

Potential Approaches to Alcohol, Tobacco and other Drugs Work with Lesbian, Gay, Bisexual and Transgender Communities (QLD)



Queensland Association
for Healthy Communities

Research indicates that LGBT people:

- consume more AToD than their heterosexual or non-transgender peers, start using earlier and continue to use for longer
- delay accessing health services for fear of an inappropriate response
- are influenced in their AToD use by cultural factors, both within LGBT communities and as a result of stigma and discrimination in the wider community

Awareness Raising

While AToD use is high in LGBT communities, it is not necessarily seen as problematic or potentially damaging to health. Many LGBT people would be considered to be in the 'pre-contemplation' stage. Therefore awareness raising interventions would be needed to help people acknowledge issues in their own or other's use, within a harm minimisation framework.

Key actions could include:

- campaigns in gay media
- outreach to gay venues and events
- liaison with gay community social groups
- community forums
- internet presence at sites used by LGBT people

Information & Skills Development

LGBT people generally have a high level of knowledge about AToD use. However this knowledge needs to be applied to the specific cultural contexts of drug use within the LGBT community. Also, people new to drug use may also need access to accurate and culturally appropriate information.

Key actions could include:

- ensuring existing information (printed and electronic) is available and distributed to LGBT people
- producing culturally specific information, focusing on the contexts of drug use
- peer education, through outreach, workshops and use of 'diffusion of innovation'
- awareness of specific issues for L, G, B or T people (e.g. interaction of some drugs with hormones or HIV medication)

Reducing/Quitting

There are few LGBT specific groups or services available in Qld (and none outside Brisbane). While some LGBT people will want to access mainstream services, these need to provide a culturally appropriate service. Other LGBT people will prefer to attend a service/group where they know they will get an appropriate service, and will be able to speak with people who have a similar understanding to them.

Key actions could include:

- producing printed/electronic information on reducing/quitting
- promoting existing mainstream services to LGBT people
- providing an LGBT specific information, assessment, referral and/or case co-ordination service (a friendly and trusted first port-of-call)
- expanding or developing LGBT specific services (especially peer support groups)

Support to Families and Partners

Families and partners are often the first to notice problematic drug use of their partner/family member. They need support and assistance in supporting their partner/family and receiving support themselves. Same sex partners may not feel comfortable accessing mainstream services for support.

Key actions could include:

- printed/electronic information for partners/family members of users
- support group for partners/families members of LGBT people

Research

While there is a growing body of mainly community initiated research into AToD use by LGBT people, there is still a lack of mainstream research into this area. What research there is tends to be quantitative and measures behaviour. There is a gap in qualitative research which looks at reasons for use and evaluates different support interventions.

Key actions could include:

- including questions on sexual orientation and gender identity in all mainstream AToD research projects
- reviewing monitoring information collected from AToD services, with a view to collecting client data on sexuality and gender identity
- commissioning specific research (with an emphasis on qualitative research) into AToD use in LGBT communities
- ensuring generic and LGBT specific interventions are evaluated for their acceptability and effectiveness with LGBT people

Training & Development

LGBT should expect to be able to receive a culturally appropriate and competent service from mainstream AToD service providers. However feedback from LGBT people is that this doesn't always happen, and service providers say they need assistance in developing their competence in this area.



Key actions could include:

- LGBT awareness in-service training for AToD services
- producing information resources on LGBT identities and AToD use
- development of self-audits, policy and other supports for services around LGBT clients
- requiring AToD services to report on how they are ensuring their service is culturally appropriate to LGBT people, and how they make this known
- LGBT organisations, most of which are run by volunteers, need training in working on AToD issues and how they can support their members/clients
- training on AToD issues for LGBT venue staff (pubs, clubs, sex venues)

Advocacy & Public Policy

LGBT people are largely absent from health policy and programs, including in the AToD field. This makes it difficult for front-line workers to meet the specific needs of LGBT people and hinders LGBT community groups engaging fully and successfully with the AToD sector.



Key actions could include:

- listing LGBT people as a special needs population in AToD policy and programs
- supporting LGBT organisations or individuals to take part in consultations, steering groups, advisory committees, interagencies, peak bodies etc.
- providing an option for LGBT people to approach an LGBT organisation to assist them in accessing a mainstream service and/or providing feedback and making a complaint

Current Capacity

At present in Queensland, there are no LGBT specific AToD workers or resources. LGBT community organisations are not currently funded to do work in the AToD field (or any field outside of HIV and youth). This severely limits the ability to advocate for, drive and/or implement the actions outlined above.

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