

UNDERSTANDING PROBLEMATIC USE

HOW LGBTQ+ PEOPLE MAKE SENSE OF PROBLEMATIC SUBSTANCE USE

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BACKGROUND AND RATIONALE

- ❖ Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) people are key populations in Alcohol and Drug (AOD) policy. Higher use prevalence, drug harms and lower treatment utilisation.
- ❖ Accounts of LGBTQ+ substance use have charted a trajectory from pathologisation to pity, punctuated by occasional moral panics and a fixation on sexualised drug use. These accounts have predominantly focused on Gay & Bisexual men and transwomen.
- ❖ Recognition Processes relating to problematic substance use remains poorly understood among LGBTQ+ populations.
- ❖ Dominant frameworks like *Readiness for Change* frame recognition processes as an individual *epiphany* that occurs through a conflux of individual/interpersonal/situational factors.
- ❖ Small but growing body of research challenges this framing and instead suggests observable patterns underlying problem non-recognition among people with AUD and SUD.
- ❖ Central to this is the question of how problematic substance use is experienced among LGBTQ+ people.



METHODS

- Qualitative approach:
 - **Narrative life-history interviews** with LGBTQ+ participants with experiences of problematic substance use. **Topical, semi-structured interviews** with service workers.
- Recruitment criteria:
 - **Lived Experience:** (i) identify as LGBTQ+, (ii) self-identify as having experienced problematic substance use, (iii) sought out professionalised support, (iv) residing in Victoria.
 - **Service Workers:** (i) employed in professional treatment services, (ii) have substantial experience working with LGBTQ+ clients, (iii) employed within a Victoria Service.
- Interview topics:
 - Socialisation experiences, peer networks, present day orientations.
 - Community norms, substance use cultures, cultures of care relating to substance use.
- Lived experience ($n=40$)
 - **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%, Other - 10%
 - **Impactful Substances:** Alcohol - 72.5%, Cannabis - 32.5%, Methamphetamines - 22.5%
 - **Treatment Accessed:** LGBTQ+ Specific (50%), Mainstream (50%)
- Service Workers ($n=21$)
 - Diverse professional roles ranging from **GPs** to **case managers** to **addiction specialists** and **counsellors**

PROBLEMATIC USE IN RETROSPECT

- ❖ Understanding the circumstances underlying their problematic use is not just meaning-making but helps participants anticipate and avoid future substance-related harms!
- ❖ Embodying or conforming to stereotypes associated with various LGBTQ+ subgroups, e.g., “Grindr meth-head”, “Lesbian with a drinking problem”.
- ❖ Excessive or risky forms of substance use, engagement in associated behaviours and practices as an extension of established community norms.
 - ❖ Problematic substance use as a misguided means of conforming with community expectations.
- ❖ Stigma and discrimination – both external and internalised – as drivers of problematic substance use as a coping mechanism.
- ❖ Solitary use characterised by withdrawal from shared or communal forms of use.
 - ❖ Using substances for reasons other than recreation or enjoyment (e.g., to cope with life stressors).



DISCUSSION AND IMPLICATIONS

- ❖ Participants described the LGBTQ+ community as both normalising and enabling substance use, and at the same time as a crucial source of support in managing problematic use.
- ❖ Awareness of how stigma and discrimination shape problematic use fostered self-compassion and helped participants resist pathologizing narratives about their LGBTQ+ identities.
 - ❖ Particularly relevant to individuals whose problematic use was tied up with their struggles with internalised homophobia and transphobia.
- ❖ Appreciating how their LGBTQ+ identity shapes their substance use helped participants stay engaged in community spaces without withdrawing entirely from contexts where others choose to use.
- ❖ LGBTQ+-specific understandings of problematic substance use matter because they reveal how harm and recovery are shaped by identity, community, and culture – not just individual behaviour.
- ❖ Engaging with these specific styles of recognition improves LGBTQ+ clients' engagement with treatment services



KEY TAKEAWAYS

- ❖ These understandings reveals that harm and recovery are inseparable from identity, belonging, and community context – not just individual behaviour or neurobiological quirks.
- ❖ Stigma and discrimination complexly informs problematic substance use, and understandings of these experiences. Queer community and identity form a backdrop that cannot be flattened into salutogenic/iatrogenic.
- ❖ Scholarly discourses that over-emphasize the causal relationship between stigma and discrimination and problematic substance use are oftentimes overly-simplistic.

We are as likely to be shackled by the stories we tell (or that are culturally available for our telling) as we are by the form of oppression they might seek to reveal
Ewick & Silbey (1995, p. 212.)

