Title

A model for lesbian, bisexual and queer related influences on alcohol consumption and implications for policy and practice

Authors

Associate Professor Ruth McNair (Corresponding author)
The Department of General Practice, The University of Melbourne
200 Berkeley St, Carlton, 3053, Victoria, Australia
T: +61 419 120 663
E: r.mcnair@unimelb.edu.au

Dr Amy Pennay
Centre for Health Equity, University of Melbourne & Centre for Alcohol Policy Research, and Turning Point
54-62 Gertrude Street, Fitzroy. VIC 3065, Australia
T: +61 3 9413 8460
E: amyp@turningpoint.org.au

Professor Tonda Hughes
Associate Dean for Global Health, School of Nursing
The University of Illinois at Chicago
845 S. Damen Ave., M/C 802 Rm. 1160
Chicago, IL60612
T: +1 312.996.5106
E: thughes@uic.edu

Dr Rhonda Brown
Senior Lecturer Mental Health
School of Nursing and Midwifery
Faculty of Health, Deakin University
221 Burwood Highway, Burwood Victoria 3125, Australia
T: +61 3 92517026
E: rhonda.brown@deakin.edu.au

Mr William Leonard
Director, Gay and Lesbian Health Victoria and Research Fellow
Australian Research Centre in Sex, Health and Society, La Trobe University
Level 2 215 Franklin Street, MELBOURNE, Victoria 3000, Australia
T: +61 3 9479 8718
E: w.leonard@latrobe.edu.au

Professor Dan I. Lubman,
Director,
Turning Point and Eastern Health Clinical School, Monash University
54-62 Gertrude Street, Fitzroy. VIC 3065, Australia
T: +61 3 8413 8400
E: dan.lubman@monash.edu

Acknowledgement

This study was funded by beyondblue, a not-for-profit organisation that works to reduce the impact of depression and anxiety in the Australian community. Project Code: 6510:HS (MCNA11VCE)

The authors report no connection with the alcohol industry and no conflicts of interest. We appreciate the time, honesty and contribution of the research participants.

We acknowledge our co-investigator Kelsey Hegarty (University of Melbourne).

Thank you to Jodie Valpied and Megan Cook for assistance with data analysis, and Rebecca Jenkinson, Claire Wilkinson and Brendan Quinn for their assistance with participant observation.

Disclosure statement

All authors declare that no financial interest or benefit has arisen from this research.

Abstract

Background: Research consistently reports higher rates of problematic drinking among lesbian, bisexual and queer (LBQ) women than among heterosexual women, but relatively little research has identified underlying factors.

Aims: To qualitatively explore the socio-cultural influences on alcohol consumption among LBQ women in Australia.

Methods: An ethnographic study including in-depth interviews with 25 Australian LBQ women and ten sessions of participant observation. Analysis of transcripts and field notes focused on the LBQ-related influences on alcohol consumption.

Findings: We identified three LBQ-related factors that influenced alcohol use: *coping, connection,* and *intersections with LBQ identity*. Most participants reported consuming alcohol to cope with discrimination, or to connect with like-minded others. Alcohol use had positive influences for some women through facilitating social connection and wellbeing. Women with a high LBQ identity salience were more likely to seek LBQ community connection involving alcohol, to publicly identify as LBQ, and to experience discrimination.

Conclusions: National policies need to address underlying causes of discrimination against LBQ women. Alcohol policies and clinical interventions should acknowledge the impact of discrimination on higher alcohol consumption amongst LBQ women compared with heterosexual women, and should address health promotion messages regarding safe drinking that facilitates LBQ social connection.

Word count abstract = 200 words

Keywords

Australia, cultural practices, ethnography, female sexuality, licit and illicit substance use

Introduction

Population-level studies in Australia and in the US consistently report higher rates of drinking, drinking-related problems and alcohol dependence among lesbian, bisexual and queer (LBQ) women, when compared with heterosexual women (Hughes 2011; Green and Feinstein 2012; Lipsky, Krupski et al. 2012). For example, the Australian National Drug Household Survey 2013 (Australian Institute of Health and Welfare 2014) identified that LBQ women and were significantly more likely to report daily alcohol consumption than heterosexual women (OR 3.1),and started drinking at an earlier age (15.5 years, compared with 17.7 years). Similarly, in a US study, lesbian and bisexual women were 11 times more likely than heterosexual women to meet the criteria for alcohol dependence and eight times as likely to have sought help for alcohol-related problems (McCabe, Bostwick et al. 2010). Illicit drug use amongst Australian LBQ women is also higher than amongst heterosexual women, particularly for bisexual women (Hughes, Szalacha et al. 2010). Further, a higher proportion of LBQ women than heterosexual women report traumatic experiences in childhood, such as physical abuse, sexual abuse and neglect (Condit, Kitaji et al. 2011). Hughes et al. found that women who reported childhood neglect had more than 30 times the odds of developing alcohol dependence (Hughes, McCabe et al. 2010). Despite the large body of research showing higher rates of risky alcohol consumption and its negative effects among LBQ women, relatively few studies have explored the social processes and mechanisms underlying these higher rates. Furthermore, the majority of studies that have been done are quantitative and do not allow for the exploration of motivations, complex social practices and cultural meanings that qualitative research can explore.

The research literature is dominated by two distinct but overlapping explanations of the underlying causes of increased risky drinking amongst LBQ women. The first argues that higher rates of risky drinking among LBQ women are symptomatic of their experiences of discrimination and marginalisation related to their sexual orientation, termed 'minority stress' (Meyer 2003). The second is that alcohol use has become normalised in LBQ communities, leading to greater consumption (Condit, Kitaji et al. 2011). While there is substantial support for minority stress theory, there is less evidence for the normalisation or 'culture of drinking' theory, particularly in cultural contexts outside of the US.

Alcohol and Minority Stress

Stressors related to LBQ identity include stigma, discrimination and victimisation (Amadio and Chung 2004). These stressors are associated with mental health problems including anxiety and depression (Chakraborty, McManus et al. 2011; Leonard, Pitts et al. 2012), which in turn are associated with alcohol use and illicit drug use. For example, in a US population based survey of 35,643 adults that included 577 lesbian, gay, and

bisexual (LGB) people (McCabe, Bostwick et al. 2010), 38% of lesbian and bisexual women reported sexual orientation-related discrimination during the past year. The odds of substance use disorders in the previous year were four times greater among women experiencing discrimination based on their gender, race and sexual orientation than those not experiencing discrimination. LBQ women regularly experience institutional discrimination or 'structural stigma', defined as "societal-level conditions, cultural norms and institutional policies that constrain the opportunities, resources, and well-being of the stigmatised" (Hatzenbuehler, Bellatorre et al. 2014:2). This can vary from daily heterosexist practices, such as not being able to disclose LBQ status or same-sex relationship on medical forms, to laws prohibiting same-sex marriage.

Minority stress can also be associated with marginalisation and social isolation, which have been linked to risky drinking. This form of stress is more likely to apply to certain subgroups of LBQ women including those just coming out, and those identifying as bisexual or 'mostly/mainly' heterosexual (Hughes, Szalacha et al. 2010) (Bostwick and Hequembourg 2014). Negative reactions from family and friends can be particularly difficult when LBQ women first disclose their sexuality, and this often occurs around adolescence and young adulthood, when risky drinking is most common (Parks and Heller 2013). A greater number of negative reactions to disclosure of minority sexual orientation, including rejection, are associated with higher quantity of alcohol intake among young LBQ women (Ryan, Huebner et al. 2009). Recent research suggests that women who identify as bisexual or as 'mostly/mainly' heterosexual are less likely to feel at home or be supported by mainstream *and* LGB communities, leading to increased social isolation and marginalisation which, in turn, increases their likelihood of risky drinking (Hughes, Szalacha et al. 2010; Green and Feinstein 2012; Schauer, Berg et al. 2013).

These findings are derived primarily from US studies. A recent Australian study found no association between minority stress and substance use amongst a group of lesbian, gay and bisexual (LGB) young people (Lea, de Wit et al. 2014). The authors suggest that LGB people who use alcohol and other drugs are probably more engaged with LGB social networks, which may protect against minority stress. While this study did not disaggregate by gender, it does suggest that the impact of minority stress varies according to differences in cultural context and differences in gender and age.

Alcohol, socialisation and normalisation

It has been proposed that a 'drinking culture' is ingrained within LBQ communities, with licensed and private drinking venues being primary sites for socialising among LBQ women. LBQ women with heterosexual or mixed networks were found to consume alcohol at lower levels than women with mostly LBQ networks (Green and Feinstein 2012). Further, LBQ women who 'come out' before age 21 report earlier onset of drinking than those who come out later, perhaps as a consequence of being exposed to heavy drinking communities at an earlier age (Parks and Heller 2013). Earlier coming out may also be associated with earlier

experiences of homophobia, which also increases drinking (Parks, Hughes et al. 2007). Some studies have identified problems related to bars being popular meeting places, such as LBQ women feeling a social pressure to drink, or consuming alcohol to cope with feelings of self-consciousness in these settings, particularly during the 'coming out' phase (Condit, Kitaji et al. 2011).

Theories of stress and theories of normalisation are not mutually exclusive, with minority stress potentially contributing to the normalisation of drinking. Discriminatory experiences from family and mainstream friendship circles can encourage women to socialise with other LBQ women but the opportunities for socialisation are limited by the types and number of locations on offer where substance use is the norm (Amadio and Chung 2004). This explanation is supported by the findings of an Australian survey-based convenience sample, which suggested that a strong and normalised culture of heavy drinking exists amongst LBQ women, with women reporting difficulty finding alcohol-free spaces in which to socialise (Murnane, Smith et al. 2000). The literature to date has rarely addressed the possible intersection of minority stress and the normalisation of drinking. Finally, there are gaps in terms of how a drinking culture is defined and potentially problematised. Drinking culture is often defined in public health exclusively in terms of excessive or problematic consumption, rather than acknowledging its potential benefits in facilitating social connections and a sense of belonging (d'Abbs 2012). Indeed, some researchers have suggested there are benefits of participating in such social contexts, through opportunities for developing safe social networks and an integrated and positive LBQ identity (Condit, Kitaji et al. 2011).

The purpose of this study was to explore the social, cultural, and political influences on alcohol consumption for LBQ women in Australia—and the intersections among all three. The study aimed to provide a nuanced understanding of influences on drinking amongst LBQ women, using qualitative methods that allowed both exploration of the personal context and observation of drinking customs. The ethnographic approach has rarely been applied to research with this population group. It lends itself to observing the social practices and cultural meanings of a particular lifestyle in its everyday setting, and has been used extensively in research on substance use among other populations (Pearson 2001). Ethnography allows researchers to get as close as possible to the intricacies of people's everyday lives. In the context of this project, it assisted in understanding individual LBQ women's motivations for drinking and how they perceived their drinking to be influenced by LBQ and wider Australian cultural norms and practices.

Methods

Procedure

This qualitative study was conducted as one part of the ALICE (Alcohol and Lesbian/bisexual Women: Insights into Culture and Emotions) study. Between November 2012 and April 2013 a convenience sample of 521 same-sex attracted women across Australia completed an online survey focusing on alcohol and mental health. Tobacco and illicit drug use data were also collected in the survey, but will not be presented in this paper as they were not a focus of the qualitative components of the study. Survey participants were asked whether they would be willing to be interviewed in a subsequent phase of the study. Almost one-half (*n=232;* 44.5%) agreed. Interviewees were selected based on residence in Victoria (n=102) to facilitate face-to-face interviews with the Victorian-based research team. The list of 102 women was stratified by age, geographic location (rural and urban), and sexual identity, and then randomly ordered. These stratification categories were chosen because each was likely to impact socio-cultural factors and individual preferences that influence LGB women's patterns of socialisation. Thirty seven women were contacted by working down the randomly ordered list, with recruitment concluding once 25 women had agreed to be interviewed. We were able to link the interview participants' demographic and alcohol intake responses from the survey, which included the AUDIT score, indicating their level of drinking.

Most interviews were conducted between December 2012 and October 2013, mostly face-to-face (two rural women were interviewed by phone). Interviews lasted 30-190 minutes and participants were offered a $50 shopping voucher in appreciation of their time. The interview was semi-structured and guided by an interview schedule that focused on sexual identity, mental health, alcohol use, and impressions of alcohol use in the LBQ community. Participants were also encouraged to elaborate on issues related to alcohol use that were meaningful to them. The interviews were audio-taped and later transcribed verbatim and de-identified.

At the conclusion of the in-depth interviews, all participants were asked whether they would be willing to have a member of the research team (AP) accompany and observe them at an event in which alcohol would likely be consumed; seven women agreed. Events included drinking at home with their family, drinking at licensed venues alone or with friends or partners, and house parties. No participants involved in this component of the study invited the researcher to events specifically for LBQ women. Two researchers subsequently attended and observed three LBQ-specific events without any participants present. Sessions of participant observation ranged in duration from one to six hours. During these sessions (approximately 30 hours in all) the researcher interacted with the participants and other women, while attempting to influence the scene as little as possible. Field notes were scribed immediately following observation sessions (Chiseri-Strater and Sunstein 1997).

Participants read a plain language statement and signed a consent form prior to participating in interviews. Those involved in observation read another statement and signed a second consent form. Ethics approval was granted by the University of Melbourne Health Sciences Human Ethics Committee (ID: 1237539).

Participants

Table 1 lists the demographic characteristics of the 25 interview participants. These details were acquired from the participants' online survey responses, and current alcohol intake was clarified during the interviews; however, no other details from the survey were used by the interviewer. The age of participants ranged from 19-71 years (mean age 40.1). The majority (n=18) of women were born in Australia; one identified as Aboriginal, and three were non-Anglo-Saxon. Eleven women lived in inner-urban areas, 10 in outer urban areas, one in a regional centre and three in rural areas. Almost all women identified as female, apart from one transgender female, one intersex and one gender queer participant. Thirteen women identified as lesbian, five as bisexual, two as queer, two as pansexual, one as homo-flexible, one as a lesbian feminist and one was undecided. Nine participants were in relationships: six with women and three with men. Five participants had children. Women varied in their drinking levels, with a mix of light, moderate and heavy drinkers, based on their AUDIT-C scores (light score <8, moderate score 8-15, heavy score>15).

The seven women participating in the observation were 19-47 years old, identified with a range of sexual orientations, and all identified as female. Their levels of drinking varied from light to heavy.

- *TABLE 1 ABOUT HERE -*

Analysis

NVivo 9 (QSR International) software was used to assist coding and thematic analysis of interview transcripts. Two members of the research team (RM and AP) coded the first three interviews and compared and contrasted their coding categories, before developing a provisional coding framework. Approximately 80% of their independent codes and categories were equivalent. The codes were refined over time, with additional codes arising inductively. Two researchers (AP and a research assistant) then independently identified themes pertaining to the LBQ-related influences on alcohol consumption from the 25 interviews, as well as from the field note transcripts. These themes were presented to the research team for discussion. It was agreed that the themes had face validity in relation to the team members' expertise as clinicians, LBQ women's health specialists, consumers and LBQ researchers.

Findings

We identified three primary LBQ-related factors that influenced alcohol use amongst LBQ women: *connection, coping* and *associations between LBQ identity and connection and coping*.

Connection

Connection with LBQ social networks

Connecting with like-minded LBQ people was identified by participants as one of the primary influences on their drinking. Many participants reported using alcohol as a social lubricant, either to facilitate or maintain entry into LBQ social networks. As one participant commented:

> *I wasn't out to my parents. I was still probably struggling with my sexuality as well. So going out, getting drunk, having fun and meeting new people that I felt I had something in common with, was a fun thing to do ... being able to cope with turning up to a place at midnight, not knowing anyone, or just being with one other friend, alcohol, it helped with that but it also was fun (Participant #6, female, lesbian, 47 years, inner urban).*

Fitting in was an important motivator for drinking at any age:

> *I think it's a social cohesion thing to use that clichéd expression. I think it brings people together and probably makes everyone in their discomfort of not fitting into the rest of society, feel comfortable together ... I think for a lot of women that I've known over the years, they've felt like they perhaps didn't fit in to the broader community ... There's a sense of unsafety in the world and alcohol can mask that sense of unsafety (Participant #15, female, bisexual, 50 years, rural).*

Drinking in order to fit in persisted even after initiation of contact. Many women reported positive effects of drinking within LBQ communities, such as feeling more comfortable and feeling safer drinking with other LBQ people than with heterosexuals.

> *Being part of that tribe and that group that, bugger the rest of the world, we're going to have fun, we'll form our own party (Participant #21, female, lesbian, 50 years, rural).*

> *I think it's like partly a solidarity thing, and partly a celebration thing. I think there's probably weirdly, a sort of safe, it can potentially be a safety thing in that, with your group of friends, that you can get trashed and most likely get looked after, which you may not in more mainstream venues or whatever (Participant #16, intersex, pansexual, 52 years, inner urban).*

Connection and the culture of drinking

A few women believed that there was a specific LBQ culture of drinking. Some women reported that there was a stronger emphasis on intoxication in the LBQ scene than in the mainstream. As one participant said:

It's also an observation that at gay and lesbian parties – like at [venue names] – that people seem to drink a lot more heavily (Participant #25, female, lesbian, 30 years, inner urban).

Similarly, some women reported finding it difficult to abstain from drinking in social situations where alcohol was present, or remove themselves from scenes in which alcohol was commonly consumed:

It became a social pressure, looking back. Probably a social pressure for me to try and keep up, stay out as late as they were, and dance for hours and that sort of thing (Participant #6, female, lesbian, 47 years, inner urban).

Further, participants noted a dearth of LBQ-women specific social events and suggested that the few events that did cater to this group were in venues that centred on drinking. Given the infrequent nature of LBQ specific events, they tend to create a sense of occasion or celebration, which is often associated with greater use of alcohol. The emphasis on intoxication was also observed by researchers during observation at one LBQ-specific event. One interview participant stated:

I think because there are so few gay and lesbian events specifically, so when you do go out to a once a month thing ... it's with the expectation that you're probably going to get sloshed [drunk] (Participant #25, female, lesbian, 30 years, inner urban).

However, many interviewees did not support a view that there is a heavy drinking culture specific to LBQ women. Although cultural influences on drinking were commonly described by participants, the majority believed this reflected the normalisation of alcohol use in Australia more generally. Although many participants reported a strong culture of drinking at LBQ events and in LBQ social circles, most suggested that this was no stronger than the influences that exist in mainstream social settings:

If I think about lesbian bars ... it really is just mirroring the same sort of behaviour that I recall seeing at straight venues (Participant #5, female, lesbian, 37 years, inner urban).

This was particularly notable among women who were born in countries other than Australia. For example:

Being Australian anyway means that you’re not Australian unless you’re having a couple of drinks (Participant #20, female, pansexual, 36 years, outer urban).

The drinking culture's also very different to where I'm from ... I feel like there's much more of a drinking culture here [in Australia] and it's just a much more accepted part of life, I guess (Participant #14, female, bisexual, 30 years, outer urban).

These mixed findings were corroborated by sessions of observation, where two out of three LBQ events had a strong focus on heavy alcohol intoxication, for example:

> *There was a lot more drinking and drunkenness at Hotel X* [at an LBQ event] *than on the occasions that I have been there for mainstream events ... At around 9pm I walked through the venue and noticed the dance floor was completely full, there was loud dance music playing, and everyone seemed heavily intoxicated. There was lots of energetic dancing, and it is the type of scene I would expect to see in a mainstream venue at about 2am in the morning (Fieldnote January 2014).*

However, at a different LBQ-specific event:

> *There was not a strong emphasis on intoxication at this event at all, in fact the bar was vacant for the whole night. Most women in the room had a drink, but they appeared to be drinking slowly and there was more of a focus on conversing rather than pursuing intoxication or dancing (Fieldnote March 2014).*

Coping

Drinking was used by many women as a form of escape or as a means of coping with a range of stressors, including victimisation and abuse:

> *There's not just the self-worth associated with being a lesbian, often lesbians have had sexual abuse in their backgrounds or some sort of violence in the family home as children. There are all those sorts of reasons that [we] self-medicate with alcohol (Participant #21, female, lesbian, 50 years, rural).*

Drinking to cope with stress resulting from discrimination was the most commonly discussed LBQ-related influence among participants, with the majority mentioning that alcohol was often used to cope with negative experiences. Sometimes, these experiences were related to direct discrimination regarding the participant's sexual orientation:

> *I've seen people physically shaking with rage at something somebody has said on the street. Their immediate reaction is to go and have a drink (Participant #24, transsexual, queer, 60 years, outer urban).*

Although some women experienced forms of overt discrimination related to their sexual orientation, most commonly discriminatory experiences were described in the context of lack of acceptance of sexual or gender identity by family, friends, or strangers, for example:

> *Before I came out to my family, I was drinking a lot, alone, at home on my own ... like just wiping myself out almost every night; a cask of red wine and cigarettes and ... I think, at that stage, I thought that I would never be able to come out to my family, so I was having a realisation that*

there was always going to be this massive big issue. That was very stressful (Participant #3, female, lesbian, 40 years, inner urban).

For some participants, their experiences of marginalisation included social isolation and rejection. One woman described being isolated at work due to her sexual orientation:

When I was working in advertising ... I really was like a fish out of water ... I was always on the outer ... I felt out of everything because I could not communicate in the same way. So it was definitely feeling isolated and out of it, because of this. I'm sure I probably drank more than was good for me (Participant #13, female, lesbian, 66 years, regional).

For many women, minority stress was linked to mental health sequelae of homophobic discrimination including depression, anxiety or suicidal ideation. Several women explained that their drinking arose in the context of their poor mental health, rather than directly from discrimination or marginalisation:

When I was younger I used to drink a lot ... That was before my mental health issues were diagnosed and it was a form of self-medication and I was drinking way, way too much ... When I finally started getting diagnosed and treated and on the right meds ... the need to drink reduced (Participant #9, female, bisexual, 28 years, outer urban).

This influence of poor mental health on drinking was discussed by women during an observation session at a mainstream bar:

When I asked about their perceptions of alcohol in the LGBTQI community, all three women confirmed the views of other participants that they did not see an identifiable culture of alcohol consumption in the LGBTQI community. One said she was surprised that there were higher rates of drinking among same-sex attracted women in national statistics, another said she thought Australia was a heavy drinking culture in general… and only the third woman said she thought it was understandable that there were higher levels of drinking among LGBTQI women, because historically minorities experience higher levels of stress and discrimination (Fieldnote, September 2013).

Connection, coping and LBQ identity

The relative importance that each woman attached to LBQ identity (to 'being LBQ') had an impact on the degree to which her drinking was influenced by connection and/or coping. We have used the term 'identity salience' to describe the significance that respondents attached to their sexual identity relative to other identity categories, from 'very important' to 'of little relevance in their lives'. Level of salience influenced preferences for and intensity of social connections (LBQ and/or mainstream), disclosure (from very open to

very closeted), and the need for public identity recognition (from full recognition to none). Identity salience influenced, in some cases, whether connection and/or coping became LBQ-related reasons for alcohol use.

Figure 1 depicts our proposed model of intersecting influences on drinking, with individual participants allocated to a place in the diagram. The majority of women reported drinking for reasons related to coping *and* connection, or were influenced by coping, connection and high identity salience. Of interest, women who were heavy drinkers, invariably described coping as influencing their alcohol consumption, whereas none of the women whose drinking was associated with connection alone and/or their LBQ identity were heavy drinkers.

- *Figure 1 about here* -

Low identity salience indicating a lack of LBQ influence on drinking

There were four women for whom no LBQ-related influences applied, listed as outliers in Figure 1. They were dissimilar in relation to age (19 years to 66 years), sexual identity (lesbian, bisexual or pansexual), and relationship status (two were single and two had female partners). One common factor among these women was that they all consumed low levels of alcohol, and most indicated low sexual identity salience. These women weren't strongly connected to LBQ social networks and practices, including the use of alcohol and other drugs, and were less likely to be subject to the discrimination and negative attitudes associated with high identity salience, for example:

> *I work at [employment name]. I sing in a choir. I became a vegan a bit more than a year ago ... I'm a lesbian as well. That's probably lower on the list in terms of my identity ... I might go to a women's thing but I don't think I'd go, particularly, to a lesbian thing or a gay thing ... it's almost like that's a society that I don't fit particularly well in anyway [laughs]… Yeah, it's not like I feel typical of that group…, but I find it hard to go along to things like that when I think: at that level, all we have in common is that we're gay. Mostly, I'd rather hang out with people I've got other things in common with (Participant #18, female, lesbian, 47 years, inner urban).*

One participant observation session was conducted at the home of a young lesbian woman during a Saturday night 'cocktail hour' with her parents. This was a regular family event, and it was clear that alcohol was central in the family environment. While the young woman was influenced to drink by her family, she was opposed to heavy drinking, partly due to her mother having been a heavy drinker. The observer's impressions:

> *This very family-oriented family had very conservative views about life, but had wholeheartedly embraced their child's sexuality and wanted to support her so much that they*

were willing to let me into their home to discuss their issues with alcohol use (the mother's consumption). My impression was that [the young woman's] sexual orientation in no way influenced her alcohol use (Fieldnote, May 2013).

Coming out as a period of high identity salience

For many women the process of coming out was associated with high LBQ salience, an acute need to connect with the LBQ community, and challenges that often arose from difficult responses to disclosure from family or peers. Many women described coping and connection and LBQ identity as influencing their drinking at this time, so we placed them at the centre of the diagram in Figure 1. One participant summed this up:

That was a really hard time, coming out at that age was really difficult. I started drinking a lot and that, you know, I really got in the full swing because it helped me with the difficulty I felt in coming out … I didn't come out in a very supportive situation ... It [also] helped me in social situations not to feel as anxious as I did and it helped me to fit in (Participant #15, female, bisexual, 50 years, rural).

Ongoing high identity salience influencing drinking

Some women with high LBQ identity salience often used alcohol in the context of LBQ connection, or for coping as in this young woman's example:

I have a lesbian haircut ... people can tell by looking at me, especially when I am at queer spaces—they assume. I go to queer events. I post up queer things on my Facebook and my Twitter. I talk about being queer and my relationships with women ... Sometimes when I feel nervous or something about fitting in or whatever or getting along with people I will drink more to feel more relaxed ... Going to a party the other day it was a very straight looking party and there were no queer people and I felt, I am so gay compared to them (Participant #10, female, queer, 23 years, inner urban).

Both coping and connection were also reported as influences by women who needed ongoing connection with LBQ women socially, but needed some social lubrication, to overcome their fear or uncertainty:

It gives me a bit more confidence socially. It feels like a sharing kind of thing, an ice-breaking sort of thing (Participant #18, female, lesbian, 47 years, inner urban).

For some, the degree to which they conformed to dominant stereotypes of being LBQ were linked to their degree of LGB connection and identity salience:

> *I guess for people that are fairly new to the scene there's not really a good representation of what it is to be gay, so you always see the guys being quite camp, taking drugs and the glass of wine in their hands and ... there's a lot of things that portray that the girls are much more butch and decking down beer or bourbon ... Back in the 90s, the norm was you've got to put on weight, you've got to dress like a bloke, you've got to have a certain haircut and you've got to be drinking a lot or taking drugs [to fit in] (Participant #20, female, pansexual, 36 years, outer urban).*

Discussion

The aim of this study was to identify LBQ-related influences on alcohol consumption among Australian LBQ women. We found that many women drank alcohol to cope with discrimination or marginalisation, and that this was often at problematic levels. These findings are similar to those in a study of 13-24 year-old LGBT Australians, 97% of whom had experienced homophobia, with 58% believing that this had impacted their substance use (Kelly, Davis et al. 2014). There is a strong pattern across countries and cultures showing heightened risk for problematic drinking among LBQ women (Hughes, Wilsnack et al. In press). This indicates the likely universal experience of being part of a stigmatised minority group that drives sexual-orientation-related alcohol use disparities among LBQ women (Amadio and Chung 2004; Hughes 2011; Parks and Heller 2013). It has been well established that systemic or 'structural stigma' negatively influences mental health and substance use (Hatzenbuehler, McLaughlin et al. 2010).

There was also a clear drinking culture amongst LBQ women, which was shaped by social factors (needing to fit in and connect), cultural factors (needing to affirm identity) and historical factors (a tradition of drinking at LBQ events). However, there were mixed attitudes as to whether this was distinct and/or problematic or just reflected Australian cultural norms in which drinking is highly normalised (Midford 2005). In a study of young Australians, 71% of the young women interviewed believed that substance use in the LGBT community was the same as amongst their heterosexual peers, which was framed as a misperception by the authors given that 85% of these young people were drinking at hazardous levels (Kelly, Davis et al. 2014). While it is possible that our participants were similarly seeking to normalise their drinking, they represent a wider range of age and drinking levels that is more reflective of the broader LBQ community. Therefore, we believe that our study provides evidence that members of the LBQ community are able to (and usually do) drink at safe levels as a form of social connection and support.

Shifting the focus from a 'culture of drinking' to drinking for connection, allows a more nuanced understanding of the drivers of higher rates and heavier alcohol consumption among LBQ women, and questions the tendency in the literature to pathologise their alcohol consumption while ignoring any supportive effects. Although some women reported that drinking within LBQ social networks resulted in problematic drinking, others reported positive effects in the context of light drinking such as feeling more comfortable and feeling safer drinking with other LBQ people. This included a sense of peer support in terms of being 'looked after' when drinking, a finding consistent with an earlier Australian report (Murnane, Smith et al. 2000). These patterns of safe drinking with LBQ friends were also found repeatedly during our participant observation. Similarly, a recent interview study with 15 LBQ women found that self-perceived influences on their alcohol use included feeling comfortable socially, enhancing enjoyment and fitting in (Cogger, Conover et al. 2012). In our study, none of the women who were influenced by LBQ connection alone, or LBQ connection and identity, were risky drinkers. This suggests, as d'Abbs (2012) argues, that the definition of a "culture of drinking" needs to be broadened to include the positive aspects of social connection and support.

Finally, we identified links between having a strong LBQ identity and alcohol consumption that was associated with connection and/or coping. Heavy alcohol use during 'coming out' as lesbian or bisexual has also been reported in other studies (Parks and Heller 2013). In one qualitative study exploring the role of alcohol, LBQ women reported heavier patterns of drinking when they were becoming aware of their attraction to women, and then again as they began to immerse themselves in the LBQ community (Condit, Kitaji et al. 2011). The influence of identity tends to be framed as a negative, similar to the problematisation of drinking cultures. For example, Parks (1999) reported that some LBQ women consume alcohol in the context of identity conflict, particularly when attempting to live in both heterosexual and LBQ communities; while for others it is a response to internalised homophobia and identity confusion (Herrick, Stall et al. 2013). Further, for some women, identity influences may provide an explanation for the higher levels of risky drinking amongst bisexual women compared with lesbian women, as previously reported (Hughes, Szalacha et al. 2010; Talley, Aranda et al. 2015). Non-lesbian identities can be marginalised even within LBQ communities, leading to a further need for coping mechanisms such as heavy alcohol use (Schauer, Berg et al. 2013). Conversely, our model of intersecting influences provides a useful way of thinking about alcohol use among LBQ women that does not pathologise them. Rather it provides an understanding of potential benefits of moderate non-problematic drinking amongst some LBQ women in relation to affirming their identity through enhancing social connections. Other studies of diverse age groups have found that participation in LBQ events and being out can enhance identity security and mental health (Cartier and Grossman ; Feldman and Wright 2013).

Our findings have a number of potential implications for public policy. Clearly, national policies that reduce institutional or structural stigma – such as affording LBQ populations the same rights as the rest of population – will reduce stressors experienced by LBQ individuals (Ritter, Matthew-Simmons et al. 2012), as will putting an end to common heterosexist practices that are often taken for granted such as not including an option on health intake forms for same-sex partnered women. Despite the current reality that sexual orientation is rarely assessed in national surveys, such data are essential to policy and service design. Indeed, the Australian National Drug Strategy (Ministerial Council on Drug Strategy 2011) makes just one reference to LBQ populations, and this is to acknowledge that LBQ populations may experience more difficulty accessing and achieving successful alcohol and drug treatment outcomes unless treatment is designed specifically to meet the particular needs of LBQ clients.

Some may argue that reducing systemic discrimination is enough. However, we suggest that a multi-level policy response is necessary, which includes raising awareness within the health care sector of LBQ alcohol disparities, along with a greater understanding among treatment providers of the relationship between alcohol, coping, connection and sexual identity. For example, greater emphasis on alcohol screening for LBQ women in primary care and mental health, and targeted health promotion initiatives that focus on resilience-building for LBQ women. Resilience building in the face of ongoing social stigma is a new direction in HIV prevention amongst same-sex attracted young people (Herrick, Stall et al. 2014) and could be readily translated to safe alcohol use messages for LBQ women. At present, the LBQ community is not a target group for health promotion in regard to safe drinking in the same way as other population groups in Australia. Health promotion initiatives could include the provision of targeted alcohol information through events or venues that are frequented by LBQ women, and through social media activities and targeted print media. Other avenues include facilitating peer support structures within LBQ communities around alcohol use, and particularly the provision of allies for young people and those 'coming out' (Parks and Heller 2013).

The ethnographic method used in this study, with both interviews and observation, was useful to understand the cultural perspectives of drinking, and we would recommend it for other studies. In particular, while the perceived influences on alcohol use presented by women in interviews could be interpreted as misperceptions (Kelly, Davis et al. 2014), these were largely confirmed by observation as quite realistic.

Although the study has a number of notable strengths, there are a number of limitations that need to be considered when evaluating the findings. Firstly, because findings are from a non-representative sample of LBQ women in Australia they have limited generalisabilty; there may be important cultural differences that shape alcohol use in this group. Further, given limited time and resources, we were unable to address other factors likely to impact problematic drinking behaviour such as geography, class, ethnicity or relationship

status. For example, homelessness can be another important association with drinking in this group (Chow, Vallance et al. 2013). We encourage more qualitative research with LBQ women, using larger samples across different contexts to further refine our model of influences. The wide age range of the interview sample and the small numbers of participants in each age group prevented differentiation of age-related differences in drinking influences. Further, although abuse was not a focus of the interviews and none of the women volunteered information about abusive experiences in their lives, we know that such experiences are strongly linked with heavy alcohol use amongst LBQ women (Hughes, McCabe et al. 2010).

Conclusion

The LBQ community is not a homogenous 'subculture', and alcohol consumption among LBQ women appears to be influenced by a range of factors—including coping, connection and identity. Greater recognition is needed of the positive aspects of moderate drinking to facilitate social connection for LBQ women. However, health providers and policy makers should also understand that the use of alcohol for coping in the face of structural and inter-personal minority stress can become problematic. Our model of LBQ-related influences on alcohol consumption that highlights intersections among connection, coping and identity may be useful in tailoring alcohol-related policies or health promotion strategies for LBQ women.

Acknowledgements

See Title Page

References

Amadio, D. M. and Y. Chung (2004). "Internalized Homophobia and Substance Use Among Lesbian, Gay, and Bisexual Persons." Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research **17**(1): 83-101.

Australian Institute of Health and Welfare (2014). National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183., Australian Institute of Health and Welfare.

Bostwick, W. and A. Hequembourg (2014). "'Just a little hint': bisexual-specific microaggressions and their connection to epistemic injustices." Cult Health Sex **16**(5): 488-503.

Cartier, M. and B. R. Grossman (2013). "“Oh My God, I'm Home”: The Socioreligious Significance of Gay Older Women's Experiences of Women's Bars Before Stonewall." Journal of Religion, Spirituality & Aging **25**(2): 139-159.

Chakraborty, A., S. McManus, et al. (2011). "Mental health of the non-heterosexual population of England." The British Journal of Psychiatry **198**(2): 143-148.

Chiseri-Strater, E. and B. Sunstein (1997). Fieldworking: reading and writing research. New Jersey, Blair Press.

Chow, C., K. Vallance, et al. (2013). "Sexual identity and drug use harm among high-risk, active substance users." Culture, Health & Sexuality **15**(3): 311-326.

Cogger, A., K. J. Conover, et al. (2012). "Factors Influencing Alcohol Use Among Sexual Minority Women in a Non-Urban Community: A Mixed Methods Study." Journal of LGBT Issues in Counseling **6**(4): 293-309.

Condit, M., K. Kitaji, et al. (2011). "Sexual Minority Women and Alcohol: Intersections between drinking, relational contexts, stress and coping." J Gay Lesbian Soc Serv **23**(3): 351-375.

d'Abbs, P. (2012). "Problematizing alcohol through the eyes of the other: Alcohol policy and Aboriginal drinking in the Northern Territory, Australia. ." Contemporary Drug Problems. **39**(3): 371-396.

Feldman, S. E. and A. J. Wright (2013). "Dual Impact: Outness and LGB Identity Formation on Mental Health." Journal of Gay & Lesbian Social Services **25**(4): 443-464.

Green, K. E. and B. A. Feinstein (2012). "Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment." Psychology of Addictive Behaviors **26**(2): 265-278.

Hatzenbuehler, M. L., A. Bellatorre, et al. (2014). "Structural stigma and all-cause mortality in sexual minority populations." Social Science & Medicine **103**(0): 33-41.

Hatzenbuehler, M. L., K. A. McLaughlin, et al. (2010). "The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study." Am J Public Health **100**(3): 452-459.

Herrick, A. L., R. Stall, et al. (2013). "It gets better: resolution of internalized homophobia over time and associations with positive health outcomes among MSM." AIDS Behav **17**(4): 1423-1430.

Herrick, A. L., R. Stall, et al. (2014). "Resilience as a research framework and as a cornerstone of prevention research for gay and bisexual men: theory and evidence." AIDS Behav **18**(1): 1-9.

Hughes, T., S. E. McCabe, et al. (2010). "Victimization and substance use disorders in a national sample of heterosexual and sexual minority women and men." Addiction **105**(12): 2130-2140.

Hughes, T., L. A. Szalacha, et al. (2010). "Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian women." Social Science & Medicine **71**(4): 824-831.

Hughes, T., S. C. Wilsnack, et al. (In press). "The Influence of Gender and Sexual Orientation on Alcohol Use and Alcohol-Related Problems: A Global Perspective." Alcohol Research: Current Reviews.

Hughes, T. L. (2011). "Alcohol use and alcohol-related problems among sexual minority women." Alcoholism Treatment Quarterly **29**: 403-435.

Hughes, T. L., L. A. Szalacha, et al. (2010). "Sexual victimization and hazardous drinking among heterosexual and sexual minority women." Addict Behav **35**(12): 1152-1156.

Kelly, J., C. Davis, et al. (2014). "Substance use by same sex attracted young people: Prevalence, perceptions and homophobia." Drug Alcohol Rev.

Lea, T., J. de Wit, et al. (2014). "Minority Stress in Lesbian, Gay, and Bisexual Young Adults in Australia: Associations with Psychological Distress, Suicidality, and Substance Use." Archives of Sexual Behavior **43**(8): 1571-1578.

Leonard, W., M. Pitts, et al. (2012). Private Lives 2: The second national survey of the health and wellbeing of GLBT Australians. Monograph Series No. 86. Melbourne, Australian Research Centre in Sex, Health & Society, La Trobe University.

Lipsky, S., A. Krupski, et al. (2012). "Impact of sexual orientation and co-occurring disorders on chemical dependency treatment outcomes." Journal of Studies on Alcohol and Drugs **73**(3): 401-412.

McCabe, S. E., W. B. Bostwick, et al. (2010). "The Relationship Between Discrimination and Substance Use Disorders Among Lesbian, Gay, and Bisexual Adults in the United States." Am J Public Health **100**(10): 1946-1952.

Meyer, I. H. (2003). "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence." Psychol Bull **129**(5): 674-697.

Midford, R. (2005). "Australia and Alcohol: living down the legend." Addiction **100**(7): 891-896.

Ministerial Council on Drug Strategy (2011). National Drug Strategy 2010-2015. Canberra, Commonwealth of Australia.

Murnane, A., A. Smith, et al. (2000). Beyond perceptions: A report on alcohol and other drug use among gay, lesbian, bisexual and queer communities in Victoria. Melbourne, Vic Health: The ALSO Foundation and Australian Drug Foundation.

Parks, C. A. (1999). "Lesbian identity development: an examination of differences across generations." Am J Orthopsychiatry **69**(3): 347-361.

Parks, C. A. and N. R. Heller (2013). "The Influence of Early Drinking Contexts on Current Drinking Among Adult Lesbian and Bisexual Women." J Am Psychiatr Nurses Assoc.

Parks, C. A., T. L. Hughes, et al. (2007). "The relationship between early drinking contexts of women "coming out" as lesbian and current alcohol use." J LGBT Health Res **3**(3): 73-90.

Pearson, G. (2001). "Normal drug use: ethnographic fieldwork among an adult network of recreational drug users in inner London." Subst Use Misuse **36**(1-2): 167-200.

Ritter, A., F. Matthew-Simmons, et al. (2012). "Why the alcohol and other drug community should support gay marriage." Drug Alcohol Rev **31**(1): 1-3.

Ryan, C., D. Huebner, et al. (2009). "Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults." Pediatrics **123**(1): 346-352.

Schauer, G. L., C. J. Berg, et al. (2013). "Sex differences in psychosocial correlates of concurrent substance use among heterosexual, homosexual and bisexual college students." Am J Drug Alcohol Abuse **39**(4): 252-258.

Talley, A. E., F. A. Aranda, et al. (2015). "Longitudinal associations among discordant sexual orientation dimensions and hazardous drinking in a cohort of sexual minority women." Journal of Health and Social Behavior, **April 24, [Epub ahead of print]**: 1-21.

Table 1 – Demographic characteristics of the interview and observation participants

Participant ID#	Age	Sexual identity	Gender Identity	Relation ship status	Location of residence	Country of birth	Alcohol quantity per day	Alcohol frequency
1	71	Lesbian feminist	Female	Single	Inner-urban	UK	1 or 2 drinks	4+ days per week
2	56	Lesbian	Female	Single	Inner-urban	Australia	1 or 2 drinks	1-2 days per week
3	40	Lesbian	Female	Female partner	Inner-urban	Australia	1 or 2 drinks	1-2 days per week
4	42	Lesbian	Female	Female partner	Inner-urban	UK	3 or 4 drinks	4+ days per week
5	37	Lesbian	Female	Single	Outer-urban	Russia	1 or 2 drinks	Monthly or less
6	47	Lesbian	Female	Female partner	Inner-urban	Australia	1 or 2 drinks	Monthly or less
7*	19	Bisexual	Female	Single	Outer-urban	New Zealand	1 or 2 drinks	2-3 days per week
8*	35	Lesbian	Female	Single	Inner-urban	Australia	3 or 4 drinks	4+ days per week
9	28	Bisexual	Female	Single	Outer-urban	Australia	3 or 4 drinks	1-2 days per week
10*	23	Queer	Female	Female partner	Inner-urban	Australia	3 or 4 drinks	4+ days per week
11	24	Un-decided	Female	Single	Outer-urban	Australia	3 or 4 drinks	2-3 days per week
12	25	Lesbian	Female	Female partner	Inner-urban	Australia	3 or 4 drinks	1-2 days per week
13	66	Lesbian	Female	Single	Regional	Australia	1 or 2 drinks	Monthly or less
14	30	Bisexual	Female	Male partner	Outer-urban	USA	1 or 2 drinks	2-3 days per week
15	50	Bisexual	Female	Female partner	Rural	Australia	1 or 2 drinks	2-3 days per week

16	52	Pansexual	Intersex	Male partner	Inner-urban	UK	3 or 4 drinks	4+ days per week
17*	42	Bisexual	Gender queer	Male partner	Outer-urban	Australia	7-9 drinks	4+ days per week
18*	47	Lesbian	Female	Single	Inner-urban	Australia	1 or 2 drinks	4+ days per week
19	21	Homo-flexible	Female	Single	Outer-urban	Australia	3 or 4 drinks	2-3 days per week
20*	36	Pansexual	Female	Female partner	Outer-urban	Australia	1 or 2 drinks	2-3 days per week
21	50	Lesbian	Female	Female partner	Rural	Australia	3 or 4 drinks	4+ days per week
22	30	Lesbian	Female	Female partner	Rural	Australia	3 or 4 drinks	4+ days per week
23	43	Lesbian	Female	Single	Outer-urban	Australia	7-9 drinks	4+ days per week
24*	60	Queer	Transsexual	Single	Outer-urban	Australia	1 or 2 drinks	4+ days per week
25	30	Lesbian	Female	Single	Inner-urban	Singapore	3 or 4 drinks	2-3 days per week

*represent the seven women who participated in sessions of participant observation