CHAPTER SUMMARY

More research has been conducted on gay men and substance abuse than on substance abuse by lesbians, bisexual individuals, or the transgender population. This chapter explores research on gay male behavioral health, risk factors, and treatment needs.

OVERVIEW

Though early studies that found extremely high rates of gay male substance use are now generally discounted, ongoing research continues to find elevated rates of substance use (including nicotine use) by gay men. However, these studies are often unclear as to whether participants are gay men, bisexual men, men who have sex with men (MSM), or a combination. The use of methamphetamine and club drugs is particularly elevated for gay men. Risk factors for abuse include minority stress, childhood sexual abuse, and other co-occurring disorders. Eating disorders and body image concerns may also play a role. The association between sexual activity and substance use has been frequently noted; it plays a role in HIV transmission, and HIV is particularly concentrated among gay and bisexual men and other MSM. All of these risk factors must be considered in the treatment process, and several recent efforts at gay-male-specific interventions are highlighted.

KEY TERMS

Gay; MSM (men who have sex with men); minority stress; gay male alcohol use; gay male nicotine use; gay male illicit substance use; club drugs, methamphetamine; poppers; co-occurring disorders; HIV; sexual activity and drug use; gay male substance use treatment; expectancy theory
NOTES TO CHAPTER 7

1. Case study adapted from Center for Substance Abuse Treatment, A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (Rockville, Md.: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2001), 40.


17 Substance Abuse and Mental Health Services Administration, Top Health Issues for LGBT Populations Information & Resource Kit (Rockville, Md.: SAMHSA, 2012).


23 McCabe et al., “Sexual Orientation, Substance Use Behaviors.”


29 Stall et al., “Alcohol Use, Drug Use, and Alcohol-Related Problems.”

30 McCabe et al., “Sexual Orientation, Substance Use Behaviors.”
31 McCabe et al., “Sexual Orientation and Substance Abuse Treatment.”


41 Kelly and Parsons, “Prevalence and Predictors of Non-Medical Prescription Drug Use.”


43 Flentje, Heck, and Sorensen, “Substance Use among Lesbian, Gay, and Bisexual Clients.”


45 Stall et al., “Alcohol Use, Drug Use, and Alcohol-Related Problems.”

47 Solomon et al., “Levels of Methamphetamine Use and Addiction.”

48 Duncan Osborne, Suicide Tuesday: Gay Men and the Crystal Meth Scare (New York: Carroll and Graf, 2005), v.


61 Arreola et al., “Childhood Sexual Experiences.”
63 Anderson, *Substance Use Disorders*.
74 Ibid.
76 Hughes and Eliason, “Substance Use and Abuse.”


80 Ostrow, “Substance Use, HIV, and Gay Men.”

81 Woolf and Maisto, “Alcohol Use and Risk of HIV Infection.”

82 Aguinaldo and Myers, “A Discursive Approach to Disinhibition Theory.”


84 Center for Substance Abuse Treatment, *A Provider’s Introduction to Substance Abuse Treatment*; Steven Shoptaw and Dominick Frosch, “Substance Abuse Treatment as HIV Prevention for Men Who Have Sex with Men,” *AIDS and Behavior* 4, no. 2 (2000): 193–203; Stall and Purcell, *Intertwining Epidemics*.


87 Millett et al., “Greater Risk for HIV Infection of Black Men.”


King et al., “Systematic Review of Mental Disorder, Suicide, and Deliberate Self-Harm.”


Theodore et al., “Body Dissatisfaction and Methamphetamine Use.”


Shoptaw and Frosch, “Substance Abuse Treatment as HIV Prevention.”

Green and Feinstein, “Substance Use in Lesbian, Gay, and Bisexual Populations.”

Center for Substance Abuse Treatment, *A Provider’s Introduction to Substance Abuse Treatment*.


