

NALGAP *Reporter*

NATIONAL ASSOCIATION OF LESBIAN AND GAY ADDICTION PROFESSIONALS

SERVING THE LESBIAN, GAY, BISEXUAL, AND TRANSGENDER COMMUNITIES SINCE 1979

Volume XVI, No.1

Spring, 2003

AMERICAN PUBLIC HEALTH ASSOCIATION

By: Rodger L. Beatty, PhD, LSW

Philadelphia, PA was the site of the 130th annual meeting and conference, "Putting the Public Back in Public Health," of the American Public Health Association (APHA) from 9-13 November 2002. The LGBT Caucus of Public Health Workers (established in 1975) in Official Relations with APHA had a strong presence. NALGAP had membership applications and newsletters available at the extremely busy Caucus exhibit table. In fact it was difficult to keep supplies at the table.

Although, for such a large conference (usually over 10,000 participants), it would be difficult to involve oneself in all of the 60 LGBT related offerings. However, I did not miss many of the wonderful Caucus socials such as receptions, dinners, tours and so forth. Keep in mind that these sessions include posters and oral presentations under many areas in addition to the Caucus; that is, Alcohol, Tobacco & Other Drugs, HIV, and so forth. In addition, many of the LGBT related sessions had standing room only.

Obviously I am most familiar with the 90 minute oral presentation, Health Related Concerns of Aging, Lesbian, Gays, Bisexual, and Transgender (LGBT) Persons organized by former NALGAP board member Nancy Kennedy. This oral presentation had Michael Shankle, MPH and Rodger L. Beatty, PhD from the University of Pittsburgh present, "Older lesbian, gay bisexual and transgender substance abuse issues: Are they at higher risk for substance abuse." Nancy Kennedy, DrPH from DC presented, "Issues of substance abuse, aging, sexual orientation, and gender identity: Who cares?" While Jodi Sperber, MSW, MPH from

Boston presented, "Addressing the Needs of LGBT Elders."

Unfortunately there is little research and hence data available on the needs of older LGBT adults and in particular their substance use pattern and concerns. At this juncture one can infer from the general older populations as a percentage of them are likely LGBT. Of course the data and concerns narrows considerably if one examines bisexuals and transgender persons. In addition, older LGBTs are less likely to self-identify or be included in research. However, that also brings on the concern of simply identifying the age cohort of who is older. That is middle-aged, young old, and older? Other effects on the aging cohort concern pre- and post-World War II, the McCarthy witch-hunt era of arrests, and blackmail, pre- and post-Stonewall, the broader civil rights movement, and pre- and post-the advent of HIV/AIDS.

Incidence and prevalence data on substance abuse in the older LGBT community is limited. Older LGBT individuals are eliminated from studies as statistical outliers. Many studies focus on HIV and related risky behaviors. Many older LGBT individuals appear to be at high risk for alcohol and other substance abuse because of past negative social attitudes. In the general population rates of alcohol typically decline as people approach retirement and then increase again after 60 years of age. 2-4% of Americans over 65 years of age has a diagnosable alcohol problem. Drug abuse is specifically related to abuse of prescription drugs. We cannot assume that the older LGBT community has the same risk factors associated with the general public.

In addition to novel research in this area, standard surveys, already administered, need to collect data relative to LGBT substance abuse risk factors to as-

sess the needs of the target population in a comprehensive manner. Next year's conference will be in San Francisco from 15-19 November. Alas, I have a conflict on my schedule and I am not able to attend.

GLAAD & TOBACCO

I believe NALGAP shares a piece of the accomplishment, with bring the issue to the attention of our members. Thanks Phil

Philip T. McCabe CSW, CAS

Mental Health Consultant

From: Joe@smokefree.org (Joe Cherner)

RE: GLAAD sponsorship

Thank you for sending an ez-letter to GLAAD (Gay & Lesbian Alliance Against Defamation) urging them not to accept tobacco sponsorship.

We are pleased to tell you that the 2003 GLAAD Media Awards event will not be providing smoking lounges and Brown & Williamson (or any other tobacco company) will not be a sponsor.

We don't know if this is a temporary or permanent decision.

If you would like to thank GLAAD for its decision and ask that this decision be permanent, go to

www.smokefree.org/GLAAD.

Thank you for your support.

Joseph W. Cherner, President

SmokeFree Educational Services, Inc.

<http://www.smokefree.org>

GAY, BUGGED, AND ROLLING STONED

By: NALGAP board member George Marcelle

"Thanks for sending along information about the controversial article in *Rolling Stone*. I am sorry I did speak with them--I was trying to make the point about gay men who still do "unsafe" activities (often under the influence of alcohol and drugs) even when almost every gay man knows what to do or not to do to avoid infection.." Thus begins a January 27, 2003 personal e-mail from Bob Cabaj, M.D., a respected public health official and expert on gay health, including substance abuse and HIV/AIDS among gay men.

What prompted Dr. Cabaj's message was an article in the February 6, 2003 edition of *Rolling Stone* magazine by Gregory A. Freeman, provocatively headlined "Bug Chasers: The Men Who Long to be HIV+."

What followed was what might have been a useful investigative report of a disturbing, albeit minor, group of gay men who intentionally seek to become infected with HIV or to infect others who want to become HIV positive, were it not for some of its improbable and highly-inflammable statements. The worst of these is attributed to Cabaj, who adamantly denies being its source: "Cabaj estimates that at least twenty-five percent of all newly infected gay men fall into that [the 'bug-chasing'] category."

Freeman continued with a serious mathematical error: "that would mean around 10,000 [new HIV infections in the U.S.] each year attributable to...bug chasing,..." But Salon.com's Andrew Sullivan was quick to point out that, "men who have sex with men make up a declining number of this [new HIV infections] group—now 42 percent, according to the CDC. So even if you buy the bizarre 25 (sic) percent figure, you don't end up with 10,000, you end up with 4,200." Sullivan goes on to stress, "No one, I repeat, no one, has any solid evidence for either figure." Amen to that!

Cabaj wasn't the only one interviewed for the *Rolling Stone* story to quickly denounce the published version as inaccurate. Dr. Marshall Forstein, Medical Director of Mental Health and Addiction Services at Boston's Fenway Center told Newsweek that a statement attributed to him – "bug chasers are seen regularly in the Fenway health system, and the phenomenon is growing," – was, in his words, "entirely a fabrication."

The Freeman piece fails to mention the connection between high-risk sexual behavior and being under the influence of alcohol and/or other drugs Cabaj later recalled attempting to stress in his interview. Indeed, the lengthy article makes no reference to substance abuse as a frequent co-factor in HIV/AIDS. Yet *Rolling Stone* freely links bug chasing and bare backing -- men engaging in anal intercourse without condoms, many of whom do attempt to confirm their own and their partner's viral status before taking such a risk.

As Salon's Sullivan and others soon noted, it's hard to come away from the *Rolling Stone* story without suspecting the writer and the magazine of intentional sensationalism and exaggeration in order to attract reader interest at the expense of gay men, and at a time when HIV/AIDS prevention programs, and LGBT health and social justice efforts are already under attack. Also notably absent from the article was any mention that resistance to condoms is high among almost all sexually-active groups and that countless non-gays engage in sex – anal, oral, vaginal – without benefit of such protection or assurance of anyone's viral status. Why, some ask, aren't straight men who have intercourse with multiple partners but without protection also labeled as "bare backers" and "bug chasers?"

When there was public concern over alarming rates of teen pregnancy, journalists discovered that girls, some as young as fourteen, thirteen, even twelve, set out to become pregnant on purpose, often by inappropriately older 'boyfriends.' As described in the press and by staff of programs attempting to improve their lives, these girls were pitifully lacking in self-esteem, life skills, self-control; their histories tended to be sordid, their prospects bleak. For them, early pregnancy offered an identity and respect from their peers, however fleeting, something they saw no other means of achieving.

For all the hue and cry and moral posturizing over teen pregnancy and all the public hand wringing over young teens – children themselves, really – who would go to such drastic lengths to feel some brief pride, these girls were not seriously demonized in the press. Nor was their pathology extrapolated to characterize adolescent girls in general. They were presented for what they were and too often still are in a new generation, desperate and tragic and deserving of whatever help society can provide.

But the ink had not dried on the February 6th issue of *Rolling Stone* before anti-gay forces took up the cry of bug chasers as an evil national threat. If Gregory Freeman was naive in his miscalculation of new HIV infections based on the unsubstantiated and grossly inflated estimate that 25 percent of new infections among gay men are the result of bug chasing, there is no such defense for the Traditional Values Coalition. Of course, no one is surprised that they picked up

Freeman's bug chaser article and used it for their own gay bashing purposes. But their website's January 23rd story about the Freeman article is headlined: "25% of Homosexual Males Seek to be Infected with HIV." Perhaps to most of their readers, 'homosexual males,' and 'new infected gay men,' are one and the same. Happily, they are wrong. However, TVC does make its own agenda clear at the end of their summary of the *Rolling Stone* report:

"This article exposes the truth about many AIDS groups and about the irresponsible sexual behaviors of homosexuals. TVC has been urging Congress for several years now to defund such groups as the Stop AIDS Project because its programs actually encourage AIDS infections...."

At a National AIDS Update Conference, a young gay counselor said, "Our ultimate goal is to help gay men create lives for themselves that they will be unambivalent about protecting." Clearly, we have a long way to go before realizing such a worthy, ambitious goal. Clearly too, groups such as the Traditional Values Coalition will do what they can to impede our progress. But why must a *Rolling Stone* also trip us up along the way?

Et tu, *Rolling Stone*?

4 February 2003

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WHAT THE RESEARCH DOESN'T SAY

Discovering Why Black Male-to-Male Sexual Activity Can [Reportedly] Be the Same as White Male-to-Male Sexual Activity, But Blacks Get Infected More Often with HIV -

By: Cleo Manago, CEO/Founder
AmASSI Health, Wellness, Cultural Systems and Research, Inc.
National African, American AIDS Prevention Initiative (NAAPI) Headquarters

On January 9th and 10th, 2003 I attended a 2 day workshop in Washington D.C. sponsored by the National Institutes of Health (NIH) Office of AIDS

Research (OAR), and the Behavioral Intervention Research Branch of the Centers for Disease Control and Prevention (CDC). I was not invited but urged to attend by a colleague familiar with my work and research, and the Critical Thinking and Cultural Affirmation (CTCA) Study and preventive health model developed for Blacks at-risk. He thought it was important that I be there. I agreed, and attended.

The focus was 'Increasing the Efficacy of HIV Prevention Efforts for Men Who Have Sex with Men (MSM).' The impetus of this workshop was the fact that, over two decades into the HIV/AIDS epidemic, males who have sex with males (MSM) still represent the overwhelming majority of people in the country infected. It was mentioned throughout the workshop that Black males, in particular, continue to experience disproportionately alarming levels of HIV infections and increased incidents. The term "MSM" was created because the word "gay" as a descriptor for all males involved in homosexual desire, lifestyle or experience, particularly among Black and Latino males, proved inappropriate, inaccurate and/or alienating to a number of males at HIV risk or infected. The term MSM intends to include a very diverse population of males.

Workshop attendees represented a range of sectors, including research, health services, national and community-based organizations, foundations, and government. The primary emphasis of this meeting was to discuss the key research needs and opportunities in the biological, epidemiological, clinical, behavioral, and social sciences, and how might these be innovatively addressed for different groups within the MSM community; and how to best inform MSM HIV prevention practice. Content areas emphasized key questions for analysis at various levels including: individual, couple, network, community with attention to theory and methodology.

During this workshop, as often happens at research meetings of this kind, statistics and data were heavily displayed. One recurring quandary for participants in the workshop was that, though Black MSM are no more sexual (possibly less) than White MSM, HIV infection rates are much higher

among Blacks. This was discussed as if it were a dumbfounding paradox. (Given my research and perspective this circumstance was completely logical to me. But, being that I was "crashing the party" I was tentative about saying anything -- yet.) More reports re-revealed that Black males were greatly and disproportionately impacted by HIV/AIDS. As is common with these disturbing presentations the co-factors possibly leading to these outcomes are never included. As a result people "of color" are frequently displayed in very pathologized and diagnostic ways, never with context or in ways that are humanizing. In response to how "MSM of color" were portrayed in the data, Black and Latino researchers Dr. George Ayala and Dr. Darrel Wheeler both spoke to how little, still, is known among researchers about the lives and experiences of "MSM of color."

After this session, I and others headed out into the hotel lobby. I felt frustrated about the clear lack of context and capacity among researchers to get beyond pathologizing statistics and inside the experiences and lives of Black males at-risk, to understand the genesis of what leads to a perpetual rise in HIV infection. I approached some of the researchers and asked if they had heard of psychoneuroimmunology. Seemingly puzzled some said yes, others said no. But among most of them no correlation had been made between psychoneuroimmunology, trauma or mental health and HIV risk in Black MSM. I explained that from my perspective it was very short-sighted for researchers or anyone to think that Black men and White men experience life in similar or in equally balanced ways. That any researcher sees Black and White men involved in the same sexual acts as experiencing the same thing is base line inaccurate in and of itself. Data collected from this perspective would be strangely pathological and perplexing because the base line assumptions are incorrect.

I went on to explain psychoneuroimmunology, and its possible impact on Black men in general, but with emphasis on MSM and HIV infection. I mentioned that relative to many White males, including gays, the conceptual relationship to power and entitlement is different for many Black males. As

a result, conflicted reaction to being homosexual, manhood disorientation (being man enough) and stress is disproportionately heightened among Black males. And, differently from White homosexuals nationally, there are few (if any) appropriate support systems available to address stressors uniquely faced by Black males. White males, even among those struggling with their homosexuality, have a relationship to entitlement, resources, power potential, expectation and access that many Black males cannot fathom. The whole gay construct was created by and for White males on every level and more directly empowering/motivating to them than to most Black males. The lack of a similar level of support for Black males, while facing higher levels of micro-stressors, can lead to normalized trauma creating a higher threshold for trauma and lowered capacity to recognize newly induced trauma -- including that which may occur during anal intercourse and other potentially risky sexual acts.

To compensate for gaps in support many Black males are more involved in the portrayal, performance and aesthetics of compensatory manhood than in planning to live a long empowered life. This is unique to many Black MSM. Black males have an awkward and often tentative relationship to absolute personal and societal power. (e.g., they have not seen a Black American president). Black males experience a disproportionate amount of micro-stressors, conscious, unconscious and socially derived stressors. Stressful conditions lead to altered measures of immune function, and altered susceptibility to a variety of diseases, including HIV. Many stimuli, which primarily act on the central nervous system, can profoundly alter immune responses. Neurotransmission with lymphocytes, macrophages, and other immunocytes are immune system targets that can profoundly alter immunological reactivity at the individual cellular level, at the level of complex multicellular interactions (such as antibody response), and at the level of host responses to a disease-producing challenge.

A central finding that emerged from AmASSI's Critical Thinking and Cultural Affirmation (CTCA) study is that Black MSM were particularly stressed regarding their self-concept, issues of manhood failure, and homosexual desire or experience. Most reported that being a Black male carried trauma,

that living a long life was not actively valued, and they carried shame for who they [thought they] were in society as Black male MSM. The CTCA model, and the successfully tested intervention based on the model, incorporated an understanding of psychoneuroimmunology, encouraged critical thinking to break the "trance of sorts" that many Black males are in resulting from high levels of stress/oppression, and included cultural affirmation as a protective factor.

Later, in the lobby, I ran into Phill Wilson, a Black AIDS and gay activist also from Los Angeles, and a moderator for the workshop. I asked if he had heard of AmASSI's CTCA Study. He mentioned he had, that he and I should get together, and he requested more information on the study. As we chatted, he also mentioned being puzzled that Black men and White men, who are [supposedly] involved in the same [homo]sexual activities, have severely and dangerously different relationships to HIV infection potential. I asked Wilson if he knew much about psychoneuroimmunology. After my explanation, Wilson stated, "I see. That makes sense. I never thought about those connections in this context. I am familiar with discussions on 'Living While Black' but had never put these ideas together." Then he asked, "What can I do?" I responded saying, "You can use your access to provide opportunity for me to present the CTCA model to audiences like the one here, and others, to make sure considerations presented in CTCA become part of the discourse around Black HIV/AIDS prevention." Wilson then requested that I be on a plenary at the February African American AIDS conference in NYC, and submit an article to his newsletter. I agreed to both.

As a result of attending this two day workshop I was also able to directly engage a nation of researchers on the importance of creating appropriate environmental context for [more] authentic data collection from Black MSM, and to study the possible impact of socially induced trauma and mental/emotional conflict unique to Black males. They seemed particularly intrigued when I raised psychoneuroimmunologic issues as they may impact or potentially pre-compromise the immune systems of Black males creating increased susceptibility to HIV, and "deeper" infection potential, compared

to Whites.

I'm not sure what impact all that was said and done will have on reducing the HIV/AIDS epidemic, but I am satisfied that I attended and saw with my own eyes where "we" are within research. I'll keep you posted on any new developments.

Thanks

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From: George Marcelle

NATIONAL GAY MEN'S HEALTH SUMMIT 2003 IN RALEIGH, NC

The following is being sent to you as a partnership between the National Coalition for LGBT Health and the National Organizing Collective:

Join with us as we continue to build a multi-issue, multi-racial Gay Men's Health Movement! A Call to the National Gay Men's Health Summit 2003 in Raleigh, North Carolina, from May 7-11, 2003.

We are a group of people working to support the development of a strong, visible, politicized gay men's health movement in the United States and we invite you to join us from May 7-11, 2002 in Raleigh, North Carolina to continue to launch this ambitious effort.

Our motivations for calling on you to join in this effort are diverse. Some of us worked to create the initial national gay men's health summits, in Boulder, in 1999 and 2000. Others of us took on leadership roles in organizing local and regional gay men's health summits in 2001; still others participated in the recent LGBTI Health Summit 2002 in Boulder this past July. We embrace and welcome to this work all who support the health and well-being of men who are gay, bisexual, queer, or have sex with men. This gathering's events will encompass the needs of all queer men, including those who are FTM or transgender-identified.

Some of us have been working in AIDS or health issues for several decades and are interested in creating a stronger, more visible grassroots movement among gay men focused on strengthening our communities and tackling a range of health concerns. While

HIV/AIDS remains a central focus for our energies, we maintain other central concerns such as substance use, cancer, heart disease, other sexually-transmitted diseases, and mental health issues.

Others of us are drawn to this summit because we hope to re-energize gay men in our communities to be actively engaged in political activism, volunteerism, community life, and health promotion efforts. We want to spend a few days of intense focus on the health of our communities with colleagues from all over the nation who confront similar challenges and draw on similar community strengths. We come from different locations, cultures, generations, and professions, but we share common concerns about improving gay men's health and wellness, strengthening our local communities and subcultures, and enlisting service providers, activists, health professionals, researchers, writers and cultural workers in our efforts.

The summit will include speakers, panels, workshops, and organizing meetings on a range of topics including, though not limited to: health promotion for gay men of color, the hidden assets and strengths of our communities, upswings in syphilis among urban men who have sex with men, self-care, holistic and complimentary health, and creating sustainable community organizations, substance use and abuse, issues facing poor, homeless, and indigent gay, bisexual, queer, and trans men, the implications which gender and masculinity have for gay men's health, queer men's relationships, including domestic partner, marriage, and , alternatives to marriage, health issues facing middle-age and old men, the politics and health issues emerging from circuit parties, making young gay men into health advocates, model community health projects, changes in gay cultures in response to the increasing centrality of cyberspace, sex debates in gay male communities and community health implications, the politics and health issues emerging from barebacking a new, generation of HIV prevention for gay men, rural gay men's health needs, countering racism, sexism, and classism in gay men's communities, tensions between various gay generation, mental health issues facing gay men of all colors, and activism focused on gay men's sexual health and access to technologies.

This is a humble, grassroots organizing effort with ambitious aims. Our summit has no big-money spon-

sors or large organizations leading the effort. It is being organized by concerned men and women in various parts of the country who are handling logistics, program planning, publicity, and housing. We are already excited by the support and interest which has been

generated. We welcome all people motivated to improve the well being of gay male communities to participate and we invite programming ideas focused on any population or subculture identifying as gay, bisexual, queer, or transmen.

Plan now to be an active participant in the Raleigh summit. We aim to limit the summit to 300 registrants and expect to be at capacity by April. Please register after January 15th and avoid disappointment. And make your housing reservations very soon as we have been able to reserve only a limited number of rooms and can expand our group reservation once we have commitments from our core participants.

For general questions about the Summit, contact Jim and Ian at ghmsummit@yahoo.com. The Summit will be signed for the hearing-impaired and the site is wheelchair accessible.

For registration information, download materials after January 15th from the web site at www.gmhs2003.org.

For housing information, contact the Sheraton Capitol Center. Reservations available at 1-800-834-2105; mention "Gay Men's Health Summit" for conference rate of \$89.00/night. Community housing will be available; please check the web site for details after January 15.

For program information, visit the web site today at www.gmhs2003.org. Workshop proposals are due on January 15. Contact Eric at gmhs3@aol.com or 415-255-6210 with program-related questions.

This statement was developed by the National Organizing Collective and signed by other supporters of the Summit who intend to be present in Raleigh and will continue to build our gay men's health movement.

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PRESIDENT'S CORNER

Dear Members and Friends,

The numbers are in from last year and we raised \$4900 toward our goal of \$5,000 for the challenge grant from the Gill Foundation. That means we will have added a total of \$9800 to our coffers for last year in addition to memberships. This income is very important for the work of this all volunteer organization. With a stronger financial base the Board of Directors resumed monthly conference calls this year. We only meet face to face once a year at the annual meeting and conference. We travel to that meeting at our own expense.

In order to improve Board communication, we have started a list-serve for board business. Board members are using this list-serve as a think tank and to be more effective in conducting business between conference calls. We are considering offering a list-serve for our entire membership so that folks can share questions or concerns related to our mission and hear back from other members.

Please remember that we have no paid staff. We have a virtual office housed at the NAADAC national office in Alexandria, VA. The NAADAC staff open mail and process our membership renewals. Any phone calls to our NALGAP phone are answered by voice mail, which I check on a weekly basis. Our Secretary, George Marcelle, answers the emails directed to our web site.

Any time you have a concern about NALGAP and want to contact a board member, please feel free to contact any of us directly via the website or call me at 602-284-2191.

We presently have some board openings and would love to hear from you if you are interested or would like to recommend someone. We are particularly try-

ing to balance the board in terms of cultural diversity and geographic demographics.

Next year will be our 25th Anniversary and we want to do something very special. If you have ideas for what kind of event you would like, where you would like us to hold such an event, or have a willingness to work on such an event, PLEASE let us know.

Please invite others to join our organization and put September 16, 2003 on your calendar for our Annual Meeting in Washington, D.C.

Gaily,
Joe Amico, President
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“TOBACCO AND ALCOHOL ARE OUR PEANUT BUTTER AND JELLY” PIONEER LGBT ANTI-SMOKING FIGURE TELLS HISTORIC CONFERENCE

By: George Marcelle, NALGAP Board Secretary

Reflecting on reported high rates of smoking among lesbians and gay men, Gloria B. Soliz, president of the Coalition of Lavender Americans on Smoking and Health (CLASH), and facilitator of the nation’s oldest LGBT smoking cessation program, Last Drag, observed, “Tobacco and alcohol are our peanut butter and jelly.” The analogy hit home with the estimated hundred-plus LGBT health professionals, advocates and volunteers attending the first LGBT Tobacco Control & Research Summit, at San Francisco’s LGBT Community Center, on November 18, 2002, immediately preceding the annual National Conference on Tobacco and Health. CLASH served as organizing sponsor of the day-long program, with support from national, state and local groups.

As Greg Greenwood, of UCSF’s Center for AIDS Prevention Studies told the National Conference, “We [gays] smoke at higher rates; although a specific percentage for LGBT smoking is not known,” due to the lack of national random sampling, scarcity of funds for LGBT research and barriers to accurate data in an

oppressed, often hidden population, many of whom may not accept or acknowledge LGBT labels.

But as an example of the numbers that caused concern at the San Francisco meetings, the American Legacy Foundation, created as a result of the November 1998 Master Settlement Agreement (with tobacco companies) estimates that smoking rates for LGBT youth range from 38 percent to 59 percent, far above the approximately 30 percent national average for all adolescents. In selected studies of lesbian and gay male adults, reported smoking rates are often double those found in the general population, or higher.

Among factors that may account for the disturbing levels of tobacco’s gay popularity in are targeted tobacco advertising and marketing efforts (including tobacco company sponsorship of gay pride and HIV/AIDS activities); community norms (i.e., higher levels of social acceptance of smoking among lesbians and gay men); bar culture; smoking as a part of the coming out experience. Jay Paul, another UCSF-CAPS researcher presenting at the November meetings reported preliminary conclusions from a series of focus groups he conducted with lesbian and gay young adult smokers in California. Recurring reasons subjects gave for smoking included: cigarettes as a prop for masculinity and toughness; creating an appearance of being older, more mature; smoking as a ‘sexy’ behavior; relief from the stress of coming out and self-consciousness in meeting other LGBT’s.

Dr. Cheryl Heaton, President and CEO of American Legacy Foundation underscored the deliberateness of cigarette marketing to gays by discussing Project SCUM (Subculture Urban Marketing,) a marketing plan developed by one major company for targeting gays and homeless people. The SCUM acronym has so incensed LGBT health advocates that Legacy has created TV spots and a website to call attention to the Project SCUM documents (see www.projectscum.org). Calling tobacco-related disease “the number one preventable cause of death in the gay community,” Heaton reported that Legacy has taken additional steps to help LGBT communities address smoking, including grant awards for ten LGBT-specific smoking projects to date, hiring of openly gay youth as members of the team traveling with the Foundation’s Truth campaign truck, and

sending the Truth exhibit to a number of LGBT community events.

In addition to Soliz's eleven-year-old success story conducting the Bay Area's Last Drug program, audiences also received encouraging news about other efforts to address smoking among LGBT's. Seattle's Elise Lindborg has had preliminary success organizing an annual Gay American Smokeout, an adaptation of the American Cancer Society's Great American Smokeout. The Center-Hawaii, Honolulu's fledgling non-profit providing services for LGBT people in the Hawaiian islands had had preliminary success with its own awareness-raising campaign conducted in cooperation with gay bars on Oahu. Nationally, Kristina Keck told the group about progress on a project to develop LGBT-specific prevention and cessation models the Orange County (CA) G&L Center is developing in collaboration of the National Association of LGBT Community Centers, with support from the Centers for Disease Control and Prevention (CDC).

California's experience in making bars and taverns smokefree was a topic discussed in both the Summit and National Conference programs. Despite dire forecasts when the new laws went into effect, and initial resistance on the part of many bar owners (including some gay and lesbian bars) participants learned that the state now estimates 90 percent compliance rates (with gay bars even more compliant), tax revenues from bars and restaurants licensed to serve alcohol have actually increased between 6 and 8 percent since the law went into effect in 1998, and California remains the most visited state in America, giving the lie to claims that the law would discourage tourism.

Bob Gordon, of San Francisco's Tobacco-Free Project and a CLASH activist who helped organized and (December 10-12, 2003) were announced. The Fenway Institutes/Fenway Community Health, an LGBT-serving Boston program will serve as organizing sponsor.

moderate the November 18 LGBT Summit, showed the video, *How they Get us to Screw Ourselves* in one of several workshops. The piece documented one aspect of the Gay & Lesbian Alliance Against Defamation's (GLAAD's) financial relationship with tobacco giants Brown and Williamson and Phillip Morris, ties that LGBT health advocates have protested. (In January 2003, GLAAD announced that it would no longer accept tobacco support, thanks to pressure from CLASH and others.)

But Dr. Ruth Malone, Assistant Professor of Social and Behavioral Sciences at UCSF, describing preliminary findings of her examination of tobacco marketing targeting lesbians and gay men, provided a

PLEASE NOTE: We urge **ALL** members of NALGAP to send information about their activities so that everyone can know what NALGAP members are doing

chilling reminder of the formidable challenge faced by those hoping to reduce and prevent smoking in America. According to her analysis, the tobacco industry now spends \$1 million *per hour* on advertising and promotion of its products, too much of it targeting and influencing LGBT adults and coming out youth.

Plans for a second LGBT Tobacco Control & Research Summit, to be on a day before the 2003 National Conference on Tobacco or Health in Boston

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