



**While cancer and AIDS survivors have taken to the street—and to the halls of Congress—demanding to be counted, millions of addicts with successful long-term recovery talk only to each other in the confines of anonymous Twelve Step meetings.**

## **Utah Plenary Speaker: Benoit Denizet-Lewis on *America Anonymous***

*America Anonymous* is the unforgettable story of eight men and women from around the country—including a grandmother, a college student, a bodybuilder, and a housewife—struggling with addictions. For nearly three years, acclaimed journalist Benoit Denizet-Lewis immersed himself in their lives as they battled drug and alcohol abuse, overeating, and compulsive gambling and sexuality. Alternating with their stories is Denizet-Lewis's candid account of his own recovery from sexual addiction and his compelling examination of our culture of addiction, where we obsessively search for new ways to escape the reality of the present moment and make ourselves feel "better."

Addiction is arguably this country's biggest public-health crisis, triggering and exacerbating many of our most pressing social problems. But while cancer and AIDS survivors have taken to the street—and to the halls of Congress—demanding to be counted, millions of addicts with successful long-term recovery talk only to each other in the confines of anonymous Twelve Step meetings. Through the riveting stories of Americans in various stages of recovery and relapse, Denizet-Lewis shines a spotlight on our most misunderstood health problem (Is addiction a brain disease? A spiritual malady? A moral failing?) and breaks through the shame and denial that still shape our cultural understanding of it—and hamper our ability to treat it.

Are Americans more addicted than people in other countries, or does it just seem that way? Can food or sex be as addictive as alcohol and drugs? And will we ever be able to treat addiction with a pill? These are just a few of the questions Denizet-Lewis explores during his remarkable journey inside the lives of men and women struggling to become, or stay, sober. As the addicts in this book stumble, fall, and try again to make a different and better life, Denizet-Lewis records their struggles—and his own—with honesty and empathy. ■

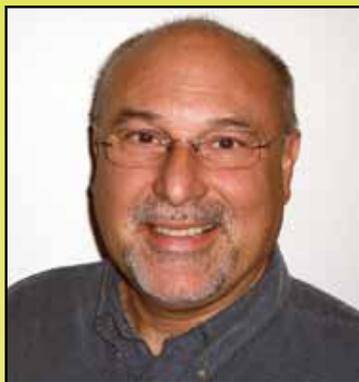


### **NALGAP 30th Anniversary Challenge**

#### ***The Challenge:***

**Each member recruits at least one new member at the reduced rate of \$30.**

***There will be a prize for the person who brings in the most members.***



**By some industry standards, we would be a very young organization. By other industry standards, we are old timers. We've seen a lot of changes in the field in the past 30 years. The first inpatient treatment specifically for gays and lesbians was Pride Institute, founded in 1986. Since then, several other LGBT programs have come and, unfortunately, gone.**

## **President's Corner: Fall 2009**

It's time to join together! This is NALGAP's 30th Anniversary! For most of our history we've been a lone voice crying in the wilderness for LGBT issues in addiction treatment and prevention. Thirty doesn't seem very old considering at one time in history that was THE average life expectancy and today that's not even middle aged. When my 97 year old Mom fell and needed a pin put in at 92, her doctors marveled and told her "Mrs. Amico, whatever you're doing, keep doing it and you'll live to be 100." Now with three years to go, they are telling her she'll make it to 125! Who in her generation ever thought that would be possible?

Well, that means NALGAP has only been around one third of her lifetime. That's not very long. She has grandchildren older than that. In fact, she has great grandchildren approaching that age. I've been in the field of addictions as my second career for just over 25 years now. I guess I didn't realize NALGAP was only 10 years old when I first heard about the organization. I've been on the board for 10 years. Yikes, that means I've been on the board for a third of NALGAP's history.

By some industry standards, we would be a very young organization. By other industry standards, we are old timers. We've seen a lot of changes in the field in the past 30 years. The first inpatient treatment specifically for gays and lesbians was Pride Institute, founded in 1986. Since then, several other LGBT programs have come and, unfortunately, gone. At one time Pride spurned other programs along with what is now Alternatives all over the country. However, in the past decade most of those programs have faded away. Pride closed two of their facilities last year leaving only the original in MN and one other in Ft. Lauderdale. Congratulations to Brattleboro Retreat starting a NEW LGBT unit as I write this.

It's not just the treatment side of our profession. This past year saw the demise of a number of long time national and local non-profits that advocated for LGBT issues from HIV/AIDS to addiction to homelessness and mental health.

NALGAP has had its ups and downs over the past three decades and on more than one occasion the Board has had to ask the difficult question: can we make it another year? We began thinking of some type of gala celebration for our 30th Anniversary two years ago. In the midst of those plans, our current treasurer challenged the board with a reality check: with depleting funds, lack of grants, level memberships, we would not make it another year. As a board, we determined if this organization wasn't worth the investment, we should close up shop. If we still believed in the mission after 30 years, *(continued on next page)*

we had to take responsibility ourselves. I am proud to report to you that the board agreed to be a “giving” board as well as a “working” board. Current board members pledged monthly amounts to sustain the work of the organization for another year! A professional grant writer did answer our call to join the board and donate her talents to assist the organization. Like my mother, when she was 92, we got a pin inserted where we needed it so we could continue “a few more years.”

There are ways you can help NALGAP not only survive but prosper. The board has challenged the membership to double ourselves this year! In honor of our 30th anniversary, you can invite a new member to join for \$30 instead of the usual \$50. You can give that \$30 yourself and turn in their membership. Perhaps that gift membership will be a regular \$50 next year when they renew and we will continue to grow. Many of our board have been actively speaking at trainings and conducting workshops and inservices. Soon our NALGAP brochure will be available to download from our web site, Until then, contact a board member and we'll get them to you. Hand them out whenever and wherever you go. I spoke at a conference for the State of Nevada and they put our *Reporter* on their conference web site in a PDF file for anyone to read! There are innumerable ways to get the message out about what we do and invite others to join us. I often hear from folks who found us on the web, or got a brochure or NALGAP Reporter at a conference and said “How come I never knew about NALGAP before?”

With everyone pulling together, with pledges beyond our membership fee, spreading the news and inviting others to join, we can look forward to more productive years. In the meantime, we did reach our 30th and our vision, which was to celebrate twice: once with a large national conference where we can continue to reach general population addiction folks about LGBT issues (NAADAC) and a second celebration with other national LGBT organizations (GLMA and the LGBT Health Coalition).

I hope that you will be able to join us for some anniversary cake at either Salt Lake City (NAADAC) or Washington, D.C. (GLMA and the Coalition). We have much to celebrate and “miles to go before we sleep.” If you can't join us, send money, sign up a peer or an organization, print out copies of this Reporter and share them with others. You make the difference on whether we become one of those statistics of organizations gone by in these tough economic times or continuing to be the only national and international voice for GLBT issues in addictions. ■

Celebratively,

**Joe Amico, President**  
*joecd1@aol.com*

**Many of our board have been actively speaking at trainings and conducting workshops and inservices. Soon our NALGAP brochure will be available to download from our web site. Until then, contact a board member and we'll get them to you. Hand them out whenever and wherever you go. I spoke at a conference for the State of Nevada and they put our Reporter on their conference web site in a PDF file for anyone to read!**



**Rodger McFarlane**  
1955–2009

**He was on the forefront of responding to the AIDS epidemic that ravaged our country—and specifically the gay community—in the 1980’s. Before HIV even had a name, in 1981, Rodger set up the very first hotline anywhere; he just set it up on his own phone. That was the Rodger we knew.**

## **Rodger McFarlane: Friend, Colleague and Hero**

NALGAP joins with Rodger McFarlane’s Friends & Family in celebrating his life and accomplishments. NALGAP and the LGBT addiction field are indebted to Rodger for his support of efforts to better prevention and treatment programs for LGBT substance abusers. He served on the National Advisory Board of Pride Institute when it was started in the 1980’s to offer the country’s first non-discriminatory and specially tailored recovery treatment for LGBT substance abusers.

### ***Statement by Friends & Family of Rodger McFarlane on his Death: May 18, 2009***

It is with deep sadness that we announce the death of our friend, colleague, and hero, Rodger McFarlane. A pioneer and legend in the lesbian, gay, bisexual and transgender (LGBT) civil rights and HIV/AIDS movements, Rodger took his own life in Truth or Consequences, New Mexico last Friday. In a letter found with his remains, Rodger explained that he was unwilling to allow compounding heart and back problems to become even worse and result in total debilitation. We know that Rodger was in a great deal of pain. Already disabled in his own mind, he could no longer work out or do all the outdoor activities he so loved. He was also now faced with the realization that he could literally not travel, making employment increasingly difficult. As his friends and family, we thought it was important that we communicate to the world that it has lost an amazingly wonderful individual who contributed so mightily to our humanity.

While many people go their entire lives wanting to be good at just one thing, Rodger excelled at virtually everything he did. Brilliant activist and strategist, decorated veteran, accomplished athlete, best-selling author, and humanitarian are just a few of the accolades that could be used to describe our friend. To know Rodger was to love an irreverent, wise-cracking Southerner who hardly completed a sentence that didn’t include some kind of four-letter expletive. He fought the right fight every day, was intolerant of silence, and organized whole communities of people to advocate for justice. These were traits that endeared him to us and are traits that make his legacy incredibly rich and powerful.

The power of Rodger’s many personal and professional accomplishments cannot be denied. He was on the forefront of responding to the AIDS epidemic that ravaged our country—and specifically the gay community—in the 1980’s. Before HIV even had a name, in 1981, Rodger set up the very first hotline anywhere; he just set it up on his own phone. That was the Rodger we knew. A born strategist and leader, Rodger took three organizations in their infancy and grew each into a powerhouse in its own way, empowered to tackle this national tragedy.

*(continued on next page)*

## Rodger MacFarlane (continued from previous page)

One of the original volunteers and the first paid executive director of Gay Men's Health Crisis, the nation's first and largest provider of AIDS client services and public education programs, Rodger increased the organization's fundraising from a few thousand dollars to the \$25 million agency it is today. Until his death, he was the president emeritus of Bailey House, the nation's first and largest provider of supportive housing for homeless people with HIV.

From 1989 to 1994, he was executive director of Broadway Cares/Equity Fights AIDS (BC/EFA), merging two small industry-based fundraising groups into one of America's most successful and influential AIDS fundraising and grant-making organizations. During his tenure at BC/EFA, annual revenue increased from less than \$1 million to more than \$5 million, while also leveraging an additional \$40 million annually through strategic alliances with other funders and corporate partnerships. Rodger was also a founding member of ACT UP—NY, the now legendary protest group responsible for sweeping changes to public policy as well as drug treatment and delivery processes.

Most recently, Rodger served as the executive director of the Gill Foundation, one of the nation's largest funders of programs advocating for LGBT equality. He transformed the Foundation by sharpening its strategic purpose. He focused its philanthropy in the states, aligned its investment with political imperatives and forged relationships with straight allies that helped to further both the LGBT movement as well as the greater progressive movement. Rodger was instrumental in the creation of the Gill Foundation's sister organization, Gill Action. The brilliance of Rodger's vision is being seen today as important protections for LGBT people become a reality in more and more states.

No one will ever doubt that our friend Rodger lived a rich and complete life. A proud U.S. Navy veteran, Rodger was a licensed nuclear engineer

who conducted strategic missions in the North Atlantic and far Arctic regions aboard a fast attack submarine. A gifted athlete, he was a veteran of seven over-ice expeditions to the North Pole. He also competed internationally for many years as an elite tri-athlete, and in 1998 and 2002, competed in the Eco-Challenges in Morocco and Fiji, where he captained an all-gay female-majority team.

Rodger was the co-author of several books,

including *The Complete Bedside Companion: No Nonsense Advice on Caring for the Seriously Ill* (Simon & Schuster, 1998), and most recently, Larry Kramer's *The Tragedy of Today's Gays* (Penguin, 2005). In 1993, he co-produced the Pulitzer Prize-nominated production of Larry Kramer's *The Destiny of Me*, the sequel to *The Normal Heart*.

Rodger had a reputation as a hard-ass. That reputation didn't do him justice. Many of us will remember Rodger as a caregiver, a man who nursed countless friends and family members battling cancer and AIDS. He was the most compassionate and giving of friends, especially to those in physical or emotional distress.

His many achievements were recognized throughout his life. Most recently, he had received the Patient Advocacy Award from the American Psychiatric Association. Other honors included the New York City Distinguished Service Award, the Presidential Voluntary Action Award, the Eleanor Roosevelt Award, and the Emery Award from the Hetrick Martin Institute, as well as Tony and Drama Desk honors.

To commemorate Rodger's life, his friends will organize celebrations, the details of which are still in the planning stages. If Rodger was anything, he was a character through and through; there are, quite literally, thousands of "Rodger stories." That's part of what made him such a special person. During our celebrations, we'll share some of these stories and reflect on the many legacies left by our friend for life, Rodger McFarlane. ■

Most recently, he had received the Patient Advocacy Award from the American Psychiatric Association.

Other honors included the New York City Distinguished Service Award, the Presidential Voluntary Action Award, the Eleanor Roosevelt Award, and the Emery Award from the Hetrick Martin Institute, as well as Tony and Drama Desk honors.

**“The need for this type of program is timely, and the Retreat will provide members of the LGBT community with outstanding care delivered in an environment that is safe, respectful and positive,” said Dr. Rob Simpson, president and chief executive officer.**

## **Brattleboro Retreat Launches New England’s First LGBT Inpatient Treatment Program**

BRATTLEBORO, VT— On Tuesday, July 7, the Brattleboro Retreat will launch a new inpatient mental health and addiction treatment program designed exclusively to meet the needs of individuals who are gay, lesbian, bisexual and transgender (LGBT).

The new 16-bed program is the first of its kind in New England and one of only a handful in the United States. Patients will receive care for a variety of issues including:

- Depression and other mood disorders
- Anxiety
- Grief and loss
- Sexual compulsivity
- Sexual identity issues
- HIV/AIDS and related concerns
- Alcohol and other drug addiction

“The need for this type of program is timely, and the Retreat will provide members of the LGBT community with outstanding care delivered in an environment that is safe, respectful and positive,” said Dr. Rob Simpson, president and chief executive officer. “We are intent on building a center of excellence for the treatment of LGBT individuals from the northeast and beyond.”

Program services will include psychological and medical evaluation, around-the-clock acute hospital care, drug and alcohol detox/short-term stabilization, medication management, group and individual therapy and therapeutic recreation along with after care planning that is tailored to the needs of LGBT individuals.

“The environment of care will be 100 percent LGBT affirmative,” said Julie Praus, MD, medical director. “Every member of the Retreat’s clinical team has been carefully selected for this program and is trained in sensitivity to LGBT issues. We will be able to accomplish results that are often impossible for patients in ‘mixed’ clinical settings. In addition to excellent clinical care, the support and acceptance patients share with each other plays a powerful role in the healing process.”

Dr. Praus recently relocated to Brattleboro from Minnesota in order to pursue this opportunity as medical director. In addition to her many years of work as a psychiatrist she has in depth experience working with transgender individuals. Other members of the Retreat’s LGBT clinical leadership team include Susan Pickford, RN, nurse manager, and Erica Masson, LICSW, lead social worker.

The Brattleboro Retreat, founded in 1834, is a not-for-profit, regional specialty psychiatric hospital and addictions treatment center, providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families. Nationally recognized for its premiere treatment in behavioral healthcare, the Brattleboro Retreat offers a high quality, individualized, comprehensive continuum of care including inpatient, partial hospitalization, residential and outpatient treatment. ■

### **NEW LGBT INFORMATION SITE LAUNCHED: JULY 9, ‘09**

The American Society on Aging has created a Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Resources Clearinghouse that holds information related to and resources for people aged 50 and older. The site’s searchable resources span several categories: education and training; health and mental health; housing and support services; populations and communities; and public policy, advocacy, and legal issues. Also available are annotated listings for service providers, community and professional organizations, information sites, reports and articles, and links for ordering DVDs, books, and other useful products. The location of this new resource is:

**[www.asaging.org/larc](http://www.asaging.org/larc)** ■

## Dear Dr. Penny:

While I was using alcohol and “Tina” [methamphetamine] I had a series of panic attacks during which I thought I was having a heart attack. I went to the emergency room three times with chest pains, rapid pulse, dizziness and sweating. Every time they did a cardiogram, took a chest x-ray, drew some blood and then told me I was fine and that it was “just anxiety.” Naturally I never admitted to them that I had been using crystal, but later when I started outpatient treatment the staff told me that the drug was the cause. I believed them, but now after six months in recovery I am still having attacks several times per month. When I get the pain and heart flutters, I try to tell myself that “this too shall pass,” but it doesn’t help. If the drug was causing these attacks, why haven’t they stopped? Now I’m so afraid of having an episode that I have to force myself to go to work, to drive, and to have sex. No matter how often I hear that there is nothing wrong with me, I still think I’m having a heart attack. What’s wrong with me?

### —*Frightened in Ft. Lauderdale*

## Dear Frightened:

Unfortunately you have found out first hand that panic attacks may be initiated by stimulant use (cocaine, methamphetamine, diet pills and even caffeine), but they do not always resolve when the person stops using the substance. One way to understand this is to think of a panic attack as something like a seizure. Something happens that “kindles” the first episode and makes the brain more vulnerable to another episode, like a fire that keeps re-starting itself after it seems to be out. With seizures, the part of the brain that is affected may be the motor area, resulting in the twitching, jerking movements. With a panic attack, the sensitive area is that part of the brain that controls the “fight or flight” reaction to a dangerous situation. When the attack is “kindled,” there is an intense brain response that causes rapid pulse, elevated blood pressure, increased breathing rate and a sense that something awful is happening or is about to. This reaction is similar to the body’s response to actual physical danger, such as a near-miss auto crash, the sound of an explosion, or a growling dog. When the reaction is drug-induced, no such stimulus is present but the body responds as if there were an immediate threat. It is common for other symptoms to develop, such as rapid breathing leading to chest pain and lightheadedness; mental confusion and headache; weakness in the legs or hands; and/or nausea, vomiting or diarrhea. The person then interprets the symptoms, thinking, “I must be having a heart attack,” or “What if I’m having a stroke?” or “I’m losing my mind,” or even, “I’m dying!”

When a person comes to the emergency room with such symptoms and all tests are negative, it is a disservice to that individual to be told, “There’s nothing wrong with you.” Although intended to give reassurance, this approach is not reassuring—it only convinces the person that the hospital, doctor, staff, etc. don’t have a clue. Of course something is wrong. No one would feel this awful if nothing were wrong. It’s just that there is no indication that the individual has an acute heart condition, is having a stroke, etc. The panic attack is an indication that something is wrong with the person’s brain.

Notice I said brain, not mind. However we view the difference, a panic attack is not “all in your mind.” Something abnormal is happening in your brain, and it can be treated. Since most persons with drug-induced panic attacks will experience relief, either immediately after stopping the drugs or shortly thereafter, it makes sense to expect the panic attacks to

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



resolve in early recovery. Unfortunately, a small percentage of people continue to have them for a much longer period. This is similar to cocaine- or methamphetamine-induced motor seizures. Most people do not have this type of seizure after they stop using, but a rare few continue to be afflicted over time.

Also, it is important to point out the difference between panic attacks and a panic disorder. A panic attack involves an abnormal fear reaction that begins in the brain but causes physical and mental symptoms. In panic disorder, the person also develops a “second fear,” that is, a fear that the panic attack will recur. He or she may associate the attack with a particular activity or develop an intense dread that an attack may come while he or she is away from the safe surround-

ings of home. In other cases, the fear of another attack does not become associated with a fear of certain activities or places. In the first case, the individual may stop engaging in certain activities for fear of having an attack. This can result in increasing reluctance to leave home for work or social activities, for doctor’s appointments or recovery meetings, etc. The combination of panic attacks, fear of panic attacks or of what might happen if an attack occurs away from home, and increasingly constricted life activities is called panic disorder with agoraphobia. Agoraphobia is a term that comes from the Greek word for marketplace, the agora. Actually it is a misnomer, because the person who suffers from agoraphobia is not so much afraid of going to the marketplace as he or she is of leaving home.

Panic disorder, with or without agoraphobia, can interfere greatly with recovery activities and with quality of life in recovery. The good news is that it can be treated. The bad news is that some of the treatments often used are not safe for persons in recovery. Benzodiazepines, such as Xanax [alprazolam], Ativan [lorazepam], Klonopin [clonazepam] and Valium [diazepam], often are prescribed for panic attacks but are not safe for recovering persons to use. However, several other groups of drugs can be as effective and much less dangerous to your sobriety. These include certain antidepressants (Zoloft [sertraline], Lexapro [escitalopram], Effexor [venlafaxin], Paxil [paroxetine], Desipramine, etc.) as well as anti-convulsants (Topamax [topiramate], Lamictal [lamotrigine], Neurontin [gabapentin], Depakote [valproate], etc.).

For many people with persistent panic attacks or panic disorder, therapy is also very important. The treatment usually includes cognitive behavioral therapy (CBT), relaxation training and in vivo practicing for those who have become restricted by agoraphobic symptoms. The in vivo work involves going into anxiety-producing situations with a therapist or companion, and practicing techniques for reducing anxiety as it happens. Since many of the symptoms of a panic attack come from dysregulated breathing (hyperventilation, gasping, shallow breathing, etc.), breath training can also bring relief and confidence. One simple technique involves lying on the floor on the abdomen with the head resting on the folded arms. In this position, one cannot hyperventilate to any great extent, and the symptoms that come from hyperventilation, including lightheadedness, chest pain, muscle spasms and racing pulse, will be relieved within a few minutes.

I encourage you to seek professional treatment with a psychiatrist, psychologist or professional counselor experienced in working with recovering persons who suffer from anxiety disorders. The quality of your sobriety depends on it. ■

—*Penny Ziegler, M.D., Addiction Psychiatrist*