

Understanding the relation between protective factors and substance use among gender and sexuality diverse (LGBTQA+) adolescents over time: findings from a national three-year prospective cohort study

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Introduction: Substance use harm reduction efforts for LGBTQA+ adolescents have primarily focused on the role of minority stress predictors. Available research on protective factors is sparse and commonly produces mixed findings. This study explored how protective factors are associated with substance use among LGBTQA+ adolescence over time.

Methods: Data derived from the *Adolescents Stress Experiences Over Time* study, a US-national three-year prospective cohort study (baseline $n=1,076$; $M_{age}=15.8$). Descriptive statistics were used to describe substance use outcomes over time (past 30-day use of tobacco, alcohol, cannabis, binge drinking, or misuse of prescription tranquilizers, pain medications, or stimulants). A correlation matrix assessed multi-collinearity between substance use outcomes and protective factors (social support from friends, family, and/or significant others, engagement-based coping strategies, school Gender and Sexuality Alliance (GSA), and access to an LGBTQA+ centre). Hierarchical mixed effects models with random intercepts were used to test longitudinal associations between protective factors and substance use, adjusted for all protective factors, age, employment, and schooling. E-values were computed to inspect potential impact of unmeasured confounders.

Results: Social support from parents was consistently protective of recent binge drinking and recent use of pain and stimulation prescription drug misuse. Presence of a school GSA was associated with reduced risk of recent binge drinking though participation in a school GSA was associated with increased risk of recent alcohol use. Social support from friends and significant others contributed to increased risk of recent binge drinking. Current access to an LGBTQA+ centre was associated with increased risk of recent alcohol, marijuana, and binge drinking.

Discussions and Conclusions: Harm reduction efforts for LGBTQA+ adolescents should emphasise the protective role of parental support such as acceptance, affirmation, and pride. Such programs should also operate within the nuanced *social* context of substance use among LGBTQA+ adolescents.

Implications for Practice or Policy: Better processes should be created for embedding substance use harm reduction curriculum in school GSAs and LGBTQA+ community centers, with close consideration of motivations and reasons for adolescents using these LGBTQA+ community resources, and variation in access to LGBTQA+ community resources

by gender modality (trans vs cis), gender identity (boy, girl, non-binary) and rurality/urbanicity.

Disclosure of Interest Statement:

None declared.