can identify the colors and meaning of the pride flag. I will follow the discussion, with a two-minute YouTube video on the origin of the colors of the flag <https://youtu.be/DINF1Abff8c>. This is important to know, because it has become a part of history, and it is important to know what the colors represent (Pride flags). I will then provide residents with a pride flag coloring sheet, and ask them to color the flag, any colors they would like. I will give them about ten minutes to complete the coloring sheet, then ask them why they chose the colors, and what they mean to them. I will end the group by distributing some famous LGBTQ+ quotes and providing some printouts to the residents. See Table 2 for quotes provided.

### **Day 3-**

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On day three, I will gather important information from the previous group topics I discussed with the residents and ask if they learned something new. I will deliver a post-project survey to the residents, with a total of five questions asking what they learned, and their comfortability with describing the material to others. I will have a brief review, in the form of a discussion, on the material, and ask questions such as, “what does the Q stand for? etc.” At the end of the activity, I will provide the participants with skittles candy.

### **Results**

Learning outcome 1 was for the residents to participate in a group activity regarding substance use surrounding sexual minority status groups. I used celebrities who struggle or struggled with substance use and mental health for this activity as a way to help residents feel comfortable and be able to identify with themselves. Another reason I used celebrities was because most of the clients are symptomatic and did not want them to feel triggered about the material discussed. I believe the overall result of learning outcome 1 was partially met. As I introduced the topic, about four residents were antagonistic toward the topic on LGBTQ+ as a whole and did not participate in the activity. The five residents who participated were asked to name at least one reason they think LGBTQ+ members use drugs; they were able to identify twelve different reasons, altogether. Some answers overlapped one another, due to it being triggering to some residents, as some responses contained some disconcerting reasons why residents ended up in the program. See Figure 2 for responses. At times, the discussion deviated from the topic, and residents spoke of their SUDs and mental health, not fully on the material. I think, if all residents would have participated, the outcome would have had more responses, and the residents would have expanded their thoughts, and would have led to a more engaging lesson. See Table 1 for transcribed responses.



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Learning outcome 2 was that the participants would be able to define most of the colors from the Pride Flag. I introduced the history of the pride flag and the meaning of the colors, followed by a two-minute video clip on the pride flag. On this day, four out of five residents participated in the coloring activity; the resident that did not participate in the coloring activity felt uncomfortable engaging in something they did not believe in. Three of the five residents were able to identify the colors and their meaning, two clients repeated the same answers as previous clients. I think that, for this activity, clients were more receptive to learning about the colors of the Pride Flag, as they associated it with a rainbow. This activity was met, because the residents commented that they enjoyed coloring the flag. See Figure 3 for images and residents' interpretation of the flag and colors.

Learning outcome 3 was a review on the past two days. For this activity, not all the same residents were present, but there were five. Due to it being a review of the 3-day lesson, there were two new residents, and did not fully engage with the lesson, which conflicted with the post-project survey results. See Appendix A for post-project questions. When asked if they can identify what the acronym LGBTQ+ stands for, only three were able to provide the correct response. When asked if they can recall what pronouns were, all five residents were able to introduce themselves, using their preferred pronoun. I think this activity was not met because most of the material from the 3-day lesson involved a different group of residents, of which the material was not understood. See Appendix B for post-project results.

## **Discussion**

I believe that this project was somewhat successful. There were days the participants were more proactive than other days, and on the last day, it was a bit more difficult, because there were two residents that did not participate the previous days, but attended the

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third day. In terms of the theory I chose with Erik Erikson, intimacy vs. isolation, the topic would have worked out better for a different demographic group. I think that it was a trigger to many residents because they are mostly in the stage of isolation and neglect. When I brought up the question on identifying a reason sexual minority status affects addiction, most of the residents chose to not share their thoughts. I found this question difficult because the residents are currently facing their own struggles, whether it is with addiction or mental illness. When I brought up the topic on the pride flag, and the history behind the flag, the residents were actively engaged, and those that participated gave their own significance on the colors they chose and why. This activity was engaging because they were able to color and interact with their housemates on colors they chose. The third topic was a little complicated because some of the residents that did not participate the previous days, joined in the third day, which led to them not knowing the material, and seeking answers to previous dated material.

If I were to conduct this same activity, I would focus on a different age group and population. This topic would feel more engaging for adolescents because of the fact that they are still in the stage of learning more about the LGBTQ+ community versus adults that may already have exposure to the demographic and have more sensitivity or bias toward the topic discussed. Another thing I would possibly do differently is adding more open-ended questions that lead to different discussions instead of close ended questions; I think that would have given a different result overall. The time I chose to conduct the activity was a good time because the residents were already up and had already started their day, it was just the topic itself that most of the residents did not want to be a part of, for multiple reasons. Some residents said it was against their religion, others said they chose not to learn about the topic, or they were against that lifestyle.

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Overall, I would try it all over again, with different groups, that are more engaging and open to learning new material. Perhaps, implementing some activities that are more age appropriate, and having more consideration on their triggers. Even though the group I conducted my project with, some were highly symptomatic, such as actively using substances, or adjusting to their medication regimen, those that participated, made the lesson interesting. Because at the program, there is constant change, it is always very important to be informed on the LGBTQ+ community and addiction, with ways to provide support and reduce hate towards the community.

## Raising Awareness on LGBTQ+ and Addiction

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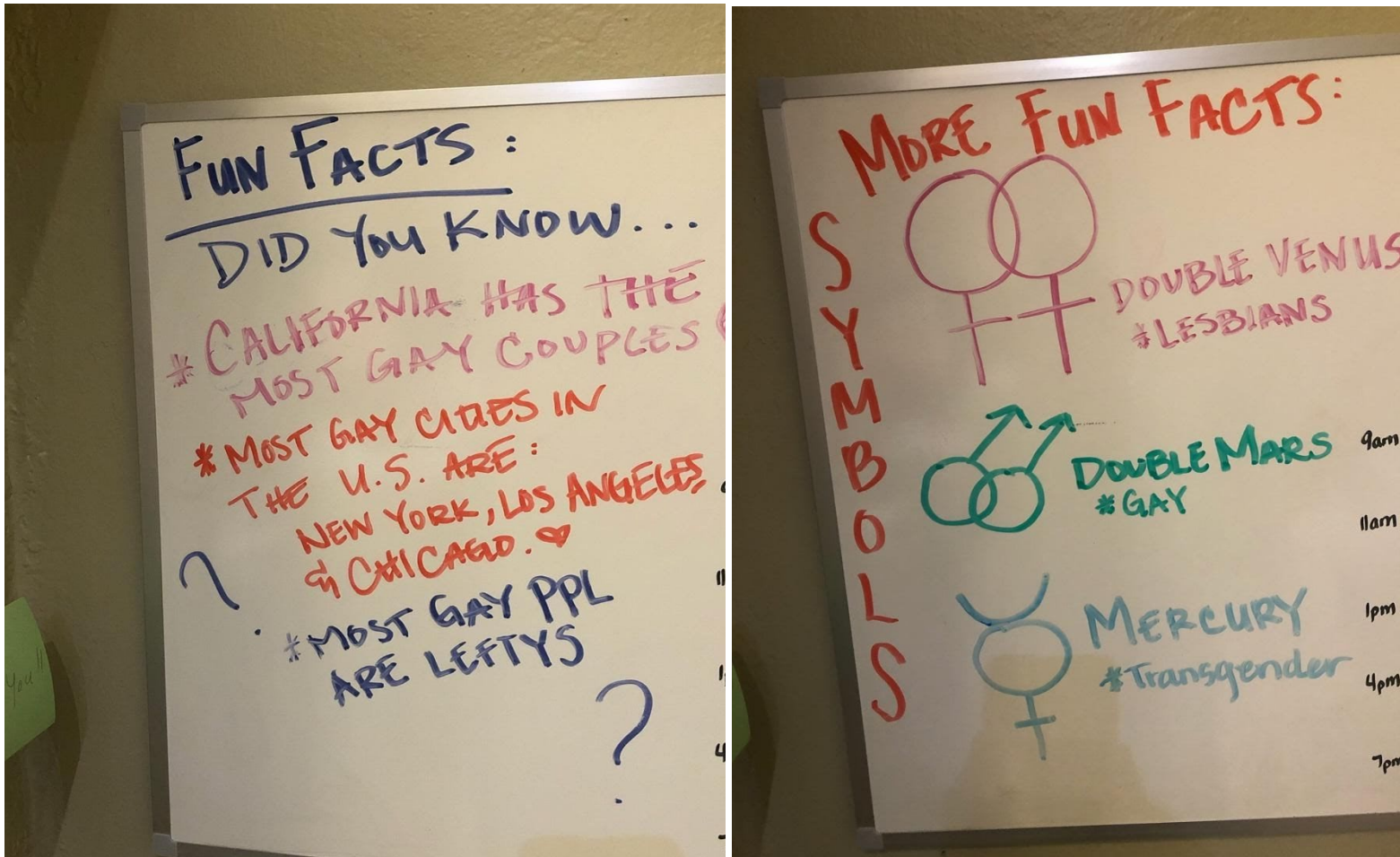
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Figure 1

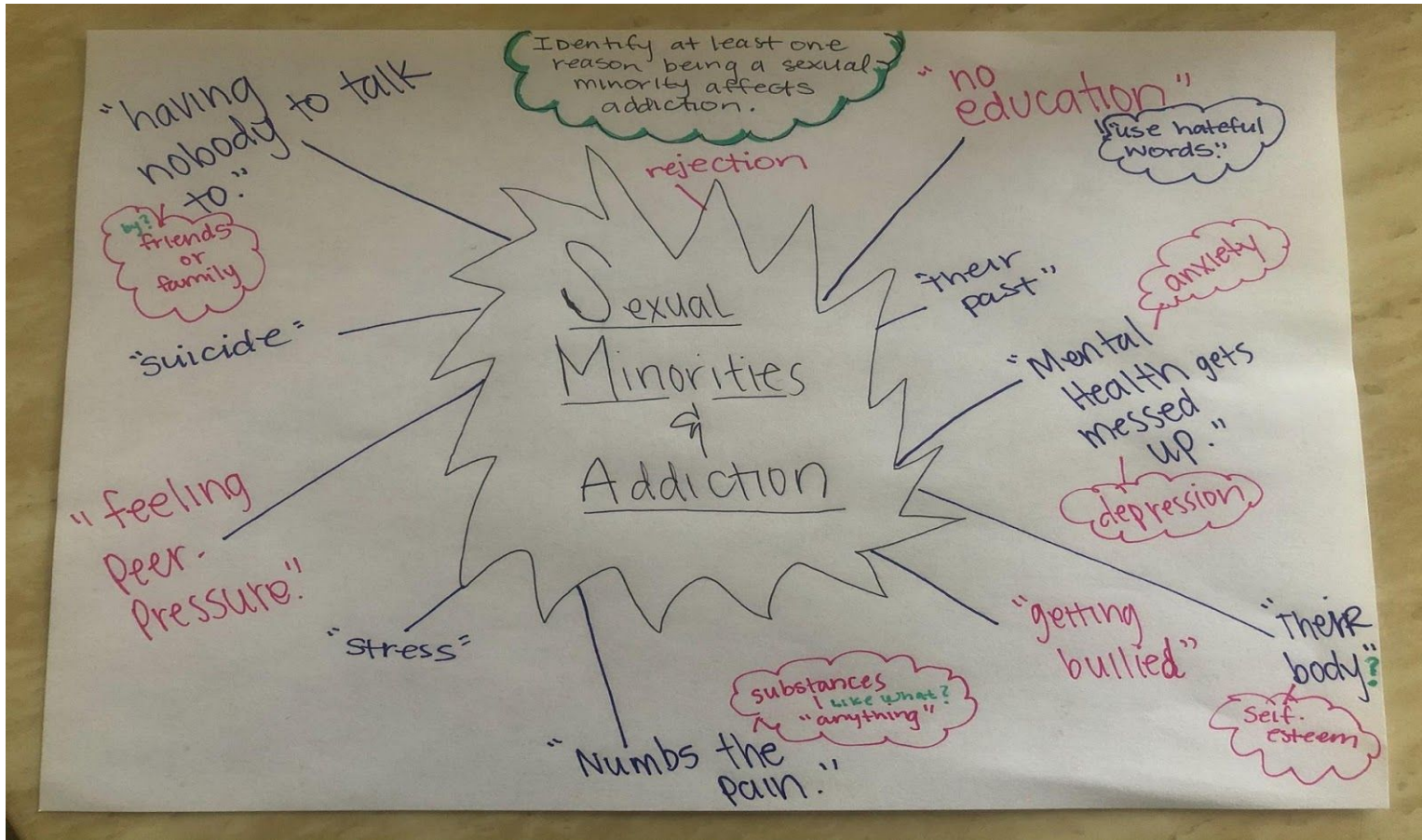
Fun Facts on LGBTQ+.



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Figure 2

Learning outcome 1: Identify at least one reason why sexual minority status affects addiction.





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*Figure 3*

**Learning Outcome 2:** Images of residents' pride flag interpretation.



*“I just like the colors.”- Resident R.J.*



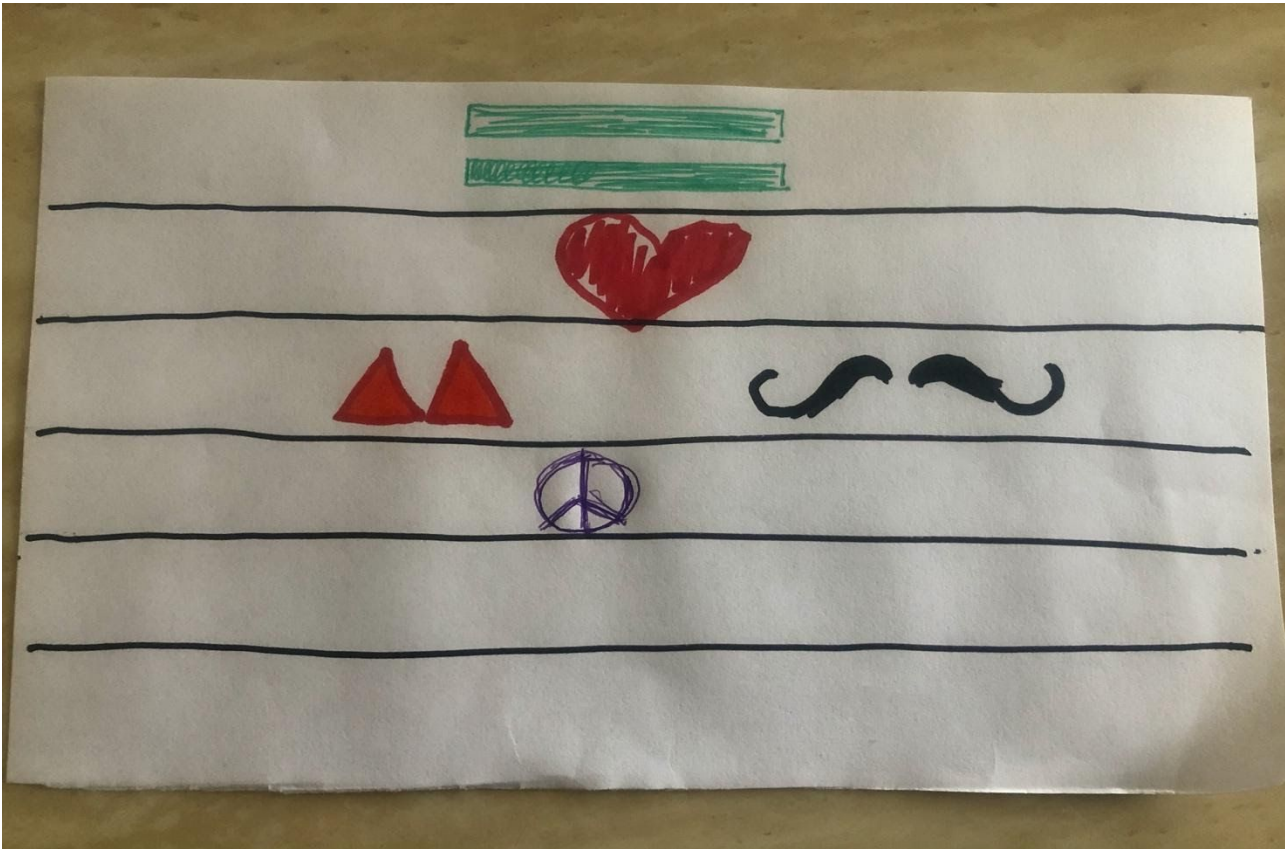
Raising Awareness on LGBTQ+ and Addiction

*Figure 3 cont.*



*“Love is power.”-Resident C.M.*

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*Figure 3 cont.*

*“Mine’s an equal sign for equality, a heart for love, and dress with dress, mustache with mustache. Love is love.”- Resident B.G.*

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*Figure 3 cont.*



*“I stuck with the same colors. It’s respectful.”- Resident J.K.*

## Raising Awareness on LGBTQ+ and Addiction

*Table 1*

List of residents' responses to identify at least one reason why sexual minority status affects addiction.

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Having nobody to talk to	Feeling peer pressure
Feeling alone / not being wanted	Stress
No friends or family support	Use drugs to numb pain (4 responses)
The past haunts me so I use	Try anything to not feel
Mental health gets messed up (5 responses)	Suicide thoughts (5 responses)
Rejection (2 responses)	Getting bullied

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## Raising Awareness on LGBTQ+ and Addiction

### *Table 2*

LGBTQ+ and/or addiction celebrity quotes and illnesses (provided for residents to identify as themselves.)

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Jersey Shore's Mike "The Situation"- SUDs- "become better, not bitter."

Demi Lovato- Dual Diagnosis- "One of the hardest things was learning that I was worth recovery."

Harvey Milk- "Hope will never be silent."

Michael Jackson- SUDs- painkillers

Marilyn Monroe- Mental health illness (depression, anxiety, bipolar disorder)

Fergie- SUDs

Eminem- SUDs

---

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*Appendix A*

Likert Scale for Learning Outcome 3

**5 = Strongly Agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1 = Strongly Disagree**

Post-Project Survey Questions

- |            |  |
|------------|--|
| Question 1 | All LGBTQ+ are discriminated.  |
| Question 2 | I can easily identify the LGBTQ+ acronym.                                |
| Question 3 | LGBTQ+ community has SUDs because they are rejected from family/friends. |
| Question 4 | I am comfortable teaching others about LGBTQ+ and SUDs.                  |
| Question 5 | I didn't know the pride flag colors had meaning.                         |

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*Appendix B*

## Learning Outcome 3

## Post-Project Survey Questions

Questions	Average Rating
Question 1 All LGBTQ+ are discriminated.	2.4
Question 2 I can easily identify the LGBTQ+ acronym.	4
Question 3 LGBTQ+ has SUDs because they are rejected from family/friends.	3.8
I am comfortable teaching others about LGBTQ+ and SUDs.	3.4
I didn't know the pride flag color had meaning.	4

**5 = Strongly Agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1 = Strongly Disagree**

Raising Awareness on LGBTQ+ and Addiction

*Appendix C*

**PowerPoint Presentation**

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# Raising Awareness on LGBTQ+ and Addiction

**Carina Villaseñor**

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## Needs Statement

It's easier for millennial generations to be more outspoken on their sexual orientation, than older generations.

The LGBTQ+ community is more than twice as likely to suffer from severe substance use disorders (SUDs).

People in recovery face more intersectionality issues, especially those with sexual minority status.

---

## Participants

- ❖ Ages 18-40
- ❖ Suffer from Mental Health illnesses and/or SUDs
- ❖ 5 participants
- ❖ 3-day lesson



## Theory

Erik Erikson's **intimacy vs isolation** theory fit best, because in this stage, individuals:

- ❖ face rejection from family and/or friends
  - ❖ struggle forming or maintaining relationships leading to drug dependence
  - ❖ face more adversities, such as discrimination and bullying.
-

## Learning Outcomes

At the end of my lesson, participants will be able to:

- ❖ Identify at least one reason why sexual minority status affects addiction
  - ❖ Identify the colors and meaning of the pride flag
  - ❖ Demonstrate favorable attitudes towards the LGBTQ+ community
-

## Method Day One

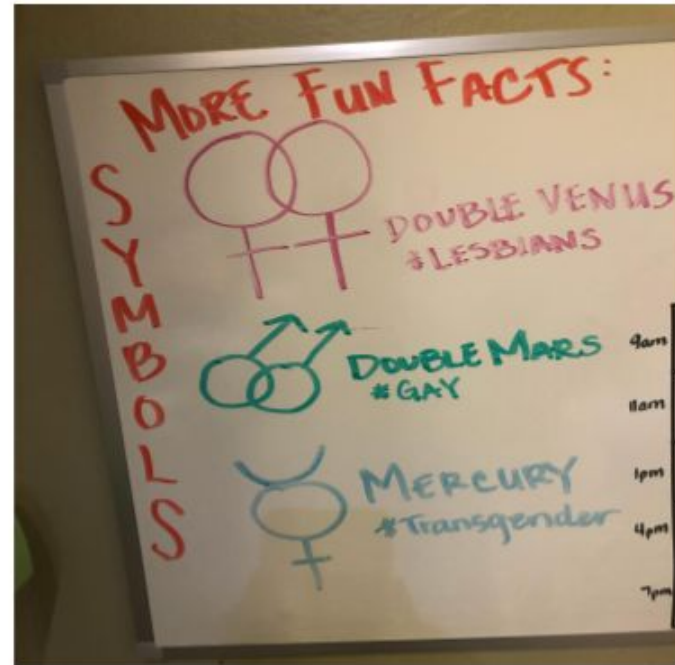
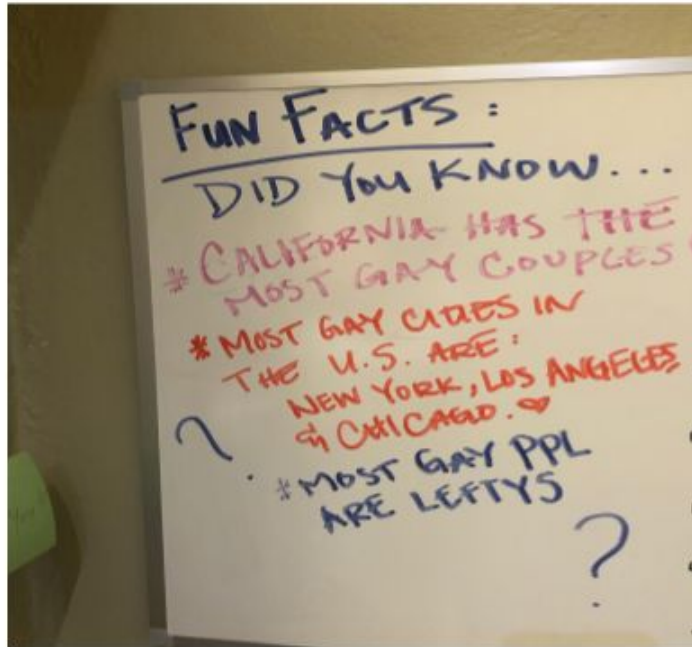
I provided the group with some fun facts on the LGBTQ+ community.

I led a discussion with the group on some reasons they thought sexual minority status affects addiction, because I wanted to get to a notion that minorities facing addiction affect propensity for addiction.

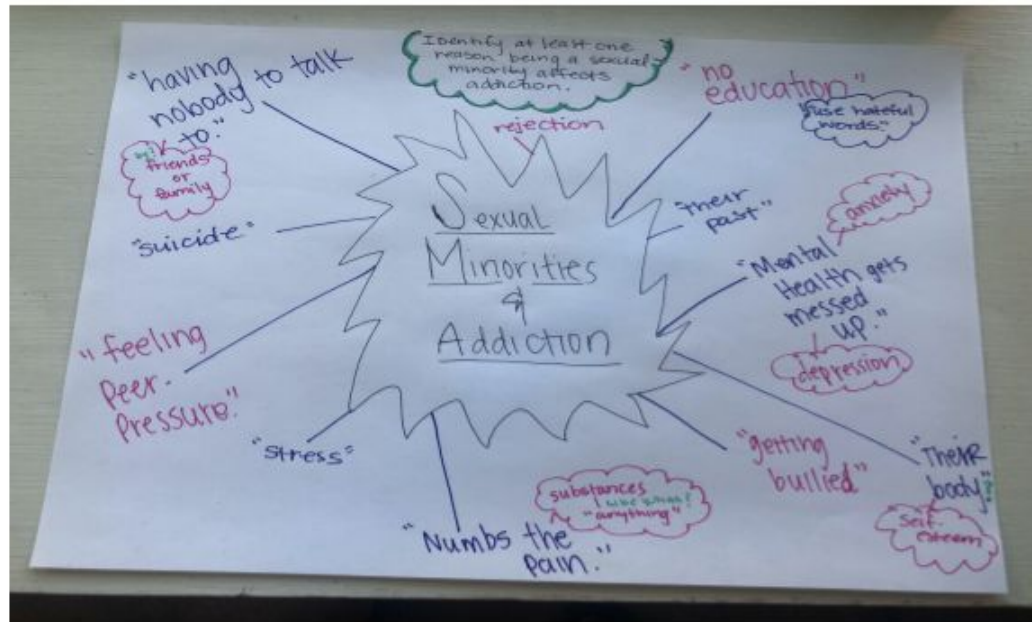
I introduced the residents with some celebrities who suffer with addiction, as a way for them to identify with themselves.

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# Day One Fun Facts



# Day One Results





## Day One Results Transcribed

"Having nobody to talk to"	"No friends or family support"	"my mental health gets messed up"	"Feeling peer pressure"	"stress"	"Drugs numb pain"
"Feeling alone"	"Suicide thoughts"	"The past haunts me so I use"	"rejection"	"Try anything to not feel"	"Getting bullied"



## Day One Results

**LO1**- Identify at least one reason why sexual minority status affects addiction

- ❖ 5 participants identified at least one different reason
- ❖ Total of 12 reasons, altogether
- ❖ The topic was triggering- “too personal,” leading to overlapped responses

**LO1 Partially met**

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## Method Day Two

I asked the participants if they knew what the color of the pride flag stood for, followed by a two-minute video: <https://youtu.be/DINFIAbff8cs://youtu.be/DINFIAbff8c>

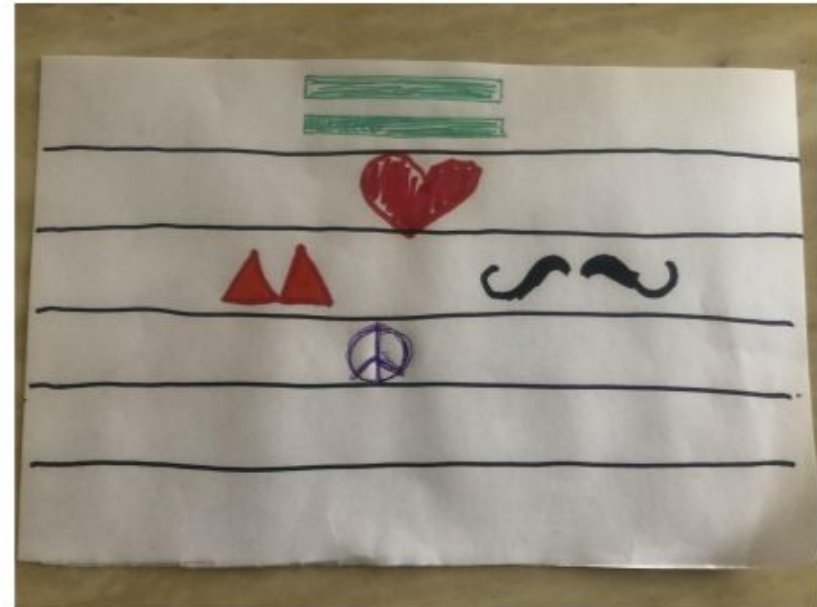
- ❖ I provided the participants with a pride flag coloring sheet
  - ❖ They were asked to color the flag, and add their own colors, then share what the chosen colors meant to them
-

## Pride Flag and its Significance



## Day Two Results

**“Mine is an equal sign for equality, a heart for love, and a dress with a dress, mustache with a mustache. Love is love.”  
-Resident B.G.**



## Day Two Results

**"Love is power."  
-Resident C.M.**



## Day Two Results

**"I stuck with the same colors. It's respectful."  
-Resident J.K.**



## Day Two Results

**"I just like the colors."**

**-Resident R.J.**





## Day Two Results

**LO2-** Identify the colors and meaning of the pride flag

- ❖ Four participants colored the pride flag, and shared their personal meaning
- ❖ One participant chose not to color, due to feeling uncomfortable with the topic

**LO2 Met**

---



## Method Day Three

I provided the participants with a post-project survey with five questions regarding the 3-day lesson

- ❖ I had review of the content, with the participants, which led to a short discussion
  - ❖ 5 participants completed the post-project survey
-

## Day Three Results

### Some comments residents shared:

"I'm very hetero, but I enjoy wearing women's jewelry. It makes me feel good."

"I think I'm fluid."

"It sucks they can't open up to people."

"The whole pronoun thing is cool."

"I don't think that ALL LGBTQ+ are hated on."

---

## Day Three Results

Questions	Average Rating
All LGBTQ+ are discriminated.	2.4
I can easily identify the LGBTQ+ acronym.	4
LGBTQ+ community has SUDs because they are rejected from family/friends.	3.8
I am comfortable teaching others about LGBTQ+ and SUDs.	3.4
I didn't know the pride flag colors had meaning	4

**5 = Strongly Agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1= Strongly Disagree**

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## Day Three Results

**LO3-** Demonstrate favorable attitudes towards the LGBTQ+ community

- ❖ 5 participants completed a post- project survey
- ❖ 3 out 5 participants were able to identify the LGBTQ+ acronym
- ❖ 4 participants commented that they enjoyed the material

**LO3 Not Met**

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## Discussion

### Was the project successful? **Somewhat successful**

- ❖ Most participants engaged in certain material
- ❖ Participants shared their triggers with LO1, as it related to their personal experiences

### What could I have done differently?

- ❖ Having a different group, that would be more engaging
  - ❖ Having different activities
-

**THANK YOU!**  
**Any questions?**

**Carina Villaseñor**