

# NALGAP Reporter

Serving the Lesbian, Gay,  
Bisexual, and Transgender  
Communities since 1979

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## NALGAP Leads The Way!

### *NALGAP: Regional and National*

On both the regional and national level, NALGAP has been carrying the message in these past months and looks forward to doing so in the future.

After two successful regional conferences in the fall, one in September/October at Cape Cod and one in California in October, NALGAP held its annual national conference at SECAD in Atlanta on December 1-2.

On Dec. 1, a panel of experts presented on Crystal Meth and Sex Addiction to a record crowd (*See following article*). Later, another panel discussed *How to Work Most Effectively with Your GLBT Clients*. On Dec. 2, Penelope Ziegler, MD, FASAM, presented on *Treating Co-occurring Disorders in GLBT Clients*.

Next, an event central to NALGAP's purpose took place—a NALGAP Membership Luncheon open to all current NALGAP members and to all others interested in NALGAP.

The capstone of the conference was the NALGAP President's Reception that featured an open AA meeting at which Paul Lekakis, well-known singer, told his recovery story.

NALGAP plans to continue its regional and national efforts in 2006, including membership meetings at each event (*see box*). ▼

## SAVE THE DATES!

### ■ NORTHEAST

Cape Cod Symposium on Addictive Disorders  
Hyannis, MA, Sept. 7-10

### ■ NATIONAL

In partnership with NAADAC & CADAAC  
Burbank, CA, Sept. 28-Oct. 1

### ■ MIDWEST

SASH (Society for the Advancement of Sexual Health)  
Chicago, Oct. 19-21

### ■ MARRCH

(Minnesota Association for Resources and Recovery and Chemical Health)  
St. Paul, MN, Oct. 24-26

### ■ SOUTHEAST

Southeast Conference on Alcohol and Drugs (SECAD)  
Atlanta, Nov. 29-Dec. 1

## The Crystal Meth Epidemic

NALGAP is once again a leader in the fight for prevention and treatment for addictions affecting both LGBTs and the larger population. NALGAP members are actively engaged in addressing the destruction of alcohol and other drugs — most recently, the devastating effects of Crystal Meth. ▼

## NALGAP Panel Presents to Overflow Crowd

The audience for the NALGAP Panel on Crystal Meth and Sex Addiction at the SECAD Conference, Dec. 1, 2005 spilled out into the hallway at the Atlanta Sheraton hotel. About 25 people sat in chairs outside both doors of the crowded presentation which was attended by 220 conference members.

Conference leadership hailed the NALGAP panel as one of the best presentations. A prominent member of the Betty Ford Center stated that the panel deftly pointed out that treatment of Crystal Meth defies the old principle that all drugs need to be treated the same for recovery.

Moderator and NALGAP Conference Chair, Michael Ralke, gave a disclaimer at the opening that our presentation was based upon our experience with gay men and we unapologetically were giving information based upon that experience. NALGAP Vice President, Phil McCabe began his presentation stating that gays were often known as trendsetters. The widespread use of Crystal in our community is not a trend we are proud to own. However, while reflecting at our NALGAP Board or Directors meeting during the Conference, President Joe Amico pointed out that the amount of interest in that workshop, subsequent workshops, and other conferences now seeking our leadership points to the fact

that NALGAP and gay treatment providers are the **“trend setters” for treatment of this insidious drug because we have more experience with it.** Alternatives and New Leaf Services, both organizational members of NALGAP, have been invited to meet with Crystal Meth Task Forces formed in a number of CA and NY communities to lend their expertise in ways to combat the drug and assist those suffering from its effects.

McCabe gave statistics from NY studies on the prevalence of Meth use by gay men while Amico gave statistics provided by a UCLA study in Southern California on men who have sex with men. **Both presentations support what has become common knowledge with those treating clients in the GLBT population: the use of Crystal contributes to compulsive sexual behavior that increases the risk for HIV and other STD infections.** The jump in STD's like chlamydia, gonorrhea, and syphilis have been attributed to PNP seekers on Internet chat rooms. (PNP stands for Party-crystal and Play-sex). Men go online seeking to hook up with others for PNP. The use of the drug causes folks to lose their inhibitions, and we commonly hear clients say “when sober I always used condoms but under the influence of this drug all caution went to the wind and I had sex with multiple partners during one binge on the drug.”

Dr. Karen Miller, Chief of Psychological Services for *The Studios in Palm Springs*, pointed out that **Meth use is attractive to gay men concerned about their body image.** Amphetamines have long been used for weight loss and some find that attribute a reason to use the drug, but illicit use of the

**“when sober I always used condoms but under the influence of this drug all caution went to the wind and I had sex with multiple partners during one binge on the drug.”**

drug leads to abuse in this drug much faster than with other drugs. She tied eating disorders in with Meth abuse: as a result of this obsession with body image, eating disorders have a higher prevalence in gay men than the general male population.

**All three presenters emphasized that talking about sexual behavior with clients was the key to success in assisting client's recovery from this drug.** Because gay men use this drug in conjunction with sex, it is essential to talk about sexual behavior as part of relapse prevention. Sexual addiction specialists in the audience raised the questions about Amico's *Worksheet on Sex and Sobriety*. **The question raised was similar to the observation about not treating all drugs the same.** Amico was advocating teaching clients about how to have healthy sex in recovery while some in the audience pointed out the traditional stance for abstinence from sex in early sobriety.

**There was a lively question and answer period that fostered an important dialogue about prevention/treatment issues.** The Q & A session also piqued conference participants' interest in other NALGAP presentations during the conference. The NALGAP board is planning to have McCabe and Amico's Power Point presentations available on our website. See also, Amico's article on crystal meth and gay men (From “‘Party and Play’ to ‘Clean and Safe’”) in *Addiction Professional*, January, 2006. ▼

## Presentation: Sex and Meth

A capacity crowd gathered in the auditorium of Glendale Memorial Hospital and Health Center in Glendale, CA to hear a presentation on **“The Interaction Between Sex and Crystal Methamphetamine Abuse”** on December 7, 2005. Joe Amico, President of NALGAP, was one of the featured speakers. The program was sponsored by Crossroads Centre of Antiqua (Eric Clapton's program), Twin Town Treatment Centers, Alternatives and Alpha Treatment Center of Glendale Hospital.

The full morning program began with registration by Alternatives' staff and interns and a nourishing breakfast provided by the Hospital. **The leadoff speaker was psychiatrist Ted Williams** who introduced some of the medical aspects of methamphetamine dependency.

Joe Amico then gave a Power Point Presentation on “Gay Men, Crystal Meth, and Sex: The New Epidemic.” **Joe's presentation gave highlights of a UCLA study which cites the connection between crystal use and high risk sexual behavior in gay men.** SAMHSA cites methamphetamine as the fastest growing drug problem in the US. Joe gave a history of methamphetamine, prevalence of use in LA, signs of intoxication, side effects of the drug's abuse, withdrawal and overdose symptoms, and best practice methods for treating those addicted to the substance.

The wrap up speaker was Susan Musetti, MFT, a consultant in private practice from Pasadena, CA. Susan's talk focused on **“Meth Mommies” and it's effects on the children as well as teen age abuse**

## of methamphetamines.

Evaluations of the day were so positive, the sponsoring organizations are planning to repeat the program in various locations in the greater LA area because there was a waiting list for the December 7 event. ▼

## Meth Epidemic envelops East Coast as potency of the drug hits 10 year high

*EDITORS' NOTE: Because the meth epidemic is so devastating, we are printing this informative article.*

**S**peed. Meth. Glass. On the street, methamphetamine has many names. What started as a fad among West Coast motorcycle gangs in the 1970s has spread across the United States, and despite lawmakers' calls for action, **the drug is now more potent, and more destructive, than at any time in the past decade.** In *The Meth Epidemic*, Feb. 14, PBS' FRONTLINE, in association with *The Oregonian*, presented their investigation of the meth rampage in America.

Methamphetamine abuse started in California and Oregon, but spread rapidly into the Midwest. Now the drug has reached the East Coast. **"Meth has made a steady march across the United States,"** says Steve Suo, a reporter for Portland's *The Oregonian* who has followed meth from the beginning. "Right now you have Mexican methamphetamine flooding in through Atlanta, and from there [it] fans out both south and north." **The discovery of meth labs in states from Maine to Florida foreshadows a new crisis on the East Coast:**

"They can expect to see increased car theft, increased identity theft,...domestic violence, child neglect, drug overdoses and just a lot of mayhem," says Suo. **Indeed, statistics show that meth can trigger a surge in other crimes:** In Oregon, a staggering 85 percent of property crime, as well as a majority of muggings, car thefts and identity thefts, have been linked to the drug.

**Meth's destructive power comes from its impact on the user's brain.** "Dopamine is the brain's primary pleasure chemical," says UCLA professor and meth expert Dr. Richard Rawson. "If you take a hit on a pipe or an injection of methamphetamine, you get an increase from zero to about 1,250 units. This produces an extreme peak of euphoria that people describe as something like they've never experienced." Researchers have found that meth creates this high by destroying the very part of the brain that generates dopamine, which makes them unable to feel pleasure from anything except more meth. **"It actually changes how the brain operates,"** Rawson continues. **"It's a wonder anyone ever gets off meth."** According to the World Health Organization, meth abuse worldwide is worse than that of cocaine and heroin combined.

**The Meth Epidemic tells the story of two potential solutions to the crisis and examines why neither was fully tried.** In the mid-80s, the U.S. Drug Enforcement Administration first proposed controlling the retail sale of ephedrine and pseudoephedrine in cold medicines by having customers register at the counter and limiting how much they could buy. Pharmaceutical companies, however, resisted the DEA's plan. . . . Faced with a

choice, the White House and Congress ultimately exempted cold medication from the regulatory proposals.

The second DEA approach was to regulate the source of the ingredients. Ephedrine and pseudoephedrine are highly sophisticated chemicals that can only be produced in a handful of huge, legal laboratories worldwide, thus making them potentially easy to track. **But with Washington's primary focus on cocaine and heroin, meth took a bureaucratic back seat.**

The government's focus shifted after 1994, when a customs agent inadvertently discovered a large, illicit shipment of ephedrine on a plane traveling from India to Mexico. During an 18-month period in the early 1990s, a Mexican drug cartel had purchased 170 tons of ephedrine from Indian manufacturers and smuggled it into the United States, where it was turned into as much as 2 billion hits of meth. This accidental find was a hopeful moment in the history of the meth epidemic, and efforts to cut off the drug lord's supply escalated.

**Soon, however, the cartel would be back in business.** Cold medicines remained unregulated for years, and the cartel took advantage of the situation, scooping up pills by the tens of thousands, even punching them out of their packets and distilling the ephedrine and pseudoephedrine in them to make meth. **Today, the number of meth addicts is skyrocketing: With 1.5 million addicts in the U.S. alone and millions more around the world, the United Nations calls meth the most abused hard drug on earth.** ▼

*Forwarded by: George Marcelle*

## President's Corner



**N**ew Year's Resolutions are odd things. I gave up on them a long time ago. One reason being I usually forget

them but another reason being lack of follow through. We often make those resolutions based upon things we think we should do, but otherwise wouldn't do, but believe we ought to make the effort. Organizations make similar resolutions. Every board I've been on has gone through a process of Strategic Planning, not because the board was sold on the concept but because key organizers and consultants have insisted Strategic Plans are necessary for successful organization.

So, dutifully, boards engage consultants or board members with expertise in structuring organizations to lead them through the arduous process. Even though I have been trained to lead such sessions, I am often one to moan and groan when the subject comes up. As chair of committees and boards, I've been known to always make that the last agenda item so, gee, sorry, we ran out of time. What a shame. We'll put it on the agenda for next month. Next month is like tomorrow: it never comes because it's always today.

Five years ago the NALGAP Board started seeking funds from foundations. The Gill Foundation was very generous in granting us two challenge grants which put our organization in the black and has enabled us to carry on the work we have done so well for the past 26 years. As part of the granting

process, the board was required to go through training with Gill staff. We received elaborate 3-ring binders with information about how to do strategic planning and then were led through the process with one of their staff at our annual board meeting in Colorado. Their staff continued to monitor our monthly conference calls (also paid by Gill) with encouragement to complete the process.

Five years later I am happy to report the board has finally put those tools into action and at our annual face to face board meeting in Atlanta in December, we prioritized our objectives for the coming year and made assignments for writing out the actions plans. Each of our monthly conference calls during 2006 will have one of these objectives on the agenda for consideration and evaluation of progress.

One of our newer board members asked, "What took so long?" One of our co-founders responded, "We just weren't ready then." We are ready now. It was exciting to review our accomplishments this past year and to find when we prioritized our objectives, what we agreed were our number ones we are already doing. For example, confronting SAMHSA about the training manual for LGBT issues, upgrading our web site and newsletter, more regional events, presentations at conferences, articles in journals and other organization's newsletters, etc. More on the progress as 2006 unfolds.

In meantime, just know you have a very hard working board, devoted to the mission of NALGAP more than ever! Be it therefore resolved.

— Sincerely, Joe Amico

## 30th Anniversary of LGBT Caucus of Public Health Workers in Official Relations with the APHA

*By Rodger L. Beatty, PhD LSW*

**N**ALGAP Board member Rodger Beatty attended the 133rd Annual Meeting and Exposition of the American Public Health Association in Philadelphia 10-14 December. He also attended the APHA Awards Program in which the Lesbian, Gay Bisexual, Transgender Caucus of Public Health Workers was recognized for providing a forum for educational interchange among LGBT members since 1975.

For the past 30 years the LGBT Caucus has provided education to APHA members, improved health care services by combating homophobia and sexism, and ensured that APHA policies address LGBT concerns. In addition, the LGBT Caucus has collaborated on projects, research and health policy within APHA sections SPIGs and caucuses and with outside agencies such as the Centers for Disease Control and Prevention, the Gay & Lesbian Medical Association, the National Coalition for LGBT Health and the Council on Education for Public Health.

In 2003, the LGBT Caucus of Public Health Workers launched a new student award. This new student award recognized outstanding research by students in LGBT-related research. The award is entitled the Walter J. Lear, MD Outstanding Student Research

Award. The award is named after the caucus founder, Walter J. Lear, MD. Dr. Lear has been an outstanding advocate for sound public health. It is hard to believe that picket lines were necessary 45 years ago to convince health care professionals that African-Americans deserved quality health care, but they were and Dr. Lear was there. He has continued to be a voice of conscience in our field over the years while, at the same time, contributing in valuable ways to the everyday work of LGBT public health professions and of the American Public Health Association.

At the Caucus Annual Meeting Jodi Sperber of Boston, MA relinquished the position of Chair to Andy Miller of Austin, TX. Jodi is moving from the Boston area to new employment and was recognized for her outstanding tenure as Chair for the past two years. In addition, former NALGAP Board member Emilia Lombardi, PhD was elected to replace Andy as Caucus Secretary. The Caucus concluded its formal events with a sumptuous annual dinner at Maggiano's Restaurant.

In addition, Ron Stall, Tony Silvestre and Nina Markovic conducted a critical Roundtable on the University of Pittsburgh's Graduate School of Public Health development of an LGBT Health Certificate Program. This 15-credit certificate program will be the first of its kind in a school of public health. Sixty-five attendees from around the country provided valuable and insightful concepts for this developing program. ▼

## NALGAP Board Member speaks out at SAMHSA/CSAT Advisory Board meeting

Cheryl Reese, NALGAP Board Member, represented and spoke for NALGAP at a SAMHSA/CSAT Advisory Board meeting on prevention and treatment needs of underserved populations.

### Cheryl's words:

My name is Cheryl Reese; I am a therapist in private practice and a retired veteran of more than 22 years. I retired as a Master Sergeant. I am representing NALGAP, the only national voice speaking for the needs for one of the most underserved and at risk minority populations. I want to thank SAMSHA and CSAT, in particular, for their support of LGBT issues in the past, especially the production in 2001 of A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. Since 2001, CSAT promised a subsequent training manual to accompany the Provider's Introduction document. We know that a Draft exists, but calls, email, letters to various staff with CSAT regarding the progress of the publication of this document have gone unanswered.

Last Spring, our Vice President, Phil McCabe, and members of the LGBT National Health Coalition met with Westley Clark and others from your agency. We were assured that LGBT issues, including the Training Manual were still going to be addressed by SAMHSA. What has happened to your commitment to LGBT issues?

Earlier comments by council members regarding inclusion, stigma and suicide associated with alcohol and drug use and behavioral health struck home with me. In the GLBT community stigma, inclusion and suicide are issues that affect our community and contribute to the increase in abusive drinking and drug use and certainly impact the nature of our health and the lack of health care for those underinsured or uninsured.

Statistics clearly show the emerging increase of youth suicides in the GLBT community. We are asking SAMSHA to simply join us in a viable partnership that recognizes the value of our advocacy and resource commitment to our community. NALGAP wants a seat at the table. Not as an after thought but as a primary team player. Respond to our letters and e-mails, publish the training manual.

If you are sincere about acknowledging the issues of stigma and inclusion – begin with us. Thank You. ▼

## Announcing our newest Boardmember



The NALGAP Board is happy to announce the appointment of Margaret C. Charmoli, Ph.D. to the Board.

Marge has been a bisexual activist for over 25 years. As a member of the 1989 St. Paul Human Rights Commission, she authored and introduced an ordinance that protected people from discrimination on the basis of their sexual orientation and gender identity. This ordinance became

the template for human rights legislation passed by the Minnesota State Legislature in 1993.

Marge is a psychologist in private practice and has taught at Macalester College and the University of Minnesota. She has extensive public speaking experience and has appeared many times on radio and television. She currently co-hosts *Bi Cities*, a Twin Cities cable television program about bisexuality.

In addition to her private practice and speaking engagements, Marge serves as a consultant to HHS on substance abuse treatment for the GLBT communities. She is a past president of the Minnesota Psychological Association and has served on the governing bodies of several other professional and community organizations. ▼

WELCOME, MARGE!

## New Leaf Services Conference on Lesbian, Gay, Bisexual & Transgender Relationships

New Leaf Services of San Francisco presents A Continuing Education Conference on LGBT Relationships on:

**Saturday, April 29, 2006**  
**8:30 – 5:00 at San Francisco City College /Ocean Campus**

The conference features two plenaries showcasing differing viewpoints on same-sex marriage:

### Speakers:

**Suzanne Pharr**, author of *Homophobia: A Weapon of Sexism* and *In the Time of the Right: Reflections on Liberation*

**Eric Rofes**, author of *"I Thought People Like That Killed Themselves:" Lesbians, Gay Men and Suicide*

### Breakout Workshops on:

- *What Makes LGBT Relationships Work: Similarities and Differences with Heterosexual Relationships*
- *Power Differentials: Working with Class, Age, and Educational Differences*
- *Parenting and Co-Parenting*
- *Ethnically Mixed Relationships*
- *Negotiating Relationships from the Transsexual Perspective*
- *Young Love/Queer Youth*
- *Working with Couples with an Addiction*
- *Couples Work and Disability Issues*
- *Negotiating Open/Polyamorous relationships*
- *Alternative Family Constellations*
- *Gay Men and Lesbians in Straight Marriages*
- *Dominant/Submissive Couples*

For more information, contact Glenda Russell, Clinical Director, at 415-343-0245 or [grussell@newleafservices.org](mailto:grussell@newleafservices.org), or visit our website at [www.newleafservices.org](http://www.newleafservices.org)

This conference is generously sponsored by Kaiser Permanente. ▼

## Gay and Lesbian Medical Association receives \$320,000 grant to study impact of methamphetamine on the Gay community

SAN FRANCISCO, January 26, 2006 - The Gay and Lesbian Medical Association (GLMA) has received a \$320,000 grant to examine methamphetamine use in the gay community and to make recommendations about treatment options and how to get people into treatment. Hythiam, Inc., a health-care services management company, made the grant to GLMA.

Crystal methamphetamine is a powerfully addictive drug that has had devastating consequences for significant parts of the gay male community. A 2003 study co-led by the Chicago Department of Public Health and Centers for Disease Control and Prevention discovered that approximately 10% of gay men sampled had used methamphetamine at least once in the previous year, compared with 0.7% of the general US population. In addition, of those gay men who reported using meth, 20% admitted using at least once per week. A joint study conducted from 2000 to 2001 by the University of California San Francisco AIDS Health Project, Centers for Disease Control and Prevention, and the San Francisco Department of Public Health found that those who used meth were three times as likely to contract HIV compared to those who abstained.

According to Steven Lee, MD, a GLMA board member and New York-based psychiatrist who spe-

cializes in the treatment of methamphetamine addiction in gay men, “The number of heterosexual meth users far exceeds the number of gay meth users. However, this drug clearly has a dangerous impact on a more sizeable proportion of the gay community. To date, there are only a few studies looking at either medical or behavioral interventions specifically tailored to meth. Because use of meth has such harmful consequences and is so intensely addictive, it is crucial to investigate more effective treatments.”

Hythiam’s grant will allow GLMA to examine the extent of meth use among gay and bisexual men and the most promising options for treating meth addiction, and to develop recommendations about how health care providers can get patients dependent on methamphetamine into treatment. An advisory board is being assembled to oversee the project. A series of focus groups are planned for May and June. GLMA will produce a white paper on the topic in July.

Joel Ginsberg, Executive Director of GLMA, said, “A methamphetamine habit is harmful and hard to kick. We’re grateful to Hythiam for giving us this opportunity to educate health care providers about best practices in dealing with crystal meth abuse by gay and bisexual men.”

For 25 years, the Gay and Lesbian Medical Association has worked to ensure equality in health care for lesbian, gay, bisexual, and transgender patients and health professionals. For more information, call 415-255-4547 or visit [www.glma.org](http://www.glma.org)

Forwarded by: George Marcelle

## Addiction Psychiatric Help: The Doctor is Out...

This column, *Addiction Psychiatric Help: The Doctor Is Out*, is written by Penny Ziegler, MD, FASAM. Penny is a NALGAP Board member and Medical Director of Williamsburg Place and The William J. Farley Center in

Williamsburg, VA. Dr. Penny will address questions about addictions and LGBTs. Please email questions to Reporter editors:

[drdanafinn@comcast.net](mailto:drdanafinn@comcast.net) or [emcnally@psychoanalysis.net](mailto:emcnally@psychoanalysis.net).

### Dear Dr. Penny:

I’m having a lot of trouble with insomnia, and my doctor prescribed Ambien, but my sponsor thinks it could be dangerous to my recovery. My doctor said it wasn’t addictive. What do you think? How about Lunesta? Is it safer? — *Sleepless in Savannah*.

**Dear SIS:** Describing a drug as “addictive” or “non-addictive” is misleading when we are dealing with someone who already has the disease. You have an addicted brain, and therefore you are vulnerable to many substances that are safe for persons who do not have the disease. For an addict, drugs like Ambien, Lunesta and Sonata, which are non-benzodiazepine sedatives which work on the GABA system, present a relapse risk for recovering alcoholics and drug addicts. Relapse can occur by return to the original drug of choice or by escalation and loss of control over use of the new sedative drug.



Actually, there are many medications, both prescription and over-the-counter, that can “wake up” your addiction. These are not drugs that cause addiction in persons who do not already have the disease, and most physicians do not understand that they are dangerous or potentially dangerous to recovering people. But we need to remember that the disease is not in the drug — it is in the brain of the addicted person. Some examples include:

### Sedating Drugs

- New non-benzodiazepine sleeping pills:  
Ambien, Sonata, Lunesta
- Antihistamines  
Benadryl, Chlortrimeton
- Barbiturate-containing preparations:  
Donnatal (*prescribed for abdominal cramps, contains phenobarbital*), Fiorinal, Fioricet (*prescribed for headaches, contains butalbital*)
- Tricyclic antidepressants:  
Amitriptyline (Elavil), Imipramine, Nortriptyline, Tazadone  
Soma (*muscle relaxant metabolized to meprobamate*)

### Stimulating Drugs

- Amphetamine-like medications prescribed for ADHD, including:  
Ritalin, Concerta, etc.
- Diet pills:  
Ephedra, Phentermine, Dexatrim
- \* Decongestants:  
Pseudoephedrine and other

stimulating decongestants are often included in combination preparations for cold, flu and allergy relief.

### Opioid Medications

\* Ultram (tramadol) - a prescription opioid pain medication often marketed as a “safe, non-narcotic” alternative to opiates for treating pain. Many doctors do not realize that Ultram is an opioid and works at the same receptor as morphine and heroin. It is weaker but definitely can trigger a relapse.

- Lomotil - antidiarrhea medication that interacts with the opioid receptor

- Dextromethorphan (DXM) - an over-the-counter ingredient in many cough medicines which not only stimulates opioid receptors, but also can be a hallucinogen in high doses. This drug is widely abused by adolescents.

### Herbal Preparations

- Valerian (sedating)
- Ginseng (stimulating)
- Kava-Kava (stimulating)

All these preparations present some relapse risk to recovering persons and should be approached with extreme caution or avoided altogether if possible. Your successful recovery depends on taking care of your brain, which, having been altered by addictive disease, remains forever unpredictable and vulnerable to chemical triggers. A safer approach to treating your insomnia would be to work with a hypnotherapist, acupuncturist or relaxation trainer who could provide non-chemical alternatives to help you sleep. ▼

## Loss of a champion

*OPINION: Keith Boykin, Feb. 10, 2006 from Planet Out.com*

**M**ake no mistake about it: Coretta Scott King was unambiguous in her support for the LGBT community. “I appeal to everyone who believes in Martin Luther King Jr.’s dream to make room at the table of brother and sisterhood for lesbian and gay people,” she said in 1998. In 1994, Mrs. King supported the Employment Non Discrimination Act, a federal bill that would have outlawed employment discrimination based on sexual orientation. When Matthew Shepard was murdered in an anti-gay hate crime in 1998, she sent a personal letter to console his mother. And while the 2004 election brought out anti-gay enemies, Mrs. King steadfastly supported marriage equality for gay men and lesbians, a position that put her at odds with some popular black ministers.

But Mrs. King was more concerned about doing the right thing than doing the popular thing. While some black leaders said they were offended by comparisons between the black struggle and the LGBT struggle, Coretta Scott King challenged them. “Homophobia is like racism and anti-Semitism and other forms of bigotry in that it seeks to dehumanize a large group of people, to deny their humanity, their dignity and personhood,” she said. Like her husband, she recognized the contributions that gays and lesbians had made to the civil rights struggle. “Gays and lesbians stood up for civil rights in Montgomery, Selma . . . and many other cam-



*“Many of these courageous men and women were fighting for my freedom at a time when they could find few voices for their own, and I salute their contributions.”*

— Coretta Scott King

paigns of the civil rights movement,” she said. “Many of these courageous men and women were fighting for my freedom at a time when they could find few voices for their own, and I salute their contributions.”

Now that she is gone, it falls to the rest of us to honor her legacy by spreading her words and continuing the fight for liberty and justice for all. ▼

### Want to Join NALGAP?

Visit our website and register online: [www.nalgap.org](http://www.nalgap.org)

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