

Michael Shelton, *Fundamentals of LGBT substance use disorders: Multiple identities, multiple challenges*. New York: Harrington Park Press, 2017, 352 pp., \$45 (pbk), ISBN 9781939594136

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This book outlines the substance use and related problems experienced by stigmatised groups, which are vulnerable on the grounds of higher levels of

substance use (and risk) than the heterosexual population. It provides a wealth of research and treatment service detail in the USA and has relevance to the UK given significant parallels, namely, high levels of substance use, the centrality of clubs and bars to LGBT cultures and a reluctance to use formal treatment services owing to perceived or real discrimination (Buffin, Roy, Williams, & Winte, 2012; Buffin, Roy, Williams, & Yorston, 2014; Emslie, Lennox, & Ireland, 2016).

The book is divided into three parts: an overview of LGBT substance use and an outline of substance use patterns for specific groups: gay men, lesbians, bisexuals and transgender people. The book then outlines 'intersecting identities', namely perspectives focussing on youth, older people, families, criminal justice and rural settings. Each chapter concludes with a set of reflective questions. As an American text, the disease model of addiction is presented as the orthodox explanation for substance use disorders, i.e. dependence and addiction. This view might be hotly disputed elsewhere. Shelton goes on to elaborate on key distinctions for the development and persistence of substance use problems for LGBT people, which distinguish them from the heterosexual populations, i.e. health disparity, minority stress, stigma and the 'coming out' process.

In the absence of any opposing evidence, Shelton proposes that the treatment interventions, which are currently considered effective for problem substance users, irrespective of sexual orientation, work for LGBT people, namely motivational, cognitive behavioural, mutual self-help groups and pharmacological interventions. This seems like a wise conclusion given the dearth of treatment studies on LGBT people worldwide.

Key principles, considered effective in developing treatment alliances with people from black and ethnic minority treatment populations, are proposed as an affirmative means of engaging and helping LGBT people and are outlined in detail, namely cultural competence (at both organisational and practitioner levels), trauma-informed treatment and an overall aim of empowerment.

The book makes clear reference to identities other than sexual orientation, which require to be taken into consideration with regard to age, gender, ethnicity and social class encouraging a broader view of an individual. This is central to the promotion of a culturally competent perspective.

As to limitations, people who develop serious substance use problems tend to take a long time to do it, and there are a number of evidence-based approaches which have been shown to reduce/prevent harm at earlier stages in a drinking or drug using career. This book is clearly designed for those interested or working in clinical or treatment settings for LGBT people, and little attention is paid to harm reduction or public health approaches (Kecojevic, Jun, Reisner, & Corliss, 2017; Lea, 2017).

Understandably, as a US text, no account is taken of the significant differences in health and social care systems and criminal justice systems, including prisons, which LGBT people elsewhere encounter. Do we, in the UK, know as much about LGBT people and substance use as in the USA? Probably not! Food for thought

and action, by researchers, practitioners, service commissioners and the public health field.

References

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