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What about the 'B' in LGB? Bisexual drug use and implications for treatment

Medicine

National Drug and Alcohol Research Centre

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Background



Background

- Available research indicates the the substance use and mental health concerns of bisexual individuals may be higher than their lesbian and gay, peers, which in turn are higher than those for heterosexuals.
- However, bisexuals remain largely 'invisible' in data on drug use in Australia.
- This may be due to the contested nature of "bisexuality", where some position it as an undecided sexuality, and the aggregation of bisexuals with lesbian and gay people in most studies.



Background

- While the aetiology of such prevalence is not fully understood, complex factors are involved, including issues pertaining to sexual orientation and behaviour, 'coming out', availability of social networks/support, availability of appropriate health and community services, social stigma and vilification, mental illness, abuse (either emotional, physical or sexual), and minority stress.
- Bisexual individuals may experience further elevated social stress due to 'double stigma' in wider society as well as prejudice towards bisexual people within lesbian and gay communities.



Aim of study and Methods



Aims

- To better understand the relationship between sexuality (with a particular focus on bisexuality) and substance use and mental health problems among LGB people in Australia.
- Generating new insights into the issues outlined above may lead to improved psychosocial wellbeing for LGB people, reduced harms from substance use, more effective health promotion, and reduced economic costs associated with the treatment of preventable health conditions.



Methods

- A cross-sectional online survey of 366 Australians of diverse sexualities aged 18-40 years
- Participants recruited online: via advertisements and news items posted on LGB websites and forums, other websites and social media forums (e.g., Facebook), LGB email distribution lists, university email distribution lists, social media and word-of-mouth snowballing
- The survey covered: socio-demographics, substance use, mental health, sexuality, sexual practices, coming out, relationships, abuse, service utilisation – some standard scales were used – AUDIT C, SDS, Kessler 6



Results - demographics



•A young (mean age 25.4), urban and highly educated sample (73.0% having/working towards a university degree), predominantly of Australian and New Zealand ethnic background.

Sexuality

- Straight 97 (26.5%)
- **Gay** 68 (18.6%)
- Lesbian 51 (13.9%)
- **Bisexual** 150 (41.0%) [male 44, women 70, 'other' 36]
- A significant minority identified as bisexual, but with a nonbinary gender denotation ("bisexual-other").



Results – sexuality, relationships, coming out, abuse



Coming out: Lesbians reported the most difficulty with "coming out", with 64.0% indicating "very difficult" or "extremely difficult". This was followed by 59.7% of gay men, 46.2% of bisexual men, 44.1% of bisexual-other and 30.2% of bisexual women.

Abuse:

Verbal: Lesbians reported the highest verbal abuse as a result of their sexuality (70.6%), followed by gay men (69.1%), then bisexual-other (63.9%), bisexual men (50.0%) and bisexual women (45.7%).

Physical: 25.0% of bisexual-other report sexuality-related physical abuse, 19.6% of lesbian women, 19.1% of gay men, 18.2% of bisexual men and 15.7% of bisexual women.



Results – substance use



Lifetime substance use

LGB participants reported higher lifetime prevalence of substance use than the heterosexuals, and far higher than 2013 National Drug Strategy Household Survey data.

- Bisexual Other, Bisexual Women, Lesbians and Gay men reported highest use of meth/amphetamine (42%, 30%, 28%, 28%)
- Bisexual Other for ecstasy (50%), followed by Gay men (46%)
- Gay men for inhalants (57%), crystal meth (25%), GHB (18%) and,
 - With Heterosexual Women, cocaine (32%, 33%), and
 - With Bisexual Men, **opioids** (28%, 32%).



Lifetime substance use

Drug use ever	Bisexual M%	Bisexual F%	Gay%	Lesbian%	Straight M%	Straight F%	Bi-Other%
	(n=44)	(n=70)	(n=68)	(n=51)	(n=42)	(n=55)	(n=36)
Cannabis	<u>77.3</u>	64.3	72.1	72.5	61.9	63.6	75.0
Crystal Meth	4.5	12.9	25.0	5.9	7.1	1.8	19.4
Meth/Amp.	20.5	<u>30.0</u>	27.9	27.5	21.4	21.8	<u>41.7</u>
Ecstasy	31.8	35.7	<u>45.6</u>	33.3	26.2	30.9	<u>50.0</u>
Cocaine	18.2	30.0	32.4	15.7	19.0	32.7	16.7
Opioids	<u>31.8</u>	25.7	27.9	21.6	11.9	16.4	<u>50.0</u>
GHB	2.3	7.1	<u>17.6</u>	3.9	7.1	5.5	2.8
Ketamine	11.4	10.0	14.7	<u>15.7</u>	11.9	12.7	<u>25.0</u>
Hallucinogens	31.8	<u>34.3</u>	33.8	21.6	19.0	21.8	30.6
Benzodiazepines	29.5	<u>34.3</u>	33.8	25.5	16.7	18.2	<u>41.7</u>
Inhalants	29.5	25.7	<u>57.4</u>	25.5	23.8	21.8	47.2
Steroids	<u>4.5</u>	1.4	4.4	2.0	2.4	1.8	2.8
Alcohol	<u>90.9</u>	90.0	89.7	90.2	85.7	<u>90.9</u>	88.9
Tobacco	79.5	61.4	60.3	74.5	71.4	49.1	75.0

Substance use in past 12 months:

- Bisexual Men reported highest use of **cannabis** (61%)
- Bisexual Women hallucinogens (23%)
- Bisexual and Heterosexual Women for cocaine (19%, 20%)
- Bisexual Other, Bisexual Men and Women for meth/amphetamine (19%,18%, 16%)
- Bisexual Other, Gay men and Bisexual Women for benzodiazepines (25%, 25%, 23%)
- Bisexual Other for **opioids** (28%)
- Gay men for i**nhalants** (34%)



Substance use in past 12 months:

Drug use	Bisexual M%	Bisexual F%	Gay%	Lesbian%	Straight M%	Straight F%	Bi-Other%
(past year)	(n=44)	(n=70)	(n=68)	(11-31)	(11-42)	(n=55)	(n=36)
Cannabis	<u>61.4</u>	38.6	44.1	49.0	50.0	29.1	50.0
Crystal Meth	4.5	7.1	<u>10.3</u>	2.0	0.0	0.0	5.6
Meth/Amp.	<u>18.2</u>	15.7	8.8	11.8	7.1	3.6	<u>19.4</u>
Ecstasy	22.7	22.9	20.6	17.6	16.7	12.7	<u>30.6</u>
Cocaine	9.1	18.6	16.2	7.8	11.9	<u>20.0</u>	5.6
Opioids	15.9	12.9	<u>19.1</u>	9.8	2.4	9.1	<u>27.8</u>
GHB	0.0	5.7	<u>5.9</u>	2.0	4.8	0.0	0.0
Ketamine	4.5	2.9	<u>5.9</u>	<u>5.9</u>	4.8	3.6	<u>8.3</u>
Hallucinogens	18.2	22.9	14.7	11.8	11.9	3.6	19.4
Benzodiazepines	13.6	22.9	25.0	13.7	9.5	7.3	<u>25.0</u>
Inhalants	20.5	14.3	<u>33.8</u>	11.8	11.9	7.3	30.6
Steroids	<u>4.5</u>	0.0	1.5	0.0	0.0	0.0	0.0
Alcohol	<u>90.9</u>	90.0	89.7	90.2	85.7	90.9	88.9
Tobacco	63.6	32.9	39.7	47.1	45.2	29.1	47.2

Reasons for substance use:

- Alcohol, cannabis, ecstasy and crystal meth predominantly for relaxation, socialising and fun
- Meth/amphetamines used mostly for socialising, energy and fun.
- Cocaine was mostly used in social situations and for fun, whereas use of GHB, ketamine, inhalants and hallucinogens predominantly fun-focused, and inhalants being used by gay men for sexual enhancement.
- This contrasts with the use of **opioids**, mostly pain relief, and **benzodiazepines** for relaxation, pain relief and to aid sleep



Risky alcohol use

- Gay men were most likely to be categorised as being high risk drinkers (13.2%), with heterosexual men (9.5%) and bisexual men (9.1%) following.
- For medium-risk drinkers, bisexual men being highest (45.5%), followed by lesbians (39.2%) and bisexual women (34.3%).
- Over a quarter of gay men (23.5%) partake in risky drinking (6+ standard drinks in a single occasion) at least weekly, followed by bisexual men (20.5%) and lesbians (19.6%).



Results – mental health, health seeking



- Bisexual-other reported having ever had a diagnosis, with 63.9%, followed by Bisexual women (57.1%) and Bisexual men (52.3%).
- Bisexual-other also have the highest rates for depression (55.6%), followed by Bisexual men and women (45.5%, 44.3%).
- Bisexual-other have the highest rates for anxiety (47.2%), followed by Bisexual women and men (38.6%, 36.4%).



Help seeking - GP

- Heterosexual women had the highest rates of recent GP visits (96.4%), followed by gay men (92.6%) and bisexuals (91.4%).
- Bisexual men are the most likely to see a GP for mental health concerns (47.7%), followed by bisexual-other (44.4%) and lesbian women (43.1%).
- Bisexual-other are most likely to see a GP for issues related to alcohol and drugs (8.3%) and those pertaining to sexuality (13.9%).



Help seeking – Allied Health

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- Bisexual-other have the highest uptake of allied healthcare (61.1%), followed by bisexual men (56.8%) and lesbians (54.9%).
- Bisexual men most likely to access for mental health concerns (47.7%), followed by bisexual other (44.4%) and lesbian women (43.1%).
- Bisexual-other most likely to access for alcohol and drug concerns (8.3%), followed by bisexual men (6.8%).
- Bisexual-other most likely to access for sexuality related issues (13.9%), followed by lesbians (9.8%).

Discussion





Limitations





Implications





Conclusions



The study identifies the importance of addressing the drug use and mental health needs of LGB people, and specifically for those identifying as bisexual, who can feel excluded from both mainstream and LGBTIspecific service provision, including within therapeutic communities



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