

Help Seeking for Alcohol and Nicotine Issues among Lesbian, Bisexual and Queer Women and Non-Binary People: data from the Qsox Study



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LBQ WOMEN & SUBSTANCE USE

Background

Lesbian, bisexual, and queer women consistently report higher rates of alcohol and tobacco consumption compared to heterosexual women and sexual minority men.

e.g. over 60% LBQ women reported 'risky' levels of drinking
Private Lives 3 study, 2019.

e.g. LBQ women are 2.9x more likely to smoke than
heterosexual women – NDSHS 2019

Common explanations include:

- the impacts of minority stress
- the prevalence of alcohol and smoking in LGBTQ+ cultures
- Identity related associations



FACTORS INFLUENCING HELP SEEKING FOR ALCOHOL & NICOTINE USE



Structural – inhibit help seeking

- Discrimination/stigma – AOD and SOGI
- Poor HCP knowledge

Inter-personal – enhance help seeking

- LGBTQ community and peer support
- Good rel with GP/HCP and disclosure

Individual – enhance help seeking

- Age
- Self-perceived problems with AOD
- Health concerns

THE PROJECT



Aims:

- To examine how LBQ women's socially and culturally embedded practices of alcohol and nicotine consumption **change over time**
- To examine how the **risks and harms of alcohol and nicotine use are perceived**, constructed and managed within LBQ communities
- To explore LBQ women's use, perceptions of, and preferences for, **smoking cessation and alcohol-related services**
- To develop new knowledge **to inform future health-related interventions** that better meet the needs of this population, including policy and practice relevant recommendations.

Research Questions:

- What is the role of alcohol and nicotine use in the social and cultural lives of Australian lesbian, bisexual, and queer (LBQ) women over time?
- How do LBQ women understand, construct, and manage the potential risks and harms of alcohol and nicotine use?
- **What are LBQ women's experiences and perceptions of smoking cessation and alcohol-related support services?**

PROJECT TEAM & FUNDING



Project Team: Dr Ruby Grant (La Trobe Uni) – project lead, A/Prof Julie Mooney Somers (USyd), A/Prof Jennifer Power (ARCSHS, LTU), A/Prof Ruth McNair (UniMelb), Dr Amy Pennay (CAPR, LTU), Prof David Moore (ARCSHS, LTU), Prof Adam Bourne (ARCSHS, LTU)

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Steering Committee: Rachel Cook (Thorne Harbour Health), Leonie Ryan (Thorne Harbour Health), Lucy Watson (ACON), Lee Wang (ACON), Georgina Bell (ACON), Cathy Segan (Quit Victoria), James Petty (VAADA), Nicky Bath (LHA)

Special thanks to the 60 community members who shared their stories with us



RECRUITMENT



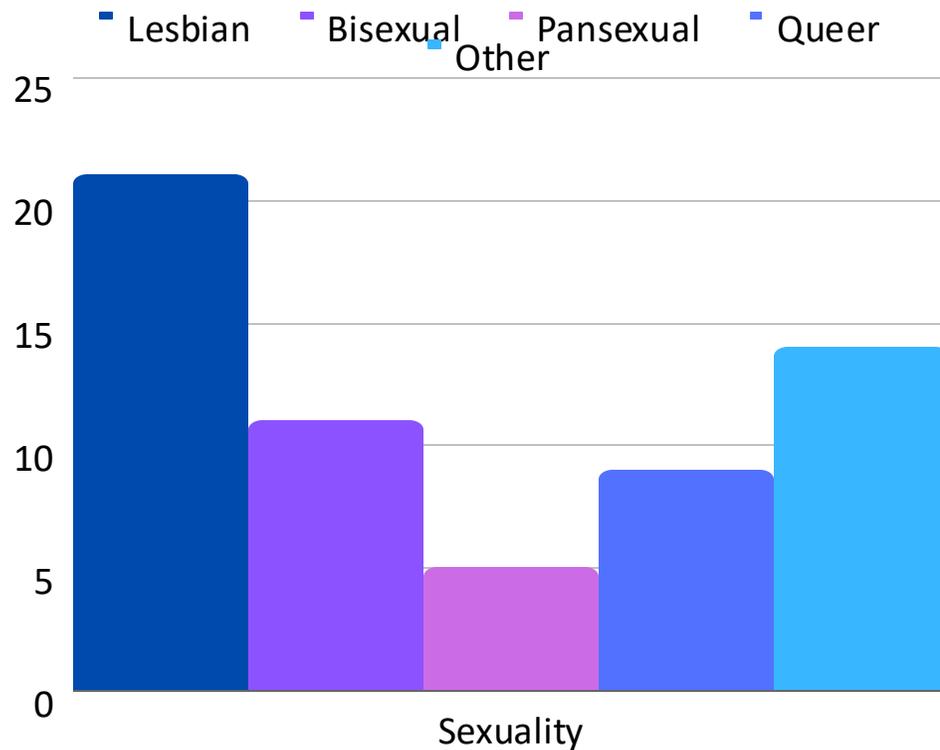
Inclusion Criteria:

- Cisgender and transgender women (aged 18+) who identify as lesbian, bisexual, queer
- Including non-binary people who identify with the category of woman.
- Consumed alcohol and/or smoked tobacco and/or vaped in the previous month
- Located in VIC or NSW



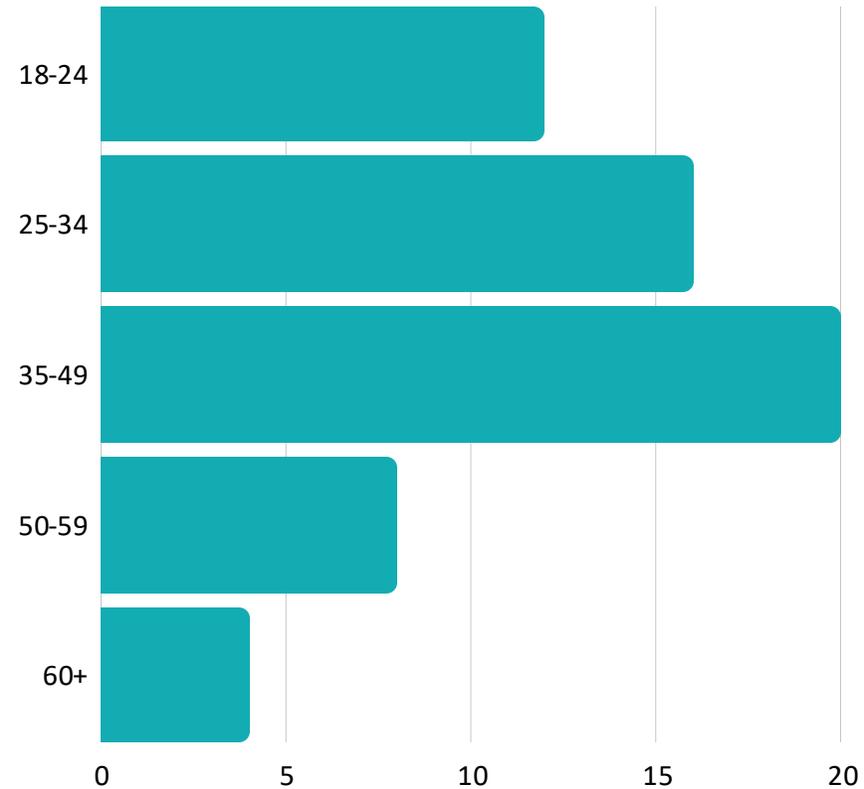
WHO PARTICIPATED?

60 LBQ individuals
41 cis women,
9 trans women, and
10 non-binary people



Age:

Age range: 18-72 ; Average age: 36



METHODS



Wave 1: May-July 2023
60 in-depth interviews

Wave 2: Nov 23-Feb 24
50 in-depth interviews

Wave 3: May-July 2024
45 In-depth interviews

HELP SEEKING PATTERNS



Demographic features	Non-help seekers	Help seekers
TOTAL	19 (32%)	35 (58%)
Gender	Cisgender 14, NB 3, Trans 2 - More likely to be cisgender	Cisgender 22, NB 6, Trans 7
Sexuality	L 3, B/P 9, Q 4, Other 3	L15, B/P 8, Q 4, Other 8 - More likely to be lesbian
Age	Under 50 – 18, Over 50 -1 - More likely to be younger	Under 50 - 27, over 50 - 8
LGBTQ community connection	Connected – 19, not connected -0 - All connected	Connected 29, not connected - 6

Help seeking not discussed by 6 participants – none were using alcohol/nicotine anymore

Amongst help seekers – majority of these sought help from both peers and professionals

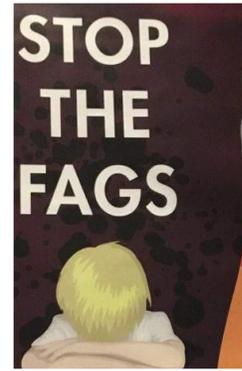
Non-help seekers – did not have help from peers despite LGBTQ community connections

BARRIERS AND ENABLERS FOR HELP SEEKING

- 4 themes



Awareness



Shame



Agency



Trust

AWARENESS – of problem, of available supports

‘we realised, oh my God, that drinking was a coping mechanism’ Ha 29 year pansexual, cis woman



‘... just really understanding that all the addiction came from suppressing being trans, the stuff that happened to me as a kid and as an adult... I think it just became apparent oh well that’s the stuff I’ve got to work on you know and then everything else will hopefully fall into place once I confront that.’

Candy 43 year old queer trans woman

‘The idea of AA meetings, where a bunch of middle-aged men that would be the exact kind of people that I would have an instinctual trauma response to seeing in public, you know. I did consider it during that time, but I never went through with any specialist support. Also just because I didn't know what was available’

Joan, 22 year old bisexual trans woman

SHAME – strong barrier to help seeking

‘embarrassment, guilt, weakness, ‘this isn’t that bad, you can handle it by yourself’

Experiences of HCP not raising AOD use in primary care and in mental health care.



‘I think I'd have to bottom out before I actually would ask for help...I think I'd actually have to reach critical point where I wasn't able to get out of bed or not able to look after my kids or look after myself. I think it would take me a lot to actually ask for help because of the shame that goes with it, or at least the story that you tell yourself.....asking for help is a real challenge in general for lots of women, to have the confidence to ask for help... particularly in the queer community where you've got, you know, significantly more marginalised and trauma related space of people as well.’

Andrea, 44 yo lesbian cis woman

AGENCY – a very strong enabler, and barrier



- Preferring self-care in relation to substance use
- Belief in own capacity to change
'I would just be able to do it' Toni 40 year old queer, cis woman
- Control over their stress management strategies including AOD use
'I think abstinence is not my way to go' Tex, 34 year old lesbian, cis woman
- Control of both which healthcare professional they saw and how much they disclosed
- Queer solidarity through peer support – as opposed to paternalism in healthcare systems



Marin Alsop – conductor

Queer agency



You think about how queer people learn anything about their gender or sexuality, like nobody teaches us in formal settings, we have to learn everything informally, so we're used to it. It's like second nature for queer people to be like "oh I might ask my friend about you know quitting smoking and how she did it" and you know what she - did she read a book, is there like some - a podcast she listened to, like what helped her you know, we're much more likely to want that connection rather than people being like, "well just cut down", "have you tried vaping?"

Andy 45yo queer, cis woman

TRUST – a requirement and an antidote to shame



In healthcare – seeking:

- Empathy
- Non-judgementalism
- LGBTQ contextual knowledge
- Safety, Affirmation

Modelled by effective peer support



Performing Older Women's Circus

'I would definitely go to queer services first and my queer friends or somewhere that had a rainbow tick, because I think it is complicated for a lot of queer people and it's great when practitioners understand that.'

On where other people would seek help:

'Probably I guess it depends on their relationship to being queer. And how out or comfortable they are with that, I guess for some people they might want more anonymity by going to straight places.'

Hazel 35 yo queer, cis woman

LESSONS for healthcare providers and system – beyond LBQT inclusiveness



Awareness



Build health literacy in LBQ women
- Queer Cultures of safer use



Build health care system literacy
- Range of services available
- Methods of help provided



Avoid shame based and entirely
abstinence based messages

Agency



Self determination
- Choice in peers and professionals
for support



Leads to Self-efficacy
= belief in ability to change

Trust



Effective peer support as an import
adjunct to professional care
e.g. Smart Recovery programs

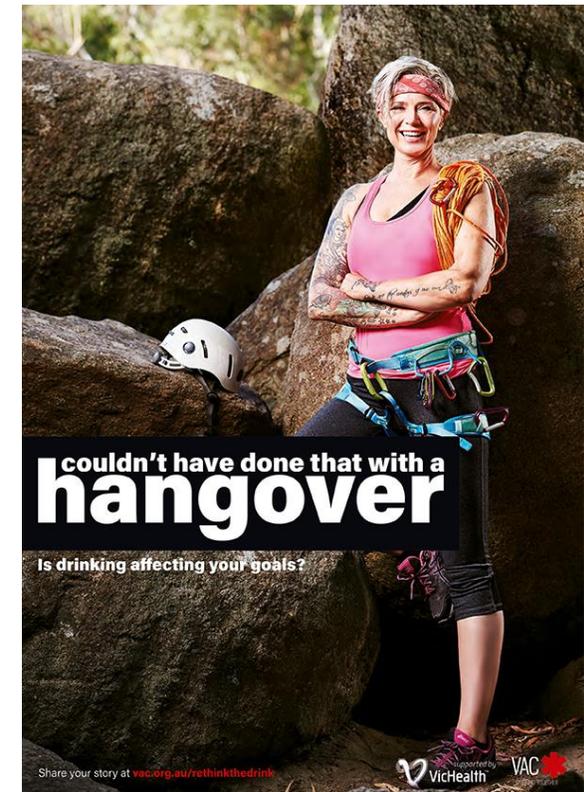


Effective peer support as a model for
professional care that enables
agency



Health care system that integrates
LBQ AOD support into mental health
care and primary care

RECENT CAMPAIGNS



THE LAST WORD

'I have a very good queer GP and a counsellor, so I would probably go to them... as a point of check-in and someone to sort of help me take responsibility... it's just that stuff about telling someone in authority or someone who you trust, who you feel like is not going to be judgmental if you fuck up or whatever to go this is what I want to do, can you support me with that and I'll check in with you or can you give me some guidance.... And close friends as well, but just those various points of like you know this is what I want to do, and I need some support with that.'

Alisha 53yo queer, cis woman



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Agency and queer solidarity: Help-seeking for alcohol and nicotine issues among lesbian, bisexual and queer women and non-binary people

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Other Qsox publications to date



Ruby Grant et al. "Drinking, Risk, and Care: A Narcofeminist Analysis of LBQ Women's Alcohol Consumption and Safety Practices in Australia." *Gender, Place and Culture* 2025. <https://doi.org/10.1080/0966369X.2025.2552695>

Ruby Grant et al. 'Queering Vaping: A Qualitative Analysis of Lesbian, Bisexual, and Queer Women's E-Cigarette Use in Australia.' *International Journal of Drug Policy* 2025, Volume 142, August 2025, 104853. <https://doi.org/10.1016/j.drugpo.2025.104853>

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Ruby Grant et al. 'Perceptions and Cultural Practices of Vaping Among Lesbian, Bisexual, and Queer Women in Australia.' *Sexuality Research and Social Policy* October 2024. <https://doi.org/10.1007/s13178-024-01047-7>

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Thank you



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