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WITH MODERN OPTIONS, 'less is more with breast cancer surgery'



BY RANDY GRIFFITH
The Tribune-Democrat,
Johnstown, Pa.

JOHNSTOWN, Pa. — For years, surgeons have been finding ways to avoid or reduce surgery in breast cancer diagnosis and treatment.

Thirty years ago, it often took a surgical biopsy to diagnose cancer.

If the biopsy showed cancer, a patient usually underwent a radical bilateral mastectomy to remove both breasts, with additional surgery to exam-

ine lymph nodes to see if the cancer had spread.

Today, most women can opt for breast conservation surgery, commonly known as a lumpectomy, to remove the cancer and save most of the breast tissue.

If the lumpectomy patient also receives some course of breast radiation therapy, the life expectancy and rate of serious complications are no different than mastectomy, breast surgeon Dr. Meaghan Marley said at the Conemaugh East Hills outpatient

center in Richland Township.

"Both are equal from an oncological standpoint," Marley said. "The local recurrence is higher for lumpectomy but still very small, and it doesn't affect overall survival."

Lymph nodes are tiny bean-like glands that are part of the body's lymphatic system. Doctors examine them to determine if the cancer has advanced beyond the breast.

Until the 1990s, most breast cancer patients got an axillary lymph node dissection, taking up to 30 lymph nodes from

the armpit area. The procedure can disrupt the lymphatic system and cause swelling, or lymphedema, in the legs.

Since the 1990s, the standard of care has been to check lymph nodes most likely to be the first hit by cancer cells and check only those cells, requiring a much smaller incision.

"We use radio tracer blue dye," breast surgeon Dr. Renée Arlow said at the East Hills center. The dye is injected into the breast and tracked through the lymphatic system.

"We follow its trajectory through the lymphatic system of the breast," Arlow said. "The cancer is going to have that same path. We take out the lymph node that has the highest amount and those in the top 10%."

With axillary dissection, there's a 30% chance of lymphedema, but with axillary sentinel node biopsy, the chance is reduced to 5%.

Surgeons are also not removing as many abnormalities found in the breast. A radial scar and an intraductal papilloma are two usually benign growths found in the breast.

Once they are identified by biopsy, surgeons decide if the growth is a threat.

"We used to take the patient to the operating room and take all of those out," Arlow said. "Now there's a group of those that we observe. We don't take them out. The risk of upgrade is very, very low."

If the patient still has residual cancer after standard oncology treatments, surgeons will go back and do a full axillary lymph node dissection. "That's the next big push," Arlow said, "to see if we actually need that."

Another advance makes the day of surgery shorter and less stressful, Dr. Trudi Brown said at the Joyce Murtha Breast Care Center in Windber.

The surgeons or radiologists use an image-guided catheter to place a tiny marker at the tumor site a few days before surgery. On the day of surgery, magnetic or radio-wave scanning equipment finds the marker and helps the surgeon see the tumor's precise location.

"It makes the day of the surgery more streamlined,"

Brown said. "I make the incision directly over the cancer and take out a much smaller piece of the breast, which is fantastic."

Without the markers, patients have to come in early on the day of surgery to have a wire inserted into the breast and directed to the tumor with imaging.

"It makes for a long day," Arlow said. "This avoids the patient having an annoying, barbaric wire sticking out of her breast. It's more comfortable for the patient."

Surgeons are starting to use techniques associated with plastic surgery to help preserve tissue and improve the cosmetic appearance following a lumpectomy.

"With oncoplasty, you are really trying to get good cosmetics and hide the scar," Arlow said. "We have done some minor tissue rearranging and oncoplasty has pushed that a little bit further."

The technique is not recommended if the ratio of tumor size to breast size is high, she added.

"We are definitely seeing less is more with breast cancer surgery," Arlow said.

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New technology expands breast cancer care AT GUTHRIE CORTLAND MEDICAL CENTER

BY MARGARET MELLOTT
Staff Reporter
mmellott@cortlandstandard.com

When health care isn't easily accessible, sometimes people go without it. It could be a matter of finances, but for some people who need certain technologies, like a PET/CT scan, it's a matter of distance.

Caitlyn Lathrop, radiation therapist at Guthrie Cortland Medical Center, said some breast cancer patients waited for the hospital's new PET/CT machine that was unveiled Oct. 3. Before that, the hospital sent patients to Guthrie's Robert Packer Hospital in Sayre, Pa. — about an hour and 15 minute drive.

"We've had some patients wait, and refuse to go to Sayre, and have prolonged their care because of the long drive," Lathrop said. "They waited, knowing we're going to have this (PET/CT scanner), they waited to be treated."

The hospital already has a CT scan machine, but the addition of the PET/CT will allow doctors to see more detailed results and have faster patient turnaround rates. A \$250,000 do-

nation from the Cortland Memorial Foundation helped fund the \$1.8 million purchase, said hospital President Jen Yartym.

The machine at Guthrie Cortland Medical Center is the only of its kind in Cortland County, and not only does it allow doctors to diagnose the stage of a patient's cancer, it helps reduce the amount of radiation going to the heart for patients with cancer in their left breast.

"For breast cancer patients specifically, it's allowing us to decrease heart dose, while also completely treating the whole breast and chest wall, potentially lymph nodes," Lathrop said. "With this scanner, we have more ability to offer a wider range of comfortable positions for patients too. It's not always easy being exposed and out in the open."

A computerized tomography scan shows detailed pictures of organs, tissues and bones, while a positron emission tomography scan shows how a person's cells react to a radio-tracer, which may indicate cancerous areas, reports the Cancer Treatment Centers of America.

A PET/CT scan provides informa-

tion about the structure and function of cells and tissues during a single scan — which enables doctors to examine a person's health at a cellular level. The technology is still relatively new, only entering the market about 15 years ago, said Lori Cornell, director of imaging services at Guthrie Cortland Medical Center.

Guthrie doctors noticed a slight dip in breast cancer screenings during the pandemic, but from July 2022 to June 2023, screenings rose 15.7%, said Senior Director of Oncology Michelle Larrabee at Guthrie Clinic.

"Coming out of the pandemic, we've definitely been seeing a steady increase in the number of screenings that we've been doing," Larrabee said. "For example, from 2022 to 2023 we had an increase of 15.67% in screens, and from a system perspective, that's pretty significant, to see patients that are coming in to get those screenings."

The increase in screenings led to an increase in diagnosed cancers. Guthrie saw a 19.7% increase in breast cancer diagnosis to 284 people in 2022-2023 from 233 people in 2021-



Margaret Mellott/Staff Reporter
Lori Cornell, director of imaging services and radiology at Guthrie Cortland Medical Center, shows the control panel for the CT part of the new PET/CT Scan machine. The new device is the only one of its kind in Cortland County.

2022. Many of those diagnoses were caught in the early stages of the cancer, Larrabee said, adding that regular screenings help catch breast cancer early.

"By having a PET scan right there, and patients being able to get in quickly, it makes our job in radiation

and oncology so much easier," Larrabee said. "We can do the treatment plan for the patient quicker, and then they can get their treatment faster. I think we're actually going to end up seeing some referrals from even Syracuse and other areas coming to get PET/CT scans."

20%

OF WOMEN 50-74 DON'T FOLLOW BREAST CANCER SCREENING GUIDELINES

BY NANCY CLANTON
The Atlanta Journal-Constitution

About 1 in 5 women ages 50 to 74 do not get their breast cancer screenings as frequently as recommended, which the U.S. Preventive Services Task Force says is every two years.

HelpAdvisor — which provides information from health professionals, benefits experts and government resources — analyzed data from the Atlanta-based national Centers for Disease Control and Prevention to determine how many women are skipping their mammograms.

It found at least 25% of women 50 to 74 in 13 states had not had a breast

cancer screening in two years. In Wyoming, it was 34.2%, the highest percentage for any state.

"A shocking percentage of older women are not receiving mammograms at the recommended intervals," said lead study author Christian Worstell, a senior Medicare and health insurance expert with HelpAdvisor.

Breast cancer is the second-most common type of cancer in women, and the second-leading cause of cancer death in the United States. According to the American Cancer Society, 1 in 8 women will develop the cancer in their lifetimes, and the disease accounts for a third of all diagnosed cancers.

Why aren't women getting tested?

"The most common (reasons) are socioeconomic barriers to care, limited knowledge of the benefits of screening, geographic limitations, discomfort with mammography, anxiety from the exam or the possible results, confusion with recommended screening intervals and previous negative health care encounters," said Dr. Ethan Cohen.

Cohan is a breast radiologist and an associate professor of breast imaging at the MD Anderson Cancer Center in Houston. He was not involved in the study.

"Women who are not regularly screened are at higher risk of developing symptomatic cancer, which has a worse prognosis and is more difficult to treat," he said.



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HOW TO HAVE CONVERSATIONS WHEN A LOVED ONE GETS DIAGNOSED

BY LILY BYRNE
 Staff Reporter
 lbyrne@cortlandstandard.com

For people who haven't been affected by cancer, conversations about it can be difficult to navigate. When a loved one receives a diagnosis, it's important to know how to approach the topic with an open dialogue, experts say.

"Typically when someone is diagnosed with any type of cancer, including breast cancer, it's a really difficult time," said Courtney Maxson, public health educator for the Cortland County Health Department. "It's never an easy thing to deal with, but having a positive attitude is very helpful."

One helpful thing that can be done is looking into information on wigs, as some women lose their hair, she said.

The Cancer Resource Center of the Finger Lakes, located at 840 Hanshaw Road in Ithaca, has resources for this. It also has eight support groups for people with cancer, or caring for someone with cancer.

"No one really knows how they are going to react when diagnosed with cancer until it happens," Maxson said. "It's a very individualized situation. Some people choose to ignore it and go through their treatments without saying much, other people want to talk about it, other

people get angry they have cancer and just want it to be over with and done. It's that realization that life is fragile and can be cut short."

Carey Wilk works as the oncology nurse navigator at the Renzi Cancer Center, located at 34 W. Main St. in Cortland. From the time of a patient's diagnosis, she coordinates care, explains medical terminology and helps patients understand the process.

"Go to things with them, and be included in their treatment plan, because when patients are diagnosed, it's always good to have an extra pair of ears," Wilk said. "When patients are overwhelmed, they only hear a certain amount of what's said during each visit, especially the initial one."

Being a supportive listener is important, she said, as well as having open dialogue. "It's being able to support them through a lot of areas," she said. "It's going to be financial, it's going to be emotional, it's going to be physical."

Ultimately, asking the patients what they need and making sure they are comfortable is helpful, Maxson said. Spending additional time with them is also helpful.

A therapist or counselor can also be very helpful for both the person with cancer and their loved ones, Maxson said.

"Just let them know you're here to help,

because saying 'get well soon' is a very broad term that isn't going to pertain to everyone's cancer journey," Wilk said.

"I usually stay away from phrases like 'I completely understand' and 'I know what you're going through,' because a lot of the time people can't imagine what they are going through," Maxson said. "A phrase that is really helpful is 'I'm really here for you,' or 'if you want to talk about anything, let me know.'"



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Sheriff's officers wearing pink



Shenandoah Briere/
 file photo

The badge Cortland City police officers will be wearing to show support of Breast Cancer Awareness during October. The department is just one in the county sporting pink in some way to increase awareness about the disease.

During the month of October, members of the Cortland County Sheriff's Office and Cortland Police Department will raise awareness of breast cancer by wearing pink badges.

Each sheriff's officer bought the pink badges to show our support for all those affected by cancer.

Cortland police officers have purchased pink badges and pink ribbons to wear during October for Breast Cancer Awareness Month.

Police suggest making a donation to the Cancer Resource Center of the Finger Lakes. For details, go to www.crcfl.net

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(Dreamstime/TNS)

Why more preventive screenings are needed in the Hispanic community

BY DEB BALZER
Mayo Clinic News Network

According to a recent study by the American Cancer Society, cancer is a leading cause of death among those of Hispanic heritage living in the U.S. Hispanic and Latino people are less likely to be diagnosed with lung, colon, breast and prostate cancers than non-Hispanic white men and women.

Dr. Jesse Bracamonte, a Mayo Clinic family medicine physician, said preventive screenings for cancer and other diseases are effective ways to help reduce

these burdens.

"Colorectal cancers and breast cancers are on the rise in the Hispanic community. And one of those reasons may be from lack of preventive screening," Bracamonte said.

Culture, access to care and past experiences contribute, he said, but early screening can prevent future serious health issues.

"Screening tests for diabetes (such as checking a simple blood sugar), for cardiovascular disease to prevent strokes (such as checking on cholesterol and blood pressure), colon cancer screening, breast cancer screening for females, are all available tools," he said.

Talk with your doctor to determine the right preventive screenings and when to begin. For instance:

"Colon cancer screening for both men and women, usually at age 45, is an option, breast cancer screening for women in their 40s such as with mammogram," he says.

Bracamonte recommends having a list of questions for your doctor about what you can do to stay healthy.

"Have that list prepared about what I should get done to keep me healthy in the long term. What behaviors can I do in the long term to stay healthy? Because I think prevention is a key," Bracamonte said.

Breastfeeding and breast cancer: what you need to know

Can breastfeeding prevent cancer? Can you continue breastfeeding after a cancer diagnosis? Each patient is unique. Therefore, the best course of action is to seek professional medical advice. October is Breast Cancer Awareness Month, highlighting cancer research and the patient journey. If you're curious about the relationship between breastfeeding and breast cancer, here are some helpful facts.

PROTECTION

Many studies have shown that breastfeeding protects women from developing breast cancer. Women who breastfeed have fewer menstrual cycles, which reduces estrogen exposure to their breast cells. According to the


studies, the longer breastfeeding lasted — five consecutive months or more — the greater the protective effect.

POSSIBILITIES

Patients who have been diagnosed with breast cancer are often advised not to breastfeed. Depending on the type of treatment, breastfeeding may even become impossible. For example, the substances used in chemotherapy and hormone therapy can pass into breast milk and pose a risk to the baby.

On the other hand, many women can still breastfeed after undergoing a lumpectomy or unilateral mastectomy (the removal of one breast). Additionally, breastfeeding is considered safe during external beam radiation therapy.

FOR MORE INFORMATION ON DETECTING OR LIVING WITH BREAST CANCER, VISIT BREASTCANCERNOW.ORG.




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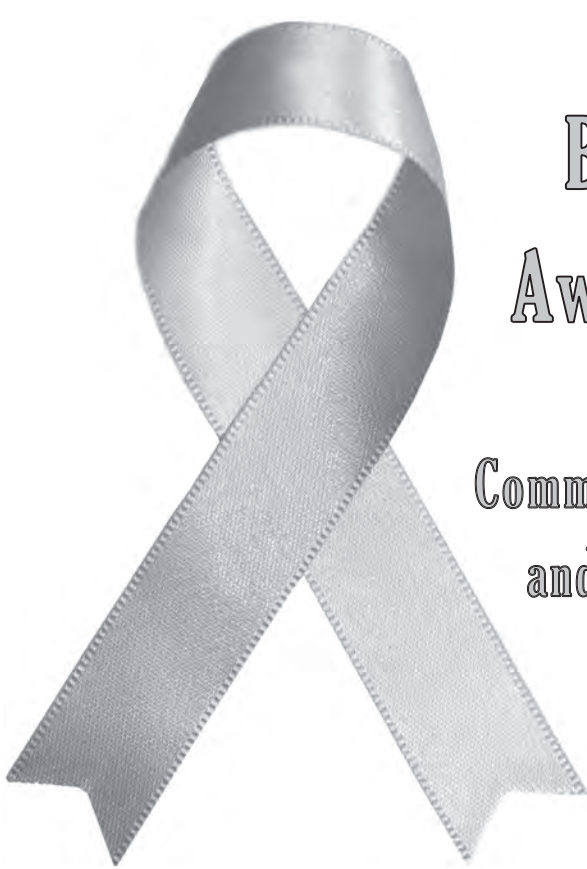
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'My mommy is cancer-free'

Woman shows strength against breast cancer

BY GWEN ALBERS
New Castle News, Pa.

Learning she had an aggressive breast cancer left Audrey Maybray speechless.

"It was a day when my husband wasn't home," Maybray said. "I just texted him. I could barely talk. It was a shock."

The ugly cry and hyperventilating followed.

That was last November, and after an emotionally tough 10 months with treatments, losing her hair and surgery, the Ellwood City woman on Sept. 5 learned she was cancer-free.

"It feels really good," the 46-year-old said.

Maybray's mother, Kathy Jamison, feared the worst, but wasn't about to lose her only daughter to the disease. Breast cancer kills about 42,000 women in the United States annually, according to the Centers for Disease Control and Prevention.

"When she was a kid,

you hugged or kissed away skinned knees," Jamison said. "I couldn't kiss cancer away or hug it away. As a mom, that was hard for me."

She noted her daughter, who has been married to Dave Maybray for 21 years, showed strength in her faith.

"It was amazing," Jamison said. "She always could multitask. She came out of the womb mature. She's an amazing woman. I can't express how proud I am of her."

A 1995 Riverside High School graduate, Maybray was diagnosed with Stage 1 cancer after getting a mammogram. Although breast cancer doesn't run in her family, she has gotten a mammogram annually since turning 40.

"I was a little late getting it, maybe six to nine months," Maybray said. "If I would've gone on time, they may not have caught it."

Genetic testing, a colonoscopy, MRI and bone scan fol-

lowed. She also met with health providers at UPMC Hillman Cancer Center in New Castle.

Chemotherapy began in February and continued for a total of 12 treatments through early August. She had surgery on Sept. 5, after which Maybray who works in billing for Children's Community Pediatrics in Wexford, was declared cancer-free.

She will still undergo radiation treatments.

When Maybray found out she was cancer-free, she waited on the porch for her 10-year-old daughter Emma to return home from school.

"She greeted Emma on the sidewalk," Jamison said. "We had a bell-ringing ceremony on the porch."

"The next thing we know we hear Emma yelling 'my mommy is cancer-free.' That was her release."

The family praised the care from Hillman Cancer Center. "The nurses came out and

played music for me and sang to me," Maybray said. "The staff at Hillman Center in New Castle is unbelievably kind and passionate."

Her mom, who lives in North Sewickley Township, agreed.

"Hillman is awesome," Jamison said. "The staff there is phenomenal. They are a great group of people."

The 70-year-old also touched on keeping things light during her daughter's battle. They had Support Squad T-shirts made for the family.

"I wore the shirt to every chemo treatment," Jamison said.

When Maybray started losing her hair, "we shaved her hair on her deck," Jamison said.

Jamison died her hair pink and her husband, Jim, shaved his head.

"God healed her," Jamison said. "The strength and faith my daughter showed was in a word 'amazing.' I'm going to beat cancer. It's not going to beat me."

10 signs you may have breast cancer



The development of breast cancer can be subtle. However, certain signs and symptoms — which may indeed be benign — should prompt you to make an appointment with your doctor immediately to be sure of where you stand. Here are 10 things to look for.

1. A painless lump in a breast
2. A change in breast size or shape
3. The appearance of dips or folds in the skin
4. Heat, redness or swelling in one breast
5. Persistent itching
6. Crusting or flaking nipple skin
7. Discharge coming from a nipple without squeezing
8. A lump in the armpit
9. An inverted, or turned-inward, nipple
10. A hardening or thickening of the breast tissue

Make a habit of inspecting your breasts every month to spot any changes. Above all, remember that early diagnosis increases your chance of recovery.

Cathi Bernardo

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What is breast reconstruction?

Breast cancer treatment can include tumor removal through lumpectomy or removal of affected breast tissue through mastectomy. The loss of one or both breasts, whether whole or in part, can be difficult for many women to accept.

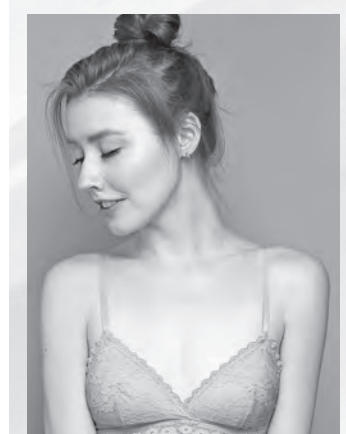
Some women choose to live with a flat or asymmetrical chest, with the option of wearing external breast prostheses. Others opt for breast reconstruction. The choice is personal and unique to every patient. Here's an overview of what breast reconstruction entails.

TYPES OF RECONSTRUCTION

There are three main types of breast reconstruction:

1. **Breast implants.** The implant procedure involves inserting a silicone bag containing a sterile saline solution or silicone gel under the chest muscles.
2. **Autologous breast reconstruction.** Sometimes called "flap" reconstruction, this procedure involves grafting muscle and fat tissue from other parts of the body onto the breast. This approach provides a more natural result.
3. **Nipple and areola reconstruction.** This surgery is considered the finishing touch of breast reconstruction. It's typically done three to six months after the initial operation.

The techniques differ according to the patient's unique needs and physical characteristics. The breast reconstruction process may require multiple surgeries to complete. To learn more, visit cancer.org.



Breast cancer awareness: how to get involved



Do you know someone who's been diagnosed with breast cancer? Perhaps you have another reason this cause is close to your heart. In addition to helping someone you know who has the disease, you can get involved in several other ways. Here are a few.

- **Become a volunteer.** Offer your unique skills and interests to a support organization. You may, for example, be able to invite or welcome participants to a fundraising event, provide

administrative support or head up a conference.

- **Support businesses that support the cause.** Make your shopping dollars count by opting for products whose profits go in part to a foundation dedicated to breast cancer research or patient support.
- **Promote the cause on social media.** Is there a breast cancer fundraiser or awareness event happening in your area? Spread the word on Facebook, Ins-

tagram or wherever you do your online socializing.

- **Make cash donations.** Various organizations collect funds for breast cancer research or to help patients and their families. To support their causes, consider making monthly financial contributions.
- **Organize a fundraiser.** Do you want to further support the cause? Roll up your sleeves, gather a group of motivated people and plan your own fundraising event.

3 WAYS TO HELP SOMEONE WITH BREAST CANCER

Has a friend or family member of yours been diagnosed with breast cancer? As a loved one, you can support their physical and psychological well-being in several ways. Here are three tips.

1. **Ask what they need.** If you don't live with the person, ask questions to get ideas for how you can help. They may like company for a chemotherapy appointment, or you may be able to do a grocery run, provide childcare or clean a bathroom. There are so many ways to make their daily life a little easier. That said, if

your loved one prefers to handle things alone, respect their decision and resist the urge to insist on helping.

2. **Don't try to do too much.** It's quite often enough just to be present for your loved one. Remind them that you're available to help or simply spend time together, reading a book or listening to music. If you feel unsure how to react or worry your actions will be awkward, say so. Your honesty is the key to a trusting relationship.

3. **Help them think of things other than the**

illness. Breast cancer is a tough ordeal. When you're with your loved one, it's a healthy practice to talk about subjects that have nothing to do with their illness. For example, if they feel up to it, you could invite them to do something special like go to the movies. Don't be afraid to share the latest gossip from your friend group or ask for their famous spaghetti sauce recipe.



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Breast cancer diagnosis helps push woman to open store

BY SHENANDOAH BRIERE
The Daily Gazette

BALLSTON SPA — The idea for an organic baby clothing store came to Stacy Quinn when she was driving with her then-husband.

“In the middle of nowhere, flat land, driving in Nebraska and I went ‘Tree Huggers,’” she said.

She could picture what the store would look like and sell.

But she didn’t open the store right away. Over a decade later, a move back east, along with a breast cancer diagnosis and treatment, really inspired her to finally do it.

“I really started thinking about timing and life, and how long are you going to wait for opportunities to happen, and when should you just go forward and do it and not wait for all the stars to align perfectly,” she said.

She finally opened in 2019

at 18 Front St. in Ballston Spa. But, after just three months in business, there was a fire at the store.

“That was a little bit of a testing situation for me to try and figure out what I wanted to do,” she said. “I was trying to figure out if that was a sign I just shouldn’t go forward with the business or just a test to see how badly I wanted.”

Quinn decided she wanted to keep the business open and began selling out of her garage and at various pop-up locations. She did that for a year and half before moving into her current location at 78 Front St.

The business sells not only organic baby clothes, but also organic women’s clothes and beauty products.

“As a breast cancer survivor, I am really fastidious about the ingredients that we put on our skin,” Quinn said.

She gets some items from

retailers in New York City but many come from all over the world, including places like Spain and Australia.

Quinn said the store’s goal is to provide clothes women and children will feel good in.

“If you want really frilly, or nate children’s clothing — or women’s clothing for that matter, this isn’t the place to come,” she said.

Quinn said, with women’s clothing, she tries to focus on two demographics — young, busy mothers and women 60 years of age or older who “don’t always take the time to do nice things for themselves.”

She said she offers items that are timeless yet trendy.

While the shop is doing great now, Quinn struggled after the pandemic when she experienced a large drop in customers and people were buying more and more online. The stress of the business got to

the point where Quinn contem-

plated shuttering her store, going as far as to tell her landlord last fall that she was going to close.

But, before that happened, Quinn spoke to Amber Chaves, who indicated she was sad to hear Quinn might close and mentioned her store Sustainable Sundry, another local retailer with a focus on reusing materials and reducing waste. After chatting, the two decided to operate both businesses in one space. Chaves moved her business into the building around a year ago.

“So now we are a lifestyle store really,” Quinn said. “Combined together, we draw a whole different group of people.”

With the two sharing a space, and Quinn offering more women’s clothing, business has been good, she said.

“Strangely enough,” Quinn said, “even though I’m in half the square footage, my business is stronger than ever.”

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A Parent’s Guide to Cortland County Teens

Preventing Substance Use Among LGBTQ Teens

Young people in Cortland County who are LGBTQ are more likely than their non-LGBTQ peers to use alcohol and other drugs.

- **Cortland LGBTQ+ youth (16%) report higher usage of alcohol in the past month compared to youth who identify as straight (13%).**
- **Cortland LGBTQ+ youth (20%) are more likely to report vaping in the past month than youth who identify as straight (13%).**
- **Cortland LGBTQ+ youth are nearly twice more likely to report using marijuana in the past month than self-identified straight youth.**
- **Cortland LGBTQ+ youth are nearly twice more likely to report high risk of having a substance use disorder compared to youth who identify as straight.**

Being LGBTQ does not cause substance use. Rather, specific differences — mostly consequences of prejudice — weaken adolescents’ support system and increase the pressure for them to use alcohol and other drugs. Understanding these differences is crucial for helping LGBTQ+ teens grow up healthy, happy and substance-free.

What causes these differences?

- **Bullying and harassment.** Cortland LGBTQ+ teens are more likely to report being bullied at school, outside school and online than teens who identify as straight.
- **Family conflict and rejection.** Parents and caregivers are the most important influence on adolescents’ choices about alcohol and other drug use. Unfortunately, for some LGBTQ+ teens, conflict over sexual orientation, gender identity or gender expression can strain these relationships.
- **Childhood abuse.** There’s some evidence that LGBTQ+ children are targeted for physical and sexual abuse at higher rates than other children, and childhood abuse is a risk factor for later substance use.

What helps all teens?

- **Peer influence.** Teens’ risk of substance use depends in part on whether their friends use drugs and alcohol. For most LGBTQ teens, LGBTQ friends are a crucial source of support. However, in some cases, this means connecting with peers who are more likely to be using drugs or alcohol. This is particularly likely if teens meet an older crowd through LGBTQ groups, or if they visit settings like bars or clubs where substance use is more common.
- **Discussing expectations.** Parents and caregivers should actively discuss substance use with their teens, setting clear expectations that they will not drink or use drugs. Research indicates that consistent disapproval of underage substance use is the most effective parental message for reducing teens’ drinking and drug use.
- **Monitoring.** Teens who report that their parents more consistently monitor their behavior — asking and confirming how and with whom they spend their time — are less likely to drink or use drugs.

What helps LGBTQ+ Teens?

- **Family support.** For LGBTQ teens, family support for their sexual orientation, gender identity and gender expression are one of the primary influences on substance use. In fact, teens whose parents or caregivers support their identity are better able to withstand other sources of stress, like harassment at school. LGBTQ teens whose families that take affirming actions such as talking openly with a teen about their LGBTQ identity, are less likely to have problems with alcohol and other drugs. They also have better self-esteem, health and social support; are less likely to experience depression or suicidal thoughts; and are less likely to attempt suicide.
- **Caring adults.** Teens who have good relationships with their teachers are less likely to use drugs and alcohol. Fewer LGBTQ teens than non-LGBTQ teens feel supported by the adults at their school, but those who do are no more likely than non-LGBTQ peers to use substances.
- **Safe schools.** Because harassment by peers drives substance use, schools where LGBTQ students are treated with respect can help close the substance abuse gap.

For more information on how you can help support LGBTQ teens, prevent alcohol and other drug use in the LGBTQ+ community, and support alcohol and drug prevention among teens please contact Cortland Prevention Resources (607) 756-8970 or by visiting www.cortlandprevention.org.

Sources:
1: Human Rights Campaign Foundation, Preventing Substance Abuse Among LGBTQ Teens. <https://www.hrc.org/resources/preventing-substance-abuse-among-lgbtq-teens> (2019). School Climate in New York (State Snapshot). New York: GLSEN.
2: Cortland Area Communities That Care (CACTC), Results and Analysis: The 2021 Cortland County Youth Survey.

Upstream Parent is a project of Cortland Area Communities That Care

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