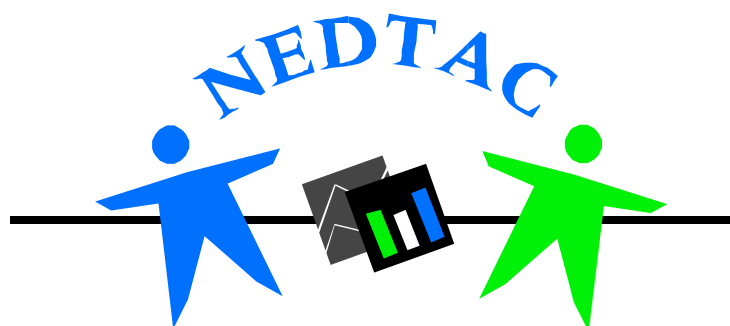


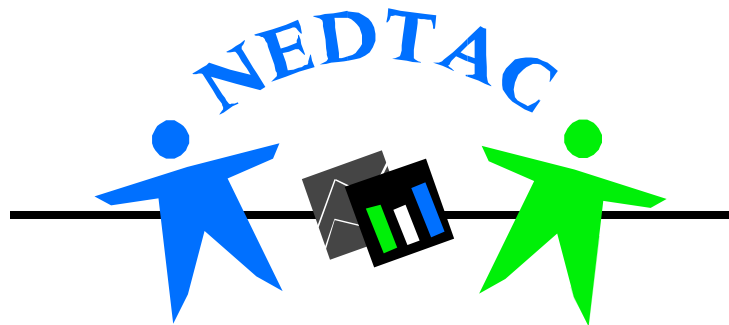
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**SEXUAL MINORITIES AND
SUBSTANCE ABUSE TREATMENT:
SELECTED BIBLIOGRAPHIES: 1990-1998**

April 1999

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FOREWORD

One of the missions of the Center for Substance Abuse Treatment is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse treatment.

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. To this end, NEDTAC produced a series of bibliographies in key topic areas. This document belongs to that series. This selected bibliography lists books, articles, and research studies that focus on the particular issues of sexual minorities in substance abuse treatment programs. We hope this document will assist professionals within the substance abuse treatment community to think about effective and appropriate ways to serve diverse clients in substance abuse treatment programs.

This bibliography, along with others in the series, was developed under the guidance and direction of Ron Smith, Ph.D., the NEDTAC Government Project Officer, Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Beth Archibald Tang for compiling and reviewing this document.

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**I. SEXUAL MINORITIES AND SUBSTANCE ABUSE TREATMENT:
ANNOTATED BIBLIOGRAPHY**

I. SEXUAL MINORITIES AND SUBSTANCE ABUSE TREATMENT: ANNOTATED BIBLIOGRAPHY

Alexander, C.J. (Ed.) (1996). Gay and lesbian mental health: A sourcebook for practitioners. Binghamton, NY: Haworth Press.

Lesbians and gay men have special mental health concerns that are often overlooked. This book covers numerous specific topics of interest to gays, lesbians, and their friends and families, including childhood sexual assault, suicide, spirituality, and aging.

Amico, J., & Neisen, J. (1997, May/June). Sharing the secret: The need for gay-specific treatment. The Counselor, 12-15.

This article reviews the increased incidence of substance abuse problems among gay, lesbian, bisexual, and transgender (GLBT) people; however, only 1 percent of clients in mainstream programs identify themselves as being GLBT. There are several reasons for this discrepancy, including the fact that GLBT clients are uncomfortable with their sexual orientation and do not feel safe or supported enough to talk openly about their sexual orientation in mainstream treatment programs. The authors review the stages of “coming out” and outline the implications of this process for treatment programs. (Author abstract modified)

Battjes, R.J. (1994). Drug use and HIV risk among gay and bisexual men: An overview. In R.J. Battjes, Z. Sloboda, & W.C. Grace (Eds.), The context of HIV risk among drug users and their sexual partners (NIDA Research Monograph No. 143, pp. 82-87). Rockville, MD: National Institute on Drug Abuse.

The relationship between substance abuse and HIV risk among gay and bisexual men is explored. During a 5-year period, AIDS research by the National Institute on Drug Abuse revealed that there was a gap of knowledge about the dual-risk group of gay and bisexual men. While men who have sex with men comprised 21 percent of AIDS cases in intravenous drug users, it appeared that relatively few of this dual-risk group are reached through the primary HIV prevention initiatives that target drug abusers. This dual-risk group of intravenous drug users is important not only in its own right, but also because persons reporting dual-risk might serve as a bridge for HIV transmission between heterosexual and lesbian intravenous drug users and non-intravenous drug-using gay and bisexual men.

Ferrando, S., Goggin, K., Sewell, M., Evans, S., Fishman, B., & Rabkin, J. (1998). Substance use disorders in gay/bisexual men with HIV and AIDS. *American Journal of Addiction*, 7(1), 51-60.

This article presents a longitudinal study of psychological adaptation to AIDS in a cohort of HIV-positive gay and bisexual men with and without lifetime and current substance abuse problems. The participants were assessed for substance abuse problems, depression, and anxiety disorders. A comparison group of HIV-negative men was also assessed. Among the HIV-positive participants, combined lifetime (42%) but not current (11.5%) substance abuse problems were more prevalent than in HIV-negative men (27% and 10%, respectively). HIV-positive men with current substance abuse problems reported more depression, distress, and diminished quality of life than HIV-positive men with no substance abuse problem. Most HIV-positive participants with substance abuse problems discontinued or reduced substance use before or subsequent to knowledge of their HIV infection, probably in an attempt to adopt a healthier lifestyle. However, for some HIV-positive men, persistent substance abuse is accompanied by higher levels of distress and diminished quality of life, underscoring their need for treatment intervention. (Author abstract modified)

Finnegan, D.G., & McNally, E.B. (1990). Lesbian women. In R.C. Engs (Ed.), *Women: Alcohol and other drugs* (pp. 149-156). Dubuque, IA: Kendall/Hunt.

This chapter discusses the special problems of lesbians with alcohol problems. The incidence of the overall gay population with substance abuse problems is discussed, along with the stigmas and resulting stresses that lesbians, in particular, face. Treatment considerations, including safety and a non-threatening treatment environment, are presented, in addition to suggestions for substance abuse treatments that focus on issues of emerging sexuality.

Finnegan, D.G., & McNally, E.B. (1996). Chemically dependent lesbians and bisexual women: Recovery from many traumas. *Journal of Chemical Dependency Treatment*, 6(1/2), 87-107.

Bisexual women and lesbians in substance abuse treatment are frequently recovering from multiple traumas, such as sexual abuse, childhood neglect, and physical abuse. During treatment of clients with multiple traumas, therapists need to be aware of the progress of recovery; only when the client is sufficiently stable should the other problems be considered.

Fleisher, J., & Fillman, J. (1995, January/February). Lesbian and gay youth: Treatment issues. *The Counselor*, 27-28.

In dealing with lesbian and gay youth, the substance abuse treatment counselors need to address self-esteem issues to aid clients in overcoming their substance abuse. Gay and lesbian youth face roadblocks of homophobia, and need role models to develop positive self-esteem, which is necessary to overcome substance abuse problems. There is a paucity of information on gay youth treatment issues, and youth face frustrations that range from mild confusion, shyness, and insecurity to self-hatred, withdrawal, and anger. Fear of rejection by peers and family members, verbal and physical assaults, and unwanted exposure leads many of these youth to use alcohol and other drugs as a means to hide from their problems.

Heffernan, K. (1998). The nature and predictors of substance use among lesbians. *Addictive Behaviors*, 23, 517-528.

This article discusses the paucity of coping resources for lesbians that could place them at risk for maladaptive coping efforts, including substance abuse. Levels of stress, coping styles, rates of problematic substance use, and relationships among these variables were examined for lesbians (N=263) who completed a self-report questionnaire as part of a larger study. Neither high rates of heavy drinking nor drug use were found in this sample. Among those who did drink excessively, it was associated with avoidant coping. Perceived stress and social resources did not differ significantly from the general female population. Levels of stress, social support, and coping style were not predictive of problematic substance use. The most significant predictor of alcohol use was reliance on bars as a primary social setting. Implications of these findings are discussed. (Author abstract modified)

Johnston, D., Smith, K., & Stall, R. (1994). A comparison of public health care utilization by gay men and intravenous drug users with AIDS in San Francisco. *AIDS Care*, 6, 303-316.

A group of gay-identified men and intravenous drug users diagnosed with AIDS in San Francisco were surveyed regarding their use and satisfaction with their health care services. The interview contained a mix of qualitative and quantitative questions. The two groups of AIDS patients were not statistically different in terms of age or self-reported level of health during the previous 3 months, although the gay men had been diagnosed with AIDS somewhat longer (20 months) than the group of intravenous drug users (15 months). Analysis of the quantitative data revealed that intravenous drug users received more medical care for HIV disease than did gay men and were equally satisfied with the care they received. Analysis of the qualitative data showed that considerable agreement exists between the perceptions of both gay men and intravenous drug users of the health care system.

Jones, A.B.S. (1990). Sexual minority needle users. In C.G. Leukefeld, R.J. Battjes, & Z. Amsel (Eds.), AIDS and intravenous drug use: Future directions for community-based prevention research (NIDA Research Monograph No. 93, pp. 108-119). Rockville, MD: National Institute on Drug Abuse.

HIV risk reduction programs for homosexual, bisexual, and transsexual intravenous drug users (IVDUs) must recognize that needs differ along boundaries of race, socioeconomic class, marital/relationship status, urban versus rural settings, and the degree of openness about sexual orientation and lifestyle. This group of IDUs are often hard to reach; therefore, outreach that is focused on adapting to this lifestyle appears to be successful. Gay and transsexual men are at high risk for HIV transmission. Lesbians have issues different from heterosexuals. There is, therefore, a need for residential drug treatment programs to implement treatment modalities specifically for sexual minorities.

Midanik, L.T., Hines, A.M., Barrett, D.C., Paul, J.P., et al. (1998). Self-reports of alcohol use, drug use and sexual behavior: Expanding the timeline follow-back technique. Journal of Studies on Alcohol, 59, 681-689.

This study compared reports of substance use and sexual behavior from summary measures with an expanded version of timeline interview technique among gay and bisexual men entering outpatient substance abuse treatment at a gay-identified agency. Respondents (N=418) completed self-administered questionnaires covering the 30-day period prior to their last use of alcohol or drugs; summary measures included alcohol use, number of days of use for five categories of drugs, and number of episodes of anal intercourse by partner type. Participants then completed the timeline interview to recall their daily drinking, drug use, and sexual behavior during the same 30-day period. The findings indicate that the timeline method yielded significantly lower estimates of mean number of drinks consumed when heavier than usual drinking is included in the summary measure (124 versus 147 drinks), mean number of days drugs were used (9 versus 11), and mean number of episodes of anal intercourse with a primary partner (1 versus 2). Differences generally remained significant when assessed by length of time between the study interview and the last use of alcohol or drugs, with the exception of number of anal sex episodes with primary partners. These findings indicate that timeline estimates are lower than estimates using a more standard method (summary measures). (Author abstract modified)

Neisen, J.H. (1993). Counseling lesbian, gay and bisexual persons with alcohol and drug abuse problems. Arlington, VA: NAADAC Education and Research Foundation.

The salient issues in counseling lesbians, gay men, and bisexuals with substance abuse problems are presented. Heterosexism and homophobia are defined and case examples are presented that indicate how cultural victimization contributes to substance abuse. The "coming out" process for lesbians and gays is discussed in order to help substance abuse counselors recognize the risks for heavy drinking and drug use during the coming out process. Issues of counselor sensitivity are

presented as well as guidelines to improve counselor proficiency in facilitating the stages of healing for lesbians and gays with substance abuse problems. Guidelines are identified for working with lesbians and gays and their families, including information on working with both the family of origin and family of choice. (Author abstract modified)

Neisen, J.H. (1997). Inpatient psychoeducational group model for gay men and lesbians with alcohol and drug abuse problems. Journal of Chemical Dependency Treatment, 7(1/2), 37-51.

This article presents a psychoeducational group model as utilized at a gay and lesbian affirmative inpatient substance abuse treatment program. Not only does the model help to identify the needs of gay men and lesbians with substance abuse problems, it is also applicable to populations that have been marginalized by majority culture. The group model can be readily adapted for use by other agencies and treatment programs. (Author abstract modified)

Paul, J.P., Barrett, D.C., Crosby, G.M., & Stall, R.D. (1996). Longitudinal changes in alcohol and drug use among men seen at a gay-specific substance abuse treatment agency. Journal of Studies on Alcohol, 57, 475-485.

This study describes changes over a 12-month period in prevalence and in frequency of alcohol and other drug use, and correlates of change at 12 months in a sample of gay/bisexual men entering gay-identified outpatient substance abuse treatment. A sequential sample of gay/bisexual men were recruited for a study in which substance use, sexual risk, and psychological factors were assessed every 3 months. Changes in substance use were evaluated in men who used substances during the 90 days before entering treatment and who completed at least one follow-up interview, whether or not they continued in treatment. A marked reduction occurred in prevalence of use over time: declines on the order of 50 percent occurred in the first 90 days; prevalence then stabilized in remaining assessments. Frequency of usage by those reporting use of any given class of drugs also declined. No consistent predictors of reduction or cessation of use across different drug categories were found at 1 year. Given the scope of substance abuse problems among gay/bisexual men, and linkages to the HIV epidemic, considerable resources need to be focused on treatment and prevention for gay/bisexual men. (Author abstract modified)

Remien, R.H., Goetz, R., Rabkin, J.G., Williams, J.B.W., Bradbury, M., et al. (1995). Remission of substance use disorders: Gay men in the first decade of AIDS. Journal of Studies on Alcohol, 56, 226-232.

Participants in a 5-year prospective study of HIV-seropositive and seronegative gay men demonstrated a significant decline in the rate (from lifetime to current) of alcohol and other substance use disorders. The goal of the study was to identify factors associated with the cessation of problematic substance use, to observe rates of relapse over 4 years, and to describe

factors associated with relapse and no relapse. A volunteer community sample of self-identified gay men were administered a semi-structured interview and several self-report measures by trained mental health clinicians, twice annually over a 5-year period. Retrospective and prospective data revealed a significant decline in substance use and problems associated with use in the decade of the 1980s. This change occurred, for the most part, without formal treatment. Numerous motivating factors were associated with this change, which included a fear of AIDS, a change in attitudes in the gay community, changes in other risk-taking behaviors and concerns about self-image. A variety of informal methods were employed. Most notable was avoiding situations associated with substance use. Changes in substance abuse dependence occurred in the context of health concerns, caring for oneself, and cleaning up one's act. Having a concern about self-image, avoiding situations associated with drug use, and not using drug substitution as a method of quitting were important factors for maintaining successful change. (Author abstract modified)

Warren, B. (1997, May/June). Transgender experience: Identity, community and recovery. The Counselor, 12-15.

This article presents a case study of a transgendered intravenous drug user who could not find suitable and appropriate treatment facilities. The article discusses that among professionals there are divided views on transsexuality, transvestitism, and the emergence of the self-identified transgender community; a growing body of professionals view the transgender experience as psychopathological or as maladaptive. Although there is no research to support the notion that transgender persons may be at higher risk for substance abuse, anecdotal data strongly suggest that such a risk exists. The author encourages substance abuse treatment counselors to participate in training on transgender issues to better serve clients in need of these services.

Weinstein, D.L. (1992). Application of family therapy concepts in the treatment of lesbians and gay men. Journal of Chemical Dependency Treatment, 5, 141-155.

Family therapy is an effective but neglected form of treatment for lesbians and gay men. By creating a genogram, going back at least three generations, if possible, counselors can obtain better insight into their clients' behaviors. Completing genograms facilitates treatment by allowing the client to see relationships and circumstances in new ways, often providing revelations. Through these revelations, the author believes that effective treatment methods can be formed.

**II. SEXUAL MINORITIES AND SUBSTANCE ABUSE TREATMENT:
SELECTED CITATIONS**

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