

Alcohol and drug use help-seeking by lesbian bisexual and queer women in Sydney Australia: Data from the SWASH survey

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Overview

- What is the SWASH survey?
- SWASH demographics
- Alcohol and drug use
- Help-seeking for AOD use
 - Results
- Implications for AOD services

What is SWASH?

- Cross-sectional survey of lesbian, bisexual and queer (LBQ) women connected to Sydney's lesbian, gay, bisexual, transgender and queer communities, aged 16+ years.
- Conducted every two years over Mardi Gras period (March)
- Initiated in 1996 by workers from ACON's Women Partners of Gay and Bisexual Men and the Gay and Lesbian Injecting Drug Use Project.
- Since moved from HIV-related risks to more general health issues.
- Between 500-1000 surveys completed each iteration
- Convenience sample:
 - Primary recruitment site is Fair Day
 - Other sites include club nights and other events aimed at LBQ women.

Recruitment at Fair Day

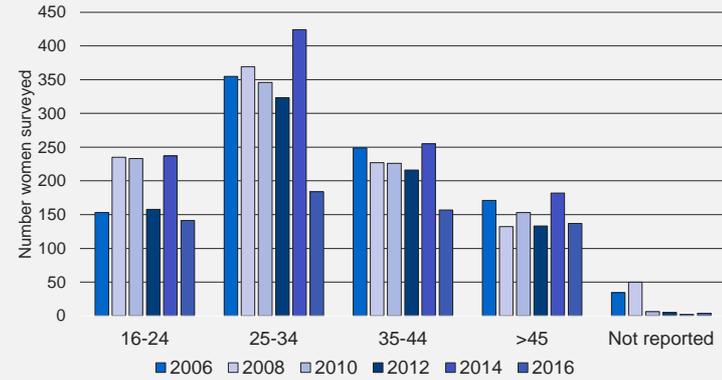
Scene shot at Sydney Gay and Lesbian Mardi Gras Fair Day, Feb 2016.
Credit: Michelle Ring, ACON Here for Women



SWASH and AOD help-seeking

- In 2016: asked about personal drug/alcohol use help-seeking
- “Have you ever sought help for a drug and/or alcohol issue (your own)?
- If yes, where did you seek help (tick all that apply)

SWASH demographics: Age groups 2006-2016



SWASH demographics - 2016

- Age: median 33 years.
- Education: 71% had post-school education.
- Employment: 58% were employed full-time, 16% were students.
- Income: 42% earn 60K+
- Sexual identity: 62% lesbian/gay, 16% bisexual, 15% queer, 6% other
- Community: 50% felt very or mostly connected to the LGBTI community in their every-day life.
- Most (57%) in a relationship with a woman
- 83% women out to their GP/regular health service were satisfied/very satisfied, compared with 51% not out

SWASH drug and alcohol use - 2016

- Alcohol: 40% binge-drinking monthly+, 49% usually drank more than 2 SD. (13% non-drinker)
- Compared to Australian women 17% binge-drinking monthly+, 10% usually 2+ SD (*National Drug Strategy Household Survey 2013*)
- 30% current smokers. NSW women smoking: 12% in 2015. (*NSW Population Health Survey (SAPHaRI)*)
- Illicit drug use:

	SWASH, 6m	NDSHS 2013, last 12m
Cannabis	29%	8%
Ecstasy	19%	2%
Cocaine	16%	1.5%
Methamphetamine	9%	1.4%

- Reasons for higher use? Minority stress/"self medicating" esp around coming-out, ways of socializing/celebrating in LGBT community, enhancing sexuality

LBQ women help-seeking for AOD use

- What we already know:
 - 2013 NDSHS: Roxburgh et al 2016: LBQ women 3x more likely to seek AOD treatment (15%) than heterosexual women
 - Lea et al 2013, 18-25 year old same sex attracted youth in Sydney– 8% of LBQ women sought AOD treatment.
 - Corliss et al 2006: US LBQ women, 8% ever sought AOD treatment
- What we don't know
 - Which services are accessed – e.g. LGBTI specific, mainstream, online.
 - Satisfaction with treatment accessed

SWASH help-seeking for AOD use - 2016

- 69 women (11%) reported ever seeking help for their own drug/alcohol use
- What type of service? (*more than one could be selected*)

Counsellor/psychologist	54 (78%)	Hospital/ED	12 (17%)
GP	27 (39%)	LGBTI service	11 (16%)
Specialist drug/alcohol service	21 (30%)	Community organisation	7 (10%)
Self-help groups (e.g. AA, NA, SMART)	17 (24%)	Helpline	6 (9%)
Friends/relatives	16 (23%)	Online	2 (3%)

SWASH help-seeking comparison

- More likely to be older (mean age 37 years)
- Lower education, income, more likely to be unemployed
- 65% illicit drug use last 6 months, 35% injected ever (cf 4%)
- 56% current smoker, 27% non-drinker, 62% drinkers >2SD
- Psychological distress (Kessler 6): 58% med/high vs 38%
- Accessed a counsellor ever: 96 vs 76%
- Diagnosed with mental health condition, ever: 85% vs 56%

Conclusions

- In line with high rates of AOD use, high treatment-seeking rates among SWASH survey participants
- Counsellor/psych most utilised treatment, but substantial accessing specialist D&A, GP, hospital/ED services
- Smaller numbers accessing LGBTI-specific services
- Implications for non-LGBTI-specific AOD services to be aware of and sensitive to needs of LBQ women attending

Implications for AOD services

- Sexuality sometimes seen as 'not relevant' in AOD treatment
- Clinicians often wait for clients to disclose sexuality yet some clients prefer to be asked.
- Assumptions and non-inclusive language even at intake can negatively impact treatment from the outset and dissuade women from returning (*ALICE study, McNair R et al*)
- LGBT-inclusive practice should be regarded as part of the broader cultural competence required of health services (*Well Proud, 2009*)

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Health
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