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)
- 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

_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

![Bar chart showing number of women surveyed by age group and year from 2006 to 2016.](image)
**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 everyday 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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>SWASH, 6m</th>
<th>NDSHS 2013, last 12m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Ecstacy</td>
<td>19%</td>
<td>2%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>16%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>9%</td>
<td>1.4%</td>
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</tbody>
</table>

- 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
  - 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)

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

Acknowledgements

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Publications


