

**Office of Recovery  
Supporting Recovery within the LGBTQI+ Community**

**Findings from Technical Experts Panel ISSUE BRIEF  
May 14-15, 2024  
San Francisco, CA**

The Office of Recovery has a vital role in advancing the Substance Abuse and Mental Health Services Administration's (SAMHSA) commitment to and support of behavioral health recovery for all. On May 15 and 16, 2024, the Office of Recovery hosted a convening with the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI+) community to engage stakeholders at the local, state, and national levels to understand variables that impact the expansion of recovery supports, identify gaps, as well as discuss scalable solutions to increase recovery support service access for the LGBTQI+ community.

The 2022 results of the National Survey on Drug Use and Health Data identified 53.5 percent or 11.8M Lesbian, Gay or Bisexual (LGB) Adults had used illicit drugs in the past year (2022).

- *8.1M LGB Adults had a substance use disorder*
- *LGB young adults (18-25) were more likely to have a past year drug use disorder than LGB adults aged 26 or older.*
- *The prevalence of mental illness was highest among LGB young adults (18-25) for both any mental illness as well as serious mental illness.*
- *Thoughts of suicide, suicide plans and suicide attempts were highest (10 percent higher) among LGB young adults aged 18 to 25.*
- *2 in 3 (68.4 percent) of LGB adults who ever had a substance use problem considered themselves to be recovering or in recovery.*
- *3 in 5 (59.7 percent) LGB adults who ever had a mental health issue considered themselves to be recovering or in recovery.*
- *Recovery status for both mental health and substance use were higher in the general population than those in the LGB community.*

The following are themes from the various panel discussions.

## Self-Actualization/Affirmation of Identity

*Every person should be able to live out loud and speak their truth.*

**Self-actualization/affirmation is not a single event.** Due to stigma and discrimination, a person may take time to share their identity and may partially “come out” to various family and friends based on perceived receptivity. In addition, a person’s identity may evolve over their lifespan. **Self-actualization/affirmation can be risky and even dangerous.** A person may be cast out of their family or home, lose their job, and/or face discrimination and bullying. Sometimes their “coming out” is forced by another person outing them or because they need to reveal their intimate relationship to obtain services (e.g., parental leave/insurance from an employer).

**Individuals may impose/internalize stigma and shame upon themselves.** Several participants acknowledged that they had internalized societal shame which hindered their wellbeing and contributed to their substance use and mental health issues. This exasperated their substance misuse and mental health issues adding additional shame to speak out or seek behavioral health care (e.g., self-worth issues) which only delayed their recovery process.

**There is no right or wrong way to be a member of the LGBTQI+ community.** Some participants commented that, even within the community, there can be criticism of a person’s self-reporting of their identity (e.g., you are not really queer).

**Expectations extend beyond sexual/gender identity.** There is pressure related to having relationships and children. Society has an expectation that there needs to be a male and female couple to raise a healthy and loved child, however some participants shared their stories of becoming parents with their spouses/partners and how fulfilling this accomplishment has been for themselves and their spouse/partner.

**Self-actualization/affirmation is occurring earlier.** This makes it particularly critical to have services and role models for youth, as they may not have the language and experiences to understand their identity and navigate social contexts. It is also important to protect and educate school staff, as they can serve as the role model for these youth.

**The trajectory is too long and difficult. Individuals deserve safer and more affirming societal responses.** Some participants spent decades struggling with the societal responses to their identity (e.g., rejection, discrimination, trauma, mental health, and substance use disorders). They expressed the desire to help others, so they don’t experience the same barriers or lose many years of their lives also struggling. One participant noted that individuals in the LGBTQI+ community will never feel “safe” but rather made to feel “safer.”

## Behavioral Health and Well Being

**Individuals face disproportional bullying, discrimination and trauma that can create or trigger behavioral health conditions.** Using substances can be a coping mechanism. One participant stated that they thought they found love in substances. Another participant referenced the

*The LGBTQI+ community have wounds that never stop reverberating.*

Velvet Rage<sup>1</sup> which details the “toxic cocktail” of not being accepted in society and its impact.

**Refuges like gay bars and the internet, while affirming and providing community connection, may play a role in initiating a person using substances.** It was also noted that Pride Day events are often sponsored by alcohol companies, which is poor messaging to a population that has high rates of substance use conditions.

**Society needs to stop pathologizing behavioral health.** Rather, the focus should be on healing and an acknowledgement of the resiliency that a person brings to recovery.

**This is an equity issue.** Because of the disproportional rates of behavioral health concerns, and that services may continue to perpetuate harm and discrimination, SAMHSA should apply an equity lens in their programming to better serve LGBTQI+ individuals.

## Recovery Programming and Funding

**Affirming and inclusive services needs to go beyond mere statements and practices.** It was noted that many providers who claim to be culturally appropriate for the LGBTQI+ community, may not be providing culturally competent care. One participant noted that it is medical malpractice to not provide affirming care.

*Recovery is common and should be the expectation.*

Tom Coderre, Principal Deputy Assistant Secretary at SAMHSA

**Recovery should address the holistic needs of the individual.** This includes addressing trauma; providing social connections; and even a focus on empowerment and being joyful. This is especially important because an individual may no longer be able to engage in former social activities (e.g., visiting bars) that could jeopardize their recovery. Two participants highlighted the “sacred responsibility” of self-care/internal reflection and the concept of “community care” (e.g., holding one another up) as healing strategies. Other participants shared that HIV care in the past incorporated holistic services that included primary care, dental care, and social needs (e.g., food insecurity) into its programming.

**Recovery and Peer-run organizations are effective but underappreciated.** LGBTQI+ specific program and services should be better funded and scalable. These programs also need sustainability and infrastructure support. Participants noted that some individuals prefer peer-led programs while others may intentionally prefer receiving services from a gender-affirming ally provider instead. There are states that include a curriculum for peer support specialists that is focused on the LGBTQI community. One example of this is available in the state of [Maryland](#).

**Recovery still operates in siloes.** Aid organizations and those LGBTQI+ serving organizations who are not engaged in recovery support services can be useful partners and benefit from education about behavioral health. The aspiration should be “there is no wrong door” for services. Also, services should be multi-modal and incorporate harm reduction. Just as gender and sexuality are not binary, so is recovery. One attendee in describing harm reduction approaches used the terms “recovery curious” and “soberish.”

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<sup>1</sup> Downs, A. (2005). *The Velvet Rage: Overcoming the Pain of Growing Up Gay in a Straight Man's World*. Da Capo Press.

**Community-based organizations (CBOs) hope to better leverage existing resource and partnership opportunities.** SAMHSA has incorporated a LGBTQI+ equity statement into all of their Notice of Funding Opportunities. One participant suggested seeking out funding from the [Violence Against Women Act](#) funding. There is a specific set-aside for the LGBTQI+ population. Also, LGBTQI+ organizations that are not recovery- specific make good allies and should be educated to be more recovery-conscious. It was noted that the SAMHSA block grant is funneled through state behavioral health agencies, and they tend to favor sending the money to familiar CBOs that they have traditionally worked with rather than reaching out to support newer and less well-funded CBOs that may reach more diverse populations.

*The LGBTQI+ community has gifts to offer (e.g., advocacy experience, inclusiveness, compassion for others pain). We should approach partnerships as a mutual aid arrangement... an invitation to them to accept our gifts.*

**There also needs to be family services.** Some of these programs might have a family acceptance focus. Participants talked about how it affected their families and loved ones when they came out and how difficult it was for their families to process. Many families suffered years of trauma trying to understand how to support their loved one. Therefore, it is important to treat the entire family as a whole unit, programs are needed to help ex-spouses, children and other family who may already be supportive but, as a byproduct, are also facing societal stigma challenges. It was noted that SAMHSA launched a Family Support and Counseling for LGBTQI+ Youth grant program in 2023.

## Religion

**Spirituality and religiosity have healing aspects and can support emotional well-being.** Other communities like Native-Americans and African-Americans have tapped into faith traditions to address behavioral health needs.

**For many LGBTQI+ individuals, religion has been weaponized and caused significant spiritual wounds.** Several individuals noted that Alcoholics Anonymous (AA) was a resource they avoided because of its references to spirituality. Participants shared about religious trauma they faced after coming out and how religion hindered their recovery process. One individual even said they abandoned their recovery journey for a short time because it triggered their religious trauma. It was also noted that for certain faiths, wine during religious ceremonies could be an issue for a person in recovery.

**There are options to bridge the divide.** AA does have an agnostic movement. There are also lists of religious institutions that are affirming and support recovery.

## Rights Protection

**LGBTQI+ individuals still lack basic legal protections and have their rights suppressed.** Examples include bathroom access; health care coverage; and even being able to hoist a flag. Some legislation even proposes to criminalize the term “affirming.” There is also no portability of rights across states (e.g., name change in one state may not apply if the individual moves).

*Being LGBTQI+ is, in itself, a political act.*

*Phil McCabe, NALGAP*

**In addition, institutional policies and practices (e.g., workplace or programs) discriminate and stigmatize individuals who are LGBTQI+.** These include not allowing a person bereavement/family leave benefits; forcing an individual to use their “dead name”; and not maintaining privacy. Hiring practices need to be looked at to ensure legal protections and fair opportunities for employment. This is an opportunity for Recovery Friendly Workplaces to ensure LGBTQI+ individuals are equitably represented in hiring practices.

## Primary Health and Social Determinants

**Various housing needs need to be supported.** This includes youth who are kicked out of their home (or a parent who leaves with their gender-diverse child to protect them) and having the accessibility of affirming recovery housing.

**Individuals in the LGBTQI+ community may lack safety net supports.** Some in the LGBTQI+ community may have been unable to accumulate lifetime wealth due to discrimination in employment and behavioral health conditions. In addition, they may lack family support (e.g., estrangement from their origin family and not having a spouse or children).

**Gender affirming care fertility treatments may not be covered health expenses or involve other barriers.** This is seen as an equity issue. A participant shared an example of an individual who was in need of gender affirming care and was having suicidal ideations. They did not share their suffering because it would have meant the services would be cancelled. With regard to fertility treatments such as In-Vitro Fertilization, it was noted that others outside of the LGBTQI+ community would benefit from this coverage.

## Intersectionality and Culture

**More work is needed to counter stigmatizing narratives.** During discussions, examples were given which included an African American in a suit may be seen as a preacher. A trans woman may be viewed as a sex worker or promiscuous.

**Programming should lean into culturally-affirming practices.** An example of this includes the Native American community’s 2-Spirit approach (Native American’s 2-Spirit approach meaning individuals do not conform to colonized systems of identify and kinship). Art and music are also healing services in the queer community.

**Because intersectional representation may be difficult, allied providers are also needed.** It is also important for those with intersectional lived experience to not be tokenized within the system. Participants also expressed concern that minority subpopulations are “homogenized” (e.g., everyone having the same attributes).

**Services and programs should employ cultural humility and sensitivity along with continuous quality improvement (CQI) practices.** It was noted that not all discrimination/missteps are bad intentioned. Training and CQI can increase the comfort level of staff at all levels. It may also help individuals being served to feel safer and more willing to share any missteps or issues that arise.

**Language, policies, and documents signal how welcoming a provider may be.** One participant noted that if a tilde alphabet was not available in the IT system, he felt it was an indication that he (and other Hispanics) is not welcome.

## Data Justice

**Data is lacking and where available may be inaccurate and not meaningful.** Several participants noted that there is underreporting; IT systems are not fully capturing information; and what is collected is not truly meaningful in capturing the stories of individuals in LGBTQI+ community related to behavioral health needs and services.

**There was a recommendation for assistance with economic impact assessments.** These assessments can be leveraged to demonstrate how housing and recovery programs can reduce hospitalization and incarceration costs.

**SAMHSA was involved in developing a [stigma audit](#).** It could be beneficial to focus on another audit specific to the LGBTQI+ community.

**Treatment and Recovery are conflated.** A Faces and Voices of Recovery study found that there is a disconnect between treatment and recovery services. This impacts data.

## Other Considerations

**The aging LGBTQI+ population is an underserved community.** It may be harder for a person to express their identity in a nursing home or senior living community. The LGBTQI+ community may be less likely to have economic safety nets (accrued wealth, adult children to care for them). There are concerns about the older population not having caregivers to look after them, because of the history of not being able to have children. [SAGEConnect](#) is one resource currently available.

**There are several subpopulations that need special attention.** These include those who are criminal-justice involved or in foster care; individuals who are HIV+; veterans; the undocumented; rural communities; individuals with disabilities; climate refugees; individuals with gambling or eating disorders; individuals engaged in medication-assisted treatment; and individuals with co-occurring disorders. Also, family members (e.g., children, former spouses) may also need support.

**The LGBTQI+ has a rich history that should be memorialized and shared.** From the Stonewall and Compton cafeteria protests to decriminalization and marriage equality, there has been a strong resilient community movement to demand rights and equality for the LGBTQI+ community. Even language (e.g., Pride and reclaiming the term queer which used to be pejorative) are historical markers of resistance. This history helps younger generations to feel a sense of community, belonging, and courage to build upon these successes.

**Sexual health and pleasure are part of recovery.** Some individuals have had unhealthy sexual histories or have regularly used substances to enhance their sexual experiences. Others have been labelled as sex addicts. It is important to have open discussions and reduce provider bias so that a

person can thrive in this aspect of their life. The American Association of Sexuality Educators, Counselors and Therapists is a good group to reach out to and educate.

**Social media and technology are a double-edged sword.** Participants noted the benefits of telehealth and how social media has helped in messaging important health issues (e.g., PrEP for HIV) and building connections. However, there is a lot of hate speech and bullying on social media with little recourse options.

**More accountability mechanisms are needed.** This includes for general recovery, housing, and the workplace. [The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals \(NALGAP\)](#) is working on clinical standards.

**More training and technical assistance is needed.** Participants mentioned learning collaborative and resources to help message and elevate the concerns.

## Resources

- [SAGEConnect](#) which addresses isolation by matching aging individuals with volunteers.
- [Unicorn Housing Program](#) for homeless youth.
- Advocacy Toolkits (Equality California)
- [NALGAP.org](#) provides vetted behavioral services. There is a small charge for membership. They are also working on clinical standards.
- [Black and Pink penpal program](#) for individuals who are criminally justice involved.
- [SAMHSA's LGBTQ+ Behavioral Health Equity Center of Excellence](#) which provides technical assistance to providers.
- State and Local offices of LGBTQI+ Consumer Affairs