

# WORKING WITH CHEMICAL HEALTH ISSUES IN THE QUEER COMMUNITY WITH A HARM REDUCTION, TRAUMA INFORMED LENS

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JustUs Health

- ▶ Who we are.
- ▶ Who's in the room?
- ▶ Participant roles?

# INTRODUCTIONS

We envision a Minnesota where people from diverse gender, sexual, and cultural communities experience health and wellness in powerfully inclusive environments.

Our mission is to lead the work to achieve health equity for diverse gender, sexual, and cultural communities.

- Formed through a merger between the Minnesota AIDS Project (MAP) and Rainbow Health Initiative (RHI)
- Combines MAP's experience and leadership in the field of HIV prevention and support with RHI's expertise in LGBTQ health research, education, and advocacy

# JUSTUS HEALTH

- ▶ As we see society as a whole becoming more accepting of LGBTQ identities, it is likely that more people are going to openly identify as LGBTQ.
- ▶ LGBTQ individuals report experiencing discrimination and mistreatment from their providers based on their identity.
- ▶ This discrimination and mistreatment leads to huge healthcare disparities.
- ▶ LGBTQ individuals have unique healthcare needs that require providers to be knowledgeable and open to discussing these topics.
- ▶ Studies have shown that the number one way to help improve LGBTQ health disparities is to have providers who are understanding and welcoming to LGBTQ identities and needs.

WHY ARE WE HERE?

- Experiences of and fears of social and familial rejection, abuse, harassment, and discrimination negatively impact the mental health of LGBTQ people and communities
- In LGBTQ communities a clear link has been established between experiences of prejudice, stigma, and minority stress and the increased likelihood of experiencing mental illness
- Health care professionals often lack basic knowledge of LGBTQ communities and HIV+ individuals, leading to fear, mistrust, and avoiding seeking help

## BEHAVIORAL HEALTH DISPARITIES THE LGBTQ COMMUNITY

- ▶ Lesbians and mental health- high rates of major depression, phobia, PTSD, suicidal ideation, and attempts
- ▶ Gay men and mental health- high rates of depression, anxiety, and suicidal attempts/completions
  - ▶ Increases when individuals still “in the closet”
  - ▶ Harassment, substance use, isolation, negative reactions all contribute to suicide among gay men

## BEHAVIORAL HEALTH DISPARITIES IN THE LGBTQ COMMUNITY

- ▶ **Bisexuals and mental health**
  - ▶ Lowest level of emotional well-being of any sexual orientation
  - ▶ Highest level of depression and anxiety
  - ▶ More likely to report self-harm, suicidal ideation, suicidal attempts
  - ▶ Greater dissatisfaction with lives in general
- ▶ **Transgender people and mental health**
  - ▶ 41% attempted suicide
  - ▶ 78% in K-12 reported experiences of harassment

# BEHAVIORAL HEALTH DISPARITIES IN THE LGBTQ COMMUNITY

- ▶ Mental/chemical health issues are not necessarily caused by identifying as LGBTQ, but rather as a result of the marginalization/discrimination a person faces as a result of their identity.
- ▶ Providers will sometimes blame mental/chemical health disorders on a person's sexual orientation/gender identity, which causes shame, guilt, and perpetuates mental health issues.
- ▶ These disparities can be caused/exacerbated if a person is not comfortable being "out."
- ▶ The spaces where a person is comfortable being "out" or expressing themselves may be linked to substance use.

## BEHAVIORAL HEALTH DISPARITIES IN THE LGBTQ COMMUNITY-KEY POINTS



- ▶ Only 53% of LGBTQ respondents indicated that they were out to their doctor.
- ▶ 28% were unable to access medical care when they needed to due to the cost of services.
- ▶ 11% stated that they needed to see a doctor but didn't because they feared they would be mistreated or disrespected as an LGBTQ person.
- ▶ Research also shows that the constant stress associated with discrimination can generate physical changes that lead to more chronic disease, a higher rate of infant mortality and earlier death.

## LGBTQ HEALTH DISPARITIES IN THE MEDICAL COMMUNITY

- ▶ Fear of being outed
- ▶ Fear of homophobic responses
- ▶ Heterosexual focused environment
- ▶ Having to educate service professionals
- ▶ Internalized stigma
- ▶ Less access to resources or support
- ▶ Socioeconomic inequality

## BARRIERS TO ACCESSING CARE

- ▶ Disrespectful treatment
- ▶ Lack of awareness of specific health needs
- ▶ Denial of care
- ▶ Use of harsh and/or discriminatory language
- ▶ Blaming the patient's sexual orientation or gender identity as the cause for an illness
- ▶ Refusal to use the patient's correct name
- ▶ Lack of sensitive approach to transgender health needs

## LGBTQ HEALTH CARE ADVERSE EXPERIENCES

- ▶ 25% of LGBTQ adults abuse alcohol, compared to 5-10% of the general population
- ▶ MSM- over 12x rate of amphetamine use and almost 10x rate of heroin use than heterosexual men
- ▶ Bisexual women and lesbians- smoke cigarettes, drink “to excess” more than heterosexual women
- ▶ Bars and clubs were historically safe spaces for LGBTQ individuals

## SUBSTANCE USE DISORDER IN THE LGBTQ COMMUNITY

- ▶ One-quarter (25%) of respondents used marijuana within the past month, compared to 8% of the U.S. population.
- ▶ Seven percent (7%) of respondents used prescription drugs that were not prescribed to them or used them not as prescribed (“nonmedical prescription drug use”) in the past month, compared to 2% of the U.S. population.
- ▶ Four percent (4%) of respondents used illicit drugs (not including marijuana and nonmedical use of prescription drugs) in the past month, and 29% have used them in their lifetime.
- ▶ Overall, 29% of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, nearly three times the rate in the U.S. population (10%).

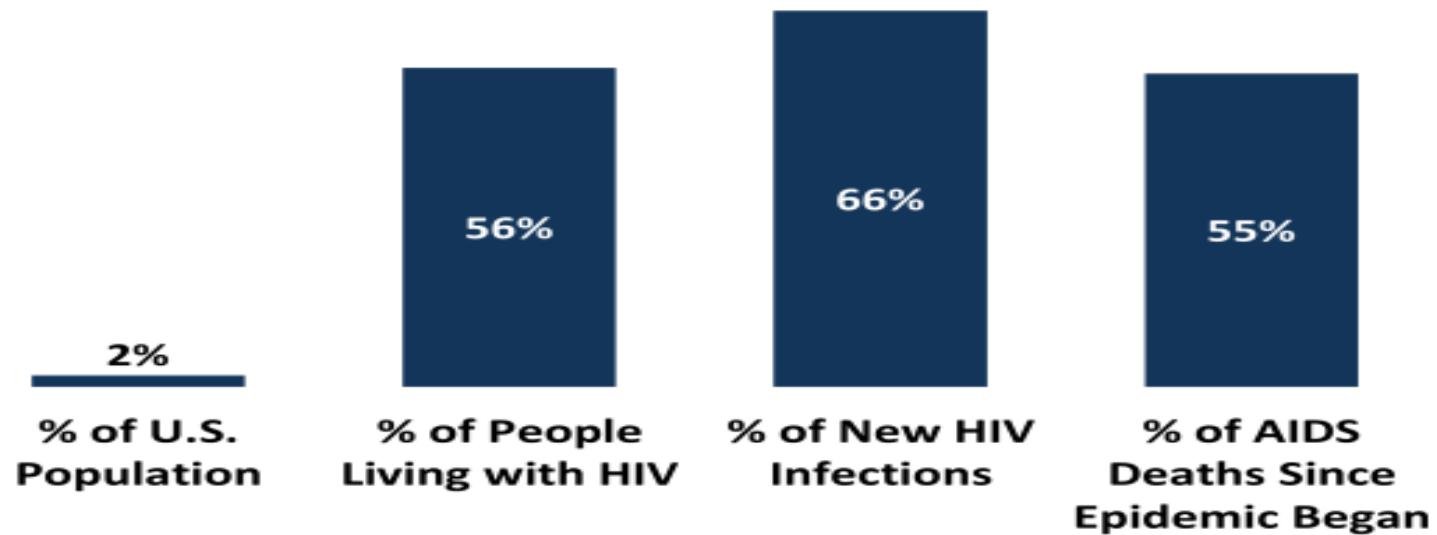
## SUBSTANCE USE AND THE TRANSGENDER COMMUNITY

- ▶ HIV
  - ▶ 3-9 times higher
  - ▶ Highest among transgender women of color
- ▶ Victimization
  - ▶ 60% physical assault
  - ▶ 66% sexual assault
- ▶ Mental health issues- but understudied
- ▶ Suicide- 41% have attempted suicide
- ▶ Less likely to have health insurance, competent care, access to services

# TRANSGENDER HEALTH DISPARITIES

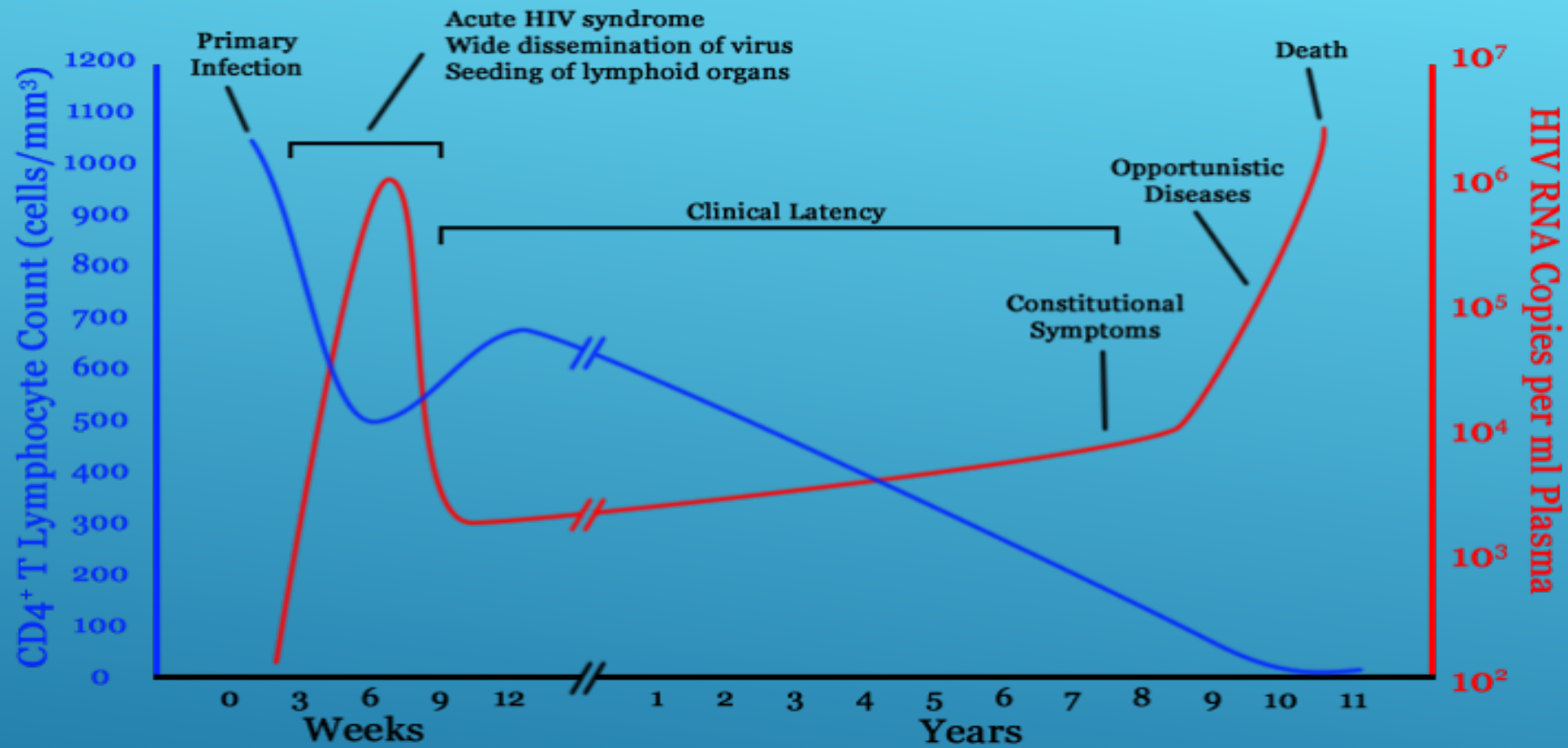
Figure 3

## Impact of HIV on Gay and Bisexual Men in the U.S.



**NOTE:** Includes Men who have sex with men (MSM) and Men who have sex with men and inject drugs (MSM/IDU).

**SOURCES:** CDC, Fact Sheet: "HIV Among Gay, Bisexual, and Other Men Who Have Sex With Men"; CDC, Diagnoses of HIV Infection in the United States and Dependent Areas, 2011; HIV Surveillance Report, Volume 23; CDC, Estimated HIV Incidence in the United States, 2007–2010, HIV Supplemental Surveillance Report, Volume 17, No. 4.



# DISEASE PROGRESSION OF UNTREATED HIV



- ▶ <https://www.youtube.com/watch?v=hlZo944xn2c>

CRYSTAL METH AND SEX

- ▶ Barrier free/condomless sex
- ▶ Multiple sex partners
- ▶ Trading sex for money or drugs
- ▶ Sharing drug use equipment
- ▶ Substance use disorder/ self medication
- ▶ Non-adherence to medications
- ▶ PrEP/PEP and U = U

**HIGH RISK BEHAVIORS ↔ MALADAPTIVE  
COPING SKILLS**



- ▶ Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.
- ▶ Those who continue to experience problems may be diagnosed with Post Traumatic Stress Disorder. People who have PTSD may feel stressed or frightened even when they are not in danger.

## WHAT IS TRAUMA?

The impact of trauma depends on several factors. Some of these include:

The immensity of the event

Age/maturity level at the time of the event.

Outer and Inner Resources (resiliency factors).

Large T and small t traumas

Were they able to act on their own behalf, (run, fight, push away?)

WHY DOES TRAUMA IMPACT SOME  
PEOPLE MORE THAN OTHERS?

- ▶ Re-experiencing symptoms include: Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating, bad dreams, frightening thoughts (1).
- ▶ Avoidance symptoms include: Staying away from places, events, or objects that are reminders of the traumatic experience, avoiding thoughts or feelings related to the traumatic event (1).
- ▶ Arousal and reactivity symptoms include: Being easily startled, feeling tense or “on edge, having difficulty sleeping, having angry outbursts (2).
- ▶ Cognition and mood symptoms include: Trouble remembering key features of the traumatic event, negative thoughts about oneself or the world, distorted feelings like guilt or blame, loss of interest in enjoyable activities (2).

## WHAT IS PTSD? SIGNS AND SYMPTOMS

- ▶ Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). Adverse Childhood Experiences have been linked to:
  - ▶ Risky health behaviors, (sexual, drug use, etc).
  - ▶ Chronic health conditions, (HIV, Heart Disease, Cancer).

(Kaiser Permanente)

# ADVERSE CHILDHOOD EXPERIENCES (ACES)

- ▶ Finding Your ACE Score: *While you were growing up, during your first 18 years of life:*
  1. Did a parent or other adult in the household often or very often...Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?  
If yes enter 1 \_\_\_\_\_
  2. Did a parent or other adult in the household often or very often...Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? If yes enter 1 \_\_\_\_\_
  3. Did an adult person at least 5 years older than you ever...Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?  
If yes enter 1 \_\_\_\_\_
  4. Did you often or very often feel that ...No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? If yes enter 1 \_\_\_\_\_
  5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? If yes enter 1 \_\_\_\_\_
  6. Were your parents ever separated or divorced? If yes enter 1 \_\_\_\_\_
  7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife? If yes enter 1 \_\_\_\_\_
  8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
If yes enter 1 \_\_\_\_\_
  9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
If yes enter 1 \_\_\_\_\_
  10. Did a household member go to prison?  
If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.

# FINDING YOUR ACE SCORE

- ▶ The ACE Score can range from "0", meaning no exposure to the ten categories of child abuse and trauma investigated by the Study, to "10", meaning exposure to all ten categories. The Study found the higher the ACE Score, the greater the risk of experiencing poor physical and mental health, and negative social consequences later in life.
- ▶ Resiliency and Resources

FINDING YOUR ACE SCORE

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# DID YOU KNOW?

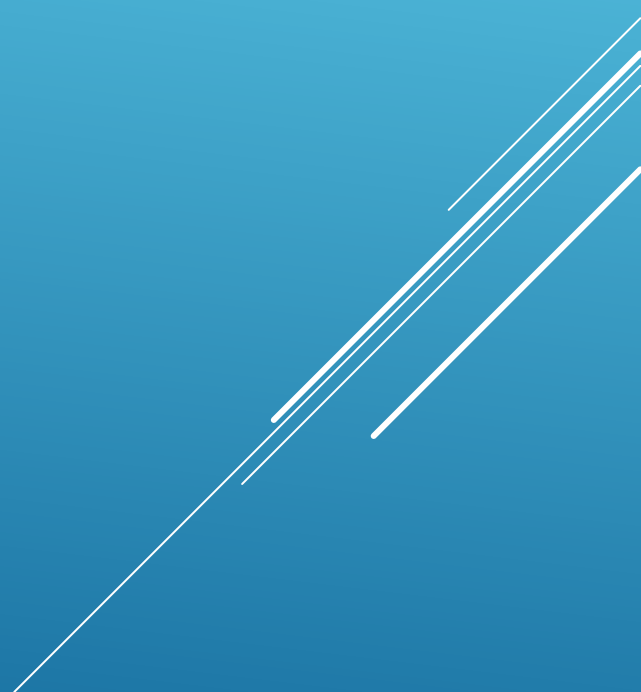


#EndTheDrugWar

**THERE IS A STRONGER LINK BETWEEN CHILDHOOD TRAUMA AND ADDICTION, THEN THERE IS BETWEEN OBESITY AND DIABETES. TWO THIRDS OF ADDICTS REPORT BEING ABUSED AS CHILDREN. THAT MEANS THAT THE WAR ON DRUGS IS A WAR ON TRAUMATIZED PEOPLE THAT JUST NEED HELP.**

<https://youtu.be/T5sOh4gKPIg>

It starts and ends with pain



- ▶ Many clients with a history of trauma will be unable to cope and will turn to drugs and alcohol as a means of escape.
- ▶ It is estimated that up to 50 % of those with PTSD diagnoses meet the criteria for alcohol use disorder.
- ▶ Up to 30 % meet criteria for various drug use disorders.
- ▶ This is higher than the link from obesity to diabetes at 23 %. ( According the Centers for Disease Control, around 39% of the population in the US is obese. Around 9% of the population have diabetes).

## TRAUMA AND SUBSTANCE ABUSE

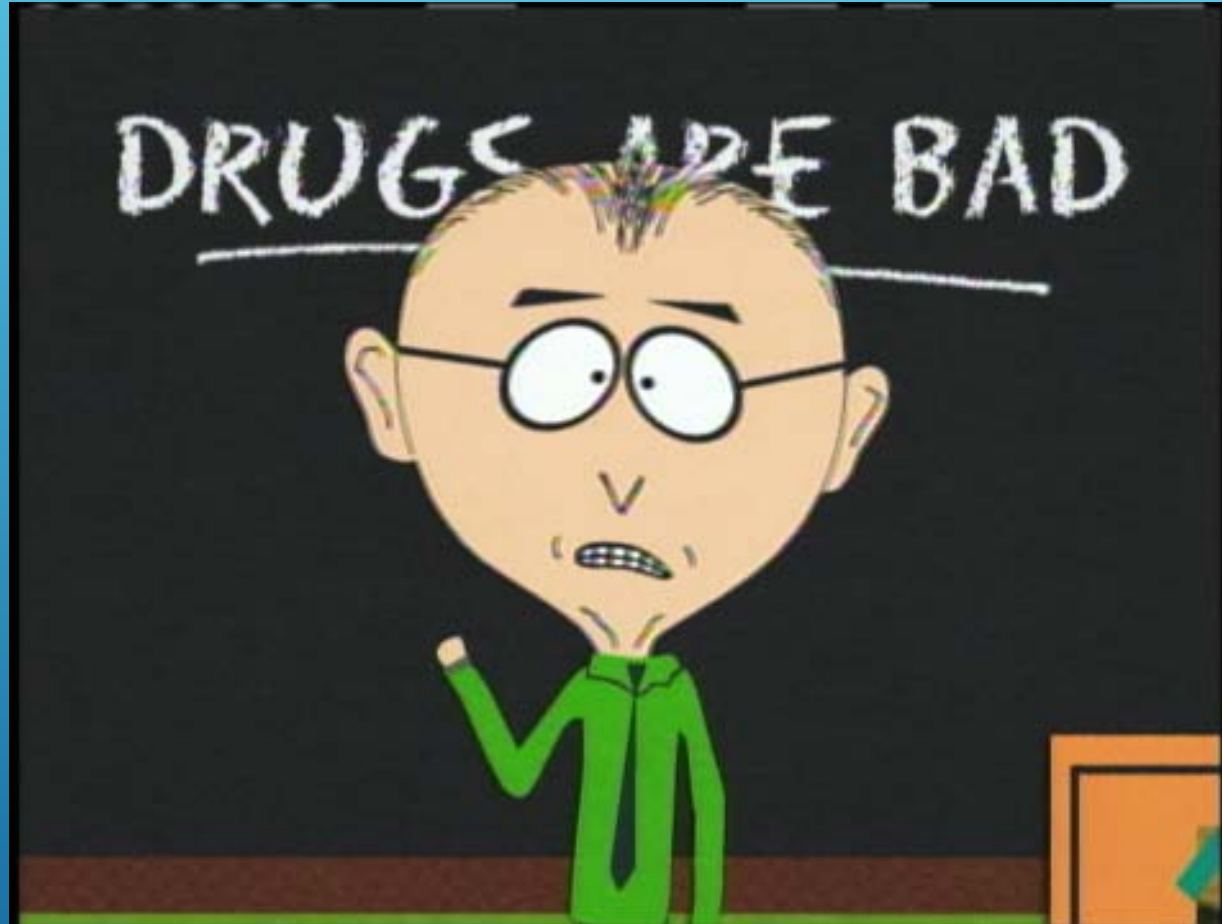
- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

## SAMHSA'S SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

- ▶ Historical trauma is most easily described as multigenerational trauma experienced by a specific cultural group.
- ▶ Historical trauma can be experienced by “anyone living in with an identity that at one time was marked by severe levels of trauma, poverty, dislocation, war, etc., and who are still suffering as a result”
- ▶ Historical trauma is cumulative and collective. The impact of this type of trauma manifests itself, emotionally and psychologically, in members of different cultural groups
- ▶ Epigenetic effects of trauma.

# HISTORICAL TRAUMA

# From This Policy To.....



<http://www.youtube.com/watch?v=Uh7l8dx-h8M>

# HARM REDUCTION

## What Does it mean?

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.



# PRINCIPLES OF HARM REDUCTION

- Accepting that drug use is part of our world and choosing to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use is complex and that some ways of using drugs are safer than others.
- Recognize that abstinence based programs are not for everyone. Meet clients where they are at and let them set their own goals.
- Offer services and resources in a non-judgmental way to people who use drugs. Lecturing does not help and can alienate the person from sharing with you in the future. Empower and affirm the person. Treat them as a person who happens to use drugs. This is not their whole identity.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm. Everyone's story is different. Listen and believe!
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use. Tell them you care and want to see them safe and happy.



# HOW CAN PROVIDERS USE HARM REDUCTION WITH OUR CLIENTS?

- Promotion of safety/risk reduction and to support your clients needs and goals
- Education about resources and safer ways to use
- Overdose prevention
- Referral to treatment resources if requested
- Creating a safe space-non-confrontational

**The Relationship is EVERYTHING!**

# Five Central Principles of Motivational Interviewing: DEARS

- ▶ **D**evelop discrepancy
  - ▶ **E**xpress empathy
  - ▶ **A**mplify ambivalence
  - ▶ **R**oll with resistance
  - ▶ **S**upport self-efficacy
- 
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# TREATMENT OPTIONS

There are many different options for treatment depending on what an individual needs ranging from medication assistance, to hospitalization

## Types of treatment:

- ▶ Medication for opiates: Methadone, Suboxone, Naltrexone.
- ▶ Therapy
- ▶ Psychiatric medications
- ▶ Outpatient treatment
- ▶ Residential treatment
- ▶ Hospitalization

## Models of treatment:

- ▶ 12 Step
- ▶ Harm Reduction
- ▶ CBT/DBT
- ▶ Exposure/ EMDR
- ▶ Co-occurring
- ▶ Medication
- ▶ Health Realization

# But doesn't giving people drug use equipment enable drug use behavior?

- There is no evidence to support that syringe service programs encourage drug use or increase drug use related crimes.
- There is a wealth of evidence however, to suggest that syringe service programs are an effective access point for addiction treatment programs. Injection drug using individuals that participate in a syringe exchange program are far more likely to seek treatment than their peers who don't.
- Overdose reduction
- They effectively reduced the transmission of HIV, Hepatitis C and other infections caused by sharing used equipment.
- They reduce the number of discarded, used syringes and drug use equipment on the streets in our communities, helping to keep everyone safe.

SYRINGE EXCHANGE EFFORTS WORK!

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- ▶ Naloxone is a medication that works to reverse an opiate overdose. It is also referred to as Narcan.
- ▶ It is classified as an “opioid antagonist” and temporarily knocks the opioids off the opioid receptors
- ▶ The medication has no effect unless opioids are present and has no abuse potential.

## NALOXONE FOR OPIATE OVERDOSE

- ▶ In response to increased opiate overdose deaths, in August of 2014, The Good Samaritan Law went into effect.
- ▶ The law offers some protections for people who seek help for someone experiencing an overdose.
- ▶ The law also expands access for people to carry and use Naloxone, even without a prescription.
- ▶ There are several organizations that can provide Narcan for injection drug users and people who care about them.
- ▶ Some of these include: The Minnesota AIDS Project, Valhalla Place, and The Minneapolis Public Health Clinic.

## THE GOOD SAMARITAN OR "STEVE'S" LAW.

- ▶ What should I ask?
- ▶ Can this person safely move about the community?
- ▶ Does the person want to hurt him or herself?
- ▶ Have they hurt themselves in the past?
- ▶ Do they want to hurt someone else?
- ▶ Do they have a plan and/or means?
- ▶ What should I do?
- ▶ Safety Contracting
- ▶ The Buddy system
- ▶ Self Harm VS Suicidality
- ▶ Planning a Check In/Meeting
- ▶ COPE/Crisis Services
- ▶ Acute Psych Services
- ▶ Report to your supervisor and clearly document what happened

## RISK ASSESSMENTS AND SUICIDALITY

- ▶ When should I call for Help?
- ▶ Repairing the damage.

POLICE AND EMERGENCY SERVICES-  
CONSIDERATIONS

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- ▶ **Low Threshold Entry-** Don't demand too much change too soon.
- ▶ **Ways to Frame Rules-** Expectations should be clear, strength-based and framed in a positive way. For example: "Please be courteous of other residents safety." Instead of telling them what they can't do.
- ▶ **Have Clear Expectations Around Dangerous Behaviors-** Focus on the behavior and how it is impacting other clients and staff. Remember that the behavior is a symptom and does not define the person. Make sure a client knows what to expect if they violate the safety of others.
- ▶ **Follow through on consequences, but keep expectations realistic-** Clients may test us and may lapse in terms of use/ behaviors. Help them make small positive changes and give recognition for them. Putting a client on the spot in front of peers can backfire.
- ▶ **Treatment Planning Should Be Individualized and Client Driven-** Cookie cutter treatment plans are often ineffective.

HARM REDUCTION TREATMENT MODEL  
SOME THINGS TO CONSIDER...

- ▶ **Make Specific and Realistic Goals-** Start small to minimize the risk of failure and give the client a sense of mastery. Positive changes tend to build off one another.
- ▶ **Goals Should be the Client's, Not the Counselor-** Are they just telling you what they think you want to hear?
- ▶ **Redefining Success-** Remember that success looks different for different people. Abstinence is not the only way to achieve success.
- ▶ **Collaterals are Important-** Keeping outside parties involved increases the likelihood of positive outcomes. Always offer the client a plan and communicate with other providers if discharge is required. Try and make this the last resort whenever possible.
- ▶ **Remember Unconditional Positive Regard-** The more someone acts out the deeper their pain. A little empathy goes a long way.

## GOAL SETTING AND CRISIS INTERVENTION

- ▶ TLCM (Treatment Linkage Case Management), is an evidence one on one intervention that has been shown to improve linkage to substance abuse treatment.
- ▶ The goals of TLCM are to:
  - (1) help clients identify the barriers that interfere with substance abuse treatment entry;
  - (2) identify client strengths, assets, and resources that can overcome barriers to treatment;
  - (3) reduce system barriers that keep people from linkage and engagement with substance abuse treatment; and
  - (4) build client attributes that improve future linkage and engagement in treatment.

# TREATMENT LINKAGE CASE MANAGEMENT

- ▶ Conduct a Cost/Benefit Analysis of drug use-Remember that substance use is often an important part of your client's life that has allowed them to cope. There will be both gains and losses if they decide to change or give up use

### PRO's

It might help my hypertension & I can stop taking the medicine  
I could lose some weight  
Might have more energy  
Would look better on dates – not so puffy.

### CON's

I like to drink with my buddies. They're the only ones I have and I'd be lonely.  
I'd have trouble going to sleep  
Not sure I could handle the withdrawal

HARM REDUCTION TREATMENT MODEL  
SOME THINGS TO CONSIDER

- ▶ Reflect on your attitudes about sexuality and gender, trauma and harm reduction
- ▶ Acknowledge and then question your own personal biases and attitudes in a safe space.
- ▶ Avoid projecting your biases onto your clients
- ▶ Ask yourself
  - ▶ How do I react (internally and externally) when I learn someone is gay? Lesbian? Bisexual? Transgender? A person who injects drugs? A person who is living with HIV? A person living with mental illness?
  - ▶ How do I react (internally and externally) when someone expresses their gender in a non-traditional manner? How do I react to a person who is experiencing mental health symptoms?

WHAT CAN WE DO AS PROVIDERS?

- ▶ **Don't assume:**
  - ▶ All clients are straight
  - ▶ All clients use “traditional” labels
  - ▶ Sexual orientation based on appearance
  - ▶ Sexual identity based on behavior (or partner's gender)
  - ▶ Sexual behavior based on sexual identity
  - ▶ Sexual behavior or identity haven't changed since last visit
  - ▶ Bisexual identity is only a phase
  - ▶ Transgender clients are gay, bisexual, or lesbian
  - ▶ Don't assume all clients want sobriety or imply that abstinence is the only method of recovery.

# REDUCING BARRIERS

- ▶ **A welcoming environment starts at the door**
  - ▶ **Safe Zone stickers**
  - ▶ **Magazines from the LGBTQ community**
  - ▶ **All Gender Restrooms**
  - ▶ **Gender neutral language**
- ▶ **Intake forms should feature inclusive language**
  - ▶ **Instead of this: Single, married, divorced**
  - ▶ **Use this: Single, married or significant other(s), divorced or relationship dissolved**
  - ▶ **Use write in lines whenever possible versus making people choose from identities. Not everyone fits in a box.**

**SAFE SPACES**

- ▶ Keep educating yourself on LGBTQ health disparities and educate your network
- ▶ Become a link to resources for the LGBTQ population
- ▶ Examine how trauma plays into people's lives and be aware of triggers
- ▶ Question what you know about substance use disorders and learn more about the reasons that people use drugs and alcohol
- ▶ Remember that every behavior happens for a reason and the more people act out the more they are in pain
- ▶ Advocate for trans people to be counted and validated in their identities

REDUCE BARRIERS



- [Bluelight.org](http://Bluelight.org) (Online Forum for People Who Inject Drugs).
- [Cdc.gov](http://Cdc.gov) (Centers for Disease Control)
- [Drugpolicy.org](http://Drugpolicy.org) (Drug Policy Alliance)
- [Harmreduction.org](http://Harmreduction.org) (Harm Reduction Coalition)
- [Health.state.mn.us](http://Health.state.mn.us) (Minnesota Department of Health)
- [Kaiserpermanente.org](http://Kaiserpermanente.org) (Kaiser Permanente)
- [Mnaidsproject.org](http://Mnaidsproject.org) (Minnesota AIDS Project)
- [Nami.org](http://Nami.org) (National Alliance on Mental Illness)
- [Nimh.nih.gov](http://Nimh.nih.gov) (National Institute of Mental Health).
- [Rainbowhealth.org](http://Rainbowhealth.org) (Rainbow Health Initiative).
- [Samhsa.gov](http://Samhsa.gov) (Substance Abuse and Mental Health Services Administration).
- [Williamsinstitute.law.ucla.edu](http://Williamsinstitute.law.ucla.edu) (The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy)

# RESOURCES