

WORKING WITH LGBTI PEOPLE

# ALCOHOL & DRUGS

It is clear that members of LGBTI communities use alcohol, tobacco and other drugs at elevated rates compared to the broader population and are significantly more likely to experience drug dependence.

As well as elevated levels of use many LGBTI people use alcohol and drugs in different contexts to the broader population. These differences may be the reason that health promotion initiatives and campaigns targeted at the broader population do not create the same type of behaviour changes in LGBTI people, making it essential to tailor campaigns and services to the needs of LGBTI people.

### WHY IS IT IMPORTANT TO HAVE SERVICES THAT ARE INCLUSIVE FOR LGBTI PEOPLE?

When talking about the use of alcohol and other drugs [AOD] within LGBTI communities in Australia it is important to recognise the significant role of anecdotal evidence in an under-studied population. However there has been more research recently that compares AOD use within LGBTI communities to that of the broader population.

Australia's most significant data collection on AOD use is The National Drug Strategy Household Survey [NDSHS] which then informs Australia's National Drug Strategy. This random survey of Australian households is conducted every three years, collecting data on the use of tobacco, alcohol and illicit drugs by people over the age of 14 years as well as the attitudes of Australians towards these substances.

From 2007 a question on sexuality was added to the NDSHS, although information on intersex and trans experience is not collected in this survey. However, there are several surveys specific to LGBTI communities that include data on AOD use by people of intersex and trans experience and some of these surveys also provide information on the situations and settings in which LGBTI people use drugs and alcohol.

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# ALCOHOL & DRUG TRENDS

- ✓ Gay and bisexual men start using drugs when they are significantly older than heterosexual men and continue using drugs until later in their life
- ✓ LGBTI people are far more likely to have used illicit drugs in the past 12 months than the broader population
- ✓ 30% of lesbian and bisexual women use tobacco daily compared 13% of heterosexual women
- ✓ LGBTI people are more than three times more likely to use psychostimulant drugs such as methamphetamine, cocaine and ecstasy than the broader population
- ✓ Lesbian and bisexual women report the highest of usage of cannabis
- ✓ Lesbian and bisexual women are twice as likely than the broader population to drink at high risk levels
- ✓ LGBTI people are far more likely to misuse pharmaceuticals than the broader population
- ✓ LGBTI people are four times more likely to have injected drugs than the broader population
- ✓ Lesbian and bisexual women are three times more likely to seek treatment for AOD use than the broader population
- ✓ Gay and bisexual men are twice as likely to seek treatment for AOD use than the broader population
- ✓ LGBTI people are far more likely to use drugs in sexual settings than the broader population
- ✓ LGBTI people are far more likely to have comorbid AOD and mental health issues
- ✓ HIV positive men are more likely than HIV negative men to inject drugs (17% vs 3%)
- ✓ GHB is a depressant drug commonly used by gay and bisexual men in party settings

*The statements above do not refer to intersex people as there is little/ no research talking about their AOD experiences*

# CAUSES FOR ALCOHOL & DRUG USE

There is much speculation about the causes of elevated rates of drug and alcohol use among LGBTI people. Whilst there is some research into risk factors and protective factors, most of these suggestions are anecdotally provided by service professionals and community members, and are widely accepted as accurate reflections.

## HOMOPHOBIA, STIGMA AND MINORITY STRESS

A large number of LGBTI people who seek support around substance use refer to their use being part of a coping strategy to deal with the external discrimination and difficulties regularly experienced as an LGBTI person, as well as internal issues around identity development and self-acceptance. Past trauma and abuse leads to many LGBTI people having both substance use issues as well as poor mental health, with lesbian and bisexual woman reporting the highest rates of anxiety and depression across LGBTI communities.

## ISOLATION

Family and peer support is recognised as a protective factor against risky drug and alcohol use. Many LGBTI people experience separation from family of origin, and depending on geographic location among other factors. They may not have access to social support networks.

## NORMALISATION OF SUBSTANCE USE IN SOCIAL SETTINGS

It is suggested that a higher level of LGBTI social connection occurs in settings such as 'LGBTI-identified' events, bars and clubs. These places can provide a place to meet other LGBTI people and may also be regarded as safer spaces where LGBTI people anticipate less risk of harassment or violence. Relying on social settings where there may be a focus on alcohol and/or drugs is thought to lead to the normalisation of drinking and taking drugs, with people potentially engaging in these behaviours to fit in, to attempt to reduce inhibitions or nerves, or to be on the same level as their friends.

## INCREASED SEXUAL PLEASURE

There is a growing body of research looking at drug use in sexual settings or chemsex as it is commonly referred to. Growing numbers of gay and bisexual men report using drugs to increase pleasure during sex. The increase in drugs being used in sexual settings appears to be linked to the usage of online hook up apps such as Grindr. The drugs commonly used in sexual settings are amyl/ poppers, methamphetamine, ecstasy, Viagra, cocaine and GHB. People using drugs in sexual settings need extra support around minimising risks such as blood borne viruses and STI's. It is shown that HIV positive men are more likely to use drugs and more likely to inject than HIV negative men. Education should discuss that for HIV positive people there are other risks of injecting, such as the risk of contracting Hepatitis C.

## PLEASURE

When considering drug and alcohol use, particularly illicit drug use, not all people experience harm relating to their use. As with the broader community, LGBTI people may regard their alcohol or drug use as recreational, non-harmful, and based on the seeking of pleasure.

This can be particularly important and appealing to people who face stigma and discrimination in their everyday lives, and for whom there may be a sense of bonding or a haven in substance use. Some people may wish to access support to minimise the harm associated with drug and alcohol, use even if their goal is not to become abstinent.

The average age of first drug use of lesbian and bisexual women is **15 yrs**

# WHAT CAN WE DO

## WHAT CAN HEALTH PRACTITIONERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ **USE AGE APPROPRIATE MESSAGING:** As Lesbian and bisexual women start using drugs and alcohol at a young age. We also know that gay and bisexual men start using drugs much later in life than the rest of the population so providing information and resources to men of all ages is important
- ✓ **RESPECT YOUR CLIENTS' WISHES IN TERMS OF THEIR USE:** Not every client is aiming to be abstinent, so be respectful if a client wants information or support to reduce harm rather than be abstinent. LGBTI people are more likely to go to their peers for information than anywhere else, so providing one person with good harm reduction advice is likely to be helping many people use in a safer way
- ✓ Listen for the language that the person uses to describe themselves and/or their family in terms of sex, gender, sexuality and relationship status, and take cues from this
- ✓ Ask open questions to find out who the caregivers are, if appropriate for service and who is able to make decisions and provide consent
- ✓ Respect privacy and only ask questions that are necessary in the provision of a service
- ✓ Be aware of your own values and opinions and manage these so that they don't undermine your ability to deliver a respectful, equitable service
- ✓ Recognise the unique and shared pressures that may affect LGBTI people and families but don't assume their being LGBTI is 'a problem' or 'the presenting issue'
- ✓ Learn about the differences between lesbian, gay, bisexual, transgender and intersex, and also the intersections that may occur between them
- ✓ If you are in a position to be referring clients, have a good knowledge of other services in your area which are inclusive of LGBTI people

## WHAT CAN ORGANISATIONS AND SERVICE PROVIDERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Support an organisational approach that treats people equitably. This does not mean treating everyone the same, but does mean making the same effort to respect and meet each person's health needs
- ✓ Make visible your service's welcoming of diversity, such as in waiting rooms, websites, printed materials and LGBTI resources: this could include in words, images, symbols that reflect LGBTI families and people
- ✓ Design registration or intake forms that are appropriate and inclusive of many family structures and individuals; for example, use 'parents or guardian/s' rather than 'father, mother' and not just for gender options 'male or female' and inclusive of sexuality if appropriate
- ✓ Embed practices that are inclusive and non-judgmental into policies and protocols
- ✓ Organise basic training and updates for staff and volunteers including understandings of LGBTI people, including the differences between these and how they may overlap

# WHERE TO FIND OUT MORE

## SUPPORT FOR SERVICE PROVIDERS AND HEALTH PRACTITIONERS



**MindOUT** supports the professional development of the mental health and suicide prevention sectors to practice and implement strategies that ensures inclusive and accessible services to LGBTI people and communities.

The network connects members to stay informed about resources, activities, initiatives, professional development training and research that is pertinent to LGBTI mental health and suicide prevention.

Go to <http://lgbtihealth.org.au/mindout/> to find how MindOUT can support you.



**LGBTI Ageing and Aged Care Awareness Training** This project is delivering lesbian, gay, bisexual, transgender and intersex (LGBTI) aged care awareness training to a broad range of staff working in ageing and aged care, students studying aged care and aged care assessment teams nationally.

Go to <http://lgbtihealth.org.au/ageing/> to find a local training provider near you.

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## SUPPORT FOR INDIVIDUALS



**QLife** counselling services are available 7 days a week, 365 days a year between the hours of 3:00 pm to 12:00 am Australia wide.

Phone counselling and web chat services are provided by volunteers engaged in their home-state centres, with national support provided by a team of paid staff members. Mental Health and Referral information is available via the web 24 hours a day, 7 days a week.