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LGBTQ+ Substance Use and Sexual Health and Wellbeing: A Special Commentary

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Although there has been some increased visibility in professional counseling literature pertaining to LGBTQ+ issues, gaps still exist. One such omission is how LGBTQ+ sexual wellbeing is negatively influenced by substance use. This commentary briefly reviews ways LGBTQ+ sexual wellbeing is negatively impacted by substance use. We provide commentary on how counselors may bolster sexual wellbeing when working with LGBTQ+ substance users and highlight gaps in counseling research. Lastly, recommendations for integrating this content into counselor training are provided.

Keywords: counseling sexology, LGBTQ+, sexual wellness, sexual orientation, substance use, addiction, commentary

Introduction

Studies consistently report disproportionate substance use rates within LGBTQ+ populations. Non-heterosexuals have as much as 3.1 times the odds of lifetime substance use disorder (SUD) compared to heterosexuals (Williams & Fish, 2020). The prevalence of any SUD among transgender people was 3.6 times that of cisgender people (Hughto et al., 2021). LGBTQ+ youth start abusing opioids and sedatives at younger ages compared to heterosexuals (Kecojevic et al., 2012).

Research posits factors that contribute to disproportionate rates of substance use within LGBTQ+ communities including affiliation with queer communities (due to more opportunities to engage in substance use), minority stress and internalized heterosexism/transphobia, sexual pharmacological effects of substances, gender dysphoria, and attitudes toward substance use within queer communities (Brubaker & Chaney, 2017; Bryant et al., 2018; Connolly & Gilchrist, 2020; Hequembourg & Dearing, 2013; Lea, Reynolds, & de Wit, 2012). Although there is a moderate amount of scholarship delineating the above risk factors, literature that addresses the ways in which LGBTQ+ sexual health and wellness is impacted by substance use is limited. In this commentary, we review ways LGBTQ+ sexual wellbeing is negatively impacted by substance use. We identified components of LGBTQ+ sexual wellbeing severely impacted by substance use. We provide commentary on how counselors may bolster sexual wellbeing when working with LGBTQ+ substance abusers and highlight gaps in counseling research. Lastly, we provide recommendations for integrating this content into counselor training.

As it pertains to how substance use impacts the sexual wellbeing of LGBTQ+ individuals, studies have primarily

focused on increased risks of contracting sexually transmitted infections (STIs) and other blood-borne viruses (BBVs) due to sexual risk-taking while using substances (Bosma-Bleeker & Blaauw, 2018; Halkitis, Levy, Moreira, & Ferrusi, 2014; Johnson, Herrmann, Sweeney, LeComte, & Johnson, 2016). Increasingly, visibility is given to the role of chemsex in the lives of queer communities (Evers et al., 2020; Feinstein, Moody, John, Parsons, & Mustanski, 2017; Lorenz, 2021; Palamar, Kiang, Storholm, & Halkitis, 2012). Chemsex is the use of drugs (typically methamphetamine, cocaine, GHB, MDMA/Ecstasy, nitrite inhalants/poppers etc.) to intensify and/or prolong sexual arousal. Given that substance use lowers inhibitions and one's sexual standards, some LGBTQ+ people may have sexual connections they would not have otherwise engaged but for the introduction of alcohol and drugs (Palamar et al., 2012). Relatedly, chemsex may lead to nonconsensual sexual encounters. A recent study found that 18% of men who have sex with men (MSM) who engaged in chemsex reported unwanted sexual experiences (Evers et al., 2020). These and other sexual experiences may lead to sexual shame. Sexual shame associated with sexual behaviors (e.g., condomless sex, sex work, etc.) in which one engages while using or to help

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maintain addiction negatively impacts the sexual wellbeing of LGBTQ+ individuals (Connolly & Gilchrist, 2020; Race, Lea, Murphy, & Pienaar, 2017). Finally, substance use can diminish and interfere with sexual functioning of LGBTQ+ individuals, especially for cis-men and some trans-women. Although substances such as alcohol, cannabis, and cocaine, for example, increase sexual arousal, at high doses they can lead to erectile dysfunction (Bosma-Bleeker & Blaauw, 2018).

Clinical Priorities

Compared to heterosexual clients treated for SUDs, LGBTQ+ clients tend to have worse treatment outcomes (Zajac, Rash, Ginley, & Heck, 2020). One explanation for this is that counselors may discount the role that substances play in the lives of many LGBTQ+ clients and the impact these substances have on sexual wellbeing. A recent study investigated the counseling needs of MSM who engaged in chemsex and reported that 23% of the participants needed or wanted to be in counseling (Evers et al., 2020). They preferred to talk to providers who had expertise in the areas of sexual health and drug and alcohol use. These findings suggest that some LGBTQ+ substance users want help, and they specifically want affirming counselors who can address sexual health and substance use issues simultaneously.

Affirming counselors select interventions and engage in discussions that take into consideration clients intersecting identities (i.e., sexual and gender identities, race, SES, substance user etc.; Knight, 2019). For example, when gathering substance use and treatment history, affirming counselors also gather information about experiences with discrimination and oppression and LGBTQ+ developmental milestones (e.g., coming out, first sexual experiences, transitioning, etc.) and explore possible relationships between the substance use and these intersecting risk factors. If administering standardized substance use assessments or screening tests, counselors should ask open-ended follow-up questions that allow clients to explain if responses to test items were influenced by aspects of their identities. To enhance the sexual wellbeing of LGBTQ+ substance users, competent counselors educate clients about the connection between substance use and sexual behavior. This may involve teaching clients harm reduction strategies that result in safer drug use (e.g., alternate nostrils between hits, use your own sterile syringe) and safer chemsex practices [e.g., discuss benefits of going on pre-exposure prophylaxis (PrEP), have lubricant readily available]. This line of inquiry is consistent with Evers et al. (2020) study that reported the primary three topics chemsex participants wanted to discuss in counseling were increasing self-control, safer drug use, and reducing the risk of contracting STIs/BBVs.

Informed counselors educate clients about sex as a trigger for relapse when working with LGBTQ+ clients in recovery.

Counselors explore clients' unique sexual behavior needs, which will bring awareness to sexual situations or issues that may sabotage recovery (Bosma-Bleeker & Blaauw, 2018). Other topics to address include feelings of fear, shame, and guilt associated with being sexual while sober, intensity of sexual experiences may feel different sober, and individualized strategies to promote sexual health and wellness in recovery. A priority when working with LGBTQ+ substance users to bolster sexual wellbeing is to connect clients to supportive queer recovery communities that address the links between substance use and minority stress, stigma, and concealment of sexual/gender identities (Mericle, Carrico, Hemberg, de Guzman, & Stall, 2019). Counselors advocate on behalf of clients to find recovery support groups that are LGBTQ+ affirming.

Research Priorities

When exploring published literature focused on sexual health and LGBTQ+ substance users, two issues were salient. First, research focused on queer women and transgender individuals is lacking. Each subgroup that comprises the collective LGBTQ+ community has their own histories, experiences, and connections to alcohol and drugs that should be studied separately rather than as a homogenous group (Chaney, 2019). Given that the sexual health needs of queer women and transgender substance users are distinctly different than MSM, more research is needed that examines the following questions: To what extent and how do queer women and transgender individuals engage in chemsex? Among queer women and transgender individuals, how is sexual wellbeing impacted by substance use? What are queer women's and transgender individuals' sexual wellness needs in recovery?

Second, there is a lack of scholarship that discusses sexual wellness during recovery. Research is needed that investigates evidence-based relapse prevention strategies that specifically address sex in recovery. Researchers may examine the following: How do LGBTQ+ clients in recovery navigate sexual behavior during recovery? What is the relationship between sexual arousal, craving, and risk of relapse? To what extent do counselors address sexual health as a component of relapse prevention throughout the recovery process? Given that empirical research focused on sexual health and wellness among LGBTQ+ substance users is lacking in counseling literature, this commentary serves as a reminder that any research that studies these issues is valuable.

Training Priorities

In order to adequately prepare counselors to competently address sexual health and wellness issues of LGBTQ+ clients with SUDs, an integrated approach to counselor training is needed. Current training standards may not be

enough. CACREP (2015) Standards (e.g., II.K.2.b.) related to multicultural practice are vague enough that LGBTQ+ sexual health issues may be excluded from training, which may not equip novice counselors with skills or knowledge to fulfill the needs of this population. Troutman and Packer-Williams (2014) suggested that counselor education should move beyond CACREP Standards to ensure that counselors-in-training (CITs) are prepared to work with LGBTQ+ clients. One way to prepare CITs to effectively meet the sexual wellness needs of LGBTQ+ clients with SUDs is by integrating sex-positive approaches in counseling. Cruz et al. (2017) proposed five recommendations when adopting a sex-positive approach to counseling: 1) explore personal attitudes and beliefs about sexuality, 2) develop sex-positive knowledge and comfort about sexuality 3) integrate diversity and social justice issues into counseling. 4) proactively address sex and sexuality in counseling, 5) recognize limits of addressing sexuality in counseling.

CITs would be better prepared to work with this population if issues of LGBTQ+ substance use and sexual health and wellness were infused across counseling curricula. Given that approximately 88% of counselors will counsel nonheterosexual clients and at least one transgender client in their careers, it is not sufficient to discuss these issues exclusively in one addictions course (Gess & Horn, 2018). Across counseling curricula, counselor educators can utilize case vignettes, current events, role-plays, case conceptualizations, development of treatment plans, etc., that include LGBTQ+ substance use and/or sexual health issues. Counselor educators may also integrate LGBTQ+ ally trainings into coursework, given that many universities sponsor ally trainings. The most effective trainings to enhance counselor competence consist of content about gender identity, sexual orientation, sexual behavior, heterosexism/transphobia, and common misconceptions (Rivers & Swank, 2017). Lastly, counselor educators may invite medical professionals and sexual health experts from county or state sexual health agencies and clinics to speak to classes.

Conclusion

This commentary provides an account of how substance use may negatively impact the sexual health and wellness of LGBTQ+ communities. Given that high rates of LGBTQ+ individuals intertwine alcohol, drugs, and sex, efforts are needed to reduce substance use among this population. This commentary serves as a call to researchers to not only produce scholarship at the intersection of substance use, sexual wellness, and LGBTQ+ identities, but to also explicate culturally-responsive, pragmatic treatment implications for counselors who work with this population. This commentary, in tandem with this special issue, underscores the imperative for professional counselors to conceptualize clients from a multidimensional, holistic lens that explores

substance use, acknowledges sexual health and wellness, and affirms LGBTQ+ identities.

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