

Help Seeking for Alcohol and Nicotine Issues Among Lesbian, Bisexual and Queer Women and Non-binary People

Presenter's email: r.mcnair@unimelb.edu.au

Authors: Ruth McNair¹, Ruby Grant² & Adam Bourne²

1Department of General Practice and Primary Care, The University of Melbourne, Melbourne, Australia, 2Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

Background: LBQ women consume more alcohol and nicotine than heterosexual peers but are less likely to seek support. Help-seeking is shaped by stigma, limited healthcare inclusivity, and identity-driven substance use norms. This study examined how queer substance use cultures influence help-seeking, focusing on intersections between professional and peer support.

Method: A qualitative longitudinal study ('the QSOX study') was conducted with 60 LBQ individuals in Australia who identified as women (cis or trans) or non-binary people with a strong affiliation with womanhood and had used alcohol and/or nicotine in the past month. Participants (41 cis women, 9 trans women, 10 non-binary people) completed three semi-structured interviews over 18 months. Data were analysed using feminist and critical drug studies frameworks.

Key Findings: Help-seeking was shaped by awareness, shame, agency, and trust. Awareness of substance-related issues encouraged help-seeking, but overcoming shame—often linked to gender or sexuality-based discrimination—was crucial. Shame also reinforced substance use as self-medication. Agency reflected self-reliance, resistance to norms, and control over help-seeking. Peer support played a key role, while trust in providers was bolstered by LBQ cultural competence.

Discussions and Conclusions: Some LBQ participants avoided help despite need, while others sought support only in crisis. Improving timely access requires healthcare providers to understand LBQ substance use cultures, integrate peer support, and proactively engage with substance use in all clinical settings. Fostering LBQ-inclusive environments that support autonomy and self-efficacy is critical for enhancing help-seeking behaviours.

Implications for Practice or Policy: Health services must move beyond inclusivity to offer culturally competent, affirming care that fosters agency, awareness, and trust. Support should validate self-directed change, integrate peer support, and avoid shame-based messaging. Providers need specific LGBTQ knowledge and proactive engagement strategies. Building partnerships with LGBTQ communities and improving health literacy are key to enabling timely, accessible, and appropriate support for LBQ women and non-binary people seeking help for alcohol or nicotine use.