

Snapshot: LGBTQ Youth & Substance Use



Substance use can be an important indicator of mental and physical health. Exposure to a variety of risk and protective factors, such as family acceptance, homelessness, violence and economic opportunity, impacts the likelihood of substance use.¹ Populations that face widespread stigma and discrimination are more likely to report poor overall health and are more vulnerable to various physical and mental health conditions.²

Higher Rates of Substance Use



Lesbian, gay, bisexual, transgender and queer (LGBTQ) youth are **190%** more likely to use substances than their heterosexual and cisgender counterparts.³



LGB youth are more likely to begin using at younger ages than heterosexual youth.⁴



A California study found that transgender and gender non-conforming (TGNC) youth are about **2.5x** more likely to use cocaine/methamphetamines, **2x** more likely to use prescription pain medication and **3x** more likely to use cigarettes when compared to cisgender youth.⁵

Societal Factors

- Substance use most often begins after becoming unstably housed, suggesting that it can be a coping strategy for the stressors of homelessness.⁶
- Every time an LGBTQ youth experiences victimization, such as physical or verbal harassment or abuse, the likelihood of engaging in substance use increases.⁷
- Bars and clubs have traditionally been places where LGBTQ people can socialize and feel safe. In many of these venues, substance use remains popular and as a result, higher rates of substance use occur in these environments.⁸

Barriers to Care

- When engaging in treatment, potential family rejection, lack of social support, stigma, minority stress, abuse and harassment must be addressed.⁹
- Lack of affirming, accessible and affordable care makes treatment for LGBTQ youth nearly impossible, particularly for youth under 18 and in rural parts of the state.



LGBTQ youth are more likely to succeed in treatment where they feel safe to address all the factors that contribute to use and/or relapse. Early intervention, comprehensive treatment and family support are the key to helping LGBTQ youth on the road to recovery.

For more information on LGBTQ-affirming providers, please visit gaycenter.org/thenetwork or contact network@gaycenter.org.

¹Cleveland, M. J., Feinberg, M. E., Bontempo, D. E., & Greenberg, M. T. (2008). The role of risk and protective factors in substance use across adolescence. *Journal of Adolescent Health, 43*(2), 157-164; Kilpatrick, D. G., Ruggiero, K. J., Acerno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology, 71*(4), 692-700; James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Executive Summary of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Cold, M. A., & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addiction (Abingdon, England), 103*(4), 546-556; Drabble, L., Trocki, K. F., Hughes, T. L., Korcha, R. A., & Lown, A. E. (2013). Sexual orientation differences in the relationship between victimization and hazardous drinking among women in the National Alcohol Survey. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors, 27*(3), 1010-1015; De Pedro, K. T., Gilreath, T. D., Jackson, C., & Esqueda, M. C. (2017). Substance use among transgender students in California public middle and high schools. *Journal of School Health, 87*(5), 303-309; Rosario, M., Schrimshaw, E. W., Hunter, J. (2012). Risk factors for homelessness among lesbian, gay, and bisexual youths: a developmental milestone approach. *Children and Youth Services Review, 20*(26-34(1)), 186-193; Bontempo, D. E., & D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay or bisexual youths' health risk behavior. *Journal of Adolescent Health, 30*(5), 364-374; Huebner, D. M., Thoma, B. C., & Neilands, T. B. (2015). School Victimization and Substance Use among Lesbian, Gay, Bisexual, and Transgender Adolescents. *Prevention Science: The Official Journal of the Society for Prevention Research, 16*(5), 734-743; Hunt, J. (2012). Why the Gay and Transgender Population Experiences Higher Rates of Substance Use. Washington DC: Center for American Progress; Stevens, S. (2012). Meeting the substance abuse treatment needs of lesbian, bisexual and transgender women: implications from research to practice. *Substance Abuse and Rehabilitation, 3*(Suppl 1), 27-36.