CHAPTER 17

SEXUALITY AND GENDER DIVERSE POPULATIONS

Authors | Julie Mooney-Somers, Nicola Black, Sonja Memedovic, Toby Lea & Amanda Roxburgh

This chapter reviews the risk factors and treatment options for sexuality and gender diverse populations.

SEXUALITY AND GENDER DIVERSE POPULATIONS

Sexuality is a person's sense of themselves as a sexual person and usually reflects their sexual attraction and sexual practice. Heterosexual people are sexually attracted to people of the opposite gender, lesbian women are sexually attracted to other women, gay men are sexually attracted to other men, bisexual people are sexually attracted to people of any gender, and queer people are sexually attracted to people of all genders (queer is also an umbrella term for sexuality and gender diverse people). Evidence from three nationally representative surveys suggests 3.2% of Australian adults report a non-heterosexual identity .

Gender identity means the sense a person has of having a particular gender. Cisgender people identify with the sex they were assigned at birth, transgender people's gender does not align with the sex they were assigned at birth. Most transgender people identify as either woman/female or man/male, however people who feel their gender does not align with either female or male, or exclusively with male or female, use the terms non-binary or gender fluid. There is no reliable evidence on the proportion of gender diverse people in Australia; a systematic review of US population-based surveys provided a population estimate of 0.5%.

Establishing an evidence base for patterns of alcohol use and treatment outcomes among sexuality and gender diverse people is challenging. Sexuality and/or gender identity are rarely captured in large surveys and treatment studies, and markers are not included in the Alcohol and Other Drug Treatment Services National Minimum Data Set for all government funded alcohol and other drug treatment specialist services.

	RECOMMENDATION	GRADE OF RECOMMENDATION
17.1	Standardised sexuality and gender identity markers should be included in the Alcohol and Other Drug Treatment Services National Minimum Data Set and in epidemiological, clinical and treatment studies.	GPP

PATTERNS OF ALCOHOL USE

Consistent international evidence shows lesbian, gay, or bisexual (LGB) people report greater alcohol use and problematic drinking at higher rates than heterosexual people. LB women's alcohol use is consistently higher, with more problematic use or dependence, than their heterosexual peers; differences between GB and heterosexual men are rarely reported. A non-

exclusive sexuality (e.g. bisexual or 'mostly' heterosexual or gay) appears to be associated with higher alcohol use or problematic drinking compared to an exclusive sexuality (e.g. heterosexual, lesbian, gay).

Sexuality diverse young people consistently show a greater risk of alcohol use and an earlier onset of problematic alcohol use, with a similar pattern of greater disparities for young LB women. Alcohol use does not decline with older age in the same way as is seen in the general population. The limited evidence on alcohol use and problematic drinking among gender diverse populations has mixed findings and is beset by methodological issues; representative studies show no significant differences between gender diverse and cisgender people.

	RECOMMENDATION	GRADE OF RECOMMENDATION
17.2	Given reported variations in problematic alcohol use between gay/lesbian and bisexual people, clinicians should be aware of diversity across sexuality sub-groups.	C
17.3	Due to deviations from normative gendered patterns of drinking, clinicians should be especially conscious of screening and early interventions for sexuality diverse women.	B
17.4	Due to deviations from normative age-related patterns of drinking, clinicians should be especially conscious of screening and early interventions for sexuality diverse people across the life course.	B

DRIVERS OF PROBLEMATIC ALCOHOL USE

Sexuality and gender diverse people use alcohol for many of the same reasons as heterosexual and cisgender people. Two further explanations are extended in the literature.

ALCOHOL USE AS A STRESS RESPONSE TO EXPERIENCES OF DISCRIMINATION AND REJECTION

Sexuality and gender diverse people may experience stigma, discrimination, rejection, and physical abuse from a range of sources including family, friends, and strangers (see Chapter 3). Over one-quarter of LGB people and up to half of gender diverse people report verbal harassment or abuse in the preceding year, with many changing their behaviour or hiding their sexuality and/or gender with family, in public, and when accessing services. Removal of criminalisation and legally enshrined discrimination against sexuality and gender diverse people is relatively recent in Australia, with some institutionalised discrimination remaining. Many sexuality and gender diverse people have a cultural background where sexuality or gender diversity is criminalised; consensual same-sex activity between adults is punishable by death in 11 countries. There is

mixed evidence of a positive association between stress related to being a sexual or gender minority and substance use.

NORMATIVE INFLUENCES OF ALCOHOL-BASED SOCIALISING

Sexuality and gender diverse communities have historically organised around licensed venues for safety, to meet like-minded people, and to express their identities. It is theorised that this alcohol-based socialising has normalised alcohol (and illicit substance use). Sexuality and gender diverse people perceive a heavy drinking culture to be normal; more frequent bar attendance is associated with overestimating heavy alcohol use among peers and with increased alcohol use.

	RECOMMENDATION	GRADE OF RECOMMENDATION
17.5	In assessment, treatment and aftercare, clinicians should consider a patient's experience of managing a stigmatised identity.	C
17.6	In assessment, treatment and aftercare, clinicians should consider the potential impact of a patient's engagement with sexuality and gender diverse community and exposure to community-specific drinking norms.	C

TREATMENT ACCESS AND EXPERIENCE

Sexuality diverse people access treatment for alcohol use at higher rates than heterosexual people. In Australia, GB men have twice the odds and LB women three times the odds of having ever attended substance use treatment compared to heterosexual people. There is no evidence on gender diverse people's treatment seeking. Sexuality and gender diverse people entering substance use treatment are more likely to have mental health comorbidity and/or accessed mental health treatment.

IDENTITY DISCLOSURE

A central concern in the literature is that an inability to be honest and open about sexuality or gender will leave patients unable to undertake the therapeutic work necessary to address the issues that contributed to the onset of their alcohol problems, maintenance of those problems and the risk of relapse . There is evidence of lower levels of satisfaction and connection with treatment, with LGB people feeling vulnerable, unsafe, isolated, alienated, or misunderstood. Gender diverse people report much lower levels of feeling supported, ability to be honest and open, satisfaction, program completion and abstinence. Levels of openness with staff has been positively associated with feeling therapeutically supported and connected to treatment, and with program completion, and negatively associated with leaving treatment or being discharged; there was no association with abstinence.

Disclosure of sexuality or gender identity is a personal risk, with many patients having direct experience of discrimination in healthcare or vicariously experienced discrimination through the accounts of others. Disclosure decisions by patients are often made on a practitioner by practitioner, consultation by consultation basis. Health care providers tend not to ask about sexuality believing it is the patient's responsibility to disclose. Health care providers who are uncomfortable with or actively hostile towards sexuality or gender diverse patients may fail to acquire clinically important information about the potential impact of stress and distress related to having a minority identity, the patient's support and social network and the role of alcohol in their social networks[1]. Health care providers report they are not receiving education or training on providing care for sexuality and gender diverse patients.

	RECOMMENDATION	GRADE OF RECOMMENDATION
17.7	Clinicians require training in the health and health care needs of sexuality and gender diverse people.	GPP
17.8	Alcohol use treatment services need to create an environment where questions about sexuality and gender identity are normalised, so patients feel disclosure is a valued part of their treatment and care.	GPP
17.9	Alcohol use treatment services and clinicians should be aware sex-segregated access may be restricted and/or uncomfortable for gender diverse patients; services should clarify access criteria.	GPP
17.10	Clinicians need to facilitate openness and a sense of connection in order to explore clinically important psychosocial factors with sexuality and gender diverse patients.	GPP

TREATMENT EFFECTIVENESS

While the evidence on treatment outcomes for sexuality and gender diverse people in generalist programs suggested lower levels of abstinence, it is limited and dated. Specialised treatment programs for sexuality and gender diverse people seek to provide supportive and safe therapeutic environments to address the coming out process and how this contributes to substance use, and develop alternative ways to socialise without centring on alcohol. There is little evidence on the efficacy of these programs compared to treatment as usual; one US-study found specialised treatment "virtually eliminated any differences in current abstinence rates between heterosexual and gay/bisexual [male] participants" . The few specialised substance treatment services in Australia are provided by community-based organisations (e.g. ACON in NSW and Thorne Harbour Health in Victoria), and have not been evaluated.

[1] *https://store.samhsa.gov/system/files/sma12-4104.pdf*

A growing evidence base on the efficacy of specific treatment modalities for sexuality and gender diverse people shows increased efficacy of motivational interviewing/goal choice in reducing alcohol use for men who have sex with men and for transgender women, and some evidence that individuals receiving behavioural couples' therapy increased their days of drinking at a significantly slower rate than those receiving individual behavioural therapy. Concerns about the efficacy of mixed-group treatment due to potential homophobia or transphobia from other patients, or of family counselling where there is alienation due to sexuality or gender, have not been systematically explored.

Despite concerns there is no research examining how sexuality or gender identity is addressed in relapse prevention, recovery, and aftercare. Sexuality and gender diverse people may anticipate and/or face challenges re-connecting with LGBT communities, seeking and maintaining social support, friendships and romantic partners in social, community and commercial spaces that are not organised around alcohol. They may also anticipate and/or experience stigma and discrimination in generalist recovery programs such as Alcoholics Anonymous, although there is little research on experiences or outcomes.

	RECOMMENDATION	GRADE OF RECOMMENDATION
17.11	A growing evidence base suggests motivational interviewing and goal setting are effective for addressing problematic alcohol use among men who have sex with men and among transgender women.	C
17.12	In the absence of specific evidence, usual best practice approaches should be used to address problematic alcohol use amongst LB women, transgender men, and non-binary people; more research is needed.	C
17.13	Treatment studies need to include standardized sexuality and gender markers and report on outcomes by gender and by sexuality.	GPP
17.14	Despite calls for specialised culturally-tailored treatment, there is limited evidence of its efficacy over generalist treatment; more research is needed.	GPP
17.15	For relapse prevention, recovery and aftercare, clinicians should consider patients' access to social support, the social organisation of sexuality and gender diverse communities and referral to LGBT-specific aftercare.	GPP

IMPROVING TREATMENT CONNECTION, SATISFACTION, AND EFFECTIVENESS

Most sexuality and gender diverse people will be treated in a generalist service and have a right to effective treatment in a safe and supportive environment. Recommendations for culturally competent and inclusive practice centre on the affirmation and celebration, rather than tolerance and acceptance, of sexuality and gender diverse people[2]. Specific strategies for achieving this include:

- On intake forms, assessments and intervention support materials using the terminology sexuality and gender diverse people use to describe themselves
- Displaying visible markers of inclusion in patient areas and engaging in community events
- Identifying and promoting safe referral options for recovery and aftercare
- Understanding patients' confidentiality concerns and being transparent and flexible around the collection and sharing of sexuality and/or gender identity
- Comprehensive policies and training and supervision for all staff on inclusive practice
- Seeking formal accreditation of LGBTI-inclusive practice and service delivery
- Presence of sexuality and gender diverse staff
- Links to local sexuality and gender diverse communities and organisations
- Clinicians developing knowledge of multiple and intersectional oppressions patients face and how social factors may contribute to alcohol use, and present a risk for relapse
- Clinicians recognising complex relationships with families of origin and the importance and relevance of non-biological kindship bonds for treatment and recovery and relapse prevention

	RECOMMENDATION	GRADE OF RECOMMENDATION
17.16	Treatment services need research evidence on specific clinician- and service-level interventions to enhance cultural competence and inclusiveness for sexuality and gender diverse people in treatment.	GPP
17.17	Clinicians and treatment services should use reflection, action, and meaningful engagement with sexuality and gender diverse communities to ensure health care is culturally competent and inclusive.	GPP

[2] *https://www.acon.org.au/wp-content/uploads/2019/02/AOD-Inclusive-Practice-Guidelines-for-Treatment-Providers_A4_v11.pdf*