

# **Systems of Care Implications in Hawai'i: Sexual and Gender Minorities**

**From the Hawai'i State Department of Health  
Alcohol and Drug Abuse Division State Plan**

**Presented by: Thaddeus Pham, Cade Akamu, Annie Do, Kevin K.**

**Tomita, Daniel Nead, Molly Brennan**

**Date: 9/29/2022**

Coordinated by the  
Department of Psychiatry  
JABSOM University of  
Hawai'i in partnership with  
the Hawai'i State  
Department of Health,  
Alcohol & Drug Abuse  
Division (ADAD),  
Hawai'i Youth Services  
Network (HYSN), and the  
Hawai'i Interagency  
Statewide Youth Network of  
Care (HI-SYNC)



# Acknowledgments & Disclosures

**Support for the writing and coordination of the Chapters of the State Plan for a System of Care was provided by the Hawai‘i State Department of Health Alcohol and Drug Abuse Division (ADAD).**

- ❖ Department of Psychiatry, John A Burns School of Medicine, University of Hawai‘i at Mānoa
- ❖ Data Analytics Team, Office of Public Health Studies, Thompson School of Social Work and Public Health, University of Hawai‘i at Mānoa
- ❖ Disease Outbreak and Public Health Nursing Division, Hawai‘i Department of Health
- ❖ Sexual and Gender Minorities (SGM) Workgroup, Hawai‘i Department of Health
- ❖ LGBTQ Center, University of Hawai‘i at Mānoa
- ❖ Hawai‘i Health Data Warehouse, Office of Public Health Studies, Thompson School of Social Work and Public Health, University of Hawai‘i at Mānoa



# Learning Objectives

**By the conclusion of the session, the audience will be able to:**

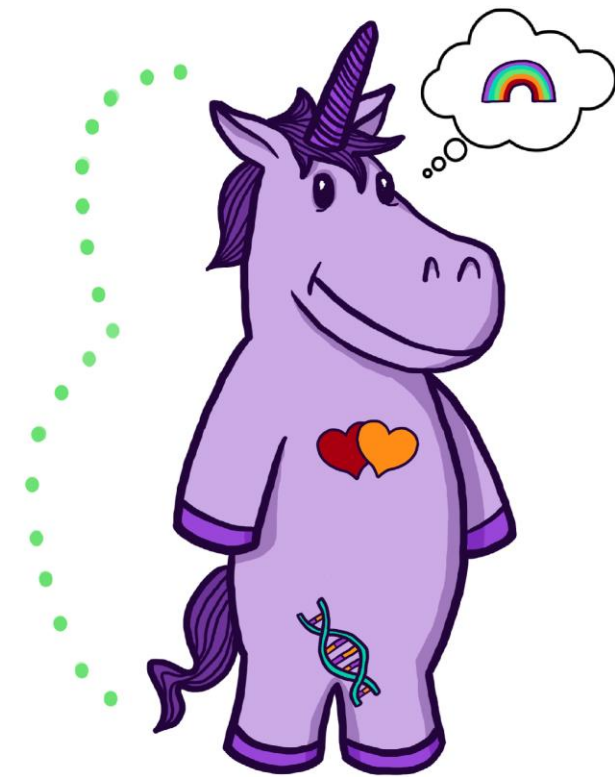
- **Define sexual and gender minorities in context of substance use in Hawai‘i**
- **Describe barriers to substance use treatment for SGM people in Hawai‘i**
- **List opportunities to improve system of care for substance use prevention and treatment for SGM people in Hawai‘i**



# Conceptual Grounding

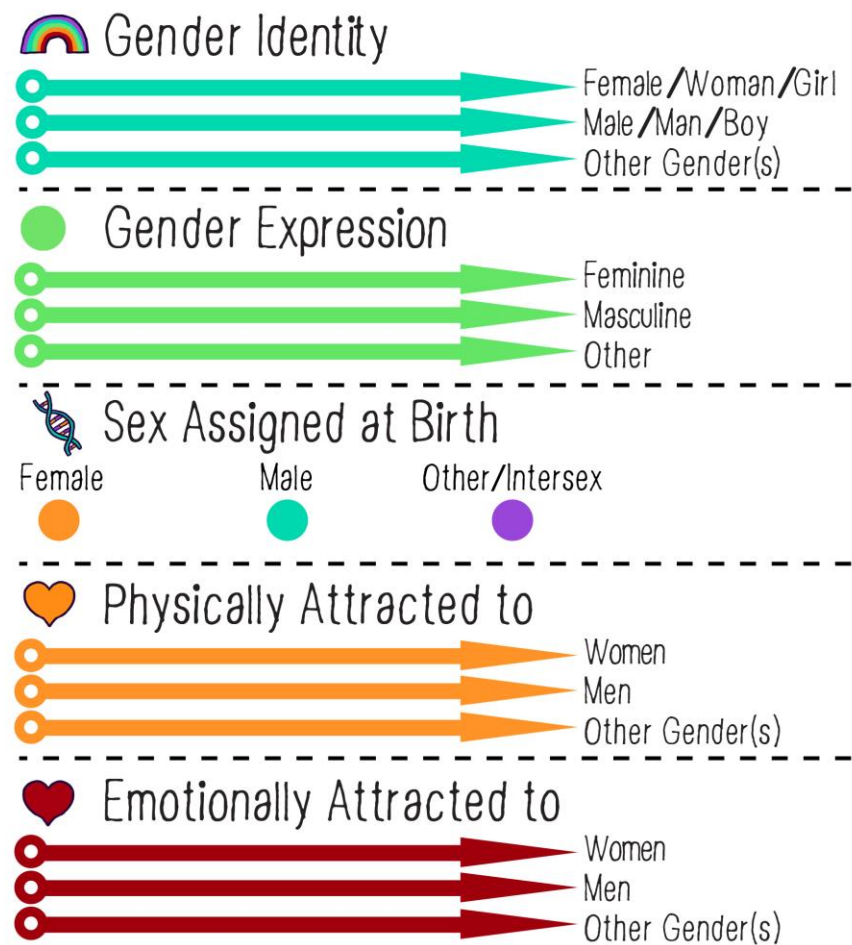
## The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



# Background

Sexual and gender minority (SGM) communities bear a **disproportionate burden of substance use and abuse** in Hawai'i .

## **Substance Use Due to Many Factors**

Risk and resiliency factors are at all levels, from individual to societal.

## **Insufficient Resources Available**

Despite high need, very few resources or programs exist.

## **Multi-Level Transformation Needed**

Service delivery; workforce; financing; data collection; policy change.





## ADAD State Plan for a System of Care

The goal of this project is to assist ADAD in updating its state plan, which states the division’s “efforts are designed to promote a statewide culturally appropriate, comprehensive system of substance abuse services to meet the treatment and recovery needs of individuals and families and to address the prevention needs of communities.”

### Data Analytics Core

UH Pacific Health Analytics Collaborative

### Culture Case Study Core

Native Hawaiian Culture Case Study, Puni Ke Ola project

### System of Care Implications Core

UH Department of Psychiatry & Chapter Leads

### Emerging Adult Treatment Needs Assessment

UH Department of Psychiatry



# SoC Chapters

The SoC Implications Core includes a set of reports which discuss the Systems of Care for the intersection of substance use and public sector or specific populations

## Substance Use & Public Sector

Mental Health

Homelessness

Criminal Justice

Juvenile Justice

Violence (IPV, DV, CAN)

## Substance Use & Populations

Rural

Native Hawaiian

Sexual & Gender Minorities

Pregnant & Parenting Women

Primary Care Integration



# Background

Proportion of past-month substance use among lesbian, gay, bisexual, and heterosexual individuals (aged 12 and above) in Hawai‘i between 2015-2018<sup>1</sup>

*(NOTE: not enough numbers to report for transgender people)*

	Lesbian/Gay		Bisexual		Heterosexual	
	%	Est. N	%	Est. N	%	Est. N
Tobacco	32.3%	8,000	29.0%	10,000	18.0%	170,000
Methamphetamine	4.0%	1,000	2.4%	1,000	0.7%	7,000
Alcohol	44.5%	11,000	62.5%	22,000	48.3%	458,000
Marijuana	8.0%	2,000	21.4%	8,000	9.4%	89,000
Cocaine	C.S.	C.S.	2.2%	1,000	1.0%	10,000
Opioids	C.S.	C.S.	6.5%	2,000	1.0%	9,000
Pain Relievers	C.S.	C.S.	6.5%	2,000	1.0%	9,000
Tranquilizers	C.S.	C.S.	2.5%	1,000	0.4%	4,000
Stimulants	C.S.	C.S.	2.4%	1,000	0.4%	3,000



# Background

Proportion of substance use among lesbian, gay, bisexual, and heterosexual high school students in Hawai‘i in 2019<sup>2</sup>

*(NOTE: not enough numbers to report for transgender people)*

	Lesbian/Gay		Bisexual		Heterosexual	
	%	Est. N	%	Est. N	%	Est. N
Alcohol - Current Use	24.2%	131	31.3%	382	19.7%	4,441
Alcohol - Binge Drinking	11.0%	140	16.2%	404	10.3%	4,609
Marijuana	14.9%	147	21.4%	416	16.9%	4,658
Cigarettes-Combustible	8.4%	153	9.9%	424	4.1%	5,74
Cigarettes-Electronic	23.8%	135	34.2%	402	31.2%	4,512
Cigarettes- Combustible Daily Use	2.3%	153	0.8%	424	1.2%	4,794
Cigarettes - Electronic Daily Use	13.2%	135	5.8%	402	8.0%	4,512



## **Socio-Ecological**

Factors apply at individual, interpersonal, community/ institutional, and societal levels.

## **Minority Stress**

Individuals experience discrimination, stigma, and prejudice, which lead to unique factors that affect SGM people.

## **Intersectionality**

SGM people can experience minority stress due to multiple identities (eg, race, class, ability) separately or combined.

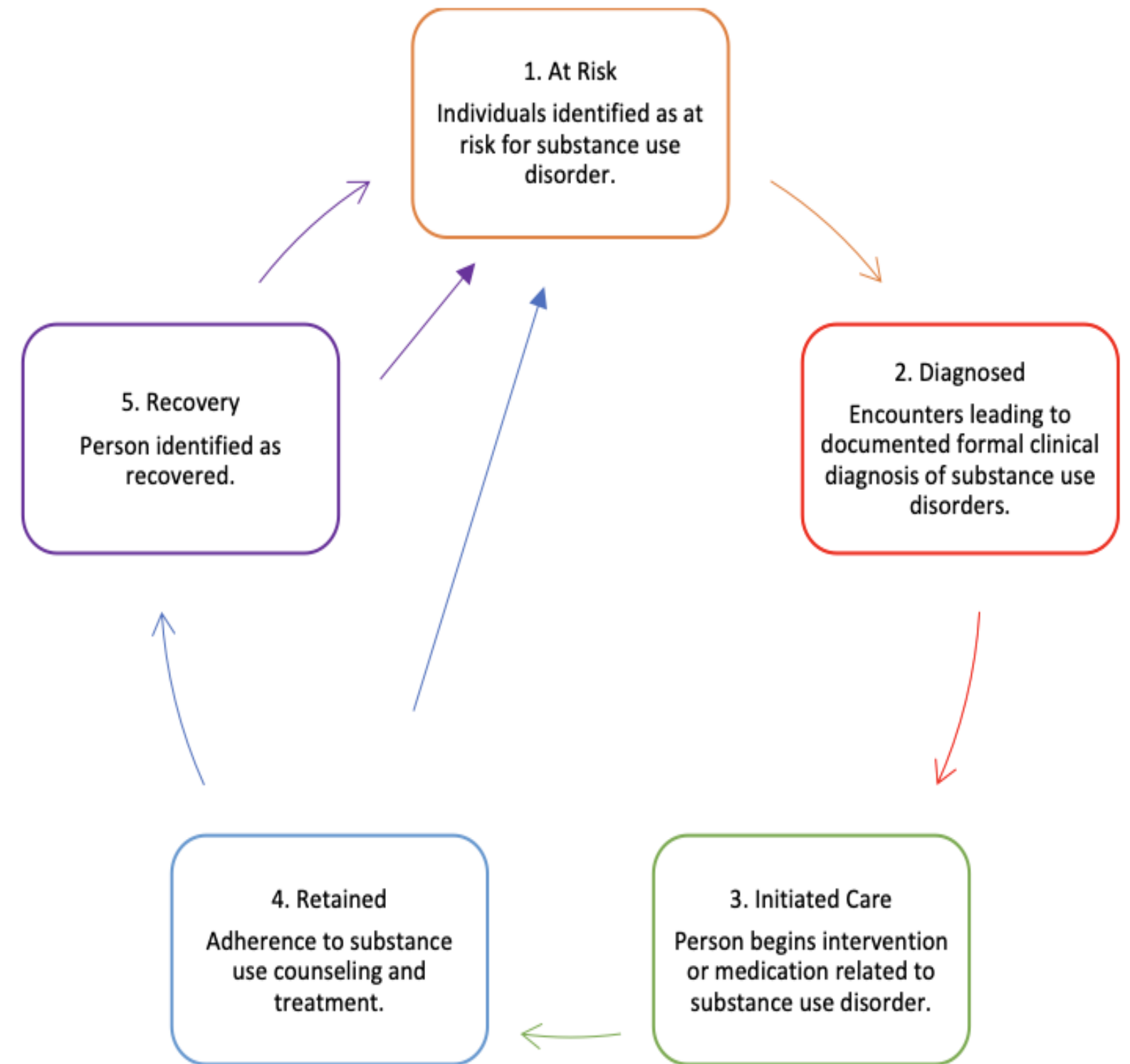
## **Lit Review**

Risk and resiliency factors affect the initiation, duration, and intensity of substance use and abuse.



# The Current System of Care

Generally, the current system of care for SGM people in Hawai'i is insufficient.



Conceptual Framework for SUD Cycle of Care for SGM People in Hawai'i.  
(adapted from Yedinak (2019)<sup>3</sup>)



## **Prevent**

Screening and  
resiliency



## **Treat**

Diagnose and  
link



## **Support**

Retain and  
recover



# **Current System of Care**

Gaps in care include:

- programs/resources
- research and data
- workforce and training
- funding and reimbursement
- policy change



# Interventions

Evidence-based or best practices from the literature were insufficient, especially for non-gay/bisexual cisgender men

# Psychosocial Interventions<sup>4</sup>

- structured intake interview, standard clinical assessment, psychosocial interventions (up to 12 sessions) with focus on harm reduction principles
- reduced methamphetamine use

# Recovery Housing<sup>5</sup>

- Provides housing, regular coaching, and access to treatment services via linkage to an intensive outpatient program; requires regular urine testing
- Reduction in recent substance use, post-completion

# Local Voices

Informal survey about  
substance use from SGM  
communities in Hawai'i



## Gender-Affirming Resources

*“Often patients are not accepted for residential SUD treatment as the “gender issue” becomes “insurmountable” and they are denied”*

## SGM-Affirming Resources

*“As a lesbian who is in recovery, there's not a ton of resources/providers identified as being LGBTQ friendly...I went out of State for IP [inpatient] treatment for that reason.”*

# Local Voices

Informal survey about  
substance use from SGM  
communities in Hawai'i



## Workforce Development

*“[My doctor is] going to retire soon. He's been a great ally but supportive addiction specialty psychiatrists are few and far between in the state.”*

## Data Collection/Utilization

*“[We need] Data collected on SGM demographics on intake forms, SGM specific services for youth”*



# Local Voices

Informal survey about  
substance use from SGM  
communities in Hawai'i



## Capacity Building

*“SGM training/certification for substance  
misuse/prevention organizations treating  
all youth”*

## Neighbor Island Resources

*“specific individual therapists in kona and  
hilo to refer SGM folks to”*



## **More is needed:**

1. Culturally appropriate resources
2. Sufficient, trained workforce
3. Funding for sustainability
4. Consistent, usable data and research
5. Policy change for implementation

**Implications for the  
System of Care**

# Recommendations



## **Service Delivery**

- Increase Prevention and Treatment Access and Integration

## **Workforce Development**

- Recruit Community and Enhance Current Capacity

## **Nimble Financing**

- Allocate Funding and Resources Effectively and Appropriately

## **Data to Action**

- Improve Data Collection, Evaluation, and Research

## **Policy at All Levels**

- Transform Systems and Organizational Processes



# Recommendations

## **Invest in Infrastructure**

Invest funding and resources into culturally appropriate programs and workforce development for prevention and treatment

## **Build Sustainability**

Identify opportunities to change policies using improved data and research. Ensure that the diverse needs of the SGM community are met.

# References

1. Hawai‘i Behavioral Health Dashboard: National Survey on Drug Use and Health Substance Use Dashboard. . University of Hawai‘i at Mānoa, Pacific Health Analytics Collaborative.; n.d.  
<https://www.hawaii.edu/aging/hbhd/index.html>. Accessed 12/10/2021.
2. Centers for Disease Control and Prevention. 1991-2019 High School Youth Risk Behavior Survey Data. <http://nccd.cdc.gov/youthonline/>. Published n.d. Accessed June 28, 2021.
3. Yedinak JL, Goedel WC, Paull K, et al. Defining a recovery-oriented cascade of care for opioid use disorder: A community-driven, statewide cross-sectional assessment. *PLoS medicine*. 2019;16(11):e1002963-e1002963.
4. Lea T, Kolstee J, Lambert S, Ness R, Hannan S, Holt M. Methamphetamine treatment outcomes among gay men attending a LGBTI-specific treatment service in Sydney, Australia. *PloS one*. 2017;12(2):e0172560-e0172560.
5. Mericle AA, Carrico AW, Hemberg J, Stall R, Polcin DL. Improving recovery outcomes among msm: The potential role of recovery housing. *Journal of Substance Use*. 2018:No Pagination Specified-No Pagination Specified.



# Questions?

Contact Information:

Thaddeus Pham (he/him)

[Thaddeus.pham@doh.hawaii.gov](mailto:Thaddeus.pham@doh.hawaii.gov)

*A draft volume of the ADAD State Plan System of  
Care Implications Chapters is available for public  
review and comment at*

<https://health.hawaii.gov/substance-abuse/state-plan/>

