

Substance Use Disparities Among Sexual Minority Young People



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Background

- Sexual minority youth (Lesbian, Gay, Bisexual) report higher rates of substance use than their heterosexual counterparts [1]
- Underlying reasons for these disparities remain unclear, and current research has tended to focus on the role of mental health
- Existing research is limited by: small sample sizes, use English-speaking countries, focus on few substance types, lack of analyses by gender & sexual orientation subgroups [2]

This project aims to:

- (I) Compare the rates of substance use among sexual minority and homosexual youth
- (II) Explore sexual minority youth’s perceptions of the extent and acceptability of substance use in the LGBT Community and the potential role of the LGBT Community itself

Methodology

Study I - Global Drug Survey (quantitative)

- World’s largest annual survey on drug use,
- Self-administered online-questionnaire
- Binary logistic regression analyses were conducted for males & females separately to calculate adjusted odds ratios (Reference group: heterosexuals of same gender)
- Sample: 62,036 participants, mean age 24.2 years; 40.2% female, 91% Caucasian, 52% students, 6% unemployed, 78% urban; 16% of females and 12% of males have sexual minority identity
- Results published in 2016 [3]

Study II - Interview Study (qualitative)

- Semi-structured interviews with an LGB-specific ethical strategy
- Convenience and snowball sampling
- Content analysis approach using NVivo10
- Sample: 31 interviews (mean length 31.5 minutes), mean age 24.4 years, 15 females (13 males, 2 other), 19 homosexual (9 bisexual, 2 queer, 1 pansexual), highly educated (12 with university degree, 15 currently studying), high levels of substance use (30 past-year alcohol use, 21 lifetime illicit substance use, 17 past year illicit substance use)

Results

Study I - Global Drug Survey (quantitative)

Substances	Male		Female	
	Bisexual	Homosexual	Bisexual	Homosexual
Tobacco	1.22**	0.86**	2.09***	1.35***
Alcohol	0.91 [#]	0.71*	1.61**	0.65*
THC	1.21**	0.55***	2.04***	1.30**
MDMA	1.22***	0.97 [#]	1.75***	1.44***
Cocaine	1.17**	1.03 [#]	1.82***	1.40***
Amphetamine	1.43***	0.93 [#]	1.98***	1.69***
Magic Mushrooms	1.31***	0.53***	2.23***	1.14 [#]
LSD	1.50***	0.62***	2.43***	1.24*
Poppers	1.84***	4.82***	1.63***	2.00***
Ketamine	1.26***	1.18**	1.89***	1.20 [#]
Methamphetamine	1.81***	1.56***	2.45***	1.55*
Mephedrone	1.50***	1.58***	1.71***	1.45*
GHB	1.63***	3.72***	2.00***	1.48 [#]

Table 1: Odds Ratios of Lifetime Substance use.
(Green: OR lower than heterosexuals of same gender. Red: OR higher than heterosexuals of same gender.)

- Sexual minority groups are at increased risk of substance use compared to heterosexuals
- Disparities in substance use appear larger in bisexuals & female groups

Study II - Interview Study (qualitative)

Extent and Acceptability of Substance use in the LGBT Community	Significance	Seen as a problem. May be inflated by stereotyping, presenting gay men as constantly partying.
	Extent	Seen as more prevalent & visible in LGBT spaces, especially for illicit drugs.
	Acceptability	Generally seen as more acceptable in the LGBT Community—especially for ‘hard drugs’.
Reasons for Disparities	Marginalisation, Discrimination, and Mental Health	Constant feeling of being different and isolated, a lacking sense of belonging. Discrimination and mental health problems resulting from sexual minority identity.
	LGBT Culture and Lifestyle	Substances have an important role in socialising in a community mostly consisting of licenced venues. Peer-pressure to use substances was seen as higher in such an environment.
	Socio-political and ethical values of the LGBT Community	Ethical and socio-political values of the LGBT community were seen as different, less bound by general norms and religious values, with liberty as the main community norm leading to more acceptance of alternative lifestyles including substance use.
	Other Reasons	Media illustrates LGBT people in a way that normalises substance use. Potential coping mechanism for perceived conflicts between sexual minority identities and other identities such as religion or culture. Demographic differences - LGBT community being younger with fewer family responsibilities and a higher disposable income as potential reasons.

Table 2: Summary of Interview Analysis

- Multiple individual and environmental risk factors including the characteristics of the LGBT community appear to increase substance use in LGBT youth

“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.” - Queer Participant (31yrs)

“A lot of the LGBT people have more worries about their sexuality, about how they are perceived and seen by their peers or family or friends. These worries seem to kind of slip away if they are drunk, they are high or they are cooked up.” - Bisexual Participant (20yrs)

Conclusion

- Future research on substance use in LGBT youth needs to take gender and sexual minority subgroups into account
- Substance use interventions targeting LGBT youth need to take the socio-political & ethical values and social environment of the LGBT community into account
- Specific at-risk subgroups of the LGBT Community need to be targeted

References:

- Marshall, M., Friedman, M., Stall, R., & Thompson, A. (2009): Individual trajectories of substance use in lesbian, gay, and bisexual youth and heterosexual youth. *Addiction* (102)6: 974-981. doi:10.1111/j.1360-0443.2009.02531.x
- Chow, C., Vallance, K., Stockwell, T., Macdonald, S., Martin, G., Ivsins, A., ... Duff, C. (2013). Sexual identity and drug use use harm among high-risk, active substance users. *Culture, Health & Sexuality*, 15(3): 311-326.
- Demant, D., Hides, L., Kavanagh, D.J., White, K.M., Winstock, A.R. & Ferris, J. (2016): Differences in substance use between sexual orientations in a multi-country sample: findings from the Global Drug Survey 2015. *Journal of Public Health*. doi: 10.1093/pub-med/fdw069

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