

## **Drug Use in LGBT Teenagers**

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## Introduction

It is a well known fact, especially among LGBT (lesbian, gay, bisexual, and transgender) individuals, that illicit drug use is high in LGBT spaces, especially LGBT teen spaces. According to Kelly, Davis, and Schlesinger (2014) 57% of LGBT teens have used some sort of illicit drug, including marijuana, in the past year, as compared to 31.8% of heterosexual teens. Nationwide, about 360 billion dollars is spent on illicit drugs a year (Worldometers, 2022). The goal of this paper is to study drug use in LGBT teens and the factors that relate to drug use in this community.

There are many well established health problems with drug use. According to Palmer et al. (2013), 50% of people who use drugs have said or done something embarrassing. 58% of college students who use drugs have done worse on a test, and 45% have skipped class due to their drug use. In more concerning statistics, 48% have lost money in some way. When looking at these statistics, it is also important to remember that these numbers were self reported survey data. According to Brenner and DeLamater (2016) there are substantial measurement errors for ‘negative’ behaviors, such as drinking or drug use, and people will report lower use numbers than reality. On the other hand, respondents will report higher rates of ‘positive’ behaviors, such as voting or exercising. This is based on the social desirability bias, which is when people act in a way that makes them look better to others. There are also a reported 9.5 overdose deaths per 100,000 individuals in the population. According to Gleib and Preston (2020), there were 140,000 drug use deaths in 2016 in the population between ages 15 and 64 in the US. In Canada, according to Single et al. (1999), illicit drug use leads to 58.2 days of hospitalization per year. It also leads to an average 31 year decrease in life expectancy. Other health consequences of illegal drug use include a higher prevalence of hepatitis C and hepatitis A, B, and C coinfection, which is when a patient has hepatitis A, B, and C at the same time. In addition, marijuana use has been associated with psychotic symptoms in some individuals (Chen & Lin, 2009).

As mentioned previously, prevalence of drug use is much higher in LGBT teenage groups than heterosexual teenage groups. According to Hatzenbuehler et al. (2015), 25.1 % of heterosexual teens use marijuana, as opposed to 52.1% of LGBT teens. In addition, 21.2% of LGBT teens have used or do currently use illicit drugs, whereas only 6.7% of heterosexual teens do. A similar study, by Kelly, Davis, and Schlesinger (2014), found that 57% of LGBT youth self-reported use of any sort of illicit drug, including marijuana. As previously mentioned, this

number is probably higher due to self report bias and the fact that people will often lie in self reported data. There were, in addition, differences in gender or sexuality in drug use within the LGBT community. Corliss et al. (2010) found that female LGBT teens were more likely than male LGBT teens to use drugs. Their research found that 49.6% of lesbian teenagers used marijuana and 21% used other illicit drugs, but only 32.1% of gay teenagers used marijuana and 13.3% used other illicit drugs. In heterosexual groups, this is the opposite: male heterosexual teens are more likely than female teens to use drugs. 20.9% of male heterosexual teenagers were found to use marijuana and 5.9% were found to use other illicit drugs. When looking at female heterosexual teenagers, 18.6% used marijuana and 4.4% used other illicit drugs. In addition, bisexuals were the most likely sexuality to use illicit drugs. In the study, 59.9% of female bisexuals and 38.5% of male bisexuals were found to use marijuana. 31.1% of female bisexuals and 20.4% of male bisexuals were found to use other illicit drugs.

This study relates to the Healthy People 2030 objective “reduce the proportion of lesbian, gay, or bisexual high school students who have used illicit drugs.” It can also relate to objectives about overall decreases in drug use, such as “reduce the proportion of people who had marijuana use disorder in the past year,” “reduce the proportion of people who had drug use disorder in the past year,” “reduce the proportion of people who misused prescription drugs in the past year,” “reduce drug overdose deaths,” and “reduce the proportion of adolescents who used drugs or marijuana in the past month” (Healthy People 2030, 2022).

The main goal of this paper is to explore how drug use relates to sexuality. More specifically, it aims to explore why LGBT teenagers overall have much higher drug use rates than heterosexual teenagers, and the factors surrounding non-heterosexuality that might contribute to drug use. Through this exploration, there is also the goal of finding intervention methods that can be used to help to reduce the LGBT teenage population that engages in drug use yearly.

### **Theory**

A theory in general is a set of concepts and definitions that seek to explain and predict different events and situations. When applied to health specifically, a health theory works to explain different health behaviors and predict how a patient will act. Theories are made up of concepts. Concepts can then be broken down into constructs, which are when concepts are

adopted or applied to a particular theory. These will therefore have a more technical and specific definition (Clinkscale, 2022). By understanding why people act in a certain way, constructs can be applied to them specifically, and interventions that work better for them can be created. This gives the interventions a greater chance of effectiveness. The main theories looked at for drug use in LGBT teenagers were the Health Belief Model and Social Cognitive Theory.

### **Health Belief Model**

The Health Belief Model (HBM) is one of the major health theories. It focuses on how one's beliefs will affect behavior. There are six major constructs that affect whether or not a person will engage in a behavior: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self efficacy (LaMorte, 2019). Many studies of the HBM in LGBT teen drug use looked at perceived benefits and severity of the drug use, and how they can be a cue to action, either for or against drug use. The major risk factor for drug use was psychological stress, an external cue to action. More specifically, the major source of psychological stress was homophobia. A study on LGBT teenage drug use, specifically in Australia, found that 77.5% of LGBT teenagers using drugs stated homophobia was a major contributing factor in drug use. This evidence works with the minority stress model, which states that minorities in general have much higher rates of stressors in their lives. (Kelly, Davis, & Schlesinger, 2014). A major stressor for LGBT teens would be coming out and the prejudice that surrounds it. LGBT young adults who reported rejection after coming out were found to be 3.4 times more likely to use illegal drugs. They reported that the stress relief from drug use- a perceived benefit- was greater than the fear of overdose or other drug-caused illnesses and issues- part of the perceived severity (Goldback, Fisher, & Dunlap, 2015). LGBT teenagers also reported that they believed that others used drugs at high rates and that in order to fit in drug use was encouraged. This desire to fit in, a perceived benefit to drug use, helped to lead to higher rates of use (Goldback, Fisher, & Dunlap, 2015).

A major cue to action against drug use, on the other hand, was found to be support in school and social life. A good example of this support is a gay-straight alliance (GSA) in high schools. Schools that had an active GSA had almost 15% lower drug use (the study found that 38.1% of teenagers in a school that had a GSA used illegal drugs, as compared to 54.1% of teenagers without one). GSAs were found to be an effective way to education the general high

school population on LGBT issues, which in turn led to less school-based discrimination, a greater sense of belonging in school, less fear and stress surrounding coming out, and a higher proportion of students who were 'out.' (Heck et al., 2014). The GSA also helped to provide a drug-free space and increase perceptions that not all LGBT teenagers use drugs, which could lead to lower drug use.

All three of the studies support the idea that decreasing homophobia and stressors leads to a reduction in stress and stressors in an LGBT teenager's life, and therefore lower rates of drug use. Goldback et al. (2013), discuss widely intervention strategies to decrease these stressors. Their major finding was that a supportive environment is incredibly important. They found that a large social network, LGBT community support, and adult support all lead to increased self esteem, which then in turn decreases substance use. One intervention strategy to help increase supportive environments was found to be education. By educating those around LGBT teenagers on LGBT issues, homophobia decreased and support increased. This decreases the cue to action causing the drug use.

### **Social Cognitive Theory**

The Social Cognitive Theory (SCT) focuses on how people regulate their behavior. It does this with 4 major concepts, self regulation, reciprocal determinism, social influence modeling, and cognitions. Within those concepts are internal and external factors. The internal factors are self efficacy, behavioral capability, expectations, expectancies, self regulation, and locus of control. The external factors are vicarious learning, the effect of reinforcements, and social norms (Clinkscale, 2022).

Ruckus, Stogner, and Miller (2016) looked into novel drug use in college students, and how it relates to LGBT college student drug use. This study did not look directly at the SCT, but instead at strain theory, social learning theory, and self control theory. These theories, however, each apply to different concepts or constructs of the SCT. Strain theory states that events that are disliked by people cause them to experience negative emotions that can lead to coping through acts that are perceived to lessen the aforementioned strains. This applies to the reciprocal determinism concept, which states that there is a connection between person, behavior, and environment. The social learning theory says that delinquent activity is a function of social and environmental factors and feedback from peers and other respected figures. This in turn connects

with vicarious learning (learning by watching others and based off of what others are doing), social norms (performing behaviors that match those of one's peers in order to be more accepted), and the effects of reinforcements (positive reinforcements will cause someone to perform an action more, and negative reinforcements will cause someone to perform an action less). The self control theory states that people who behave in 'deviant' activities, such as drug use, are more inclined to behaviors that bring instant gratification. This theory is derived from self control and self regulation, a concept of the SCT. The study used a Zmediation method of finding statistical significance from data, which in this case required a Z mediation of greater than 1.96 to indicate significance. In the study, it was found that perceived social reinforcement (Z mediation of 2.071) and peers favorable to drugs (Z mediation of 2.866) are high in LGBT communities. This shows that there is greater support of drug use in the LGBT teenage community, which applies to the social norms concept. Due to the social acceptance of drug use, LGBT teenagers are more likely to use drugs. There is also a greater perceived social reward from drug usage, causing LGBT teenagers to feel more pressure to use drugs to 'fit in.' The LGBT community, as shown specifically through the high Z mediation connected with peers favorable to drugs, is less likely to stigmatize and demonize drugs and instead more likely to normalize them. Although not statistically significant through Z mediation, another important data piece was that connected to the self control theory and therefore the self regulation concept. A Z mediation of 1.678 LGBT survey respondents had low self control. Self control has, in the past, been found to have a connection with risk seeking behaviors. Those who are more likely to engage in risk seeking behaviors are more likely to experiment with novel drugs, regardless of their sexual orientation. This study also addressed effective intervention strategies based on lower self control, higher perceived social reinforcement from drug use, and higher numbers of peers favorable to drugs. Due to the higher perceived social reinforcements from drug use, the study found that using an intervention that cut out all drug use would probably be ineffective. Instead, it emphasized providing safer alternatives to different drugs ( for example marijuana use instead of heroin). It stated that, if it would be suggested that drug use be completely cut out, a coherent, well thought out argument would be needed instead of just data points.

There is also the connection between the environment, the person, and the behavior, which is referred to as reciprocal determinism. A number of different factors play into the physical environment that many LGBT teenagers are in being more drug accepting and having

more drugs in it overall. One is homelessness rates. Keuroghlian, Shtasel, and Bassuk (2015) looked into homeless and LGBT youth drug use. Their study found that almost 400,000 youths are homeless, and, despite only about 5% of the US population identifying as LGBT, 30-45% of the clients served in homeless youth shelters were LGBT. When surveyed, it was found that the main reasons LGBT youth stated for homelessness were running away from families who rejected them or being forced out onto the streets by family. Due primarily to these bad family relations, LGBT homeless teenagers are also more likely than heterosexual homeless teenagers to use drugs ( 47.3% of homeless LGBT teenagers as compared to 33.4% of heterosexual homeless teenagers). Being a homeless youth in general has been shown to increase drug use, due to ease of drug access. According to Feng et al. (2012) 33% of homeless youth have reported noninjection methamphetamine use, and, of the 77 youth in their study who did use injection drugs, 74% (57 individuals) were homeless. This supports the idea of homelessness increasing drug use. ( Feng et al., 2012). For interventions, Keuroghlian, Shtasel, and Bassuk (2015) recommended interventions to help get LGBT teenagers off the streets in order to help reduce drug use. The major way to do this would be through education. By destigmatizing being LGBT, more families would show acceptance, leading to fewer LGBT teenagers feeling the need to run away from home.

In addition to homelessness, another aspect of the LGBT life that can contribute to higher drug use is the existence of LGBT spaces. Demant et al. (2018) interviewed 31 LGBT teenagers about a variety of issues, one of which was LGBT social life. Many of those interviewed stated that they perceived the community to center largely around gay clubs and LGBT parties. For example, San Francisco was found to have 42 gay clubs. In addition to gay clubs themselves, LGBT individuals have been found to frequent all clubs more often than statistically proportionate. 5% of the population identifies as LGBT, yet studies have found that 45.5% of those at a clubs during the interview period were LGBT (Kelly & Vuolo, 2020). Nightlife participation has been found to be correlated with prescription drug use being higher, with 72% of nightlife goers having used illicit drugs in their lifetimes and 59% having used in the past 12 months ( Feltmann et al., 2021). While looking at these factors of reciprocal determinism, intervention strategies involving creating safer, non-drug related LGBT spaces can be encouraged. Many teenagers stated that they went to nightlife scenes because they wanted a way

to socialize (Demant et al., 2018). Creating more non-drug related LGBT spaces or changing the LGBT teenage environment in general could lead to less drug use among the teenage population.

### **Intrapersonal Factors**

Intrapersonal factors are internal factors that affect behavior. They include beliefs, attitudes, knowledge, demographics, psychology, and personality characteristics.

Many personality characteristics have been known to influence behavior. Researchers looked at three specific characteristics when it came to substance abuse: extraversion, neuroticism, and constraint. Extraversion was found to be known as a state of strong motivation, desire, and wanting, along with being excited and enthusiastic about life in general. It is linked strongly as well with sensitivity to reward. Due to the strong desires and the desire to seek out exciting situations, it was previously believed that high extraversion would increase one's likelihood of drug misuse. However, this was found to be the opposite of true. Due to the strong motivation that comes with extraversion, resilience is high, leading to protection against drug use disorders. Neuroticism, on the other hand, is the trait disposition for more negative feelings, including anxiety, anger, guilt, and depression. It was found that those with high neuroticism respond poorly to stressors. They are also more likely to use drugs and have depression or anxiety disorders. It is hypothesized that the poor response to stress can lead to using drugs as a coping mechanism. Constraint was the final personality trait studied. This is the likelihood to have behavior restraint instead of impulsiveness, with higher constraint having higher behavior restraint. Higher constraint is also associated with higher cognition control, which goes along with suppression of negative emotions and the ability to withstand cravings. Due to this, higher levels of constraint are associated with lower levels of drug misuse (Belcher et al., 2014).

Factors that are unable to be changed, such as race or gender, can play greatly into substance abuse in teenagers. A study of bisexual high schoolers looked into how race affects drug use. It was first assumed that, due to racism, people of color (POC) would be more likely to suffer from drug use. However, the opposite was found to be true in most cases. The only place this assumption stood true was marijuana use. 56.3% of white respondents and 65.6% of black respondents reported marijuana use in their lifetime. The disagreement with other trends might be due to the fact that, across all sexualities, black youth are using marijuana more than white youth. With other statistics, on the other hand, white youth were more likely to engage in drug



use. 26.3% of white youth and only 21% of black youth had used illicit drugs other than marijuana in their lifetimes. They were also more likely to be diagnosed with depression and be bullied, which could lead to these statistics. In addition, if looking at the intersection of gender and race, black bisexual females are less likely to use illicit drugs than white bisexual females. In males, the numbers are very similar. It is hypothesized that there could be a couple of reasons for these statistics. Black bisexuals could experience greater resilience than white bisexuals due to the added stress of being a racial minority. People of color are also less likely to disclose their sexuality than whites, which could affect results. Further research is needed to determine if these statistics hold true for lesbian or gay individuals (Feinstein et al., 2019).

Another factor that can lead to increased drug use is lack of knowledge surrounding drug use and the issues that can be caused by it. In an Indian secondary school, students were surveyed about their drug use knowledge. It was found that 72% of students had below average knowledge about the negative effects of drugs, while only 8% had good knowledge regarding the topic. Due to their lack of knowledge, many students understand that drugs can cause health problems, but they do not fully understand those problems and therefore do not understand the severity of them. This lack of knowledge can lead to the idea that drugs are not very harmful, and higher drug use. The study suggested more education on drug use, specifically on the harmful effects of drugs and drug abuse, to be given to students by teachers and other trusted adults in order to reduce drug use (Rajwant & Gurjeet, 2018).

### **Interpersonal factors**

Interpersonal factors are the factors surrounding one's relationship with others based on their interactions. The major ones are social support and social influence from friends, families, and peers.

One factor studied when it comes to drug use in the teenage years is social influence from families. Ryzin, Fosco, and Dishion (2012) studied the effect of 3 variables in teenage drug use: deviant relationships, parental monitoring, and parental relationship quality. Their study found that the most important factor in decreasing drug use was the parental relationship. This link between parental relationship and drug use applied regardless of parenting style or family structure. In the past, it had been assumed that the most effective way to reduce teenage drug use was parental monitoring, but this study found that parental monitoring, such as tracking children

through apps or not allowing children to ‘go out,’ did not actually predict substance abuse. Instead, a parental relationship based on trust and communication led to health communication channels, children feeling more comfortable talking to parents about difficult issues, and therefore decreased substance use. This fact was consistent even after children moved out or went to college (Ryzin, Fosco, and Dishion, 2012).

In early adulthood, another important influence on LGBT teenage drug use was the peer influence. In mid teenage years (age 15 to 17), it was found that association with drug using peers did not have a significant impact on drug use, but this changed when teenagers reached the 17 to 23 age range. In that age range, peer use of drugs did affect marijuana use (Ryzin, Fosco, and Dishion, 2012). This was consistent across all sexualities. However, in the LGBT community, this factor was even more significant. There was found to be a significant indirect effect of sexual minority status (being LGBT) and affiliation with substance using peers. The association with substance using peers, in turn, led to a higher substance use. This was due in part to the social norms theory, and the idea of teenagers especially wanting to ‘fit in’ with their peers. Upon seeing that many of their peers participated in drug use, teenagers were more likely to participate in the same drug use to gain social support. The social marginalization theory also affects LGBT teenage drug use. This theory discusses the way that marginalized groups are at a higher risk of associating with deviant groups- such as drug users- because of rejection from mainstream peers. LGBT teenagers consistently report higher levels of victimization, such as homophobia, than their heterosexual counterparts, which may lead to the substance use. This connects with the idea of minority stress and coping strategies, even negative coping strategies (Dermody et al., 2016).

Also researched was the connection between sex and drug use. It was found that 20% of LGBT college students had used drugs before engaging in sex with a partner. The idea of using drugs before sex for a ‘high’ during it can be used as a reason for increased drug use. There is also the connection between risky sexual behavior and drug use. Specifically, the connection between exchanging sex for drugs was examined. Approximately one third of individuals who had exchanged sex for drugs were homeless, and as mentioned previously, LGBT youth are 30-45% of those served by homeless youth shelters, despite being only 5% of the population (Keuroghlian, Shtasel, and Bassuk, 2015). In addition, research found that 67.9% of teenagers who exchanged sex for drugs were LGBT. This statistic serves to show how, despite being a

small percent of the population, the LGBT teenage community makes up a large portion of those engaging in a sex-drug trade. When addressing peer relationships, there was also the idea that peers were exchanging sex for drugs, more normalizing the idea. 84.2% of teenagers who exchanged sex for drugs thought that their peers did the same. ( Boyer et al., 2016).

### **Organizational, Community, Environment, and Policy Factors**

Organizations, the community, environments, and policy can affect LGBT teenagers' choice on drug use.

One of the major organizations in a teenager's life is the school. As previously discussed, a Gay-Straight Alliance (GSA) at a school can reduce drug use in students. A study found that, if a school has a GSA, heterosexual students are less likely to discriminate against LGBT students leading to fewer LGBT students concealing their sexuality. A GSA also serves as a place with LGBT students to socialize without the pressure of drugs or alcohol. Advisors and teachers being involved with a GSA helped to lead to LGBT teenagers having responsible, caring adults in their lives, which also helped to decrease the likelihood of drug use. All of this culminates in LGBT students where there is an active GSA engaging in over 15% less drug use. 38.1% of LGBT students at schools with a GSA participate in illegal drug use, as compared to 54.1% at a school without an active GSA (Heck et al., 2014).

While a GSA in schools can help to decrease drug use, other aspects of schools, especially schools without a GSA or supportive environment for LGBT youth, can increase drug use. 80% of LGBT teens experience some sort of peer harassment, according to a study of LGBT bullying in high schools. 27% experience cyber bullying, as opposed to 13% of straight teenagers. Physically, as opposed to verbally, about 33% experience bullying, as opposed to 17% of straight teenagers. This bullying and harassment negatively affects the mental health of LGBT teenagers, and this bad mental health leads to negative coping strategies such as drug use. In addition, bad mental health and bullying lead to higher rates of truancy and dropping out. In turn, this leads to lower socioeconomic status and lower GPA, both of which correlate with higher substance use across all populations (Gower et al., 2018).

LGBT community is the main way that LGBT teenagers meet others with their sexual or gender identity. Being a minority, as shown through minority stress levels, can lead to feelings of isolation from others, helping to lead to desire to participate in the community, especially soon

after coming out. However, a study on Australian LGBT teenagers found that greater participation in the LGBT community also led to greater substance use for homosexual (lesbian or gay) individuals. This same correlation, however, did not apply to bisexual, transgender, or nonbinary individuals. It is speculated that much of the drug use that comes with increased participation in the LGBT community stems from the social norms associated with substance use in the community. As previously mentioned, substance use is more normalized in the community, so LGBT teens getting involved in the community feel a greater self of acceptance if using drugs. In addition, due to the large amount of the LGBT community that uses drugs, there is a sense of belonging in the community that stems from drug use. This sense of belonging outweighs the negative consequences of substance use (Demant et al., 2018).

Another reason for increased drug use in the LGBT community is the type of community events. The major types of LGBT community events are gay or lesbian bars or pride festivals. At both of these types of events, alcohol and drug use are more normalized than they are in the general population. At Pride festivals specifically, which are often marketed as ‘family friendly’ events that LGBT youths attend, alcohol and drug use is normalized. Out of a survey of 100 Pride festivals in major US cities, only 8 were smoke free and 3 were tobacco free. On the other hand, 61% had alcohol sponsors. Pride festivals have been proven to highlight LGBT community norms and convey messages about what is acceptable, especially to newly out members of the community who are just getting involved. The normalization of alcohol and drug use at these festivals therefore conveys the message that drug use is acceptable and encouraged. Despite many events advertising themselves as family friendly, many have ‘after hour’ events that- although not advertised to include drugs- include illegal substances. These events often do not pointily exclude those who are underaged ( Spivey, Lee, and Smallwood, 2018).

The environment also has an effect on drug use. For all populations, regardless of sexuality, there are some environmental factors that lead to greater drug use. Being from a disadvantaged community especially has been shown to increase drug use. This is for a variety of reasons, including more displays of drug use and greater exposure to violence. Being more likely to encounter a drug, as in disadvantaged communities, has been linked with more drug normalization and therefore more use. Exposure to violence especially increases the likelihood of adolescent marijuana use (Fagan, Wright, and Pinchevsky, 2015). LGBT teenagers are more likely to be homeless or run away from home, leading to them living in disadvantaged areas or

on the streets, where violence is higher. In addition, numbers of LGBT specific hate crimes have been linked to drug use in LGBT youth. A Boston study looking at high schoolers saw that higher rates of LGBT hate crime based physical assault in a 400 meter buffer leads to higher marijuana use. In the study, it was found that in areas that had higher levels of teen LGBT marijuana use, there were 23.7 hate crimes per 100,000 people, but in areas where there were lower levels of marijuana use, there were only 12.9 hate crimes per 100,000 people. Hateful environments are linked to drug use ( Duncan, Hatzenbuehler, and Johnson, 2014). This same idea can also be applied to rural vs urban areas. In a California study, 10% of rural youth and 10.5% of urban youth self-reported being LGBT. LGBT youth in rural areas were more likely to experience lower levels of social connectedness and fewer caring adult relationships than in urban areas, and they were also more likely to live outside traditional home settings. These factors are speculated to correlate with reported higher rates of cigarette use ( Choi, Baams, and Wilson, 2017).

While there are few policies that focus on LGBT teenage drug use, there are policies that focus either on drug use or the LGBT community.

Recently, policies have emerged focusing on medical and recreational marijuana use. 37 states have legalized medical marijuana and 18 states have legalized recreational marijuana(NCSL, 2022). With the legalization of marijuana, some worried about rates of other drug use increasing. However, it has been found that the legalization of medical marijuana does not encourage marijuana use among youths. Contrastingly, it has actually been found that the legalization of marijuana may decrease youth marijuana use. This is speculated to be because, after marijuana is legalized, it is more difficult for teenagers to obtain it since drug dealers- who would deal to underaged buyers- are replaced by licensed dispensaries that require proof of being above 21 and will not sell to minors (Anderson, Hansen, and Rees, 2019). Medical marijuana legalization, surprisingly, has also been shown to decrease cocaine and heroin arrests by up to 15%. They have also led to a 20% decrease in admissions to addiction centers for heroin related treatment. It is speculated that marijuana may be a substitute for heroin use (Chu, 2013).

Looking at LGBT related policies instead of drug related policies, it can be seen that LGBT related policies are on the rise. A recent study found that 22 states now have non-discrimination laws, as opposed to 12 in 2000. In general, LGBT workers earn 8% less than their straight counterparts. However, in states with non-discrimination laws, there has been a

10.2% decrease in the difference between gay and straight wages. When looking at the same wages in states without non-discrimination laws, it can be seen that there was a 0.2% increase (Burn, 2018).

In the United States, it was difficult to find evidence of LGBT drug related policies, but this was not the case in other countries. In Australia, there were a few policies specifically for LGBT drug use, but researchers have determined that they need to be reexamined in order to protect from discriminatory language and assumptions (Pienaar et al., 2018). Albania was found to be the only country with laws that worked to protect LGBT teenagers specifically from discrimination. In 2010, they passed the “Law for Protection from Discrimination.” This law requires the Ministry of Education to take steps towards the protection of the human rights for young LGBT students, including decreasing violence. The protection from sexuality based violence and discrimination has been linked with lower drug use (Hazizaj, 2013).

### **Strategies for Intervention**

Many different types of interventions can be used to help to reduce LGBT teenage drug use. The biggest factor that must be changed is reducing minority stress. Reducing minority stress has been linked time and time again with a reduction in drug use and a reduction in mental health issues, which also increase drug use.

One of the interventions that is both important and changeable is increasing family acceptance in the LGBT community. Family acceptance increases are defined as changeable due to the fact that education can change a family member’s perspective on the LGBT community. A more accepting family has been proven to decrease drug use and stress. A recent study found that LGBT teens who participated in an in-person family intervention about acceptance had significant decreases in depression and anxiety symptoms and suicidal ideations. The decrease in depressive symptoms then correlates with a decrease in drug use (Coulter et al., 2019).

Another intervention that is both important and changeable is school based interventions to increase acceptance and decrease bullying. Once again, education programs have been proven to be effective in doing this. Education programs that reduce prejudice and stigma around the LGBT community through actions such as teaching LGBT history, sex education, and the fact that being LGBT is not a ‘choice’ have been shown to decrease the rates of bullying and harassment of LGBT students in schools. Increasing the number of gay-straight alliances (GSAs)

has been shown to help with LGBT affirming education (Meyer and Bayer, 2013). A more active GSA has already been shown to reduce drug use in LGBT students (Heck et al., 2014). GSAs work so effectively for multiple reasons. They help to provide the school community with LGBT based education so that the greater community sees the LGBT as 'normal.' It also helps to provide students a LGBT affirming place that does not center around drug or alcohol use, such as gay clubs do, and to provide nurturing, sober adults students can look up to as role models. It also helps to increase awareness of LGBT issues such as drug use (Meyer and Bayer, 2013). An interrelated school intervention would also be to educate teachers and administrators on how to recognize the signs and symptoms of drug use, and how to provide free or low cost assistance to students who might be struggling with drug use. An accepting teacher might be one of the few accepting individuals in an LGBT student's life, causing students to trust teachers with confidential information. If a teacher knows how to react effectively to a student admitting to drug use, the student can get the help they need early on. Getting help early can decrease the length of addiction and help students get back on the 'right track.'

Another strategy of intervention would be to help increase LGBT student relationships with peers who do not use drugs. The Peer Teenagers Health (TEBARS) was a program that worked to provide LGBT teenagers with peer mentors that promoted sobriety. In this intervention, peer mentors were used instead of adults due to the fact that students are more likely to listen to other teenagers than adults. They also want to be accepted by their peers, leading them to mirror the behavior of their peers, which is also called the social norms theory. The TEBARS intervention strategy used 3 different processes: health education, group process, and empowerment. Health education used the primary prevention strategy to stop drug use before it starts. Group process was used to bring together LGBT teenagers and mentors with similar interests. Empowerment was used to make LGBT students understand that they have the ability to resist drugs and alcohol and instead choose safer alternatives (Toba et al., 2021).

My recommendation for an intervention is to create more LGBT spaces that do not revolve around drug or alcohol use. As mentioned previously, many LGBT spaces surround drugs and alcohol use. I would recommend that spaces such as coffee shops or youth centers that are LGBT centered. These spaces could be open late, around the same time the clubs are open, in order to provide a space that are not surrounded by drug using individuals. Since teenagers would be surrounded by those that are not using drugs, they would in turn be less likely to turn to

drug use. These spaces do not have to center around education, but instead should just be a place where teenagers can spend time and be comfortable. These spaces can start in urban areas where there are a large number of gay clubs and then branch out to more rural areas. They could also provide programming about reducing drug use or other harm reduction measures, but that does not need to be the main focus.

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