

Developing Culturally Specific Interventions for At Risk LGBT Clients

By James A. Peck, PsyD

The work described here addresses the needs of two historically underserved populations: the lesbian/gay/bisexual/transgender (LGBT) community; and users of illicit substances. Despite the historical marginalization of the field of substance abuse treatment over the past decade, much work has been done to understand the physiological, behavioral, and social mechanisms associated with substance abuse, and to develop empirically validated treatment approaches.

Methamphetamine has become a widely used illicit substance in the Los Angeles gay and bisexual male communities (Reback, 1997). It is also closely connected to sexual identity and sexual expression in this population (Reback, 1997; Frosch et al. 1996; Gorman et al., 1995). Unfortunately, changes in sexual behaviors and in the decision-making processes around sexual behaviors that take place with methamphetamine use are associated with high levels of risk for HIV transmission (Molitor et al., 1998). Because previous work in this area (Reback 1997; Reback & Grella 1999; Chesney, Barrett, & Stall 1998) established that the use of this drug and high risk sexual behaviors are often intertwined, it became clear that interventions were needed that might increase HIV prevention in this population by addressing both substance use and sexual behaviors.

A clinic was established in the middle of a male sex-work area in Hollywood, close to the largely LGBT communities of West Hollywood and Silverlake. A total of 162 participants were randomly assigned to one of four 16-week treatment conditions: (1) standard relapse prevention (n=41), a thrice-weekly cognitive behavioral group; (2) contingency management (n=42), a purely behavioral condition that reinforced clean urine samples with vouchers for goods and services; (3) a condition combining the previous two (n=39); and (4) gay-specific relapse prevention (n=40), also taking place in a thrice-weekly group format.

Standard relapse prevention focuses on identification of triggers for substance use, and the development of coping mechanisms to either avoid triggers altogether or develop alternative responses to them. Our gay-specific relapse prevention approach combined the tenets of standard substance abuse relapse prevention with language and materials designed to help participants examine the extent to which high-risk sexual behaviors and aspects of gay identity were connected to their methamphetamine use. It was hypothesized that this approach might encourage participants not only to abstain from methamphetamine use, but also to begin to sever and/or transform the powerful connection between high-risk sex and methamphetamine use.

Initial results of the project are encouraging. While participants were followed for 52 weeks post-admission, follow-up data is not yet ready for analysis. At the 16-week end of treatment point, the relapse prevention only group had the poorest drug use outcomes as measured by total number of clean urine samples provided [$F(3,158)=7.86$, $p < .001$]. Participants in the relapse prevention + contingency management condition achieved statistically significantly better drug use outcomes such as retention in treatment (74% completed 16 weeks; [$\chi^2(3)=14.4$, $p < .002$]), but poor outcomes in terms of reducing high-risk sexual behaviors. Given that relapse prevention did poorly by itself but very well with contingency management added, it appears that contingency management somehow optimized the effectiveness of the relapse prevention intervention. The gay-specific relapse prevention condition achieved greater reductions in unprotected receptive anal intercourse [$F(3,382)=5.76$; $P < .001$] than all other conditions, but was only moderately successful at reducing drug use. Based on these data, we hypothesize that the addition of contingency management to our gay specific relapse prevention approach may well create a combined intervention that is effective in reducing both drug use and sexual risk behaviors.

What we find very exciting is that a culturally specific intervention appears to reduce one of the most detrimental concomitant behaviors associated with methamphetamine use. Our data suggest that such an intervention is effective at reducing sexual risk behaviors, the facet of methamphetamine use that is connected with gay identity, and therefore this intervention does indeed function as HIV prevention for

this population.

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James A. Peck, PsyD received his doctorate from the California School of Professional Psychology at Los Angeles. Dr. Peck is currently an NIH Postdoctoral Fellow at the University of California at Los Angeles Integrated Substance Abuse Programs, where he participates in applied clinical research in the field of substance abuse, HIV prevention, and associated mental health issues. References are available upon request from CPA Central Office.