CASE REPORT

Methamphetamine Abuse in Sexual Minorities: A Case Report

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Abstract

Methamphetamine production and abuse increased significantly in Malaysia. Lesbian, gay, bisexual and transgender (LGBT) populations have higher prevalence of substance abuse compared to general population. Their unmet needs pose greater challenges in managing their substance related disorders. This paper described the agony of a Malaysian lesbian with gender identity disorder who abused substances and developed amphetamine-induced psychosis. Her sexual identity issue was explored in managing her substance related disorders to improve her outcome.

Keywords: Methamphetamine Psychosis, Lesbian, Gay, Bisexual, Transgender

Introduction

Methamphetamine production and abuse has increased significantly over the recent years in Malaysia. This is evidenced by the substance being the second most commonly used drug among those enrolled into drug treatment in 2010. Moreover, arrests related to amphetamine and methamphetamine raised more than six and a half times in the same year¹. The easy accessibility of methamphetamine is postulated to create greater impact among the vulnerable individuals such as the sexual minorities, i.e. lesbian, gay, bisexual and transgender (LGBT) individuals. Comparing to the general population, the LGBT populations have higher prevalence of substance abuse or dependence²-⁴. This may be partly attributed to the discrimination and stigma from the society, which may increase their risk for psychological distress and substance abuse. This is a case report of a lesbian with gender identity disorder who abused substances and developed amphetamine-induced psychosis.

Case Report

Ms RK is a 40 year-old lady who has had strong and persistent cross gender identification since young. She adopts a male lifestyle and appearance, and has been cohabiting with a lesbian partner for the past 10 years. She started abusing substance 20 years ago and had progressed to abusing...
poly-substance, namely, cough mixture, methamphetamine, heroin and alcohol. She had heroin dependence for the past 7 years and was enrolled in the Methadone Maintenance Therapy at Hospital Kuala Lumpur (HKL) two years ago. She had multiple admissions to the psychiatric ward for similar presentation of aggression associated with second person auditory hallucination, persecutory delusion, delusion of control and hypersexuality, which typically followed after an increment of methamphetamine intake. Her psychosis lasted one to six weeks after abstinence of methamphetamine. She also had hypomania-like symptoms during amphetamine intoxication and depressive-like symptoms during the withdrawal stage (‘crash’). Her guilt regarding her homosexual relationship became more prominent during the ‘crash’. She could function well in between the episodes despite defaulting treatment of her antipsychotic. Her sexual identity issue was not explored extensively until her latest admission. She had been feeling inferior since 14 years old when she became more aware of her deviant sexual identity and orientation. She described herself as having a male soul trapped in a female body. She did not undergo hormonal or surgical reassignment due to her religious obligation. Both the patient and her partner expressed constant stress from living a lifestyle that is prohibited socially, culturally and religious wise. They have constant feeling of sinfulness. Her lesbian partner had been disowned by her family due to her relationship with the patient, making her feel responsible to provide her partner luxury despite facing constant financial constraint. This also contributed to them living in an isolated world. They had attempted to end their relationship but it turned out in vain as it was equally difficult for them to live without each other’s support. All these have added on to her constant struggle of living with sexual identity and orientation issues. She coped with abusing substance especially methamphetamine whenever she faced stressful situations; related or unrelated to her lifestyle. Her sexuality and substance usage issues were explored in a non-judgmental approach. Therapeutic alliance with the patient and her partner was established. Adaptive coping skills were discussed and re-emphasized during her follow up. Up to date (15 months since her last admission), she has had no relapse and had been compliant with her treatment.

Discussion

Overall, treatment of methamphetamine use should not only focus on achieving abstinence or reduction of drug usage but also focus on the needs of the users. It is crucial for therapists “to accept each client as a unique human being rather than as stereotypes of some group”. For sexual minorities, specifically addressing psychosocial factors associated with sexual identities may identify the factors related to the development and maintenance of substance use disorders. This is even more significant for patients who have high moral and religious background like in this patient. They face constant struggle from living with their own internal conflicts with added burden of discrimination from the society, which may put them at risk for developing psychological distress.

LGBT status and substance abuse can be linked through several mechanisms which include internalized homophobia and heterosexism. “Homophobia is defined as the anxiety, aversion and discomfort that arise when being around, or thinking about LGBT behaviors or people.” “Heterosexism resembles racism or sexism and denies, ignores, and disparages non-
heterosexual forms of emotional and sexual expression. These factors lead to increased shame about themselves as sexual minorities and they use substance as a way to numb the pain. In addition, social pressures and discrimination may limit their boundary to socialize, leading to frequent visits to bars or places where substance abuse is a norm. Substance use is also a coping strategy to deal with many on-going psycho-social stressors and as a self medication for underlying psychiatric comorbidity. Those factors should be explored in order to understand their needs and provide necessary therapy.

Multi-layer of approach is to be implemented in order to manage the complexity of amphetamine abuse in minority populations. From law enforcement in reducing drug production, trafficking and trade in the country till the management of an individual patient. Evidence shows that regardless of the treatment applied, therapeutic alliance and the provision of warm, supportive environment are essential for a successful intervention in methamphetamine user. Addressing psychological factors associated with sexual identities can optimize the therapy for substance use disorders in sexual minorities.

References


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