Vol. XXIV, No. 1, Summer, 2012 NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals & Their Allies

NALGAP reporter

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

"All empty souls tend toward extreme opinions."
—William Butler Yeats

NALGAP reporter

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NALGAP NATIONAL EVENTS

NALGAP will be participating in two national conferences this year. On August 12th, Phil McCabe and Michael Shelton will present two workshops at the **NAADAC Conference** "Leading the Way" in Indianapolis, Indiana, which takes place August 12th to August 15th. Shelton will present on *Providing Services to LGBT Clients* and McCabe will present on *Epidemics in Our Youth Culture: Bullying, Violence, HIV/AIDS, & Suicide. Public Health Prevention Resources for at Risk Youth.*

Our second National event is the National Conference on Addiction Disorders (NCAD): 2012 in Orlando Florida, Sept 29 to Oct 2. NALGAP will sponsor five workshop sessions at the NCAD conference, along with the President's Reception Sunday evening sponsored by Pride Institute and our Annual Membership Meeting, which this year will feature a continental breakfast on Monday morning. The workshop sessions will focus on LGBT Issues Across the Lifespan:

- **A Hidden Population: LGBT Families Struggling with Substance Abuse**
  Michael Shelton
- **Healing from Spiritual Abuse for Recovery**
  Joe Amico
- **Bullying, Violence and Suicide: Challenging Times for LGBTQ Youth**
  Philip T. McCabe
- **"Don't Ask, Don't Tell": LGBT Veterans and Addiction**
  Cheryl D. Reese
- **Culture, Needs, and Concerns of LGBT Older Adults**
  James Lopresti

We hope you will join us at one or both of these exciting events. NALGAP continues its mission to provide professional development training and confront all forms of oppression and discriminatory practices in the delivery of services to all people and to advocate for programs and services that affirm all genders and sexual orientations.

In the next issue of *The NALGAP Reporter* we will announce the recipients of the NALGAP Awards. ■

President's Corner: Summer 2012

It is a great honor to be elected by the Board of Directors to serve as president. I am thrilled to be able to contribute to the success and growth of our Association. I wish to first thank Joe Amico for his years of service as president. I was pleased when Joe agreed to move to the position of vice-president, the role that I previously held. Working in support of each other, along with the entire board of directors, we are ready to face our challenges. All of us on the board recognize the importance of our membership, and we have been actively generating ideas to expand our association.

I wish to review with you two significant items: our association description and our mission statement. The first reminds us of our origin and purpose. Our mission statement expands the vision of what we, together, plan to accomplish. Although there have been many changes since our association began in 1979 — changes in leadership, offices, events, activities, knowledge, resources, practices and so on — our purpose has never changed — to help LGBTQ individuals affected by alcoholism and other addictive disorders to receive the help they need.

Who We Are

NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies is a membership organization founded in 1979 and dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian, gay, bisexual, transgender, queer communities.

Our Mission Statement

NALGAP's mission is to confront all forms of oppression and discriminatory practices in the delivery of services to all people and to advocate for programs and services that affirm all genders and sexual orientations. NALGAP provides information, training, networking, and advocacy about addiction and related problems, and support for those engaged in the health professions, individuals in recovery, and others concerned about the health of gender and sexual minorities.

We have seen many improvements over the years. Initially lesbian and gay issues were invisible in the treatment field. Bisexuality was often not acknowledged as an orientation, but treated as a behavioral issue. The transgender experience and the range of gender variances was relatively unknown to counselors and health care providers. It wasn't until brave individuals began to speak out, that these issues were ever considered. As our association was beginning to grow, we were faced with another challenge. In the early years of the HIV/AIDS epidemic perhaps only a few, fully realized the devastation and effect it would have on our entire LGBT community. Both clients and colleagues became sick, and many died. We challenged our government and national leaders to do something, anything, but for far too long little help was offered.

Our community rallied together and we started to take care of our own. Many in the LGBT community set aside earlier disputes and internal conflicts and we learned we needed to work together. We learned to understand our differ-

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NALGAP Needs Volunteers!

1) with social media skills to help NALGAP establish and maintain Facebook and Twitter presences

2) to serve on the Board, assist in Fund-Raising, Outreach, Public Relations or Grant Writing.

Whatever your skills— NALGAP needs you!

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President's Corner (continued from page 2)

ences and to respect what we each brought to the table. HIV/AIDS is still with us, and care is more readily available. We still continue to see increases in infection among vulnerable populations: our LGBT youth may only have heard of the struggles of the previous decades, and some older LGBT, they have grown weary of the same "prevention messages" being repeated. So providers have learned to adapt, to expand the message and the efforts, to be inclusive of culture in our strategy.

Many of us consider ourselves to work on a continuum of prevention, treatment and research. We are challenged to utilize evidence-based best practices, and yet funding for LGBT focused research is minimal. As in the past, the same is true today. NALGAP is here to meet the challenge.

We need you to help us. Many times individuals tell me they want to help, some offer, a few say they offered before. Some have gotten involved, and others have drifted away. I know first hand the challenges of working in an agency and the limited resources and time available to NALGAP activities. For those who feel NALGAP has fallen short, I assure you we have continued and will continue to grow. We need you to remain paid members, to invite others to become members, to generate ideas and to take action. We want to hear from you, and hopefully tell us what you can do as we continue our endeavors.

I quote from our website since it exemplifies our experience so well. And as a reminder we need you….

Over the years, NALGAP has been the one constant, national and international voice for LGBTQ needs in the areas of prevention, substance abuse, alcoholism and other addictions. Through newsletters, conferences, training and perseverance by volunteer Board members NALGAP has kept alive the push to make this a safer, healthier world for LGBTQ people. NALGAP has been a major referral source, a disseminator of information, an educator. Most important of all, NALGAP has been the national and international voice of conscience that advocates for all those lesbian, gay, bisexual, transgender and queer people who have been injured by substance abuse, addiction, and discrimination.

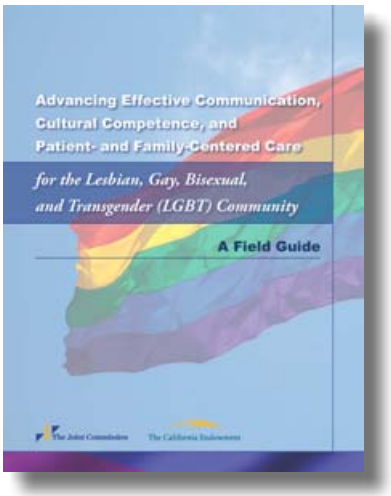
Your NALGAP membership helps us to work together to achieve our goals. Please visit *www.nalgap.org* and become a member today.

— Phil McCabe, President
Phil@nalgap.org

A Field Guide

Recently, the Joint Commission released the eagerly awaited ***Advancing Effective Communication, Cultural Competence and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide***.

The field guide, available free at www.jointcommission.org/lgbt/, will serve as an essential resource for hospitals and healthcare organizations to create a more welcoming, safe and inclusive environment that contributes to improved healthcare quality for LGBT patients and their families. It offers strategies, practice examples, resources and testimonials designed to help improve communication and provide more patient-centered care to LGBT patients, through the implementation of the Joint Commission's new hospital visitation and non-discrimination standards (RI.01.01.01, EPs 28 and 29), which are inclusive of LGBT patients. The field guide also provides information to help hospitals as well as other healthcare settings identify gaps, safety risks and areas of improvement for patient-centered care to LGBT patients.



The Joint Commission evaluates and accredits more than 19,000 hospitals, healthcare organizations and programs in the United States, and its standards and evaluation criteria serve an important role in ensuring safe and effective care for patients.

GLMA has worked with the Joint Commission over the past few years and is thrilled to see this very important resource now available. Along with other stakeholders, GLMA was involved in developing Advancing Effective Communication, Cultural Competence and Patient- and Family-Centered Care: A Roadmap for Hospitals, which included the hospital visitation and non-discrimination standards that went into effect this past July. ■

The National Coalition: What We're Working On

[Below is a small sample of the work that the Coalition's staff, members, and partners* are currently engaged in. (*NALGAP is a Participating Partner)]

Healthy People 2020

The Coalition was founded ten years ago by advocates working to achieve LGBT inclusion in Healthy People 2010, the federal government's blueprint for building a healthier nation between 2000 and 2010. Healthy People 2010 included the first specific objectives around LGB health priorities, and LGBT health advocates including the Coalition and the Gay and Lesbian Medical Association (GLMA) authored the LGBT Companion Document to Healthy People 2010 to provide further resources for those seeking to use Healthy People in their work.

Now, after a decade of hard work, we are thrilled to announce that Healthy People 2020 includes numerous objectives important for the LGBT community AND an entire topic area devoted to LGBT health! Check it out at www.healthypeople.gov.

The Patient Protection and Affordable Care Act

The Coalition has been deeply involved with health care reform since the initial drafting of reform legislation, and we have developed numerous resources around implementation of the Affordable Care Act of 2010. These resources include Changing the Game: What Health Care Reform Means for Lesbian, Gay, Bisexual, and Transgender Americans and, with our partners in the New Beginning Initiative, a set of nine fact sheets around priority issues for the LGBT community in health care reform implementation.

LGBT Initiatives at the Department of Health and Human Services

Thanks to the efforts of the National Coalition and its partners, the Department of Health and Human Services (HHS) has instituted a number of policy changes and initiatives that connect the LGBT community with new opportunities to advocate for the importance of LGBT health. One of the Department's key early initiatives was the creation last year of a Department-wide LGBT Interagency Work Group. Other initiatives include new grants to LGBT organizations, the release of new regulations on nondiscrimination in hospital visitation, efforts to support the development of LGBT cultural competency, and institution of LGBT-inclusive nondiscrimination requirements for all HHS employees. The Coalition has been in close communication with many divisions of HHS concerning the development of these and other priorities, including the Community Health Centers Program at HRSA, substance use and mental health services at SAMHSA, and the National Partnership for Action to Eliminate Health Disparities at OMH.

The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding

This comprehensive report on the research gaps and opportunities in the field of LGBT health was commissioned from the Institute of Medicine (IOM) by the National Institutes of Health. A 17-member panel spent over a year compiling the report. The Coalition and many of its members and partners also participated in the development of the report through expert testimony and public comment to the committee.

Data Collection

A significant body of literature, including the IOM report mentioned above, attests to the disparities that affect the health and wellbeing of LGBT individuals and their families. These disparities include less access to insurance and health care services, including preventive care such as cancer screenings; lower overall health status; and higher rates of chronic conditions, mental health concerns, substance use, sexual health concerns, and violence. All of these disparities are compounded by wide gaps in state and federal protections for LGBT people and their families against discrimination in areas such as health care, insurance, employment, relationship recognition, and housing.

A lack of standardized data collection on sexual orientation and gender identity severely hampers both government and community-based efforts to identify, track, and address LGBT health disparities. As Healthy People 2020 notes, "sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs." The Center for American Progress released a report in November 2010, The Power of the President: Recommendations to Advance Progressive Change, which calls on the Administration to undertake large-scale and routine collection of LGBT data on federally supported surveys. According to this report, "in the absence of accurate data, policymakers are often unable to assess the effectiveness of current policies in meeting the needs of lesbian, gay, bisexual, and transgender people...[and] the lack of good data in policy debates and decisions increases the likelihood that stereotypes and myths will guide policies that impact LGBT Americans."

The Coalition is committed to the importance of counting the LGBT population to ensure that our priorities matter in decisions about policy, budgeting, and the national dialogue around health, civil rights, and social justice.

Annual National LGBT Health Awareness Week

The Coalition hosts an LGBT Health Awareness Week campaign every year. Our members and partners around the country, including the National Gay and Lesbian Task Force, the Human Rights Campaign, the National Black Justice Coalition, and the LBGT Caucus of the American Academy of Physician Assistants, were busy throughout LGBT Health Awareness Week with celebrations of the strength and resiliency of the LGBT community and reminders of the importance of LGBT health.

The National Coalition (continued from page 4)

Hospital Visitation

The Department of Health and Human Services (HHS) recently released a final rule governing nondiscrimination in hospital visitation. This new rule protects the right of all patients to designate and receive the visitors of their choice, including a same-sex spouse or a domestic partner, and requires the more than 6,000 hospitals participating in the Medicare and Medicaid programs to not discriminate in visitation rights on the basis of factors including sexual orientation and gender identity. While we still have a long way to go, these new hospital visitation protections are a significant federal recognition of the validity of LGBT people's lives and relationships.

The final rule incorporates numerous suggestions made by the Coalition and its partner organizations.

The Definition of Family

The Coalition is working with partners such as the National Latina Institute for Reproductive Health, the National Asian Pacific American Women's Forum, Centerlink, and the Family Equality Council to expand the definition of family in federal regulations to increase access for people from diverse family structures, including LGBT people, immigrants, and racial and ethnic minorities. Read our recent blog piece with the National Partnership for Women and Families on why paid sick days matter to LGBT people and their families.

National Plan for Action to Eliminate Health Disparities

The LGBT-inclusive National Partnership for Action to Eliminate Health Disparities was released on April 8, 2011 by the Office of Minority Health (OMH). The Coalition applauds the broad inclusion of sexual orientation and gender identity throughout the accompanying strategy.

Federal Legislative Advocacy

The Coalition works closely with key partners such as Representative Tammy Baldwin (D-WI) on a number of legislative initiatives in the field of LGBT health. Recent priorities have included the FY2011 budget, the FY2012 budget, appropriations for the National Health Interview Survey, the Ending LGBT Health Disparities Act, the LGBT Older Americans Act, and the Patient Protection and Affordable Care Act (the health care reform law). For more information about Representative Baldwin's amazing advocacy for LGBT health on the floor of Congress, check out her website.

DSM-5

The fifth revision of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the text by which mental health practitioners diagnose mental illnesses and which insurance companies use to reimburse for mental health services. This manual has a particular impact on transgender and gender-variant people's ability to access health care services. The Coalition submitted comments about the proposed revisions to diagnoses concerning diverse gender identities.

Prison Rape Elimination Act (PREA) Standards

The Coalition joined numerous other LGBT advocacy organizations in submitting comments on how to implement the Prison Rape Elimination Act in order to best protect LGBT individuals in detention settings. ■

Behavioral Health Treatment Providers and LGBT Families *by Michael Shelton*

Behavioral health treatment providers are increasingly working with LGBT families, and it may be parents or their children who are the identified substance abusers. Yet our knowledge of these families is minimal.

- Studies over the past decade indicate that twelve to twenty percent of LGBT couples are raising children; other estimates are that one third to one half of lesbian and bisexual women and approximately twenty percent of gay and bisexual men have a child.
- Same-sex parents in the U.S. have fewer financial resources to support their children than married [heterosexual] parents. The median household income of same-sex couples with children is 23% lower than that of married [heterosexual] parents. Poverty rates increase when same-sex parents live in rural areas and/or are people of color.
- Same-sex couples of color are more likely than their white counterparts to be raising children. As one example, a 2007 study by the Our Family Coalition found that in California more than half of all African American, Asian Pacific Islanders, and Latino/a same-gender couples between the ages of 25-55 years were raising children of their own (43%, 45%, and 62%, respectively), while only 18% of white same-gender couples were raising children.
- Gay and lesbian individuals raising children are more likely to be living in southern and/or rural states.

We also know that the medical and behavioral healthcare needs of LGBT families are not being adequately met. Danese, a lesbian mother, for example, quickly recognized that the inpatient substance treatment facility in which her daughter had entered was not necessarily LGBT-friendly: "When filling out the forms with the intake person she asked about our daughter's father; when I told her she had same-sex parents she seemed baffled and unsure what to do. She hesitatingly smiled and crossed off "name of father" from the application and wrote "name of second mother" instead . . . Our daughter was allowed one phone call a day, and she told me that the structure of her family was never discussed. What infuriated me the most, though, was that during the first week of treatment a "family day" was held in order to introduce parents and siblings to the essentials of recovery, and the lecturer never once mentioned same-sex parents. She did mention divorced, widowed, and single parents in addition to the traditional two-parent model, but same-sex parents were left untouched."

Also consider Jessica. She admitted with shame that she had conspired with her fourteen-year-old daughter Michelle to keep their family composition a secret from a counselor: "It was mortifying to listen to this counselor telling us about the impact of family dynamics on Michelle's drug problem yet the entire time we're sitting there we're lying to him.... I'm pretending to be a single mom instead of talking about Jody [her girlfriend] and her own ongoing alcohol abuse in our home." Jessica and her family live in a small town in West Virginia (Jessica called it a 'hamlet.") and they had to drive more than an hour to even obtain treatment services. Even more intimidating, the facility was evangelical and not going to look upon her family with respect. Jessica summarized her dilemma with a barely discernable shrug: "What could I do?"

The Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 19,000 health care organizations and programs in the United States, concluded that the "8.8 million lesbian, gay, and bisexual people now estimated to be living in the United States experience disparities not only in the prevalence of certain physical and mental health conditions, but also in health care due to lack of awareness and insensitivity to their unique needs." Lambda Legal's 2010 release When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV found that 56 percent of respondents had experienced some form of mistreatment when accessing services and that its report likely understated the barriers to health care experienced by LGBT people. Finally, The Human Rights Campaign's 2011 report "Healthcare Equality Index 2011" concluded that many LGBT people often decline to seek healthcare in times of need, out of fear of discrimination and poor treatment by healthcare professionals. The treatment experiences of Danese and Jessica are therefore not surprising.

NALGAP has been in the vanguard of behavioral health treatment for LGBTs, for more than three decades, and its efforts and recommendations have evolved as knowledge of both substance abuse and sexuality have accumulated. A consideration of the treatment needs and experiences of LGBT families is thus a natural progression for NALGAP but one that is still admittedly in its infancy. The research simply doesn't exist yet. Still, additional articles in upcoming newsletters will apprise readers of what we do know so that they can prevent the insensitive and misinformed clinical encounters experienced by Danese, Jessica, and the thousands of other LGBT parents and their children who need our help. ■

Gary J. Gates, "Family Formation and Raising Children Among Same-Sex Couples," Family Focus, FF51 (2011).

US Census Snapshot (Los Angeles: Williams Institute, 2007).

Randy Albelda, M.V. Lee Badgett, Gary J. Gates, & Alyssa Schneebaum, Poverty in the Lesbian, Gay, and Bisexual Community (Los Angeles: Williams Institute, 2009).

Bianca D.M. Wilson, Our Families: Attributes of Bay Area Lesbian, Gay, Bisexual & Transgender Parents and Their Children (San Francisco: Our Family Coalition, 2007).

Sabrina Tavernise, "Parenting by Gays More Common in the South, Census Shows," *The New York Times*, January 18, 2011, www.nytimes.com/2011/01/19/us/19gays.html (accessed June 18, 2011).

Facts About Patient-Centered Communications (Joint Commission, 2011).

When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report

Healthcare Equality Index 2011 (Washington, DC: Human Rights Campaign Foundation, 2011).

Addiction Psyciatric Help: ***The Doctor is Out...***

Dear Dr. Penny:

I have a friend that I'm worried about. I don't know exactly how much she drinks, but reports from others indicate that she's known for getting drunk from time to time. I heard she and her long-term partner are splitting up, and I'm convinced this is related to her drinking.

I have approached her a few times, but have been met with a wall of denial. What concerns me even more is that her doctor has prescribed Xanax for her anxiety which she takes on a regular basis. I've talked to her about the dangers of drinking and taking Xanax. I told her that Xanax (Valium) is known in the Program as freeze-dried booze.

What does she need to know and how can I get through to her?

— Puzzled in Pittsburgh

Dear Puzzled:

One thing we know about alcoholism is that the amount of alcohol that a person drinks is not the defining symptom. People can handle different amounts of alcohol, and this can vary from time to time and under different circumstances. What matters more is what happens when a person drinks. On any given drinking occasion, does the person drink a fairly consistent amount that allows her to enjoy herself without becoming impaired in terms of motor function, speech, judgment and impulse control, or does she sometimes drink more than that? Are there times when she starts out to have "one or two" and ends up too intoxicated to get home safely or to behave in a manner inconsistent with her values and intensions? Recurrent episodes like this are symptomatic of an alcohol use disorder.

When the individual of concern is a woman, it is especially important not to focus too much attention on the amount the person drinks, since women typically have a lower tolerance for alcohol's effects than men. This is because, in addition to the obvious difference in size and muscle mass, women absorb more alcohol from their stomachs than men do. Men have an enzyme, alcohol dehydrogenase, in the cells of the stomach lining that breaks down a significant amount of the alcohol they drink, so that it never reaches the blood stream (and the brain, where the action is). Women often lack this enzyme in the stomach lining, or have very small quantities, so that alcohol is absorbed directly into the bloodstream in larger amounts.

This difference in how the body handles alcohol accounts for many of the well-known differences between men's alcohol use disorders and women's alcohol use disorders. One of these is known as "telescoping," the observation that women often start drinking at a later age than men, but their problems tend to develop more rapidly – they get "sicker quicker." Also, women have a much higher incidence of alcohol-related liver damage (including fatty liver and cirrhosis), because when they are drinking, the blood traveling from the stomach directly to the liver has a higher concentration of toxic alcohol and its byproducts that attack and destroy liver cells. The hormonal shifts associated with women's menstrual cycles can also have an impact on how alcohol is metabolized.

Because alcohol use resets the balance in the brain's chemical messengers that determines our level of alertness and stimulation, many people with alcohol use disorders find that they are over-stimulated and anxious after an occasion of heavy drinking. Over time, as the brain adapts to having alcohol present much or most of the time, this over-stimulated state can become so severe that the person experiences tremors in the hands, restlessness, sweating, racing pulse and severe anxiety, even panic. This is known as alcohol withdrawal. In its most severe form, it can result in hallucinations, seizures and even death.

However, in a milder form, alcohol withdrawal is often mistaken for an anxiety disorder, particularly when the person is not open with her doctor about her drinking patterns. The doctor may then prescribe a tranquilizer such as Xanax® (alprazolam) or Valium® (diazepam), which immediately relieves the discomfort, while reinforcing the person's denial ("See, it wasn't a drinking problem, it was anxiety!"). It is also possible for a person to have both an alcohol use disorder and an anxiety disorder, but this cannot be sorted out unless and until the person stops drinking. The term "freeze-dried booze" refers to the fact that these medications (tranquilizers, benzodiazepines, sleeping pills, etc.) affect the same chemical messengers as alcohol does.

So now you have some scientific information about women's alcohol use disorders, and this information may be relevant to your friend's drinking. However, your question is, "What does she need to know, and how can I get through to her?" That is another issue entirely. Until your friend perceives herself as having a problem, she will not be looking for a solution. ***You*** have a desire for her to "wake up and smell the coffee," but it would seem that ***she*** does not share your goal. In fact, you cannot "get through to her" as long as you are focused on your goal. Your only hope of helping her is to try to engage her in a discussion of her goals, or the things she perceives as problems, and work from there. Actually, this would be an approach that a substance abuse counselor might take, known as Motivational Enhancement/ Motivational Interviewing, in which the counselor helps the client to identify problems and goals, and gradually moves the client toward a recognition that most of the problems are related to alcohol use and the goals will not be achieved until the client decides to stop drinking.

As her friend, chances are this technique will not work for you, and a more realistic goal might be to direct her toward a counselor/therapist who can be more objective in her approach. For yourself, because you are experiencing distress about your friend's drinking, you might want to consider attending some Al-Anon meetings that could help you to accept your powerlessness over your friend's alcohol use.

Al-Anon Version of the Serenity Prayer:

God, grant me the serenity to accept
the people I cannot change,

Courage to change the person I can,

And wisdom to know… it's me.

— Penny Ziegler, M.D.
Addiction Psychiatrist