Vol. XXII, No. 1, Spring, 2009 NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals & Their Allies

NALGAP reporter

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

Save the date:

NALGAP/NAADAC 2009 Conference: Sowing the Seeds of Recovery

will be held in Salt Lake City, Utah, August 19–22, 2009 at the Little and Grand America Hotels.

NALGAP will have a track for its various presentations. The topics are still in the planning stage but may include such issues as Oppression of LGBTs Living Outside the Big Cities and Its Effects on Treatment; Politics & Recovery: How the Political Climate Affects LGBT Treatment; The Covenant of Trust: Keeping the Boundaries in Treatment.

Come celebrate NALGAP's 30th Anniversary!

NALGAP reporter
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NALGAP BOD AT CONFERENCE: *L-R: Joe Amico, Pres.; Bob Loos; Cheryl Reese, Secy.; Michael Ralke; Marty Perry; Pamela Anderson, Conference Chair; Phil McCabe, Vice-Pres.; Penny Ziegler*

Recovery For A Lifetime

NALGAP, in partnership with NAADAC, presented at their annual Conference (August, 2008) "Recovery for a Lifetime." in Overland Park, Kansas. A number of members of the NALGAP Board of Directors were in attendance and presented at the conference.

This year's conference was filled with excitement as we came together to renew our enthusiasm, to celebrate our accomplishments, and to plan for the future. NALGAP's BOD meeting on the first day of the conference addressed a number of major issues and determined what actions to take.

NALGAP's workshop track was scheduled for a full two days (Friday 29th and Saturday 30th), which gave us the opportunity to present on an array of topics related to the addiction and human service needs of LGBTQ consumers. These included such topics as: *Gay 101: What Everyone Needs to Know When Working with GLBTQ Clients; Substance Abuse in LGBTQ Youth, a Primer; and Homeless Substance Abusing LGBTQ Youth.*

One of NALGAP'S Friday evening events was facilitated by Elijah C. Nealy, M. Div., LCSW, the Deputy Director for Programs of the LGBT Community Center in NYC, who presented a diversity training—*Introducing the Latest and Bestest Curriculum to Improve Your Cultural Diversity Training* which provided attendees with great skill-building information in training clinicians to work with the transgender population.

NALGAP's main event for Friday evening was the *Reception* with featured speaker Jennifer Storm, author and activist. Ms. Storm captivated the audience by sharing her life story as a teenager who questioned her sexuality and whose destructive behavior cycled her into a world of drugs and alcohol and abusive sexual encounters. Ms. Storm's book *Blackout Girl: Growing Up and Drying Out in America* was well received during the book signing.

NALGAP presented awards during the reception to Elijah Nealy and Jennifer Storm for their outstanding work and achievements in the addiction field (see photo next page).

(continued on page 2)

BOD with Award Recipients: *L-R: Marty Perry; Penny Ziegler; Phil McCabe; Elijah Nealey, Awardee; Bob Loos; Pamela Alexander; Jennifer Storm, Awardee; Joe Amico*

NALGAP's LGBTQ track continued on Saturday with a workshop on *The Meth Crisis*. After that, NALGAP's Luncheon featured NALGAP's Lifetime Achievement Award Recipient, Dr. Scout, from the Fenway Institute of Boston, MA. Dr. Scout was recognized for his outstanding work in Tobacco Prevention in the LGBTQ community.

NALGAP closed its LGBTQ track with a Panel Discussion on *Co-occurring Disorders and Complicating Factors*. Panel discussants presented information on their particular topic and engaged the audience in an insightful dialogue.

The NALGAP Board of Directors believes the Recovery for a Lifetime conference was a great success. NALGAP is looking forward to partnering with NAADAC for the next conference in Salt Lake City, Utah, and would like to extend an invitation to NALGAP's membership and allies to attend the 2009 Conference — **Sowing the Seeds of Recovery**. ■

Ruth Ellis Center Executive Director Receives Leadership Award from NALGAP

At its Reception, NALGAP presented its Leadership Award to Grace McClelland for her leadership in providing safe space and support services for runaway, homeless and at-risk lesbian, gay, bi-attractional, transgender and questioning (LGBTQ) youth. This award recognizes her present work as the Executive Director of Ruth Ellis Center. It is also a tribute to her lifetime mission of working in youth social services, including work with residential, juvenile justice and comprehensive youth social service agencies.

Upon learning that she would receive this award, Grace remarked that "Often young people who are in at-risk situations also have substance abuse problems. Empowering young people in these situations to accept and succeed in treatment and recovery is key to their future success. Ensuring that treatment and recovery programs are LGBTQ inclusive is part of the technical assistance the Center provides to other youth agencies,"

For the last five years, Grace has provided technical assistance nationally to mainstream and LGBT social service agencies, so that these groups can tailor their programs to meet the specific needs of LGBTQ youth. In 2006 the Center and Grace provided technical assistance to over 60 agencies, both nationally and locally. LGBTQ youth traditionally are over-represented in homeless populations and are traditionally underserved by or excluded from services. Grace has become a steadfast advocate for homeless and at-risk LGBTQ youth locally and nationally. This advocacy includes authoring a chapter on Street Out-Reach and Drop-in Centers in the National Gay and Lesbian Task Force's 2006 Report: *Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness.*

New NALGAP Board Member

Joni Whelan, CSW, LCADC, has joined the NALGAP Board of Directors.

Since 2003, Joni is the Chief Executive Officer of S.O.D.A.T. (Services to Overcome Drug Abuse among Teenagers). She is the chief administrator and her responsibilities include overall supervision and fiscal management ($4 million annual budget) of an Outpatient Addiction Agency that delivers addiction treatment and prevention services in five counties throughout Southern New Jersey.

In 2007, she received the Pioneer Award from her alma mater, Rowan University (NJ). And she is a faculty member (since 1987) at the Rutgers University Summer Institute for Drug and Alcohol Studies.

She brings with her a wealth of experience (e.g., writing grants, working with young people, developing and implementing new programs) and great enthusiasm for NALGAP's mission.

Welcome, Joni! ■

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.

National Lesbian Health Summit: March 6–8, 2009, San Francisco

The National Lesbian Health Summit Collective considered proposals from a wide variety of presenters that included but were not limited to: sexual orientation, gender identity and expression, education, access to care, proficiency in self-care and self advocacy. Registration fees were reasonable and San Francisco in the Spring was glorious.

This ground breaking Summit called for all womyn to challenge the current health disparities as they relate to Lesbian health and created a deafening cry for advocacy, research and treatment. More details can be located on the website ***www.lesbian healthinfo.org*** and/or join one of our blogs.

The National Coalition For LGBT Health: 2008 Meeting, Washington, D.C.

The National Coalition for LGBT Health held its annual meeting November 9-11 in Washington, D.C. More than 60 member organizations gathered to participate in educational training and advocacy visits on the Hill on behalf of lesbian, gay, bisexual and transgender health disparities.

The bi-annual meeting shifted to an annual meeting this year with an added day which included an Open Space forum that invited members to convene around any topic that might interest them and develop a future working agenda which includes youth services and the National Lesbian Health Summit slated for March 2009.

The National Coalition continues to advocate for improving health for all lesbian, gay, bisexual and transgender people and is attracting new member organizations and single members.

This year's educational presentations focused on three training areas: (1) **The Healthcare Equity Index (HEI)** which is a joint project of the Gay and Lesbian Medical Association and the Human Rights Campaign Foundation. The HEI is an annual survey of the healthcare industry that looks at policies related to patient and employee non-discrimination, visitation, decision-making, cultural competency training, and employment benefits. (2) **US Cochrane: Using Evidence in Advocacy**. In this presentation members explored the free web-course created by the US Cochrane Center and Consumers United for Evidence-based Healthcare (CUE). This web-course is designed to help consumers and other health advocates understand the fundamentals of evidence-based healthcare concepts and skills. (3) The final training component involved the roll out of the recently released book *Opening the Door to the Inclusion of Transgender People: The Nine Keys to Making LGBT Organizations Fully Transgender–Inclusive*. The National Center for Transgender Equality and the National Gay and Lesbian Task Force were authors of this ground-breaking project.

The National Coalition continues to advocate for improving health for all lesbian, gay, bisexual and transgender people and is attracting new member organizations and single members. These efforts can be tracked as you view their direct and indirect presence in influencing public policy and advocacy.

A few accomplishments of this year are:

1. Advocated for the inclusion of a question on sexual orientation and gender identity on federal health surveys. For the first time, the House version of the Labor-Health and Human Services Appropriations bill includes language urging the National Center for Health Statistics to include an LGBT demographic question on the National Health Interview Survey.
2. Consistently met with the government agencies overseeing the completion of the *Healthy People 2010* and the creation of *Healthy People 2020* in order to ensure the inclusion of the 29 health objectives that address LGBT populations. This has included LGBT community-based organizing across the county to make sure that the input is heard throughout the development process. In an early victory, the Secretary's Advisory Committee overseeing *Healthy People 2020* has released a draft of its definition of "health equity." The definition includes sexual orientation as a category of historical health inequities. This definition will inform not only *Healthy People 2020*, but also programs throughout the Department of Health and Human Services (HHS).
3. The Coalition worked to include LGBT concerns in the reauthorization of Substance Abuse and Mental Health Services Administration (SAMHSA). The Coalition arranged and participated in multiple meetings with Congressional offices to explain and address the mental health and substance abuse needs of LGBT people.

Remember, it is never too late for your organizations to get involved. Please take a moment and go to the website: www.lgbthealth.net

Reports submitted by: Cheryl Reese, LPC

NALGAP Takes Key Role in National Summit on Crystal Meth

Vice President Phil McCabe summarized NALGAP's expectations & willingness to partner with government agencies to accomplish goals of the summit.

On November 16-19, 2008, a National Summit on Crystal Meth took place in Washington, D.C. sponsored by SAMHSA, NIDA, HRSA, Indian Health Service, the CDC, and COPS. Last year's NALGAP President's Award winner Ed Craft was the Lead Government Project Officer. It was through Ed's tireless efforts at SAMHSA that this Summit was created and executed.

Several other NALGAP members played key roles at the Summit. President Joe Amico was on the Steering Committee and presented twice: first on a plenary panel *Defining Innovations and Emerging Responses Related to Cultural Competency* and during a Springboard session for LGBT Individuals on *The Challenges and Opportunities of Implementing Best Practices and Effective Programs*. Secretary Cheryl Reese also presented on the *Defining Innovations* panel.

Past Finnegan-McNally Founders Award Winner Barbara Warren addressed the Summit on *Critical Populations: Their Needs, Their Rights and Their Access to Services*. Past NALGAP President's Award winner Pat Hawkins addressed the LGBT Springboard session on *Substance Abuse Services and the Barriers to Access*. Vice President Phil McCabe summarized NALGAP's expectations and willingness to partner with government agencies to accomplish goals of the summit. Power Point presentations and results of the summit are available at http://www.methpedia.org.

During the Summit many of the attendees learned about NALGAP, some joined NALGAP, and others called for NALGAP to take a more active role in creating competencies and best practices for LGBT treatment. NALGAP'S Board of Directors will continue to attend to that call and address these issues, especially if funding can be procured. ■

Meth Use Costs U.S. $23 Billion A Year

From an Article By: Will Dunham: Reuters—(Washington, DC)

The report found that costs relating to the 900 people who died from using meth in 2005 and the addiction of many thousands of others accounted for two-thirds of the total economic burden.

Methamphetamine (meth) use costs the United States about $23.4 billion a year considering lost lives and productivity, drug treatment, law enforcement expenses and other factors, according to a reent report by the nonprofit RAND Corporation.

The report found that costs relating to the 900 people who died from using meth in 2005 and the addiction of many thousands of others accounted for two-thirds of the total economic burden.

In a telephone interview, RAND economist Nancy Nicosia noted that "Our study represents the most comprehensive assessment so far of the economic costs of meth use in the United States. It shows the impact of methamphetamine is substantial." She went on to say that methamphetamine accounts for 5.5 to 7.5 percent of the total cost of drug abuse in the United States.

A U.S. government survey showed that in 2007 about 13 million Americans ages 12 and up reported using methamphetamine at least once in their lifetime. About 1.3 million people reported using it some time in the previous year. Also, the U.S. Drug Enforcement Administration said the drug is particularly popular in Western and Midwestern states ■.

It's OUR Party

. . . we continue to consider which best fits our mission: being with addiction professionals, educating them about GLBT issues, or being with a GLBT organization, educating them about addiction issues!

We are embarking on NALGAP's 30th year of serving the GLBT community. During the decade that I have served on our board, we have often discussed our mission, especially when it comes to where we should house our "conference within a conference." When I first became involved with NALGAP, our "conference within a conference" was always at the Lesbian and Gay Health Association, a gathering of over 1,000 GLBT health providers. After that organization dissolved, we have struggled to find the most appropriate venue. We've been hosted by other addiction conferences for the most part. However, we continue to consider which best fits our mission: being with addiction professionals, educating them about GLBT issues, or being with a GLBT organization, educating them about addiction issues!

As your current Board discussed where we would like to celebrate our 30th Anniversary in 2009, the decision has had to do with both! We will continue our recent tradition of a "conference within a conference" with NAADAC, the largest national addiction professional organization, in Salt Lake City, August 19-22. We also explored which or how many GLBT organizations we would like to celebrate with during our anniversary year. I presented at the Gay and Lesbian Medical Association (GLMA) in Seattle. I shared our interest in celebrating our anniversary with them and they graciously offered us an entire conference track with them in D.C. Unfortunately, we will not be able to join with them because of economic considerations.

At the GLMA meeting, I represented substance abuse professionals as part of a plenary panel, discussing the importance of interdisciplinary teams for patient care. GLMA has set up a new work group to address the issue of interdisciplinary concerns. This may be an important step for NALGAP to align with doctors and other allied health professionals. Our profession need not operate in a vacuum, and it ís time our disciplines work more closely together on GLBT issues. Why not our anniversary year?

Speaking of our anniversary year, please consider the following challenge from the board: that every member invite and get at least ONE NEW MEMBER to subscribe. If you pay the fee for the new member, it ís only $30 (for our anniversary) instead of the full $50. There will be prizes for the members who bring in the most new memberships this year! If you recommend someone (rather than pay the $30 referral rate), be sure to have them put your name on the membership form and email our Treasurer, Edwin Hackney, at *NALGAP-BOD@LISTS.UMDNJ.EDU* so that you get credit for the referral!

As a board, we are working on our own anniversary challenge to the membership. We are committing ourselves to pledge additional giving or to find additional donations in order to assure the future of NALGAP. I am grateful that Joni Whelan has answered our "call" from the last newsletter to come onto the board and assist NALGAP with grant writing.

This promises to be a great anniversary year: celebrations, new members, new sources for funding, and renewed commitments. Please join me in raising your voice, talents, and commitment to our organization. It's our party and we have reason to celebrate!. ■

Joe Amico, President
joecd1@aol.com

LeClair Bissell, MD

May 18, 1928 – August 20, 2008

She helped us, encouraged us, supported our efforts. We were in awe of her — this big-time, big-name power in the alcoholism field. When we taught the first-ever lesbian/gay alcoholism course at the Rutgers School of Alcohol and Drug Studiesin 1981, she lent a hand by coming and speaking to our class.

[From: Fort Myers News-Press]

Retired Sanibel physician LeClair Bissell, an internationally known and much-published expert on addiction, died August. 20, 2008. She was 80.

An outspoken champion of women's rights, the Democratic Party, patient's rights and more, Bissell's professional recognition included the American Society of Addiction Medicine Award in 2000 and the Elizabeth Blackwell Award for outstanding contributions to the cause of women and medicine in 1997. Last year, she was honored by the the Florida Commission on the Status of Women for her life's work.

Bissell was involved with numerous organizations, among them the Democratic Party; the Unitarian Universalist Church; Planned Parenthood; PFLAG; the GLBT Coalition; and NALGAP.

Steve Mullins, a fellow physician and internist who became friends with her years ago on Sanibel, [FL] said, "She was an internationally known leader in this field. She was a pioneer for the humane management of alcoholism and drug addiction . . . [and] was deeply loved by many medical personnel whom she helped overcome addictions over the years. . . .

No one could have been more honest, straightforward, and sincere than LeClair."

[From Emily McNally and Dana Finnegan]

We were hard hit by the news of LeClair's death. She was a very important and significant part of our lives when we started NALGAP (The Association of LGBT Addiction Professionals & Their Allies). She helped us, encouraged us, supported our efforts. We were in awe of her — this big-time, big-name power in the alcoholism field. When we taught the first-ever lesbian/gay alcoholism course at the Rutgers School of Alcohol and Drug Studies in 1981, she lent a hand by coming and speaking to our class. A few years later, she urged us to write a book on counseling LGBT substance abusers and helped us get it published by Hazelden in 1987. If it weren't for her nudging and encouraging, that book, *Dual Identities*, would not exist. Nor would the later revised version, published by Haworth in 2001.

In 1987, at its international conference in Chicago, NALGAP honored LeClair by naming her an LGBT Addictions Pioneer. She served on the Board of NALGAP for a few years, then continued to support our efforts to get better treatment for LGBTs. She was full of ideas and opinions and continued to espouse her causes to the very end.

Lesbians, gays, bisexuals, transgenders, and other, non-LGBT folk have lost a valuable ally and a powerful voice against mistreatment of substance abusers.

She never stopped fighting for what is right. We will miss her greatly. ■

News From Rodger Beatty, Former President, NALGAP

All is well here. I am co-teaching at the University of Pittsburg with Emilia Lombardi (former NALGAP Board Member) an LGBT Program Development course for the LGBT Health and Wellness Certificate. I am on the Steering Committee for the Institute for Research, Education and Training in Addictions, the Northeast Addiction Technology Transfer Center, as well as the Board of Shepherd Wellness Community. Every summer for the past five years I have provided a three-hour module on LGBT addiction and mental health for first year medical students from around the country through IRETA. I am Co-Chair of the AIDS Clinical Trials Group community advisory board and the Microbicide Trials Network community work group. Finally, since March 1997, I have facilitated the statewide HIV prevention community planning group for the state health department. ■

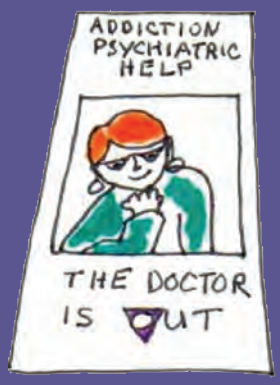
American Psychological Association Council of Representatives

Submitted by: Marge Charmoli, former NALGAP Board Member

In early August, 2008, the American Psychological Association Council of Representatives (of which Marge is a member) voted unanimously to accept a task force report on gender identity and expression at the meeting in Boston. They also voted to ban discrimination by psychologists on the basis of gender identity — again unanimously.

Also at APA, our general counsel, Natalie Guilefoile was honored by Division 44 of APA (Society for the Study of Gay, Lesbian and Bisexual Issues) and the National Gay and Lesbian Task Force for her work in supporting GLBT issues. She has written 20-30 Amicus Briefs on behalf of APA that have been heavily considered in a range of court decisions that have supported our causes. I hadn't realized how influential those were until I attended the dinner at which she was honored. ■

Addiction Psyciatric Help:
The Doctor is Out...



Dear Dr. Penny: Can you help me figure out something to do about my chronic pain that won't threaten my recovery? I am a 54 year old lesbian who has been sober in AA for the last 8 years. My partner of 5 years is also in recovery. Four years ago I started to have severe headaches with neck and shoulder pain, and my doctor referred me to a pain clinic. I was diagnosed with degenerative arthritis in my neck and mixed migraine-tension headaches. I have received several different treatments including anti-inflammatory medications, injections of cortisone and local anesthetic, acupuncture and massage therapy. Now my pain specialist wants to put me on OxyContin. He says it shouldn't be a problem with my recovery because I never did heroin or other opiates. On the other hand, my sponsor and other friends in AA tell me horror stories about people relapsing after taking this drug. I've also read that this drug is very dangerous, that people get addicted to it, steal it, deal it, and that it's an epidemic in Appalachia. Should I take this medication? Should I try something else? I hate being a whiner, but my pain is really making it difficult for me to work, and my partner is tired of hearing me complain.

—Suffering in Suffolk

Dear Suffering: Managing chronic pain is a special challenge for people in recovery. Due to the nature of addictive disease, opioid medications can be a risk to all persons with addiction, no matter what the original drug of choice. This is due to the fact that the common pathway of the dopaminergic reward system, which is involved in all addictions, is modified during the active phase of addiction and remains vulnerable to re-activation by other substances. You and your friends in Alcoholics Anonymous have heard stories of recovering alcoholics who, after years of stable recovery, have relapsed after starting to take opioid pain medication prescribed by a doctor or dentist. Sometimes such medication reawakens the craving for alcohol and drives the person to return to drinking. In other instances, people may develop a new addiction pattern with the prescription medication, finding themselves taking increasing amounts of pills, getting less and less relief from their pain, and struggling to meet their brain's drug hunger by doctor-shopping, changing amounts of pills on prescriptions, taking pills from friends' and family members' medicine cabinets, etc.

Because of the risks of relapse, it is recommended that chronic pain treatment approaches for recovering people utilize all other options for pain control prior to using opioids. Depending on the type of pain and the person's willingness, there are many options that can be tried. These include:

Pharmacological options

- Tricyclics (amitriptyline, imipramine, trazadone, others);
- SNRI antidepressants (duloxitine [Cymbalta], venlafaxine [Effexor], desvenlafaxine [Pristiq], nefazodone [Serzone]). These medications increase brain levels of serotonin and norepinephrine. Some persons with recurrent headaches respond well to SSRI antidepressants (fluoxetine [Prozac], citalopram [Celexa], escitalopram [Lexapro], paroxitine [Paxil], sertraline [Zoloft]}, which raise levels of serotonin alone, but for many, these drugs make headaches more severe and/or more frequent.
- Anticonvulsants (topirimate [Topamax], gabapentin [Neurontin], pregabalin [Lyrica], lamotrigine [Lamictal], valproate [Depakote], carbamazipine [Tegretol], others)
- Atypical antipsychotics (quetiapine [Seroquel], olanzepine [Zyprexa], risperidine [Risperdal], ziprasidone [Geodon], aripiprazole [Abilify])
- Adrenergic blockers and calcium channel blockers (propranolol, clonidine, tizanidine [Zanaflex], verapamil)

- Migraine-specific triptans (sumatriptan [Imitrex], rizatriptan [Maxalt], naratriptan [Amerge, Naramig], zolmitriptan [Zomig], eletriptan [Relpax], almotriptan [Axert, Almogran], and frovatriptan [Frova, Migard])
- Nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, celecozib, etc.)
- Acetaminophen

Non-pharmacological options

- Physical therapy
- Structured exercise programs
- Traditional Chinese medicine including acupuncture
- Massage therapy
- Chiropractic treatment
- Expressive therapies including art therapy, movement therapy, music therapy
- Energy work such as Reiki and/or Therapeutic Touch
- Biofeedback
- Training in meditation, breathing and deep relaxation
- Yoga
- Group therapy specifically for persons living with pain, which may include cognitive behavioral therapy, training in pain control techniques, guided meditation and work on expressing the anger, frustration and grief that comes with developing a medical condition characterized by chronic pain.
- 12-Step meetings for persons who are in recovery and also living with pain

Most of the people I have worked with who were living with chronic pain and also committed to maintaining recovery from addiction have been able to achieve decreased pain and improved functioning by utilizing a combination of non-opioid medications and non-pharmacological treatment modalities. However, if pain control cannot be established and maintained without opioids, one very effective alternative to consider is buprenorphine. This prescription drug is a member of the opioid family but, because of its mechanism of action as a partial agonist, it is less likely to trigger craving for alcohol and drugs. It can be taken sublingually (placed under the tongue) two or three times daily to control pain.

As you may be aware, since 2003, buprenorphine (as Suboxone and Subutex) has been approved for use as a treatment for opioid dependence (addiction). Buprenorphine can be prescribed by specially trained physicians as a maintenance medication which, combined with counseling and other recovery activities, can prevent an addicted person from returning to the use of heroin or other opioids. However, the same medication in a different form has been used to treat pain for many years. Although controlled research is lacking, many anecdotal reports would appear to indicate that buprenorphine is much safer for treating chronic pain in recovering persons than other opioids including morphine, hydrocodone (Vicodin, Lortab), oxycodone (Percocet, Tylox), or controlled-release oxycodone (OxyContin).

Another medication, used primarily in treatment programs for opioid dependence, is methadone. This powerful opioid can be used to treat chronic pain, but care must be taken to avoid risks associated specifically with methadone, which include accidental overdose, dangerous interactions with other drugs, and diversion of the medication for illegal use. It does have one major advantage over buprenorphine — it is a generic drug, is quite inexpensive and is covered by most insurance plans, including Medicare and Medicaid.

Whatever combination of medications and non-medication treatments are used, I recommend that people being treated for chronic pain be given a written treatment plan that outlines the specific treatment modalities in detail, specifies the expectations of the pain clinic or practitioner, and must be modified in writing when changes to the plan are made by the doctor. This makes it more likely that the person will adhere to all aspects of the plan, will inform the doctor or clinic when the treatment is not working adequately, and will not exceed the prescribed dosages of medications without consulting the doctor first. These written treatment agreements are very valuable in detecting that someone is headed for trouble, possibly allowing the person and the doctor to prevent a relapse to active chemical use. Monitoring for alcohol and other drugs also is a valuable relapse prevention tool.

Although there is no evidence that chronic pain problems in general and headaches in particular are more common in GLBTQQAAi2S populations, it is probably no less common either. In larger metropolitan areas it may be possible to find specialized support groups and treatment providers friendly to members of sexual minorities living with chronic pain. However, most people will need to create their own support systems that are able to show sensitivity to relationship issues, family dynamics, etc.

As I have explained before in this column, it is not possible or appropriate for me to try to diagnose and treat individuals—that work must be done by your own individual health care providers. However, I want to offer hope and encouragement that, with the right expertise brought to bear on your pain issues, you can achieve improved function, increased comfort and stable recovery. I urge you to seek out an addiction medicine specialist who is comfortable treating chronic pain in recovering people. For help in finding an appropriate provider, you can contact the American Society of Addiction Medicine or the American Academy of Addiction Psychiatry. ■