NALGAP Reporter

NATIONAL ASSOCIATION OF LESBIAN AND GAY ADDICTION PROFESSIONALS
SERVING THE LESBIAN, GAY, BISEXUAL, AND TRANSGENDER COMMUNITIES SINCE 1979

Vol. XVIII, No. 2 | *Winter, 2005*

NALGAP HOLDS ITS ANNUAL CONFERENCE!

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

On Thursday, Dec. 1, from 8:30-10:30 am, a panel of experts--Joe Amico, M.Div., CAS, CSAC; Karen Miller, PhD; Phil McCabe, CSW, CAS; and Michael Ralke, CEO, Alternatives--will discuss Crystal Meth and Sex Addiction. Then, from 6-7:30 pm, a panel consisting of Emily McNally, PhD, Dana Finnegan, PhD, Edwin Hackney, LCSW, and Joe Amico, M.Div., CAS, CSAC will discuss *How to Work Most Effectively with Your GLBT Clients*. On Friday, Dec. 2, Penelope Ziegler, MD, FASAM, will present on *Treating Co-occurring Disorders in GLBT Clients*.

Following her presentation, an event central to NALGAP's purpose will take place--a NALGAP Membership Luncheon from 12 to 1:30 pm.This luncheon is open to all current NALGAP members and to all others interested in NALGAP.

The capstone of the conference will be the NALGAP President's Reception at 7 pm on Friday, to which all interested people are invited.

The highlight of the reception will be an open AA meeting at which Paul Lekakis will tell his recovery story.

Paul Lekakis is an international recording artist who is best known for his top ten Dance-Pop hits "Boom Boom Boom" and "Come on Over to My House," and his new song and video, "I Need a Vacation."

Paul's much acclaimed acting career includes the independent films, "Circuit," "Just Can't Get Enough," and "Sex, Politics, and Cocktails."

All are welcome

We urge you to attend and be an active part of NALGAP's ongoing good work of advocacy, communication, and networking.. See you there!

GOOD NEWS: AUTHORS SUPPORT SCHOOL CHALLENGED FOR STUDYING GAY BOOK

A private school in Texas recently returned a three million dollar donation rather than submit to the donor's request that a controversial book be removed from the school's reading list. For the full story, see: http://www.pinknews.co.uk/news/articles/2005-136.html

MORE GOOD NEWS: SAN FRANCISCO GAYS USE LESS METH

Report by: Christopher Curtis, ***PlanetOut Network***

SAN FRANCISCO -- On Thursday, November 3rd, the Stop AIDS Project reported a "dramatic" drop in crystal meth use among gay and bisexual men in San Francisco.

"The reality is more and more gay and bisexual men are steering clear of crystal meth, recognizing its destructive nature, addictiveness and its high association with HIV transmission," said Jason Riggs, communications director of Stop AIDS

Project. "The city, the Stop AIDS Project, and other organizations are well-poised to capture the momentum of this downward trend to help build a healthier community."

Stop AIDS Project, which claims to be the nation's largest data collector on gay and bisexual men's behavior, reported that 10 percent of men who have sex with men admitted to using crystal meth in the first half of 2005. That is down from 2003, when 18 percent reported using crystal meth in the prior six months.

The downward trend is based on data collected from 4,197 completed surveys.

"Stop AIDS survey data is evidence that our city and community collaboration on crystal meth is working," said San Francisco City Supervisor Bevan Dufty.

The San Francisco-based agency credits a variety of factors in the decline of crystal meth use among gay and bisexual men, including: crystal meth abuse prevention campaigns; a coordinated effort by multiple organizations and agencies facilitated by the Mayor's Task Force on Crystal Meth; and gay men's experience of witnessing strangers and loved ones spiral into crystal addiction.

"Candid, clear and honest discussions about crystal meth are key to reducing its use in our community," said Riggs. "This is a drug that has thrown many people into crisis, and they need to know there are compassionate people who understand the challenges, leading successful treatments to help them get clean."

Riggs told the *PlanetOut Network* that San Francisco and New York were ranked by researchers as having the worst crystal meth problem in the gay community.

But even with the nearly 50 percent reduction in San Francisco, the city is still on par with Los Angeles and Chicago, which characterize their gay-related crystal meth problems as "urgent" and "critical."

Crystal meth, which is made from battery acid, drain cleaner and propane or starter fluid, is more toxic than crack and more addictive than heroin, the Stop AIDS Project notes. Men who have sex with men on crystal are twice as likely to have an STD and four times more likely to get HIV. Gay and bisexual men on crystal represent 30 percent of new infections in San Francisco every year.

"The key is to really capture the momentum of this downward trend," Riggs explained. He said the Stop AIDS Project will continue with its "Crystal Clear" campaign to prevent curious men from trying the drug. Phase two of the campaign would include notable members from San Francisco's LGBT community explaining their objections to crystal meth.

"Heklina, the popular drag queen who hosts Trannyshack, has signed up," Riggs added. "This is important work. We're trying to change the norms of the community."

PRESIDENT'S CORNER

As we approach our Annual Membership Meeting at the SECAD Conference, the old cliché "now more than ever" comes to mind. Why "now more than ever"? Despite all the progress in LGBT issues over the past 26 years since NALGAP's inception, there are areas of our society that appear to be reversing rather than going forward.

This fall our Board noticed that when SAMSHA published information for National Recovery Month NALGAP was no longer listed as a resource. Emails, snail mails, and phone queries to SAMSHA officials have gone unanswered. Last Spring, our Vice President, Phil McCabe, met with Dr. Westley Clark , Director of CSAT, at the National LGBT Health Coalition's annual meeting in Washington. Dr. Clark assured the LGBT Health Coalition members that LGBT issues would not be ignored despite stories and rumors we had heard about current administration directives. Dr. Clark assured NALGAP that the training manual to accmpany CSAT's *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and*

Transgender Individuals would be completed. Members of NALGAP worked on the training manual but, again, no one in CSAT has answered our queries regarding the status of the manual, which obviously has not been published.

As I travel around the country and share this news with people I get two striking reactions. Sadly, many people say, “I’m not surprised.” Others remark, “I had no idea.”

As I see it, NALGAP, as an advocate for LGBT issues in treatment, has a twofold task. First, we need to let others know that our government is retreating on LGBT issues. In fact, it’s not only retreating, it is repressing information that is crucial for LGBT suffering addicts. So, one task is to disseminate the news of what is happening. Second, now more than ever, we need to do advocacy.

At our Membership Meeting on December 3rd, the Board plans to share with those present an update of this situation and our plans for addressing what I believe to be the tip of the iceberg of our government’s injustice towards LGBT concerns. Any feedback you can give on this issue would be appreciated. Please contact any board member and tell them your experience or suggestions for addressing this timely issue.

Before I close, let me share some good news about NALGAP’s impact. When I spoke at the Calif. Association of Alcoholism and Drug Abuse Counselors (CAADAC) conference in October, NALGAP member Richard Bulger introduced himself. He is the person who first wrote, asking if NALGAP would present at the CAADAC Conference.

I LOVE the story of how that came about.

Richard's boss is the President of CAADAC. He walked into Richard's office and saw Richard's NALGAP Membership Certificate hanging on the wall and said, "How did you get that?" Richard explained that he found NALGAP on line, sent in $35, and we sent it to him.

After learning from Richard about NALGAP, what it is and what it does, his boss then asked Richard to contact us to see if we would present at this conference!

During the conference, a woman came by the Alternatives booth and asked, "This is the first year you've been here, isn't it?" I said, "Yes." She responded with "It's about time" and you could see the pride and relief on her face as she picked up our NALGAP brochure and Bulletin, saying "I'm looking forward to the reception this evening."

Sincerely,
Joe Amico,
President

STUDY LIFTS HAZE OVER TOBACCO USE--STATE FOCUSES ON GROUPS THAT HAD RECEIVED LITTLE ATTENTION

By: Hector Becerra, *Los Angeles Times:*10/7/05

The state's first detailed look at tobacco use by specific populations, found that Marines, Korean men, gays, and transsexuals were more likely to smoke than other people.

“Lesbian and bisexual women are smoking at almost three times the rate of women in general."

The data, compiled by the state Department of Health Services working with other researchers, offered a striking counterpoint to an overall decrease in smoking throughout California.

The gay, lesbian, bisexual and transgender community reported smoking rates of 30.4%, nearly twice the 15.4% rate for the general population. Gay men smoked at twice the rate of other men among the California general population.

"The data for lesbian and bisexual women is even worse," said Larry Bye, vice president of the Field Research Corp., which assisted in the studies, overseen by the Department of Health Services. "Lesbian and bisexual women are smoking at almost three times the rate of women in general."
The findings come two years after a UCLA study also found that gays and lesbians were more likely to smoke than the

general population, prompting a push in some gay communities across the country for new anti-smoking campaigns.

The state's study did not offer .an explanation for those figures. But some activists have speculated that some gays turn to cigarettes as teenagers to deal with the stress of "coming out" and potential discrimination.

LOS ANGELES CAMPAIGN SEEKS TO CUT SMOKING IN GAY COMMUNITY

LOS ANGELES (AP) - County officials concerned about high smoking rates in the gay community launched a campaign Thursday to encourage gays and lesbians to take their "last drag."

As part of the new campaign, health officials have set up smoking cessation programs targeting gay men at three local area health organizations and plan to start programs early next year for lesbians.

They will take out print ads in magazines geared toward gays, and they are headed to gay bars and clubs with the message that not smoking is more hip than lighting up.

The campaign, dubbed "Last Drag," comes as a response to results of a study funded by the California Department of Health Services and released last month that show the state's gay community smokes at a rate of 30.4%, nearly twice that of the general population.

"This is the first time that there is data on the gay population," said Dr. Jonathan Fielding, director of the LA County Dept. of Public Health. "It's of grave concern. We know one out of three smokers is going to die prematurely from a smoking related disease."

Fielding said the campaign will get a $30,000 budget but will be tied to other ongoing anti-smoking efforts.

The head of the HIV clinic at Charles R. Drew University of Medicine and Science, which will host one of the three outreach programs, lauded the campaign's effort.

Dr. Wilbert Jordan noted that by organizing classes at Drew, which is located in a mostly black and Hispanic community, health educators can reach smokers who do not openly identify as gay.

"In South Central, most of our patients tend to be closeted," he said. "They don't want to go to a gay bar or center, but they want go to the Drew. That's the advantage of having it at a neutral place, where people can feel comfortable," he said.

The prevalence of cigarettes in the gay community is due to several factors, said Jeff Bailey, Dir. of Educ'n at the Los Angeles Gay and Lesbian Center.

Bailey cited tobacco industry documents released in recent tobacco settlements that show the major labels once sought to target the population.

Among these papers is a 1994 internal document titled, "Benson & Hedges in the Gay Market," which suggested that the Marlboro man served as a key marketing tool among gays because of his image "as an overt cue to masculinity/sexuality."

Bailey said some gays and lesbians are drawn to smoking to deal with the stress of constantly having to hide their sexual orientation or because of rejection by their families.

Smoking has also become part of the gay club scene, he said. "When a lot of gay men and women come out, they come out in the bar culture, and the bar and club culture has really established a culture where it's OK to smoke," Bailey said. "We need to change that."

NY MEDICAL COLLEGE REINSTATES GAY-FOCUSED MEDICAL STUDENT GROUP

San Francisco, CA — After a year of protest and pressure from students, faculty, and national interest groups such as the Gay and Lesbian Medical Association (GLMA) and the American Medical Student Association (AMSA), officials at New York Medical College (NYMC) have decided to permit a student group focused on lesbian, gay, bisexual and transgender (LGBT) concerns to organize on campus. On September 25, 2005, the Treasurer of the group received word that funding had been allocated to the organization.

The reorganized group, known now as "People of Every Orientation Protecting Liberty & Equality in Medicine" (PEOPLE), has as its purpose "to improve the health care delivery to GLBT patient populations." 66 students have signed up for the club, which includes gay and straight students, 14 of whom are identified as LGBT. Last year, the group had a total of 9 students, all LGBT identified.

In the fall of the 2004 academic year, the LGBT student group at the NYMC, previously called the "Student Help" organization, changed its name to the "NYMC Lesbian Gay Bisexual and Transgender People in Medicine," a name used by dozens of other groups across the country. After the group changed its name, NYMC's administration revoked the group's charter, meaning that, unlike other student groups, the group lost its funding, was prohibited from using space on campus for its activities, and could not use the school's e-mail system.

After GLMA raised awareness about the school's action, the school came under a great deal of pressure from institutions it partnered with, including Pace Law School, which had a joint MPH-JD program with NYMC, and Westchester County government. Additionally, the school's student and faculty Senates and the AMA passed resolutions recognizing the students' right to organize.

In addition to reinstating the gay-focused club, the school has established a Task Force charged to make sure that appropriate information regarding LGBT health is included in the school's curriculum.

GLMA Exec. Dir., Joel Ginsberg stated, "We are very pleased that New York Medical College has acknowledged the right of LGBT students to self-organize and that top-flight medical education requires attention to the unique needs of LGBT patients."

Joshua Sahara, President of the banned club last year and now a third year student, said, "Our efforts to organize the student club have really made a difference. As I've been talking to people in my hospital rotations this year, I'm finding that people are more aware of the need for understanding LGBT health topics. We're changing the face of medicine, and I'm happy to be a part of that." The new president of the group is second-year student Marilyn Ng.

AMA PRESIDENT MAKES HISTORIC FIRST APPEARANCE AT GLMA CONFERENCE

(Montreal QC, Canada September 23, 2005) -- The Gay and Lesbian Medical Association (GLMA) welcomed American Medical Association (AMA) President Edward Hill, MD to address delegates at its Annual Conference yesterday morning. The speech is the first that a President of the AMA has addressed a GLMA meeting.

Speaking before approximately 300 GLMA delegates, Dr. Hill began his address, entitled "Understanding, Advocacy, Leadership: The AMA Perspective on LGBT Health," by stating "I know that GLMA members and LGBT physicians have been treated unfairly by the AMA in the past. There is simply no excuse for discriminatory actions or exclusions based on sexual orientation or gender identity -- none." He continued, "First, GLMA has opened [the AMA's] eyes to the diverse needs of LGBT patients, and second -- and just as important -- GLMA has told patients that they have the right to expect a health care system filled with openness, fairness and equality."
GLMA Executive Director Joel Ginsberg stated, "These statements were historic. As the preeminent voice of organized medicine in the United States, the AMA's position on LGBT health will carry a lot of weight with federal, state and local policymakers, as well as with health insurers, health care providers, and others engaged in the effort to eliminate health disparities for not just LGBT persons, but also for racial and ethnic minorities and others who experience increased disease burden because of who they are."

Ginsberg continued, "In his speech, Dr. Hill frankly traced the sometime troubled history of the AMA with regard to LGBT health, but his presence at the GLMA Conference demonstrated that the AMA is committed to working closely

with GLMA to address the unique health concerns of LGBT persons. He really hit a home run as far as our members and the LGBT community are concerned."

After leaving the Conference, Dr. Hill wrote in the AMA e-Voice, a weekly e-newsletter that goes out to all AMA members, "I was proud to be the first AMA president to speak at the Gay and Lesbian Medical Association (GLMA) this morning. We've got our work cut out for us. . . Our patients have a right to expect a health care system filled with openness, fairness and equality. Together, we can fulfill that promise."

REVIEWING LGBT RESEARCH

Submitted by: Edwin Hackney, NALGAP Board Member

The September, 2005 *NASW News* reported that the Institute for the Advancement of Social Work Research (IASWR) held a June symposium in Washington, D.C. to examine establishing a research agenda about LGBT individuals, families and communities.

NASW News notes that the meeting was arranged as part of IASWR's response to challenges from Congress against sexuality-related research in 2003, which included "targeting the work of a social work researcher on sexuality within the Native American community." Supported in part by NASW and 5 other social work organizations, the IASWR held a pilot workshop in January and then obtained funding from the Gill Foundation for the national symposium.

The goals of the symposium were to review research issues on the well-being of LBGT individuals; develop a research agenda for enhancing practice, education and policy with LGBT individuals, their families and their communities; provide a forum for collaboration among LGBT social workers, educators and researchers from across the country to further the research agenda; and encourage the inclusion, visibility and understanding of LGBT people within the organizations that support IASWR.

A wide variety of workshops were presented during the 2-day symposium including LGBT issues in ethics, aging, families, substance abuse, HIV, minorities. Of particular interest to NALGAP members are Cheryl Parks' discussion of lesbian alcohol research relating to concepts of sexual orientation and Stein's overview.

Jack Stein from NIDA presented a research update on substance abuse in the LGBT community. His PowerPoint notes online show LGBT-related research at NIH and NIDA from 2001-02. Might this appear to be a more robust situation than now exists at either agency for research involving sexuality? He does note a recent journal with 15 new research articles on HIV risk among drug using MSM – *Journal of Urban Health, 82*(1), March 2005/Supp1. The full text is available online at: http://jurban.oxfordjournals.org/archive/2005.dtl

The IASWR website contains a brief outline of the symposium goals and has PowerPoint notes of most of the speakers. A full symposium report and recommendations are forthcoming. www.charityadvantage.com/iaswr

CHERYL PARKS ON LESBIAN ALCOHOL RESEARCH RELATED TO CONCEPTS OF SEXUAL ORIENTATION

At the NASW Symposium, Cheryl Parks, MSW, PhD, presented on: Defining sexual orientation: Research on lesbian alcohol use as an illustration of the need for conceptual clarity.

Dr. Parks discusses the wealth of terminology used by researchers and points out the detrimental effects of that wealth.

"Although multiple terms seem to suggest a more nuanced understanding of sexual orientation and the people that are the focus of our research, that research also reflects an enduring 'conceptual confusion' about the nature or meaning of sexual orientation *(Chung & Katyama, 1996; Sell & Petrulio,1996)* With often inadequate definitions and inconsistently applied measures appearing in published reports leading to concerns and criticism regard-

ing the validity, comparability and generalizability of findings reported.

“Thus, the challenge: Who are we really studying? Each dimension “samples” a different population Identity and behavior may change (in response to social, cultural, and historical factors); attraction is less likely to do so (particularly among men) Responses may vary depending on:

– Age at the time of interview
– Birth cohort
– Gender
– Race/ethnicity
– Time frame of interest (e.g., current vs. lifetime)”

In light of these ideas, she presents some recommendations:

- Provide explicit and consistent conceptual and operational definitions in all reported research
- Be consistent in use of terminology, temporal periods, and response categories
- Allow for confidential administration of measures
- Report the measures used in referenced materials
- Work for inclusion of sexual orientation measures in national studies

AMNESTY INTERNATIONAL REPORT

On Sept.22, 2005, Amnesty International released the most comprehensive report to date on police abuse and mistreatment of lesbian, gay, bisexual and transgender (LGBT) people.

"*Stonewalled: Police abuse and misconduct against lesbian, gay, bisexual and transgender people in the U.S.*" is a nationwide study highlighting four cities - Chicago, Los Angeles, New York City and San Antonio - where the impact of policing policies and practices on LGBT communities are studied in greater depth.

Amnesty International conducted over 170 interviews and collected over 200 testimonies showing that the targeting of LGBT people for police abuse and misconduct is a persistent and widespread problem in the United States. Amnesty International's research also shows that certain populations within the LGBT population--young people, immigrants, the homeless, sex workers, transgender people and people of color--experience a heightened risk of discrimination at the hands of the police.

For more on this groundbreaking report and to find out what you can do go to:

http://takeaction.amnestyusa.org/ctt.asp?u=680777&l=14516

INSTITUTE RELEASES BLACK AIDS REPORT

Windy City Times (Chicago), (09.28.2005)

Last week, the Black AIDS Institute (BAI) released the second in a series of reports documenting the epidemic among African Americans. The report focuses on social factors that are leading to a disproportionate number of new HIV infections among young African Americans.

While people under age 25 account for half of all new HIV infections annually, 56 percent of the new cases are black youths. Among reported AIDS cases in youths under age 13, African Americans comprised 62 percent. Among new HIV cases in people ages 13-19, 66 percent were African American. And among HIV-positive persons ages 20-24, 53 percent are African Americans.

The new report, "Reclaiming Our Future: The State of AIDS Among Black Youth," was authored by political science professor Dr. Cathy J. Cohen, University of Chicago, and colleagues Alexandra Bella and Mosi Ifatunji. BAI's previous report, released in February, sketched the policy environment of the epidemic to date and described future challenges. A third BAI report, due out in December, will examine AIDS among black women.

For more information ,visit **www.blackaids.org**

THE DOCTOR IS OUT

Starting with this issue, the *NALGAP Newsletter* is instituting a new column, *Addiction Psychiatric Help: The Doctor Is Out*, 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. Penney will address questions about addictions and LGBTs. Please email your questions to *Reporter* editors: drdanafinn@comcast.net or emcnally@psychoanalysis.net.

Dear Dr. Penny: What about these new medications for alcoholism? Do they work? Are they safe?
Sober But Craving

Dear *Sober But Craving*: First of all, remember that taking medication for alcohol dependence does not take the place of working a program of recovery. No pharmacological approach can cure this chronic disease. At present, medications are available to prevent or shorten relapse in persons who are motivated to stay sober but who have been troubled by cravings or who are relapse-prone in spite of attending support meetings, working with a sponsor, reading recovery literature, seeing an addiction counselor, etc. Medications that can reduce cravings for alcohol or shorten a drinking relapse include:

Naltrexone (ReVia) This drug is a blocker of the opioid *mu* receptor. When someone is taking naltrexone, it prevents any euphoric reaction to a drug in the opioid family, such as heroin, oxycodone, methadone, hydrocodone or codeine. For some alcoholics, it also prevents a euphoric reaction to alcohol, and also reduces craving for alcohol. If the person does drink, they don't get any "high," so the episode of drinking tends to be short. Although this medication seems to work for less than half of all alcoholics, it is worth trying for relapse-prone persons. It will soon be available as a long-acting monthly injection. When starting on naltrexone, some people notice a mild nausea and tiredness, but this wears off as your system adjusts. It does not cause depression or sexual dysfunction.

Acamprosate (Campral) This drug seems to work on the NMDA (glutamate) system, which is probably responsible for some of the acute alcohol withdrawal symptoms and many of the protracted alcohol withdrawal symptoms. When someone takes this medication, the feeling of restlessness, agitation and "needing a drink" is often decreased quite a bit, making it less likely that relapse will occur in early recovery, as long as the person is working a program. The response rate is much higher than for naltrexone. The biggest drawback is that, because of poor oral availability, the medication must be taken three times daily. Thus, adherence has been a problem. It has very few side effects.

Disulfuram (Antabuse) This drug has been around for decades. It works by blocking the enzyme that breaks down acetaldehyde, a toxic byproduct of alcohol metabolism. If a person is taking this medication and drinks alcohol, he or she becomes acutely ill with flushing, sweating, nausea and vomiting. It can be very helpful in preventing impulsive relapses in motivated recovering alcoholics. Since it can be toxic to already damaged livers, it is contraindicated in persons with alcoholic liver disease, hepatitis B or C, or other liver problems. It can also cause worsening of peripheral neuropathy and other forms of neuropathic pain, so it's not a good choice for persons so affected. Some people notice a funny garlic or metallike taste when taking disulfuram, and it can make you drowsy, so it's best to take it at bedtime. I avoid prescribing Antabuse to persons with a tendency to act out in self-destructive ways, since they may drink on top of the medication to harm themselves.
Topirimate (Topamax) Not yet approved by the FDA for use in treating alcoholism, this drug is being studied as a possible anti-craving medication and

appears promising. It is used currently as an anti-seizure medication and a prevention for migraines. Some persons with bipolar disorder and/or PTSD are prescribed this medication as an adjunct to their treatment. This drug can cause some memory problems and word-finding difficulties in a percentage of persons taking it, giving rise to its nickname, "Dopamax." However, most people are not bothered enough by these problems to stop taking it.

Other pharmacologic approaches to treating addiction are being studied, including immunological treatments (vaccines), gene therapies, additional anticraving drugs, and additional aversive therapies like disulfuram. However, since addiction is a disease with biological, psychological and social components, these promising interventions are always going to be adjuncts to the comprehensive biopsychosocial treatment plan. Medications alter the brain's function and balance, but do not change ingrained thinking and behavior patterns. In the words of an old AA saying, "If they made a pill to cure alcoholism, alcoholics would take too many of them."

Send questions to Dr. Penny, care of the Editors

REVIEW AND COMMENTARY: CSAT'S TIP 42: SUBSTANCE ABUSE TREATMENT FOR PERSONS WITH CO-OCCURRING DISORDERS (2005)

By: Edwin Hackney, NALGAP Board Member

REVIEW:

There is a thorough discussion of developments in the field with research findings that indicate continuous, integrated treatment for co-occurring disorders is often the most effective for clients. The section on terminology and classification systems for care and services is extremely useful for training and supervision purposes. The level of care quadrants provide a quick, clear picture of assessment and locus of care that is certain to stir debate among treatment providers. Overall the broad view of co-occurring disorders and the notion of integrated counselor competencies is a welcome improvement to the old status quo which had separate and frequently unequal service delivery systems for mental health and substance abuse.

TIP 42 includes a basic set of screening forms, the Mental Health Screening Form-III from the Project Return Foundation, and a Simple Screening Instrument for Substance Abuse developed for CSAT previously. In addition, it features over a dozen screening and assessment instruments which are readily available on request. There are listings for dual recovery self-help programs such as Double Trouble in Recovery, Dual Diagnosis Anonymous and Dual Recovery Anonymous. The section on substance abuse assessment and treatment is brief but thorough enough for the beginning counselor. The "cross-cutting issues" of suicidality and nicotine dependence appear in two separate sections and are followed by a very useful overview of personality, mood and psychotic disorders, with attention also to ADHD, PTSD, Eating Disorders and Pathological Gambling.

COMMENTARY

That said, what is left out? The resources not only omit entirely the mention of LGBT support or information but also CSAT's 2001 *Provider's Introduction to Substance Abuse Treatment for LGBT Individuals*. In a section on "culturally competent treatment" (p. 31) there is a brief discussion but no mention of sexual minorities or LGBT issues. In the discussion on assessment, there is a column on "sensitivity to culture, gender, and sexual orientation" (p. 73) which notes how "important it is to ascertain the individual's sexual orientation" but says nothing further. There are references to TIPS for Women and for Cultural Competence that are in development, but nothing at all about sexual orientation or LGBT related information.

In the section on Specific Populations (p. 197) there is a primary focus on homelessness and women, with further mention of other TIPS in development. No further mention of sexual minorities, and no mention either of the ephemeral TIP on Addressing the Specific

Needs of Men, which seems to have been developed and then withheld from publication? Finally, ending the specific population section (p. 212) there is bullet notation: "Need for increased empirical information." It says: "*Populations*—What differences exist among different populations (e.g. women, teens, lesbian/gay/bisexual, rural, older adults)?" Need for empirical information indeed! No one could argue that we don't need more research into LGBT issues, but to ignore what already exists hardly improves the knowledge base.

These omissions are all the more confusing, given the emphasis in other SAMHSA documents and other sources of information on this issue. In a 2004 document, *Building bridges: Co-occurring mental illness & addiction*, the Center for Mental Health Services found that "sexual minority persons have particular issues that may affect mental and substance disorders," and recommended "support for gender minority and sexual minority sensitivity training," and "compiling data on sexual minority and gender minority discrimination. Gender and sexual minorities experience discrimination in all four quadrants, yet sufficient information has not been collected about this issue."
A 2001 publication by Burton & Cox devotes several pages to LGBT assessment and treatment in a training manual for co-occurring disorders. It conveys warmth and understanding and is an excellent first step even if it there is confusion with language at times.

More recently there is a posting on the website for the Rainbow Heights Club in Brooklyn, NY which lists treatment guidelines taken from a new journal article. Rainbow Heights is an advocacy program for LGBT consumers requiring mental health services. The guidelines recommend the use of inclusive language, awareness of subtle signals the counselor may be sending, welcoming and normalizing LGBT disclosures, and avoiding over-pathologizing or under-pathologizing.

The Rainbow Heights website also posts a 2004 report by Alicia Lucksted which is an expanded version of her 2004 article in the *Journal of Gay and Lesbian Psychotherapy*. Although devoted to LGBT mental health issues, there is an ambitious section on substance abuse and co-occurring disorders among LGBT people, with reference to the most current literature. Lucksted has provided a comprehensive and hopeful step in the development of needed empirical data mentioned earlier. We hope to hear more from her in the future.
www.rainbowheights.org

As a final example of clinical literature on LGBT co-occurring disorders Ritter & Terndrup's 2002 psychotherapy handbook has a section on chemical dependency (p. 241) as well as LGBT friendly CD treatment programs (& NALGAP) listed as resources. Their chapter "Psychodiagnostic Considerations" describes psychiatric conditions such as hypomanic episode with a differential description of sexual identity crisis or fears about sexual orientation. This schema is quite elaborate and well-presented, but it remains to be seen if it would be borne out by research findings. There is a clear discussion of the overlapping effects of stigma, stress and psychopathology and the need for affirmative treatment models.

In addition to CSAT's *Provider's Introduction,* there is also Finnegan & McNally's 2002 *Dual Identities* text which maintains a focus on substance abuse but also includes some information about mental health issues for the LGBT client. Using a format that is highlighted by an elaborate discussion of developmental and identity stages, it presents a clear view of the effects of oppression and stigma and their mental health and addictive sequelae.

So, for the well-trained clinician who wishes to have adequate competency for the treatment of LGBT persons with co-occurring disorders, TIP 42 will be of great assistance up to a point. But it is imperative to stress that the fine points of working with this population also need to be mastered, and useful materials which already exist are simply omitted in the TIP 42 publication. This is regrettable but fixable with the addition of some of the materials mentioned above.

We must cross-reference before we can cross-train with a goal such as the integration of substance abuse and mental health services. There is very little available of such cross-referenced information in the LGBT research and treatment literature. Perhaps a start might be for a survey of LGBT-friendly service providers to inquire how they address co-occurring disorders among their clients, and their suggestions for research and treatment needs. It would seem that a group like NALGAP could be a natural catalyst to move forward on this issue for the community since it seems very unlikely that there will be much inclusion for us from federal government sources in the short-term.

If I may take the liberty to amend a quote from F. C. Osher's 2001 CMHS report: "Our consumers do not have the opportunity to separate their addiction from their mental illness [*or from their gay, lesbian, bisexual or transgender identity*], so why should we do so administratively and programmatically?" (Italics added).

Surely if we try to build a new, more effective and unified system to deliver services to persons with co-occurring disorders we can also provide for inclusion and affirmation for GLBT consumers in the mix. Failure to do so is truly not an option.

Or is it? One might at least be grateful that the list of mental health disorders in the SAMHSA document did not include homosexuality as a mental illness. Earlier this year the Montgomery County Board of Education settled a lawsuit brought by PFOX (Parents and Friends of Ex-Gays) to halt a new sex ed curriculum which presented homosexuality as natural and promoted tolerance toward gays. The group insists that "diverse views" of homosexuality be presented, for example, that an "unhealthy lifestyle can be fixed" and that the risks of homosexual behavior include psychological problems and drug abuse and violence.

Addressing co-occurring disorders among LGBT persons will necessitate an ability to respond to clients who present with questions or conflict about their sexual orientation. Hopefully, as we begin to see more integration of services we can also expect an integration of empirical findings without any support for the notion of changing sexual orientation or viewing it as a mental disorder.

Promoting tolerance for LGBT clients and professionals remains an urgent task in the face or organized, often disingenuous opposition. I'm sure it is only a coincidence that Rockville, Maryland, home of SAMSHA (TIP 42), is in Montgomery County.
[**Note**: If you want a citation or a list of the references for this article, email us at: drdanafinn@comcast.net or emcnally@psychoanalysis.net.]
Editors' Note:

Apropos our current article about research on LGBT smoking, we'd like to quote from Phil McCabe's article on LGBTs, smoking, and the tobacco industry in the 2002 *NALGAP Reporter*.

In describing the Virginia Slims ad campaign targeting lesbians, Kevin Goebel notes, "the ads are subtle enough to be overlooked by heterosexual women and avoid controversy from conservatives, yet they are part of a deliberate campaign by the tobacco industry to attract gay and lesbian consumers." (*Tobacco Control*, 1994)

Evidence has shown that the rates of tobacco use among gays exceed those of the general population. ***Few studies have focused on lesbians, although increased rates of use have been noted in that population as well.*** [But] A report released by then-U.S. Surgeon General David Satcher found that women now account for 39% of all smoking caused deaths.

EDITORS, NALGAP REPORTER
Dana G. Finnegan, PhD, CAC
Emily B. McNally, PhD, CAC
drdanafinn@comcast.net
emcnally@psychoanalysis.net