

Introduction

Research has shown that Lesbian, Gay, Bisexual and Transgender (LGBT) alcohol, tobacco and other drug use is 2 to 4 fold higher than in the broader heterosexual community. While this does not mean that all LGBT people who use drugs and alcohol experience problems associated with their use, this figure is cause for concern.

Lack of research

The prevalence rates of LGBT substance use is difficult to determine. This is due to:

- Reliable information on the size of the LGBT population is not available.
- Epidemiologic studies on ATODS use rarely ask about sexual orientation and gender identity.
- Research studies cannot be compared because of inconsistent methodologies.

In addition, sexual orientation and gender identity are not included in the national minimum data set, therefore compounding the problem of securing sufficient and reliable data on LGBT drug use.

Much of the Australian ATODS research has focussed on gay men in relation to drug use and risky sexual behaviour. While this research has been useful in identifying patterns within gay male cultures, these findings cannot be applied to lesbian, bisexual and transgender experience of drug use.

Reasons for use

Lesbian Gay Bisexual & Transgender people use licit and illicit drugs for a variety of reasons. This can be related to societal reactions to LGBT people, such as homophobia and heterosexism, rather than being caused by sexual orientation or gender identity itself.

Reasons for the elevated use of drugs within LGBT communities can include:

- Stress associated with belonging to an often despised minority
- Stress associated with managing a minority identity, such as needing to hide identity to keep job or experiencing harassment/discrimination
- The stress associated with coming out to family, friends and work colleagues
- Confusion around sexual orientation or gender identity
- The role of gay bars as a major (and sometime only) social outlet, leading to finding friends and partners in bar settings, thus increasing the likelihood of adopting a "heavy drinking"/using peer group
- Greater likelihood of loss of family and community support
- Non-acceptance of self or internalised homophobia: leading to low self esteem, depression, anxiety and feelings of guilt and paranoia.

(Eliaison, M.J., Hughs, T., 2004)

There is a strong link between an LGBT individual's drug and alcohol misuse and their experiences of discrimination and abuse.

Patterns of LGBT ATODS Use

LGBT patterns of drug use differ from the general population, with less distinction between patterns of use for lesbians compared to gay men as there is between heterosexual men and women.

LGBT people are:

- less likely to abstain from ATODS use
- more likely to drink moderately.
- more likely to suffer ATODS related problems
- less likely to stop using both illicit drugs and alcohol as they grow older

(Beyond Perceptions 2000)

Prevalence of LGBT ATODS use

In 2005 QAHC conducted an on-line survey. 322 LGBT Queenslanders responded. Some of the results included:

Tobacco

44.8% of survey respondents smoked at least daily and up to 30 cigarettes per day. Average was 11-20 cigarettes per day.

Alcohol

41.4% of people had more than 8 alcoholic drinks per week and 41.4% of the survey respondents described themselves as being a binge drinker (only 10.2% didn't drink at all).

Marijuana

21.2% of survey respondents smoked marijuana more than once per week with 7.8% smoking daily. 18% smoked every couple of months.

Top five recreational drugs from those who had/ever used them (subset of 143 people):

- Marijuana (63.6%)
- Ecstasy (62.9%)
- Amyl / Poppers (48.2%)
- Crystal Meth (27.9%)
- Speed (26.6%)

For many LGBT people, attending bars, clubs and dance parties provides an opportunity to meet and socialise in a safe space. The prominence of drugs and alcohol within these scenes has led to the development of knowledgeable approaches to ATODS use. A range of harm reduction practices or "Folk Pharmacologies" are widely adopted by LGBT people: These include

Alcohol:

- counting drinks
- eating while drinking
- quenching thirst with non-alcoholic drinks
- planning drinking
- refusing drinking
- minimising effects of alcohol on other commitments such as work.

Other Drugs:

- planned drug use
- using with friends
- knowing the dealer
- know what taking and how much to take
- not mixing drugs with alcohol
- knowing effect of different combinations
- managing effects
- staying in control.

(Beyond Perceptions)

ATODS use within LGBT communities

One of the difficulties for researchers and service providers alike is understanding the diversity of the LGBT population. The LGBT "community" can be seen as several cultures, and as one. This culture is as diverse as all its members. LGBT differs from other minority groups in that LGBT persons do not come from a common geographic area or have certain physical characteristics in common. Some researchers have argued that future research should examine in greater detail ATODS use within particular subcultures, rather than study the LGBT communities as a whole. It has also been argued that while LGBT individuals from different backgrounds experience their communities differently, they share the belief in the legitimacy of their way of life

[A Provider's Introduction...2003]

Gay Men/MSM (Men who have Sex with Men)

Research on Gay/MSM has argued that patterns in drug use may be linked with trends in HIV diagnosis. For gay/MSM, substance abuse is embedded within specific contexts within the gay male culture, for example, bar and clubs are a place to meet without fear of stigmatisation. Substance abuse is paired with certain sexual behaviours or settings, resulting in state-dependant learning (this refers to the paired associations between substance use and sexual activity, whereby substance use can be a trigger for subsequent sexual risk taking and visa versa.

(Mullins, 2005)

HIV Positive Gay/Bi Men

Some HIV positive gay/bisexual men discontinue or reduce their use once they have been diagnosed with HIV. However, evidence suggests that a percentage continue to use recreational drugs. This may reflect their greater involvement in a drug-tolerant culture and may also reflect attempts to manage increased levels of stress and worry associated with increased discrimination from within and outside LGBT communities

(What the Difference 2002)

Lesbians

A recent survey of lesbian and bisexual women living in Western Australia found that more than a quarter (28%) of participants were smokers – roughly double the general rate for women. Lesbian and bisexual women consumed more alcohol more frequently than women in the wider community. 34% of women had used an illicit drug in the previous 6 months. Of these about 10% had injected drugs in this period. The most commonly used illegal drugs were cannabis, ecstasy and speed.

(Comfort, 2007)

Bisexuals

Bisexuals in general are under represented within LGBT surveys, and are usually combined as gay/bisexual or lesbian/bisexual. As a result, actual ATODS data on this group is extremely difficult to determine.

Transgender

Again, research into Transgender drug use in Australia is limited. Private Lives: A report on the health and wellbeing of GLBTI Australians found that:

Use of drugs on more than five occasions in previous Month

Tobacco

- 44.1% Trans Males
- 35.4% Trans Females
- 36.4% Intersex Males
- 42.9% Intersex Females

Ecstasy

- 3.0% Trans Males
- 3.1% Trans Females

Marijuana

- 14.7% Trans Males
- 10.8% Trans Females
- 9.1% Intersex Males
- 14.3% Intersex Females

(Use of alcohol was not included in this survey)

Youth

In 2008, Brisbane based LGBT youth service, Open Doors, conducted a survey of 164 LGB young people (14-18) in QLD. (There were no statistics for Transgender youth in this survey).

- The survey found that nearly nine in ten (89% of) LGB young people drank alcohol with 34% reporting that they drank weekly.
- 71% of LGB young people who reported that they drank alcohol also reported that they would drink to get drunk. 24% drank to get drunk weekly.
- 29% of LGB young people reported that they smoked marijuana, of which 22% rarely smoked it, 2% smoked it weekly, and 5% smoked it daily.
- Nearly one in five (18%) of LGB young people reported that they used non-prescription drugs such as amphetamines or ecstasy, with 10% reporting they used these drugs rarely, 5% reporting they used them weekly, and 2% reporting they used them daily.
- 3% of LGB young people reported that they inject drugs.

Aboriginal & Torres Strait Islanders

The 2004 Queensland Survey of Aboriginal & Torres Strait Islander Men Who Have Sex with Men (MSM) found that one in six MSM drank alcohol at rates that put them at risk and almost two thirds of MSM used illicit drugs. The most frequently used illicit drugs were marijuana (56.9%), speed (21.9%) and ecstasy (18.8%). These rates were higher than what has been found among non-MSM ATSI and non-ATSI population.

Older LGBT

LGBT people continue drug and alcohol use as they get older. In a 2000 survey, Beyond Perceptions, very high proportions of LGBT people aged 50+ reported using alcohol in the last month (90% compared to 64% in the broader community). This group was also more likely to express concern about the extent of ATODS use in LGBT communities and their peers. However, in general, use of illicit drugs was lower in the 50+ group of respondents than in the rest of the LGBT community.

[Beyond Perceptions, 2000]

CALD

Research in to Queensland LGBT drug use within CALD communities is almost non-existent.

The Gay Asian Periodic Survey 2002 of 452 gay Asian men in Sydney indicated that in the previous 6 months:

- 26% had used amyl
- 20% had use ecstasy
- 17% Marijuana
- 11% speed.

Rural/Remote

LGBT people who live in rural and remote areas experience increased levels of discrimination. They have reduced access to LGBT support and community networks and to LGBT aware friendly health services providers. These added pressures may result in increased ATODS use.

Young people from regional areas are more likely to inject than city LGBT and are injecting either alone or belong to heterosexual IDU networks associated with street based contexts that include speed and heroin.

These young people are therefore more vulnerable due to lack of information and harm minimisation information and how to access services about the drugs they inject. In rural/remote areas, ATODS use among LGBT is more likely to occur in private, which may increase feelings of isolation and lead to further ATODS use.

[What's the Difference 2002]

Treatment

- LGBT people are less likely to seek help and present to health providers much later than those in the broader community. This is due to fear of experiencing discrimination and/or believing that service providers are not equipped to deal with LGBT issues.
- Because of the effect of social stigma, LGBT people may have different treatment needs and these can be overlooked in ATODS user treatment programs
- There is a need for client and counsellor to address the clients feeling about his or her sexual identity and the impact of homophobia and heterosexism.
- Service providers should expect to work increasingly more with LGBT clients who are parents, and be aware that these family structures can be diverse. For example, a family that consists of a child, two lesbian mothers and a gay man as the father.

[A Provider's Introduction...2003]



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