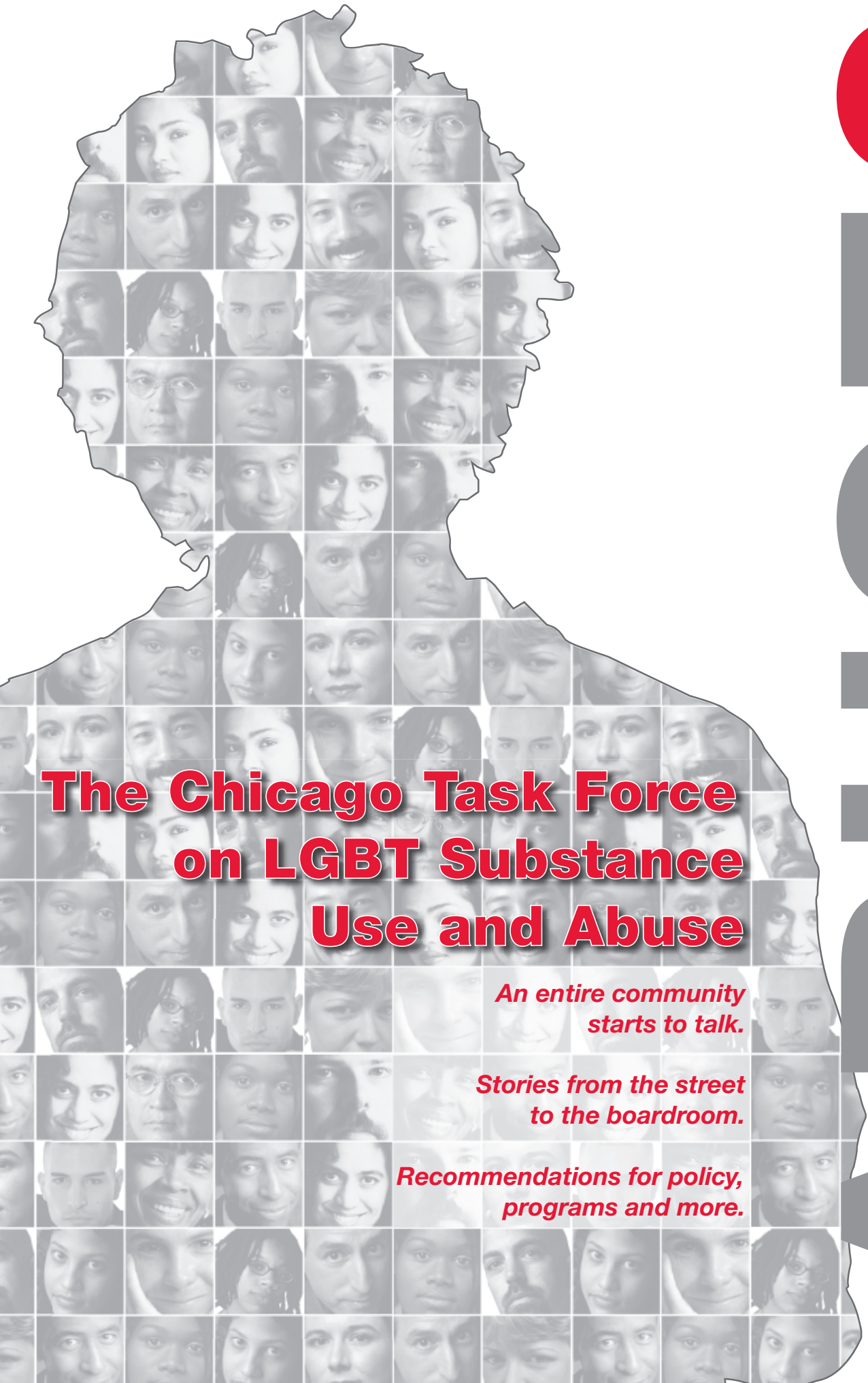


The Chicago Task Force on LGBT Substance Use and Abuse

An entire community starts to talk.

Stories from the street to the boardroom.

Recommendations for policy, programs and more.

ABUSE?


CHICAGO
WELCOMES
MORRISSEY
SOLD OUT!

A Letter From Public Health Commissioner Wilhelm and Human Relations Chairman Wood

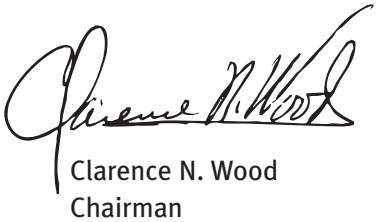
Dear Fellow Chicagoans:

Substance abuse and addiction are problems across our city, knowing no distinction by race, class, religion, geography, sexual orientation or gender identity. Many Chicagoans have friends, family members or coworkers whose lives have been devastated by abuse of both legal and illegal substances.

Elements of our culture glamorize the use of alcohol and other drugs. The fact is that substance abuse and addiction can destroy lives, families and careers; tear apart communities; deaden spiritual growth; lead to the spread of sexually transmitted diseases and bring about increased crime, violence, injuries and hospitalizations. Substance abuse is a major public health issue.

We commend the lesbian, gay, bisexual, and transgender (LGBT) community for having the courage to tackle substance use and abuse head-on. The Chicago Task Force on LGBT Substance Use and Abuse has recommended that the issue should be a topic of public discussion and community responsibility; this deserves every Chicagoan's attention and support. We encourage individuals and organizations citywide to reflect seriously on their own involvement with substance use and to take positive action in light of the insights presented here. Indeed, these insights apply equally well to constituencies outside the LGBT community, and can serve as a model for further study throughout our city.

John L. Wilhelm, M.D., M.P.H.
Commissioner
Chicago Department of Public Health



Clarence N. Wood
Chairman
Chicago Commission on Human Relations

Cannabis • Hashish • Opium • Heroin • Tobacco • Caffeine • Xanax® • Prozac® Zoloft® • Paxil® • Elavil® • Wellbutrin® • Viagra® • Vicodin® • Codeine Amphetamines • Ritalin® • Claritin® • Benadryl® • Alcohol • Glue • LSD • Crystal methamphetamine • Ketamine • Ecstasy • Nitrous Oxide • Mushrooms • Cocaine Crack • Steroids • Estrogen • Testosterone • “The Pill” • HAART • GHB • Rohypnol® Amyl nitrate • 2C-B • Cannabis • Hashish • Opium • Heroin • Tobacco • Caffeine Xanax® • Prozac® • Zoloft® • Paxil® • Elavil® • Wellbutrin® • Viagra® • Vicodin® Codeine • Amphetamines • Ritalin® • Claritin® • Benadryl® • Alcohol • Glue • LSD Crystal metham oms Cocaine Crack • Steroid Rohypnol® Amyl nitrate • co Caffeine Xanax® • Proza ® Vicodin® Codeine • Amp Glue • LSD Crystal methar Mushrooms Cocaine • Crac AART • GHB Rohypnol® • A oin Tobacco Caffeine • Xana n® Viagra® Vicodin® • Coc yl® Alcohol Glue • LSD • itrous Oxide Mushrooms • C Pill” HAART GHB • Rohypn ium Heroin Tobacco • Caffe Wellbutrin® Viagra® • Vico Benadryl® Alcohol • Glue • Nitrous Oxide Mushrooms • C Pill” • HAART GHB • Rohypn um • Heroin Tobacco • Caffeine • Xanax® • Prozac® • Zoloft® • Paxil® • Elavil® Wellbutrin® Viagra® • Vicodin® • Codeine • Amphetamines • Ritalin® • Claritin® • Benadryl® Alcohol • Glue • LSD • Crystal methamphetamine • Ketamine • Ecstasy • Nitrous Oxide Mushrooms • Cocaine • Crack • Steroids • Estrogen • Testosterone • “The Pill” HAART • GHB • Rohypnol® • Amyl nitrate • 2C-B • Cannabis • Hashish • Opium Heroin • Tobacco • Caffeine • Xanax® • Prozac® • Zoloft® • Paxil® Elavil® Wellbutrin® • Viagra® • Vicodin® • Codeine • Amphetamines • Ritalin® • Claritin® Benadryl® • Alcohol • Glue • LSD • Crystal methamphetamine • Ketamine • Ecstasy Nitrous Oxide • Mushrooms • Cocaine • Crack • Steroids • Estrogen • Testosterone “The Pill” • HAART • GHB • Rohypnol® • Amyl nitrate • 2C-B • Cannabis • Hashish

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Bisexual youth are at greater risk for substance abuse than youth in single-sex relationships.[1]

Why We Published This Report

The City of Chicago is a leader in supporting community-based programs to address various public health threats, including public and private treatment options for substance abuse and needle-exchange programs. With the City's support, the local lesbian, gay, bisexual, and transgender (LGBT) community felt the time was right to take an introspective look at an area of common concern: substance abuse in the LGBT community.

A diverse group of LGBT community leaders came together to address the issue of substance use and abuse. We noted the increasing danger and devastation of substance abuse in our own circles and its insidious repetition in every neighborhood, every racial and ethnic group, and across the socioeconomic spectrum.

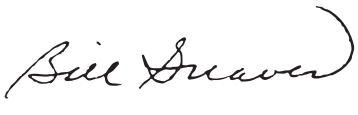
Even though the possession and use of certain substances is illegal, the reality of use needs to be addressed. Substance abuse is generally assumed to occur among members of the LGBT community at rates higher than among members of the general population. Why?

- Homophobia, both within the community and outside it.
- Disapproval by family.
- Absence of role models.
- Limited community and religious support—or outright hostility.
- Anxiety caused by the HIV epidemic and other STDs.
- The fact that many enter the LGBT community through the club-and-party scene.

Our mission is to foster a safe, visible, sustained and supportive dialogue on substance use and abuse. This dialogue must become a permanent part of our lives and culture. We set out to develop a plan that would be inclusive, accessible and nonjudgmental. This document is an account of what we've learned so far and where our community believes it should go from here. As the report states, the problems are relatively easy to identify, but the solutions are neither simple nor easy. However, the dynamic, far-reaching conversation in which we'd like our community to engage will be a giant step in the right direction.

Our heartfelt thanks to all the people involved in the task force and the public forums; to all the creative people who worked on the development and publication of this document; to the courageous people who shared their stories with us; and to the City of Chicago for its steadfast support.

Lora Branch
Director
Office of LGBT Health
Chicago Department of Public Health



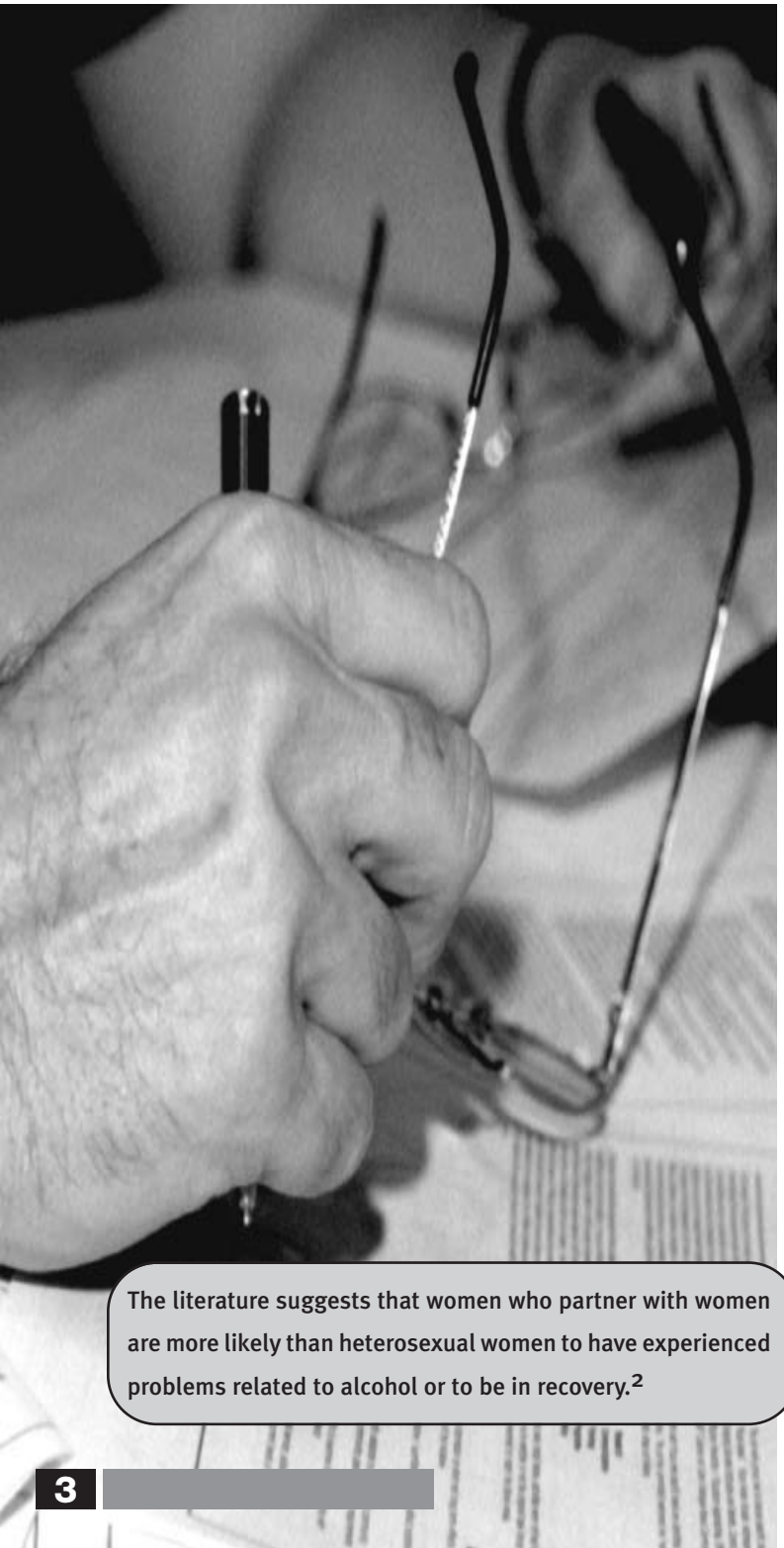
Bill Greaves
Director/Community Liaison
Advisory Council on Lesbian, Gay,
Bisexual and Transgender Issues
Chicago Commission on Human Relations

Greg Harris
Chief of Staff
Alderman Mary Ann Smith
48th Ward
City of Chicago

Alderman Tom Tunney
44th Ward
City of Chicago

An Entire Community Starts to Talk

Our community has started to talk about substance use and abuse, and this publication documents the beginning of our dialogue. The Chicago Department of Public Health's Office of LGBT Health convened a group of concerned lesbian, gay, bisexual and transgender (LGBT) activists, healthcare providers and other supporting organizations to discuss the role of substances in our diverse, multicultural and geographically disparate community. Local and national trends in the use of so-called "club drugs" (e.g., crystal meth or tina, X, K, and G) among LGBT individuals compelled us to acknowledge a serious and growing problem of substance abuse in all segments of our community. We felt that action and openness were necessary to address this growing concern. Over the course of this and subsequent meetings, this group evolved into the Chicago Task Force on LGBT Substance Use and Abuse.



The literature suggests that women who partner with women are more likely than heterosexual women to have experienced problems related to alcohol or to be in recovery.[2]

The Task Force believed that involving representatives from across our diverse community was essential to address this issue successfully. Through intensive outreach the Task Force identified a cross section of the community that mirrored its diversity—including age, gender, cultural identity, ethnicity and geographic location. Involving current substance users and individuals in recovery was also crucial to this effort. Individuals from myriad settings were able to join this unprecedented community-wide discussion, to meet together, to listen to one another and to develop various strategies to address substance use and abuse.

Organizations and professions that were part of this effort included:

- Community-based organizations
- AIDS service organizations
- LGBT physicians
- Psychiatrists
- Psychologists
- Social workers
- Major medical institutions
- Substance-abuse treatment providers
- LGBT club, bar and business owners
- LGBT sports organizations and social clubs
- Bathhouses
- Religious organizations
- Media organizations
- Private foundations
- Federal and State government officials
- City of Chicago officials

All of these individuals were brought together through several community-based public forums that were designed to spark broad dialogue about substances and the LGBT community. The forums focused upon the question:

"What are the elements of a comprehensive public-health approach to substance-abuse issues impacting the LGBT community?"

In answering this question, the assembly identified five key areas of concentration. To get to the heart of each issue, five independent subcommittees were formed, each with a cross section of community members:

Research

This group concentrated on identifying deficiencies and issues relating to research on substance use and abuse within the LGBT community. Some specific topics included identity development, stigma, marginalization, discrimination and homophobia. The committee also addressed a common deficiency in LGBT health studies, namely minimal focus on bisexual and transgender individuals as well as racial and ethnic minorities within the LGBT community.

Public Policy

Recognizing that there are issues of public policy on federal, state, and local levels, this committee examined broad topics in improving substance-related strategies for the LGBT community including community outreach, prevention programs, treatment options, public funding of education and treatment, harm-reduction initiatives, and third-party payment for LGBT-appropriate treatment and interventions. The committee also searched for local examples of programs that have had a positive impact and may be used as models, such as the Managed Care Consumer Ordinance and the legalization of purchase and possession of sterile syringes.

Training

Traditional services often fail to consider the unique needs and circumstances of the LGBT community—or worse, may actually be seen as threatening. This problem, and more specifically training initiatives to address it, was the primary focus of this committee. The committee targeted service delivery (for example, assessment tools that do not recognize LGBT partnerships) and training to address the problems.

Education and Programs

Many substance use and abuse services are available, but there are significant gaps in these services, especially for LGBT persons. This committee explored and addressed LGBT-specfic program needs, such as adult-targeted education and prevention campaigns. It is important to address the current substance user with harm-reduction services at various points on the continuum between prevention and treatment.

Communications

All the research, training and culturally literate programming, reinforced with sound policy and aggressive advocacy, is for naught without effective community engagement. This committee explored communication options, including the Internet and one-on-one peer outreach, to identify the best methods to encourage dialogue.

"It's all planned and picked out, what we're gonna do and how much we're gonna do."

CHRIS

Chris is a 38-year-old gay white male who has lived in Chicago for 11 years. He's been with his partner, Peter, with whom he owns a condo on the north side, for eight years. Chris is a professional, running a small business with an office downtown.

"Peter and I met in New York partying, and it was how we got to know one another. Peter lived out of Chicago, and it was about every two weeks we would get together. He would come here, I would go there, we'd have a long weekend. And we partied every time we got together.

"Even after Peter moved here, we partied quite a bit. Probably every weekend we were doing something—doing some crystal, doing some X, probably some K, something like that. With friends, hanging out, dancing. So we'd stay up one night and most of the next day. We were doing that each weekend.

"Then Peter started school and quit his job, so things changed a lot for us. He was in school full time and couldn't invest that much time partying. We just couldn't afford it financially or timewise. That's when we really slowed down, and partying became more like a special-occasion thing.

"For example, next weekend we're gonna party. I know we'll do some crystal; I know we'll do some X; we'll probably do some G. We'll get a mediocre amount of sleep; we won't eat that much. We're pretty good about planning. We have a quarter of crystal for the whole weekend. We're gonna split it. When we were partying a lot, we'd do much more than that. Now we buy it in advance, and when it's gone, we stop. When we're out and about we don't look for it. It's all planned and picked out, what we're gonna do and how much we're gonna do. We kind of lay the rules out there, so we never get into fights or anything like that when we're high. It makes it easier in a lot of ways.

"Also, when we are partying, we buy nutritional supplement drinks like Ensure® and stick those in the fridge. We have protein bars that put some nutrients in your body. We still take our vitamins. And we drink tons of water. None of us in our circle drink alcohol while we're partying; we all drink water.

"And we talk a lot. We know what each other is doing. When we're out and someone comes up to me and offers a hit of G and I take it, I will tell Peter. If anything were ever to happen, he knows my intake. He knows what was in my pockets, he knows what I said I was gonna do that night.

"I kept a daily journal of my drug use from Memorial Day weekend to Labor Day weekend. It included everything from a bump of tina to a cup of coffee to the Ripped Fuel® I take before my workouts. I have also kept track of the expense associated with my usage.

Here's what I did:

May 24th - June 30th $515.00

1 Viagra, 63 cups of coffee, 3 hits of X,
1/8 gram of tina, 1/4 ounce of marijuana,
8 hits of GHB, 14 alcoholic drinks,
33 beers, 65 Ripped Fuels, 1/4 gram of coke.

July 1st - July 31st $500.00

23 cups of coffee, 4 hits of X,
1/8 gram of tina, 1/4 ounce of marijuana,
17 hits of GHB, 7 alcoholic drinks,
31 beers, 32 Ripped Fuels, 1/4 gram of coke.

August 1st - September 2nd $500.00

40 cups of coffee, 1/8 gram of tina,
2 hits of GHB, 6 alcoholic drinks,
35 beers, 48 Ripped Fuels, 1/2 gram of coke.

Here's what I discovered:

1. I drink a lot more alcohol and coffee than I thought I did.

2. These costs only reflect my usage, not Peter's. I smoke more marijuana than him, but other than that we use about the same amounts. You could roughly double these costs if you add in his partying. Even then it doesn't take into account expenses like air travel, hotels, bar covers, taxis, etc. That's a lot of cash!

3. My friends thought I was crazy to track my usage. 'Well, what are ya nuts?' was a common comment. Another was, 'There are some things you just don't want to know.' I'm glad I did it. I'm glad I know." ■

Crystal Meth—slang:

speed, dyno, glass, ice, shards, rock, cube, fire, crank, powder, sparkle, tina, teena, trish, bianca, lucille, debbie, hank, detergent, crissy, crystal, crystal lite, "pepsi," scooby snax, cri cri, hydro, bitch, drano, tweak, rock, hillbilly crack, nazi dope, redneck heroin, sketch, cookies, coffee, ice cream, blanco, poison, poor man's cocaine, meth, methatrim, methandfriend, lost weekend, speed racer, rocky mountain high, the white house, jet fuel, rocket fuel, zoom, jab, kryptonite, sweetness, cha cha cha, sha bang, boo-yah!

"Life just keeps getting better."

Kristin

Kristin, 30, self-identifies as a "dyke" because "lesbian" feels too rigid. She is Caucasian, lives in Albany Park, and works as an attorney. She has been in recovery from alcohol abuse since age 19.

"I was only six months sober when I went to this young people's conference and I was in this gay meeting where I heard this woman say that she had been trying to f— herself straight. And a huge light bulb went on with me; that was exactly what I had been doing. I was trying this person and that person, constantly searching for something that was gonna make me feel whole. So I was using alcohol, and I was using drugs and I was using sex. I was constantly using the same thing over and over again to try and feel differently, but I didn't feel any different.

"It all combined into creating this real downward spiral. My sex conduct, my depression and my drinking and drug use were all getting much worse, all at the same pace. And when I got sober, within six months I had come out as a dyke. It was very clear to me from then on. I did things much differently than most people do when they come out. I mean, a lot of people get drunk, hook up with somebody, and experiment that way. So I had to experiment completely sober. And I wanted to do that, because I was really committed to my sobriety, but I also didn't want to sleep around. So I went about things very systematically. I got a therapist who was gay and specifically dealt with issues of sexuality. We worked together for almost a year, and I spent that whole time consciously not dating. Just going out, seeing what was out there, and getting to know people. I developed a group of really strong women friends, one of whom is still my best friend today. We went out dancing all the time, and we just kinda hung together and tested the waters.

"Getting sober is just a huge, wonderful gift. And it continues to be. Not to say that I don't have hard times. But I've grown and changed in so many ways, and the people in my life are just such quality people. I'm attracting more quality people, and I'm attracted to more quality people. My relationships are healthier, and life just keeps getting better and better." ■

William

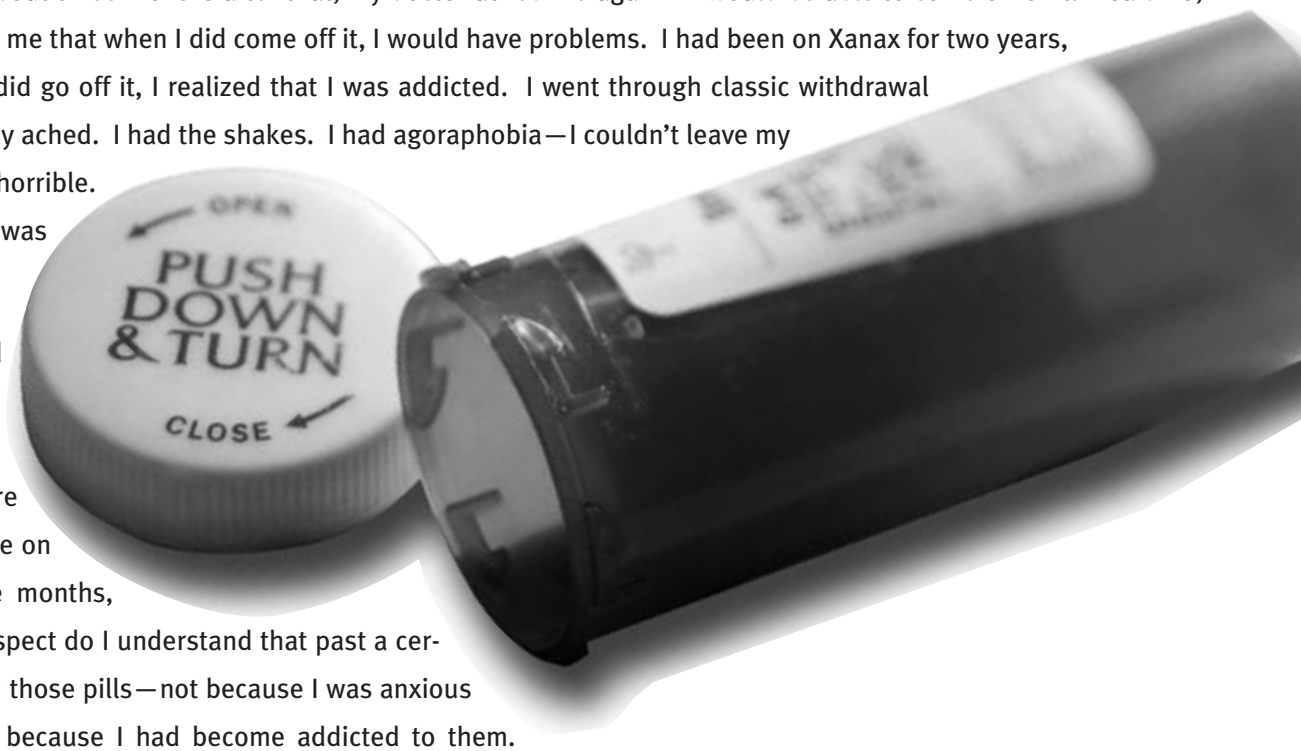
"Xanax went from a tool that helped me to a tool that controlled me."

William is a 54-year-old, single, professional gay man who loves sports and lives in Streeterville.

"I was not clinically depressed, but I met all the criteria for high anxiety. I had been through such enormous changes and losses in one year, everything coming at me at the same time. I lost my mother, my job, my home, my city and my friends—my entire support system. My body couldn't handle it. I fell apart. I needed something to get me to sleep, to calm my body down. My doctors tried different antidepressants. They tried Paxil, they tried Zoloft, and those didn't work.

"Then they gave me Xanax.

"The doctors paired it with Elavil, a tricyclic antidepressant, and there was instant relief. I slept soundly, deeply. I stayed on Xanax for about a year, and then my doctor asked me if I was ready to come off of it. I wasn't. I was afraid I wouldn't sleep without it. About three months after that, my doctor asked me again if I would be able to come off of it. I said no, not yet. He warned me that when I did come off it, I would have problems. I had been on Xanax for two years, and when I finally did go off it, I realized that I was addicted. I went through classic withdrawal symptoms. My body ached. I had the shakes. I had agoraphobia—I couldn't leave my apartment. It was horrible. It was isolating. It was frightening.



"Finally, I went and looked at the literature on Xanax and found that you're only supposed to be on it for two to three months, tops. Only in retrospect do I understand that past a certain point, I needed those pills—not because I was anxious about my life, but because I had become addicted to them. There was a point where the treatment changed, and it wasn't about getting back to my old self. It was about getting myself from pill to pill. Xanax went from a tool that helped me to a tool that controlled me.

"Having gone through this, I think people need to be aware that prescription drugs can be as dangerous and addictive as street drugs. They might not have the same effects, but they can be devastating. Sometimes these drugs are necessary tools, but these tools can trap you. You need to use them with caution and with respect." ■

What We Have Learned So Far

This document is an account of what we've learned so far. It is more about raising questions and continuing a dialogue than providing simple answers and easy solutions. We cannot emphasize this enough. Clearly, nothing is simple or easy. However, the dynamic, far-reaching conversation that we'd like our community to engage in will be a giant step in the right direction.

The task force unanimously agreed that a safe, visible, sustained and supportive dialogue on the topic of substance use and abuse would be the very best thing that could happen.

The beginning of our dialogue has already provided some key understandings and affirmed some important beliefs, including:

- Our community's health and well-being depend on open and honest discussion about substance use and abuse. Only through such frank conversations can we achieve the common ground so essential to addressing these seemingly intractable issues.

- The LGBT community is diverse. It comprises many elements differentiated by race, geography, gender identity, physical appearance, age, health, education, income, profession, and the degree to which one is comfortable with expressing one's sexual orientation or gender identity. All of these perspectives must be part of the dialogue.

LGBT youth who have accepting parents and positive lesbian/gay role models tend to be more comfortable about their sexual orientation, less depressed, less likely to think about or attempt suicide and less likely to abuse alcohol or other drugs.[2]

What We Have Learned So Far

- Substance abuse is a significant problem in the LGBT community.[5] Issues of stigma, homophobia, heterosexism, HIV/AIDS, and lack of alternative social activities contribute to and compound this problem.

- The LGBT community must find common ground on which to define when substance use becomes abuse, to identify its harm to us as individuals and as a community, and to provide appropriate intervention and treatment opportunities to meet our diverse needs.

- Research and data on substance use and abuse in the LGBT community are limited. This confounds attempts to address these issues.

- Services and programs that address the specific needs of the LGBT community are clearly lacking.

- It is important to work with government and community agencies, medical and mental health professionals, religious and philanthropic organizations as well as interested and committed individuals to develop the broad spectrum of education programs, intervention strategies and treatment opportunities needed to address the unique needs of people within the LGBT community.

- It is essential to acknowledge that no one program or technique, no matter how effective, will provide the answer. Instead we need a range of approaches, philosophies and solutions. One size will never fit all.

In a 2001 survey by the Centers for Disease Control and Prevention, 95% of 295 men who had attended circuit parties in the past 12 months said they used at least one illicit drug, such as Ecstasy, ketamine, crystal methamphetamine or GHB.[3]

Among urban men who have sex with men, alcohol use (85%) and recreational drug use (52%) were highly prevalent; not uncommon were frequent drug use (19%), multiple drug use (18%), three or more alcohol-related problems (12%) and heavy-frequent alcohol use (8%).[4]

Where do you fit

My boyfriend and I share needles when we shoot.

My girlfriend and I drink every weekend. Sometimes a little. Sometimes a lot.

I tend to take Viagra whenever I party.

Today a kid at my school offered me some marijuana. At first it freaked me out, but I am kind of curious.

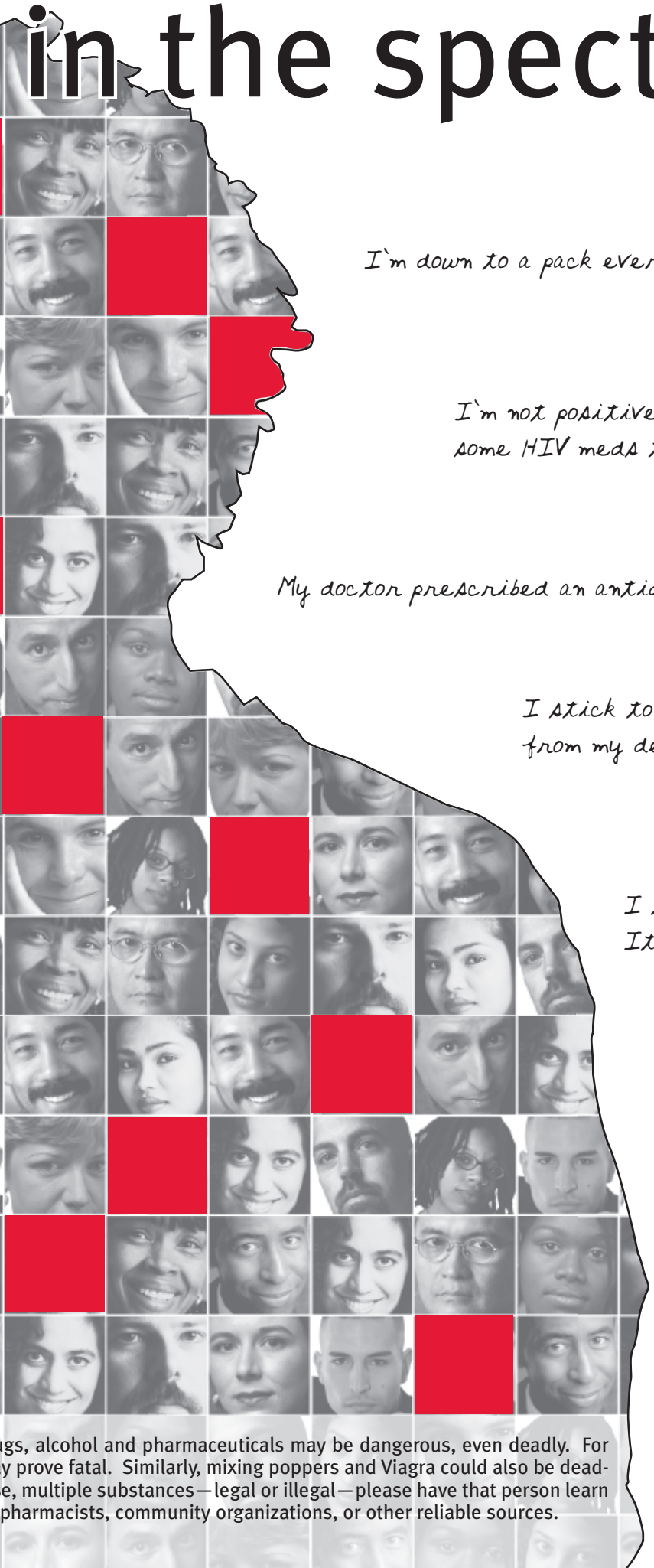
I started to inject steroids because my friends were, and they were getting bigger than me.

I'll do a line of coke now and then, if someone offers it to me.

I used to do poppers on the dance floor. Now it's just at the baths.

WARNING — The interactions between recreational dru
example, combining Ecstasy and protease inhibitors ma
ly. If you know anyone who is using, or is planning to us
about potential interactions from healthcare providers,

in the spectrum?



I'm down to a pack every couple of days or so.

I'm not positive, as far as I know, but I have done some HIV meds that are supposed to boost your rush.

My doctor prescribed an antidepressant called Zoloft for me.

I stick to X and coke when I go out. I buy it from my dealer and then I go to the clubs.

I tried a hit of meth for the first time. It was erotic, and I felt so alive.

A friend turned me on to Vicodin. I love the high.

On special occasions, like Pride and Halloween, we'll do some GHB or something.

ugs, alcohol and pharmaceuticals may be dangerous, even deadly. For
y prove fatal. Similarly, mixing poppers and Viagra could also be dead-
e, multiple substances—legal or illegal—please have that person learn
pharmacists, community organizations, or other reliable sources.

Where Do We Go From Here?

The beginning of our dialogue provided us with a great deal of hope, but it also provided us with the clear need to move forward. Drawing on the conversations, public forums, sub-committees and research, the Task Force identified issues and needs that are key to advancing our goals:

Continue to promote an ongoing dialogue

- Establish an ongoing series of forums to foster public examination and discussion.
- Develop and implement social marketing campaigns to make substance use and recovery safe and common topics of discussion across all facets of our community.
- Continue to share personal stories revealing the complex spectrum of use and abuse.

Examine use and abuse in the LGBT community

- Undertake a comprehensive assessment of substance use and abuse in the LGBT community.
- Include LGBT populations as focus areas in studies of substance use and abuse.
- Promote research that examines root causes, co-factors and contexts of substance use and abuse in the LGBT community.

Expand and improve substance use and abuse services

- Inventory existing programs and services and assess their effectiveness for the LGBT community.
- Make all services more sensitive to the LGBT community, and to issues of use versus abuse, through cultural sensitivity training and other tools.
- Establish standards of care and best practices for service providers.
- Identify and fill gaps in services and programming.

Young men who have sex with men are more likely than straight men to use drugs, including marijuana, cocaine and amphetamines. Of young men in the general population, 37% report using marijuana in the last six months. For young gay men, comparable marijuana usage is 67%. Of young men in the general population, 14% report using cocaine in the last six months; for young gay men, the comparable number is 31%.[5]

Educate the LGBT community about substance use and abuse

- Develop educational tools that help individuals assess their own substance use.
- Provide referral and treatment options for those who feel they have a problem.
- Initiate public education, outreach and social marketing campaigns in partnership with local agencies.
- Develop social settings that promote a safe space where peers can socialize without substance use and abuse.

How Can You Get Involved?

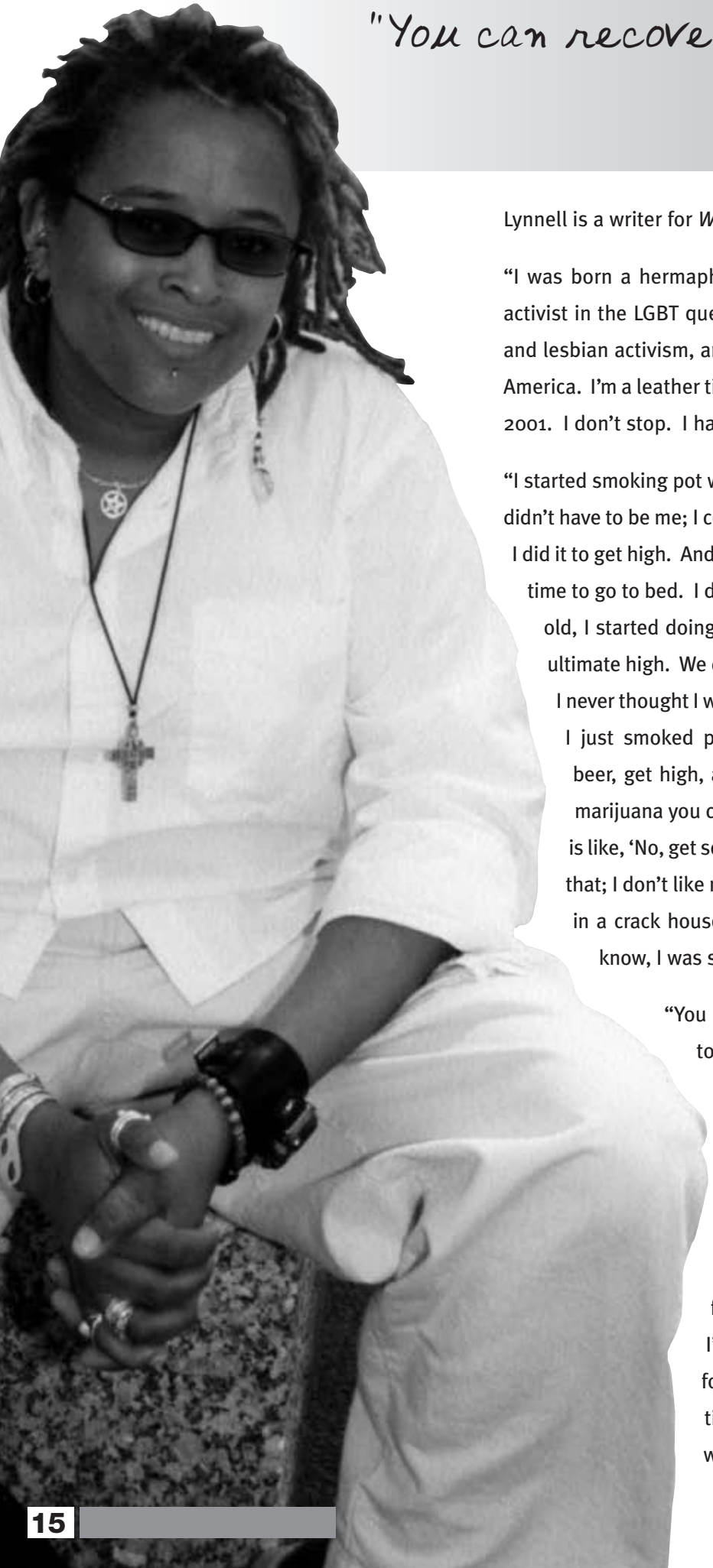
The Office of LGBT Health, part of the Chicago Department of Public Health, will continue to provide a centralized venue for the collection and dissemination of ideas and activities. The Office of LGBT Health will also collaborate with community partners to address citywide goals regarding substance use and abuse in the LGBT community.

In addition, the Office of LGBT Health will convene working groups to expand upon this report's recommendations; establish a clearinghouse for information and resources to encourage citywide and community-wide collaboration; and serve as a resource for community-based organizations working to further this report's recommendations.

We need all members of our community to contribute to our goals, including social service providers, healthcare professionals, community organizations, active substance users and people in recovery.

If you or your organization would like to become involved or participate in the working groups, please contact the Office of LGBT Health at (312) 747-9632 or one of the local resources listed on pages 24 and 25.

In England and Wales, levels of substance use disorders were higher among gay men and lesbians, who reported that they were more likely than their heterosexual counterparts to have used recreational drugs.[6]



"You can recover."

Lynnell

Lynnell is a writer for *Windy City Times* and *Identity*.

"I was born a hermaphrodite. For the past six, seven years, I've been an activist in the LGBT queer community. I started off with trans activism, gay and lesbian activism, and now I volunteer with the Intersex Society of North America. I'm a leather titleholder as well; I was Mid American Leather Woman 2001. I don't stop. I have all this energy.

"I started smoking pot when I was 17 years old. Getting high was an escape; I didn't have to be me; I could be anyone. I didn't smoke marijuana to meditate; I did it to get high. And when I came down, I smoked another joint until it was time to go to bed. I did that for about ten, twelve years, and at 29, 30 years old, I started doing crack. You know, you put some crack on a joint, the ultimate high. We called them primos. I never smoked crack in a pipe, so I never thought I was addicted. I always had my job; I always had my car; I just smoked primos before work, after work, you know. Drink a beer, get high, and go to bed. Crack told me I had to have it. With marijuana you can just smoke a joint and you chill, you mellow. Crack is like, 'No, get some more, get some more, get some more!' I didn't like that; I don't like not having control. I was totally out of it. I was staying in a crack house all the time, smoking primos. I just got tired. You know, I was sick and tired of being sick and tired.

"You can recover. You're not stuck doing drugs. You have to address the core issues: 'I am ashamed I'm gay. I'm black and I'm gay and my family will disown me if I come out as gay, so I'm depressed, I'm sad.' Get out of there—get out of that environment. You may lose some of your friends and family, but you will have your sanity, you will survive. I lost my family. I have five brothers and two sisters I don't hear from today because I call myself a lesbian; because I'm intersex, they can't deal with it. Recovery is the foundation of who I am today. I was getting high all the time trying to die. If I hadn't gotten into recovery, I would not be here. I would be dead." ■

"I'm tired, and I'm only 23.
It's always gonna be a struggle."

Daniel

Daniel, 23, is of mixed racial background and does street outreach with homeless youth and transgender persons. He lives on the north side.

"I consider myself transgender to a certain degree, but I also know that I am still a man. If I were to get breasts and be on hormones, I would still be looked at as a man. And that's why I'm not on hormones now. I have chosen to be versatile. I think I will need to be a lot stronger to go through the change process.

"I've turned $5 dates. I've turned $300, $400 dates. It was always the $300, $400 dates where the man would just want to drink a glass of wine with me and have me sit in a negligee, you know, no sex involved. It was always the times when I'm doing the cheap ones that I need that money, I need that $5, or I wouldn't have a dime to my name.

"A lot of the trans girls that are out here want to improve their bodies, look beautiful. I want to also, and that costs a lot of money. Changing from being a man to being a woman is very hard. A lot of times, prostitution comes along. And to do that, to go out there and strip and have sex for money, you have to be drunk. You probably could do it two or three times sober, but it gets to your head. You start thinking about the moral aspect of it. Getting drunk takes you to a different world, it makes you feel like it's OK. I can smoke an eighth of weed and drink two 40s in a good five hours, and that's a lot, but I'll need that to go out.

"I used to come out here at nine P.M. and stay till six A.M. When I was 18, 19, I was making $1000 a week prostituting. It was scary. My boyfriends would rob me, because without a bank account I'd have $1000 cash in my cupboard. I had a security job where I was making like $13 an hour; I was working at Walgreens overnight making $8 an hour; and I was prostituting. I would take my friends downtown and shop. Just being like little girls, you know, getting lots of makeup from Marshall Field's and blowing money. It was fun.

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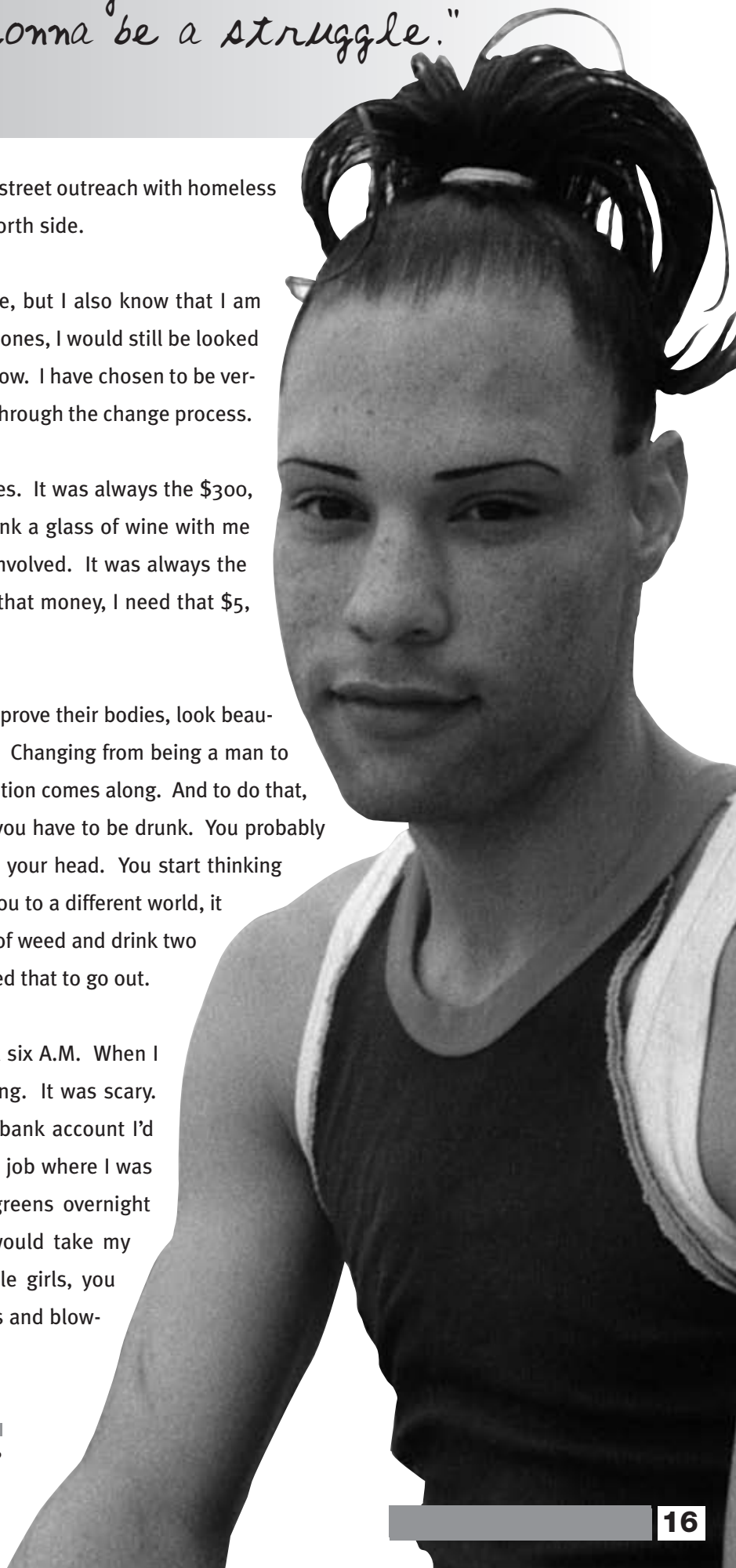
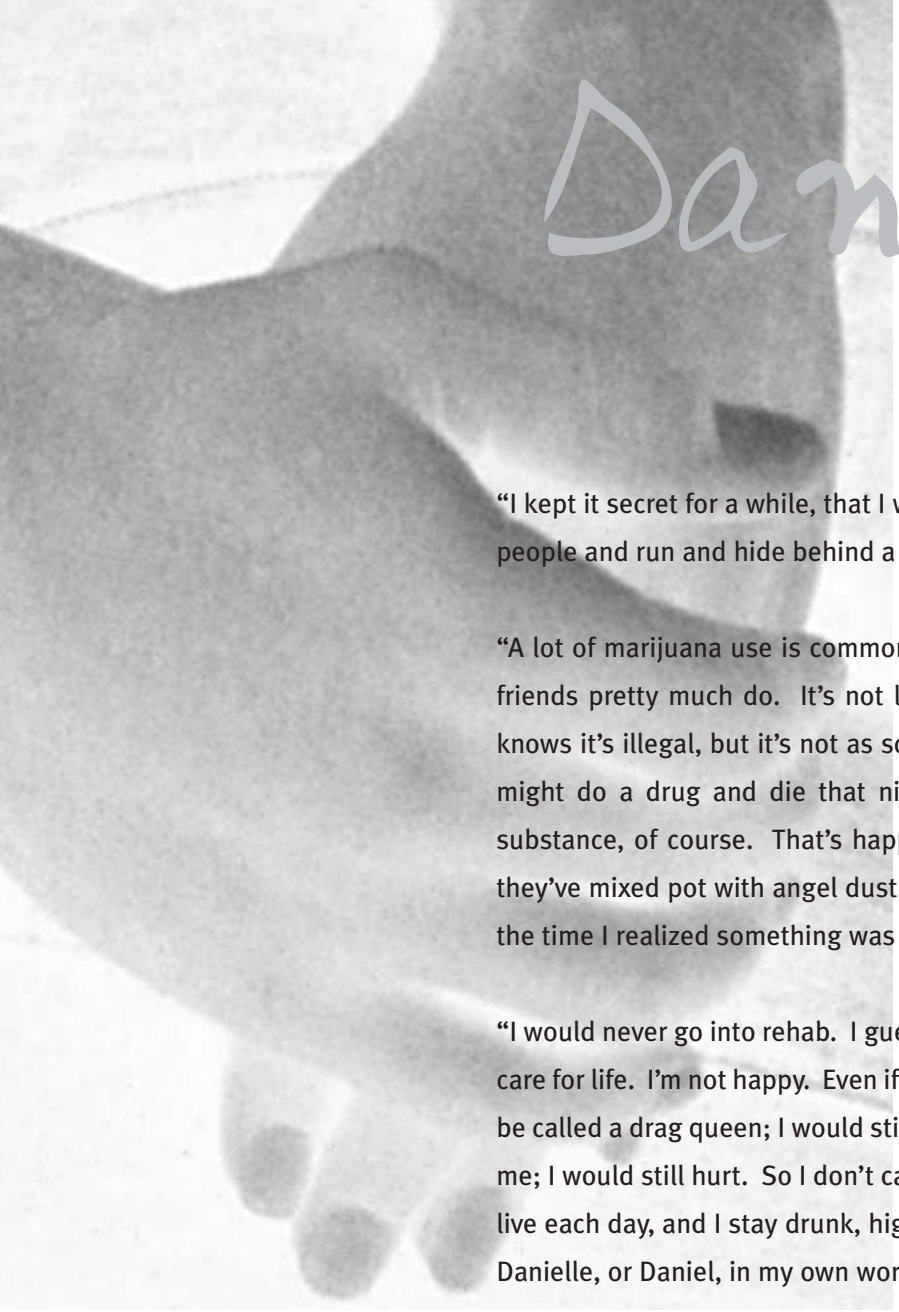




Daniel

"I kept it secret for a while, that I was prostituting. I was ashamed. I would see people and run and hide behind a bush. I didn't want them to see, to know.

"A lot of marijuana use is common. I currently use marijuana every day; all my friends pretty much do. It's not looked upon as being really bad. Everybody knows it's illegal, but it's not as scary as injecting a drug. Or knowing that you might do a drug and die that night. Unless the pot is mixed with another substance, of course. That's happened to me, where I've been on a date and they've mixed pot with angel dust or coke. I'd thought it was just weed, and by the time I realized something was wrong, I'm being raped, beat up.

"I would never go into rehab. I guess I kind of have a wicked death wish. I don't care for life. I'm not happy. Even if I had money I wouldn't be happy. I would still be called a drag queen; I would still get gay-bashed; my boyfriend would still hit me; I would still hurt. So I don't care if I do drugs. I don't care when I die. I just live each day, and I stay drunk, high, because that's my own world, and I can be Danielle, or Daniel, in my own world.

"There are a small number of girls who have jobs downtown, who are accepted every day as women, who were strong enough to get through the prostituting, to get through the abusive relationships, to get through the drugs, and now they're happy. But it is so hard. I have tried. And I'm tired, and I'm only 23. It's always gonna be a struggle." ■

Among a sample of 81 transgender persons in Philadelphia, almost 15% reported injection drug use at some point in their lifetime.[7]

"Only two of you will be sober five years from now." Malinda

Malinda is a 54-year-old black female born and raised on the south side of Chicago, where she still resides. She stands 5′2″ and has worked as a computer programmer for the past 30 years. In her free time, she is a voracious reader.

Growing up, Malinda was always more of a tomboy and played with the boys in her neighborhood until she was 15. She stopped because "they outgrew me," she recalls, "I couldn't play basketball anymore because they were taller. I couldn't play hardball anymore because the guys would throw too fast. So I was just out of sports then. I never fit in with girls. I still don't fit in with women a whole lot; I may hang around the butch types a little bit, but I don't really hang in the lesbian community that much."

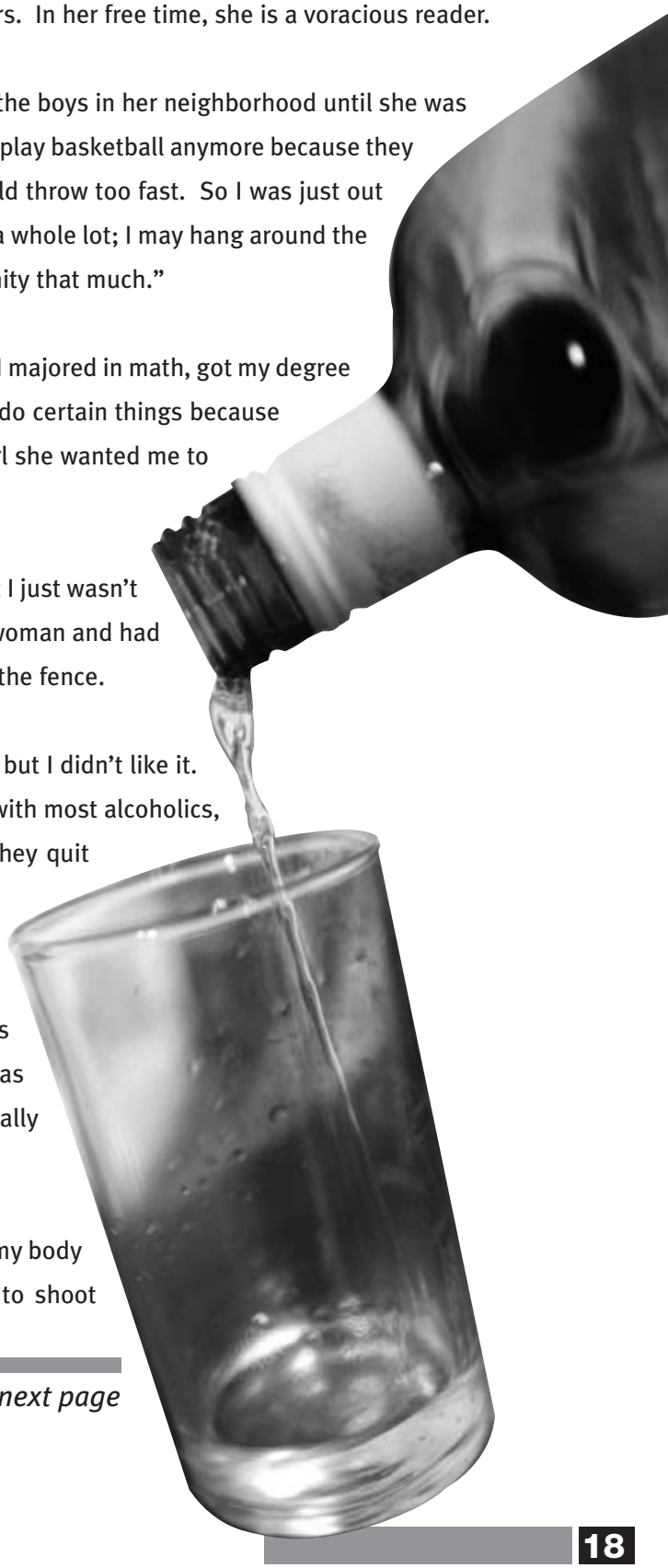
"Girls aren't supposed to be good in math. Of course I ignored that. I majored in math, got my degree from the Illinois Institute of Technology. I never accepted I couldn't do certain things because I was a girl. My mother wasn't thrilled I wasn't the feminine little girl she wanted me to be, but she didn't hold me back.

"I didn't know I was a lesbian till I was 35. It was probably there, but I just wasn't aware. I was married six years; that didn't work out. Once I met a woman and had sex, I said, 'Oh yeah!' This little bell rang... I'm on the wrong side of the fence.

"I am one of those rare things, a pure alcoholic. I did try marijuana, but I didn't like it. I started drinking as a college kid, for fun. It progressed, as it does with most alcoholics, so by the time I was 46, it was time to stop. A lot of people say they quit drinking and drugging to save their lives. Well, I didn't care. I actually wanted to die, and it just wasn't working.

"I'd wake up every morning, still alive, still depressed. My life was going to hell in a hand basket. I wasn't happy with my job. If I was awake, I was drinking. Vodka, cheap vodka. Except when I was actually at my desk, I drank continuously.

"By the time I quit, I weighed 85 pounds. I figured if I kept drinking, my body would eventually shut down and I'd be dead. I was too chicken to shoot



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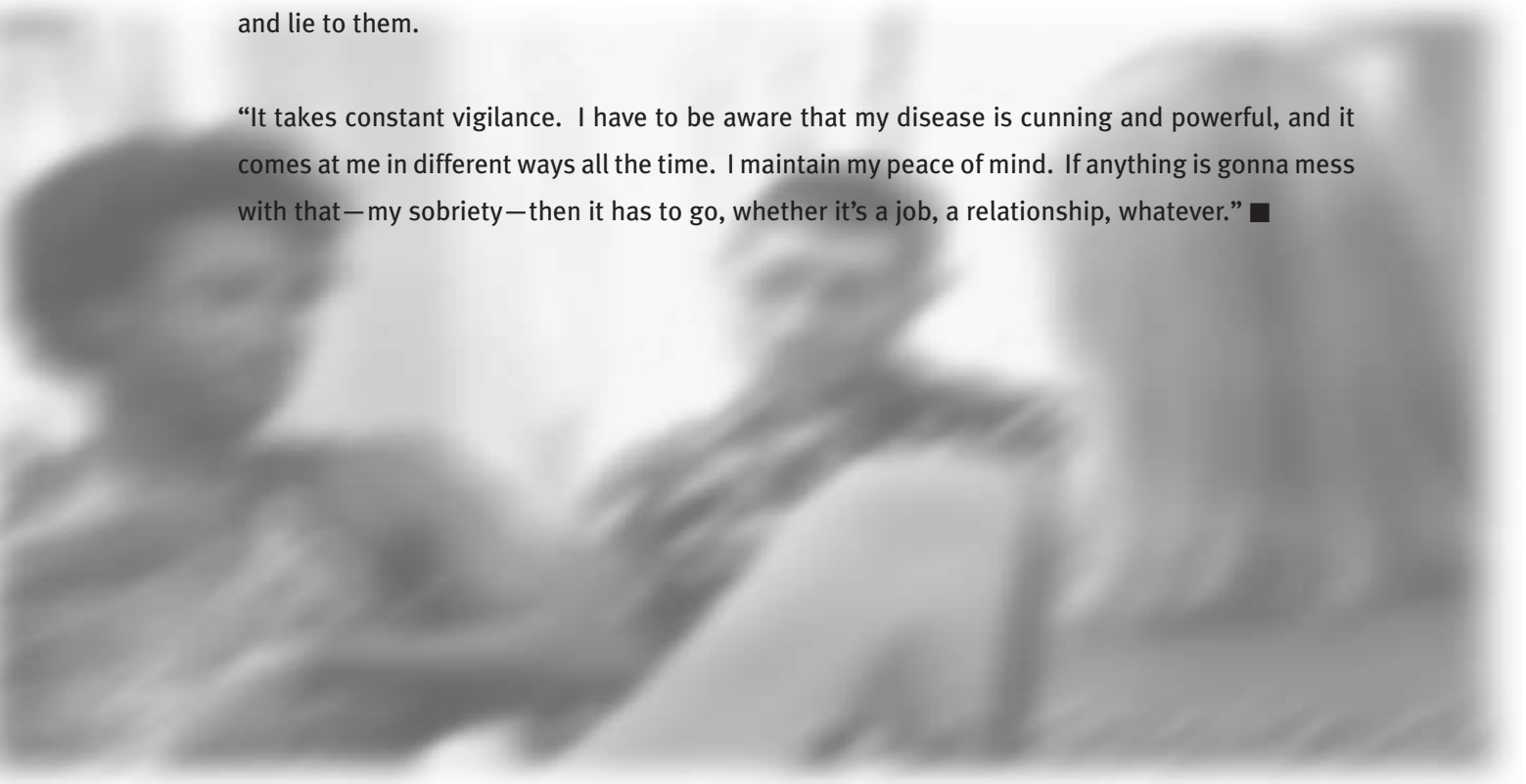
Malinda

myself or anything like that, because I figured I'd mess up, be in the hospital without vodka. When I look back to the time I quit, I probably had about two more months to live."

Malinda thought treatment would at least give her a breather, a break from work, and perhaps once out she'd be able to control her drinking. She hadn't planned to quit; yet now she has been sober for eight years.

"The last day in treatment, something they told me really got me going. There were like 30 people in the group, and they said to us, 'Only two of you will be sober five years from now.' I said, OK, I like a challenge. So part of getting and staying sober was that I was gonna be the one who stayed sober. I don't like being told I'm gonna be a failure.

"I don't miss meetings. People can relapse after 25, 30 years, and they always say they had quit going to meetings. So I go. I can lie to myself. But I can't sit in a room with people who know me and lie to them.



"It takes constant vigilance. I have to be aware that my disease is cunning and powerful, and it comes at me in different ways all the time. I maintain my peace of mind. If anything is gonna mess with that—my sobriety—then it has to go, whether it's a job, a relationship, whatever." ■

What Can You Do?

AS A HEALTHCARE PROFESSIONAL, YOU CAN...

- be informed about the substances commonly used by your patients or clients.
- be aware that the incidence of substance use and abuse is a significant problem in the LGBT community, particularly among young gay men. [5]
- be alert to indications that health problems, injuries or hospitalizations among your LGBT patients or clients may be related to their use of substances.
- understand that not all substance use is problematic. Make it safe and comfortable for your clients or patients to discuss their substance use with you.
- routinely ask your clients or patients about substance use, just as you ask questions regarding other aspects of their health and well-being.
- be familiar with the signs of substance use and abuse, including the newer drugs. If helping people with substance use and abuse is not your area of expertise, develop a list of trusted professionals to whom you can refer your patients or clients.

AS A COMMUNITY ORGANIZATION, YOU CAN...

- be informed about substances commonly used by the groups and clients you serve.
- prominently display information about substance use and helpful services (e.g., prevention, harm reduction, treatment and recovery) in places that are accessible to your clients.
- mention substance use and abuse in all your intakes and client meetings. Make it safe for clients to discuss their questions or concerns.

AS A TEACHER, YOU CAN...

- be informed about substances commonly used by students.
- prominently display age-appropriate educational information about alcohol and other drugs.
- make it safe and comfortable for students to discuss with you their concerns about substance use.
- be aware that the incidence of substance abuse, depression and suicide is generally acknowledged to be higher among LGBT youth than among the general youth population.[5]

AS A CLUB OWNER, BUSINESS OWNER OR EVENT PROMOTER, YOU CAN...

- be informed about substances commonly used among your patrons.
- make awareness of substance abuse important in your organization.
- display information about ways patrons can reduce the harm that substances might cause them (e.g., drug interactions).
- be sure your staff is trained on the protocol to follow if a patron has ingested too much of a substance (e.g., overdose).
- make it clear that the sale and use of illegal substances is not welcome at your club, place of business or event.

What Can You Do?

AS A RELIGIOUS LEADER, YOU CAN...

- be informed about substances commonly used in your neighborhood and among your congregation.
- be supportive and nonjudgmental about issues of substance use and abuse.
- develop a ministry that welcomes both those who suffer from addiction and their loved ones.
- know the signs of substance abuse as you counsel members of your congregation. Make it safe and comfortable for individuals to discuss these issues with you.
- open your facility for use by 12-step and other prevention and recovery programs.

AS AN INDIVIDUAL, YOU CAN...

- examine your own use of substances and how it affects all aspects of your life. Establish your personal level of healthy use, even if it means no use.
- remember that substance use and abuse exist on a continuum. You don't have to be addicted to have issues with alcohol or other drugs.
- think about your partner, friends, family and others you care about. If you think any of them has a problem with alcohol or other drugs, show care, concern and support.

AS A PERSON IN RECOVERY, YOU CAN...

- remember how important it is to carry the message of recovery and to share your story.
- share your experience, strength and hope with your friends and loved ones.
- volunteer with a community organization to assist others in their recovery from substance abuse and addiction.
- always remember that recovery is a process, not an event.

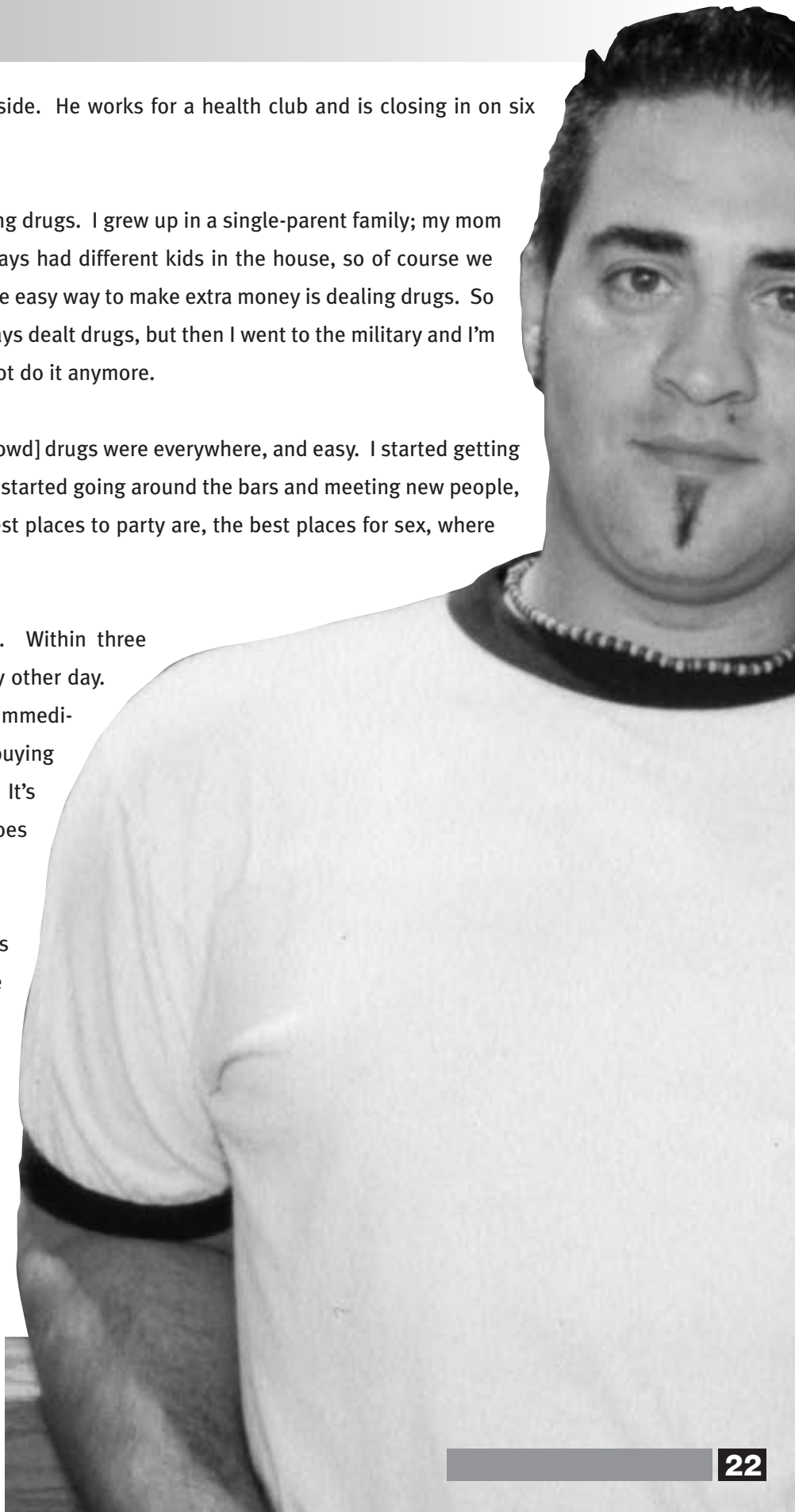
YOU CAN GET INVOLVED...

If you would like to become a part of the Chicago Task Force on LGBT Substance Use and Abuse, help accomplish any of the action steps described in this document, or participate in any of the task force's research, outreach, advocacy or education activities, please call the Office of LGBT Health at (312) 747-9632 or one of the local resources listed on pages 24 and 25.

A 2004 research study shows, as has been shown numerous times before, the intimate relationship between illicit drug use and sexual risk taking among gay and bisexual men.[8]

"I became my best customer."

Edward



Edward is 32, Latino, and lives on the west side. He works for a health club and is closing in on six years clean.

"Growing up, I was always getting high, selling drugs. I grew up in a single-parent family; my mom was on welfare and a foster parent. We always had different kids in the house, so of course we needed extra income. Living in the ghetto, the easy way to make extra money is dealing drugs. So I grew up with that mentality and yeah, I always dealt drugs, but then I went to the military and I'm like, OK, I'm gonna put this behind me and not do it anymore.

"But when I came out [as a gay man, in my crowd] drugs were everywhere, and easy. I started getting high again because it was there. When I first started going around the bars and meeting new people, the first things I learned were—where the best places to party are, the best places for sex, where the drugs are.

"I started off with PCP, weed and cocaine. Within three months I was selling ounces of cocaine every other day. I'd make a good $5000 a week. But I would immediately spend $4500 of it. Right back into buying more drugs, and on stuff you don't need. It's easy money, and as easy as it comes, it goes that easy. You don't care.

"When I first started selling cocaine, I was like, you know what? I'll be able to make money off this because I don't do it. Well, I became my best customer.

"At first it was fun; everyone was like, 'Ed's got the drugs, you hang out with Ed, you don't have to pay for anything all night.' Whoever was with me was definitely gonna get high. Why? Because I didn't want to get high alone; then I would be an addict. I was free, I was out there with gay men, doing

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what I thought were normal things. I did it for three years, and about a year and a half into it, I started seeing myself a lot thinner. I was like, oh, this is fine, I'm finally down to that thin waist size I always wanted. And my mother would ask me what I was doing, and I told her I was doing massage on my own and blah blah blah. And she believed it.

"But after about two years, I was messed up, I wouldn't even have sex, I would rather get high. I was too paranoid. My mind was always racing and it was always on my business. I was on the VIP list for clubs, even a couple of straight ones.

"Everyone wants to be a part of something, anything. No one wants to be alone. A lot of people go to great lengths to be a part. And when it comes down to it, with drugs you're a part of nothing at all.

"When I ended up in jail, all those people who were supposedly my friends—where were they? When I was needing money for legal expenses, where were they? Nowhere. It's such a huge game. The same people who made you, who made you the big drug dealer, are the same people that can take all that away from you. And they will drop you like a bad habit. But at the time you feel like you're connecting with these people, you're bonding, you're one with them. I was having this 'spiritual' thing on the dance floor. I look back at it now, and it wasn't anything spiritual, honey. A lot of people say, 'Oh yeah, I was out there and the music took me to a different level.' You know what? It was the drugs that took you there. And then, next thing you know, you have no one. And that's one of the worst feelings ever.

"I don't even smoke cigarettes anymore. I stopped drinking coffee. You know, I wouldn't be able to have the relationship I have if I was high. He doesn't do any substances, he doesn't party; it's just great. We stay home together, spend the night or the weekend together and enjoy ourselves without any substances, without having to go to a club. There are so many other things in life we enjoy together, it's just amazing. I love it. I love being sober.

"When I first started getting clean and I was ashamed, my closest friend said, 'When you were out there using, you weren't ashamed to let people see what a mess you were. Why should you be ashamed to let people see you're cleaning up your mess?'

"That's what keeps me going." ■

Resources

LOCAL SUBSTANCE USE/ABUSE RESOURCES

For more information on local LGBT-sensitive providers, call the Chicago Department of Public Health.

Licensed Substance-Abuse Treatment Programs

- **Chicago Department of Public Health – Substance Abuse Policy and Programs**
  Phone: (312) 747-9823
- **Community Counseling Centers of Chicago: Recovery Point**
  Phone: (773) 305-1101
- **Haymarket Center**
  Web: http://www.hcenter.org
  Phone: (312) 226-7984; (312) 226-4357
- **Howard Brown Health Center**
  Web: http://www.howardbrown.org
  Phone: (773) 388-1600
- **VALEO at Chicago Lakeshore Hospital**
  Phone: (800) 888-0560
- **West Side Central Intake: Caritas – Central Intake**
  Phone: (312) 850-9411

12-Step and Recovery Programs

- **Alcoholics Anonymous**
  Web: http://www.chicagoaa.org
  Phone: (312) 346-1475
- **Gay Alcoholics Anonymous Meetings in Chicago**
  Web: http://www.dickeb.net/aa/
- **New Town Alano Club**
  Phone: (773) 529-0321

NATIONAL SUBSTANCE USE/ABUSE RESOURCES

- **Harm Reduction Coalition**
  Web: http://www.harmreduction.org
- **National Association of Lesbian and Gay Addiction Professionals**
  Web: http://www.nalgap.org
- **Center for Substance Abuse Prevention (SAMHSA-CSAP)**
  Web: http://www.prevention.samhsa.gov
- **Center for Substance Abuse Treatment (SAMHSA-CSAT)**
  Web: http://www.csat.samhsa.gov
- **A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals (from SAMHSA-CSAT)**
  Web: http://media.shs.net/prevline/pdfs/BKD392/index.pdf
- **National Clearinghouse for Alcohol and Drug Information**
  Web: http://www.health.org
- **Illinois Attorney General's MethNet**
  Web: http://www.ag.state.il.us/methnet/
- **Al-Anon Family Groups**
  Web: http://www.al-anon.alateen.org
  Phone: (888) 425-2666
- **Alcoholics Anonymous**
  Web: http://www.aa.org
  Phone: (800) ALCOHOL
- **Narcotics Anonymous**
  Web: http://www.na.org
  Phone: (818) 773-9999
- **Cocaine Anonymous**
  Web: http://www.ca.org
  http://www.illinoisca.org
  Phone: (773) 202-8898

- **Marijuana Anonymous**
  Web: http://www.marijuana-anonymous.org
  Phone: (800) 766-6779
- **Crystal Meth Anonymous**
  Web: http://www.crystalmeth.org
- **ClubDrugs.org – a service of the National Institute on Drug Abuse**
  Web: http://www.clubdrugs.org

LOCAL LGBT RESOURCES

For more information on local LGBT resources, call any of the organizatons below.

- **Center on Halsted**
  Web: http://www.centeronhalsted.org
  Phone: (773) 472-6469
- **Chicago Commission on Human Relations' Advisory Council on Lesbian, Gay, Bisexual and Transgender Issues**
  Phone: (312) 744-7911
- **Chicago Department of Public Health Office of LGBT Health**
  E-mail: olgh@cdph.org
  Phone: (312) 747-9632

NATIONAL LGBT RESOURCES

- **Queer America – Database of National LGBT resources**
  Web: http://www.queeramerica.com
- **Gay and Lesbian Medical Association**
  Web: http://www.glma.org
- **Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health**
  Web: http://www.glma.org/policy/hp2010/index.shtml
- **GayHealth**
  Web: http://www.gayhealth.com
- **National Coalition for LGBT Health**
  Web: http://www.lgbthealth.net
  E-mail: coalition@lgbthealth.net
- **Trans-Health.com**
  Web: http://www.trans-health.com
  E-mail: info@trans-health.com
- **TransGenderCare**
  Web: http://www.transgendercare.com
- **Bisexual Resource Center (Boston)**
  Web: http://www.biresource.org/health
  Email: brc@biresource.org
- **PFLAG – Parents, Families and Friends of Lesbians and Gays**
  Web: http://www.pflag.org

Footnotes

1. *American Journal of Public Health,* (2002) 92, 198–202.
2. *The Journal of Primary Prevention,* (2002) 22, 263–298.
3. *American Journal of Public Health,* (2001) 91, 953–958.
4. *Addiction,* (2001) 96, 1589–1601.
5. *American Journal of Public Health,* (2003) 93, 1915–1921.
6. M. King, E. McKeown, *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales* (Mind [National Association for Mental Health], London, 2003; http://www.mind.org.uk/NR/rdonlyres/BE2B6318-2C0E-4771-86BE-F020D27ED0D0/1044/SummaryfindingsofLGBreport.pdf, accessed 21 February 2005).
7. *AIDS Care,* (2002) 14, 127–134.
8. *AIDS Education and Prevention,* (2004) 16, 448–458.

Definitions

The following are commonly accepted meanings of these terms:

Addiction is the mental or physical state of a person who reaches a point where he or she must have a specific substance, although the social or health consequences are clearly negative (damage to internal organs, loss of relationships, employment, housing, etc.).

Brief Intervention is designed to be conducted by health professionals who may or may not specialize in the treatment of addiction and is generally restricted to four or fewer sessions, each session lasting from a few minutes to an hour. It is most often used with drinkers who are not yet dependent on alcohol, and its goal may be moderation in consumption rather than total abstinence.

Chemical Dependence presumes an unusual tolerance of a particular substance and consumption of that substance in larger amounts than intended, or to avoid withdrawal symptoms—in other words, persistent use despite negative social, occupational, psychological, or physical consequences.

Detoxification is a treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances. Detoxification can take place in a social setting or under medical supervision, and it is often used as a first step in overcoming physiological or psychological addiction.

Harm Reduction is a set of practical strategies designed to meet drug users "where they are" to help lessen the harmful effects associated with their drug use.

Recovery is the process of overcoming physical and psychological dependence on a substance, usually alcohol or a psychoactive drug, with a commitment to a substance-free life.

Relapse is the resumed use of a substance after its consumption has been determined to be abusive and after efforts have been made to curtail consumption. Examples of such efforts are detoxification and treatment.

Screening refers to a brief procedure used by healthcare professionals to determine the probability of the presence of substance use; assess the degree to which the substance use is a problem; substantiate reason for concern; and identify the need for further evaluation.

Substance is anything consumed by an individual that may be harmful under certain circumstances. In the context of this report, substances are considered to be drugs, both legal and illegal; alcohol; and tobacco.

Substance Abuse is a pattern of continual substance use causing adverse results. It presumes recurrent use over an extended period (12 months according to the medical community) despite failure to meet obligations, negative social and interpersonal consequences, physically hazardous situations, or legal problems.

Substance Use refers to the consumption of alcohol, drugs or any other substance by a social or medical user. The user may experience no apparent problems associated with his or her substance use, namely: no negative consequences; no apparent health issues; no surprises or unpredictability; no loss of control; no complaints. The substance user often sets limits on his or her use and follows them.

Treatment helps a person deal with the uncomfortable and possibly life-threatening symptoms associated with withdrawal from an addictive substance (see detoxification), helps a person deal with the social effects that substance abuse has had on his or her life, and includes defenses to prevent relapse.

Individual names may have been changed to ensure anonymity and to ensure open dialogue.

ABUSE?

Steering Committee for
the Chicago Task Force
on LGBT Substance Use and Abuse

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