

***INVISIBLE CALIFORNIANS:***

***Lesbian, Gay, Bisexual, Transgender***

***Substance Abuse Clients***

***and***

***Their access to prevention, treatment, and***

***recovery support services in the State***

**A Report to the Director, CA Department of  
Alcohol and Drug Programs**

from the Department's

Lesbian, Gay, Bisexual and Transgender  
Constituent Committee

**MAY 2004**

**California Department of Alcohol and Drug Programs  
Lesbian, Gay, Bisexual, and Transgender  
Constituent Committee**

**Purpose:**

The Lesbian, Gay, Bisexual, and Transgender Constituent Committee was established to advise and assist the Director and Executive Staff of the California Department of Alcohol and Drug Programs (ADP) in matters concerning alcohol and other drug abuse, prevention, and services. The purpose of the committee is to improve and expand alcohol and drug services for the lesbian, gay, bisexual, and transgender populations in California.

*CA ADP LGBT Constituent Committee By-Laws, 2003*

This Position Paper reflects the combined efforts of the Committee:

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**A note about the title:** Lesbian, gay men, and transgender individuals have gained visibility in recent years. Some bisexual women and men have so identified themselves in public forums as well. However, many LGBT people remain hidden. Even among those who are "out" in other areas of their lives, many are still inclined to be closeted when they enter the healthcare system. Anecdotally, many LGBT people with alcohol and drug problems have failed to benefit from existing programs and services either because they perceived that LGBT issues are not welcomed or addressed in the majority of alcohol and drug programs, or because a negative word or action relating to their LGBT status made clear that their safety depended on secrecy. Consequently, many, perhaps most agencies and programs do not "see" the LGBT clients they now serve, these "invisible Californians."

***INVISIBLE CALIFORNIANS:  
Lesbian, Gay, Bisexual, Transgender Substance Abuse Clients***

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## ***Introduction***

The California Alcohol & Drug Department's LGBT Constituents Committee has developed this report and the recommendations herein in order to:

- I. Provide the ADP Director, ADP staff, and the Director's Advisory Council (DAC) and others with an **overview** of the needs of LGBT individuals for alcohol, tobacco, and other drug education, prevention, intervention, treatment, and recovery support services;
- II. Report **progress** in improving LGBT access to ATOD services in California since the Committee's inception and the subsequent establishment of a technical assistance contract to promote LGBT cultural competence in the delivery of ATOD services;
- III. Highlight the **continuing gap** between LGBT-appropriate, accessible ATOD services in the State and the unmet need for such services among California's large and increasing, but often hidden, LGBT population;
- IV. Identify such **community resources** specific to the needs of LGBT people with ATOD problems as are available to Californians, and some important national resources, as well; and
- V. Improve the **cultural competence** of all California ATOD programs and services for serving LGBT individuals in their client populations. Recommendations intended to promote such minimal cultural competence are included in the hope that ADP and County Administrators will encourage adoption of these concepts among programs and services under their direction.
- VI. Emphasize the **interface of substance abuse and other serious health and social** challenges facing LGBT Californians, including but not limited to, crime and violence, domestic violence, homelessness, school drop-out, unemployment, cancer and heart disease, sexually-transmitted disease.
- VII. Increase attention to the **intersection of LGBT alcohol, tobacco, and other drug use and the HIV/AIDS** epidemic as a major public health issue across the State, where gay men remain the largest group of AIDS cases despite demographic changes in the disease elsewhere in the U.S.

Our **Recommendations** to CA ADP are included, and several attachments.

## Executive Summary

Lesbian, gay, bisexual, and transgender (LGBT) individuals use alcohol, tobacco, and other drugs differently than do their peers in the general population. Social rejection and oppression and internalized negative feelings about their LGBT identities, along with the prominence of bars and clubs as safe centers for socialization, and alcohol and tobacco marketing targeting this population increase LGBT risks for substance abuse. Early estimates of significantly higher rates of alcoholism/addiction in this population have not been confirmed by more recent studies. However, these studies have found that LGBTs are more likely to smoke cigarettes, less likely to abstain from alcohol, more likely to drink heavily and to do so later into life, more likely to use other drugs, and more likely to report problems relating to their drinking and drug taking than others.

Although many LGBT Californians have benefited from prevention, treatment, and recovery programs designed for the general population, many others have not. Some have received services only by concealing their LGBT identities. Among those whose LGBT identities were revealed or suspected many have reported discriminatory and abusive practices by service providers and/or other clients. Fear of such experiences discourages other LGBTs from participating in ATOD programs and services in the first place, particularly in the absence of any indication that they will be welcomed and respected. The very few LGBT-identified programs that exist do not begin to meet the needs for services, even for those LGBT Californians who prefer segregated services. The majority depend, by necessity and often by choice, on mainstream services. However, many of these have little or no competency in working with LGBT individuals and their culture.

California's LGBT Community Centers have not yet developed capacity for responding to LGBT requests for ATOD prevention, treatment, or recovery programs. Of those County Alcohol and Drug Program administrators who responded to a 2003 survey, few new how to refer requests for services for LGBT individuals. Despite progress in the State lead by this Committee, the CA ADP Technical Assistance contract to increased LGBT access to existing services, and some landmark community-based programs, the prospects of an LGBT California receiving adequate and appropriate prevention, treatment, and recovery support services are only slightly better than they were a decade earlier. Meanwhile, AIDS remains primarily a gay male epidemic in the State, even as the demographics of HIV infection have changed elsewhere, with substance abuse a significant contributing factor.

There are actions ADP, the County administrators, LGBT and HIV/AIDS organizations, and communities can take to improve opportunities for LGBT Californians to receive appropriate, quality prevention, treatment and recovery services. The Recommendations section of this paper proposes several of these.

## **An Overview of the needs of LGBT's**

In 2002, the National Association of Lesbian & Gay Addiction Professionals (NALGAP) published the article reproduced below on its website, [nalgap.org](http://nalgap.org), to summarize the current state of knowledge regarding alcohol, tobacco, and other drug problems among members of American's lesbian, gay, bisexual and transgender communities. The California Alcohol & Drug Department's LGBT Constituent Committee acknowledges NALGAP's contributions and supports the contents of this summary. However, the Committee also notes, in the words of one of the early drafts of California's 1995 manual *Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community*: "Sexual behavior acquires labels only within a cultural context." We respect those Californians who do not identify themselves with "LGBT culture," whatever their sexual choices, practices or gender identity may be.

In this regard, the Committee is also mindful that the number of people who may be sexually or romantically attracted to both women and men is presumed to be much greater than the very few who have been willing to self-identify as "bisexual" in a society that does not respect bisexual identity. Some bisexuals consider themselves members of the LGBT community, others do not.

The term "transgender" has come to be applied to a complex range of decisions some individuals make regarding gender, gender presentation, and/or their roles as sexual beings. Some among them seek to live and be treated as heterosexual men and women and do not regard themselves as "transgender" or identify with any of what the LGBT labels signify.

These caveats become increasingly significant in attempts to quantify alcohol, tobacco, and other drug problems among LGBT individuals and to identify programs and services appropriate to their needs. While research into the lives and health-related practices of lesbians and gay men is woefully lacking, hardly any has yet been done regarding bisexual and transgender people. And programs and services said to be "LGBT-friendly," may actually have little or no competence in serving transgender or bisexual clients.

Readers of this document will also be helped in their understanding of the issues this Committee addresses by considering that youth – generally meaning adolescents in this paper – is another "cultural context," in which the labels we use may be inappropriate, ambiguous, or even meaningless. Some of today's 'coming out youth,' have embraced "queer," a word that carried very negative meanings for earlier generations and is still not universally accepted among LGBT people.

Finally, the Committee acknowledges that "Intersex" is an additional label sometimes linked with LGBT concerns in recent years, generally referring to those individuals whose anatomical gender at birth was ambivalent. According to advocates for the Intersex movement, the gender of most of these individuals was determined surgically soon after birth, often without the knowledge or agreement of the infant's parents and with little consideration for how this surgery might effect their lives. Some Intersex people identify with LGBT political and cultural life, others do not. The Committee is respectful of these choices and hopes that some of its work is of benefit to Intersex people, but cannot claim expertise regarding their needs or their alcohol, tobacco, and other drug experiences.

There are other words and phrases in this document and in the literature on LGBT health that may not be familiar to some readers. A detailed glossary is provided as *Attachment A*.

Herewith, NALGAP's summary:

### **ALCOHOL, TOBACCO & OTHER DRUG PROBLEMS & LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) INDIVIDUALS**

Reliable information about the size of the LGBT population is not available for a number of reasons: lack of research, fear of LGBT people to self-identify, variances in the acceptance of the LGBT labels. This also makes it difficult to determine the extent of LGBT substance abuse problems. But available studies indicate that LGBT people are more likely to use alcohol, tobacco and other drugs than the general population, are less likely to abstain, report higher rates of substance abuse problems, and are more likely to continue heavy drinking into later life.

LGBT's use alcohol, tobacco and other drugs for the same reasons as others, but their likelihood for doing so is heightened by personal and cultural stresses resulting from anti-gay bias. Reliance on bars for socialization, stress caused by discrimination, and targeted advertising by tobacco and alcohol businesses in gay and lesbian publications are all believed to contribute to increased pressures on LGBT individuals to engage in substance abuse. Education, prevention, intervention and treatment efforts for LGBT's are further complicated by the LGBT community's dependence upon alcohol and tobacco funding sources to support basic community services and cultural activities. Annual "gay pride" events, for example, are frequently sponsored by these businesses, as are a great many HIV/AIDS organizations and AIDS awareness-raising projects in which members of this culture are likely to participate.

"Homophobia" was coined in 1972 to describe fear and loathing of LGBT people by others. Internalized homophobia is a form of self-limiting, self-loathing— an important concept to understand in developing substance abuse services for this population. Anti-gay bias also results in frequent hate crimes aimed at LGBT youths, adding further to the stress of homophobia and heterosexism (an assumption that heterosexuality is the referred norm for everyone.) Since the early 1980s "AIDS-phobia"—from both the outside world and as another form of internalized negative self-perception— causes added stress for many LGBT individuals.

*Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community* (published in 1995 for "Alive With Pleasure," a SAMHSA/CSAP-funded conference on the topic) lists five substance abuse-specific risk factors for LGBT adolescents:

- Sense of self as worthless or bad.
- Lack of connectedness to supportive adults and peers.
- Lack of alternative ways to view "differentness"
- Lack of access to role models.
- Lack of opportunities to socialize with other gays/lesbians except bars.
- The risk of contracting HIV.

Recommendations for prevention strategies specific to LGBT individuals and communities include:

- Public education and policy advocacy aimed at eliminating heterosexism and homophobia.
- LGBT cultural competency training for community-based agencies, programs and services, including those focused on substance abuse (e.g., police, health and social services, education, faith community, families, and foster care).
- Safer, alternative venues for LGBT youth and those in the process of forming their sexual identities to “come out.”

Like other communities, the LGBT community is typified by its own history, customs, values, and social and behavioral norms. It has clearly identified festivals, holidays, rituals, symbols, heroes, language, art, music, and literature. Effective substance abuse prevention, intervention, treatment, and recovery must both reflect and mobilize LGBT culture. Prevention and treatment that are not affirming of LGBT people are not only non-productive, they may increase problems.

#### *References*

*National Association of Lesbian & Gay Addiction Professionals (NALGAP)*

[www.nalgap.org](http://www.nalgap.org) - see homepage link to NALGAP Prevention Policy Statement & Guidelines ([http://www.nalgap.org/NALGAP\\_94\\_Prev\\_Policy\\_Guidelines.pdf](http://www.nalgap.org/NALGAP_94_Prev_Policy_Guidelines.pdf))

*NCADI's PREVLINe Celebrating LGBT Pride & Diversity Section:*

[www.ncadi.samhsa.gov/features/lgbt/index.htm](http://www.ncadi.samhsa.gov/features/lgbt/index.htm) (or select “Lesbian, Gay, Bisexual, Transgender from the Audience menu at [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov))

*CSAP Substance Abuse Resource Guide: Lesbian, Gay, Bisexual and Transgender Populations* (rev. 2000, SAMHSA/CSAP) MS489:

<http://www.health.org/referrals/resguides.asp?InvNum=MS489>

*A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender Individuals* (2001, SAMHSA/CSAT) BKD392:

<http://www.health.org/govpubs/BKD392/index.pdf>

*Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health* (2001, Gay and Lesbian Medical Association):

<http://www.glma.org/policy/hp2010/index.html>

*Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community* (available in printed form only from PRTA [[www.pртаonline.org](http://www.pртаonline.org)])

*CSAP Cultural Competence Series #4: Cultural Competence for Social Workers Chapter 6: Gay and Lesbian Persons* 1995, BKD189

## Progress in meeting the needs for ATOD programs and services of LGBT Californians

California has led the nation in identifying ATOD problems among LGBT individuals and communities and in providing appropriate and culturally competence programs and services. Indeed, the first attempt to determine the extent of alcohol problems in a gay population was undertaken in 1975 in Los Angeles County. Titled *On My Way to Nowhere: Alienated, Isolated, Drunk: An Analysis of Gay Alcohol Abuse and An Evaluation of Alcoholism Rehabilitation Services for the Los Angeles Gay Community*. The project was “made possible by Public Monies from Hughes Funds through Contract #25125 with Central Health Region, County of Los Angeles,” under the auspices of what was then known as The Gay Community Services Center (of Los Angeles, now the Gay & Lesbian Center-Los Angeles.)

**1992 CA ADP LGBT Constituent Committee** The LGBT Committee was established in 1992 to advise and assist the California Department of Alcohol and Drug Programs (ADP). The purpose of the LGBT Committee is to improve and expand alcohol and drug prevention and treatment services for the LGBT populations in California. Since 1992, the LGBT Committee has achieved the following:

- Successfully lobbied to have Gay/Lesbian identified-or-friendly substance abuse services identified in the State ADP publication, **Treatment Works!**, a resource directory for all funded substance-abuse treatment programs in the state of California.
- Conducted a total of seven state-wide Town Hall meetings to assess prevention and treatment needs for the LGBT population, and published the results in a handbook.
- Developed a position paper outlining LGBT prevention and treatment issues, which resulted in technical assistance funding to implement education and training for community organizations and programs. This technical assistance contract is funded through Progressive Research and Training for Action (PRTA).
- Introduced an issue referral to State ADP to call together a constituent committee summit in order to gather representatives of all underserved high-risk populations and create a platform outlining prevention and treatment program and funding needs. The following constituent committees were to be involved: Gay/Lesbian/Bisexual/Transgender, African-American, Latin, Native American, Asian/Pacific Islander, Women, Disability, Aging. The referral was unanimously approved by the director’s advisory Council and planning for the summit was begun.

**1991 The Stepping Stone Prevention Program, San Diego**, a county-wide effort to apply environmental prevention strategies to the alcohol problems of the county’s lesbian and gay community, supported by contract funds from the San Diego County Alcohol and Drug Services Department of Health Services. The Stepping Stone project was one of the first in the nation to

conduct a community needs assessment specific to LGBT community culture and AOD problems.

**1992 Research Symposium on Alcohol and Other Drug Problem Prevention Among Lesbians and Gay Men**, organized by the EMT Group, Inc., “as part of a contract to the California State Department of Alcohol and Drug Programs (DADP).”

The Symposium was held concurrently with the 14<sup>th</sup> National Lesbian and Gay Health Conference, 10<sup>th</sup> Annual AIDS/HIV Forum, sponsored by the National Lesbian and Gay Health Foundation and the George Washington University Medical Center. Proceedings of the Symposium were published by EMT in October 1992 and provided what was, in fact, a state-of-knowledge report on U.S. research into alcohol and other drug problems among lesbians and gay men.

**1994 LGBT Constituent Committee “Position Paper in Support of A Request for Proposals for a Gay/Lesbian Technical Assistance Contract.**

**1995 CA ADP Technical Assistance Contract to increase LGBT access to AOD Services in California**, to PRTA (originally Progressive Research and Training Alliance, now Progressive Research and Training for Action).

**1996 Alive With Pleasure: Prevention of Tobacco and Alcohol Problems in the Lesbian, Gay, Bisexual and Transgender Communities.** Co-organized by PRTA and the Coalition of Lavender Americans on Smoking and Health (CLASH), this October 3-4, 1996 conference at The Clarion Hotel, SFO, Millbrae, CA brought together policy makers, researchers, community leaders, advocates, prevention and treatment programs, and constituents for state-of-the-art presentations and recommendations for California’s LGBT population. The conference was supported by a grant from the U.S. Center for Substance Abuse Prevention. Through an agreement between organizers and CA ADP, a manual, *Prevention Alcohol and Other Drug Problems in the Lesbian and Gay Community*, by Jill Kelly, LCSW under contract with The EMT Group Inc., was published and provided to conference participants.

**1996-97 Town Halls organized by the CA ADP LGBT Constituent Committee and PRTA in San Diego, Riverside, Sacramento, and Fresno** to obtain feedback from LGBT Californians regarding their needs for substance abuse services, to raise their awareness about ATOD problems as a serious public health issue within LGBT culture, and to increase visibility for the Technical Assistance contract operated by PRTA.

**1997 Community Prevention Council**, a joint project of the Los Angeles Gay & Lesbian Center and the Alcoholism Center for Women, under contract with LA-ADPA. On March 12, 1997, the CPC was formally presented to the LA County LGBT community in an all day Town Hall Meeting, held in Fiesta Hall, Plummer Park, in West Hollywood.

Since 1997, the CPC – a county-wide coalition of individuals, agencies, programs and organizations concerned with LGBT substance abuse issues – has sponsored a number of highly-

visible and successful events, including ATOD-free activities for youth, Oasis of Pride ATOD-free booths at annual gay pride festivals, awareness events and policy initiatives.

**2000 Ventura County LGBT Coalition** began surveying the Youth Empowerment Program and gathered data about risk areas, drug use trends, HIV/AIDS awareness and exposure. (A final report is expected in 2004).

Since March 2003 the LGBT Coalition has sponsored alcohol free dances that have been very successful. In 2004 they celebrate their 2<sup>nd</sup> year.

In August of 2003 The LGBT Coalition presented their success, in the area of gathering statistical data at Pride By The Sea in Ventura with anonymous breathalyzer testing, at the California Prevention Summit. The final report is due to be published in June 2004.

In April of 2004 the LGBT Coalition co-sponsored an LGBT Friendly Health Providers Fair with great success. The health fair introduced the community to service providers in the county.

## The continuing gap between CA LGBT needs and resources

### County Alcohol & Drug Program Administrators

In September 2003, eighteen County A/D Administrators completed a survey consisting of seven questions developed several years earlier for a previous attempt to obtain a “snapshot” of County awareness of and resources for LGBT Californians (see *Attachment D* for details):

1. How would you classify your county? Rural Urban Mixed
2. Are you aware of the barriers to treatment for alcohol and drug problems experienced by members of the lesbian, gay, bisexual, and transgender (LGBT) community?
3. Are there LGBT-specific services in your county?
4. Are there AA and/or NA meetings that are LGBT-specific?
5. Do you have LGBT-specific residential services in your county?
6. Do you refer to LGBT-specific facilities?
7. Are you interested in receiving LGBT cultural competency technical assistance?

Respondents were asked to check either ‘yes’ or ‘no’ for questions 2-6, and space was provided for optional comments.

Nine ‘rural’ counties, eight ‘mixed’ counties, and one ‘urban’ county participated in the survey. Given limitations of the questions themselves, this small sample size, and lack of follow-up, only the broadest conclusions can be drawn from the results. However, a few findings confirm anecdotal information members of the CA ADP Constituent Committee have reported and point to statewide needs and opportunities:

- Only the ‘urban’ county and one of the ‘mixed’ counties have LGBT-specific services.
- LGBT-identified self-help programs either do not exist or are unknown to county administrators in rural counties.
- Only four respondents currently refer to LGBT-specific facilities.
- All but one county indicated interest in receiving LGBT cultural competency technical assistance.

### Gay & Lesbian Community Centers

In 2003 there were approximated 25 Gay & Lesbian Community Centers (with varying official names) throughout California. In developing this paper, the CA ADP LGBT Constituent Committee telephoned most of these centers and asked the individual who answered a few informal questions about how a call from an LGBT person seeking alcohol and/or drug services would be helped. In almost every case, we were told that the Center did not know how to refer such calls to qualified agencies, programs or providers in their communities, typically did not do so, and had no resources of their own to offer. Some contacts went on to say that they had received such queries in the past but were at a loss to know what help to suggest. Reliance on volunteers to handle Center calls, many of whom had little training and experience, the attendant

turnover in volunteer staff, lack of resources, including lack of adequate in-service training, are all believed to contribute to these problems.

Until this informal survey was conducted, the Committee, and many others involved in LGBT health in California had assumed that these Gay & Lesbian Community Centers were addressing the need of LGBT's with substance abuse questions and problems, knew of LGBT-identified or LGBT-welcoming programs and providers in their areas and were filling an important health need for LGBT Californians. It is the Committee's belief that the mainstream healthcare system has also erroneously seen the growth of Gay & Lesbian (or LGBT as many are now called) Community Centers as at least a part of the solution to LGBT alcohol and other drug education, prevention, treatment and recovery support needs.

Therefore, there is an immediate and urgent need for technical assistance and training for staff (paid and volunteer) of California's many Gay & Lesbian Community Centers. These Centers need to develop capacity to identify appropriate resources in their communities to LGBT Californians turning to them for help and information. They also need to know what resources are available to them should they attempt to address unmet needs for alcohol and drug programs and services for LGBT individuals. The current Technical Assistance contract CA ADP supports through PRTA has the ability to deliver these kinds of training and technical assistance to these centers, as indicated in one of this paper's recommendations.

## **Community ATOD resources for LGBT Californians**

A directory to selected LGBT substance abuse services in California communities, some additional statewide resources, and websites for other organizations providing information and help on the topic appear as *Attachment B*.

*Attachment B* makes clear how few LGBT-identified ATOD programs and services are currently available in California, although the State has more of these than exist elsewhere in the U.S. at present.

No data as yet exists to indicate either the preferences of LGBT consumers themselves for LGBT-specific substance abuse services, or whether matching them to such service improves outcomes. Anecdotally, some LGBT persons have reported encountering homophobic attitudes and practices when they have sought help and information from mainstream sources; some attribute their early failures to recover to such experiences.

Many LGBT people seeking help relating to their own or another's ATOD problems appear to have benefited from programs and services designed for the population at large, although their numbers are also unknown. It is likely that many more would do so if such programs and services acquired and implemented cultural competency regarding LGBT culture. As LGBT communities create their own, LGBT-identified resources for obtaining health information, prevention, and healthcare services, it is equally important that traditional ATOD resources help educate them about substance abuse and available substance abuse programs and services.

Until more accurate and detailed information about the LGBT preferences of current and potential consumers of California's ATOD programs and services may become available, the most hopeful and productive means of improving opportunities for LGBT people appears to be through increased LGBT cultural competency for current and future agencies, services and programs.

Meanwhile, *Attachment B* may serve to help ADP and the counties in locating help and information likely to connect LGBT Californians with the best and most appropriate resources.

## **Cultural competence/LGBT cultural competence**

### **Cultural Competence**

Defined as “the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people,” culture shapes how people see their world and structure community and family life. Cultural affiliation often determines values and attitudes about health issues, responses to messages, and use of alcohol, tobacco and drugs.

Culture is broader than race and ethnicity and people often belong to one or more subgroups influencing what they think and how they act. Geography, lifestyle, age, disabilities and other characteristics also affect attitudes and behavior.

Cultural competence refers to academic and interpersonal skills allowing people to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

To be effective, all substance abuse services must be culturally competent, regardless of their goals and objectives or identified target audience. A culturally competent program demonstrates sensitivity to and understanding of cultural differences in program design, implementation, and evaluation. Such programs:

- Acknowledge cultures as a predominant force in shaping behaviors, values, and institutions.
- Acknowledge and accept that cultural differences exist and have an impact on service delivery.
- Believe that diversity within cultures is as important as diversity between cultures.
- Respect the unique, culturally defined needs of various client populations.
- Recognize that concepts such as “family” and “community” are different for various cultures and even for subgroups within cultures.
- Understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture.
- Recognize that taking the best of both worlds enhances the capacity of all.

### **LGBT Cultural Competence**

Those developing and providing substance abuse programs and services need to recognize that LGBT communities possess common knowledge, attitudes, and behavioral patterns; have their own symbols, legacies, folklore, heritage, and history. There is little way of identifying LGBT people unless they self-identify, so much of this culture remains hidden within the larger community, only becoming apparent during LGBT celebrations or when an LGBT-related issue is in the general media.

Contemporary gay culture dates to protests of police oppression in New York City during the summer of 1969, which led to calls for civil rights and community pride. Since then, expressions

of LGBT sensibilities and concerns have produced an entire “gay media,” including books, magazines, television programs, and Internet sites. The corporate world recognizes LGBT people as important consumer target audiences and the marketing of alcohol and tobacco provides both a significant revenue source for LGBT organizations and enterprises, and a barrier to substance abuse education and prevention. Because there remains a continuing need for increased LGBT visibility and pride, advertisers and promoters have become increasingly adept at incorporating LGBT symbols and values in their messages in order to gain LGBT community approval.

Marginalization is a distinguishing characteristic that often sets LGBT culture apart from ethnic cultures. Most ethnic minorities can escape discrimination in their own families and neighborhoods, but this is not always the case for LGBT’s. Few LGBT’s are exposed to positive role models as they grow up, reinforcing their feelings of isolation. Of course LGBT individuals may carry additional minority labels, including ethnic/racial, disability, or being an older American, which bring their own burden of stigma and resulting barriers.

Marginalization has, at times, been reinforced or even created by some health professionals and health programs. Historically, LGBT’s were viewed as deviant or pathological by much of the medical and psychiatric community. Not surprisingly, many LGBT people decline to self-identify when they interact with the health care system. At the same time, many of them are wary of mainstream services, usually the only services available to them, and thus are underserved by prevention and treatment programs. Internalized homophobia contributes to ATOD-problems for LGBT people and is an added barrier to their willingness to accept help. When they do participate in healthcare, many LGBT people encounter ignorance among professionals concerning their particular and specific substance abuse-related health risks.

In LGBT culture, nonverbal cues are of particular importance. When LGBTs seek out health information and services, they look for some visual signs that they are safe, accepted, and welcome. They are also likely to be particularly aware of and sensitive to how staff, volunteers and other participants respond to either self-disclosure of LGBT identity or assumptions that they are, or may be gay, or to references to LGBT issues in general.

Lesbian, gay, bisexual, or transgender professionals and volunteers provide an important, positive signal to LGBT communities. But automatically and exclusively directing LGBT clients and issues to them can reinforce perceptions that others, and the program or agency as a whole, is not LGBT-friendly and welcoming. Being a self-identified LGBT person is no more proof of LGBT cultural competence than is being in recovery by itself a professional credential. The reality is that there is unlikely to ever be a proportionate amount of LGBT-identified programming available to serve LGBT populations. Therefore, all members of a program, agency or project addressing ATOD education, prevention, intervention, treatment, rehabilitation, and recovery support need to be culturally competent in working with LGBT individuals and communities

To achieve and maintain cultural competence for serving LGBT individuals and their communities, alcohol, tobacco, and other drug programs and services need to:

Display their policies of non-discrimination, specifically including lesbian, gay, bisexual, and transgender persons and routinely provided to all staff and clients; all employees and volunteers should sign a statement that they understand and will abide by these policies.

Provide comprehensive training for all staff, including administrators and volunteer staff, about LGBT culture, including alcohol, tobacco, and other drug (ATOD) risk factors and special issues in prevention and treatment.

Respect and protect rights of clients and staff to self-identify or decline to self-identify as LGBT; private disclosure should be kept confidential.

Support the coming out experience for those preparing to establish an openly lesbian/gay/bisexual/transgender identity and provide strategies for countering internalized heterosexism/homophobia, and/or refer to appropriate lesbian/gay/ bisexual/transgender-affirming therapies. (Therapies to “re-orient” clients to a heterosexual orientation are *not* recommended because they are usually ineffective and raise serious ethical questions.)

Provide non-judgmental and positive written and oral references to lesbian/gay/ bisexual/transgender. Wherever possible, emphasis should be placed on affirming safe, healthy, non-ATOD-abusing aspects of lesbian/gay culture.

Offer information about lesbian/gay/bisexual/transgender organizations, publications and events; resources containing lesbian/gay/bisexual/transgender-specific alcohol and other drug information or help, such as lesbian/gay AA and Al-Anon groups, treatment providers, community centers, etc.

Promote information about the medical and behavioral links between use of alcohol, tobacco, other drugs, HIV infection, and the developmental progression of AIDS.

Educate, counsel and support HIV-positive persons in establishing a smoke-free, clean and sober lifestyle as a basic strategy for extending healthy life.

Recognize the significant role of alcohol and of other drug use in lesbian/gay/bisexual/transgender culture and socialization and routinely include risk-reduction messages and strategies.

Invite members of LGBT groups to serve on boards, task forces, coalitions, planning committees, advisory bodies, etc.

Establish, support, and promote ATOD-free alternative activities for LGBT people, particularly youth; encourage LGBT organizations to sponsor ATOD-free events to model non-drinking/using norms.

Promote responsible hospitality guidelines and server training for all LGBT community events where alcohol is served.

Help LGBT groups identify and secure non-alcohol/tobacco sources of support for their activities, events, and services.

In 1997, the Massachusetts Department of Public Health funded The LGBT Health Access Project. One outcome of the project was publication of “Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual And Transgendered Clients,” the complete text of which is available at the Project’s website - [www.glbthealth.org](http://www.glbthealth.org). From these, the Massachusetts project also created a Quick Checklist. A slightly amended form of the Quick Checklist appears as *Attachment C* to this document and may serve as one means of assessing cultural competence in the delivery of ATOD services to LGBT Californians, and may suggest specific actions that may be taken to develop and increase such competence.

As noted in *Attachment C*, cultural competence is a continuum and the more of the recommendations for cultural competence in serving LGBT clients an agency, program, organization or service addresses, the greater its LGBT cultural competence.

## **Recommendations to the Director, CA ADP:**

The CA ADP LGBT Constituent Committee recommends the following:

- That a copy of this document under cover of a letter from the Office of the Director, CA ADP urging that this paper be used to assess and develop alcohol, tobacco, and other drug programs and services in California, be sent to: chairs of all committees of the Director's Advisory Council, and to all California County alcohol and drug program administrators;
- That CA ADP continue to support the activities of this Committee;
- That CA ADP continue to support an LGBT Technical Assistance contract, and to encourage that contract to place emphasis on outreach to the State's Gay & Lesbian Community Centers regarding substance abuse problems and needs in their communities, in addition to its ongoing efforts to train community providers of alcohol and drug programs and services to become culturally competent in serving their LGBT clients, particularly in California communities lacking in LGBT-identified health resources (i.e., rural counties and communities more distant from large urban centers);
- That CA ADP include sexual orientation questions on all surveys and other data-collecting instruments it sponsors (e.g., Youth Risk Behavior Surveillance surveys, etc), and encourage other State agencies to do so as well in order to capture more accurate data regarding the health status and health needs of LGBT Californians.
- That CA ADP express its support for the standards of cultural competency in the provision of alcohol and drug programs and services described in this document wherever it has opportunities to do so;
- That CA ADP contribute to increased public awareness of the issues of LGBT substance abuse and the need for appropriate, accessible services;
- That CA ADP work with other State agencies (e.g., Office of AIDS) to increase awareness of the link between substance abuse and HIV/AIDS and the heightened risks for HIV/AIDS faced by California's LGBT populations; to collaborate on efforts to prevent HIV/AIDS among LGBT Californians;
- That CA ADP acknowledge, reference, and include LGBTs in addressing co-occurring substance abuse and mental health problems, and the relationships between ATOD problems and other health and social problems known to affect LGBT people, such as crime and violence, domestic violence, rape and sexual assault, hate crimes, etc..
- That CA ADP identifies sources of support for development of services to meet the needs of the State's lesbian and bisexual women, especially.

Attachment A

# Glossary

**Bisexual:** An individual (male or female) with an affect ional and sexual orientation toward people of both genders.

**Circuit Parties:** Weekend-long gatherings, centering on all-night dances to raise money for HIV/AIDS programs, where drug use is common.

**Closeted;** in the closet: Not being open to others that one is lesbian, gay, or bisexual.

**Coming Out:** The process of becoming aware of and understanding and accepting one’s sexual orientation and/or gender identity. “Coming out” also refers to the ongoing process of deciding how open to be with others, how much to disclose and to whom.

**Cultural competence:** Broadly based and diverse understanding of, and ability to respond and relate to, culturally specific nuances, communication styles, traditions, icons, experiences, and spiritual traditions of a given culture or cultures.

**Dominant culture:** The cultural values, beliefs, and practices that are most common, or that are most powerful and influential within a given society.

**Family:** Legally defined family is prescribed by legal statute or common law, specifically on the basis of blood relationship, legal marriage, or legal adoption.

**Family of choice:** Persons or group an individual sees as significant in her/his life. It may include none, all, or some members of his/her family of origin. In addition, it may include individuals such as significant others or partners, friends, and coworkers.

**Gay/Gay Man/Youth:** A male with an affect ional and sexual orientation toward other men.

**Gender:** The emotional and psychological characteristics that classify an individual as “female,” “male,” both or neither. Includes both individual conceptions (gender identity) and societal components (gender roles). Gender, like sexuality, is fluid. The boundaries are not rigid. How one is perceived by the world (identity presentation) may or may not be the same as one’s gender identity.

**Gender identity:** Person’s sense of self as being either male or female. Gender identity does not always match biological sex; for example, a persona may be born biologically male yet have a female gender identity.

**Heterosexism:** The generalized belief that heterosexuality is the only “natural,” normal and acceptable orientation and that it is inherently healthier or superior to other types of sexuality.

This belief tends to invalidate the needs, concerns and life experiences of lesbians, gay males, bisexuals and transgendered people.

**Homophobia/Biphobia/Transphobia:** Fear of, hatred of or contempt for homosexuals, bisexuals and/or transgender people or people who are perceived to be gay, lesbian, bisexual or transgender. These phobias can be: 1. External—bias against LGPT people because they are not heterosexual; 2. Internal – the shame, aversion or self-hatred felt by many LGBT people because they are not heterosexual and because they measure themselves by heterosexist standards.

**Internalized homophobia:** Internalized self-hatred that gays and lesbians struggle with as a result of heterosexual prejudice. Persons who experience internalized homophobia accept and believe the negative messages of the dominant group as they relate to gay men, lesbians, bisexuals, and transgender people.

**Lesbian:** A woman or female youth with an affect ional and sexual orientation towards other women.

**LGBT:** Acronym for lesbian, gay, bisexual, and transgender.

**LGBTQ:** When added LGBT, “Q” usually refers to questioning, commonly among adolescents. In some references, “Q” may stand for “queer” a word recently taken up by some LGBT activists, despite the aversion many LGBT people have to the word.

**MSM;** men who have sex with men: Men who engage in same sex behavior but do not necessarily self-identify as gay or bisexual.

**Out; out of the closet:** Refers to the varying degrees of being open about one’s sexual orientation or gender identity.

**Questioning:** Young individual who may be experiencing lesbian, gay, bisexual or transgender feelings or urges, but has not yet identified his or her sexual orientation or gender identity.

**Reparative therapy (also called conversion therapy):** Attempt to change a person’s sexual orientation from lesbian, gay, bisexual, or transgender to heterosexual.

**Sexual identity or orientation:** What people call themselves with regard to their sexuality. Common labels include “lesbian,” “gay,” “bisexual,” “bi,” “queer,” “questioning,” “undecided” or “undetermined,” “heterosexual,” “straight,” and “asexual.” Sexual identity evolves through a multistage developmental process, which varies in intensity and duration depending on the individual. Sexual identity also refers to a person’s erotic and affect ional response to another with respect to gender: heterosexual, lesbian, gay, or transgender.

**Sexual minority:** Lesbian, gay, bisexual, transgender, and questioning people as a minority in a predominantly heterosexual population.

**Sexual orientation:** The physical and emotional attraction to members of the same sex (homosexual), opposite sex (heterosexual) or both sexes (bisexual). The factors that determine sexual orientation are complex. Many researchers believe that one's sexual orientation is predisposed at birth. While these affective inclinations may not be recognized or acknowledged for many years, once established, they tend not to change.

**Significant other:** Life partner, domestic partner, lover, boyfriend, or girlfriend. In some countries, an equivalent term for "spouse" when referring to LGBT relationships.

**Sodomy laws:** State statutes (which vary by state) that prohibit contact between the mouth or anus of one person and the sexual organs of another person, consensual or otherwise.

**Transgender:** Person whose gender identity or gender expression is not congruent with his or her biological sex. Often used to indicate a broad range of gender-nonconforming identities and behaviors, including transsexuals (preoperative, postoperative and persons who are not interested in sex reassignment surgery), transvestites, male and female impersonators and "gender blenders" (persons who overtly challenge gender norms for cultural or political reasons). Transgendered persons may be heterosexual, homosexual, bisexual or asexual. Many experience their gender in a way that runs contrary to typical norms about male and female.

**Transsexual:** One whose gender identity is that of the opposite sex. There are female-to-male and male-to-female transsexuals. A transsexual may or may not have had sex reassignment surgery.

**Women who have sex with women (WSW):** Women who engage in same-sex behavior, but may not necessarily identify as lesbian or bisexual.

*Sources:*

*What You Should Know About Helping Lesbian, Gay, Bisexual and Transgender Youth Stay Drug Free.* DRAFT (2002). Academy for Educational Development, Washington, DC.

*Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender Health.* (2001) Gay and Lesbian Medical Association, under contract for the Health Resources & Services Administration (HRSA), available in electronic format only at [www.glma.org](http://www.glma.org)

*A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals.* (2001) Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, DHHS Publication No. (SMA)01-3498

*Attachment B***Resources****SELECTED LGBT RECOVERY PROGRAMS IN CALIFORNIA****LOS ANGELES & VICINITY****Alternatives**

(Glendale Memorial Hospital)  
 1420 South Central Ave  
 Los Angeles, CA 91204  
 (800) 342-5429  
<http://www.alternativesinc.com>

**Alternatives, Inc.**

2526 Hyperion Ave. #4  
 Los Angeles, CA 90027  
 (323) 671-1600  
 FAX (323) 671-1605

**Los Angeles Gay & Lesbian Center**

(outpatient)  
 Addiction Recovery Services  
 McDonald/Wright Building  
 1625 N. Schrader Boulevard  
 Los Angeles, CA 90028-6213  
 (323) 993-7640  
 TDD 323/993-7698  
<http://www.laglc.org>  
 E-mail: [info@laglc.org](mailto:info@laglc.org)

**Van Ness Recovery House**

1919 North Beachwood Drive  
 Hollywood, CA 90068  
 (323) 463-4266  
<http://www.vnrh.org/>

**Van Ness Recovery House**

Prevention Division  
 1136 North La Brea  
 West Hollywood, CA 90038  
 (323) 463-1601

**Tarzana Treatment Center**

18549 Roscoe Blvd.  
 Northridge, CA  
 800-996-1051  
 818 654-3950

Youth services, have LGBT specific  
 Services including TG groups

**Tarzana Treatment Center**

18646 Oxnard Street  
 Tarzana, CA  
 800-996-1051  
 818 996-1051  
<http://www.tarzanatc.com/>  
 or  
<http://www.tarzanatc.org/>

Adult services, detox, residential,  
 and outpatient, LGBT specific services,  
 TG counselors and groups

**Tarzana Treatment Center**

2103 Magnolia Ave.  
 Long Beach, CA  
 800-996-1051  
 562 218-1868

Women only (kids ok),  
 high percentage of lesbians

## **SAN DIEGO**

### **The Stepping Stone**

3425 Fifth Avenue  
San Diego, CA 92103  
(619) 295-3995

<http://steppingstonesd.org/>

Inpatient and outpatient services

## **SAN JOSE**

### **Combined Addicts and Professionals Services (CAPS)**

693 South 2<sup>nd</sup> Street  
San Jose, CA 95112  
408-995-3820

## **SAN FRANCISCO**

### **Baker Places, Inc.**

(main telephone: 415-546-9946)

[www.bakerplaces.org](http://www.bakerplaces.org)

- a. Acceptance Place  
1326 4<sup>th</sup> Avenue  
San Francisco, CA 94122  
(415) 682-2080

Residential 12-bed facility

- b. Ferguson Place  
1249 Scott Street  
San Francisco, CA 94115  
(415) 922-9104

Residential 12-bed facility for  
Triple diagnosed women and men:  
Mental health, substance abuse, HIV-  
related

### **Haight-Ashbury Free Clinics, Inc.**

Center for Recovery

415 487 3665

<http://www.hafci.org/>

Residential, dual/triple diagnosis,  
LGBT including trans-specific services

### **Haight-Ashbury Free Clinics, Inc.**

Administrative Offices

612 Clayton Street

SF, CA 94117

415-487-3672

415-864-6162 fax

### **New Leaf Services for**

#### **Our Community**

1853 Market Street

San Francisco, CA 94103

415-626-7000

Fax (415) 626-5916

TDD (415) 252-8376

<http://www.NewLeafServices.org>

**Lyon-Martin Women's**  
 Health Services  
 1748 Market Street  
 Suite 201  
 San Francisco, CA 94102  
 (415) 565-7667  
 FAX: (415) 252-749  
<http://www.lyon-martin.org/>

**Walden House**  
 815 Buena Vista Ave W  
 San Francisco, CA  
 94117-4108  
<http://www.waldenhouse.org/>

Also houses: Transgender Recovery  
 Program

**Walden House**  
 890 Hayes St  
 San Francisco, CA  
 94117-2615

## **ADDITIONAL LGBT & ATOD RESOURCES IN CALIFORNIA**

### **CA ADP LGBT Technical Assistance & Training Contract**

**Progressive Research & Training for Action (PRTA)**  
 360 22nd Street, Suite 688  
 Oakland, CA 94612  
 510-444-6288  
 fax: 510-444-2131  
[www.prtaonline.org](http://www.prtaonline.org)

### **LGBT ATOD Prevention**

**LA County Community Prevention Council**  
 (lgbt county coalition for ATOD prevention)  
 Los Angeles Gay & Lesbian Center  
 The Village at Ed Gould Plaza  
 1125 N. McCadden Place  
 Los Angeles, CA 90038  
 323-860-7394  
 e-mail: [cpc@laglc.org](mailto:cpc@laglc.org)

### **LGBT Coalition**

Ventura County Rainbow Alliance  
 2021 Sperry Avenue, Suite 3  
 Ventura, CA 93003  
 805-339-6340  
 fax : 805-477-0199  
 (Environmental prevention coalitions ; provides LGBT smoking cessation)

**OTHER SELECTED RESOURCES ON LGBT & ATOD**

**American Psychological Association - Lesbian, Gay, and Bisexual Concerns Office**  
[www.apa.org/pi/lgbc/homepage.html](http://www.apa.org/pi/lgbc/homepage.html)

**Association for Gay, Lesbian & Bisexual Issues in Counseling**  
<http://www.aglbic.org/>

**Gay & Lesbian Medical Association (GLMA)**  
<http://www.glma.org>

**Gay, Lesbian & Straight Education Network (GLSEN)**  
[www.glsen.org](http://www.glsen.org)

**Hetrick-Martin Institute for Lesbian and Gay Youth & The Harvey Milk School**  
[www.hmi.org](http://www.hmi.org)

**National Assoc. of Lesbian, Gay, Bisexual and Transgender Community Centers**  
[www.lgbtcenters.org](http://www.lgbtcenters.org)

**National Association of Lesbian & Gay Addiction Professionals (NALGAP)**  
<http://www.nalgpa.org>

**National Association of Social Workers-Committee on Lesbian & Gay Issues**  
[www.naswdc.org](http://www.naswdc.org)

**National Coalition for Lesbian, Gay, Bisexual, and Transgender Health**  
[www.nclgbthealth.net](http://www.nclgbthealth.net)

**National Youth Advocacy Coalition**  
[www.nyacyouth.org](http://www.nyacyouth.org)

**Parents, Families & Friends of Lesbians & Gays (PFLAG)**  
[www.pflag.org](http://www.pflag.org)

**SAMHSA National Clearinghouse for Alcohol and Drug Information (NCADI)**  
<http://ncadi.samhsa.gov>  
(select “Lesbian, Gay, Bisexual, Transgender” from the Audience drop-down menu on the homepage)

Attachment C

# A QUICK CHECKLIST OF CULTURAL COMPETENCE IN PROVIDING HEALTH PROGRAMS & SERVICES TO LGBT INDIVIDUALS

In 1997, the Massachusetts Department of Public Health funded The LGBT Health Access Project. One outcome of the project was publication of “Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual And Transgendered Clients,” the complete text of which is available at the Project’s website - [www.glbthealth.org](http://www.glbthealth.org). The following is adapted from the project’s Quick Checklist, to help programs, services, agencies and organizations determine the cultural competence in meeting the needs of LGBT clients.

All of the items on this checklist are important. However, cultural competence is seen as a continuum. Thus the more of these that are in place or are adopted, the greater the level of cultural competence.

***Does your agency, program, or organization:***

\_\_\_ Actively recruit gay, lesbian, bisexual, and transgender employees in its hiring practices, including advertising employment opportunities in LGBT publications

\_\_\_ Have written policies regarding diversity, non-discrimination, and sexual harassment that explicitly include gay, lesbian, bisexual, and transgender employees

\_\_\_ Support and encourage visibility of gay, lesbian, bisexual, and transgender employees

\_\_\_ Have formal procedures for addressing employee complaints of discrimination or harassment based on sexual orientation or gender identity

\_\_\_ Work to ensure that gay, lesbian, bisexual, and transgender employees of all ages have the same benefits and compensation as all other employees, including family benefits

\_\_\_ Train personnel about LGBT-related benefits issues

- \_\_\_ Have written policies explicitly prohibiting discrimination based on sexual orientation and gender identity in the provision of services
- \_\_\_ Have written procedures for clients to file and resolve complaints regarding discrimination based on sexual orientation or gender identity
- \_\_\_ Use inclusive intake and assessment forms and procedures that are culturally appropriate for gay, lesbian, bisexual, and transgender clients
- \_\_\_ Train intake and assessment staff to assure that they provide medically and culturally appropriate care and referrals within and outside the agency
- \_\_\_ Provide ongoing diversity, harassment, and anti-discrimination training for staff around LGBT issues as they pertain to the agency's services
- \_\_\_ Provide comprehensive training so that all direct care staff can identify and address basic LGBT health issues within the scope of their expertise
- \_\_\_ Identify staff with special expertise in and sensitivity to LGBT issues
- \_\_\_ Have a comprehensive list of resources and relationships with other agencies to facilitate appropriate referrals for LGBT health and social services within and outside the agency
- \_\_\_ Include and address sexual orientation and gender identity in all case management and treatment plans when it is necessary and appropriate to client care
- \_\_\_ Have written confidentiality policies that explicitly acknowledge that information about sexual orientation and gender identity is highly sensitive and should be treated accordingly
- \_\_\_ Give clients the option of designating sexual orientation and gender identity on forms and in records
- \_\_\_ Train staff on confidentiality requirements relating to data collection and information disclosure
- \_\_\_ Provide written notice to clients about when and for what reasons information about them may be disclosed to third parties
- \_\_\_ Provide appropriate, safe, and confidential treatment to LGBT minors (unless the agency's services are inappropriate for all minors)
- \_\_\_ Train staff about the legal rights of minors to seek and receive health care

\_\_\_\_ Tell minor clients in writing and verbally about mandatory reporting laws, and about their rights regarding confidentiality and treatment without parental consent

\_\_\_\_ Include gay, lesbian, bisexual, and transgender people and their families in all outreach and health promotion activities

\_\_\_\_ Encourage openly gay, lesbian, bisexual, and transgender people to join its Board of Directors or other institutional bodies

\_\_\_\_ Include gay, lesbian, bisexual, and transgender people in agency community benefits programs

\_\_\_\_ Review its written policies, procedures, and forms regularly to ensure that they explicitly address issues of gay, lesbian, bisexual, and transgender staff and consumers.

*Attachment D*

## **September 2003 County A/D Administrators Survey**

### **Method**

(See Section III. of this document.)

In September 2003, staff of Progressive Research & Training for Action (PRTA), the CA ADP contractor to provide Technical Assistance on LGBT access to substance abuse services in the State, collaborated with Frank Cardoza, the Siskiyou County Administrator and a member of the CA ADP LGBT Constituent Committee at that time, to undertake a survey of County Administrator awareness of LGBT substance abuse issues and resources.

Using seven questions originally written for a similar survey conducted several years earlier, PRTA and Cardoza enlisted the help of CAPAAC lobbyist, Dale Wagerman, in Sacramento, who sent the survey with a cover message over Cardoza's name, via e-mail to all of the State's County Administrators. Responses were requested to PRTA, via fax, regular mail, or e-mail.

Due to both changes in both the leadership and composition of the LGBT Constituent Committee and in PRTA staff, there was no follow-up to the original e-mail distribution. This, in part, explains the low rate of response.

In November 2003, copies of eighteen completed and one incomplete survey were forwarded to the LGBT Constituent Committee.

### **Survey Instrument**

(This is an accurate recreation of the survey instrument.)

### **2003 CA COUNTY ADMINISTRATORS SURVEY ON BEHALF OF THE CA ADP LGBT CONSTITUENT COMMITTEE**

The California Department of Alcohol and Drug Programs Lesbian, Gay, Bisexual, and Transgender (LGBT) Constituency Committee is a Director's advisory committee focused upon the concerns of the LGBT community in California.

We are asking each County Administrator to complete this short survey in order to help us identify awareness levels of and resources for the LGBT community throughout California. Thank you for completing this survey. Please return the survey by Friday, September 19, 2003. If you have questions, please contact Frank Cardoza at 530 841 4891 or Robert Sardy at 510 705 8918.

**1. How would you classify the county?** (Please check one)

Rural          Urban          Mixed

**2. Are you aware of the barriers to treatment for alcohol and drug problems experienced by members of the lesbian, gay, bisexual, and transgender (LGBT) community?** (Please check one)

Yes          No

Comments:

**3. Are there LGBT-specific services in your county?** (Please check one)

Yes          No

Comments:

**4. Are there AA and/or NA meetings that are LGBT-specific?**

Yes          No

Comments:

**5. Do you have LGBT-specific residential services in your county?** (Please check one.)

Yes          No

Comments:

**6. Do you refer to LGBT-specific facilities?** (Please check one.)

Yes          No

Comments:

**7. Are you interested in receiving LGBT cultural competency technical assistance?** (Please check one.)

Yes          No

Comments:

**You may email, fax, or mail your completed survey to:**

[rsardy@prtaonline.org](mailto:rsardy@prtaonline.org)

510 705 8922 (fax)

**Robert Sardy PRTA  
2809 Telegraph Avenue, Suite #208  
Berkeley, CA 94705**

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**Thank you for completing this survey.**

**Total survey results: 18 completed surveys forms:**

|              |          |          |          |
|--------------|----------|----------|----------|
| Question # 1 | Rural: 8 | Urban: 1 | Mixed: 9 |
| Question # 2 | Yes: 13  | No: 5    |          |
| Question # 3 | Yes: 3   | No: 15   |          |
| Question # 4 | Yes: 7   | No: 11   |          |
| Question # 5 | Yes: 2   | No: 16   |          |
| Question # 6 | Yes: 4   | No: 14   |          |
| Question # 7 | Yes: 17  | No: 1    |          |

**Survey results by County type (Question #1):**

|              |                   |              |                   |
|--------------|-------------------|--------------|-------------------|
| Question # 2 |                   | Question # 5 |                   |
| Rural:       | Yes: 8<br>No: 1   | Rural:       | Yes: 0<br>No: 9   |
| Urban:       | Yes: 1<br>No: n/a | Urban:       | Yes: 1<br>No: n/a |
| Mixed:       | Yes: 4<br>No: 4   | Mixed:       | Yes: 1<br>No: 7   |
| Question # 3 |                   | Question # 6 |                   |
| Rural:       | Yes: 0<br>No: 9   | Rural:       | Yes: 2<br>No: 7   |
| Urban:       | Yes: 1<br>No: n/a | Urban:       | Yes: 1<br>No: n/a |
| Mixed:       | Yes: 1<br>No: 7   | Mixed:       | Yes: 1<br>No: 7   |
| Question # 4 |                   | Question # 7 |                   |
| Rural:       | Yes: 0<br>No: 9   | Rural:       | Yes: 9<br>No: 0   |
| Urban:       | Yes: 1<br>No: n/a | Urban:       | Yes: 1<br>No: n/a |
| Mixed:       | Yes: 7<br>No: 1   | Mixed:       | Yes: 7<br>No: 1   |

*Attachment E*

## **Suggested Readings & a bibliography on LGBT/ATOD**

**NOTE:** The CA ADP LGBT Technical Assistance contractor has collected published and unpublished articles, papers, educational materials and other documents relating to LGBT substance abuse and makes copies available on request.

These five titles will provide a comprehensive introduction to what is currently known about LGBT substance abuse and strategies for its prevention and treatment. Following these is the References Attachment from the SAMHSA/CSAT *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender Individuals* as an aid to those seeking further information on the subject:

*Ethical Funding: The Ethics of Tobacco, Alcohol, & Pharmaceutical Funding*, (Revised 2001), Laurie Drabble, MSW, MPH (available from the Tobacco Education Clearinghouse of California)

*Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community* (available in printed form only from PRTA [www.pртаonline.org])

*Counseling Lesbian, Gay, Bisexual, and Transgender Substance Abusers: Dual Identities* (2002) Dana G. Finnegan, Ph.D., CAC; Emily B. McNally, Ph.D., CAC, The Haworth press, Inc., Binghamton, NY

*A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender Individuals* (2001, SAMHSA/CSAT) BKD392:  
<http://www.health.org/govpubs/BKD392/index.pdf>

*Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health* (2001, Gay and Lesbian Medical Association):  
<http://www.glma.org/policy/hp2010/index.html>



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(reproduced from: *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual*, SAMHSA/CSAT, 2000)

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