

IMPACTFUL DRUG USE AND HARM REDUCTION IN LGBTQ+ COMMUNITIES: PERCEPTIONS, NORMS AND COMMUNITY-HELD PRACTICES

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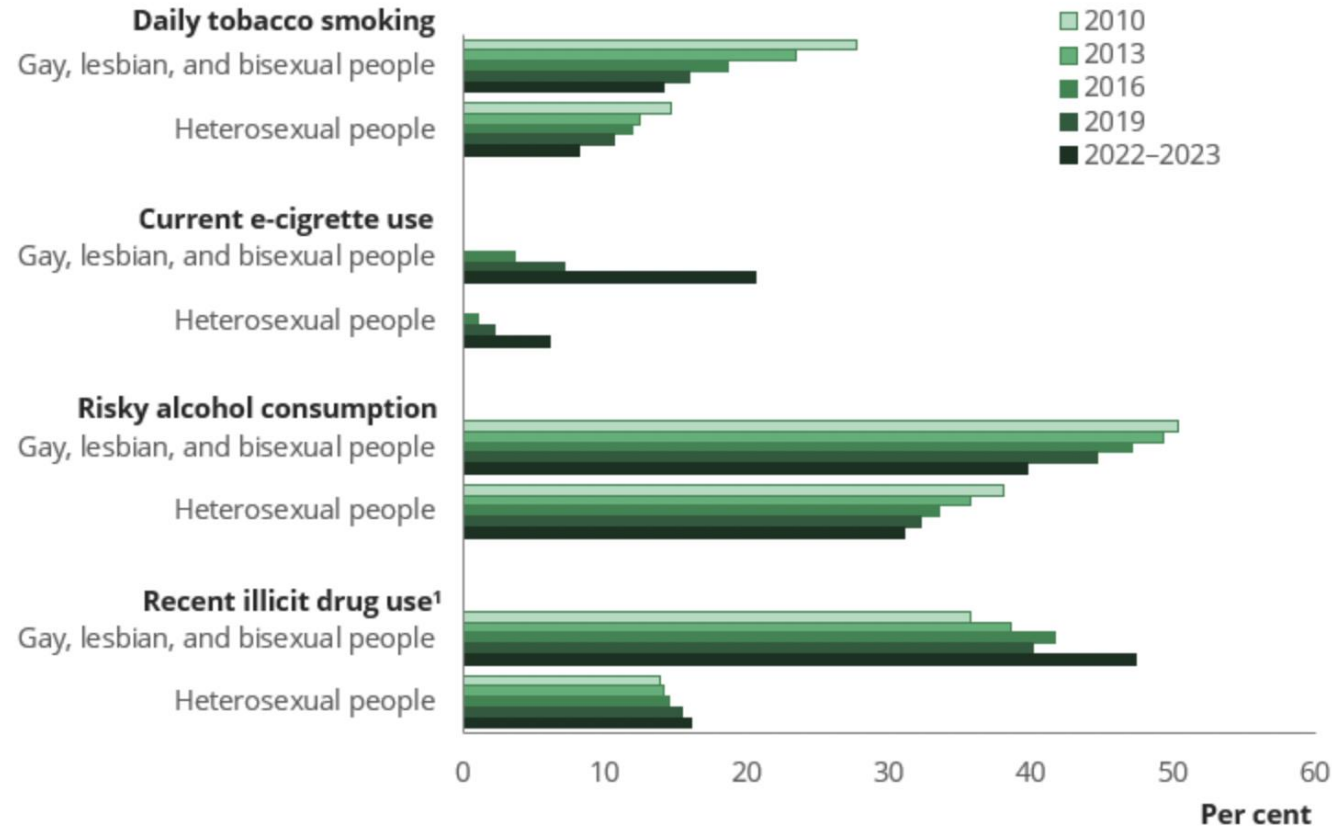
Victorian Alcohol and
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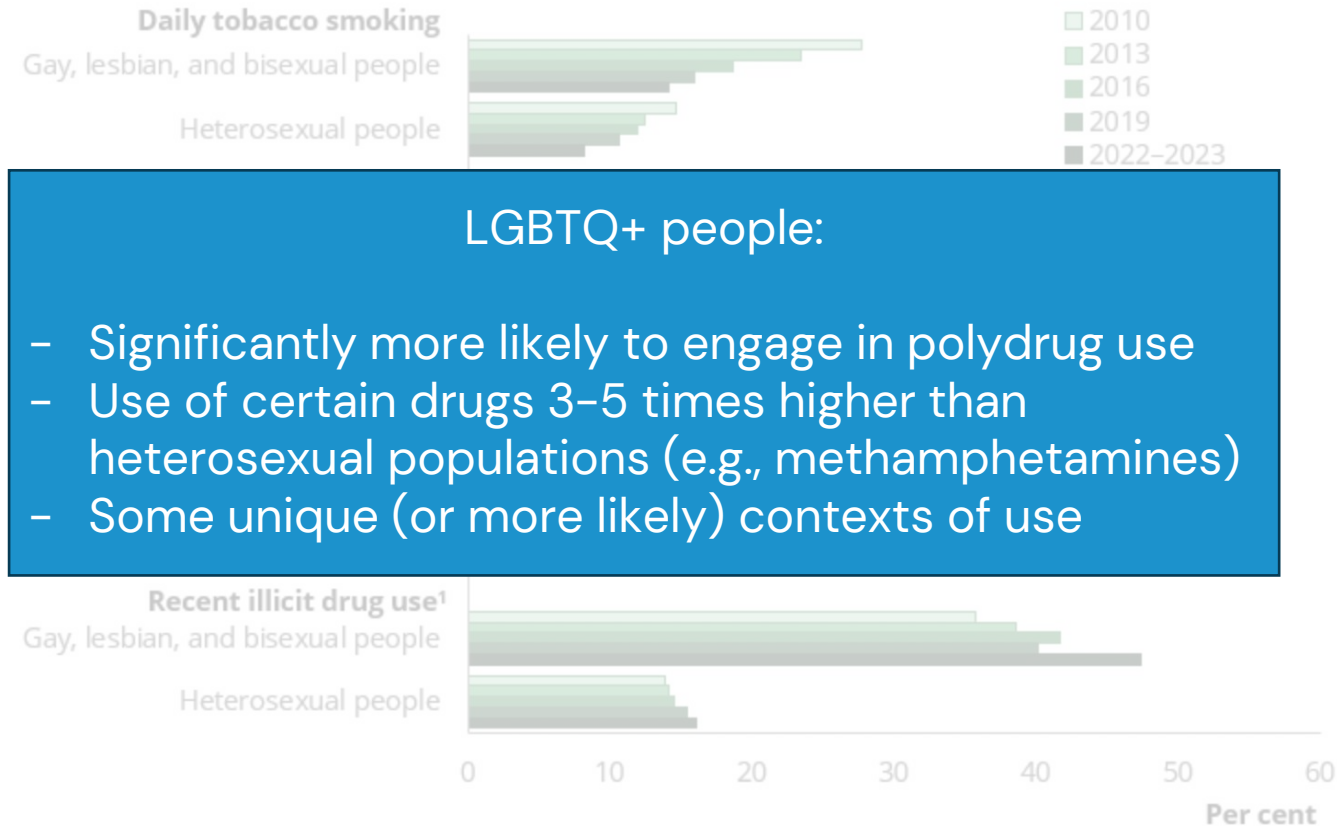
PREVALENCE OF AOD USE AMONG LGBTQ+

Figure 1: Drug use among people aged 14 and over, by sexual orientation, 2010 to 2022–2023

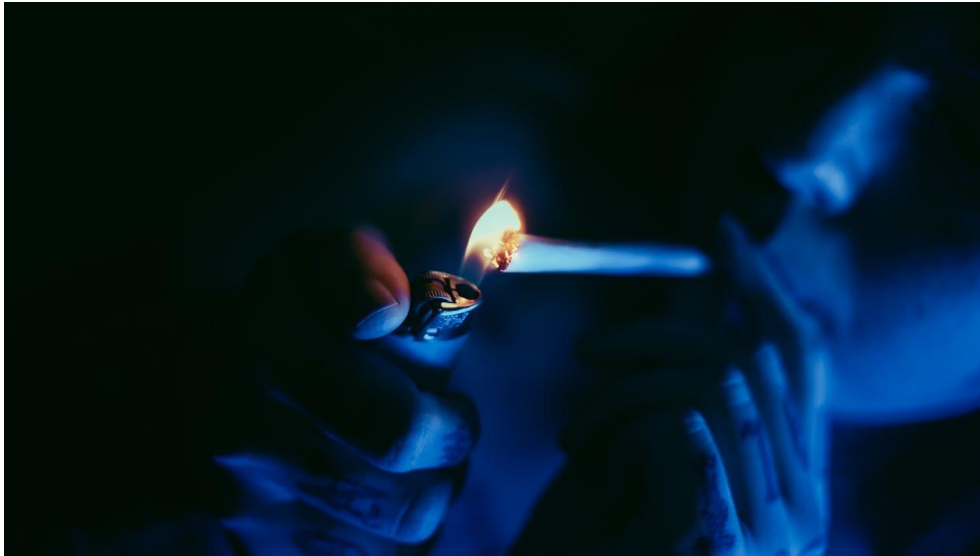


PREVALENCE OF AOD USE AMONG LGBTQ+

Figure 1: Drug use among people aged 14 and over, by sexual orientation, 2010 to 2022–2023



MINORITY STRESS



LGBTQ use AOD at higher rates than heterosexual and/or cisgender people as a result of or as a response to experiencing stigma and discrimination in relation to their sexuality and/or gender identity.

PLEASURE & COMMUNITY



LGBTQ use AOD at higher rates than heterosexual and/or cisgender people to pursue pleasure, including sexualised use, within shared cultures of use within LGBTQ communities.

NORMS, NEEDS AND PREFERENCES

AOD social norms among LGBTQ communities:

- More accepting attitudes towards drug use among LGBTQ people compared to those who are cisgender/heterosexual (Cochran et al, 2012; Lea et al, 2018)
- Gay and bi men with social networks of primarily composed of other gay men are more likely to report regular drug use than those with more diverse peer groups (Prestage et al, 2018)

AOD-related harm reduction need:

- National survey of LGBTQ+ adults (n=6,814) found **1 in 7 participants** using illicit drugs reported they had struggled to manage their use or that it had negatively impacted their everyday life in the last 12 months.
- Only **22%** of these had accessed any kind of professional support relating to their AOD use (Hill et al, 2021)

RESEARCH QUESTIONS

Overarching question:

- How do Victorian LGBTQ people who use alcohol or other drugs understand their drug use and related harm, if any, and how do LGBTQ communities enable or support harm reduction?

Sub-questions:

1. How do LGBTQ participants of the study come to understand their AOD use as problematic and/or requiring of support? How are such understandings informed by LGBTQ social norms and cultural practices?
2. What pivot points or critical incidents prompt engagement with AOD services?
3. What shapes or informs decision making about where, and from whom, to access AOD support?

METHODS

Phase 1. In-depth interviews with LGBTQ+ people with experience of 'impactful' or problematic drug use (**n=40**)

- **Average Age** 35.4 years
- **Sexual Identity** Bi+ – 30%, Gay – 25%, Queer – 25%, Lesbian – 12.5%, Asexual – 5%
- **Gender Identity** Cis Men – 27.5%, Cis Women – 17.5%, Trans Men – 17%, Trans Women – 12.5%, Non-Binary/Questioning – 27.5%.
- **Ethnicity** Anglo-Celtic – 72.5%, Other European – 15%, South Asian & Southeast Asian – 12.5%
- **Impactful Substances:** Alcohol – 72.5%, Marijuana – 32.5%, Methamphetamines – 22.5%

Phase 2. Interviews with AOD service providers who work with LGBTQ+ community members (**n=21**)

- Diverse professional roles ranging from GPs to case managers to addiction specialists and counsellors
- Interviews explored presenting issues, client-expressed motivations for help-seeking, understandings of problematic or impactful AOD use, harm reduction responses

UNDERSTANDINGS OF IMPACTFUL USE

- Impactful (or 'problematic') use can coexist with non-impactful use
- Recognition of impactful use was gradual, rather than a sudden epiphany
- Experiences could be broadly categorized into five distinct themes:

- I. cultural narratives of substance use,
- II. loss of agency
- III. misalignment between actions and values
- IV. experience of unintentional harm
- V. changes in drug effects

UNDERSTANDINGS OF IMPACTFUL USE

I. cultural narratives of substance use

- II. loss of agency
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I think around 16 is when I made a few friends from an LGBTQ+ group, and we all started hanging out a lot and that really started my sort of experiences of alcohol and marijuana [...] people who are already with dealing with different struggles in their life, like you know the struggles that come with being LGBTQ+, they find that the effects of whatever drug they're taking just make it better so they start taking it all the time

[Natalie, 23, Pansexual, Cis Woman, Alcohol, Cannabis and Painkillers]

UNDERSTANDINGS OF IMPACTFUL USE

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I got to the point where I was like 'oh shit I'm actually addicted to this, and I don't think I have control', because every time I do anything else I always feel like I'm in control. But that was the first time I wasn't in control. And I just, I was, I couldn't stop doing it, I couldn't be like no just stop doing it. It was like once you start smoking it, like having a set, you just can't stop

[Claire, 31, Bisexual, Trans Woman, Crack Cocaine]

UNDERSTANDINGS OF IMPACTFUL USE

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I didn't have sex with my peers [on meth] in the same way that others did. I think that like I think I got a lot more through cruising, through hookups and casual encounters with strangers at saunas rather than making connections with my peers through my social circles. Yeah, I think it was very different for me.

[Ben, 37, Gay, Cis Man, methamphetamine]

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I can't tell you the number of times I thought, you know, maybe my chest would explode while playing a match or something like that because it's just not, yeah going out and doing high intensity exercise at the same time as taking copious quantities of stimulants is not smart [...] I would be up at all hours of the morning sort of chasing around these projectionists that I could sort of sense or see or something like that and really generally just moving into an extremely unhealthy health crisis really

[Oliver, 35, Bisexual, Cis Man, Methamphetamine]

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Well, we stopped having sex, like we just went and disappeared into our own minds. I think this is the thing that happened with heavy injecting drug use, is it becomes a very solitary experience and then you go to yourself why am I doing that, like the original reason was about connection and now it's creating the opposite.

[Stevie, 56, Bisexual, Non-Binary,
Methamphetamines & Heroin]

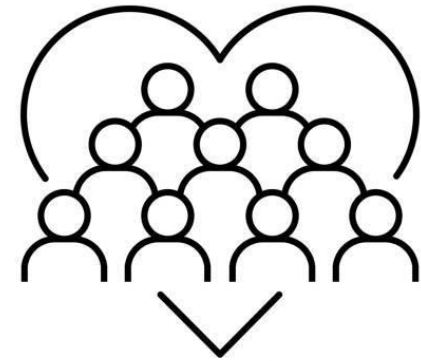
CONTEXTS OF CARE



Self care



Professional
care



Peer and
community care

PEER CULTURES OF CARE AND HARM REDUCTION

1. Safe community practices

In the event description they put like a whole accessibility thing about their house and they were like hey if you want to do anything funky, go to this room, don't go outside, this is, you know, we have naloxone available, and like don't be a dickhead and this is how, this is who's going to look after you –

Rowan, 27, Queer, Non-Binary, Alcohol, Benzodiazepines

I still get suicidal, but I'm better equipped at finding healthy outlets. You know, I've got a lot more support now. I've got people I can call. I've got people who I talk to. You know, I'm not surrounded by people who abuse me constantly, you know. Instead, I've got people that are proud of me. You know, when I left my family, I was surrounded by community. I was surrounded by the bisexual community who just like welcomed me with open arms and were just there to love me for who I was.

Morgan, 40, Queer, Non-Binary, Multiple.

PEER CULTURES OF CARE AND HARM REDUCTION

2. Queer community drug literacy

Interestingly, the majority of patients we saw where Chemsex, where the drug issue was actually really problematic were actually heterosexual people.

[Jacintha, Addiction Medicine Specialist, Public Health Service]

I would say that the LGBT ones who come to us who engage in chemsex, they're more aware of this substance use and its impact. The ones who are straight are probably caught up in the party mode and don't really have a good understanding of what is happening to them. That's a kind of a generalization, but I think that the gay community there's a better literacy about substance use, rights and consequences .

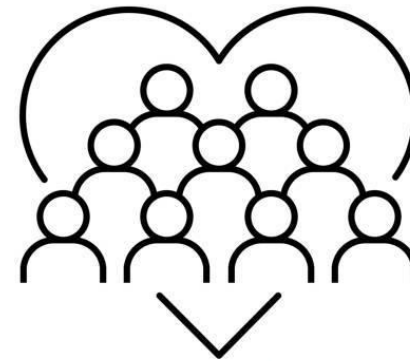
[Richard, Mental Health Nurse, Mainstream AOD Service]

CONCLUSIONS

- AOD use among LGBTQ+ communities can be pleasurable, celebratory and affirming
- It can also be impactful
- Identification of harm or impactful use shaped by queer cultural norms and practices as well as unintended harmful events
- The same queer cultures operated as a source of care and support, though not without boundaries

RECOMMENDATIONS

- Need for early intervention and reflective interventions to identify potential harm
- Reframing queer communities as sources of harm to sources of support
- Enabling peer-based support programs and support for peers providing support



THANK YOU



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