

RISK FOR THE "AT-RISK": EARLY FINDINGS OF AN ONGOING QUALITATIVE EXPLORATION OF PERCEIVED RISK, PLACE, AND HARM REDUCTION BEHAVIOUR(S) FOR LGBTQ+ PEOPLE WHO INJECT DRUGS

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BACKGROUND

People who inject drugs (PWID) experience **significant barriers to accessing healthcare and harm reduction services** due to stigma, lack of resources, and difficulties maintaining long-term healthcare involvement^{1,2}. For LGBTQ+ PWID, these barriers are even greater, resulting in a higher prevalence of risky injecting practices³, bloodborne diseases⁴, and poor health outcomes compared to non-LGBTQ+ PWID⁵. **This project seeks to understand the impact of stigma and other "risks" upon the harm reduction and help-seeking behaviours of LGBTQ+ PWID**, by adopting an innovative qualitative approach that provides an in situ understanding of the focus population.

RESEARCH QUESTIONS

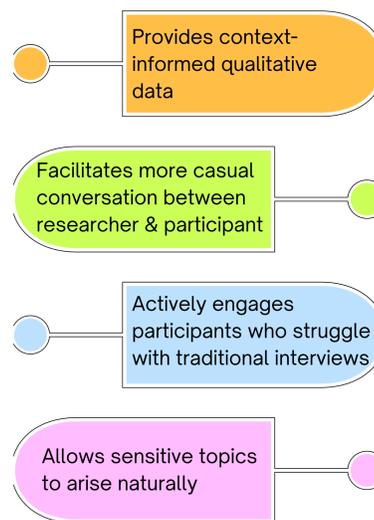
1. What factors are most important for LGBTQ+ PWID in assessing risk?
2. How does perceived risk impact LGBTQ+ PWID's injecting drug use behaviour (as it relates to help-seeking and harm reduction)?
3. What is most important in conceptualising "risk" for this population?

METHODOLOGY

Participants were recruited through snowball sampling and poster advertisement at strategic locations across Melbourne, with a total target sample of n=30. Wave 1 of data collection was completed during May-July 2025; Wave 2 will commence in early 2026.

Data was collected using the "walking" interview method, wherein the participant and researcher walking via a route of the participant's choice, with the participants being asked to identify places (and their attributes) that are significant to their experiences of risk and safety. The data was then analysed following Braun & Clarke's⁶ reflexive thematic analysis method using NVivo 16 software.

WALKING INTERVIEWS: ADVANTAGES



WAVE 1: PROFILE

- n=10 LGBTQ+ PWID interviewed during May-June 2025.
- Most participants (7/10) injected daily; roughly equal use of heroin and methamphetamine.
- High proportion of disadvantage, with ~1/3rd currently experiencing homelessness.
- Majority of participants identified as cisgender (8/10) and as bisexual women (4/10), with smaller representation of gay and bisexual men and queer people.

EARLY FINDINGS: KEY THEMES

VISIBILITY

- Risk is significantly associated with visibility and being "exposed", both physically and socially.
- Participants described avoiding spaces with a high concentration of CCTV cameras, open layouts, and high traffic.
- **Services in highly visible locations would be avoided or used sparsely.**
- Participants also identified **social risk in being "visible"**, with most choosing to hide their LGBTQ+ identity and/or their injecting drug use due to perceived social and physical risk.

PRESENCE OF OTHERS

- The presence of other people was overwhelmingly identified as the most important factor when assessing perceived risk and safety in a given context.
- **Unfamiliar PWID were associated with significant risk** of physical violence, leading participants to avoid certain services and seek isolated spaces.
- In contrast, the **presence of trusted individuals was identified as a core factor in perceived safety**, particularly while injecting.

STIGMA & REPUTATION

- Participants engaged in **multiple strategies to avoid experiencing stigma** from service providers, the LGBTQ+ community, and other PWID.
- Several participants reported an awareness of **risk to their "reputation"**, fearing the practical and social repercussions of a damaged social standing in their communities.
- For those embedded in sex worker and injecting drug user communities, **a respected reputation functioned as a shield against other potential risks.**

IMPLICATIONS

- In contrast to the general population⁷, **LGBTQ+ PWID perceived greater risk in highly populated, high visibility areas, and would often chose to avoid services with these characteristics.**
- Some of the harm reduction strategies used place LGBTQ+ PWID at increased risk of IDU-related harms (e.g. injecting in isolated areas).
- Many participants reported feeling rejected by the mainstream LGBTQ+ community, and instead formed smaller networks within other communities.
- **LGBTQ+ PWID experience risk as a complex intersection of potential physical violence, health issues, criminalisation, and stigma.**
- Further research and service resources need to be devoted to understanding and responding to the needs of a vulnerable and underserved population.

"You risk contracting disease, like Hep C and stuff like that, but also...You risk ruining your reputation."
 'Grace', cis bisexual woman

"So I can see kind of as much as possible, but also being a [public injecting] spot where people can't necessarily see me."
 'Olive', cis queer woman



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