Legalisation of gay marriage would reduce alcohol and drug problems

Legalisation of gay marriage is an effective public health strategy for addressing alcohol and other drug problems. It reduces stigma and discrimination, which are drivers of higher alcohol and other drugs problems in this population.

Our research has shown:

- Homosexuals, as a minority group, are at greater risk for developing alcohol and other drug problems. They may be up to twice as likely as heterosexuals to develop alcohol and other drug problems.
- One causal factor is stigma and discrimination. Reducing stigma and discrimination would reduce alcohol and other drug problems. Laws and policies can perpetuate stigma and discrimination.
- New research from the USA has identified that legitimising same-sex marriages can have a powerful and direct public health impact amongst the gay community. When the marriage act was changed to be limited to be between a man and a women, alcohol use disorders among homosexual people increased (with no parallel increase in States where there was no change).
- In sum, research evidence shows that recognition of same-sex marriage can contribute to reducing alcohol and other drug problems in Australia.

Reference

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About the Drug Policy Modelling Program

The Drug Policy Modelling Program (DPMP) was established in 2004 as a significant new endeavour to build applied drug policy research capacity in Australia. DPMP conducts rigorous research that provides independent, balanced, non-partisan policy analysis. The DPMP team are experts in drug policy research drawn from Universities across Australia who collaborate with a range of organisations and scholars nationally and internationally. Details of the research conducted by DPMP including a monograph series available for download can be found on the website: www.dpmp.unsw.edu.au

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EDITORIAL

Why the alcohol and other drug community should support gay marriage

Problems associated with alcohol and other drug use, such as harmful consequences and dependence, are not evenly distributed across the population. Some groups, such as those with socioeconomic disadvantage, or racial/ethnic minorities, are at elevated risk of the development of problematic alcohol and drug use [1]. Another of these groups is sexual minorities—including gay and lesbian people.

There is now an established body of literature which documents elevated rates of alcohol or drug use per se in these populations [2]. That gay and lesbian communities consume more drugs than heterosexual groups is reasonably well known [3] and readily explained with reference to the cultural norms associated with these sexual minorities [4]. This in itself is not a cause for concern. However, what is important is the increased risk of developing dependence disorders and harms from heightened consumption.

A number of studies have compared rates of diagnoses for alcohol or other drug dependence between heterosexual and homosexual samples. For example, Bolton and Sareen [5] found that gay men were nearly twice as likely to have had a substance use disorder than heterosexual men. For lesbian women, the differences were more striking: 24% of heterosexual women have had a substance use disorder at some point in their lives, compared to 61% of lesbian women [5]. A comprehensive systematic review showed that the relative risk of gays and lesbians developing a substance use disorder was at least twofold compared with heterosexuals [6]. Many other studies report similar findings regarding increased rates of substance use disorders (e.g. [7–12]). Some studies have found non-significant differences (e.g. [13–15]), and it is the case that most of the literature comes from the USA, and therefore the extent of cross-cultural applicability should be questioned. In addition, there appear to be gender differences, with some studies finding statistically significant differences for lesbian women, but not homosexual men [16,17] and there appears to be a more consistent relationship for drug dependence rather than alcohol dependence. Nonetheless, the evidence to date appears to support the assertion that gay and lesbian people are more likely to meet diagnostic criteria for substance use disorder. This denotes them as a high-risk group; efforts to address this population would be well rewarded.

Why is it more likely that gay and lesbian people develop problems with alcohol or other drugs? There are a number of interrelated factors: both intrapsychic and environmental. Social norms of the gay and lesbian community in association with the importance of venues for socialising which increase access and availability of alcohol and other drugs have been identified as contributing factors [4]. The challenges associated with 'coming out' have also been noted as a contributing factor [18]. Over and above these, however, is the prominence of discrimination and stigma. Stigma and discrimination against sexual minorities has been extensively documented [11] and is not limited to general community attitudes, but has also been documented within alcohol and drug treatment services [19]. Discrimination and stigma underlie cultural norms, individual experiences of 'coming out' and contribute to intrapsychic distress. 'Internalised homophobia' is the term used to describe the internal conflict within sexual minority individuals, who have been exposed to negative attitudes, stigma and discrimination due to their sexual orientation [20]. Alcohol or other drug use is one way to attempt to manage such internal conflict. Therapeutic interventions aimed at self-acceptance are encouraged [21]. But a more direct, public health approach to managing both community stigma and individually experienced internalised homophobia is, of course, to reduce societal stigma and discrimination. And, one of the clearest strategies is to legitimise sexual minorities through recognition of relationship status—that is, legalise gay marriage.

There are known health benefits of marriage, not limited to the financial advantages [22]. People who are married experience both tangible benefits (e.g. access to government support) and intangible benefits (e.g. greater social support), and married people have, on average, better mental health [23]. Recognition of relationship status has been found to moderate gay-related stress, with differences between legal recognition versus social recognition of relationships [24].

This policy stance is also supported by research which examined the direct effects of limiting the

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possibility of gay marriage. In a longitudinal population survey across US states, Hatzenbuehler *et al.* [25] found that in those states where there had been a legislative amendment to limit the definition of marriage to be between a man and woman, there were significant increases in alcohol use disorders among homosexual people. Controlling for time effects, there were no increases in alcohol use disorders among homosexual people in states without the amendment (the findings did not apply for illicit drug use disorders) [25]. Furthermore, Klausner *et al.* [26] concluded that legalising gay marriage may reduce HIV rates, based on their findings that gay men in domestic partnerships were at lowered HIV risk.

It would appear therefore that measures which reduce the stigma and discrimination against gay and lesbian people are likely to have powerful public health impacts. The absence of recognition of same-sex marriage is one important area of discrimination. As Buffie [22] concludes, 'the legal and social recognition of same-sex marriage are likely to impart more than just symbolic support for the gay community. Embracing marriage equality through education and legislation is sound public health policy supported by evidence-based literature' (p. e4).

There is strong community support for such a policy. Public opinion polls have shown that support for same-sex marriage in Australia has increased in recent years. In 2004, around 40% of Australians supported same-sex marriage. By 2010, the proportion of respondents supporting this policy had increased to 62% [27].

The best public-policy interventions are those which target a significant problem, have a clear rationale, are supported by research evidence, are least costly to implement and have strong community support. Legalising gay marriage as an alcohol and drug policy response meets these criteria. We know the risks for gay and lesbian people in developing an alcohol or other drug problem; the causal factors of stigma and discrimination have been identified and apply at both the individual and institutional level; marriage has a demonstrated protective effect; research evidence demonstrates the way in which gay marriage laws impact on alcohol disorders, and there is a high level of Australian community support for gay marriage. It is now time to legalise gay marriage, as an important contribution to reducing alcohol and other drug harm in Australia.

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