



NALGAP *Reporter*

NATIONAL ASSOCIATION OF LESBIAN AND GAY ADDICTION PROFESSIONALS

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

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NALGAP PROGRAM AT 2004 SECAD CONFERENCE TO FEATURE NATION'S LEADERS IN LGBT SUBSTANCE ABUSE AND 25TH ANNIVERSARY CELEBRATION

By: *George Marcelle, NALGAP Board Member*

On July 4th, 1979, an informal evening meeting at the Rutgers Summer School of Alcohol Studies gave birth to the world's first membership organization to address substance abuse issues among lesbian, gay, bisexual and transgender people. In December, 2004, NALGAP will present its 25th anniversary annual conference-within-a-conference as part of the 2004 Southeast Conference on Alcohol and Drugs (SECAD). SECAD 2004 is co-sponsored by the National Association of Addiction Treatment Professionals and the School of Medicine of the Medical College of Georgia. The conference will take place December 1-4, at the Sheraton Atlanta Hotel. NALGAP's theme for the program is "*Celebrating a Quarter Century of Progress in Addressing LGBT Substance Abuse.*"

Two joint NALGAP-SECAD Plenary sessions and four NALGAP workshops will be offered and NALGAP will host a 25th Anniversary Celebration Reception. A celebrity guest speaker will help NALGAP commemorate the event.

SECAD participants will receive state-of-the-art information about LGBT substance abuse problems and preferred strategies for addressing them. "*Lesbian and Bisexual Women: What You Should Know, What You Can Do,*" will be a plenary session featuring NALGAP's co-founders, Dana G. Finnegan, PhD., CAC., and Emily B. McNally, PhD., CAC; Ednita M.

Wright, PhD., MSW, CSW; and moderator, Nancy Kennedy, Dr.PH. Finnegan and McNally are acknowledged pioneers in the treatment of lesbian and gay alcoholism/addiction and authors of the seminal text, "*Counseling Lesbian, Gay, Bisexual, and Transgender Substance Abusers: Dual Identities.*" Wright is a nationally recognized authority on LGBT substance abuse and African American health. Kennedy is a scientific advisor at the Substance Abuse and Mental Health Services Administration and played a key role in the development of the "*Companion Document on LGBT Health to Healthy People 2010.*"

A complementing "*Gay and Bisexual Men: What You Should Know, What You Can Do*" Plenary will feature Ron Stall, PhD., M.PH from the Division of AIDS Prevention, CDC, who served as principle investigator on one of the largest studies of substance abuse among gay men. Joining him will be Joseph Neisen, PhD, executive director of San Francisco's New Leaf Services for Our Community and a past president of NALGAP. Neisen has directed two of the nation's largest lgbt-serving treatment programs and has published extensively on lgbt substance abuse topics. L. Donald McVinney, MSSW, M.Phil, ACSW, C-CATODSW, CSW, CASAC, who teaches at Columbia University and is National Training Director of the Harm Reduction Coalition, will moderate the session.

Dr. Emilia Lombardi, of the University of Pittsburgh and a noted author of original research relating to substance abuse among transgender women and men will be joined by others in presenting a NALGAP workshop, "*Transgender Substance Abuse Clients: What You Should Know, What You Can Do.*" In a second workshop, Doug Braun-Harvey, MFT, CGP

will present *“Using Sexual Behavior Relapse Prevention to Reduce Chemical Dependency Treatment Failures,”* a workshop reporting preliminary results of a research project at Stepping Stones, a provider of LGBT substance abuse and HIV/AIDS services in San Diego.

Building on a successful 2003 format, NALGAP will also present a two-part interactive workshop, *“Challenges to Recovery for Lesbian, Gay, Bisexual, Transgender Clients,”* with a distinguished panel of seven panelists, each an authority on a specific issue, and moderators. In Part I, panelists will present challenges relating to their areas of expertise and invite questions and comments. In Part II, a moderator will summarize the panel’s key points and facilitate discussion with the audience. Panelists will be: Joseph M. Amico, (current NALGAP president); Emilia Lombardi; Cheryl D. Reese, Patricia Hawkins, Doug Braun-Harvey, Phillip T. McCabe; L. Donald McViney. The moderator for Part I will be Michael Browning; for Part II, Irene Jillson, Ph.D.

Registrants for the SECAD conference are eligible to receive learning credits for sessions attended, including the NALGAP conference-within-a-conference. Information regarding NALGAP program dates and times, conference registration, hotel reservations, and the NALGAP 25th Anniversary Reception, will be posted at www.nalgap.org in the Spring of 2004.

NALGAP REPRESENTED AT THE GAY AND LESBIAN MEDICAL ASSOCIATION ANNUAL CONFERENCE AND MEETING

By: Rodger L. Beatty, PhD LSW, NALGAP Board Member

I was invited to represent NALGAP at the 21st annual GLMA conference, “Our Right to Health Care,” 30 October through 1 November in Miami Beach. This conference explored the challenges of preserving our health in a climate of social and political conservatism, both by maintaining the gains that have been made and moving forward to promote the good health of all in our community. The focus was on how all of us involved in gay, lesbian, bisexual, transgender and

intersex health can work together and promote the “Right to Health Care.”

Roxanne Kibben, MA, LADC, NCAC II of Kibben Company in Minneapolis and Alejandro Daviko Marcel, MA of TransHealth and Education Development Program in Beverly, Massachusetts and I (University of Pittsburgh Graduate School of Public Health) twice provided a workshop on Substance Abuse Assessment and Treatment Planning for LGBT Persons. The foundation for this presentation was the Center for Substance Abuse Treatment’s, “A Provider’s Introduction to Substance Abuse Treatment for LGBT Individuals.” Both sessions had physicians who were eager to learn about the relationships between substance use and their LGBT patients as well as doing appropriate assessments.

This session raised several questions such as, Are physicians screening for alcohol/drug problems effectively? What are we doing to decrease barriers to health care, especially with HIV, hepatitis, and substance use? At what stage of “coming out” is the person? Within what context of both environmentally and individually?

In addition, NALGAP participated in the “Invited Only” GLMA organized LGBT Health Strategic Planning Roundtable. Participating were the National Coalition of LGBT Health, Whitman Walker Clinic of DC, National Lesbian Gay Task Force, the Mautner Project, Human Rights Campaign Fund, Howard Brown Center of Chicago, Fenway Community Center of Boston and other nationally recognized LGBT health related organizations and individuals.

At the Roundtable I presented the following substance use concerns as we move into the 21st Century: (1) The addiction field is undergoing a number of systemic changes primarily defined by the federal administration. Language has become very important and will forge the direction of research, prevention and care. What can or cannot be stated or what cannot be even discussed? In addition questions arise such as whether addiction is a chronic illness.

(2) Aggressive substance abuse prevention is not prevalent within LGBT communities. The LGBT community norms for LGBT substance use are dan-

gerous and not healthy. (3) Numerous needs assessments within LGBT communities indicate that a number of folks are searching for substance free alternatives and activities.

(4) The role of corporations in exploiting the LGBT community with funding needs to be exposed and, as a result, there will be a need to help fiscally sustain critical community programs without such support.

(5) As illuminated by the Healthy People 2010 Companion Document, there is continual need for quality funded research into LGBT substance use including tobacco use. In addition, research needs to be connected to viable LGBT culturally sensitive and effective interventions.

(6) The co-morbidity of substance use, HIV, Hepatitis C, mental health and sexually transmitted infections within the LGBT community needs to be effectively addressed and integrated into prevention and treatment models as well as primary care. (7) The need for substance abuse treatment for the uninsured and underinsured in specific or culturally sensitive programs needs to be pursued. (8) There is a need for integration of LGBT sensitive substance abuse risk assessment at the primary care level.

At the final session report of the Roundtable it was reported that there is a problem of defining who is inside and who is outside the "community." There is a need for strategic thinking as opposed to strategic planning. Guiding principles need to be developed. There are resource challenges with no holistic approach to LGBT populations. What is effective healthy LGBT healthcare and who are healthy LGBT people on the streets? There is a need to clarify and agree on an "ideal" of care and to create a bank of centralized best practices. This cannot be a victim model. We must think collectively and move strategically. There is a sense of desperation; therefore, we should not spend too much time on process.

[Ed. Note: Although this is a report about events in November, 2003, the content is not dated and is so important we are publishing it *in toto*.]

REVIEW: COUNSELING LESBIAN, GAY, BISEXUAL, AND TRANSGENDER SUBSTANCE ABUSERS: DUAL IDENTITIES. BY DANA G.

FINNEGAN, PHD, CAC AND EMILY B. MCNALLY, PHD, CAC

Reviewed by: Emilia Lombardi, PhD, NALGAP Board Member

It's a difficult task reworking a book one had written over fifteen years ago, but Drs Finnegan and McNally have done just that. In those fifteen years, transgender has arisen as a social movement that is redefining sex and gender for many people. LGBT organizations were formed, some of which have ceased to exist, while others have grown. LGBT issues have become more prominent within mainstream politics. Many types of medications had been developed that have changed how people view HIV/AIDS; many people are living regular lives because of them. Also in this time many books and articles have been published on the health care issues of LGBT men and women. In light of these advances the authors were able to create a manual to help health providers needing more information about the substance use issues of LGBT men and women.

The book is written with college educated people in mind. This is not a book one would just hand to anyone and expect them to utilize it fully. The authors do assume that readers have a familiarity with research and clinical protocols. With that in mind the book would be an important tool for people in social work or psychological practice. In regards to language describing LGBT lives, the authors discuss at length the variability of language and lives rather than presenting a single picture of who LGBT people are as some other guides tend to do. However, their discussion does leave the reader with a clearer understanding of who LGBT people are and the issues they face. Issues concerning homophobia and transphobia (internal and external), coming out to friends, family, and oneself are just a few examples of sections that will educate counselors about some of the issues that LGBT people face as they recover from alcohol and/or drug addiction.

The overall theme of the book is how prejudice and discrimination can impact LGBT people's addiction and their recovery and the ways these issues can be addressed within treatment programs. Its perspective

is toward helping people develop the skills necessary to aid people in their recovery. There are sections devoted specifically to issues in treatment and counseling. Processes from intake (how to ask about gender and sexual orientation) to working with local LGBT community are covered within these sections. One section discusses the role bars and clubs have within the lives of LGBT men and women, how these can be the only places that people can socialize with other LGBT people. The authors discuss ways this can be incorporated within a treatment plan. They end with the discussion of how LGBT people can develop a positive sense of self. This is important in that this will aid many in their long-term recovery.

The authors utilized many of the most recent articles involving LGBT substance use, an impressive feat considering the amount published within the past 15 years. Appendix material consists of additional information that will surely be of use to people (e.g. a glossary, evaluation tools, and a resource list). There really is not a more comprehensive book available on treating LGBT substance use. While the authors could have easily written a much larger book it would have become unwieldy as a teaching tool. Because of its concise and comprehensive nature, I recommend this book to be part of a curriculum to teach people about LGBT substance use issues.

PRESIDENT'S CORNER

HAPPY 25TH BIRTHDAY to us! NALGAP is 25 years old this year. Anyone who has been a part of a nonprofit organization knows this is NO small feat! It took vision on the part of our founders, lots of hard work and countless volunteer hours from our small membership organization and board of directors to survive and accomplish more than could be listed here of contributions to addiction recovery in the GLBT community.

We have taken part in White House consultations and assisted in the writing of watershed documents like SAMHSA's *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and*

Transgender Individuals and Companion Document on LGBT Health to Healthy People 2010.

Conferences began at Rutgers' School on Alcohol and Drug Studies and have continued through the years in conjunction with such organizations as the Gay and Lesbian Health Conference, and most recently, NAADAC. This year marks a new coalition as we celebrate our anniversary with SECAD in Atlanta, one of the largest addictions conferences in the country. Please plan to attend and help us celebrate!

NALGAP has transitioned from an educational and advocacy organization that endeavored to get the word out to the treatment community to an organization that has won respect in the field at large. Our website and office phone receive requests from graduate students, national publications, treatment centers, therapists, other non profit organizations, and individuals seeking recovery resources for themselves and family members.

We are part of the The National Coalition for LGBT Health and provide speakers for conferences such as the Gay and Lesbian Medical Association, Cape Cod Symposium on Addictive Disorders, the European Symposium on Addictive Disorders, and various state, regional and local conferences on addictions.

The Gill Foundation and treatment programs like Alternatives have generously funded our goals over the past several years. Those grants have been essential to boost our income beyond our membership fees.

I am convinced that we still need to spread the word and make our circle larger. My goal for our 25th year is to double our membership! I believe that's more than possible. I am challenging each of us to give one gift membership (only \$35) to someone you think would benefit by receiving this newsletter and knowing about NALGAP. Won't you PLEASE fill out the membership form found in this newsletter or at www.nalgap.org today? You would be giving the organization the best birthday present ever and helping someone else at the same time.

Happy Birthday!
Joe Amico, President, NALGAP

ANNOUNCEMENTS

THE 2004 LGBTI HEALTH SUMMIT: SUPPORTING HEALTHY COMMUNITIES TO PROMOTE SOCIAL PARITY

Lesbians, gay men, bisexuals, transgender and intersex (LGBTI) persons will come together at the 2004 LGBTI Health Summit to create a unique community for the purpose of exploring, expanding and exploding existing notions of what makes us healthy as individuals and as communities. A benefit of achieving health is the ability to become an active participant in our lives and communities. Being able to have a positive impact on our environment can be best achieved when we take care of ourselves, those we love, and the larger community.

This Summit will be a mix of genders, generations, and geography. Past Summits have brought together people from across the globe to share ideas and energy. We are committed to ensuring that this is a grassroots effort, creating a welcoming environment for all persons, regardless of size, shape, age, race, gender, faith, sexual expression, or other identifiers.

In that vein, some of the current challenges that come to mind include:

- Access to health care for rural LGBTI people
- Tobacco use in the transgender community
- The role of the Internet in shaping identity and sexuality
- Nontraditional family arrangements, including non-monogamy and polyamory
- Health disparities within subpopulations
- Taking care of our elders
- Substance use and harm reduction
- Reforming educational efforts to the medical community and beyond, including surgical intervention for intersex individuals
- Supporting and empowering LGBTI youth
- The resurgence of STI's, including syphilis for gay and bisexual men and herpes for lesbians
- Expanding health and prevention service efforts to include gay and bisexual men of color who may or may not live on the down low

- Maintaining a spiritual base in the face of hostile religious institutions

Through work, play and everything in between, Summit participants will develop creative, original, varied, dynamic, and unique approaches to improving health. Health encompasses many realms--physical, spiritual, emotional, social, economic, vocational and the list goes on. It also includes taking responsibility for ourselves, our loved ones, our community and advocating for social parity.

Let's get past the labels and down to what matters in our lives: seeking out what optimal health means to each of us, and building a movement based in respect, understanding, and, when necessary, agreeing to disagree. Life is full of complex choices. The Summit is here to help.

This summit will be held Wednesday August 25 through Sunday August 29, 2004, at the Royal Sonesta Hotel, in Cambridge, MA. Following the pattern of past Summits, Wednesday's Pre-Summit Institutes will allow for a full day of focused discussion and skill-building. Look for more on the conference, including a call for abstracts and how to register, in early-to-mid-March. Information regarding hotel accommodations can be found on our web site:

www.2004healthsummit.org.

Hotel reservations are limited and available on a first come first serve basis.

NEW BOOK: TRANSGENDER EMERGENCE

Arlene Istar Lev, CSW-R, CASAC* states, "It is with excitement and trepidation that I want to announce my new book, *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families*.

This comprehensive book provides a clinical and theoretical overview of the issues facing transgendered/transsexual people and their families. *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families* views assessment and treatment through a non-pathologizing lens that honors human diversity and

acknowledges the role of oppression in the developmental process of gender identity formation.

Specific sections of *Transgender Emergence* address the needs of gender-variant people as well as transgendered children and youth. The issues facing gender-variant populations who have not been the focus of clinical care (such as intersexed people), female-to-male transgendered people, and those who identify as bigendered are also addressed.

The book examines:

- the six stages of transgender emergence
- coming out transgendered as a normative process of gender identity development
- thinking 'outside the box' in the deconstruction of sex and gender
- the difference between sexual orientation and gender identity, as well as the convergence, overlap, and integration of these parts of the self
- the power of personal narrative in gender identity development
- etiology and typographies of transgenderism
- treatment models that emerge from various clinical perspectives
- alternative treatment modalities based on gender variance as a normative life cycle developmental process.

Complete with fascinating case studies, a critique of diagnostic processes, treatment recommendations, and a helpful glossary of relevant terms, this book is an essential reference for anyone who works with gender-variant people. Handy tables and figures make the information easier to access and understand."

Comments from two authorities in the field follow

"Finally, a book that does justice to the life-changing power of psychotherapy in the transgender coming-out process. I recommend this book to any psychotherapist called to work with transgender clients. I also recommend it to transgender individuals who might benefit from understanding how psychotherapy can play an invaluable role. Comprehensive and passionate. . . . Terrific. . . . Long overdue."

Walter Bockting, PhD, Co-editor, Transgender and HIV: Risks, Prevention, and Care; Ass't Prof. and Coordinator, Transgender Health Services, Program in Human Sexuality, U of Minnesota Medical School

"The information contained in this book is so important that no clinician can afford to miss it. The book offers a clear, comprehensive, and cogent review of the history of the mental health field's thinking about sexuality and gender, and an extraordinarily thoughtful and extensive exploration of assessment and intervention issues with gender-variant people and their families. Lev's knowledge of the subject is phenomenal, and the breadth and clarity of her writing are brilliant. This book lays out an enormous amount of complex material in a highly readable and useful text. . . . Belongs in the library of every psychotherapist, counselor, and health care professional."

Monica McGoldrick, MSW, Director, Multicultural Family Institute, Highland Park, New Jersey

*Arlene Istar Lev, CSW-R, CASAC
Family Therapist and Founder, Choices Counseling and Consulting; Adjunct Faculty, School of Social Welfare, SUNY, Albany Order: Haworth Press or <http://www.choicesconsulting.com/>

MEMBER ACTIVITIES

NALGAP PRESIDENT JOE AMICO IS PRESENTING AT THE FOLLOWING:

April 29-May 1, 2004 At the UK/European Symposium on Addictive Disorders (UKESAD) I will be presenting the Frank Boudewyn* Memorial Lecture. In addition, I will be representing NALGAP and Alternatives at the All Party Parliamentary Drugs Misuse Group Roundtable sponsored by the UK/European Symposium on Addictive Disorders (UKESAD) and the Addiction Recovery Foundation. Members of Parliament, Peers and their staff are invited to attend a round-table with international experts on drug addiction and treatment.

*Frank was the lover of Michael Ralke, NALGAP Board Member

July 7-10, 2004 National Gathering, United Church of Christ Coalition on Gay, Lesbian, Bisexual, Transgender Concerns, Denver
<http://www.uccoalition.org/news/ng.htm>

September 1, 2004 St. Luke's Behavioral Health Networking Breakfast, Phoenix

September 9-12, 2004 Cape Cod Symposium on Addictive Disorders, Hyannis Sheraton Resort
<http://www.ccsad.com/17th/>

October 7-9, 2004 NCSAC Annual Conference, Washington Court Hotel, Washington, D.C.
http://ncsac.org/members/conference_main.aspx

December 1-4, 2004 SECAD Annual Conference/NALGAP 25th Anniversary, Atlanta, GA
<http://www.nalgap.org/flyer.pdf>

ROBERT WOOD JOHNSON MEDICAL SCHOOL INCLUDES CLASS ON SEXUAL ORIENTATION

Philip T. McCabe, CSW, CAS, NALGAP Board member, has been invited to be an adjunct instructor for the University of Medicine and Dentistry of NJ (UMDNJ), Robert Wood Johnson (RWJ) Medical School. Phil is a well-qualified trainer on the topics of sexual orientation, LGBT Identities, and addictions. He currently holds a position as health educator for the UMDNJ School of Public Health, Tobacco Dependence Program. In his work at the Tobacco Program, he teaches Cultural Competency, including LGBT sensitivity. Last year he chaired the Treatment Work Group for the Nat'l LGBT Tobacco Action Network, and Co-chaired the Boston LGBT Summit on Tobacco as part of the Nat'l Conference on Tobacco or Health.

Phil's primary focus has been on addictions, alcohol, tobacco, other drugs, gambling/money disorders and sexual addiction. He has been able to incorporate these concerns into the curriculum, along with general health care concerns for LGBTs, patient sensitivity, disparity and under-utilization of health care services

by some LGBT individuals. Currently the class is given to second year medical students at RWJ. Phil has also been asked to present LGBT training for psychology Interns at the UMDNJ Newark NJ Campus.

Since many students are unaware of such matters, they are taught how issues of stigma, shame, racism, transphobia, gender discrimination, homophobia, heterosexism and other forms of oppression are interconnected and affect not only health and wellness, but also access to services. Students are also instructed in how to take a comprehensive sexual history. In addition, the concerns of men who have sex with men, or women who have sex with women, and who don't identify as gay, lesbian or bisexual are covered.

The class incorporates recommendations from the Gay and Lesbian Medical Association, the *Companion Document on LGBT Health to Healthy People 2010*, and CSAT's *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals* (2001). It also offers the med students personal contact with an openly gay professional. "For as long as I have been providing training, I am often pulled aside by someone who has concern about their own sexual identity and how to incorporate that into their developing professional identity."

Since heterosexism, homophobia and transphobia in health care settings often become institutionalized, it is important to introduce students to organizations like NALGAP, GLMA, and the National Coalition for LGBT Health. This is one component of the training that seems to empower students to know they are not alone. And to know that not only on a personal level, but also on a systems level they can be an instrument of change.

Doug Ziedonis MD MPH, director of the program in Addiction Psychiatry, first requested to have Fellows in the Program in Addiction Psychiatry receive training on LGBT Sensitivity. He states, "This training is a very important topic for which most residency programs provide minimal or no training. Phil has an outstanding method of presenting this material that the residents respond to extremely well."

Phil notes that “For years, many of us working with addictions among LGBT individuals plus other LGBT healthcare providers often talked about what little training doctors received for working with gays and lesbians. Due to efforts of NALGAP co-founders Dana Finnegan and Emily McNally, who first taught their pioneering work at Rutgers Summer School of Alcohol and Drug Studies, addiction professionals became better trained in LGBT clinical issues and sensitivity and, ironically, tended to receive more formal training in LGBT Issues than students enrolled in the medical school. Now, medical students will receive the training they need to treat LGBTs. Since New Jersey has the distinction of being the birthplace of NALGAP twenty-five years ago, I believe this addition to the RWJ Medical School curriculum brings the role New Jersey has played in LGBT advocacy and history full circle.”

PRIME TIME SISTER CIRCLE

Reported by: Cheryl D. Reese, M.H.S., LPC,
NALGAP Board Member

There’s a notion that the foundation of our wellness is rooted in our ability to love and affirm ourselves, move our bodies, and pay attention to what we are eating. That may sound good to folks, but for most women, when we reach those middle years, we are awed by our view of our future, wondering if we will ever take the time to nurture and nourish ourselves. In the April, 2004 issue of *O Magazine*, Oprah writes that when we think there’s no time to replenish ourselves, we are really saying, “I have no life to give to, or live for, myself.” I don’t want to make that declaration; neither do the dozen women who comprise the Prime Time Sister Circle in the Washington, DC area.

Prime Time: The African-American Woman’s Complete Guide to Midlife Health and Wellness has become a significant resource guide for African American women across the nation. Sister circle health groups are providing support for Black women who are committed to healthy living, particularly during midlife. These women are emerging as powerful entities attesting to the healing magic of support systems. The groups are the brainchild of co-authors, Dr. Marilyn Hughes Gaston, MD and Dr. Gayle K. Por-

ter, Psy.D and are based on their research and experience spanning 70 years in the health care field. The book, released in May 2001, has been embraced by the National Minority Health Council, women’s civic and sorority groups, as well as faith based institutions, and is changing African-American women’s attitudes about their health.

The Ford foundation recently funded a unique project for these architects of health. The project was designed to develop sister circle support groups for African American women who want to make mid-life changes. With more than four on-going groups, the authors decided that a comprehensive report of their findings about the groups would be incomplete until they were able to document the data from women who partnered with women. Margo L. Williams, M.H.S., LPC and I agreed to undertake this task and quickly recruited 12 women for this 10-week group.

The group has three goals: Improve nutrition, increase physical fitness, and decrease stress. Well, it may sound simple enough, but how do you convince women who have rarely even thought of themselves first to put themselves first and take care of their health? “I am putting my mask on first” is the motto emblazoned on the T-shirts these courageous women wear during fitness sessions, This motto reflects the instructions about using oxygen masks that people receive on airline carriers: “In case of a drop in air pressure, put your own mask on first, before you help anyone else—even your children!” This motto supports the sister circle commitment to a healthy life. This theme of putting self first is a life-saving call to arms for all African American women, but especially to the disenfranchised group of women who partner with women (WPW). It is sometimes difficult for these women to even believe they can take time for themselves and their health. Single women and couples quickly filled this group and voiced their commitment to becoming more involved in their own lives.

Three recent studies conducted since 1999 relative to lesbian health support the idea that this group is a viable vehicle for changing health notions of WPW. In 1999, the Institute of Medicine (IOM) called for research on lesbian health, especially access to care.

The Lesbian Services Program of Whitman-Walker clinic (WWC) conducted a Women's Wellness Needs Assessment and published the results in October, 2000.

Survey respondents ranked depression and anxiety at the top of their health problems, and the information was consistent across all subgroups (age or race). The study reports that focus groups suggest Women who Partner with Women cope with their mental health problems through excessive use of both alcohol and cigarettes. They also noted prevalence among WPW for being overweight. Additionally, the expressed desire for access to informed discussions suggested a real need for a trustworthy source of information for consumers and providers. There was interest in educational programming focusing on holistic health care approaches, nutrition, stress management, aging issues, and self-advocacy workshops. This survey also showed that 59% of African American women surveyed were less likely to disclose their sexual orientation to providers than white women (70%).

Perfect health is a state of being we can all claim as a birthright. Studies, surveys and personal accounts confirm that today's health care system does not invite us to visit a health care professional and honestly disclose our sexuality. Most of us fear the consequences of such an admission, knowing that, based on past experiences of sharing the information with a health professional, we may receive inadequate health care or be denied access to appropriate care.

The Mautners' Project for Lesbians with Cancer and the Zuna Institute (an advocacy group for Black lesbians and bisexual women) are both completing studies that will provide data to support research relative to African-American women's health concerns.

Meanwhile, the participants in our interactive Sister Circle free up their lives once a week and gather together to discuss the wonderment of strength they are finding through connecting with another spirit. Sitting among and supporting other women who choose to stop smoking or break the cycle of addictive eating, who choose to affirm their worth and to develop an adequate exercise program, these women find strength and encouragement. Even small changes al-

low them to smile and congratulate themselves and each other, leaving behind the person they once were.

Spiritual wellness decreases stress responses that often accompany addictive behavior, which is a coping mechanism for a great number of African American women seeking relief from a myriad of mid-life roadblocks. The difficult journey as Black women supercedes racism and sexism. According to Drs. Gaston and Porter, focus groups designed in relation to the book confirm that "We don't make ourselves our number one priority and we live unhealthy lifestyles." Improving the perception of ones' self is a thread throughout the book, remembering we're both personal and professional helpers and healers. The authors remind us that patience, persistence, practice and putting "me" as priority is the key to wellness—what a clarifying and encouraging message.

They challenge us to challenge ourselves. The *Prime Time* challenges for African American women the authors reveal are health (physical and emotional), personal finances, being single, personal and professional relations, physical appearances and caretaking. These challenges appear to be the mid-life correction opportunities for our ongoing group. The comments from participants support the premise that in sisterhood we find solace. In the needs assessment conducted by Whitman-Walker clinic, African American women reported that they would like to see an aggressive campaign to remind them to comply with preventive care. The enthusiasm that runs through the sister circle confirms this declaration.

The energy, commitment, nurturing and support mark the success of this group. It's not about losing weight, but about caring for oneself. I believe that weight loss may be the by-product when there is a complete change of thought and behavior about our health. The mid-life corrections allow us to walk down this road of our middle years with a love of ourselves. Enjoying the type of life we can embrace filled with laughter, love, hope and good health. Hurray for our Sister Circle.

HIV MEDICATIONS AND SUBSTANCE USE

By: Rodger L. Beatty, PhD, LSW

Initially I did not give much consideration to the interactions between HIV related medications and substance use. I only thought of substance use as creating a situation in which one might not be very compliant with maintaining relatively rigid schedules. There is very little empirical research into those interactions; hence most of what I have found is anecdotal or surmised from existing knowledge.

The most common drug interaction occurs when the body metabolizes drugs. The liver metabolizes most HIV medications, particularly protease inhibitors and non-nucleosides. In particular, protease inhibitors slow down how the liver clears other medications. In essence, medications wait in line to be broken down by the liver and often have to compete. Protease inhibitors, such as Ritonavir are stronger and often win the battle. Therefore, the second medication in line is not cleared as quickly, likely resulting in increased levels within the blood. Some medications can even speed up how the liver clears other medications. That is, if the second medication is now cleared faster, there is not enough medication to do its work. HIV medications being removed from the bloodstream could lead to viral resistance.

Although there appears to be no direct interaction between alcohol use and antiretrovirals, those of us working in the drug and alcohol field know that chronic use of alcohol can result in challenges to kidneys and livers. Protease inhibitors nevirapine, and D4T will challenge a damaged liver; ddC will challenge a damaged pancreas. Chronic use of alcohol often leads to peripheral neuropathy, which will also be challenged by ddI, D4T and ddC.

There are prescription sedatives, e.g., Valium, Halcion, and Restoril as well as drugs such as GHB (the date rape drug) that like alcohol are CNS depressants. That combination of multiple CNS depressants has a good potential of leading to seizures, difficulty in breathing and, with GHB, a possible coma.

No definite correlation has been shown between cocaine use and viral load. However, one test-tube study does suggest that cocaine may cause HIV to reproduce 20 times faster. Also, long-term cocaine use can

lead to problems with attention, concentration, memory loss and decreased speed in processing information. Usage promotes disorganized behavior, which can lead to missing doses and ultimately, drug resistance.

There is a theoretical concern that protease inhibitors, particularly ritonavir, can decrease the clearance of crystal meth from the body. This could possibly lead to a 2 to 3-fold buildup of crystal in the blood, thereby leading to an overdose. Also, long-term use of crystal meth can lead to weight loss, poor nutrition, lack of sleep and fatigue which might lead to further immunosuppression. Likewise antiretrovirals, particularly ritonavir and delavirdine, may cause a 3 to 10-fold increase in Ecstasy levels leading to an overdose. Antidepressants such as Nardil should not be used in conjunction with Ecstasy, which may cause increased life-threatening high blood pressure. Also SSRIs such as Prozac, Zoloft, Paxil may have a reduced effect when mixed with Ecstasy. If a person already has high blood pressure, diabetes, a heart condition or asthma, Ecstasy may be a very dangerous drug.

Ironically protease inhibitors such as ritonavir may decrease heroin levels by as much as 50%, thus decreasing the possibility of overdose. However, if heroin levels decrease, active users will probably seek more injections to sustain the level. Obviously, if those injections are with unclean or shared needles and works, there is significant HIV-risk related behavior.

Antiretrovirals and delavirdine may increase the levels of ketamine "K" in the bloodstream, possibly leading to increased heart rate, blood pressure or difficulty in breathing. Protease inhibitors may block the breakdown of certain sedatives, leading to increased blood levels. Sedatives such as Ativan, Restoril and Serax appear to be safer. Protease inhibitors may decrease the clearance of Viagra, leading to high blood levels. Side effects of this interaction may include abnormal changes in blood pressure and chest pain.

Warning! What seemed to be such a non-issue or certainly of little concern has proven to be far more serious. If you are taking Highly Active Antiretroviral Treatment (HAART) you should seriously consider

your use of alcohol, prescribed medications or illegal substances. Even your primary care physician may be unaware of what may appear to be less obvious concerns. Much of this information came from The AIDS Survival Project, Georgia's statewide resource for community-based advocacy and HIV treatment education: <http://www.aidssurvivalproject.org>

HEALTH ALERT: TEEN LESBIAN SMOKING

From: NewScientist.com news service: 4/4/04

Teenage lesbian or bisexual girls are the worst hit by tobacco among all groups of young people. Almost 40 per cent of teenage lesbian or bisexual girls aged 12 to 17 said they smoked weekly, compared with just six per cent of heterosexual girls in an ongoing study of 16,000 adolescents. These high rates were not seen in gay or bisexual boys. Lesbian and bisexual girls were also 60 per cent more likely than heterosexual girls to say they would use tobacco promoting merchandise like hats and T-shirts.

Lead researcher, S Bryn Austin at Children's Hospital, Boston states, "Antigay stigma and harassment, rejection from family and friends, and. . .even physical violence. . .combined with the tobacco industry's targeted marketing to lesbian and gay communities is putting lesbian and bisexual girls in harm's way."

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