

Drug Use among Same-Sex Attracted (SSA) young people

John Howard
National Cannabis Prevention and
Information Centre

Australian Therapeutic Community Association Conference
Launceston - August May 2012

Substances, sex, and meanings

- “ Substance use, sexuality and sexual behaviour intersect on a number of levels
- “ Substances have a variety of meanings for young people
 - . eg: ease social situations, enhance sexual pleasure, induce/maintain an erection, be an excuse for inadequate/unsafe sexual activity, to dull pain, to forget, ease transition from public to private behaviour (eg an apparently heterosexual man having sex with another man), for celebrationsõ .

Substance use and SSA young people

- “ Some suggest up to 58% of young SSA populations meet criteria for substance dependence
- “ But much of this research has been completed on ~~problem~~ young people and/or at SSA venues

Substance use and SSA

“ Increased substance use by SSA young people has been related to:

- . Self-medicating negative affect
- . Homophobic abuse
- . Alienation and harassment
- . Celebrations of coming out and SSA community events
- . Bars being common venues for use

What is the evidence?

Bennett (1994) Sydney . an early study

- “ 200 SSA males, 100 SSA females
 - . 25% drank every day
 - . 18% drank more than 12 standard drinks per drinking session
 - . 40% were ~~h~~heavy smokersq
 - . 60% reported use of cannabis
 - . Most were poly-substance using

Crawford, et al. Project Male Call 96 (1998)

- “ - 3039 in sample, 108 aged under 20
 - . 57.4% cannabis use in last 6 months
 - . Higher use of amphetamines (22.2%, LSD (20.4%) and Ecstasy (18.5%))
 - . 40% of IDUs began IDU under 20 years of age
 - . Gay community-attached and HIV+ more likely to use and be an IDU

Murnane et al. (2000), Melbourne

- “ 490 SSA participants, but few under 30 (only 46 males and 25 females aged 20-29)
 - . For males:
 - “ More use of alcohol, cannabis, amphetamine, Ecstasy, cocaine, steroids than general pop.
 - . For females:
 - “ More use of alcohol, cannabis, amphetamine, Ecstasy and tobacco than general population

Smith, Lindsay & Rosenthal (1999) Australian secondary school sample

- “ 6.5% identified as SSA
 - . SSA associated with more frequent hazardous drinking of alcohol
 - . 3-4 times more likely to have ever injected a drug

NDHS - 2010

- “ 65% of SSA Australians reported lifetime cannabis use compared to 34% of non-SSA; 30% v. 9% reported recent cannabis use.
- “ Prevalence of recent ecstasy, methamphetamine and cocaine use, as well as IDU was higher

Hillier et al. (1998, 2010), Victoria

- “ 1998 - 750 SSA 14-21 (mean age 18)
- “ 2010 - 3134 SSA 14-21 (mean age 17)
 - . More substance use than same age peers in general population
 - . 11% IDU 1998, 4% 2010
 - . 7% daily cannabis users
 - . 6% had used heroin in 1998, 2% in 2010

Howard, Nicholas et al. (2002) Sydney:

- “ Sample of heterosexual- and SSA-identified males and females (SSA males 123, SSA female 119, heterosexual males 94, heterosexual females 192) N=528
- “ Age range: 16 to 30 years; mean age males 21.8 years, females 21.3 years
- “ Sample included young people from non-urban areas, but mainly metropolitan Sydney, and those with and without tertiary studies

Suicide Attempt rates by orientation

" Heterosexual male	5.4%
" Gay male	20.8%
" Bisexual/undecided male	29.4%
" Heterosexual female	8.3%
" Lesbian	28.0%
" Bisexual/undecided female	34.9%

Substance use during adolescence

- “ Overall substance use was LOW and there were no significant differences in use of substances between males and females during adolescence
- “ No significant differences in use of substances by gay and lesbian samples and those heterosexually oriented during adolescence
- “ Significant differences for those males and females identifying as bisexual and undecided, where use was higher - for alcohol, amphetamines, hallucinogens and cannabis

Recent substance use

- “ Overall substance use was LOW, especially of heroin, cocaine, hallucinogens, inhalants and steroids
- “ Males significantly more likely to use hallucinogens and inhalants
- “ No significant differences in recent use of substances between the gay and lesbian samples
- “ Bisexual/undecided males and females were significantly more likely to use amphetamines and cannabis than the heterosexuals

Substance use and suicidality

Comparison of gay suicide attempters and non-attempters - substance use

Variable		p
Alcohol use in adolescence	(84.6% v 60.4%)	0.02
Amphetamine use in adolescence	(26.9% v 9.4%)	0.03
Cocaine use in adolescence	(11.5% v 1.0%)	0.03
Hallucinogen use in adolescence	(30.8% v 8.3%)	0.01
Cannabis use in adolescence	(53.8% v 26.0%)	0.01
Amphetamine use recent	(50.0% v 27.1%)	0.03

Comparison of lesbian suicide attempters and non-attempters - substance use

Variable		p
Hallucinogen use in adolescence	(31.4% v 13.4%)	0.02
Cannabis use in adolescence	(74.3% v 43.9%)	0.00
Ecstasy use recent	(27.8% v 50.0%)	0.02

Substances and suicide attempt

- “ Around the time of the decision:
 - . Alcohol and cannabis were the most widely used substance
- “ Around the time of the suicide attempt:
 - . Alcohol was the most widely used substance, other substance use low or non-existent
- “ To make the suicide attempt easier:
 - . Alcohol was the most widely used substance

Howard and Arcuri (2006), NSW

- “ 2.6% males and 28% females admitted to a residential treatment program for substance users ages 14-18 identified as SSA
- “ Scores highest for:
 - . Alcohol - lesbian
 - . Opioids - bisexual males
 - . Cannabis - bisexual males
 - . ATS - bisexual females

Howard and Arcuri (2006) cont.

“ Main substance of concern:

- . Gay males - opioids, cocaine
- . Bisexual males - cannabis, Ecstasy
- . Lesbian - alcohol
- . Bisexual females - ATS

“ Secondary substance of concern:

- . Gay males - opioids, ATS
- . Bisexual males - ATS
- . Lesbian - ATS, Ecstasy
- . Bisexual females - cannabis

Howard and Arcuri (2006) cont.

“ Suicide attempts:

- . Straight male - 32%
- . Gay male - 67%
- . Bisexual male - 78%
- . Straight female - 59%
- . Lesbian - 33%
- . Bisexual female - 72%

“ Substance use commonly associated with attempts

Typically, SSA young people come out with:

- “ Exposure to violence/homophobia
- “ Family conflict
- “ Isolation after coming out
- “ Loss of support from family and friends
- “ Fear of rejection, stigma, and the assumption of heterosexuality
- “ The internet as a major reference point, source of sexual stimulation (porn) and variously reliable information

But,

- “ Not all SSA use substances problematically and have major adjustment difficulties
- “ Many of the above studies are drawn from ~~problem~~ saturated populations (eg homeless youth, substance use and mental health services), or from venues such as clubs/bars
- “ SSA, and especially same-sex behaviour may not be static - sexual identity can be fluid and behaviour context-specific (eg prisons, military establishments)

- “ While most SSA young people appear to come through adolescence minimally scarred, a minority do not
- “ Sexual orientation and gender identity alone do not elevate risk
- “ It may be that some of those who do not, differ significantly from many SSA peers in their risk taking in a number of domains

Implications for service providers

- “ SSA, substance use and suicidal behaviour may not necessarily be causally associated - needs to be explored
- “ Use of substances plays a role in suicide attempts and requires attention
- “ Don't assume sexual orientation, identity or behaviour, and don't assume person is out

Implications for service providers - 2

- “ Resource development for SSA young people needs to target relationships, coming out, timing, sexual safety, and substance use - and be attractive enough to young heterosexuals
- “ Ideally, coming out is a process and should begin after careful consideration of significant issues (eg personal safety, expected responses)

Coming Out..... a process

Some questions people might consider before telling someone they are gay/lesbian/bisexual/transgender/intersex/questioning/undecided:

- “ How sure am I about my sexual attractions, sex and/or gender identity?
- “ How comfortable am I with my sexuality, sex and/or gender?
- “ Do I have support (family or other)?
- “ What do I know about homosexuality, transgender or intersex issues (beyond the stereotypes)? Have I done some searching or talking to others to find out more?
- “ What is the mood like at home, among my peers or with the person I want to tell? (It is best not to tell someone during an argument . timing is important)
- “ Can I be patient? (I may need to wait while people deal with what I tell them . again, timing is important.)
- “ Am I financially dependent on people I want to tell?
- “ What seems to be the attitude of the people I want to tell towards SSA, sex and gender diverse people?
- “ Is it my decision to tell someone (or am I being forced)?
- “ Are the people I want to tell going to respect my privacy?

Implications for service providers - 3

- “ Try to develop comfort in asking such questions as: ~~are~~ are your sexual partners male, female or both? ~~do~~ do you have a boyfriend or girlfriend at the moment?
- “ Recognise the diversity within gay communities, and not all (most?) SAA want or need SSA-specific services
- “ Environments supportive of diversity generally may ease the passage of young people exploring their sexuality

but ã ã ..

- “ Unless there is adequate recognition and appropriate interventions within safe spaces, some may feel that being drugged or dead are preferable options to being SSA

More information:

john.howard@unsw.edu.au

Ritter, A., Matthew-Simmons, F., Carragher, N. (2012)
Prevalence of mental health problems, and alcohol
and other drug problems among the gay, lesbian and
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