

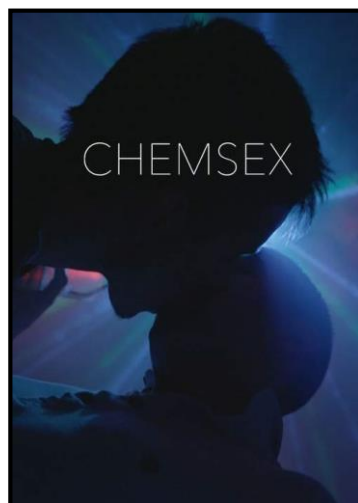


## **Marginalised and misunderstood? Substance use patterns and harms among LGBT populations**

Dr Adam Bourne

Sigma Research  
London School of Hygiene & Tropical Medicine  
[Adam.bourne@lshtm.ac.uk](mailto:Adam.bourne@lshtm.ac.uk)

## **Chemsex**



# Chemsex



Sites

ABC

NEWS

Just In US Election Australia World Business Sport Analysis & Opinion Programs

Print Email Facebook Twitter More

### Sex and crystal meth: The rise of chemsex

Lateline By Lateline's Imogen Brennan  
Updated 15 Apr 2016, 1:33am

**Taking ice and having sex is known as chemsex, party and play or PnP, and it's part of a growing subculture in Australia.**

Alex Bartzis did not want to take the drug crystal methamphetamine the first time. He was young and it was injected into him by other men.

"As soon as it was administered it was the most intense rush that you can ever imagine experiencing and I felt very horny instantly."

Eventually he started using it more often and



**VIDEO:** Doctors say the number of patients using ice specifically to fuel sexual encounters is increasing (Lateline)

Daily Mail AUSTRALIA

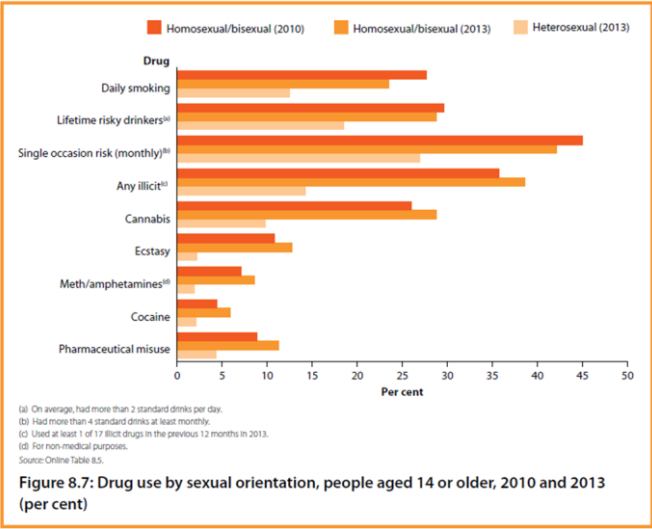
Home | U.K. | U.S. | News | World News | Sport | TV&Showbiz | Female | Health | Science |

Breaking News | News | World News | Sydney | Melbourne | Brisbane | Malcolm Turnbull | Headlines | Wire

## 'They'll come in with a worn-out penis': The rising trend of 'chemsex' - where men inject themselves with meth and have sex for days

- Damaging sex culture has been revealed predominantly among gay men
- Chemsex involves taking the drug ice and having sex for several days
- One user, Alex Bartzis, participated in chemsex for 10 years, contracted HIV
- Some patients report to doctors after being raped while unconscious
- Report revealed heterosexual people also participate in chemsex

# LGBT Substance use (Australia)



National Drug Strategy Household Survey 2013

# LGBT Substance use (England & Wales)

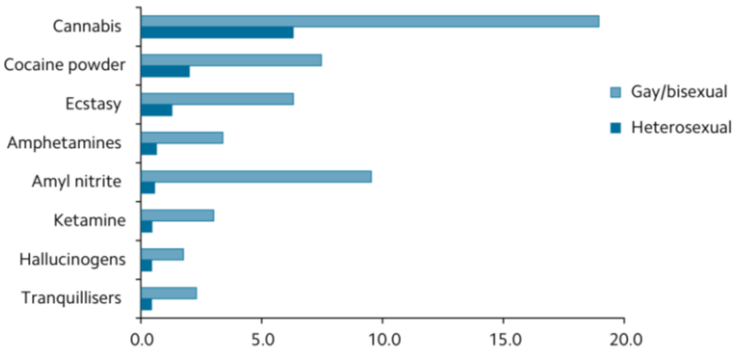


Figure 1. Illicit drug use in the last year among adults, by drug type and sexual orientation, 2011/12 to 2013/14 combined CSEW dataset (reprinted with permission of the Home Office)

# Problematic substance use among LGBT



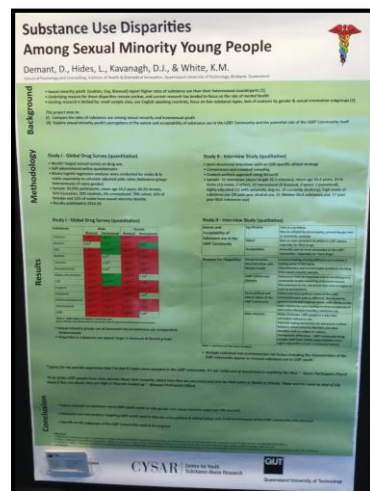
## Diversity in drug use among LGBT



- **Diversity in drug use among L, G, B and T populations**
  - As different as they are similar
- **Community survey of 5799 gay and bisexual men in England (2012)**
  - Illicit drug use higher among:
    - Men aged 26-35
    - Men of white British ethnicity
  - Frequent alcohol use higher among:
    - Men over 45
    - Higher income
    - Men of white ethnicity
  - Problematic drug use higher:
    - Men from minority ethnic groups
    - Men from lower SES groups
  - Problematic alcohol use higher:
    - Men under 26
    - Men from minority ethnic groups

Bourne et al, 2016

## Diversity in drug use among LGBT



## Patterns of substance use among LGBT



- **Gay men with diagnosed HIV**

- More likely to experience alcohol use disorders
- More likely to use a range of stimulants
- Much more likely to use crystal methamphetamine
  - Australia: Positive men 3 times more likely to use crystal
  - UK: Positive men 7 times more likely to use crystal



- **Explanations (or apportioning of blame)**

- Men with diagnosed HIV use drugs to cope with reality of HIV status
- Men with diagnosed HIV have a propensity for risk taking behaviour – manifesting in terms of sex and in terms of drug use

Bourne et al, 2016; Lea et al, 2015

## Patterns of substance use among LGBT



- ARCHS 'Men's Own' Community Survey of Young Gay Men (18-39)



have higher rates of smoking than...

have higher levels of alcohol consumption than...

More likely to have used cannabis...



Lyons et al, 2015

## Explanations for higher substance use



- **Lack of Limiting Factors Hypothesis**
  - LGBT people less likely to have children and therefore more likely to drink/take drugs into later life
- **The Minority Stress Effect**
  - People from marginalised populations experience daily life stressors more commonly than those in dominant, majority groups

## Explanations for higher substance use



- **Gay Social Geographies Hypothesis**
  - Gay social and cultural associated with premises where alcohol is served and drugs are available



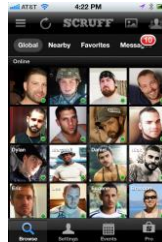


## Explanations for higher substance use



- **Gay Social Geographies Hypothesis**

- Gay social and cultural associated with premises where alcohol is served and drugs are available



## Challenges to accessing services



- *"I've never been able to have gay sex sober. I've always been wracked with self hate, hate is the only word I can use about being gay. And then what happened was crystal, and I couldn't escape this cycle of guilt around drugs and then gay sex. It just goes backwards and forwards [...] It's so bound up with everything that's wrong with gay life for me. How can I explain that to someone who simply has no idea?"*

*[Matt, 24 years old]*

# Challenges to accessing services



- **Perceived or actual judgement**
  - Your client is using drugs during sex
  - Your client is having multiple sexual partners
  - Your client had sex with 20 or 30 partners during the previous weekend
  - Your client was receptive to each of these 20 or 30 partners
  - He was fisted and engaged in other S&M activities

# Challenges to accessing services



The screenshot shows the Victorian AIDS Council website. The main heading is 'Alcohol and Other Drug Services (AODS)'. Below it, there are three panels with the text 'FEEL LIKE YOU'RE UNDER?', 'IS YOUR FRIEND UNDER?', and 'PARTY & PLAY UNDER?'. To the right of the screenshot is the ACON logo with the text 'HERE FOR HEALTH'.

We work with our clients in a supportive and non-judgmental way, whether their interest is to be more informed about drug use, be able to use in a safer manner or to get support to reduce or stop use.

**Information**

- Alcohol & Drugs Basics
- Safe Injecting
- Stimulant Health Check Up
- Substance Use & Mental Health

**Services**

- Needle & Syringe Program
- Substance Support Counselling
- St Vincent's S-Check at ACON
- ACON Browsers



## Challenges to accessing services



## Challenges



- **If you're an AOD worker/programme manager...**
  - Are you familiar with the drugs more commonly used by LGBT populations?
  - Are you familiar with consequence of polydrug use and safe/unsafe interactions?
  - Are you familiar with PEP, with PrEP or Treatment as Prevention?
  - Are you familiar with the implications of stigma and marginalised identity?
    - Person who uses drugs
    - A gay person who uses drugs
    - A gay person who injects drugs
    - A gay person who injects drugs and engages in paid or transactional sex
    - A gay person who injects drugs, is paid for sex and is HIV positive

## Challenges



- **If you're a policy maker...**

- Are you making provision for the types of drugs, and the appropriate harm reduction responses, for LGBT people?
- Are you thinking about the settings for drug and alcohol use and access and how to work with them to best effect?
- Have you considered how to fund or support anti-homophobia, transphobia or biphobia related campaigns?

## Challenges



- **If you're a researcher...**

- Are you recording sexual orientation in surveys, clinic registrations ?
- Are you familiar with the most appropriate means of asking about gender identity?
- Are you considering intervention evaluations specific to LGBT needs?

## Conclusions



Substance use is higher



Problematic substance use use is higher



Significant diversity among L,G, B and T people



Harms are numerous and complex



Lots of reasons why LGBT may not want to access generic AOD

## Acknowledgements



VICTORIAN AIDS COUNCIL  
WORKING TOGETHER

Peter Weatherburn, Ford Hickson, David Reid (LSHTM), Steve Lymb  
(Drug & Alcohol Services, South Australia)