



Brother to Brother

Inspiration

They held each other up.
They patted each other's
back as if each had
Fallen and scraped a knee
and had no one else
To turn to for comfort.

It seemed as if they
hugged each other
for the past and
for the future.

~ Terry McMillan

National Conference Schedule

Community Planning Leadership Summit

New York, N.Y. ... **March 12-15, 2003**

HIV/STD Prevention in Rural Communities

Bloomington, Ind. ... **March 28-30, 2003**

2003 National HIV Prevention Conference

Atlanta, Ga. **July 27-30, 2003**

United States Conference on AIDS

New Orleans, La. .. **Sept. 18-21, 2003**

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WESTERN AFRICAN-AMERICAN MEN'S CBA PROJECT

Do it yourself doctoring:

The risks of self-medicating depression

By R. M. Griffin

"Self-medication" is one of those vague terms that can refer to just about any kind of behavior. "Pushed to its broadest sense, it applies to anything that takes you away from the realities of your life," says Dr. Laura Young, a psychotherapist and the senior vice president of Community Services at the National Mental Health Association. Self-medication can include hot baths, skydiving, and getting loaded.

But clinically, self-medication applies more specifically to people suffering from a psychological disorder — often depression or anxiety — who begin using alcohol or drugs to treat the symptoms or hide their pain. The problem is that it often works, at first, and you can become reliant on your substance of choice. Before you know it, you've got yourself an addiction on top of whatever problem you started with. It's a vicious cycle, but it's one that doctors and therapists are coming to better understand and more effectively treat.

Defining the Disorder

Dr. Aaron Kipnis, a professor of clinical psychology and the author of a recent book on troubled male adolescents — *Angry Young Men* — notes that identifying self-medication can sometimes be difficult. "Our whole culture uses drugs and especially alcohol as a way

of enhancing pleasure or reducing inhibition." You can only seek help if you can tell the difference between "normal" partying and a more serious reliance on substances. According to Young, signs of a problem include using substances:

- on a regular or daily basis
- as a way of being around other people
- by yourself

"And clearly," says Young, "if your use of a substance begins to interfere with your ability to live your life, to have fun, and to work — if it becomes a necessity rather than a choice — it's time to seek help."

Although anything can be used as self-medication, Young observes that alcohol is often the preferred drug. "It's easily available, legal, and cheap," she says. "Marijuana is also common for people who are self-medicating because, like alcohol, it's a depressant that numbs you to reality."

Environment can make a difference too, enabling — and disguising — the development of a substance abuse problem. "I think that it is true that in the culture of the LGBT (Lesbian, gay and bisexual teen) community, in which a lot of socialization occurs in bars, there is more of an opportunity for people to use substances," says Young. "It's easier, and it's more acceptable." Self-medication may also -- in some cases -- indicate self-destructive and even suicidal impulses. "Any time that I have a client who is

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WAM advisory board members roles given

The Mississippi Urban Research Center at Jackson State University is charged with the responsibility of coordinating the Western African-American Men's (WAM) Capacity-Building Assistance (CBA) Project. The focus of WAM CBA is to mobilize African-American Men who have Sex with other Men (MSM) as responsible leaders and key participants in the delivery of HIV prevention services; to increase collaboration among agencies providing HIV prevention services, and to increase participation and involvement in the community planning process relative to the recruitment, identification and retention of participants.

The WAM CBA has a regional advisory board whose roles and responsibilities include: (1) to contribute to defining the capacity-building assistance mission and governing the fulfillment of that mission, and (2) to carry out the functions of the WAM CBA Regional Advisory Board as stated in the application for funding to the Centers for Disease Control and Prevention. Advisory board members will focus on the development of procedures that govern the Jackson State University WAM CBA project component of the Mississippi Urban Research Center. This role is separate and distinct from the role of the director, who determines the means of implementation.

Furthermore, advisory board members pledge to agree to serve on at least one task force, attend all meetings and participate in the accomplishment of its objectives as well as to participate in the annual strategic planning retreat, committee development workshops, seminars, and other educational events that will enhance their skills as a committee member. Advisory board members provide quarterly reports on their activities in promoting or helping the WAM project gain access to the African-American MSM community.

Rural life emotionally grueling for people with HIV

By J Garbo

A significant number of people with HIV who live in rural communities in the United States are severely depressed and suicidal, according to a study presented at last month's Annual Conference of the Society of Behavioral Medicine in Seattle, Wash., Reuters reported April 18.

Researchers from Ohio University in Athens, Ohio, conducted telephone interviews with 152 men and 49 women diagnosed with HIV. All participants lived at least 20 miles from a town with a population of 100,000 or more, and almost two-thirds resided in populations with fewer than 10,000 people.

The survey found that 38 percent of participants said they thought of killing themselves within the past week, and 6 percent said they would have committed suicide or would have liked to have committed suicide in the past week, had they had the opportunity to do so. Participants who had suicidal thoughts also reported symptoms of depression, stress associated with the chance of transmitting HIV to a partner, stress from HIV-related discrimination and

stigma, and less ability to cope with stressful life events.

"I often ask HIV-infected rural persons to describe for me the one thing they need in order to be able to enjoy a better quality of life," Reuters quoted Timothy Heckman, Ph.D., associate professor of psychology at Ohio University and an author of the study, as saying. "Most of them talk about the need to reduce AIDS-related stigma and discrimination in rural communities. Unfortunately, our society has not even begun to address this issue."

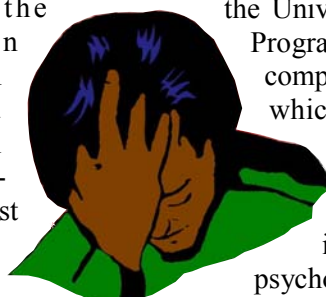
"It is important for residents of rural communities to realize that, when they stigmatize or discriminate against a rural person living with HIV/AIDS, they may very well be contributing to his or her psychological demise," Heckman added. Heckman encourages people with HIV in rural communities who are depressed to seek treatment, such as therapy and/ or antidepressant medication. Above all, he added, "People living with HIV disease in rural areas are not alone — although they may feel like they are."

Source: <http://www.gayhealth.com>

Depression linked to unsafe sex among gay men

By S. Albert

Depression has long been linked to numerous mental and physical health issues, including cancer, heart disease, suicide and substance abuse. But new research highlights the connection between depression and risky sexual behavior. According to a new study, gay men with dysthymia, a long-term, low-grade depression, are almost twice as likely to have unsafe, casual sex than gay men without this condition. The study was presented at the Australian Society for Medicine conference, which took place in Melbourne from October 12-14. Researchers from Adelaide University in Australia included over 400



men who have sex with men (MSM) in their study. Led by Dr. Gary Rogers from Adelaide University's Department of General Practice, the team collected information from participants as part of the University's Care and Prevention Program. Participants completed comprehensive health evaluations, which included questionnaires about recent sexual behavior as well as a diagnostic interview to identify depression and other psychological disorders.

The study found that 40 percent of participants with dysthymia reported unprotected sex (without a condom) in the six months before they joined the program. For the men who did not have dysthymia but who reported the same

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Do it yourself doctoring continued...

engaging in behavior that takes away from his life more than it adds to it, I consider that possibility," says Kipnis. "For some people, self-medication is suicide on an installment plan."

Sex as self-medication

For many people, a healthy sex life is part of a healthy psychological life. But sex can be used in an unhealthy way by people who are suffering, and some research appears to support this. A recent study has established a firm connection between dysthymia — long-term, low-level depression — and unprotected sex in gay men.

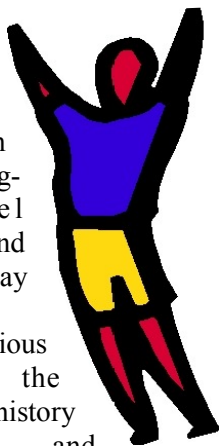
Kipnis is cautious when discussing the subject. "There is a history of scrutinizing — and condemning — the sexual practices of gays, so we should be cautious in pathologizing sexual behavior," he observes. "But I do think that when we have intimacy needs that aren't being met, we can develop an obsessive relationship with our sexuality that is very much like an addiction."

Young agrees, and says that, in the course of seeing clients in her private practice, she has noticed a connection between self-medication and promiscuous sex. "I have definitely seen clients who use sex in the same numbing way that they use alcohol or drugs," she says. And like drug addiction, promiscuous and unprotected sex can be extremely hazardous to your health.

Getting Treatment

If you think that you might have a problem, get professional help. "You've got to remember that self-medication, as a way of controlling your symptoms, is always going to fail," says Kipnis.

Treatment of self-medication and depression has been evolving in recent years. "People used to think that you had to get sober first before you could treat



the mental illness," says Young, "but now we think that you have to treat both problems simultaneously." Addressing only the addiction — without confronting the underlying cause — is much less likely to help in the long run.

Both Young and Kipnis also emphasize that recently developed anti-depressant medication can be tremendously helpful. "Don't overlook the possibility that medical care could help," says Kipnis. "The fact is that you may be happier taking an anti-depressant than a street drug."

So if you're in need of a drug to make you feel better, you probably shouldn't be treating yourself. Instead, seek out an understanding doctor or psychiatrist — and then let the expert write the prescriptions.

Source: <http://www.gayhealth.com>

Depression linked continued...

men not caring enough about themselves to stay safe," Rogers explains.

Rogers notes that 27 percent of participants met the criteria for dysthymia, a high rate overall. Encouragingly, the rate dropped to 16 percent at follow-up. "We also saw significant improvement in a range of other health measures," says Rogers. Indeed, promoting the mental health of gay men may help increase the rates of safer sex practices, he adds.

Severely depressed participants who reported less sex overall were not included in the findings. Depression is associated with a decreased sex drive.

The study was funded by the South Australian Department of Human Services.

A similar study, which evaluated the behavior and mental health of young people in New Zealand, also found a connection between depression and unsafe sex. This study was published in the British Medical Journal on July 29.

Source: <http://www.gayhealth.com>

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Focus

The Western African-American Men's Capacity-Building Assistance Project seeks to motivate, mobilize, increase participation and involvement of African-American men who have sex with other men (MSM) in the delivery of HIV prevention services and the community planning process. This project also seeks to foster collaborations and linkages of HIV prevention programs targeting African-American (MSM) with these stakeholders and community leaders.

The Western African-American Men's Capacity-Building Assistance Project's geographical area of coverage is as follows: AK, AZ, CA, CO, HI, ID, NV, NM, OR, MT, UT, WA, WY.

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Skills-Building Course Calendar

Community Mobilization.....**January 7 & 8**
Boise, Idaho

Community Planning.....**March 20 & 21**
Portland, Oregon

Community Mobilization.....**April 10 & 11**
Las Vegas, Nevada

Community Planning.....**April 24 & 25**
Oakland, California

Community Planning.....**May 15 & 16**
Seattle, Washington

Community Mobilization.....**June 13 & 14**
Anchorage, Alaska

Community Mobilization.....**June 19 & 20**
Phoenix, Arizona

Community Planning.....**Sept. 18 & 19**
Los Angeles, California

For information about these courses, please call the Western African-American Men's Capacity-Building Assistance Project, toll-free, at 1-866-JSU-MURC (578-6872).



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