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Christopher W. Blackwell

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LETTER TO THE EDITOR

Christopher W. Blackwell, PhD, ARNP, ANP-BC

Addressing Alcohol Abuse in Gay Men

Abstract: Research indicates gay men have higher rates of alcohol abuse compared to their heterosexual counterparts, suggesting this is a serious health concern for this patient population. Clinicians need to have a comprehensive understanding of this clinical problem and need to have an applicable understanding of strategies they can use to address this issue. This article presents a brief overview of alcohol abuse by gay men and highlights an approach clinicians can employ to effectively screen and treat these men for this problem. In conclusion, recommendations for future research are also discussed. Clinicians need to present with a non-judgmental and unbiased attitude towards their gay patients to best meet their health needs, including issues related to mental health and substance abuse.

Keywords: Alcohol, alcohol abuse, homosexual, gay men, substance abuse

Substance abuse, including the abuse of alcohol by gay men, has been identified by the Gay and Lesbian Medical Association (GLMA) as a major health disparity within this population.¹ The data published on the abuse of alcohol by gay men are somewhat conflicting. Some studies suggest that the rates of drinking in gay men are much higher than in heterosexual men.^{2,3} However,

other inquiries have found rates of alcohol abuse between the 2 groups to be statistically similar.^{4,5} Internalized homophobia and internalized heterosexism are often cited as common etiologies for higher rates of drinking in gay men.^{6,7} Regardless of the opposing data and theoretical causes, clinicians should be cognizant of the potential for higher alcohol abuse in gay men and should possess the clinical skills needed to effectively screen and refer patients for treatment.

Effective screening begins with a thorough and comprehensive social history,

as "Tell me about your sexual partners" or focused questions such as, "Do you have sexual relationships with men, women, or both?" are more appropriate.⁸ Determining alcohol intake also requires a sensitive approach. Because alcohol intake estimations can be highly subjective, using a screening tool can provide the clinician with greater detail regarding the patient's drinking habits. The CAGE questionnaire has strong validity and reliability and can be used to determine whether or not a patient abuses alcohol.⁸

Effective screening begins with a thorough and comprehensive social history, which provides the clinician with information about the patient's sexual orientation and alcohol intake. **A**

which provides the clinician with information about the patient's sexual orientation and alcohol intake. Questions that are judgmental or assume a patient's sexual orientation should be avoided. For example, instead of asking a patient, "Are you married?" or "Do you have a girlfriend?" open-ended questions such

The CAGE questionnaire consists of 4 questions: (a) Do you think you need to cut down on your alcohol intake? (b) Do you get annoyed by people criticizing you for drinking? (c) Do you ever feel guilty for drinking? (d) Do you ever need an eye-opener in the morning? An affirmative response to any item on the

DOI: 10.1177/1559827611402595. From the College of Nursing, University of Central Florida, Orlando, Florida. Address correspondence to Christopher W. Blackwell, PhD, ARNP, ANP-BC, College of Nursing, University of Central Florida, Orlando, FL 32816-2210; e-mail: cwblackw@mail.ucf.edu.

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CAGE questionnaire indicates a high probability for alcohol abuse and suggests the need for treatment referral.⁸ However, studies examining the efficacy of treatment for alcohol addiction in gay men indicate interventions that address the unique aspects of their disease are more effective.⁹ Specifically, gay men have higher rates of recovery when staff are trained in gay-specific treatment strategies and when those strategies address gay-related issues.^{9,10} In addition, there are resources that clinicians can provide for their gay male clients to assist them in obtaining assistance.

One resource that providers and patients might find especially helpful is the Web site <http://gayalcoholics.com>. This site lists quite a few resources for gay men who are in need of alcohol abuse treatment services. The site provides a comprehensive national database of gay Alcoholics Anonymous (AA) meetings and recovery support groups. It also includes a comprehensive list of treatment centers that focus on gay and lesbian substance abuse.¹¹ Future research direction is also a worthy point of discussion. Research in this area is lacking. In addition, many of the studies conducted have some methodological issues (eg, most have generalizability limitations since they use convenient sampling techniques, consist

of regional populations, and are not representative of gay men on a national level).

In conclusion, although clinical guidelines are lacking, the evidence-based suggestions discussed can help clinicians effectively screen, refer, and equip gay men with resources they need to address their alcohol addictions. Health care providers play an important role in reducing health disparities in vulnerable populations. Ensuring the health needs of gay men are addressed by health care providers is challenging. However, it is an essential component of the role that all health care professionals must be accountable for. **AJLM**

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