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**The Need for Specialized Substance Abuse Treatment for
Gay Men in the United States**

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Abstract

Substance misuse and abuse is a global public health issue that affects sexual minority populations at a higher rate than the heterosexual population. Many popular gay socialization strategies include gay bars and chemsex, or sexualized drug use, in which substance use is common in both. The Minority Stress Model provides an explanation as to how stigma embedded in a society and within a person can act as a stressor and manifest into a substance abuse disorder. This stigma acts for many as a barrier to seeking healthcare out of fear of discrimination, causing many to hide their identity when seeking treatment. This same fear is present in traditional substance abuse treatment programs, where gay men may be afraid to be vulnerable in front of heterosexual peers. Specialized substance abuse treatment services for gay men attempt to increase the likelihood of seeking treatment as well as optimize treatment outcomes. The most important aspects to specializing these programs include consideration of the treatment environment, providing counselors with cultural competency training, and addressing areas in treatment that may be unique points of stress in a gay man's life. Barriers to accessing existing programs include geographic location, agencies not completely adapting programs for gay patients, and cost. Although, possible solutions, mainly involving telehealth to promote treatment alliances, are available.

Introduction

Misuse of substances, such as alcohol, prescription drugs, and illicit drugs, is a global public health issue that has been in the public eye for quite some time (Benz et al., 2019). Over the years, researchers have attempted to quantify the impact of substance use and misuse in terms of specific substances used, and populations most affected. Many researchers have found evidence of elevated substance misuse, or using substances outside of their intended use, and substance abuse, or a prolonged tendency to seek out substances, among sexual minority populations when compared to heterosexual counterparts (Benz et al., 2019). The exact rates of misuse and abuse are difficult to quantify because many substance abuse related surveys either do not ask about sexual orientation or people are unwilling to self-identify their own sexual orientation (Hicks, 2000; Substance Abuse and Mental Health Services Administration [SAMSHA], 2001). It is also important to recognize that being gay in itself does not automatically put a person at higher risk for abusing substances; however, the unique stressors that are integrated into identifying with a stigmatized identity are directly linked to susceptibility for substance use (Barbara, 2002; Roth et al., 2018). Therefore, this review will focus on self-identified gay men, who are at risk of adopting the stigmas and stereotypes associated with gay men.

Substances may provide its user cognitive escape from dealing with the stigma and prejudice associated with identifying as a sexual minority. “Gay” was classified by the *Diagnostic and Statistical Manual* (DSM) as a mental disorder until 1973, a history which has had lasting effects in corrupting discussion on the mental health of gay people (Meyer, 2003). Additionally, gay marriage was illegal in many parts of the United States until less than a decade ago, and has left a lasting impact on many people still equating the ideas of “illegal” and “immoral,” which contributes to homophobia in America. Many gay men have reported experiencing

discrimination based on their sexual identity, which has shown to be associated with increased odds of substance abuse (Lee et al., 2016; Slater et al., 2017). Gay-specific stressors such as internalized homophobia, identity development, low self-esteem, abuse, and victimization all stem from being a marginalized identity and all have the potential to be contributing factors to heavy drinking and the use of other substances (Barbara, 2002; Hughes et al., 2016; Stall et al., 2002).

Although addiction is a chronic disorder of the brain, it cannot be considered apart from the social factors that strongly influence it; and there are many social factors that link gay men with substance use (Volkow, 2020). Gay bars act as a place of socialization for many who identify as lesbian, gay, bisexual, or transgender (LGBT), especially in cities such as New York City, Chicago, and San Francisco with larger gay populations. By nature, bars serve to provide patrons with alcohol, and while many people have their own reasons for drinking, one common desire is to alleviate anxiety associated with socializing, which for many is the main reason for going to gay bars (Hawkins et al., 2019). In addition to these traditionally gay spaces, there has been a surge in the use of technology to find partners within the last 10 years, particularly in the form of dating apps, which have grown in popularity among both heterosexual and homosexual people (Badal et al., 2018; Bineau et al., 2021). Although, recent studies have shown that dating apps are used more frequently by gay and bisexual men rather than heterosexual men (Badal et al., 2018). These apps make it possible for people to find sexual partners quickly, and even allows one to advertise a desire to engage in chemsex, or sexualized drug use, on their profile. The practice of using substances either before or during sex is a widespread phenomenon among gay men, with motivations ranging from reducing anxiety towards sex to increasing arousal and enhancing performance (Boonchutima & Kongchan, 2017; Drückler et al., 2018). Common

drugs used during chemsex include crystal methamphetamine, mephedrone, and gamma-butyrolactone (Howarth et al., 2021). Not only do dating apps provide an easier route to be able to engage in illicit drug use, but they provide anonymity to the user, allowing them to hide from any unwanted stigma surrounding drug use (Boonchutima & Kongchan, 2017). However, frequent substance use during sex can make the ability to integrate intimacy with sex challenging (SAMHSA, 2001).

The association between stressors and gay identity can be explained by the Minority Stress Model, which attempts to draw a connection between excess stress and stigmatized social identities (Meyer, 2003). These stressors are defined as being unique, chronic, and socially based, and emerge from the stigma embedded in societal structures (Hughes et al., 2016; Lee et al., 2016). Homophobia and heteronormativity contribute to minority stress in that homophobia within a society may push someone who identifies as gay to become ashamed of that identity; while heteronormativity may embed the idea that being heterosexual is what is “normal,” implying the contrast that homosexuality is “abnormal.” Stigma is often present in healthcare settings and can take on many forms. A patient who has experienced enacted stigma in the form of stereotypes or discrimination may come to anticipate stigma in the future, therefore acting as a barrier to seeking treatment (Benz et al., 2019). Any discriminatory experience, or any experience involving stigma and prejudice, is a stressor that creates a stressful and negative social environment for the victim (Meyer, 2003; Slater et al., 2017). Minority stress manifests into both internalizing disorders (e.g. mental health problems) and externalizing disorders (e.g. substance use disorders) (Lee et al., 2016).

With the overwhelming evidence of minority populations being put under increased stress and knowledge of substance use in the gay community, one might imagine that providers have

taken this into consideration and have developed special treatment programs for people in the LGBT community. Although there is an abundance of research regarding gay men and their substance use, there is significantly less research on how to support gay men and their substance use (Knight, 2018). A study by Slater et al. (2017) found that less than 10% of agencies who offered substance abuse treatment programs also offered any special programs for LGBT people; however, another study by Cochran et al. (2007) found that many the few agencies who did claim to offer specialized services no longer did or only claimed to be “accepting” of gay people, rather than offering special accommodations.

Stigma in Healthcare

One of the most powerful barriers to anyone seeking healthcare is stigma (Benz et al., 2019). Many gay men report being fearful of visiting primary care physicians because they are worried about experiencing rejection or homophobia (Cochran et al., 2007). Yet even when gay men are able to overcome these fears and visit any sort of healthcare provider, their needs are often not met due to not disclosing their sexual identity, meaning providers are not able to address health concerns through the lens of the intersection of their identities (SAMHSA, 2001). This is not entirely the fault of the patient, however, as many providers do not even think ask questions regarding a patient’s gender or sexual identity; and for many, not disclosing this information is done to protect themselves from discrimination. To ameliorate this issue, many suggest that asking these types of questions be included in best practices, and that establishing an interest may increase trust between the patient and provider. Providers having this knowledge about a patient’s identities and behaviors is critical to tailoring appropriate care and improving overall health outcomes (Stultus et al., 2020).

Even though opening a line of communication between patient and provider can improve health outcomes for many, this is not always implemented in practice, often due to stigma. Stigma can be defined by the co-occurrence of discrimination, labeling, and stereotyping, especially in a situation where there is a power imbalance, such as in healthcare (Hatzenbuehler et al., 2013). Benz et al. (2019) defines three different types of stigma: enacted stigma, in the form of discrimination and stereotypes, internalized stigma, which is the result of identifying with a stigmatized group, and overtime adopting the stereotypes of that group as applying to yourself, and the final type anticipated stigma, or stigma that you anticipate encountering in the future. This anticipated stigma is often what causes the barrier between a person and seeking treatment, especially gay men seeking substance abuse treatment since sexual minority and substance user are both stigmatized identities (Benz et al., 2019). Perhaps stigma also provides an explanation to the fact that gay men typically have lower rates of adequate healthcare coverage yet use emergency services more often than regular outpatient care, indicating a worse overall health status (Flentje et al., 2015). Stigma has the power to exacerbate mechanisms of a person that can lead to these negative health outcomes, such as severing social relationships and increasing stress (Hatzenbuehler et al., 2013).

The needs of gay clients are not being met with current substance abuse treatment programs, largely in part due to both the anticipated stigma of being vulnerable in front of heterosexual peers and the enacted stigma resulting from providers' lack of knowledge on many gay issues (Senreich, 2010). If stigma is both a barrier to gay men seeking substance abuse treatment, and a reason that providers are not able to fully meet their needs, then it seems like an obvious solution to this problem is creating specialized treatment programs for gay men that would be able to provide a comprehensive treatment experience in a stigma-free environment.

Treatment for Substance Abuse Disorders

In order to understand how to specialize treatment for substance abuse to a specific population, one must first develop an understanding of what is currently known regarding substance use treatments. For the purpose of this review, we will be focusing on psychosocial treatments and therapies as opposed to drug treatment therapies, and out-patient programs as opposed to in-patient programs. It is also important to understand that the rehabilitative process of substance abuse treatment therapies are not entirely understood, but certain methods claim more empirical evidence than others (Gifford et al., 2006).

One highly studied approach to treating addictive behaviors is cognitive behavioral therapy (Carroll & Kiluk, 2017). Cognitive behavioral therapy, or CBT, focuses on the cognitive process that leads to drug misuse. Patients focus on recognizing and modifying irrational thoughts regarding urges to engage in substance use, as well as developing skills to cope when relapses or uncomfortable social situations involving substances may occur (Jhanjee, 2014). Another popular treatment for substance abuse that is often combined with CBT is motivational interviewing, which aims to encourage an individual to accept all aspects on oneself, even negative aspects towards which they may feel disconnected (Carroll & Kiluk, 2017; Gifford et al., 2006).

The principles of motivational interviewing are seen among many common treatment strategies for substance abuse, namely the twelve-step program. One of the first steps in this program is acceptance that you have a problem, and in turn accepting this as part of your identity (Gifford et al., 2006). The twelve-step program was developed by the founders of Alcoholics Anonymous, or AA, which remains a common source of support for many who have experienced problems due to alcohol abuse (McGeough et al., 2021). AA is also a group-based treatment, in

which participants convene together in meetings as a form of social support. There is an abundance of research supporting the idea that emotional support provides great benefits to people in treatment for substance abuse disorders, and that patients in supportive group environments may even have better treatment outcomes (Gifford et al., 2006; Liu et al., 2020). Having people to connect with socially who are undergoing the same treatment can ease feelings of loneliness and often be a source of information from sharing personal experiences with substance misuse, treatment, and life in general (Liu et al., 2020).

This principle of quality social relationships also extends to outside of treatment, where garnering abstinence-supportive social relationships can impact long-term success. Another important social aspect to substance abuse treatment is the therapeutic alliance between a counselor and a patient (Gifford et al., 2006). It is important for a provider to be able to understand all aspects of a patient, including the intersection of their identities, in order to best understand the patient and how they can get the most out of treatment. Ultimately, the combination of the social environment between participants of a treatment program and the alliance with treatment providers have been shown to be the strongest predictors of a person's success in overcoming both substance abuse issues and mental health problems.

The Need for Specialized Treatment

This paper has thus far established that gay men are at a higher risk for developing substance abuse disorders because of the stress associated with minority identity, but also how that same minority status contributes to a lowered likelihood of seeking out healthcare (Benz et al., 2019; Cochran et al., 2007). Many suggest the need for LGBT specific services because it would eliminate a fear of judgement and shame for patients while also eliminating anxiety stemming from feeling the need to “come out” to healthcare providers (Cochran et al., 2007).

The importance of the treatment alliance within substance abuse treatment has also been established thus far, especially in terms of forming social relationships with the other patients in a treatment program (Gifford et al., 2006). There are several benefits to specialized treatment services, beginning with the social support it can provide for the people in treatment. Peer support is vital to the treatment process because of the sharing of experiences, which in this case applies to both experience with substance use and the experience of identifying as gay (Liu et al., 2020). This shared group identity allows participants to focus on the social and sexual aspects of their own substance use without fear of discrimination or even uncomfortable reactions from heterosexual peers (Senreich, 2010). A treatment group specially catered towards gay men would provide a safe space for these men to allow themselves to be vulnerable, knowing they are supported by peers, and fully discuss all aspects of their lives (Hicks, 2000; Senreich, 2010). The ability to be open and honest about one's sexuality as well as other aspects that come along with being gay is extremely important to the treatment process because successful treatment must focus on the entire individual and the intersection of all their identities. Substance abuse is the common factor that brings a treatment group together, but treatment must focus on the psychosocial aspects of being gay in order to fully address the concerns of an individual (Barbara, 2002).

Increasing sense of community with other gay men helps alleviate minority stress and therefore is an important aspect of treatment (Meyer, 2003). Establishing oneself in a community of gay men that is also abstinence-supportive helps to address comorbid health issues that may stem from minority stress long-term (Knight, 2018). This is because our peers are able to provide us with emotional support that is appropriate for our identities and challenges, and this support allows us to manage emotional states and combat shame formed from stigma (Liu et al., 2020).

There is empirical evidence that overall treatment outcomes are improved with the introduction of specialized services. One study found that gay and bisexual men in specialized treatment programs were more likely to stay longer in the programs as well as remain abstinent a year after treatment compared to gay and bisexual men in standard treatment programs (Senreich, 2010). Another study investigated the positive relationship between attendance in a specialized treatment program and the number of LGBT counselors present in the program (Cochran et al., 2007).

What Defines Specialized Treatment?

Treatment Environment

Perhaps the most important aspect of any substance abuse treatment program is the environment in which patients find themselves, and this paper has already established that a main facet of gay-specific treatment should be a safe space exclusive to gay-identifying men. Gay men may even feel uncomfortable in general programs because of the vulnerability and honesty required in treatment (Paul et al., 1996). Many have recommended that consistent treatment guidelines need to be developed to help support marginalized populations and address the barriers such as shame and stigma that may act as barriers to those looking to change their substance use (Card et al., 2021). Having an environment where everyone identifies as a sexual minority allows providers to promote health in a way that addresses the intersections of the multiple minority statuses of being both a sexual minority and someone with a substance use disorder (Hughes et al., 2016). Volkow (2020) suggests that all approaches to treating substance abuse disorders should be personal, dimensional, and dynamic. Providers should consider what we expect out of treatment, in other words, what is the end goal? For some, the end goal may be abstinence, but for others it may be the ability to use substances in a safer manor. Some say that

in dealing with patients of intersecting identities, the goal should also include greater self-acceptance (Batchelder et al., 2020; Hicks, 2000).

Cultural Competency for Counselors

One common aspect that has been cited by many as an absolute necessity in specialized treatment is having staff who are competent and educated on LGBT specific issues (Cochran et al., 2007; Knight, 2018; Slater et al., 2017). A competent counselor is someone who respects the client, understands the importance of cooperation with the client, and can offer an empathetic understanding of the client and their needs, a basic condition of a solid treatment alliance (Cochran et al., 2007; SAMHSA, 2001). A frequent anxiety held by gay men when considering treatment is not only discrimination from providers, but also that they will have an inadequate knowledge of gay-specific issues (Lea et al., 2017). Many researchers evaluated common issues that a gay man may encounter in his life that are important for a provider to consider in terms of their patient; these include internalized homophobia, HIV, safe sex, gay families and parenting, discrimination, grief and loss, and political advocacy, among many others (Cochran et al., 2007; Hicks, 2000). It is important to consider these issues in relation to the client because substance abuse experiences are nuanced, and are especially affected by lifetime events, such as the ones listed earlier, that an individual may encounter (Hawkins et al., 2019).

Any providers of substance abuse treatment should also keep in mind their role in relation to the client. Providers should be aware of their role within the relationship and their need to evolve with the client in order to achieve the client's end goal (Schattner et al., 2016). Even if a counselor sees themselves as accepting and without prejudice, they must evaluate themselves in order to eliminate unintentional biases. Counselors working with gay patients need to do more than just accepting of sexual orientation, but they should help their client increase their self-

esteem towards being gay without the use of substances (Barbara, 2002). Stigmatized identities cannot be understood individually, and therefore it is important for providers to incorporate these ideas like self-esteem and sense of power around being gay while considering the interaction those ideas have with substance use (Benz et al., 2019).

The Lambda Center in Washington D.C. is a treatment agency that prides themselves on setting an example for treatment settings with competent providers. The staff at The Lambda Center are a mix of gay and straight, with some in relationships and some not. The important aspect of this is that everyone on the staff is open and honest with patients about their sexuality and relationship status, because honesty is an important part of recovery and should be modeled by providers. Lastly, the staff receives regular education on lesbian and gay issues, so they are more equipped to provide empathetic understanding to any persons undergoing treatment at the center (Hicks, 2000).

Areas to Address in Treatment

Due to the lack of gay-specific substance abuse treatment agencies, there is no set of rules that defines the extra education that should be provided to those in treatment, and many have their own ideas on things that would benefit one's treatment experience. In this section I will provide a summary of some of the most common facets of treatment that many researchers agree should be included in specialized programs. Finding healthy social outlets is a skill that is especially crucial in gay-specific treatment. As discussed earlier in this paper, many gay men socialize with other gay men at bars, which integrates alcohol and often times drugs with socialization, or use dating apps to meet up with other gay men, where sexualized drug use is often involved (Bineau et al., 2021; SAMHSA, 2001). Alcohol and drugs act as social lubricants, and many see them as necessary in order to lessen anxiety towards socializing and sexual

interests (Hicks, 2000). Treatment centers should discuss socialization alternatives with clients so that they are able to be involved in the gay community while remaining abstinent post-treatment (Paul et al., 1996).

Outside of socialization strategies, it is important to remember that the stress of multiple stigmatized identities has taken a toll on the individual itself. Two topics on the forefront of many conversations regarding gay men are coming out and homophobia, including internalized homophobia. Coming out is a non-linear process, and for many it may take a lifetime before coming to a state of full acceptance of themselves (Hicks, 2000). This is because many harbor internalized homophobia, which is in close relation to internalized stigmas, where one may adopt homophobic ideas and apply them to themselves, making the promotion of honesty, acceptance, and self-worth a vital concept within specialized treatment (Paul et al., 1996). Other common ideas about concepts that should be addressed in gay-specific treatment include how to deal with grief and loss, especially loss related to AIDS, relapse prevention, particularly in the context of the frequent association between sexual behavior and substance use, body image, stress reduction, and spirituality (Barbara, 2002; Hicks, 2000; Senreich, 2010). Spirituality is valuable to explore while in treatment because of the history of tension between minority sexual identities and religion. Allowing oneself to be open to exploring religion and spirituality again attempts to counteract past feelings of rejection from religion (Hicks, 2000).

A concern of many gay men is that of HIV/AIDS and other STDs. Substance use can put one in higher risk situations where they are more likely to engage in unsafe sexual practices, putting them at risk for contracting HIV and other STDs (Batchelder et al., 2020). Substance use and HIV are often considered intertwined epidemics among gay men, and therefore HIV concerns must be addressed as a step in considering all aspects of one's identity in treatment

(Carrico et al., 2012). Cochran et al. (2007) suggests that any program offering specialized treatment for gay men should also offer related “key services,” or services that address gay-specific concerns. Some of these key services should include testing and counseling for HIV, sexual education, and medical literacy programs (Hicks, 2000; Paul et al., 1996; Stultus et al., 2020). The idea behind medical literacy programs is that if stigmatized populations have increased medical literacy, then there would be more trust between them and healthcare providers, that would eventually lessen perceived barriers to seeking treatment in the future (Stultus et al., 2020).

Barriers To Providing Specialized Treatment

If there is so much evidence pointing to the benefits of specialized treatment programs for members of the LGBT community, then why do we rarely see these programs in practice? Most programs in existence that emphasize catering to the gay community exist in New York and California, and even then, are typically only available in major cities within these states (Lea et al., 2017; Senreich, 2010). The reason for this is mainly financial, as it is not cost-effective for programs to operate in areas with a low-density population, which leads to reduced healthcare access for many minority populations in rural areas. The irony in this is that gay men in rural areas are *more* likely to face stigma and homophobia, and are *less* likely to have supportive gay communities, therefore creating a greater need for specialized healthcare services like HIV services and substance abuse support groups and treatment services (Bineau et al., 2021). One study found that many agencies that advertised specialized treatment programs for LGBT people only said this as a loose interpretation, when they really classified themselves as “gay-affirmative,” “did not discriminate,” or “accepting of all people,” and could not actually identify gay-specific programming within their agency (Cochran et al., 2007). Although claiming that

one's agency does not discriminate may be true, it does not mean that the providers have received culturally competent training on gay-specific issues that could be helpful to people seeking specialized treatment (Barbara, 2002).

Another glaring issue with specialized treatment programs is money, although this is nothing new in the way of Americans seeking healthcare. An obvious barrier to many who are seeking treatment for substance abuse disorders is having to work with insurance to cover the cost. One's insurance program may be unwilling to pay for a more expensive specialized program when a lower-cost option exists, and many people do not have the financial means to pay for such treatment without help (Hicks, 2000). These specialized programs may be more expensive to attend due to the additional cultural competency training required of providers. It is interesting to note, however, that some free treatment support groups exist to help people struggling with substance abuse find the help they need. A popular program of this type is Alcoholics Anonymous, or AA, which is a free support group of people who have identified themselves as having a problem with alcohol and want to work towards sobriety. Despite being a free support program, research shows that people who identify as LGBT are much less likely to use the program than heterosexual people. Survey results indicate that this is due to a variety of factors, but the biggest one is the Christian components embedded within the program, since many sexual minorities have reported tensions between religion and their sexual identity.

Solutions

There are a few possibilities to adapt non-specialized programs so that they are still equipped to meet the needs of different populations. Using gay-affirmative strategies within traditional treatment programs will help enhance the experience for many who may experience minority stress (Senreich, 2010). Gay-affirmative strategies focus on self-acceptance and can be

a vital step in someone overcoming their own internalized homophobia. Another strategy that could be adopted is the development of an online treatment alliance (Liu et al., 2020). This may not be something that treatment agencies are able to oversee, but they still have the power to promote it to clients. Connecting people in substance abuse treatment from different areas via the internet could help them meet people who are going through similar experiences. This could be especially helpful in more rural areas where there is a smaller gay population. Many gay men in rural areas already use dating apps for purposes beyond finding sexual partners, such as using them to grow a social network (Bineau et al., 2021). This practice shows that many gay men are already using the internet to form social bonds with people whom they can relate to, and therefore has the potential to easily be extended to connecting people with similar substance abuse experiences and treatment goals.

Conclusion

Substance abuse is a global public health issue, that disproportionately affects gay men due to the intrinsic nature of substances within the gay community and the relief from stressors due to being a sexual minority. Among current substance abuse treatment programs in existence, one important factor seems to be the treatment alliance existing both between the patient and provider, and the patient with the other people in treatment. This can be a problem, however, for gay men seeking treatment because forming this treatment alliance with heterosexual peers could be a source of anxiety towards facing discrimination. Therefore, specialized substance abuse treatment programs for gay men would not only provide security within the treatment alliance, but also has the opportunity to address gay specific issues and consider the intersectionality of the patient's identities. Although creating these specialized programs would increase treatment outcomes for gay men with substance abuse disorders, social and political action is needed on a

much broader scale to fully remove the barriers between marginalized populations and the comprehensive healthcare they deserve (Hughes et al., 2016).

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