LGBTQ PEOPLE, DRUG USE & HARM REDUCTION

People use many products to alter their perception, experience, and behavior, such as coffee or tea, alcohol or tobacco, as well cannabis or cocaine. This fact sheet addresses the use of illegal drugs. We do not use the term "substance abuse," which has an inherent moral judgment. Instead, the terms "substance use" or "drug use" will be used, which are both neutral and descriptive.

WHY SUBSTANCE USE?

Research indicates that LGBTQ people use some substances, such as tobacco, alcohol, and other drugs, at a rate 2-4 times that of the broader population.[1] LGBTQ substance use must be understood within the context of the stigma, prejudice, and discrimination to which LGBTQ people are constantly exposed. The Centre for Addiction and Mental Health notes that "isolation, alienation and discrimination from a homophobic society is stressful," and that escaping from these feelings is one of the main reasons why LGBTQ people use substances.[2]

When substances are illegal and unregulated there is no control over their purity or strength. This puts people who use substances at added risk for illness and overdose. People may also face risks such as criminalization, stigma, and discrimination as a result of their substance use. For these reasons, people who use substances may be hesitant to discuss their use, even with their health care providers.

Substance use is often viewed as a source of harm. While this can be true, it is also important to recognize substance use as a way to reduce harm and suffering in people's lives as well. Use may mitigate emotional or physical pain, or it may enable people to socialize with others and find a community of support and acceptance. For this reason, it is important to understand substance use in the context of an individual's social and personal life. This is especially true of LGBTQ people who experience high rates of discrimination and stigma.

WHAT IS HARM REDUCTION?

The focus on managing and reducing the harms associated with substance use is called "harm reduction".[3-5] In Ontario, the concept of harm reduction emerged during the 1980s, in response to concerns about the effects of alcohol consumption and the spread of HIV among people who inject drugs.[4] Harm reduction recognizes that people use substances for a variety of reasons[4-5] and that many types of substance use are integrated into our daily lives (e.g., morning coffee).[3, 6-7] Examples of harm reduction programs include designated driver programs, alcohol and drug-free events for graduating students, and needle and syringe exchanges.[4-5]

Harm reduction takes a non-judgmental approach that supports people in making decisions about their drug use.[5] LGBTQ people may reduce drug-related harms by knowing and

managing the risks associated with particular drugs, choosing less risky drugs, or planning ahead for safer use, as well as by seeking treatment, and reducing or eliminating substance use. Harm reduction also acknowledges that many people use drugs without encountering any problems.[2]

Proponents of harm reduction argue that substance use is best addressed within public health and social justice models rather than through the criminal justice system.[4-5, 8] A harm reduction approach that decriminalized possession of small amounts of drugs for personal use has been highly successful in Portugal, where it reduced drug-related deaths by 59%, reduced HIV infection among people who recently began using injectable drugs by 17% and increased admissions to drug treatment programs by 147%.[9-10]

Harm reduction is often used as part of a "Four Pillars" plan that also includes prevention and treatment, and that integrates health services with law enforcement. Such a system has been successful in Vancouver, Europe, and Australia, reducing new HIV and hepatitis infections as well as drug-related deaths.[11]

WHY DO LGBTQ PEOPLE HAVE HIGHER RATES OF USE?

Being LGBTQ does not cause substance use, nor is substance use always related to an individual's LGBTQ identity. LGBTQ people may use substances for the same reasons that other people do.[12] However, it is also important to realize that there are some culturally specific reasons that LGBTQ people have high rates of substance use:

Lack of non-bar space: For many years, discrimination against LGBTQ people made visibility unsafe, and there were few options for socializing in LGBTQ environments apart from bars or parties.[2] As a result, many LGBTQ people associate socializing with the use of alcohol and other drugs. When bars are a primary social outlet LGBTQ people may develop a peer set that uses alcohol or other substances regularly.[13] Even now, not everyone within our communities has safe non-bar space in which to socialize.

Cultural acceptance: The use of some substances may be accepted within LGBTQ communities, or may be considered a part of cultural life, demonstrating or confirming personal identity and group belonging. A Toronto study of racial minority gay and bisexual men who attended circuit parties and clubs, for example, found that some participants reported feeling a sense of pressure or obligation to use drugs, especially if their friends were using them.[14]

Criminalization history: Until 1969, homosexuality was illegal in Canada, and police repression of LGBTQ communities was constant. As a result, the fact that a drug is illegal may not communicate the same certainty of risk to LGBTQ people as it might to their straight peers—the lived experience of many LGBTQ people is that not everything that is criminalized is wrong.

Coping with stigma: Some LGBTQ people use substances to cope with the stress of coming out, rejection from family and friends, discrimination, harassment, or internalized biphobia, transphobia, or homophobia.[12-13] Since LGBTQ people may deal with stigma throughout their lives, they may not exhibit the reduction in substance use with aging that is seen within the general population.[15]

Coping with trauma: A small US study found that experiences of violence, feeling unsafe on campus, and stress were associated with increased substance use among LGB students (trans students were not included in this study).[15] A US study of HIV+ people found that traumatic stress related to their HIV status was associated with increased use of cocaine and crack.[16]

Trans women in a small US study reported using drugs to cope with the stress of relationships, transphobia, financial problems, and sex work.[17]

Altering Mood: Studies with HIV+ trans people and men who have sex with men (MSM) found that feelings such as shame and internalized homophobia were associated with methamphetamine (meth) use.[16, 18] Researchers speculate that this may be a causal relationship.

Self-medicating: Some LGBTQ people use substances to reduce the effects of health problems. The use of marijuana, for example, has been associated with anxiety and other mood disorders,[19] but the directionality of the association (whether cannabis increases anxiety or whether anxiety draws people to use cannabis) has not been determined.

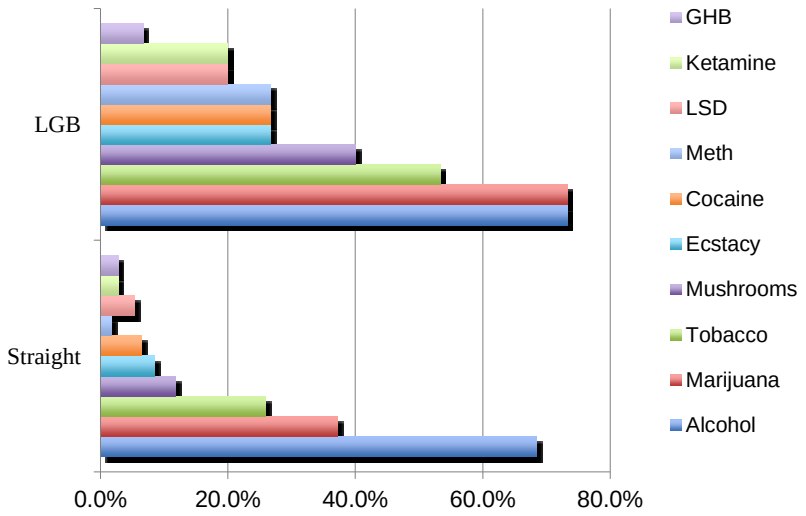
Recreation: The Addiction Research Foundation of Ontario noted that cannabis use enhances sensual pleasure, facilitates socializing, supports introspection and alleviates pain.[20] Other substances may offer similar benefits that outweigh or reduce the perceived risks of use.

SUBSTANCE USE BY LGBTQ YOUTH

Studies indicate that LGBTQ youth are more likely than their straight peers to use substances. Available data suggest that bisexual youth report the highest rates of use. However, apart from a large BC study, very little Canadian data is available about substance use by LGB youth, and almost no information is available about substance use by trans youth.

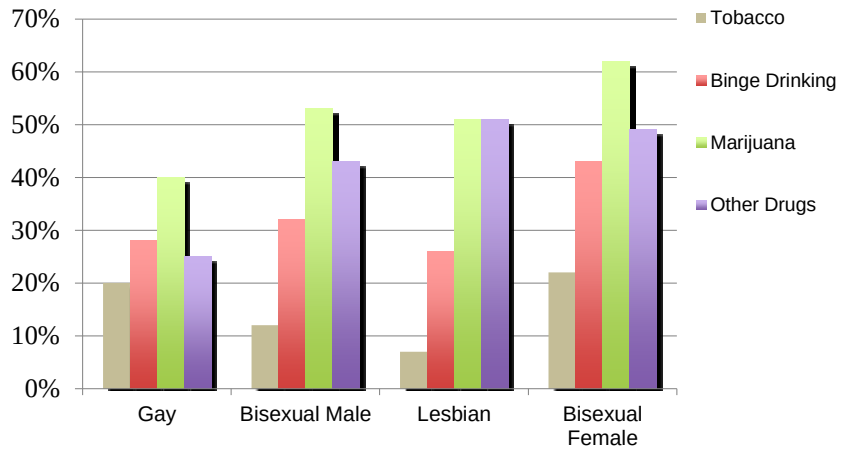
- A study of 509 high school students in Vancouver and Victoria, aged 13-19, found that LGB students were more likely than their straight peers to report using substances (See Table 1: Substance Use by BC High School Students).[21] This study did not ask about gender identity.

TABLE 1: SUBSTANCE USE BY BC HIGH SCHOOL



- A study of youth ages 12-19 in BC high schools found high rates of drug use among bisexual students (see Table 2: Substance Use by LGBTQ Students).[22] Similarly elevated rates of use among LGB students have been found in large US studies.[23-25] Among females, bisexuals report the highest levels of drug use, followed by lesbians, and straight youth. Among males, bisexuals report slightly higher rates of drug use than gay males, although both significantly outpace their straight peers.[23]
- A study of racial minority trans women ages 16-25 found high rates of substance use. Marijuana use was most common, reported by 75% of young trans women, followed by alcohol (66%), ecstasy (23%), and cocaine (21%).[24]
- Young people may use substances to reduce their anxieties about having sex. The BC high school study found that 32% of bisexual males and 14% of gay males reported using alcohol or other drugs before having sex. Among females, 34% of bisexuals and 27% of lesbians reported using alcohol or other drugs before sex.[22] A study of trans women under 25 found that 53% reported having sex while intoxicated.[24]

Table 2: SUBSTANCE USE BY LGBTQ STUDENTS (22)



- A 2003 study of BC students aged 12-19 found that intoxicated driving was reported by 13% of gay male students, 10% of lesbians, 19% of bisexual females and 20% of bisexual males.[22] Riding in a vehicle with an intoxicated driver within the past month was reported by 15% of bisexual males and 10% of gay males, compared with 18% of their straight male peers.[22] Among females, the trend was reversed, with bisexual and lesbian students more likely to report riding with an intoxicated driver: 37% of bisexual females and 33% of lesbians had done so, vs. 23% of straight female students.[22] The risk of driving intoxicated, or riding with an intoxicated driver, may be higher in rural areas where travel is reliant upon cars and trucks.
- LGB students may use substances as a way to cope with stressful experiences. LGB youth have rates of physical and sexual abuse far higher than their straight peers, report higher rates of relationship violence, discrimination, and victimization, and are less likely to feel safe at school.[22] A study of Canadian high schools found that 70% of students

heard homophobic expressions in school every day, including comments made by teachers. LGBTQ students also reported high rates of verbal, physical, and sexual harassment.[26]

- Although the support of family, teachers, and friends has not been found to reduce substance use, it has been found to reduce the negative effects of substance use, and to buffer the effects of rejection on substance use.[27-28]
- LGBTQ youth may be more likely to seek substance use treatment if they have negative experiences that outweigh the benefits of substance use. Young LB women were twice as likely as straight youth to lose friends due to drug use, and to report having sex when they did not want to. They were also twice as likely to receive substance use treatment.[22]
- Contrary to stereotypes that associate high rates of substance use with urban areas, sexual minority youth in rural BC were more likely to report substance use than those in urban areas.[29] This difference may be due to discrimination, lack of social support, and/or lack of LGBTQ services.[13] Rural youth may also have less access to harm reduction programs, such as needle exchanges.
- Substance use may be affected by sexual difference, even among youth who do not identify as LGB. Young women who identify as "mostly heterosexual," reported drug use rates 1.5-4 times that of exclusively straight women.[22-23] One study found drug use rates for "mostly heterosexual" males to be 2-3 times that of exclusively straight males.[23]

SUBSTANCE USE BY BISEXUAL & LESBIAN WOMEN

There is currently no Canadian data on bisexual and lesbian women's substance use. Data from the US and Australian may not be generalizable to Canada, which has a different health and social system, different cultural values, and different LGBTQ equity legislation.

- Multiple studies in the US and Australia have shown that bisexual women report the highest rates of substance use among women, followed by lesbians (See Table 3: Women's Use of Illicit Drugs).[23, 30-32]

Table 3: Women's Use of Illicit Drugs, Past Year, %				
Study, Location, & Year	**Substance**	**Bisexual Women**	**Lesbian Women**	**Straight Women**
Australian Longitudinal Study Australia 2003 (30)	Drugs other than cannabis	**49%***	40.2%*	12.9%
National Study of Family Growth US 2002 (32)	Cocaine	**13.5%**	0.5%	2%
Growing Up Today US 1999-2003 (23)	Ecstasy	**14.8%***	8.7%*	1.8%
	Cocaine	**9.8%***	6.9%*	1.8%
	Heroin	**0.8%***	0%	0.1%
	Amphetamines	**14.7%***	8.3%*	1.3%
	Hallucinogens	**19.3%***	14.3%*	2.3%
Bolded figures represent highest use * Indicates statistical significance				

- Lesbian and bisexual women may use substances to reduce anxiety, facilitate sex after trauma, and make it easier to socialize. A US study of 1381 lesbian and bisexual women found that victimization and internalized homophobia increased the odds of substance use.[33] Researchers have also connected childhood abuse, intimate partner violence, and non-partner violence with substance use among bisexual women.[34-36]
- Experiences related to gender identity may also impact women's substance use. A US study of 76 lesbian and bisexual women ages 14-21 found that after controlling for age and sexual identity, women who identified as butch reported more substance use than women who identified as femme. These differences were largely accounted for by experiences of stress, internalized homophobia, and emotional distress, which were higher among butch women.[27]
- US and Australia data indicate that bisexual women's cannabis use is particularly high (See Table 4, Women's Cannabis Use).[23, 30-32, 37] Bisexual women also score higher than other women on measures of cannabis dependence, indicating they are more likely to use cannabis compulsively, to be preoccupied with maintaining their supply, and to relapse after a period of abstinence.[38-39]
- Research is mixed on whether the rate of cannabis use is high among lesbians. Three US studies found elevated rates.[23, 32, 37] However, some studies found that lesbians reported lower rates of cannabis use than straight women did.[30-31]

Table 4: Women's Cannabis Use, %						
Study, Location, & Year	**Bisexual Women**		**Lesbian women**		**Heterosexual Women**	
	Past Month	**Past Year**	**Past Month**	**Past Year**	**Past Month**	**Past Year**
College Alcohol Survey US, 1999 (31)	**35.1%***		11.4%		16.3%	
Australian Longitudinal Study Australia, 2003 (30)		**12%***		5.2%		5.5%
National Study of Family Growth US, 2002 (32)		**38.2%***		20.9%*		11.2%
National Alcohol Survey US, 2000 (37)		**37.8%***		21.1%*		5%
Growing Up Today Study US, 1999-2003 (23)		**59.9%***		49.6%*		18.6%
Bolded figures represent highest use *Indicates statistical significance						

- A longitudinal study in Australia determined that higher scores on a measure of mental health (indicating better mental health status) predicted marijuana use, and that perceived stress predicted the use of drugs.[30]

SUBSTANCE USE BY BISEXUAL & GAY MEN

Canadian and US studies have found that bisexual and gay men report high rates of drug use (See Table 5: Men's Use of Illicit Drugs).[14, 40-42] However, these studies combine gay and bisexual men, so differences in substance use based on identity are not evident. Canadian data on gay and bisexual men has often been obtained through convenience samples collected at social events in Toronto, and may not be applicable to other areas of Ontario or to other parts of Canada.

- A study of 612 gay and bisexual men in Toronto, ages 14-72, found that 32.2%, of gay men and 45.6% of bisexual men reported using an illicit drug in the past month.[43]
- Gay and bisexual men may use their own harm reduction strategies to reduce the risk of substance use. Participants in a 2004 Toronto study reported being careful about the type, quality, and amount of drugs they consume, avoiding mixing certain drugs, and using a buddy system to ensure their safety. They emphasized being knowledgeable about drugs, and counteracting negative effects by eating right, taking vitamins and supplements, getting rest, and staying hydrated.[14, 44]

Table 5: Gay and Bisexual Men's Use of Illicit Drugs						
Study, Location & year	**Poppers**	**Cocaine**	**LSD**	**Meth or Speed**	**Marijuana**	**Ecstasy**
NYC Study US, 2007 (40)	**20%**	10%		3%		4%
Toronto Clubs Study Canada, 2003 (14)	23%	53%		24%	**63%**	82%
Vancouver Vanguard project Canada, 1995-2000 (41)	34%	30%	21%	11%	**66%**	
Urban MSM US, 1994-1998 (42)	14%	21%	19%	20%	**59%**	19%
Bolded figures indicate highest use						

- Research in Ontario suggests that gay and bisexual men obtain drugs from dealers with whom they have established relationships. Having a regular dealer increases men's confidence in the quality and consistency of the drugs they purchase.[14, 44]
- Some studies suggest that substance use may impact men's sexual decision-making. A 2011 Toronto study found that of the 109 MSM who reported having anal sex without a condom in the past 6 months, 37% had done so while under the influence of alcohol or other drugs.[45] However, caution must be exercised before assuming that substance use causes unprotected sex. Researchers who conducted a 2004 Toronto study concluded that the rate of unprotected sex reported was due to a generally low commitment to condom use rather than to impaired decision-making.[14]
- MSM may have elevated rates of substance use whether they adopt a gay or bisexual identity or not. A study of 3492 young MSM in US cities found that over half had used marijuana, and 1 in 5 had used cocaine, amphetamines, ecstasy or hallucinogens in the past 6 months.[42] A US study of 301 Black MSM, found similar rates of cocaine use, primarily crack.[46]
- A study of 74 racialized gay and bisexual men in Toronto found that drugs such as ecstasy were used to enhance the experience of circuit parties. Men reported using drugs to enhance their enjoyment of the music and sexualized atmosphere, to facilitate sex, increase their energy, overcome feelings of alienation, and increase their sense of belonging.[14]
- Men may use drugs to counteract depression. A recent US study found that MSM who reported having two or more health conditions were more likely to report stimulant use. This study also found that men who experienced physical, sexual, or emotional violence in a relationship were more likely to report illegal drug use.[46]
- HIV status may impact substance use. Two studies found that HIV+ men were significantly more likely to report recent drug use.[43, 47] Some practices, such as sharing needles, can put men at risk for contracting HIV, so HIV status may be an effect, rather than a cause, of drug use.
- In a US study of 259 gay and bisexual men, drug use was associated with depression and hostility, and the amount of any given drug used was associated with depression, hostility, and anxiety.[47] More research is needed to determine whether drug use causes

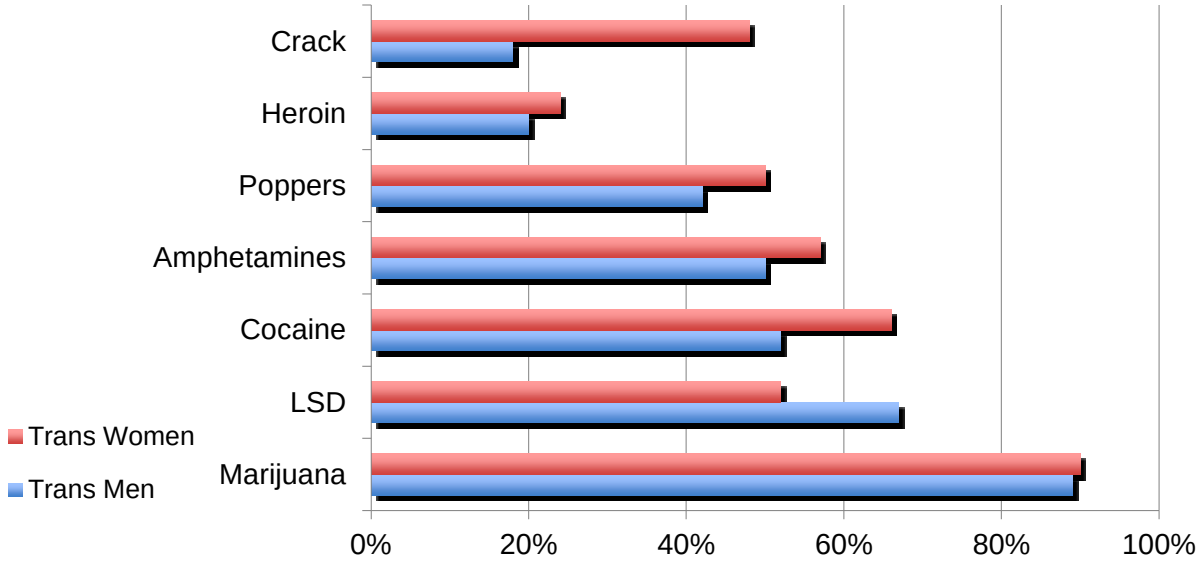
depression, hostility, and anxiety, or whether men use drugs because they have such feelings.

SUBSTANCE USE BY TRANS MEN & TRANS WOMEN

Currently there is no published Canadian data on substance use by trans people. The Trans PULSE study of 433 trans people in Ontario, has collected data on this topic, but has not yet published their findings related to substance use.

US studies indicate that trans men and trans women report high rates of marijuana, cocaine, crack, and amphetamine use, and that substance use differs by gender (See Table 6: Trans Substance Use, San Francisco, 1999).[48] However, US data may not be representative of substance use by trans Canadians since Canada has a different medical system and different equity legislation.

Table 6: Lifetime Substance Use by Trans People, San Francisco, 1999 (48)



- Trans people may use substances to facilitate sex. In a US study of 244 trans people, 53% reported having had sex while high within the past 6 months,[49] and another study found that 47% of trans participants reported having sex while drunk or high.[50]
- Trans people may use substances to deal with negative feelings or experiences. A US study found that trans people who used drugs within the past month also reported levels of anxiety, depression, and transphobia.[51]
- A US study of 392 trans women and 123 trans men found that 64% of trans women and 43% of trans men had used marijuana in the past 6 months. Among trans women, 30% also reported using speed, and 21% reported using crack within the past 6 months.[48]
- Injection drug use among trans people may differ by gender. In the US study above, 34% of trans women reported having injected drugs, and 18% reported doing so within the past 6 months.[48] Among trans men, 18% reported ever injecting drugs, and only 4% had done so within the past 6 months. For both trans women and trans men, the most commonly injected drugs were speed, heroin, and cocaine.[48]

- Unless practiced safely, injecting substances may raise the risk of contracting blood-borne diseases. Sharing needles was reported by 63% of trans women who injected drugs, and 91% of trans men who injected drugs. Among trans women who had injected drugs within the past 6 months, 47% reported sharing syringes, 29% reported sharing cookers, and 49% reported backloading (filling a new syringe from a used syringe).[48]
- Rates of help-seeking for substance use are also high among trans people. A small US study found that 63% of trans men and women had been in a drug or alcohol treatment program, and 72% had attended a self-help or 12-step group.[51] In a San Francisco study, 20% of trans men had been in a drug treatment program, as had 23% of trans women.[48] A Washington, DC study of trans women found that 36% felt that they had a drug problem. Of those women who reported drug problems, 53% had sought treatment.[50]
- A US study with 45 trans men and 45 trans women indicates that substance use treatment programs may not be safe places. As Table 7: Experiences Reported In Treatment Programs by Trans Clients, shows, trans people report high rates of abuse in treatment, with the highest risk of verbal and physical abuse coming from fellow clients. Trans people who want substance use treatment may feel pressured to choose between self-help groups, which have high rates of physical abuse and sexual harassment, and residential treatment programs where they are categorized by the sex they were assigned at birth rather than by their lived gender.[51]

Table 7: Experiences Reported In Treatment Programs by Trans Clients (51).

	Treatment Program Staff	**Fellow Clients**	**Self-Help group**
Verbally abused	20.4%	**39.6%**	32.8%
Physically abused	0%	11.8%	**12.1%**
Forced to wear inappropriate clothing	25.5%	**26%**	13.6%
Required to use inappropriate sleeping and shower areas	**60%**	48%	
Failed to provide support	27.5%	34.6%	**50.9%**
Pressured for sex	5.8%	17.7%	**25%**
Prevented from discussing trans issues	33.3%	**37.5%**	33.9%
Bold represents highest %			

- Transphobia may prevent trans people from accessing or staying in drug treatment programs. A US study found that experiencing transphobia from treatment program staff was significantly associated with recent drug use, and the number of transphobic events experienced was significantly associated with having a current problem with alcohol or other drugs.(51)
- Drug use may be connected with survival sex for some trans people. The Trans PULSE study found that 15% of trans participants had done sex work or exchanged sex for money, shelter, drugs, or food.(52) In another study, 22% reported that drug use was a reason for having unprotected sex, and 9% had unprotected sex in order to obtain drugs.(50)
- Substance use among trans people may also be influenced by experiences of racism. A needs assessment conducted with 188 trans women and 60 trans men in Washington, DC found that racialized trans people are more likely to report substance use.(50)

SUBSTANCE USE BY STREET INVOLVED OR HOMELESS LGBTQ PEOPLE

The National Homelessness Initiative estimates that about 150,000 Canadians are homeless.(53) A Globe and Mail article puts these estimates as high as 300,000.(54) Roughly 65,000 Canadians under age 25 are homeless or living in homeless shelters.(55) Studies in Canada and the US show that LGBTQ youth are over-represented among street-involved populations.(56-58)

- A BC study found that among street-involved youth 1 in 3 females and 1 in 10 males identified as LGBTQ,(59) and a similar study in Calgary found that 8% of males and 39% of females reported attraction to the same sex or to both sexes.(58) A Toronto study of 147 street-involved youth ages 16-21 found that 27% of the women and 15% of the males identified as bisexual, 11% of the males identified as gay, and 3% of the females identified as lesbian.(60)
- Street-involved LGB youth in Toronto report using an average of 2.2 different drugs in the past year, while their straight peers reported an average of 1.5 drugs. Nearly a third (32%) of LGB street-involved youth report daily drug use, compared with 19% of straight street-involved youth.(60)
- Youth who sleep on the street report more substance use than those who sleep in shelters.(57) This may be an issue for LGBTQ youth since homophobia, biphobia, and transphobia within the shelter system, coupled with the lack of LGBTQ-specific shelters, may force many youth to sleep on the streets, increasing their rate of substance use.(61)
- The way that gender and sexuality intersect may shape the experience of street-involved youth more than their sexuality or gender alone. As Table 8: Differences Among LGB Street-Involved Youth in Toronto(60) shows, street-involved lesbian and bisexual women were more likely that their straight peers to report having a mental illness, to use drugs daily, and to be assaulted with a weapon or by a partner. Lesbian and bisexual women reported 1.5-2 times more anxiety than all other street-involved youth, and they reported committing assault, theft, or selling drugs at rates similar to that of straight men—1.5 times greater than straight women or than gay and bisexual men.(60)

Table 8: Differences Among LGB Street-Involved Youth in Toronto (60).

	Female		Male	
	Lesbian or Bisexual	**Straight**	**Gay or Bisexual**	**Straight**
Daily use of drugs	**44%***	17%	16%	20%
# of drugs used in past year	**2.4***	1.13	1.75	2
Sexual abuse before age 16	**44%**	25%	26%	11%
Physical abuse before age 16	40%	35%	**53%**	36%
Sexual assault	**28%***	13%	5%	0%
Threatened/attempted sexual assault	**48%**	19%	11%	6%
Weapon assault	40%*	19%	32%	**58%***
Partner assault	**44%***	17%	26%	36%
Considered suicide	**44%**	33%	16%	18%
Self-perceived mental illness	**60%***	25%	26%	29%
Bolded represents highest % * Indicates significance				

- An ethnographic study of street-involved queer and questioning youth in BC found that sexual exploitation and drug use played mutually reinforcing roles and predisposed youth to street involvement. Of the youth in the study, 69% reported using non-prescription drugs. Youth reported selling drugs and using drugs as a way to cope with the cold, or to facilitate sex work.[62]

GAPS IN THE RESEARCH

- Canadian data is sorely lacking on LGBTQ substance use, associated risks, and harm reduction. More Canadian data is needed on the rate of substance use among LGBTQ people, as we have unique social, economic, and political factors that may affect rates of LGBTQ substance use.
- More funding is needed to analyze and improve Canadian population-based health data. The Canadian Community Health Survey, for example, asks about substance use, and sexual orientation. However, the question they ask about sexual orientation is identity based, and thus excludes people who engage in same sex behaviours but do not identify as gay, lesbian or bisexual. Additionally, the CCHS does not as about gender identity, which means it is impossible to identify trans people in the data.
- Most studies of LGBTQ substance use are drawn from convenience samples in urban populations. Samples collected at bars, circuit parties, or community events reflect substance use in that venue, but are not generalizable to the LGBTQ population as a whole.
- More research is needed to determine whether elevated rates of substance use in LGBTQ populations result in negative outcomes compared with the general population. Additional research is needed to understand how substance use operates within LGBTQ

communities, and to identify aspects of substance use that increase or lower risk of negative outcomes, such as overdose.

- Canadian data is needed about substance use by LGBTQ immigrants and refugees, racialized LGBTQ people, and Aboriginal LGBTQ and 2-spirited people. Convenience samples drawn from the general LGBTQ population usually lack sufficient numbers to produce reliable information about substance use in these groups.
- Substance use may be different for LGBTQ people with disabilities, or those with progressive illnesses, yet very little information is available about LGBTQ people in this population.
- Most research studies examine the substance use patterns of young LGBTQ people. Very little data is available about how substance use and its associated risks may change with age, or how substance use by older LGBTQ people may be different from that used by youth.
- There is no data on homeless or marginally housed LGBTQ adults.

IMPLICATIONS FOR HEALTH CARE PROVIDERS

There are very few substance use treatment services in Canada designed for LGBTQ people specifically. Treatment programs designed for the general public do not address sexual or gender orientation, and may be unfriendly to LGBTQ people. LGBTQ people with substance use problems may need to discuss issues related to their sexuality or gender identity in a supportive environment and may need to explore the effects of stigma with knowledgeable counselors.[13, 17]

- **Expect LGBTQ clients:** Service providers should expect to see LGBTQ people in their practice, as LGBTQ people report accessing substance use treatment at a higher rate than their straight peers. Service providers should be prepared to provide care to LGBTQ people by accessing appropriate training.[13] Posters related to LGBTQ health or Positive Space stickers can indicate your openness to discussing issues related to LGBTQ health, and service providers must ensure that they are truly capable of dealing supportively with LGBTQ clients and are able to provide appropriate referrals.
- **Provide tailored services:** Substance use treatment programs may need to be tailored to LGBTQ people, both because substance use may be related to LGBTQ-specific stresses and because treatment may be undermined by homophobia and transphobia among staff and fellow clients. Research has found that LGBTQ people report superior outcomes with services tailored to LGBTQ people. Such services provide positive role models, strategies for coping with stigma, tailored interventions, and should be staffed by LGBTQ people themselves.[13] Where such programs are not feasible, service providers need to ensure that staff are trained to provide LGBTQ-friendly and knowledgeable service and are equipped to challenge homophobia, transphobia, or biphobia in the program.
- **Provide trans-appropriate services:** Researchers have highlighted the need for trans-friendly substance use treatment services.[50] Trans clients should attend services that match their lived gender, rather than their assigned birth sex. Service providers may need training in order to provide appropriate service for trans clients and policies may be to be revised.

- **Provide youth support:** Given that differences between LGBTQ people and their straight and cis (non trans) peers start in early adolescence or childhood, supportive counseling during this time is likely to reduce the risk of later substance use problems.(13)
- **Know LGBTQ communities:** Substance use treatment programs need to address the interpersonal, social, and political context in which LGBTQ people use drugs. Researchers have highlighted relationship issues, stigma, discrimination, depression, anxiety, and community norms regarding sex work and drug use as factors influencing LGBTQ drug use.(17)
- **Include LGBTQ families:** LGBTQ people may have families or support circles made up of close friends, ex-partners, and chosen family as well as relatives, partners, and children.(12) Support from these personal resources has been found to reduce the negative effects of substance use.(27-28)
- **Support social equality:** Social inclusion and acceptance reduce stigma and prejudice. Researchers have noted the growing body of literature that demonstrates the relationship between equal marriage legislation and reduced substance use.(13) This reduction could be due to a decrease in social stressors, the perception of greater acceptance, and less difficulty in accessing social support.
- **Get training.** If you are unsure about how to provide LGBTQ competent services, get the training you need. Rainbow Health Ontario provides free training to health and social service providers across Ontario.

RESOURCES

- Asking The Right Questions 2: A resource developed by the Centre for Addiction & Mental Health, aimed at helping mental health, counseling, and addiction service providers use appropriate language with their LGBTQ clients. This guide includes assessment forms that can be used when meeting clients for the first time: http://knowledgex.camh.net/camhspecialists/Screening_Assessment/assessment/ARQ2/Documents/arq2.pdf
- Staying Off Crystal, A booklet from the AIDS Committee of Toronto, containing practical tips from gay and bisexual men. Includes strategies for harm reduction, as well as Toronto based resources and support: http://www.actoronto.org/home.nsf/pages/act.docs.1770/$file/Staying%20Off%20Crystal.pdf
- Hi, My Name Is Tina, a resource for GBT men that use crystal meth. Includes harm reduction strategies: http://www.himynameistina.com
- Toronto Vibe, a resource about substance use and harm reduction: http://www.torontovibe.com
- Trip! Project, an information and harm reduction website about safer sex and drug information for party people in Toronto's electronic music communities: http://www.tripproject.ca/trip/?q=node/1926

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Acknowledgements

This fact sheet was written by Dr. Margaret Robinson. Big thanks to Walter Cavalieri, Director of the Canadian Harm Reduction Network, who contributed significantly to the content and tone. Sincere thanks to the LGBTQ substance users and the service providers who support them who participated in a focus group to review earlier drafts of this fact sheet. Participants in the focus group helped us bring the shape the realities of people in our communities who use, into a language and format that would be understandable to service providers. We thank you for your wisdom and your willingness to work with us on this project.

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Last updated: March 2014