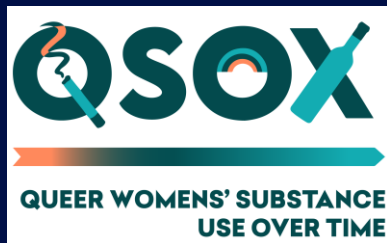


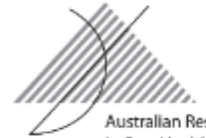
Lesbian, Bisexual and Queer (LBQ) women's help seeking for alcohol, smoking and vaping: data from the Qsox Study



VAADA Conf 2025



LA TROBE
UNIVERSITY



Australian Research Centre
in Sex, Health and Society

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The University of Melbourne acknowledges the Traditional Owners of the unceded land on which we work, learn and live: the Wurundjeri Woi-wurrung and Bunurong peoples (Burnley, Fishermans Bend, Parkville, Southbank and Werribee campuses), the Yorta Yorta Nation (Dookie and Shepparton campuses), and the Dja Dja Wurrung people (Creswick campus).

The University also acknowledges and is grateful to the Traditional Owners, Elders and Knowledge Holders of all Indigenous nations and clans who have been instrumental in our reconciliation journey.

We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original owners and custodians of the lands and waterways across the Australian continent, with histories of continuous connection dating back more than 60,000 years. We also acknowledge their enduring cultural practices of caring for Country.

We pay respect to Elders past, present and future, and acknowledge the importance of Indigenous knowledge in the Academy. As a community of researchers, teachers, professional staff and students we are privileged to work and learn every day with Indigenous colleagues and partners.

LBQ WOMEN & SUBSTANCE USE

Background

The National Drug Strategy Household Survey (NDSHS) - lesbian, gay and bisexual respondents were 1.5 times more likely to smoke daily and to exceed the lifetime risk guideline to reduce the harm from drinking alcohol, compared to heterosexual respondents.

Lesbian, bisexual, and queer women consistently report higher rates of alcohol and tobacco consumption compared to heterosexual women and sexual minority men.

e.g. over 60% LBQ women reported 'risky' levels of drinking
Private Lives 3 study, 2019.

e.g. LBQ women are 2.9x more likely to smoke than
heterosexual women – NDSHS 2019

Common explanations for these disparities in substance use include:

- the impacts of minority stress
- the prevalence of alcohol and smoking in LGBTQ+ cultures
- Identity related associations



Factors influencing help seeking for alcohol and nicotine use



Structural – inhibit help seeking

- Discrimination/stigma – AOD and SOGI
- Poor HCP knowledge

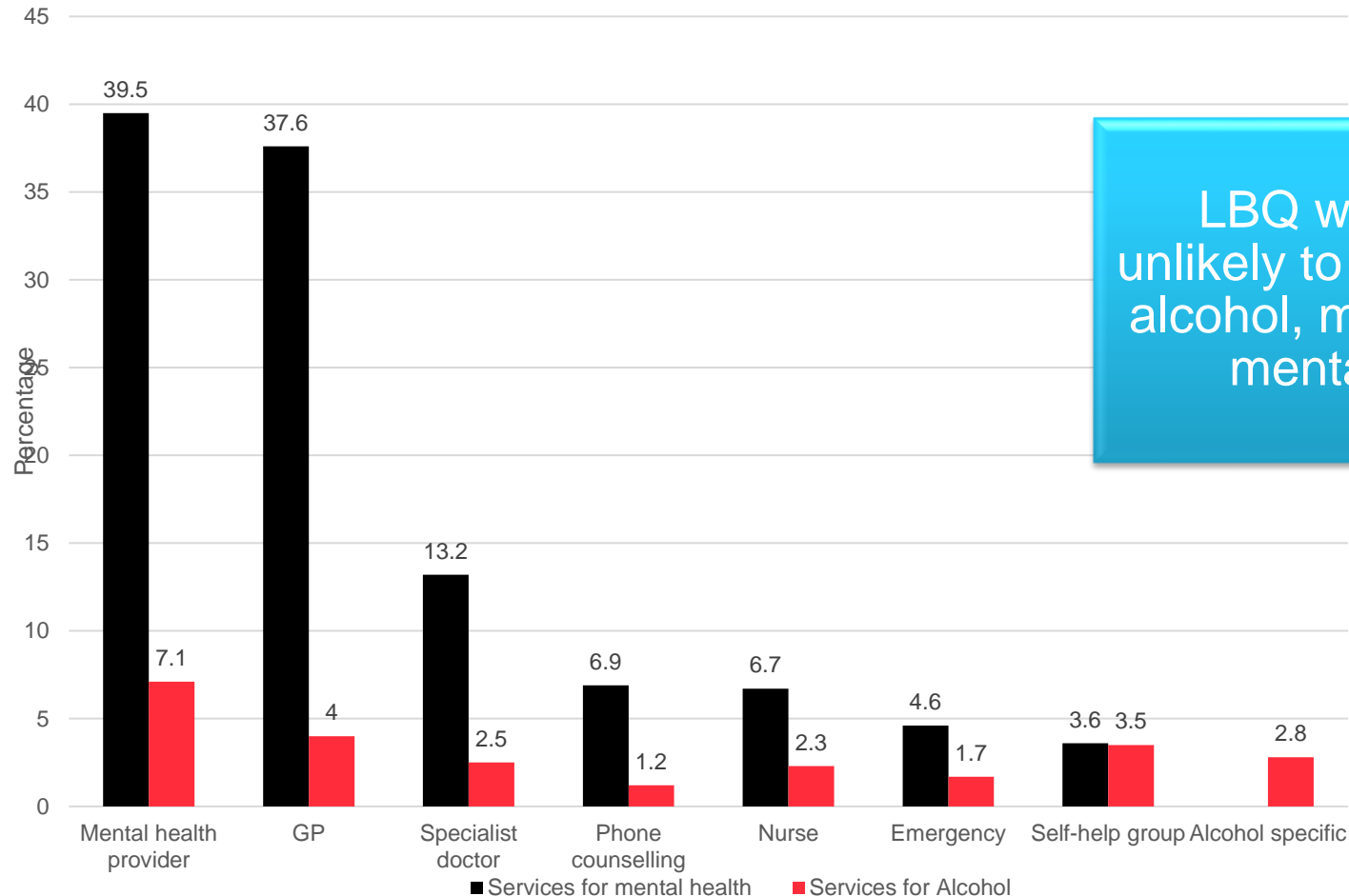
Inter-personal – enhance help seeking

- LGBTQ community and peer support
- Good rel with GP/HCP and disclosure

Individual – enhance help seeking

- Age
- Self-perceived problems with AOD
- Health concerns

e.g. ALICE study LBQ women and alcohol 2013-2015



LBQ women are unlikely to seek help for alcohol, more likely for mental health

Increased services use associated with
- connection to LGBT community
- having a regular GP

Health care providers need to improve competencies for LBQ care

THE PROJECT

Aims:

- To examine how LBQ women's socially and culturally embedded practices of alcohol and nicotine consumption **change over time** as their circumstances, insights or choices evolve
- To examine how the **risks and harms of alcohol and nicotine use are perceived**, constructed and managed within LBQ communities, particularly in relation to other concerns such as pleasure or social connection
- To explore LBQ women's use, perceptions of, and preferences for, **smoking cessation and alcohol-related services**
- To develop new knowledge **to inform future health-related interventions** that better meet the needs of this population, including policy and practice relevant recommendations.

Research Questions:

- What is the role of alcohol and nicotine use in the social and cultural lives of Australian lesbian, bisexual, and queer (LBQ) women over time?
- How do LBQ women understand, construct, and manage the potential risks and harms of alcohol and nicotine use?
- **What are LBQ women's experiences and perceptions of smoking cessation and alcohol-related support services?**

PROJECT TEAM & FUNDING



Project Team: Dr Ruby Grant (La Trobe Uni) – project lead, A/Prof Julie Mooney Somers (USyd), A/Prof Jennifer Power (ARCSHS, LTU), A/Prof Ruth McNair (UniMelb), Dr Amy Pennay (CAPR, LTU), Prof David Moore (ARCSHS, LTU), Prof Adam Bourne (ARCSHS, LTU)

Funding: QSOX is funded by the **Australian Research Council** (LP210100122), with additional support from the Department of Health, Victoria and Quit Victoria.

Steering Committee: Rachel Cook (Thorne Harbour Health), Leonie Ryan (Thorne Harbour Health), Lucy Watson (ACON), Lee Wang (ACON), Georgina Bell (ACON), Cathy Segan (Quit Victoria), James Petty (VAADA), Nicky Bath (LHA)

Special thanks to the 60 community members who shared their stories with us



RECRUITMENT

Inclusion Criteria:

- Cisgender and transgender women (aged 18+) who identify as lesbian, bisexual, queer (or those using other terms to describe attraction to the same gender or multiple genders)
- Any non-binary people who identify with the category of woman.
- Consumed alcohol and/or smoked tobacco and/or vaped in the previous month
- Located in VIC or NSW



Recruitment Strategies:

- ARCSHS research participant database from large community surveys
- Social media promotion with support from our partner organisations:

PROTOCOL PAPER:

Grant, R. et al (2023). Alcohol and Tobacco Use Among Lesbian, Bisexual, and Queer Identifying Women: A Longitudinal Qualitative Study Protocol. *International Journal of Qualitative Methods*, 22.

<https://doi.org/https://doi.org/10.1177/16094069231194204>

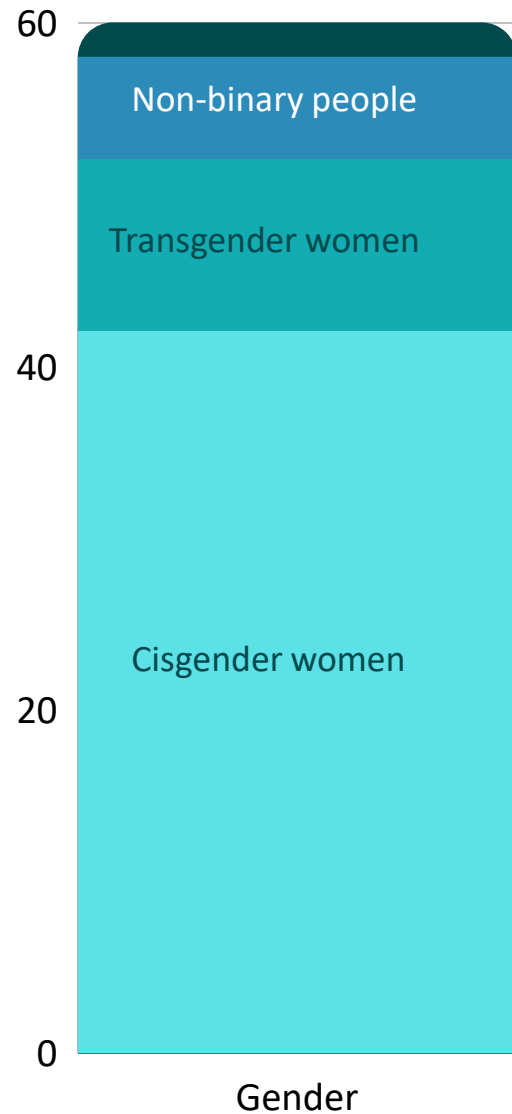
METHODS

Wave 1: May-July 2023
60 in-depth interviews

Wave 2: Nov 23-Feb 24
50 in-depth interviews

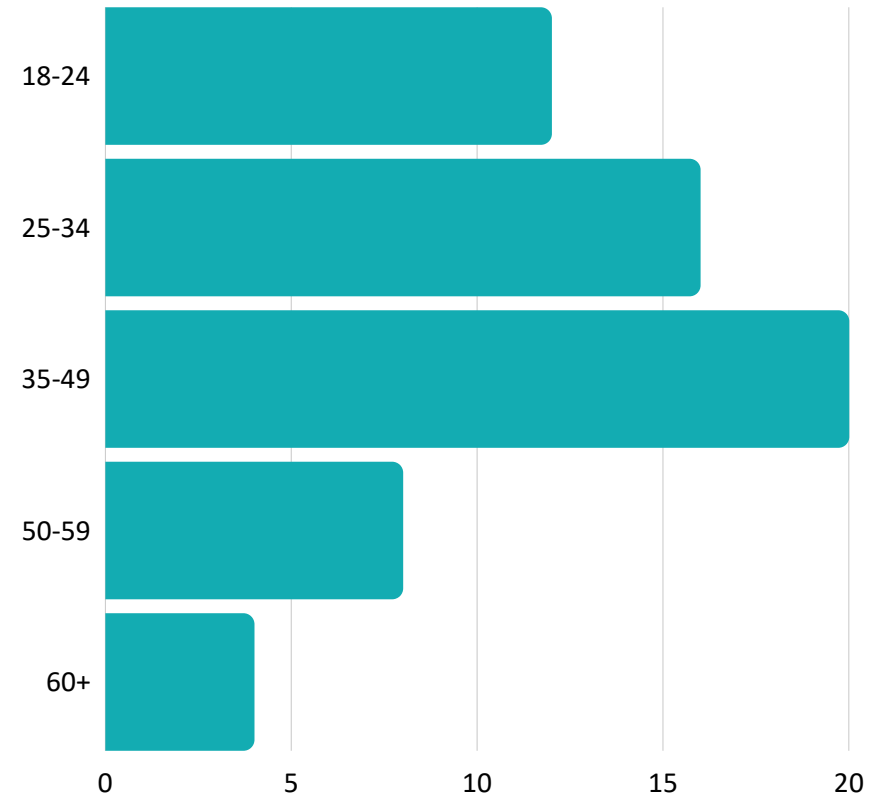
Wave 3: May-July 2024
45 In-depth interviews

WHO PARTICIPATED?

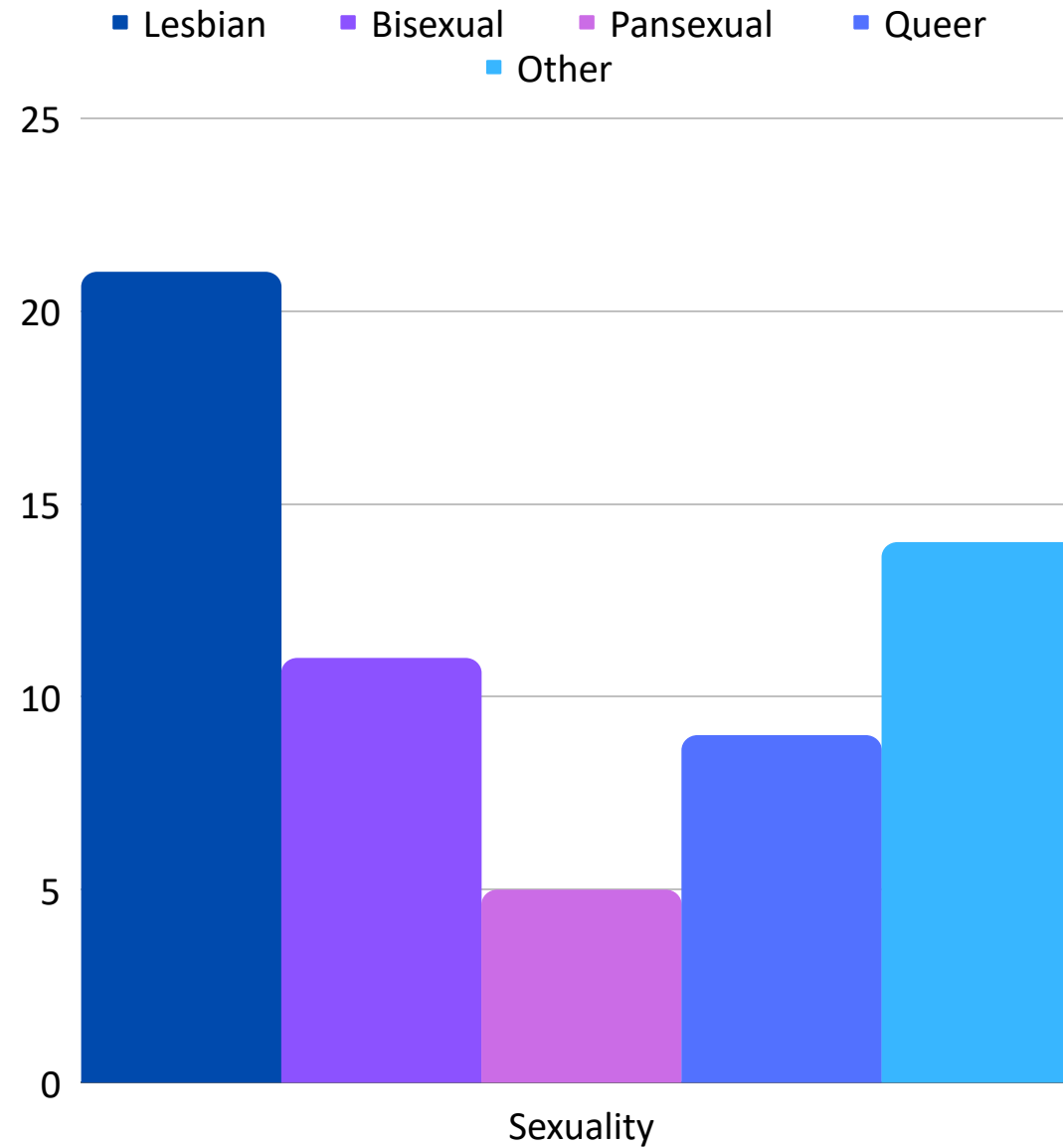


Age:

Age range: 18-72 ; Average age: 36

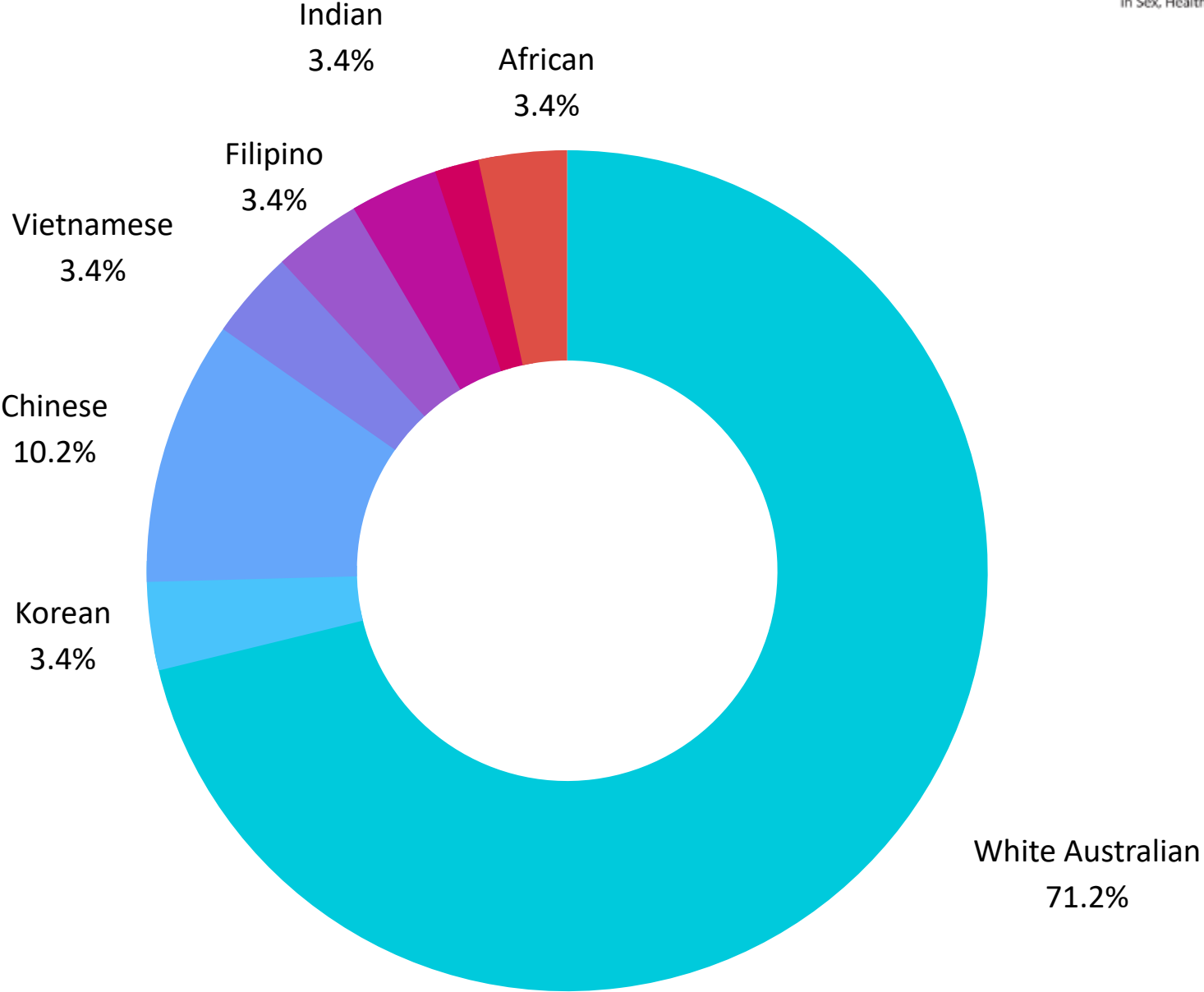


WHO PARTICIPATED?



WHO PARTICIPATED?

Ethnicity:



METHODS

Wave 1: May-July 2023
60 in-depth interviews

Wave 2: Nov 23-Feb 24
50 in-depth interviews

Wave 3: May-July 2024
45 In-depth interviews

Cross coding with whole
team
Help seeking questions
analysed in depth
Applied pseudonyms

ALCOHOL CONSUMPTION

	N	Percent
Regular heavy alcohol consumption (5 standard drinks or more in a day, weekly or more often)	9	15
Regular light alcohol consumption (1-4 standard drinks a day, weekly or more often)	17	28.3
Occasional heavy alcohol consumption (5 standard drinks or more in a day, fortnightly or less often)	14	23.3
Occasional light alcohol consumption (1-4 standard drinks in a day, fortnightly or less often)	14	23.3
Sober (No alcohol consumption)	6	10

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journal homepage: www.elsevier.com/locate/socscimed



‘All the dykes I know drink beer’: Sexuality and gender performance through alcohol consumption among lesbian, bisexual, and queer women in Australia

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ABSTRACT

This article explores the relationship between gender, sexuality and alcohol consumption among lesbian, bisexual, and queer (LBQ) women in Australia. On average, LBQ women consume alcohol at a higher rate than heterosexual women, yet the use of alcohol and its gendered meanings in this population remain under-explored. We conducted semi-structured interviews with 42 cisgender women, 10 transgender women, and 8 non-binary people who identify as lesbian, bisexual, and/or queer. Participants were aged 18–72. Interviews explored participants’ experiences with alcohol, gender, and sexuality. Interviews were thematically analysed, informed by a critical alcohol and other drug scholarship lens. While ‘minority stress’ is often cited as a key factor in explaining LBQ women’s high rates of alcohol consumption, our findings suggest a more complex relationship between drinking, gender and sexuality. Drinking is gendered for LBQ women, enabling both performance of and resistance to gendered norms. Additionally, alcohol emerged as a tool for navigating gendered vulnerability in public spaces, with some participants shaping their alcohol intake to their environment. Our findings highlight the need for approaches to LBQ women’s health that recognise alcohol as a social tool that can facilitate confidence, pleasure, and community connection. Rather than focusing solely on risk and vulnerability, policies and health promotion efforts should consider the diverse ways in which LBQ women use alcohol to navigate their identities and social environments.

TOBACCO & NICOTINE USE

Tobacco Smoking		E-cigarette use	
Daily	13	Daily	3
		Occasionally	2
		Previously	2
		Never	6
Occasionally	17	Daily	8
		Occasionally	4
		Previously	2
		Never	3
Previously	12	Daily	2
		Occasionally	3
		Previously	3
		Never	4
Never	18	Daily	0
		Occasionally	2
		Previously	3
		Never	13



Perceptions and Cultural Practices of Vaping Among Lesbian, Bisexual, and Queer Women in Australia

Ruby Grant¹  · Julie Mooney-Somers² · Jennifer Power¹ · Amy Pennay³ · Ruth McNair⁴ · Catherine Segan^{5,6} · Jami Jones¹ · Adam Bourne^{1,7}

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Abstract

Background The rising prevalence of vaping poses new challenges and opportunities for health policy and public health interventions. Given that, historically, smoking has been more prevalent among lesbian, bisexual, and queer (LBQ) women than other women, this study explores LBQ women's perceptions and experiences of vaping.

Methods Sixty LBQ women and some non-binary people (aged 18–72) participated in in-depth qualitative interviews between May and July 2023, providing insights into the emerging prevalence and nature of vaping within LBQ women's communities. Thematic analysis techniques were employed to identify key themes, including (1) risk perceptions and social stigma, (2) gendered perceptions of vaping, and (3) experiences of vaping-related harms.

Results Results highlight gendered perceptions of vaping among LBQ women, with participants describing vaping as a feminine practice, influenced by flavour choices and the visual aesthetics of vape devices. Despite perceiving vaping as more socially acceptable than smoking, some participants expressed a sense of embarrassment about vaping, while others reported substantial challenges and health concerns.

Conclusion Concerns about vaping-related harms, addiction, and the evolving social dynamics of vaping contribute to LBQ women's engagement with this emerging practice. Understanding these dynamics is crucial for developing targeted harm reduction strategies and support services tailored to LBQ women's unique needs in the evolving landscape of vaping.

Policy Implications Health and social policy may require specific responses to address higher rates of vaping among LGBTQ populations, including LBQ women.

Keywords Gender · Vaping · Nicotine · Sexuality · Smoking · Women

GRANT, R., MOONEY-SOMERS,
J., MCNAIR, R., PENNAY, A.,
SEGAN, C., POWER, J., &
BOURNE, A. (2025).
PSYCHOLOGICAL, SOCIAL AND
CULTURAL INFLUENCES ON
SMOKING AMONG LESBIAN,
BISEXUAL AND QUEER
WOMEN.

TOBACCO CONTROL, TC-2024-
059039.

[HTTPS://DOI.ORG/10.1136/TC-
2024-059039](https://doi.org/10.1136/tc-2024-059039)

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Psychological, social and cultural influences on smoking among lesbian, bisexual and queer women

Ruby Grant ¹, Julie Mooney-Somers,² Ruth McNair,³ Amy Pennay,⁴ Catherine Segan,^{5,6}
Jennifer Power,¹ Adam Bourne^{1,7}

ABSTRACT

Background Smoking rates have declined markedly in Australia over time; however, lesbian, bisexual and queer (LBQ) women continue to smoke at higher rates than heterosexual women. Understanding the factors influencing smoking in this population is crucial for developing targeted cessation interventions and other supports.

Methods Experiences of and motivations for smoking among 42 LBQ cisgender and transgender women and non-binary people in Australia who currently or previously smoked were explored through semi-structured interviews. Participants were primarily white Australian cisgender women in their 30s–40s. Thematic analysis was used to identify common psychological, social and cultural influences on smoking.

Results While coping with minority stress was a

Help seeking



Demographic features	Non-help seekers	Help seekers
TOTAL	19 (32%)	35 (58%)
Gender	Cisgender 14, NB 3, Trans 2 - More likely to be cisgender	Cisgender 22, NB 6, Trans 7
Sexuality	L 3, B/P 9, Q 4, Other 3	L15, B/P 8, Q 4, Other 8 - More likely to be lesbian
Age	Under 50 – 18, Over 50 -1 - More likely to be younger	Under 50 - 27, over 50 - 8
LGBTQ community connection	Connected – 19, not connected -0 - All connected	Connected 29, not connected - 6

Help seeking not discussed by 6 participants – none were using alcohol/nicotine anymore

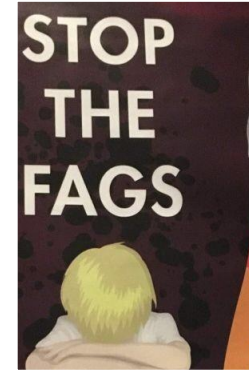
Amongst help seekers – majority of these sought help from both peers and professionals

Non-help seekers – did not have help from peers despite LGBTQ community connections

Barriers and enablers to help seeking – 4 themes



Awareness



Shame



Agency



Trust

Awareness – of problem, of available supports



‘we realised, oh my God, that drinking was a coping mechanism’ Ha 29 yo pansexual, cis woman

‘... just really understanding that all the addiction came from suppressing being trans, the stuff that happened to me as a kid and as an adult... I think it just became apparent oh well that’s the stuff I’ve got to work on you know and then everything else will hopefully fall into place once I confront that.’ Candy 43 year old queer trans woman

‘The idea of AA meetings, where a bunch of middle-aged men that would be the exact kind of people that I would have an instinctual trauma response to seeing in public, you know. I did consider it during that time, but I never went through with any specialist support. Also just because I didn’t know what was available’

Joan, 22 year old bisexual trans woman



Shame – strong barrier to help seeking

‘embarrassment, guilt, weakness, ‘this isn’t that bad, you can handle it by yourself’

Experiences of HCP not raising AOD use in primary care and in mental health care.



‘I think I'd have to bottom out before I actually would ask for help...I think I'd actually have to reach critical point where I wasn't able to get out of bed or not able to look after my kids or look after myself. I think it would take me a lot to actually ask for help because of the shame that goes with it, or at least the story that you tell yourself....

...asking for help is a real challenge in general for lots of women, to have the confidence to ask for help... particularly in the queer community where you've got, you know, significantly more marginalised and trauma related space of people as well.'

Andrea, 44 yo lesbian cis woman

Agency – a very strong enabler, and barrier



- Preferring self-care in relation to substance use
- Belief in own capacity to change
'I would just be able to do it' Toni 40 year old queer, cis woman
- Control over their stress management strategies including AOD use
'I think abstinence is not my way to go' Tex, 34 year old lesbian, cis woman
- Control of both which healthcare professional they saw and how much they disclosed
- Queer solidarity through peer support – as opposed to paternalism in healthcare systems



Marin Alsop – conductor

Queer agency



‘You think about how queer people learn anything about their gender or sexuality, like nobody teaches us in formal settings, we have to learn everything informally, so we’re used to it. It’s like second nature for queer people to be like “oh I might ask my friend about you know quitting smoking and how she did it” and you know what she - did she read a book, is there like some - a podcast she listened to, like what helped her you know, we’re much more likely to want that connection rather than people being like, “well just cut down”, “have you tried vaping?”’

Andy 45yo queer, cis woman

Trust – a requirement and an antidote to shame



In healthcare – seeking:

- Empathy
- Non-judgementalism
- LGBTQ contextual knowledge
- Safety, Affirmation

Modelled by effective peer support



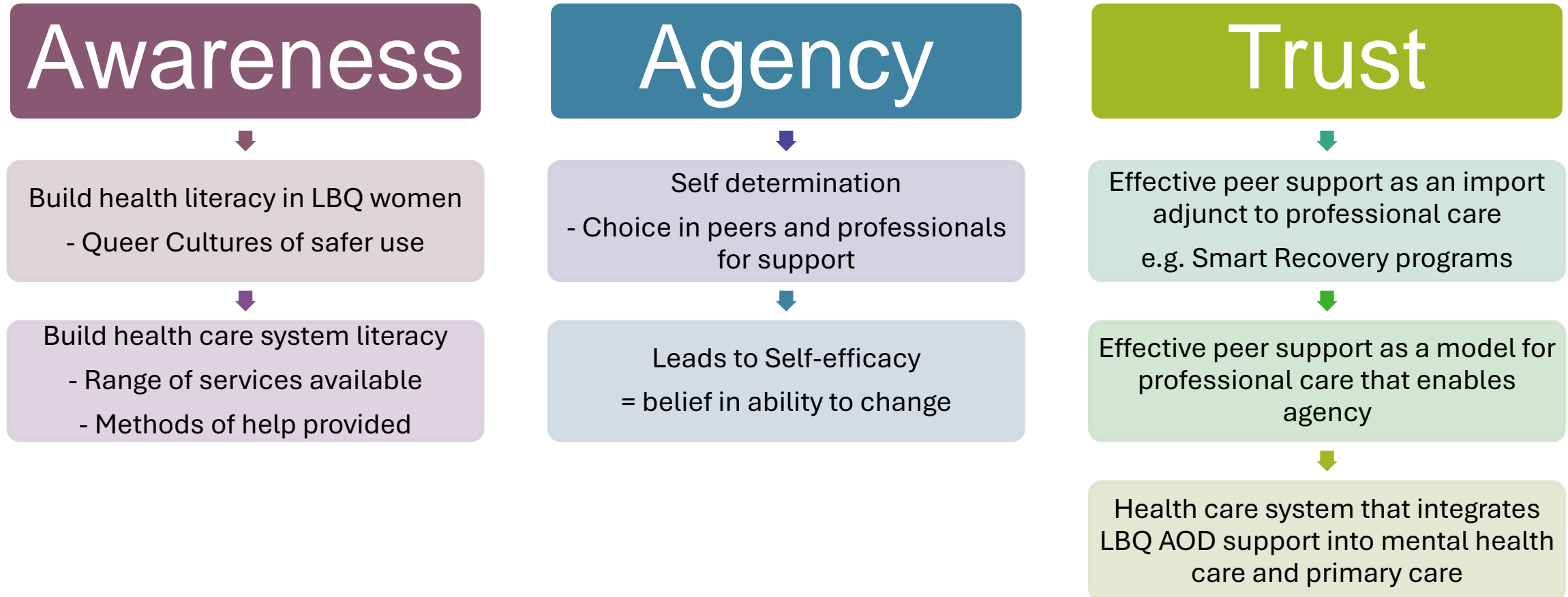
Performing Older Women's Circus

'I would definitely go to queer services first and my queer friends or somewhere that had a rainbow tick, because I think it is complicated for a lot of queer people and it's great when practitioners understand that.'

On where other people would seek help:

'Probably I guess it depends on their relationship to being queer. And how out or comfortable they are with that, I guess for some people they might want more anonymity by going to straight places.' **Hazel 35 yo queer, cis woman**

Lessons for healthcare providers and system – beyond LBQT inclusiveness



The last word



'I have a very good queer GP and a counsellor, so I would probably go to them... as a point of check-in and someone to sort of help me take responsibility... it's just that stuff about telling someone in authority or someone who you trust, who you feel like is not going to be judgmental if you fuck up or whatever to go this is what I want to do, can you support me with that and I'll check in with you or can you give me some guidance.... And close friends as well, but just those various points of like you know this is what I want to do, and I need some support with that.'

Alisha 53yo queer, cis woman

Thank you



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