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A Brief History of Queer Experience with Addiction and Recovery

By Tom Hill

It was summertime and we were having a get-together with my father's family out in back of my grandfather's farmhouse in southern Maryland. I was very young and sitting on my uncle's lap and enjoying all of the activity, especially the male attention I was getting from my uncles. I coyly asked my uncle if I could have a sip of his beer. He handed me the long-necked bottle and I took a hard pull on it, and then another. He then asked me if I had ever tasted whiskey and whether I would like to take a slug from his glass. Without answering, I reached for the glass and knocked back a gulp. It burned going down my throat and I immediately felt an intense surge of heat and energy.

When I climbed off his lap and staggered around, imitating the bravado and swagger of my uncles, everyone laughed. Pretending not to notice, I reveled in the attention. One of my uncles called me "tough little man" and, at that swirling moment, I felt very masculine, just like my father and all of his hardass brothers. I learned to relish moments like this, energized by the confusion of intoxication, love, and attention. I felt a little less like the big sissy that, at other times, everyone was quick to remind me that I was. Years later, I came of age with a bottle in my hand. I may have been a sissy, but drinking allowed me to construct an identity of a tough, butcher sissy. Within time, I became an alcoholic sissy, a sissy who was addicted to a range of substances and behaviors.

Throughout the process of growing up, I learned quickly that being a sissy was definitely not okay. Things in this category were best left unmentioned, denied, or hidden from sight. The message that, "this is wrong and bad," was reinforced everywhere. I seriously began to think that there was something wrong and defective about me and that I had only myself to blame. Every time someone called attention to my sissy-ness (and after a while, I was quite able to do this without their assistance), I pushed the feelings of intense shame and self-hatred into a dark pit, callously covered with a persona of indifference. Using alcohol and other drugs helped to keep a lid over the hole, helped to numb the pain that throbbed underneath, and gave me energy to keep the lid pushed down.

Trauma, Oppression, and Shame

For many years, I did not know the significance that trauma had in my life or in the lives of so many queers. Research now confirms many things that we have known for some time about substance use and addiction. One key area of new knowledge pertains to trauma. Trauma usually results when a person, family, or community experiences a sudden or unexpected occurrence, or set of occurrences, that threatens stability, safety, and wellness. Trauma can be experienced in many ways and creates various manifestations, both overt and subtle. Human responses to trauma are as varied as the experience itself, but often result in feelings of isolation, disconnection, compartmentalization, and shame that harbor a sense of woundedness and pain. Wounds left unattended become covered with scar tissue without ever fully healing. Individuals, families, and entire communities often use substances and behaviors to self-medicate and dull the chronic pain of unhealed wounds, especially when they are unnamed, unrealized,

and deeply buried.

In recent years, research has firmly established links between trauma and oppression, especially in the lives of women and in communities of color. Scholars have written about "historical trauma," particularly in Native American and African American cultures,¹ in which trauma has been rooted in the historical experience of oppression and is transmitted across generations. Many lessons derived from this new understanding of trauma can be applied to queer culture and experience with oppression and trauma.

Further, when individuals are not allowed or encouraged to claim their own holistic and authentic selves, they frequently develop "split" identities that are defined by those around them. This is often the case with queer children who filter their perceptions and reality through the experience of others, for the sake of acceptance and validation. Well into adolescence and adulthood, this characteristic to self-monitor and please others at all costs takes its toll on the development of healthy, autonomous personhood. This attitude can promote a range of addictive behaviors. It can also be the driving force that keeps an individual closeted by reinforcing both the fear that disclosure will upset a delicate balance and that the individual is responsible for the feelings of others.

While trauma and oppression are not the only factors contributing to LGBT use of substances, the addictive substances and behaviors that I have used to cope with my pain and shame are common to many who have experienced oppression and trauma, and certainly to other gay men, lesbians, bisexuals, and persons of transgender experience.

Substance Use and Queer Experience

In the years before the gay liberation movement, it was illegal in most places in this country for queers to publicly assemble. While bars and drinking establishments were the few spaces in which coming together was sanctioned, severe restrictions were placed on dress, customs, and behavior. A queer bar culture emerged—rising out of fear and secrecy—in which a sense of safety, identity, and community-building flourished. These spaces provided an arena for queers to create social and cultural norms, build solidarity, and establish communities of resistance. Queers, faced with outside repression, violence, and adversity, responded with a great sense of resilience. This historical resistance and resilience that emerged out of a culture of drinking has had a direct influence on and is still a strong component of our community today.

In the 1970s, research on substance use and addiction in the queer community was conducted in places like gay bars, as these were the logical, and oftentimes only, places to find queers who self-identified, if only within the context of the specific space. Researchers determined that substance use and addiction rates in the queer community were three times higher than among heterosexual counterparts. As the queer community became more visible, organized, and as researchers became able to find queer subjects in a variety of public settings, these statistics were contested and refuted as unrealistic and overblown. Yet, recent findings confirm that the rate of substance use and addiction are significantly higher in our community than in the population as a whole.²

¹ Don L. Coyhis and William L. White, *Alcohol Problems in Native America: The Untold Story of Resistance and Recovery* (Colorado Springs: White Bison, 2006).

² Sandra C. Anderson, *Substance Abuse and Dependency in Gay Men and Lesbians* (Binghamton: Haworth Press, 1996).

The queer movement that immediately followed the Stonewall riots in 1969 was largely informed by the experience of the new left counterculture. An important underpinning of this new, youth-oriented culture was the widespread use of substances as a means of expanding awareness, deepening enlightenment, and promoting pleasure. These ideas about the use of drugs and alcohol were taken up by some parts of our community and, coupled with queer bar culture, became established norms of queer behavior and community life. Also, the expression of self and culture through the use of substances became intricately connected to a flourishing sexual liberation movement that promoted free and open expression of the queer body as a political act and queer sexuality as a human right.

That said, many queers now frequently promote this right to pleasure without full acknowledgment of our history, or an awareness of the ways in which our use of substances can be directly linked with our history of oppression and trauma. While the use of substances has continued to be a cultural norm in some sectors of the community, active addiction has often been regarded as a taboo subject, stigma and shame remain, and recovery has sometimes been invisible.

The Other Closet

As the queer community has reached greater visibility, a considerable segment of our population—the queers in recovery from addiction—has remained hidden from the whole. For decades, queer people have been congregating in church basements and YMCAs to offer support and healing to each other for their recovery from addiction. Queer-oriented Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and scores of other 12-step groups are the most organized, but by no means the only recovery support networks for queer people across the country.

Marty Mann, an early recovery advocate who promoted public education about the disease of alcoholism and founded what is now the National Council on Alcohol and Drug Dependence, was a lesbian. She was also responsible for ushering many gay men and lesbians into AA in the 1940s and 1950s. “Mrs. Marty Mann” was “out” about being a woman in recovery (double stigma), but remained silent about her sexual orientation (triple stigma). This was partly because of the times, but also because being out about too many stigmatized areas of her life would have undermined her already compromised credibility as an activist. In our community now, many queers are willing to disclose their sexual orientation or gender variance, but not their recovery from addiction. The lives of far too many among us span both closets.

As early as 1970, gay activists in recovery began to challenge AA in the flurry of queer-positive activity that followed Stonewall, petitioning AA for the right to establish “special interests” gay AA groups. This piece of history, largely unknown to the overall queer community, preceded the 1973 removal of homosexuality as a mental disorder in the DSM-II by the American Psychological Association (APA). Advocates pioneered what was to become a current network of “Gay AA” meetings across the country, arguing that it was important to create a safe and openly identifiable recovery space in which queers could explore the nature of their addiction and sexuality in a supporting and understanding community of peers. This has resulted in a strong, sober queer community that is a subset of the larger community. It has also created an overall acceptance of queer experience in many mainstream factions of AA and 12-step culture in general.

Many queers today express discomfort with the notion of disclosing their recovery within the queer community. As in other oppressed communities in which substance use is a social norm, there is often a reverse stigma and harsh judgment placed on people in recovery who no longer share common activities that center around the use of substances. Further, oppressed communities tend to shy away from addressing addictions as a social problem in their specific communities, fearing that it will bring further negative attention and blame upon them by the dominant culture. Because of these variables, it is important for us to tease out the issue of addiction in our community from the separate but related issue of the “right to use,” and the historic role of substance use in subcultures promoting sexual liberation. Thoughtful dialogue can direct us to recovery solutions that include not only those who practice abstinence from substances as a means to generate their recovery from addiction, but also those who chose to use substances in a way that promotes informed choice, awareness, and acknowledgment of risks, while reducing them.

Community Responses

Viewing addictions as a public health problem is an approach that is supported by many health care advocates. This approach could be facilitated if we could begin to draw comparisons with what we have learned through our experience with HIV/AIDS. We have had to overcome social ignorance and aggression concerning AIDS, much of it based on heterosexism and homophobia. We have had to fight for access to decent, affordable healthcare—and a host of other human services—that we have been continually denied. We have fought against the stigma and hollow moralizing that has promoted the lies that with HIV/AIDS we have gotten what we deserved and that we actually caused the disease through our own bad and immoral behavior. In order to fight back in the way that we have, we have had to challenge our own internalized homophobia and oppression, develop new ways of honoring queer lives (and queer deaths), and reexamine the manner in which a holistic, authentic, and inclusive queer community can be built. As a result, we have learned a tremendous amount about queer health, the infrastructure and delivery of queer healthcare, and the importance of valuing healthy queers lives as a community concern.

As we now face the sweeping challenge of methamphetamine use and addiction—as well as the related spiking rates of HIV infection—in many sectors of our community, there has been a tendency to once again moralize and blame the people that are suffering and in pain. Negative responses such as these are not only unhelpful, but also serve to undermine any approach that might shed light on the root causes of such a vast social problem. While many people use substances for pleasure and fun, a great many use them to nullify pain, to feel normal, or to feel socially or intimately connected with others. When we get deeper into addiction, the substances which served to deaden our ain stop working and we feel the pain more deeply, feel less than normal, and feel isolated and disconnected not only from our community, but from the entire world. The very substances that formerly made us feel so alive and vital now create their own level of pain and deaden our bodies, minds, emotions, and spirits.

Organizational Responses

One of the many ways that our community responded to HIV/AIDS was by building organizational infrastructure to provide our own healthcare. Our community organizations have responded to a range of health and social service, needs, including HIV/AIDS, mental health disorders, problems with substance use, and addiction. We have often

provided such response on shoestring budgets and with a largely volunteer workforce, especially during periods in which our advocacy for governmental or foundation funding has gone unheeded or ignored.

With such a rich legacy of what we have created, we have been slow or resistant to institute internal organizational policies that are consistent with what we advocate outside of our community. Attempts by advocates to get boards of queer organizations to adopt policies that restrict the beverage industry from corporate sponsorship have been met with indifference, hostility, or dismissal. First, there has been a lack of vision that it might be possible to hold public community events that are not plastered with banners that advertise liquor from companies that target our communities and exploit our vulnerabilities. The naysayers often argue that other corporate entities do not sponsor queer organizations and events with the same zeal as the alcohol industry. Although the issues are parallel, our community organizations continue to unquestionably accept corporate sponsorship from alcohol companies, even when it would be imprudent or a public embarrassment to accept tobacco sponsorship.

Queer recovery activists are not advocating a complete moratorium on the use of substances, but rather a more thoughtful, thorough, and ongoing community dialogue that elevates the importance of these issues and honors their complexity. Until we make room for a more informed conscience, we will relieve ourselves of all accountability by continuing to turn our collective back on addiction and recovery, dismissing them as not pertinent or pressing queer issues. Fortunately, some alternative community responses to addiction recovery have been created, notably in the form of substance-free community centers and spaces. We need more of these kinds of models as we move forward in creating recovery-friendly spaces that acknowledge and honor the recovery of many of our community members.

Addiction and Recovery: A Vital Part of the Queer Agenda

Just as our communities need to be aware of and accountable for substance use, addiction, and recovery in the lives of queers, so too must we begin to make a place for these issues and concerns as part of an overarching queer healthcare agenda.

As a wave of social and political conservatism recently swept across the country, queer healthcare issues that had not too long ago established a brief but tentative holding were all but forgotten in mainstream health care policies. In the addiction treatment field, which regards cultural competence as a core practice, issues of sexual orientation and gender identity have been relegated to mere footnotes, if mentioned at all. Despite our repeated efforts to train administrative and frontline staff in treatment agencies, organizational policies that are discriminatory or unwelcoming to queers prevail throughout all phases of addiction treatment.

While some addiction agencies provide queer-inclusive and queer-friendly treatment, far too many do not. Queers in treatment settings receive harassment from other clients and staff which they are blamed for provoking when they bring it to the attention of the administration. And queers are continually admonished for voicing issues of their queer lives; they are told that gay issues have nothing to do with their recovery and only serve to make the other clients and staff uncomfortable.

Queers who are successful in completing addiction treatment often return to their

communities unsure of their footings and confused about how to find safe places and people who will support their recovery. Linking to new sober friendship networks and community spaces and engaging in activities that do not involve the use of substances are key elements in stabilizing their early recovery.

As we go about making a queer politics more inclusive of the experience of all queers, let us not forget that doing so will involve a commitment to supporting community responses to substance use, addiction, and recovery. If we approach this subject with a sense of our own power and authority, a complex understanding of the multiple reasons for substance use, and genuine solidarity between recreational drug users, nonusers, those struggling with addiction, and those who have achieved long-term recovery, we can only strengthen the broad and diverse community that we are.