



THE ORIGINS OF ADDICTION

In this, the first part of a special series, DNA explores addiction and its prevalence in the LGBT community. This month, trauma and how our experiences as children and adolescents can lead to addiction in adulthood.

By Vanessa McQuarrie

It seems there's never been a better time to be gay, with marriage equality catapulting us into the mainstream.

Yet, LGBTIQ people overwhelmingly experience a higher incidence of mental health issues than our heterosexual counterparts - even the young ones who are coming out in this century, this decade, this year, into what is increasingly a better, more tolerant world.

Despite the many wins we've racked up on the road to equality, young LGBT people still struggle to come out and the reality is, none of us are ever completely free from the constant threat of

“
Stu Fenton believes
LGBT people
experience
more trauma
than they
consciously
identify as
trauma.”

homophobia or transphobia, regardless of our age and circumstances.

The complex reasons why LGBT people experience more mental health problems are slowly being unpacked. Sydney-based general practitioner and health commentator Dr Brad McKay is quick to point out that our experiencing higher levels of mental health issues is not *because* we are gay.

“Same-sex attraction doesn't mean you are going to be depressed,” he says. Rather, our collective susceptibility to depression and other disorders can be due in part to other peoples' responses to our sexuality. Societal pressures and the reactions of family, friends, colleagues and peers can have a lasting, negative affect on the health and wellbeing of LGBT people.

“There is growing agreement among researchers that the higher levels of depression, anxiety disorders, self-harm, suicide and suicidal ideation seen among the LGBTI community are significantly attributed to ‘minority stress’ brought on by experiences or fears of abuse, discrimination, prejudice and exclusion,” says Nicolas Parkhill, the CEO of ACON, a New South Wales-based health promotion organisation specialising in HIV and LGBTI health.

An academic in the United States, Ilan H Meyer, developed the minority stress model to explain how the stigma of being gay, direct experiences of discrimination, expectations of rejection, internalised homophobia, hiding and concealing sides of oneself from family, friends and colleagues – and relying on coping mechanisms to deal with it all – takes a toll.

In Australia, *Growing Up Queer*, a report by the Cooperative Research Centre and the University Of Western Sydney, examined the impact coming-out had on the family, community and school life of young people who identified as LGBT. Some of the young participants were completely rejected by their families and thrown out of home, forced to live in foster care or youth refuges.

Participants in rural and regional areas worried they had no-one to talk to, that they wouldn't be accepted if they came out, and that everyone in the community would find out. Some feared for their safety.

At school, participants said they watched and learned from other young people who came out and saw, more often than not, that "out" students were bullied. This prompted many to try to conceal their sexual orientation or transgender status. "Keeping this information secret has implications for the health and wellbeing of these young people," the report notes.

Students who did come out at school encountered homophobia from peers and teachers (especially Physical Education teachers); systematic homophobia by the school at an organisational level; social isolation; and disrupted education. Many students attended multiple schools, or left school altogether.

For many of the young participants, rejection, alienation, bullying and harassment often led to depression, suicidal ideation and attempted suicide. "Some participants spoke openly about multiple suicide attempts as a result of negotiating their sexual/gender orientation at school, at home, and in their broader communities. Participants who had attempted suicide were generally living out of home in youth refuges, foster care, or alone once they had turned 18."

The research concluded that the real and potential experiences of rejection and alienation can result in depression, homelessness, drug and alcohol abuse and suicide ideation for many young people.

It's a lot for a young person to carry, and although the report did stress that the majority (two out of three) of young people who participated felt happy and content with their current lives, despite the difficulties in their younger years, we know that even if trauma experienced during childhood and adolescence dissipates, it doesn't simply disappear without treatment.

Treatment, unfortunately, poses problems, too. "We know that LGBTI people can be reluctant to seek mental health treatment because of concerns about prejudice and discrimination that can be experienced through more mainstream support services," explains Parkhill.

ACON provides a range of counselling and support services to help improve the mental health of LGBTI people. It also offers help to people with



HELP AND SUPPORT

- Resort 12 offers addiction and trauma treatment exclusively to LGBTQ clients (international): resort12.com

- Dr Brad McKay is a GP based in Sydney: eastsydneydoctors.com.au

- ACON specialises in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex health (NSW): acon.org.au

- Touchbase provides alcohol & drugs, mental health and sexual health information, support and services (Australian wide): touchbase.org.au

ACKNOWLEDGEMENTS

- *Growing Up Gay* (February 2014) is available at twenty10.org.au

- The 2016 National Drug Strategy Household Survey was quoted in the 2018 Health In Difference program, available at healthindifference.org

problematic substance use. Like mental health problems, we know that our rate of drug and alcohol use is higher than that of heterosexuals. A 2016 National Drug Strategy survey found that in the preceding 12 months, gay men, lesbians and bisexuals were 5.8 times more likely to have used ecstasy, 3.2 times more likely to use cannabis, 3.7 times more likely to use cocaine and more likely to smoke daily, consume alcohol in risky quantities, use illicit drugs and misuse pharmaceuticals.

"While most LGBTIQ people who use alcohol and other drugs do so in a non-problematic way, some people experience harms related to their use due to risk factors such as discrimination, abuse or issues surrounding coming-out," says Parkhill. "Targeted interventions that assist in managing use, monitoring changes and getting support are important."

Dr McKay, who treats LGBT patients for addiction, notes that drug and alcohol use is what clinicians call "normalised" on the gay scene. It is also, without a doubt, used as a coping mechanism ("self medicating") to deal with stress and trauma.

Dr McKay says drug and alcohol "rehab" can be done at home with the right support but notes that some mainstream mental health and addiction services are religious and may not be suited for LGBT people. He recommends similar gay-friendly and/or evidence-based programs. Other rehabilitation options can be accessed via the public hospital system (though the waiting lists are "horrific") or at a private clinic, with the benefit of being away from your everyday environment, in an isolated and controlled facility.

Stu Fenton, a clinician and therapist at Resort 12, a private clinic in Thailand specifically for LGBT clients, believes LGBT people experience more trauma than they consciously identify as trauma. Addiction and other disorders are the long-term outcomes of trauma, he says.

The traditional definition of trauma is usually based on a single, extreme incident like a car accident or violent crime, when, in fact, most LGBT people experience trauma because of bullying and stigma, homophobia within the family system, rejection by friends, verbal abuse and targeting and an overall lack of support and respect.

Moreover, many of us might have experienced sexual and physical abuse as a child, the breakdown of the family unit due to one parent having an affair, the family favouring one child over another, and a myriad of other traumatic incidents experienced by children in general, he says. "Anything less than nurturing," is the definition Fenton uses. People put all sorts of coping mechanisms in place "to stop themselves from making contact with the painful and difficult emotions that are the result of this trauma."

"Residential treatment is a very powerful vehicle for this because you are there 24/7 and you have eyes on you all that time – both counsellors and peers can help people identify dysfunctional coping mechanisms and blind spots."

In the next issue of DNA, we continue to explore addiction, looking at how you can tell if a friend, family member or yourself needs help, and further examining treatment options. ■