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Research paper

Sexual identity and prevalence of alcohol and other drug use among Australians in the general population

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ABSTRACT

Background: International research assessing differences in the prevalence of alcohol and other drug (AOD) use among Lesbian Gay Bisexual and Transgender (LGBTI) and heterosexual populations shows elevated prevalence rates of substance use among LGBTI people. To date no research has been published investigating these differences at a population level among both men and women in Australia.

Methods: The 2013 National Drug Strategy Household Survey, a multistage stratified population sample collecting data on AOD use in the Australian population over 14 years of age, was analysed for differences between gay and bisexual (GB) men and lesbian/gay and bisexual (LGB) women and their heterosexual counterparts in: (1) the prevalence of lifetime and past year tobacco and AOD use; (2) age of initiation of tobacco and AOD use; and (3) frequency of alcohol and cannabis use, and history of AOD treatment.

Results: There were elevated rates of past year cannabis (22.4%), ecstasy (11.8%) and methamphetamine (9.7%) use among GB men compared to heterosexual men (12.4%, 2.9% and 2.5%). LGB women also reported elevated rates of past year use (tobacco – 23.7%; cannabis – 24.6%) compared to heterosexual women (10.6% and 7.1%). LGB women initiated tobacco (15.2 years) and alcohol (15.5 years) at an earlier age than heterosexual women (16.6 and 17.7 years), and were significantly more likely to report daily alcohol consumption (OR 3.2, 95% CI: 2.1, 5.1), and weekly or more frequent cannabis use (OR 1.7, 95% CI: 1.1, 3.1).

Conclusions: These findings are indicative of the need for more responsive and targeted AOD harm reduction and treatment services for LGBTI communities in Australia. Of concern is the elevated risk among LGB women for earlier initiation of substance use, and the development of problematic consumption patterns. Further research, investigating the risk and protective factors for AOD use among LGB women is warranted.

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Introduction

International research shows that alcohol and other drug (AOD) use are elevated among Lesbian Gay Bisexual and Transgender (LGBTI) people (Ritter, Matthew-Simmons, & Carragher, 2012) (Drabble, Midanik, & Trocki, 2005; McCabe, Hughes, Bostwick, West, & Boyd, 2009; Talley, Tomko, Littlefield, Trull, & Sher, 2011). A number of U.S. surveys providing population level estimates of drug use show that both gay and bisexual (GB) men and lesbian/gay and bisexual (LGB) women, compared to their heterosexual peers, are significantly more likely to report use across a range of drugs, and to report drug dependence (Cochran, Ackerman, Mays, & Ross, 2004; Corliss et al., 2010; McCabe et al., 2009). Australian

research among a representative sample of women (the Australian Longitudinal Study of Women's Health has also found elevated levels of illicit drug use and risky alcohol consumption among LGB women compared to heterosexual women (Hughes, Szalacha, & McNair, 2010). To date in Australia there has been no examination at a population level comparing the substance use patterns of GB and heterosexual men.

Research suggests many reasons for elevated rates of AOD use among LGBTI communities. There is an extensive body of research on GB men and the drug use that occurs among this group within the context of sexual activity in order to maximise pleasure (Hurley & Prestage, 2009; Mansergh et al., 2001; Prestage, Grierson, Bradley, Hurley, & Hudson, 2009). Elevated substance use has also been discussed within the context of a different set of shared values, including a 'normalisation' of substance use within LGBTI communities (Hughes & Eliason, 2002; Southgate & Hopwood, 2001). Furthermore, minority stress has been postulated as a reason

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for elevated rates of AOD use among LGBTI populations (Meyer, 2003). This theory holds that those from minority communities (i.e. LGBTI) may experience elevated social stress due to stigmatisation from the broader community, and, as a result, have an increased likelihood of developing mental health and substance use problems (Lea, De Wit, & Reynolds, 2014; Meyer, 2003).

While studies of representative population samples have been conducted in the United States and parts of Europe (Cochran et al., 2004; Corliss et al., 2010; McCabe et al., 2009; Sandfort, de Graaf, Bijl, & Schnabel, 2001), much of the research in Australia (with the exception of the Australian Longitudinal Study of Women's Health) has recruited convenience samples. This paper is the first to report on AOD use among both LGB women and GB men in a study of a representative sample of the Australian population. The aims of this study are to document:

- (1) the prevalence of lifetime and past 12 month tobacco, alcohol and illicit drug use among GB men and LGB women compared to their heterosexual peers;
- (2) the age of initiation of alcohol, tobacco and illicit drugs among GB men and LGB women compared to their heterosexual peers;
- (3) the patterns and frequency of use of key substances among GB men and LGB women compared to their heterosexual peers.

Methods

Data collection and sexual identity categorisation

Data from the 2013 National Drug Strategy Household Survey (NDSHS) were analysed. Approximately 24,000 respondents participated in the 2013 survey. The NDSHS employs a multistage stratified sampling methodology designed to provide a close-to-random sample to obtain data on drug and alcohol use in the Australian population over 14 years of age. The 2007 NDSHS was the first to include a question about sexual identity: "Do you think of yourself as... heterosexual or straight, homosexual (gay or lesbian), bisexual, not sure/undecided, something else/other." The 2013 data were collapsed by the data custodians, the Australian Institute of Health and Welfare (AIHW), into respondents identifying as heterosexual and respondents identifying as gay/bisexual in order to protect confidentiality. Those identifying as lesbian/gay/bisexual are hereafter referred to as gay/bisexual (GB) for men and lesbian/gay/bisexual (LGB) for women. Respondents in the 'not sure' or 'something else' categories ($N = 409$, 1.7%) were collapsed into one category by the AIHW. We have excluded these respondents from the present analysis as they likely represent two different subgroups.

Measures of sample characteristics and substance use

Demographic characteristics including age, high school and university education, and whether respondents are currently employed are presented. Prevalence of lifetime and past 12 month alcohol, tobacco and other drug use, and mean age of initiation of these substances are also presented.

Frequency of substance use

Alcohol

Questions that comprise The Alcohol Use Disorders Identification Test Consumption questions (AUDIT-C) (a short screener for hazardous drinking) were analysed from the NDSHS. The questions relate to quantity and frequency of drinking, and frequency of heavy drinking. The AUDIT-C is a validated measure developed by the World Health Organization to assess hazardous patterns of alcohol consumption (Bradley et al., 2007; Bush, Kivlahan, McDonnell, Fihn, & Bradley, 1998). The scale gives a total score of

12. For this analysis, we have assigned respondents to two categories according to their AUDIT-C scores, those who are not drinking at high-risk levels (with scores between 0 and 8) and those who are drinking at high risk levels (scores of 9 and above). We have adopted the approach used by Harris et al. (Harris, Bradley, Bowe, Henderson, & Moos, 2010). We also analysed proportions reporting daily drinking.

Cannabis

We present proportions of respondents reporting cannabis use weekly or more often in the past 12 months.

It was not possible to look at methamphetamine or other drug use weekly or more often as proportions were too small.

Data analysis

All analyses were conducted using SAS version 9.4. Analyses were conducted taking the effects of complex sampling methods into account. Data were weighted to correct for differential response rates and to account for over-sampling in some of the smaller jurisdictions. Strata and cluster variables were used in the analyses to account for the multilevel stratification of recruitment of the sample. For further information regarding these procedures please refer to the 2013 NDSHS technical report (Roy Morgan Research, 2014). All categorical variables (e.g. demographic characteristics, lifetime and 12 month prevalence of alcohol and illicit drug use, treatment attendance) were analysed using the chi square test, while continuous variables (e.g. mean age, mean age of initiation of alcohol and illicit drugs) were analysed using independent sample *T* tests. Multiple logistic regression was undertaken to analyse the relationship between sexual identity and drug use variables, controlling for age, relationship status and whether the respondent had completed high school. All analyses are presented by sexual identity and gender, with the exception of a few measures (ketamine, heroin, gamma-hydroxybutyrate [GHB], hallucinogens and injecting drug use). Numbers were too small in these instances to separate by gender, so analyses were conducted on sexual identity only.

Given the disparity in age distribution across LGB and heterosexual respondents (with LGB respondents being significantly younger than their heterosexual counterparts) all prevalence estimates were age adjusted using the 2001 Australian Bureau of Statistics (ABS) population census data. This is in line with ABS guidelines on adjusting prevalence estimates (Australian Bureau of Statistics, 2013). All statistical analysis was also adjusted for age.

Results

Demographic characteristics

Of the full sample, 277 (2.8%) men, and 302 (2.2%) women identified as being lesbian, gay or bisexual (LGB). Table 1 shows the demographic characteristics of survey respondents by sexual identity and gender. GB men were significantly younger than heterosexual men (37.1 vs 44.1 years), as were the LGB women compared with heterosexual women (33.7 vs 45.4 years). GB men had attained higher levels of education (69.1% – high school education) than heterosexual men (59.4%). There were no differences among LGB and heterosexual women with regard to educational attainment (Table 1). LGB women were significantly more likely to report earning more than \$31,199 than heterosexual women (35% vs 28.5%). GB men and LGB women were significantly less likely to report currently being in a relationship than their heterosexual counterparts (men – 34.2% vs 65.7%; women – 37.2% vs 62.8%, respectively).

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