Effects of participation in and connectedness to the LGBT community on substance use involvement of sexual minority young people

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HIGHLIGHTS

- LGBT community participation is associated with increased substance use involvement.
- Effects of LGBT community participation on substance use highest on bisexuals and males.
- LGBT community connectedness and substance use associated only in homosexuals.

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ABSTRACT

Introduction: Research shows disproportionate levels of substance use among sexual minority young people. A range of reasons for these disparities have been suggested, including connectedness to and participation in the LGBT community. Little is known about how these constructs are related to substance use involvement in sexual minority (sub)groups or how these relationships are affected by other factors.

Methods: 1266 young sexual minority Australians completed a cross-sectional online survey. Multiple regressions were conducted to assess associations between connectedness to and participation in the LGBT community on substance use involvement, before and after controlling for other variables such as substance use motives, psychological distress, wellbeing, resilience, minority stress, and age.

Results/conclusion: Most participants identified as homosexual (57%, n = 726) and male (54%, n = 683). In the overall sample, participation in and connectedness the LGBT community were significantly associated with increased substance use involvement before (F(2,1263) = 35.930, p ≤ 0.001, R² = 0.052) and after controlling for other variables (F(8,1095) = 33.538, p ≤ 0.001, R² = 0.191), with meaningfully higher effect sizes for participation than for connectedness. After controlling for other variables, connectedness only remained significant for homosexuals. Effect sizes for participation were higher for females than males, and bisexuals than homosexuals. However, participation in the LGBT Community was not associated with substance use in participants identifying with a non-binary gender identity. In conclusion, substance use involvement was associated with participation in the LGBT community, but connectedness to the LGBT community only had a weak association with substance use involvement in the homosexual subgroup.
Suggested reasons for the disproportionate substance use among young people from sexual minorities include targeted marketing (Drabble, 2000; Stevens, Carlson, & Hinman, 2004), stress related to identifying with a sexual minority identity (Meyer, 2003; Stuber, Meyer, & Link, 2008), and factors associated with the lesbian, gay, bisexual, and trans (LGBT) community itself such as the community’s bar culture (Cox, Vanden Berghe, Dewsaele, & Vincke, 2010; Lehavot & Simoni, 2011; Lelutiu-Weinberger et al., 2013).

The LGBT community plays an important role in the life of sexual minority young people as a source of social support, and a safe space to meet other members of the community, which offers protection from the risk of marginalisation and oppression present in heterodominant cultures (Blooming, Lee, & Horn, 2013; Otis, 2004). In countries with a Eurocentric culture, the LGBT community often revolves around licensed venues (businesses licensed to sell liquor for on-site consumption such as bars or clubs) as a physical representation of the LGBT Community (Chow et al., 2013; Wilkerson, Shenk, Grey, Rosser, & Noor, 2015). Despite this, relatively few studies on the relationship between the LGBT community and substance use have been conducted to date.

Neither the LGBT community nor the LGBT ‘lifestyle’ were found to significantly elevate substance use involvement in early research (Bux, 1996). However, more recent studies have shown very low or very high levels of identification, affiliation, connectedness and participation with the LGBT community were associated with elevated levels of substance use among gay and bisexual men, whereas men showing moderate affiliations with the community had lower rates of substance use (Green & Feinstein, 2012; Stall et al., 2001). In contrast, Lelutiu-Weinberger et al. (2013) found identification and involvement with the gay community was protective against frequent substance use among young sexual minority men. A qualitative study among lesbian women (Guskin, Byrne, Kools, & Altschuler, 2007), found frequently visiting LGBT bars and venues increased their alcohol consumption; however, socialising in LGBT bars also provided substantial benefits such as finding potential partners and friends as well as the development of an identity as a lesbian. While not directly related to participation in the LGBT community, a qualitative study conducted by McDavitt et al. (2008) showed that loneliness and feelings of isolation contributed to substance use among sexual minority men, suggesting that socialising with sexual minority peers (e.g., in the LGBT community) might be a protective factor from substance use.

The current body of research is limited to mostly descriptive studies on sexual minority men. Only one study exploring the role of connectedness to or participation in the LGBT community on substance use among sexual minority females could be identified (Guskin et al., 2007). Previous research has also failed to take into account other factors known to influence substance use in the general population, including mental ill-health and wellbeing, substance use motives, coping self-efficacy and resilience (Green & Feinstein, 2012). This omission is particularly important given that sexual minority populations are known to have higher levels of psychological distress and mental ill-health (Cochran, Sullivan, & Mays, 2003; Lea, de Wit, & Reynolds, 2014). In addition, existing research has failed to differentiate between participation in and connectedness to the LGBT community even though not all sexual minority people participate in or identify with the social construct underlying the LGBT community (Barrett & Pollack, 2005; Frost & Meyer, 2011; Simon et al., 1998). Furthermore, existing studies have typically focused on adults or LGBT populations as a whole rather than on specific age or sexual minority subgroups.

In summary, the current literature highlights the importance of this topic but is scarce particularly in relation to sexual minority young people and sexual identity or gender subgroups. The overall aim of the present study was therefore to examine the relationship between participation and connectedness to the LGBT community and substance use involvement in young people. The effects of these two constructs on substance use involvement were examined both before and after controlling for other important substance use variables, and within both gender and sexual identity subgroups.

2. Methods

2.1. Recruitment and participants

Sexual minority young people aged 18 to 35 years living in Australia participated in an online survey. Ethical approval to conduct the study was obtained from the Queensland University of Technology Human Research Ethics Committee (Approval number: 1600000636). The study was purposefully designed to recruit hard-to-reach populations using paid and unpaid advertisements on general social media such as Facebook, email lists, LGBT-specific media and through print material send to 115 community-based organizations working with young people in general (e.g. youth groups or centres) or functioning as commercial LGBT-venues. Entry into a draw of ten A$100 retail vouchers was offered as an incentive for participating in the study.

2.2. Measures

2.2.1. Substance use involvement (dependent variable)

The World Health Organisation Alcohol, Smoking and Substance Involvement Screening Test Version 3.0 (ASSIST) was used as the primary measure of substance use involvement (WHO ASSIST Project Research Group, 2002). This 8-item measure assesses lifetime and recent (past 3 months) use, as well as abuse and dependence symptoms for the following 10 groups of substances: tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (speed, ecstasy), inhalants, sedatives/sleeping pills, hallucinogens, opioids and other drugs (specified). Responses were aggregated across substances to calculate a global substance use involvement score with a potential range of 0 to 372 (Humeniuk & Ali, 2006). The ASSIST has high levels of reliability and validity (Humeniuk & Ali, 2006; WHO ASSIST Project Research Group, 2002). More detailed information on the use patterns of individual substances can be found in Supplementary Table S1.

2.2.2. Connectedness to the LGBT community scale (independent variable I)

The 5-item Connectedness to the LGBT Community Scale is rated on a 4-point Likert-scale (1 = agree strongly to 4 = disagree strongly) (Frost & Meyer, 2011). The wording in 2 items was changed from ‘LGB’ or ‘Gay Community’ to ‘LGBT’ or ‘LGBT Community’ for this study. Items are reproduced in Supplementary Table S2.

2.2.3. Participation in the LGBT community (independent variable II)

Two existing scales were combined to measure participation in the LGBT community (Mills et al., 2001; Ross, Tikkanen, & Berg, 2014). Participants were asked if they engaged in five different activities of the LGBT community in the past year (e.g., visiting an LGBT bar or pride event; yes/no) and, how often they participated (1 = monthly, monthly, monthly, monthly, monthly, fortnightly, weekly, daily/almost daily). Responses were aggregated across substances to calculate a global substance use involvement score with a potential range of 0 to 372 (Humeniuk & Ali, 2006). The ASSIST has high levels of reliability and validity (Humeniuk & Ali, 2006; WHO ASSIST Project Research Group, 2002). More detailed information on the use patterns of individual substances can be found in Supplementary Table S3.

2.2.4. Demographic measures

Demographic variables (see Table 1) included gender (male/female/non-binary), sexual orientation (homosexual (gay/lesbian)/bisexual/other sexual minority identity), country of birth (Australia/other country), Ethnicity (Caucasian/White, other ethnicity), and living area (major city/other). Non-binary is an umbrella term used to categorise people whose gender identity does not fit into the male/female dichotomy (Richards et al., 2016), such as genderqueer (n = 30) or a-gender (n = 10). The category ‘other sexual minority identity’ includes all sexual minority identities other than homosexual or bisexual such as asexual (n = 39), pansexual (attracted to people regardless of sex or gender, n = 113) or ‘queer’ (umbrella term for non-heterosexual
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