

# Exploring polysubstance use patterns and associated health and wellbeing outcomes among gender and sexuality diverse (LGBTQA+) young people: a latent class analysis

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stand. We pay our respects to those who  
have cared and continue to care for Country.



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# Background



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# Queer and trans joy, euphoria, vitality



# Background

**Earlier ages, more frequently, and at higher intensities  
Substance use ≠ harms**

**23.5%**

**of those using drugs reported ever being  
concerned about their use but only 11.8%  
of these same participants had accessed  
professional support in relation to  
their drug use in the past six months**

Hill et al., (2021) *Writing Themselves In 4*

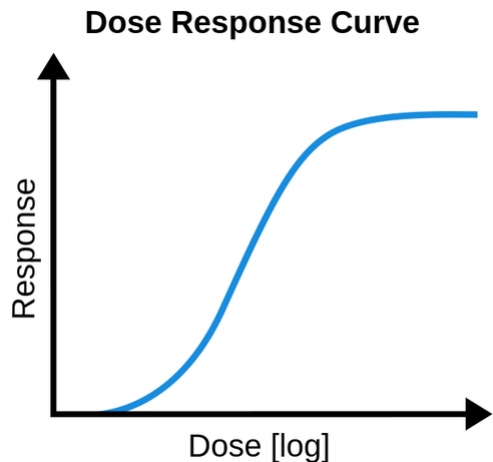
# Varied substance use motives and contexts



# But lets take a step back

**Substance use  $\neq$  harms**

**Greater substance use = greater harms?**





# Polysubstance use



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# Why poly(substance) use?

- 1. Prolong a state of euphoria**
- 2. Alleviate withdrawal symptoms**
- 3. To counteract or balance the effect/s of a substance with those of another**
- 4. Enhance a high**
- 5. Reduce overall use**
- 6. Mimic effect of another unavailable or more expensive substance**

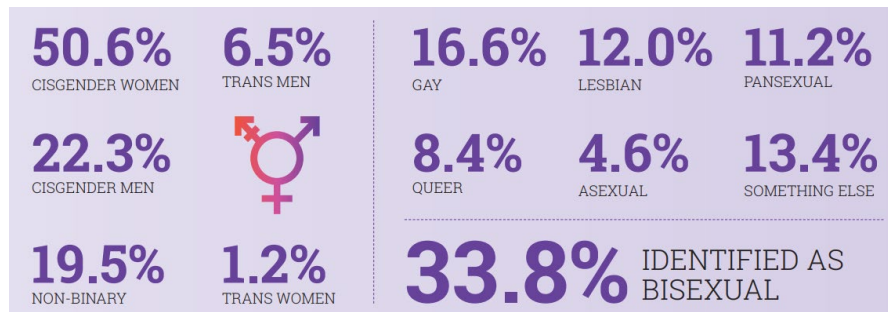
# Potential harms from polysubstance use

- 1. Combining drugs from same class (e.g., stimulants, depressants)**
- 2. Mixing different drugs (e.g., alcohol and medications)**
- 3. Serotonin syndrome**

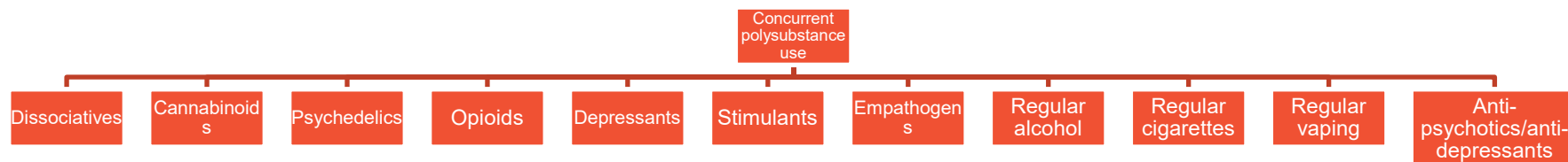
# Research Questions

- 1. Identify typologies of concurrent polysubstance use among LGBTQA+ youth in Australia**
- 2. Analyse associations between concurrent polysubstance use class membership and health and wellbeing**

# Methods (N=6,418; Mage = 17.3yrs)



# Adapted from ADF's drug classification framework



	N (%)
Current regular alcohol use	1883 (29.3)
Current regular cigarette use	740 (11.5)
Current regular vape use	93 (10.8)
Past six-month dissociative drug use	379 (6.7)
Past six-month cannabinoid use	1585 (28.2)
Past six-month psychedelic use	256 (4.6)
Past six-month opioid use	115 (2.0)
Past six-month depressant use	192 (3.4)
Past six-month stimulant use	232 (4.1)
Past six-month empathogen use	396 (7.1)
Past six-month antidepressant or anti-psychotic medication use	340 (6.1)

# Outcomes

**Past 4wk psych distress**

**Past 12mth suicide attempt/s**

**Past 12mth truancy**

**Past 12mth workdays missed**

**Current subjective happiness**

**Own concern about drug use**

**Friend/s concern about drug use**

**Family concern about drug use**

**Ever sought professional support for drug use**



# Fit indices

Three-factor  
solution  
chosen



Class	Entropy	AIC	BIC	Likelihood ratio (chi square) for MCAR under unrestricted LC indicator model	Number of estimated parameters
1	-	31290.444	31364.879	994.395	11
2	0.844	26073.524	26229.162	1462.471	23
3	0.773	25572.912	25809.752	1465.955	35
4	0.787	25486.783	25804.825	1498.567	47

# Typologies of concurrent polysubstance use among LGBTQA+ youth

	Curious	Kicking back	Thrill-seekers
Prevalence – n (%)	5021 (82.5%)	793 (13.0%)	270 (4.4%)
Patterns of substance use			
Current regular alcohol use	11.1%	42.2%	70.7%
Current regular cigarette use	8.5%	9.3%	20.3%
Current regular vape use	0.6%	14.0%	73.5%
Past 6-month dissociative drug use	10.7%	82.8%	95.1%
Past 6-month cannabinoid use	0%	10.9%	51.3%
Past 6-month psychedelic use	0.4%	4.9%	16.6%
Past 6-month opioid use	0.4%	7.4%	35.5%
Past 6-month depressant use	0%	7.1%	55.3%
Past 6-month stimulant use	0%	15.9%	83.0%
Past 6-month empathogen use	2.7%	14.2%	27.5%
Past 6-month prescription anti-depressants or anti-psychotics use	11.1%	18.6%	34.8%

# Folks with greater polySU older, higher odds being trans

	Class 1: 'Straight edged'	Class 2: 'Kicking back'	Class 3: 'Thrill- seekers'	Class 3 vs Class 1  Thrill- seekers vs Curious (ref)	Class 2 vs Class 1  Kicking back vs Curious (ref)	Class 3 vs Class 2  Thrill- seekers vs Kicking back (ref)
	%	%	%	OR 95% CI p	OR 95% CI p	OR 95% CI p
<b>Demographic characteristics</b>						
<b>Age</b>	14 to 17	60%	55%	52%	1.4 1.1, 1.8 0.01	1.3 1.1, 1.5 <0.001
	18 to 21	40%	45%	48%		1.1 0.8, 1.5 0.45
<b>Gender diversity</b>	Cis	74%	72%	66%	1.5 1.1, 1.9 <0.001	1.1 0.9, 1.3 0.42
	Trans	26%	28%	34%		1.4 1.0, 1.8 0.04
<b>Region of residence</b>	Metropolitan	89%	92%	87%	1.3 0.9, 1.8 0.18	0.8 0.6, 1.0 0.04
	Rural or remote	11%	8%	13%		1.7 1.1, 2.6 0.02
<b>Past 12-month employment</b>	No	40%	38%	38%	1.1 0.8, 1.4 0.54	1.1 1.0, 1.3 0.17
	Yes	60%	62%	62%		1.0 0.7, 1.3 0.85

# **No difference in health and wellbeing outcomes though!**

**No statistically significant differences in psychological distress, suicide attempt/s, truancy, missed workdays, subjective happiness, drug use concerns from oneself/friends/family, or past support seeking from professional drug services**

**(obviously still a necessary competency of AOD clinicians though given high baseline rates of mental health and unmet support needs but more on that another time...)**

Why might be this be unsurprising to some?



# Summary

- **Nearly one in five LGBTQA+ youth engage in high levels of concurrent drug use, with older, trans, and metropolitan LGBTQA+ youth at particularly elevated odds**
- **Polysubstance use not associated with increased mental health difficulties, substance use concerns from oneself, family or friends, nor likelihood of accessing professional support for drug use**
- **Clinicians and harm reduction practitioners should be equipped to handle polysubstance use concerns in LGBTQA+ affirming given high baseline rates of mental health difficulties, substance use concerns, and related unmet professional support needs**



# Writing Themselves In 4/ARCSHS collaborators



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# Thank you!

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