Alcohol and other drug use and treatment seeking among LGBTI people in Australia

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Aims

• Examine patterns and contexts of alcohol and other drug (AOD) use among lesbian, gay, bisexual, transgender and intersex (LGBTI) people in Australia
• Describe AOD treatment options for LGBTI people
• Describe LGBTI people’s experiences of and preferences for treatment
• Examine whether LGBTI people experience improved treatment outcomes when services are specifically tailored to their needs
Distinct but overlapping populations

- Lesbian: A woman who is sexually attracted to women.
- Gay: A man who is sexually attracted to men.
- Bisexual: Someone who is sexually attracted to both men and women.
- Transgender: People whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth.
- Queer: An umbrella term for those who wish to not categorize sex, sexuality or gender.
- Intersex: A person who is born with a reproductive or sexual anatomy that doesn’t fit typical female or male definitions.
- Asexual: Someone who does not experience sexual attraction.

How many LGBTI people in Australia?

2<sup>nd</sup> Australian Study of Health and Relationships (ASHR2) (Richters et al 2014):

Sexual identity

- Men - 97% heterosexual, 2% gay, 1% bisexual
- Women - 96% heterosexual, 1% lesbian/gay, 2% bisexual

(~ 500,000 aged 16-69 years)

Exclusive ‘other sex’ sexual attraction

- Men – 93%  
- Women – 85%

Exclusive ‘other sex’ sexual experience

- Men – 91%  
- Women – 84%

- No reliable estimates for trans* and intersex people. Estimates from NZ suggest anywhere between 1 in 6,300 to 1 in 500. Among school students in NZ, 1% identified as trans*. Trans* visibility?
Inclusion of LGBTI in national surveys and minimum data reporting

• Questions on non-binary gender generally not asked
• Questions on sexual identity now included in National Drug Strategy Household Survey, National Survey of Mental Health and Wellbeing, ASHR, NSW Population Health Survey
• Sexual identity not asked in minimum data collection by health services. New NADA forms
• Census data inadequate – no reliable national data on characteristics of LGBTI people
• Policy and practice implications of not getting the questions right
AOD use among LGB and heterosexuals (National Drug Strategy Household Survey 2013)

Roxburgh, Lea, Degenhardt & de Wit, 2016

*p < .05; ***p < .001
Trends in drug use among gay and bisexual men: Gay Community Periodic Surveys, 2011-15 (N=37,199)

*****p < .001
Trends in drug use among lesbian, bisexual and queer women: Sydney Women and Sexual Health Survey, 2006-14 (N=4,874)

Table 36: Illicit drug use in the past 6 months

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>n (%)</td>
<td>329 (34.2%)</td>
<td>388 (38.3%)</td>
<td>319 (33.1%)</td>
<td>263 (31.5%)</td>
<td>371 (33.7%)</td>
</tr>
<tr>
<td>Cannabis</td>
<td>262 (27.2%)</td>
<td>328 (32.4%)</td>
<td>241 (25.0%)</td>
<td>188 (22.5%)</td>
<td>232 (21.1%)</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>113 (11.8%)</td>
<td>186 (18.4%)</td>
<td>164 (17.0%)</td>
<td>144 (17.3%)</td>
<td>209 (19.0%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>92 (9.6%)</td>
<td>150 (14.8%)</td>
<td>130 (13.5%)</td>
<td>126 (15.1%)</td>
<td>140 (12.7%)</td>
</tr>
<tr>
<td>Benzos /Valium</td>
<td>223 (23.2%)</td>
<td>259 (25.6%)</td>
<td>150 (15.6%)</td>
<td>112 (13.4%)</td>
<td>133 (12.1%)</td>
</tr>
<tr>
<td>Speed</td>
<td>-</td>
<td>110 (10.9%)</td>
<td>93 (9.7%)</td>
<td>79 (9.5%)</td>
<td>106 (9.6%)</td>
</tr>
<tr>
<td>Amyl/poppers</td>
<td>-</td>
<td>73 (7.2%)</td>
<td>53 (5.5%)</td>
<td>57 (6.8%)</td>
<td>78 (7.1%)</td>
</tr>
<tr>
<td>LSD/trips</td>
<td>70 (7.3%)</td>
<td>62 (6.1%)</td>
<td>48 (5.0%)</td>
<td>42 (5.0%)</td>
<td>49 (4.5%)</td>
</tr>
<tr>
<td>Special K/ ketamine</td>
<td>82 (8.5%)</td>
<td>66 (6.5%)</td>
<td>40 (4.2%)</td>
<td>38 (4.6%)</td>
<td>48 (4.4%)</td>
</tr>
<tr>
<td>Crystal meth</td>
<td>35 (3.6%)</td>
<td>32 (3.2%)</td>
<td>22 (2.3%)</td>
<td>26 (3.1%)</td>
<td>26 (3.1%)</td>
</tr>
<tr>
<td>Any other drug</td>
<td>40 (4.2%)</td>
<td>75 (7.4%)</td>
<td>60 (6.2%)</td>
<td>44 (5.3%)</td>
<td>41 (3.7%)</td>
</tr>
</tbody>
</table>
Patterns of AOD use among LGBTI people

- ‘Early adopters’ of emerging drug trends (Measham et al 2011)
- More likely to develop problems from use, dependence, mental health problems
- Highest risk among bisexual people in many studies
- Unique historical and cultural contexts of use
- Sexual and drug use risk practices associated with HIV and HCV
- Most research on gay men due to HIV. Typically well-educated, full-time employed
- Little known about AOD use among trans and intersex people in Australia
- Don’t have great data about harms from use
Why higher rates of AOD use and harms among LGBTI?

- Minority stress (Meyer, 2003)
- Historical significance of bar and nightclub cultures
- Community solidarity at dance parties during HIV/AIDS epidemic (Race, 2003)
- Drug use in sexual contexts among gay and bisexual men (‘chemsex’)
- ‘Normalisation’ of illicit drug use in LGBTI social networks
Sexual identity and AOD use among socially disadvantaged young people

- Interviews with 250 young people (16-24 years) recruited from youth services in Sydney exposed to injecting in past 12m
- 14% identified as LGB or not heterosexual
- LGB more likely to be women, report mental health disorder diagnosis, current depression, poorer family support, more personal stressors
- LGB more likely to have injected drugs in their lifetime (37% vs 12%) and previous 12m (31% vs 6%)
- Need for tailored interventions for socially disadvantaged LGB young people, and young women in particular

Wilson, Bryant et al 2016
Barriers to AOD treatment for LGBTI people

• Fear of discrimination from service providers
• Clinician knowledge of historical and cultural contexts of substance use
• Difficulties accessing appropriate treatment
• Bisexual ‘invisibility’

AOD treatment seeking among LGB and heterosexuals

- LGB women seek drug treatment at higher rates than heterosexual women (Drabble & Eliason 2012, Ritter et al 2012)
- No significant differences among GB & heterosexual men (Ritter et al 2012)
- Differences within LGB people?

![Graph showing ever attended AOD treatment (2013 NDSHS)]

Roxburgh, Lea, de Wit & Degenhardt, 2016
AOD treatment outcomes in LGBTI vs non-LGBTI people

- No peer-reviewed Australian studies; Sexual identity data currently not collected by treatment services


- GBM and transgender clients more likely to present with MA as principal drug of concern (Cochran & Cauce 2006, Flentje et al 2014, 2015)

- GBM less likely than to report abstinence and treatment completion than heterosexual men (Senreich 2010)

- Insufficient data for LGB women and trans* and intersex people

- Poorer treatment satisfaction with and connection with clinician (Ritter et al 2012)
LGBTI-specific and LGBTI-sensitive services

- **LGBTI-specific services**: specifically tailored for LGBTI people
- **LGBTI-sensitive services**: mainstream services that recognise and understand LGBTI needs
- **Standard services**: mainstream services without identifiable LGBTI-inclusive practices

SAMHSA LGBT Sensitivity Model (2012)
LGBTI-specific AOD services in Australia

- ACON Substance Support Service
- VAC AOD Services
- S-Check Clinic
- Rainbow Recovery (NA)
- Telephone and web services (e.g. QLife, GLCS)
- Operating at capacity
- Rarely evaluated
AOD-related hospital admissions in Australia

Figure 1: Rates per million persons of principal drug-related hospital separations in Australia among persons aged 15-54, by drug type, 1993-2013

Roxburgh & Burns, 2015

Roxburgh, Lea, de Wit & Degenhardt, 2016
MA use in Gay Community Periodic Surveys

- Crystal use in past 6m increased between 2010-14 (9.6% to 11.4%, p<.001), but overall decline from 2005 (15.6%)
- Recent injecting among crystal users increased between 2005-14 (18.7% to 28.7%, p<.001)
- Higher rates of crystal use among HIV-positive men (21.4% vs 7.3% in 2014, p<.001)
- Injecting among crystal users higher among HIV-positive men (53.8% vs 21.9%, p<.001)
- Strong associations between MA use and sexual and drug use risk practices

Lea, Mao et al 2016
MA treatment outcomes in LGBTI-specific services

- MA-dependent GBM randomised to CBT, CM, CBT+CM or tailored CBT. Tailored CBT showed most rapid decline in MA use and less condomless sex during first 4 weeks of treatment (Jaffe et al. 2007; Shoptaw et al. 2005)

- GBM in tailored AOD treatment had higher rates of abstinence (73% v 56%, p<0.001) and treatment completion (73% v 68%, p<0.02) compared to GBM in regular treatment (Senreich 2010)

- Clients of ACON’s Substance Support Service showed significant reductions in MA dependence, days of use and improved psychosocial functioning after 4 and 8 treatment sessions (Lea, Kolstee et al., under review)
LGBTI-specific vs LGBTI-sensitive services

• Among 116 LGB MA users in Sydney:
  – 78% believed LGBTI issues should be taken into account in treatment
  – 54% thought existing AOD services understood LGBTI needs
  – 90% comfortable discussing sexuality in treatment setting
  – 54% would prefer a LGBTI-identifying clinician
  – 41% reported that clinician’s sexual and gender identity not important

(Matheson et al, 2010)
LGBTI-sensitive services

- AOD services are likely to see LGBTI clients
- Mainstream services need skills and knowledge to provide inclusive services to LGBTI clients
- Understand LGBTI drug use practices and contexts of use
- Clinician assumptions and values; challenge homophobia, transphobia and discrimination
- LGBTI inclusivity training (eg. ACON, VAC)
- Access and availability; Cost-effectiveness
Conclusions

• High rates of AOD use among LGBTI people, but most do not develop problems from use
• Limited treatment options and unique barriers to treatment
• More Australian research on AOD treatment among LGBTI people (National Drug Strategy & US Institute of Medicine)
• Mainstream services don’t collect sexuality data and LGBTI-specific services not evaluated so unclear if needs being met
• Importance of LGBTI-specific services and sufficient coverage of LGBTI-sensitive services
• Opportunities for increased funding for LGBTI AOD services
Thank you

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