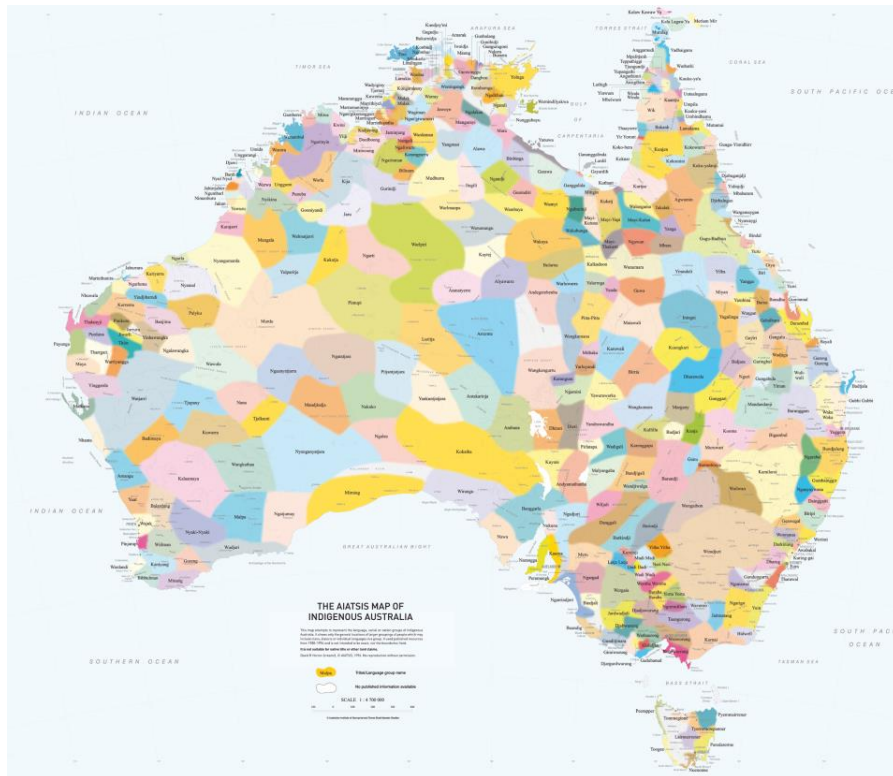


Welcome to today's Insight / APSAD webinar.

We'll be starting a little after 10am (QLD time).

- Use the chat icon for all questions and comments – *select All panelists and attendees.*
- If you are experiencing other problems or require further technical assistance call Zoom on **1800 768 027.**
- A pdf version of today's presentation will be available soon in the chat window.
- A recording of this webinar will be available on our YouTube channel in the coming weeks.





**We acknowledge the
Traditional Owners of the land
on which this event takes
place and pay respect to
Elders past and present.**

This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: www.aiatsis.ashop.com.au/

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Centre for alcohol and other drug
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The Australasian Professional Society
on Alcohol and other Drugs



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LGBT Communities and Substance Use in Queensland: Perceptions of Young People and Community Stakeholders

Dr Daniel Demant
Senior Lecturer, School of Public Health

Dr Daniel Demant

Professor Attila Brungs July 2014 – present

✓ Roles

- Senior Lecturer, School of Public Health
- Researcher and Teacher, Queensland University of Technology
- Researcher, Griffith University
- Public Health Officer, German AIDS Council
- Other experience: Queensland AIDS Council, District Attorney's Office

🎓 Education

- PhD in Social Epidemiology, Queensland University of Technology
- Master of Public Health, Queensland University of Technology
- Bachelor in Applied Social Sciences, Dortmund University of Applied Sciences and Arts



Research Focus:

Substance Use and Sexual
Health in Special and
Minority Populations

The Evidence

Evidence on disparities in substance use in sexual and gender minorities in Australia and beyond.



Early Evidence

1914: Lesbians smoke more than
heterosexual women – especially cigars

(Hirschfeld, 1914)*

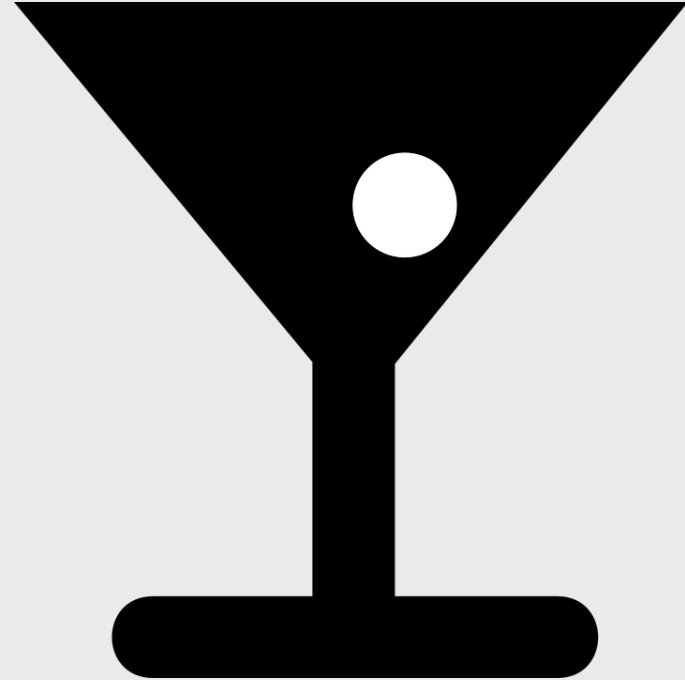


Alcohol

Sexual Minority People drink

- *more often* (e.g. Kerr et al., 2014)
- *riskier* (e.g. Marshal et al., 2013)
- *at an earlier age* (e.g. Talley et al., 2014)

than their sexual majority counterparts



Past Month Use

49%



LGB

30%



Straight

Binge Drinking

33%



LB

16%



Straight



(Pittsburgh High School Students; Marshal et al., 2020)

First Full Drink before turning 15yrs

63%



LB

46%



Straight



(US Teenagers; Talley et al., 2012)

Smoking

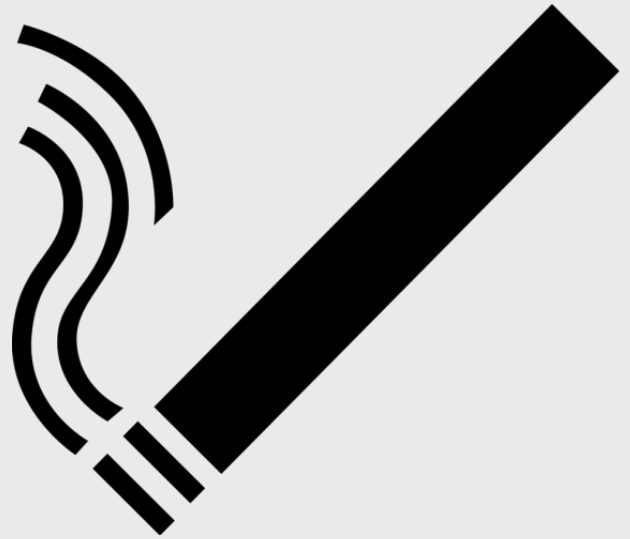
- Sexual Minority People smoke

- *more* (e.g. Lee et al., 2016)

- *earlier* (e.g. Corliss et al., 2013)

than heterosexuals.

- *Higher* dependency among sexual minority people (e.g. Fallin et al., 2015)



Illicit/Illegal Substances

Sexual Minority People use **more**

- THC (e.g. Hatzenbuehler et al., 2015)
- Cocaine (e.g. Kelly et al. 2014)
- MDMA (e.g. Kerr et al., 2015)
- GHB/GBL (e.g. Rhodes et al. 2009)
- Methamphetamine (e.g. Matthews et al., 2014)
- LSD (e.g. Kerr et al. 2015)
- Poppers (e.g. Newcomb et al., 2014)
- Heroin/Opiates (e.g. Lampinen et al., 2006)
- Prescription drugs (e.g. Rosario et a., 2014)



Lifetime Cannabis use – Young People



52%
(LB)

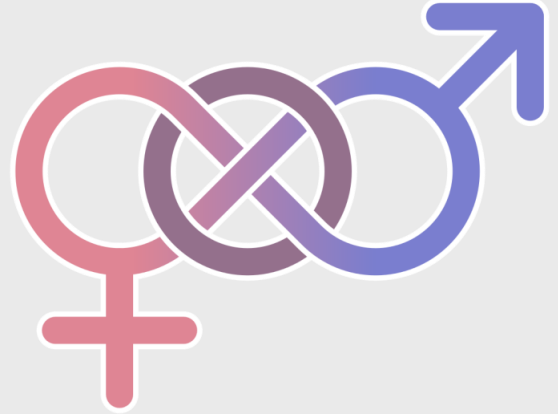


25%
(het)

Same, Same But Different

Disparities are not equally distributed
among all sexual minority subgroups

- Bisexuals use more than gays/lesbians
- Disparities are larger in female groups



The Reason

Evidence suggests reasons for disparities in substance use are multi-faceted and cannot be pinpointed to a specific reason.



Why, Why, Why

- Discrimination, Marginalisation, and Oppression
- Identities and the LGBT Community
- Targeted Marketing

Discrimination, Marginalisation, Oppression

- Homonegative and heterosexist environment:
 - Structural discrimination
(Chow et al., 2013; Holmberg & Smith, 2014)
 - Physical and verbal violence
(Chakraborti & Garland, 2012; Hein & Scharer, 2013)
 - Rejection experiences
(Harbeck, 2014)
- Perceived discrimination, oppression highest in sexual minority adolescents (Goldbach et al., 2014; Marshal et al., 2009)



Identity and Community



Ethnicity or Religion

Identity: *“Aspects of oneself which form the basis of shared group membership”* (Cox & Callois, 1996, p.11)



Sexual Orientation or Disability

LGBT Community

- Source of Socialisation
- Safe Space
- Support
- Socialising, potential partners



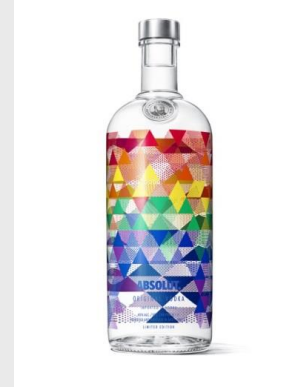
LGBT Community

- Bar Culture
 - higher availability of alcohol & other drugs
- Physical manifestation may affect overall community cultures and norms



Inhale, Drink and Marry

- Targeted Marketing based on Sexual Minority Identities



Queensland and Australia

What do young sexual minority people say about their substance use and the role the community plays? What is the reaction of community leaders?



Qualitative Interview studies

Participants

- Group A: Sexual Minority Young People (18 – 35) living in Queensland
- Group B: Queensland LGBT Community Stakeholders (any age)

Recruitment and Analysis

- Convenience sampling via social media and snowballing
- Traditional content analysis of semi-structured interviews

Group A Sample

31 interviews – 30 – 60 minutes long

Mean age	24 years (18-34)
Gender	15 Female 13 Male 1 Non-binary 1 Genderqueer
Sexual Orientation	19 Gay/Lesbian 9 Bisexual 2 Queer 1 Pansexual

Results

- Extent of and acceptability of substance use in the community
- Reasons for disparities in substance use

Extent and Acceptability

- Significance
- Extent
- Acceptability

Significance

- Seen as a major problem
- May be inflated by stereotyping ('gay men are constantly partying')

"I think it's widespread [...] I would like it not to be synonymous with the gay community or to be more prevalent. It would be good to see a downturn."

Extent

- More prevalent
- More visibility of substance use

“When I go out clubbing at a straight venue and not a community venue, it’s still pretty bad, but you don’t actively see people running around selling drugs, seeing them take it, bragging about it and just generally they seem a bit less intoxicated [...] it’s not as boastful [...], at the gay venue it’s like ‘Yeah. I’ve been drinking and I’ve smoked weed and I had this tablet, and this tablet’ and it’s a bouquet.”

Acceptability

- More accepted than in the general community – especially so-called ‘hard drugs’

“I guess for me and the experience that I’ve had it’s been more accepted in the LGBT community. It’s not really sort of questioned or anything like that. People are like ‘sweet, no worries’ and just keep going.”

Reasons for Disparity

- Marginalisation, Discrimination and Mental Health Consequences
- LGBT Culture and Lifestyle
- Socio-political and Ethical Values of and in the LGBT Community
- Other seasons, e.g., Media and Demographic Differences

Marginalisation, Discrimination and Mental Health

- Feeling different and isolated; lacking a sense of belonging
- Discrimination and derived mental health problems
- Family and coming out problems

“When I identify different from the majority it does make life much harder. So, I don’t consider it a rational choice.”

LGBT Culture and Lifestyle

- LGBT Community is a 'Bar Culture' in Queensland – if at all
- Peer-pressure is higher in Australia, even more in the LGBT Community

“Cause they feel like it's kind of like when you're at a party and there's food on the table. Because it's on the table and it's there, you eat it [...] I feel like maybe that's why they take it, because it's so accepted in that community and it's just there.”

Socio-Political and Ethical Values

- Less bound by general societal norms and religious values
- Liberty and acceptance are the main community norm

“My opinion is that because we’ve experiences other people telling us what to do with our lives, a lot of LGBT people are very hesitant to say to someone ‘Well, you shouldn’t do that.’”

Other Reasons

- Media normalises substance use in the community
- Coping mechanism for conflicting identities
- Demographic differences (fewer family responsibilities, generally younger community, higher disposable income)

“Using substances to escape from that feeling, trapped between the two different sides of your identity, using substances to try and forget about one. One side of your personality is telling you that the other side is a really terrible thing.”

Summary

- Sexual minority young people
 - Are aware of substance use disparities in their community
 - Perceive them to be accepted and normalised within the community
- Suggested reasons are
 - Marginalisation, discrimination and mental health
 - LGBT culture and Lifestyle
 - Socio-political and ethical values of the LGBT community
 - Other reasons such as media or demographics

The Stakeholders

Mean age	47 years (31-57)
Gender	2 Female 12 Male
Experiences in the LGBT Community	8 LGBT Organisations 4 LGBT Venues 2 Both
Length of Experience	8 more than 10 years 5 five to 10 years

What is their opinion?

- As before:
 - Extent and acceptability of substance use in the LGBT Community
 - Reasons for Disparities
- Potential Interventions
 - Politics and legislation
 - LGBT NGOs and existing Groups
 - Commercial LGBT Venues
 - Community as a whole

Extent and acceptability

- A problem in the community
- No decline (as seen in general population)
- Epidemic levels of alcohol and methamphetamine use
- Substance use as a community norm
- Beyond simple acceptance: a badge of honour

“I get concerned about the increasing use of ICE (methamphetamine) amongst young gay people these days. And I do know that LGBTI people tend to use a little bit more than their fair share and it can be an issue for some members of our community.”

Reasons for disparities

- Marginalisation, Discrimination, and Mental Health most important
- LGBT Culture and Lifestyle: nothing to do for young people
- Liberty of community motivated by limited knowledge?

“I think also it’s not so much the attitude, I think that the knowledge in the community about the effects, about the harm of substance use. I think that’s not really too big. I think because that to me is quite fragmented, quite small. There’s been very little public targeted education.”

Intervening: Politics and Legislation

- Interventions aimed at discrimination and marginalisation
- More safe spaces for young LGBT people
- Change in legislation to ensure equality

“I guess it all depends on what sort of funding that the NGOs have for a start, we’d love to open up our space to have a coffee shop or something but without money you can’t really do that.”

Intervening: LGBT NGOs and existing groups

- More activities, more advertising for existing activities
- Community needs to use social media different
- More social activities
- Mainstream services need to be accepting and safe for LGBT people

“We have to try to come up with new ways to get people to connect that’s centered around other things [...] getting more social activities like that where there is a common focus that doesn’t require any alcohol or any substance.”

Intervening: Commercial LGBT Venues

- Limited role in this – profit driven, not interested in alcohol-free or young people events
- Collaborations with NGOs are beneficial

“Most of my work with these venues, they’ve always been incredibly profit-driven [...] There’s not really much of an incentive for them financially to provide services or events that are non-alcohol for younger gay, lesbian, and transgender people.”

Intervening: Community as a Whole

- Reinforcing the culture of the community
- Break the isolation of the LGBT community

“We are so head-down gay, gay, gay, gay, gay, gay, gay, gay, gay; it doesn’t really exist, outside of the gay culture. We actually close ourselves off to anything beyond that gay culture of going to a nightclub and drinking; there is nothing else.”

Summary - Stakeholders

- Community stakeholders agree with young community members
 - that substance use is an issue in the Community
 - that there are several reasons for these disparities including Discrimination, the bar culture of the LGBT community
- Community stakeholders inconsistent on the topic of political liberty
- Ideas for intervention: Legislation, NGOs, Commercial Venues, Community as a whole

Testing in the field

- Procedure
 - Cross-sectional online survey
- Participants
 - currently living in Australia, aged between 14 and 35 years, sexual minority identity
- Sampling
 - Convenience: print material, social media, email lists, LGBT organisations, news outlets
- Effects of participation and connectedness to the LGBT Community on substance use

Sample

Number of Participants		1,556
Mean age		22.6 years
Males	Gay	628
	Bisexual	100
	Other	54
Females	Lesbian	198
	Bisexual	253
	Other	174
Non-binary	Gay/Lesbian	13
	Bisexual	14
	Other	68

Connectedness and Participation

Variable	Low	Medium	High	Missing
Connectedness	31.1% (n=400) Range: 0-10	34.6% (n=444) Range: 11-14	34.3% (n=441) Range: 15-20	n=271
Participation	33.4% (n=475) Range: 0-2	35.0% (n=497) Range: 3-5	31.6% (n=450) Range: 6-26	n=134

- Connectedness to the LGBT Community Scale
- Participation in the LGBT Community Scale

Connectedness/Participation and Substance Use

Level of Participation	Model 1 (before covariates)		Model 2 (after covariates)	
	ASSIST Mean Score	Effect size	ASSIST Mean Score	Effect size
Low	21.9 (19.4-24.4)	$\eta^2 = 0.043$ ($p < 0.001$)	27.8 (24.5-31.2)	$\eta^2 = 0.024$ ($p < 0.001$)
Medium	28.4 (26.3-30.5)		28.2 (25.9-30.5)	
High	36.6 (33.8-39.3)		35 (32.7-37.2)	

Level of Connectedness	Model 1 (before covariates)		Model 2 (after covariates)	
	ASSIST Mean Score	Test statistics	ASSIST Mean Score	Test statistics
Low	29.5 (26.6-32.44)	$\eta^2 = 0.004$ ($p = 0.059$)	30.9 (28.2-33.6)	$\eta^2 = 0.001$ ($p = 0.725$)
Medium	28.2 (25.9-30.6)		30.5 (28-32.9)	
High	32.6 (29.8-35.3)		31.9 (29.3-34.5)	

Summary

- LGBT Community Participation is significantly associated with Substance Use Involvement (Objectives II and III)
 - Low-to-medium effect sizes
 - Effect sizes higher for female groups and bisexual participants; not significant for non-binary/other sexual minority identity
 - Effect size reduction after covariates
- LGBT Community Connectedness not associated with Substance Use Involvement (Objectives II and III)
 - Medium levels of connectedness may be protective (little evidence)

Thank you. Any Questions?



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suicide prevention'

Professor Pat Dudgeon

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