'Wherever they're at is wherever they're at, right?': Substance use and informal cultures of care among members of the queer community

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Introduction
Members of LGBTQ+ communities use substances at a higher rate compared to the general population, and consequently, experience a greater level of drug-related harms. Interventions aimed at addressing this issue tend to be highly targeted and focus on formal care provision, with little attention paid to the existing informal care practices community members already engage in.

Method
Semi-structured, open-ended interviews were conducted with 22 members of LGBTQ+ communities between November 2025 and April 2026. Audio recordings were transcribed verbatim, de-identified, then analysed using thematic analysis.

Key Findings
Participants had a range of ambivalent experiences receiving and providing care to other members of the queer community. The provision of care took many forms, ranging from passively monitoring a friend to initiating direct and difficult conversations. Care was frequently improvisational and characterised by uncertainty. Several participants described the care practices within the queer community as unique, political, and strengths-based, and contrasted them with the problematic care practices they saw in the straight community. However, specific communities (e.g., gay men) were described as lacking in care, leading some participants to feel disenfranchised. Drug use was seen as a way of celebrating queer identity and a technique of community formation, but some participants felt unable to connect with their community because of a perceived culture of heavy drug use. Personal experiences with mental illness, neurodivergence, disability/chronic illness, and addiction were used as sensitising tools for offering care to others. However, these participants often struggled to have their own needs met by others, which complicated their ability to provide care.

Conclusions and Implications on Communities
These findings demonstrate that the heightened levels of mental illness, problematic substance use, and other forms of hardship within the queer community have produced resilient and dynamic cultures of care, but ones that have distinct limitations. Service providers should strategically leverage these cultures when delivering professional care to enhance potential benefits.

Disclosure of Interest Statement
This project was financially supported by ACON.