

Drinking Cultures of Rainbow New Zealanders

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EXECUTIVE SUMMARY

INTRODUCTION

The purpose of this study was to investigate factors that contribute to drinking among Rainbow New Zealanders (i.e., people with diverse sexual orientations other than heterosexual, diverse gender identities and experience, and diversity of sex characteristics). Twenty-four focus groups involving 131 participants were undertaken across six cities to obtain views about drinking within Rainbow communities.

KEY RESULTS AND AREAS FOR ACTION

Embracing diversity

Diversity among Rainbow people and Rainbow communities across a number of domains such as gender, sexuality, location and age were identified. Having an appreciation of this diversity was viewed as necessary to understanding drinking among Rainbow people. Rainbow people have a range of life experiences that cannot be generalised. These results suggest the following action would be appropriate:

- Encourage health and social service agencies, government, and researchers to take account of the different experiences and needs of Rainbow people and to consult and work collaboratively with the Rainbow sector when developing policy, planning services, delivering services, and undertaking research.

Reshaping drinking norms

Rainbow drinking needs to be viewed within the context of New Zealand's drinking culture. Drinking in New Zealand is characterised as heavy and 'binge', and alcohol viewed as being everywhere, with people introduced to alcohol at an early age. In addition to these general norms are Rainbow-specific norms that shape patterns of drinking. In particular, participants emphasised the importance of the commercial gay scene (bars and clubs) in providing central meeting places for many people. A lack of non-alcohol venues was identified and many participants supported the development of such spaces, including drop-in type centres. Many Rainbow community members questioned defining 'heavy drinking' as problematic drinking. These results suggest the following actions would be appropriate:

- Continue to focus alcohol policy and health promotion on improving New Zealand's drinking culture.
- Support Rainbow communities to work with local government and other agencies to provide Rainbow-friendly services and alcohol-free spaces and venues.
- Explore ways to explain and communicate low-risk drinking advice and build support for this within Rainbow communities.

Reducing discrimination, stigma and exclusion

Significant social stigma exists for Rainbow people. Many participants identified that they themselves and others have experienced oppression and exclusion, which contributed to isolation and distress. Rainbow people viewed alcohol use and mental health as inextricably linked. Many participants identified that alcohol was used as a coping mechanism as a consequence of discrimination being experienced. These results suggest the following actions would be appropriate:

- Ensure alcohol health promotion interventions take account of the ways experiences of stigma, discrimination and exclusion contribute to drinking among Rainbow people and within Rainbow communities.
- Encourage the development of public health interventions, including awareness campaigns, to counter the underlying causes of discrimination experienced by Rainbow people.
- Encourage mental health and addictions policy and services to specifically respond to the needs of Rainbow people.

Improving alcohol health promotion and services

Participants identified that health promotion messages that resonate with them should be developed. Ensuring Rainbow people are authentically visible in health promotion messages was identified as a key way to enhance and support inclusion. Participants were critical of the limited availability of appropriate alcohol and drug services. Mainstream services were regarded as not always being competent and able to respond to the needs of Rainbow people. These results suggest the following actions would be appropriate:

- Encourage health promotion agencies to include Rainbow people in mainstream alcohol health promotion campaigns.
- Encourage health promotion agencies to investigate further the appropriateness of Rainbow community targeted alcohol health promotion.
- Educate health and social service professionals in Rainbow health issues during initial training and as professional development.
- Support mainstream alcohol and drug services to provide culturally appropriate services for Rainbow people.
- Investigate the feasibility of providing Rainbow-focused alcohol and drug services in areas of high demand.

Reducing reliance on alcohol industry sponsorship

Alcohol has long been promoted to Rainbow communities, and in particular to gay men. In the present study examples were provided of ways alcohol brands are promoted to Rainbow communities. These results suggest the following action would be appropriate:

- Encourage Rainbow community organisations to seek alternatives to support from alcohol companies and bars, including not holding community events within bars/nightclub premises.

1. INTRODUCTION

1.1 BACKGROUND

Alcohol use is normalised and accepted in many societies, including New Zealand. It is unique amongst substances because it is legal, easily available and readily accessible (Allen, Myers, & Ray, 2015), and can be obtained at relatively low cost. However, from a public health perspective, the harmful use of alcohol creates tremendous societal burdens and “plays a major role in the causation of disability, disease, and death on a global scale” (Babor et al., 2010, p. vii). In relation to Rainbow¹ people and communities, alcohol is often identified as one area of health disparity for these groups (Greenwood & Gruskin, 2007).

1.2 INTERNATIONAL RAINBOW ALCOHOL RESEARCH

A range of robust studies conducted in many countries has explored alcohol use among Rainbow people. Typically these studies look at one of the larger constituent Rainbow groupings – gay and bisexual men (GB), lesbian and bisexual women (LB), and to a lesser extent transgender people.

An overarching theme in the international research is that sexual minority populations, when compared with heterosexual populations, have higher rates of alcohol use and alcohol-related problems (Bloomfield, Wicki, Wilsnack, Hughes, & Gmel, 2011; Hughes, Wilsnack, & Kantor, 2016). For example, in the 2013 Australian National Drug Household Survey, LB women were significantly more likely to report consuming alcohol every day and were likely to have started drinking at an earlier age than heterosexual women (15.5 years compared with 17.7 years) (Australian Institute of Health and Welfare, 2014). In a recent United Kingdom study of GB men, 43% of the sample were classified as very frequent drinkers compared with 24% of men in a general population survey (Bourne, Davey, Hickson, Reid, & Weatherburn, 2017).

Much less is known about transgender people, but a range of available literature indicates problematic alcohol use, including heavy episodic/binge drinking (HED). For example, a survey of 397 transgender people aged 16 years and older in Ontario, Canada reported an estimated 33.2% prevalence of at least monthly HED (consuming five or more alcoholic drinks on one

¹ Rainbow is an umbrella term used to encompass people with a range of identities and experiences including those with: diverse sexual orientations other than heterosexual (e.g., gay, bisexual, takatāpui); diverse gender identities and experience (e.g., transgender, takatāpui, fa’afafine); and diversity of sex characteristics (born with intersex variations) (Clunie, 2018). Transgender refers to people whose gender identity does not match the label assigned at birth (Broussard, Warner, & Pope, 2018). Takatāpui refers to a Māori person who is queer, gay, lesbian, bisexual, transgender, or transsexual (Le Grice & Braun, 2018). The Samoan term fa’afafine refers “to people who are physically male but who are said to have the spirits of women” (Pulotu-Endemann & Peteru, 2001, p. 130). Queer is a term which encompasses people of diverse sexualities and genders (Clarke, Ellis, Peel, & Riggs, 2010).

occasion at least monthly in the past year), 1.5 times greater than expected based on the age-standardised Ontario population (Scheim, Bauer, & Shokoohi, 2016).

1.3 NEW ZEALAND RAINBOW ALCOHOL RESEARCH

Information about drinking among Rainbow people in New Zealand is available from three studies: Youth'12 National Youth Health and Wellbeing Survey, 2015/16 New Zealand Health Survey (NZHS), and 2015/16 Attitudes and Behaviours towards Alcohol Survey (ABAS).

Youth'12 is part of the national, cross-sectional, population-based youth health and well-being survey series (Clark et al., 2013). In relation to alcohol use, 58 (19.5%) same/both-sex attracted students reported weekly alcohol drinking² compared with 8.3% of opposite sex attracted students (Lucassen, Clark, Moselen, Robinson, & The Adolescent Health Research Group, 2014). Binge drinking (five or more alcoholic drinks within four hours at least once in the last four weeks) was reported by 122 (40.8%) same/both-sex attracted students, compared with 23.1% of opposite-sex attracted students. Binge drinking for same/both-sex attracted students was found to have declined in the period between surveys conducted in 2001 and 2012 (Lucassen, et al., 2014). A significant difference between at least weekly alcohol use in the past month was reported for transgender school students (17.6%) compared with non-transgender students (8.3%) (Clark et al., 2014).

Information about drinking among lesbian and bisexual women and gay and bisexual men is provided by the 2015/2016 New Zealand Health Survey (NZHS). In the NZHS, the prevalence of drinking alcohol in the past year was 76.5% among females who identified as heterosexual, and higher among females identifying as lesbian (91.0%) or bisexual (89.5%). NZHS data shows hazardous drinking (8 points or more on AUDIT)³ among females identifying as heterosexual was 17.3%, while it was 21.7% among females who identified as lesbian and 38.2% among females who identified as bisexual. Using a logistic regression model that grouped female respondents identifying as gay, bisexual or other together for analysis (LB), the prevalence of hazardous drinking among females who identified as LB was 32% and this was significantly higher than the prevalence among non-LB females (17%) (SHORE & Whāriki Research Centre, 2017).

In the NZHS, the prevalence of drinking (alcohol in the past year) was 84.2% among males who identified as heterosexual, and similar among males identifying as gay (84.1%) and bisexual (80.1%). NZHS data shows hazardous drinking (8 points or more on AUDIT) among males identifying as heterosexual was 33.4%, while it was 36.8% among males who identified as gay and 35.9% amongst males who identified as bisexual. No statistically significant difference was found between groups (SHORE & Whāriki Research Centre, 2017). A logistic regression model that grouped male respondents identifying as gay, bisexual or other together for analysis (GB) found a 36.5% prevalence of hazardous drinking

² A definition of weekly alcohol drinking was not provided.

³The Alcohol Use Disorders Identification Test (AUDIT) is a questionnaire developed by the World Health Organization. Hazardous drinkers are those who obtain an AUDIT score of 8 or more, representing an established pattern of drinking that carries a high risk of future damage to physical or mental health.

among males who identified as GB, which was not statistically different from non-GB males (33.4%) (SHORE & Whāriki Research Centre, 2017).

The 2015/16 ABAS⁴ survey conducted by the Health Promotion Agency was a national telephone survey of usually resident New Zealanders. Those that identified as lesbian, gay or bisexual (LGB) reported similar prevalence of drinking in the last four weeks to those that identified as heterosexual. However, the LGB group was more likely to report heavy drinking than their heterosexual counterparts, and also reported more permissive attitudes towards two alcohol statements “*It’s OK to get drunk as long as it’s not every day*” and “*Drunkenness is acceptable in some situations*”. LGB people were also more likely to have purchased alcohol from a bar/nightclub in the last four weeks, perhaps suggesting such venues are more important as social venues for LGB than heterosexual people.

1.4 CURRENT STUDY PURPOSE AND AIMS

The purpose of this study was to identify factors that contribute to drinking among Rainbow New Zealanders. Specifically, the project investigated the social, cultural and political influences on alcohol consumption by Rainbow people. The project had a particular focus on how practices common in everyday culture and community norms and expectations impact on drinking. The specific research aims were to:

1. Understand the role of alcohol in Rainbow communities.
2. Explore how drinking by Rainbow people is influenced by New Zealand cultural norms and social practices.
3. Explore how drinking by Rainbow people is influenced by Rainbow cultural norms and social practices.
4. Identify potential ways to prevent or reduce alcohol-related harm in prevention efforts for Rainbow people and communities.

1.5 METHODOLOGY AND METHOD

Research design

The study is situated within the field of lesbian, gay, bisexual, trans, and queer health psychology which seeks to promote in an affirmative way the concerns of these groups as a legitimate foci for research (Clarke, et al., 2010). In particular a broadly critical approach to psychology is employed as it moves beyond the individualistic focus of mainstream psychology to consider the wider political, social and structural issues that impact the health and wellbeing of lesbian, gay, bisexual, trans, and queer people (Murray, 2004).

⁴ Data from the ABAS are not published.

Methodology

This study used a qualitative descriptive research design. Qualitative description enables researchers to interpret and describe events in everyday terms and is suitable for providing straightforward answers to research questions without the researcher being constrained by a particular philosophical or theoretical framework (Sandelowski, 2000). The use of qualitative description recognises that participants are best placed to describe their views about a topic from the context of their own experiences (Winters & Neville, 2012). The contextual and personal information gained through the use of a qualitative descriptive approach enables the researcher to gain rich, in-depth information about the phenomena being studied. Focus groups were selected as an appropriate way to collect data as they provide an environment for free talk and discussion among participants. Focus groups are an excellent method for obtaining cultural discourses and shared cultural information (Colucci, 2007; Wilkinson, 2003). A semi-structured guide was developed to ensure consistent coverage of topics across the groups.

Key research steps

The research consisted of four key steps (see Figure 1).

Figure 1: Research steps



Literature review

A review of local and international literature was undertaken to identify key current knowledge about Rainbow drinking behaviours and attitudes, as well as studies that have examined drinking cultures among Rainbow communities. This included unpublished findings from the 2015/16 New Zealand Health Survey and the 2015/16 Attitudes and Behaviour towards Alcohol Survey. The literature review findings informed the subsequent research activities with Rainbow community members.

Rainbow communities' consultation

Two consultation forums (Auckland, Wellington) were held and attended by the research team members. These forums sought to publicise the research project and raise awareness among members of Rainbow communities about alcohol-specific issues for their communities (achieved through presentation of literature and local data and facilitated discussions about these). The forums were also used to identify individuals and representatives of various Rainbow organisations to take part in the research processes.

Focus groups (recruitment and data collection)

The recruitment activities aimed to attract a range of Rainbow people, although no specific targets for particular Rainbow groups were set. The focus groups were organised by people within a Rainbow community. The organisers had either attended a consultation forum, responded to Facebook advertising about the project, or been approached by a member of the research team.

Organisers then recruited people to take part in the group. Participants in each group were typically known to each other, e.g., members of an organisation or friends with each other. Participants received a small koha for taking part, and organisers received a koha on behalf of the organisation they were representing, or for themselves if not representing a group.

Data analysis, Rainbow communities' feedback and reporting

A general inductive approach (Thomas, 2006) was utilised to analyse the raw data produced from the interviews. This approach began with the transcription of the digital recordings into written form by professional transcribers and ended with the creation of a set of categories. Both the research aims and the raw data guided the data analysis. Data were analysed primarily at the semantic (surface) level. The analysis focused on broad areas of agreement and divergence within the data.

The early research results were fed back to members of Rainbow communities (including some participants) at two meetings (Auckland, Wellington). In addition, a presentation of the research results was made to the Health Promotion Agency. These meetings allowed the researchers to access participants' understandings and interpretations of the results, and helped refine the reporting.

Further analysis of the results occurred as the research team compiled the final report. The final report was independently peer reviewed. Data extracts have been lightly edited for readability and pseudonyms used to maintain confidentiality.

1.6 ETHICS

This study was undertaken in accord with Massey University processes for ethical conduct of research. The project was assessed by peer review to be low risk (notification 4000018320, 21 August 2017). Consequently, it was not reviewed by one of the University's Human Ethics Committees, and the researchers [authors of this report] were responsible for the ethical conduct of the research.

Most of the organisers of the focus groups were unknown to us and contact details were found via publically available sources (e.g., websites), or provided to us at the community consultation forum. To minimise coercion to take part in the research we used a very invitational email approach and one follow up email to all potential organisers. This was designed to allow people to easily decline or ignore the invitation if they were not interested.

All individual participants were fully informed about the study through a participant information sheet, and any questions participants had were answered before the consent form was signed. The voluntary nature of participation in the study and no direct contact between potential participants and the researchers minimised the risk of people feeling the research team had coerced them into taking part in the research. Phone numbers for free support services about drinking were provided to all participants in case they became concerned after taking part in the research, or they wished to discuss any issues raised during the focus groups.

1.7 PARTICIPANTS

A total of 24 focus groups were held in six cities: Auckland (13 groups), Hamilton (1), Palmerston North (3), Wellington (3), Christchurch (2), and Dunedin (2).

Many of the groups included people with a mix of affiliations to Rainbow communities. Most groups had a specific focus on a particular grouping; these included: Māori/Takatāpui (4 groups), Asian (2), Samoan/Fa'afafine (1), university students (2), high school students (1), mid-aged gay men (2), older gay men (1), social / 'meet up' (3), former drinkers in recovery (1), and deaf (1).

A total of 131 participants took part (Table 1). Sixty percent of participants were aged under 40; a similar proportion (58%) were NZ European/Pākehā and 60% were employed. A range of descriptive labels were provided by participants for gender and sexuality.

1.8 RESEARCH CAVEATS

Focus groups were organised by people within a Rainbow community and therefore the researchers had limited control over who participated. To ensure a wide range of people participated, we promoted the study widely and used a variety of Rainbow people as organisers of the groups. Nonetheless, some gaps were apparent. We were not able to schedule a lesbian-focused group, however lesbian and bisexual women were involved in other groups. No groups of rural-based Rainbow people were held. Additionally, no participants reported being intersex.

This report reflects the views of the Rainbow people who took part in the focus groups, but does not account for the views of all Rainbow people. Nonetheless, the rich discussion among participants in the focus groups allowed for an in-depth exploration of views.

Table 1 : Participant demographics

Age	n	%
16-19	7	5
20-29	49	37
30-39	24	18
40-49	19	15
50-59	12	9
60-69	16	12
70+	4	3
Ethnicity⁸		
NZ Euro / Pākehā	76	58
Māori	28	21
Pacific	15	11
Asian	9	7
Another ethnicity	3	2
Work status		
Employed	78	60
Student	27	21
Unemployed	9	7
Retired	7	5
Other/not provided	10	8

Gender⁵	n	%
Female / Cis ⁶ -female	40	31
Male / Cis-male	70	53
Transgender	13	10
Non-binary ⁷	4	3
Another gender	4	3
Sexuality⁹		
Gay	59	45
Lesbian	16	12
Queer	13	10
Pansexual ¹⁰	8	6
Bisexual ¹¹ male	7	5
Takatāpui	7	5
Bisexual female	3	2
Fa'afafine	2	2
Another sexuality	12	9
Not provided	4	3

⁵ When more than one gender was provided, only the first gender listed was recorded with the exception that anyone identifying as transgender and any other gender was recorded as transgender.

⁶ Cis-gender refers to people whose gender identity matches the label assigned at birth (Broussard, et al., 2018).

⁷ Non-binary refers to people whose gender identity does not conform to the female/male gender dichotomy (Broussard, et al., 2018).

⁸ When more than one ethnicity was provided, the first ethnicity listed was recorded with the exception that participants who noted they were Māori as well as any other ethnicity were recorded as Māori.

⁹ When more than one sexuality was provided, only the first sexuality provided was recorded.

¹⁰ Pansexual is often used to describe people attracted to all genders (e.g., male, female, transgender) (Fontanella, Maretti, & Sarra, 2014).

¹¹ Bisexual is typically used to describe someone who is attracted to women and men (Clarke, et al., 2010).

2. RESULTS

2.1 OVERVIEW: DOMAINS AND THEMATIC MAP

The research results are presented under six domains:

- Diversity among Rainbow people and communities (see Section 2.2).
- Drinking behaviours and practices (see Section 2.3).
- Drinking norms and environments (see Section 2.4).
- Specific influences on Rainbow drinking (see Section 2.5).
- Promotion of alcohol and drinking (see Section 2.6).
- Alcohol health promotion and services (see Section 2.7).

The thematic map (Figure 2) below reflects the recognition that the diversity among Rainbow people and within Rainbow communities underpins any understanding or investigation of drinking among Rainbow people and communities. Three interacting influences (drinking norms and environments, specific influences on Rainbow drinking, promotion of alcohol and drinking) and the provision of health promotion and alcohol health services are viewed as affecting drinking behaviours and practices. The map also summarises the key findings in each of these domains.

2.2 DIVERSITY AMONG RAINBOW PEOPLE AND COMMUNITIES

Rainbow people and communities are diverse

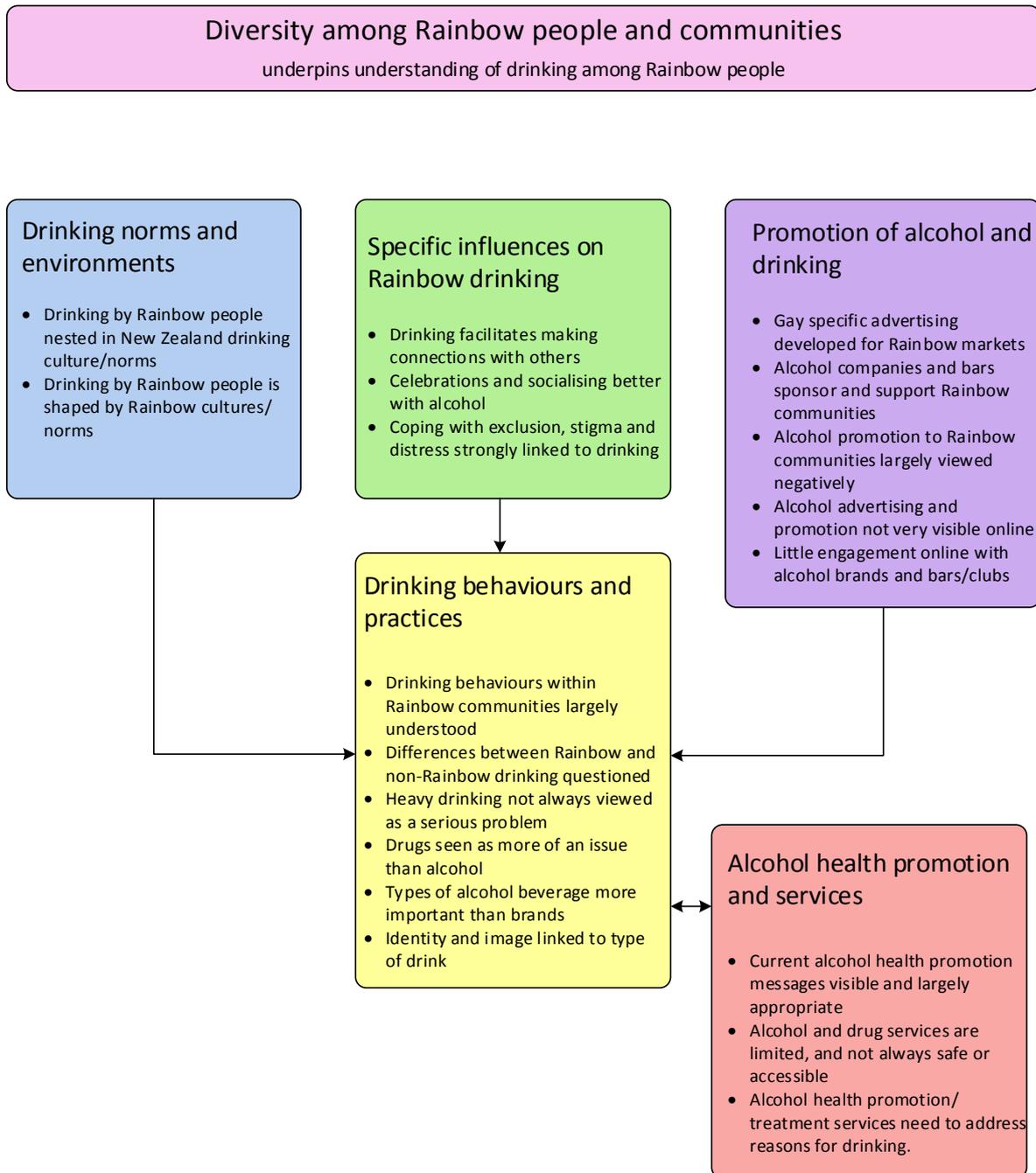
Acknowledging and understanding the diversity within and across Rainbow people and communities was viewed by many participants as crucial before investigations about alcohol use are undertaken. This diversity stands as a warning about the perils of generalising the life experiences of Rainbow people. Many participants recognised the experiences of people within Rainbow communities are broad and vary from person to person. This diversity occurs across a number of domains including gender, sexuality, age, locations and at different points in time. This potentially results in people having quite different life experiences. In one group, for example, several ways diversity can occur were discussed.

P4¹² I think it's really hard to generalise. It's really one of the problems that we have is old people always think ... a young person's experience these days is nothing like the old person's experience ... the experience of a young queer person growing up in Te Aro [Wellington] is going to be a shit load different to what it is growing up in Taumarunui and we really rush to generalise about people's experiences but people's experiences have always been different ... like the experience of a white gay man is very different from the experience of a trans woman. (FG1)¹³

¹² P = participant; each person within a focus group was given a number

¹³ FG = focus group. Each focus group was allocated a unique number, 1-24.

Figure 2: Thematic map of results



Diversity and cohesiveness within and between Rainbow communities was perceived by people in different ways. It was noted that acknowledgment of diversity and the importance of inclusiveness, under a Rainbow banner for example, was relatively recent. In the past gay and lesbian was often the central organising framework for community, which excluded others such as bisexual and transgender people.

P6 ... they [social support agency] wouldn't invite bi women, they couldn't come, it was for lesbians. It was very regimented and it was like archaic and not this century.

P4 Well we never used to call bisexuals part of our community. There wasn't a B in the LGBTI. There were massive debates in the communities back in the 80s and early 90s about are the bisexuals really queer? (FG1)

The general view was that over time, a more inclusive community acceptance of various groupings had developed. However acceptance of diversity was reported by some participants as being challenging for them.

P8 ... there seems to be a lot of growth, you know, and the whole gay Rainbow community has changed. As you were saying before, we all got these different names, we're either this, this or this. It was a lot simpler. Really, just say, I'm gay, I'm bisexual or I'm this. Now it's like, this, this, this. (FG17)

Greater inclusion across Rainbow communities increases access to gay bars

In relation to drinking cultures, more inclusive Rainbow communities meant greater access to commercial gay scene bars and clubs for some groups (e.g., transgender, takatāpui) who had previously been excluded.

P2 ... socialising in the actual gay club environment is a new phenomenon. Because we were actually ostracised from that and a lot of the times a lot of our sisters couldn't get into places and they were actually kept out of those clubs, couldn't get in the door. Couldn't get in the door, and nine times out of ten it would erupt into a full on brawl or we would end up thrashing some gay boy anyway. (FG24)

2.3 DRINKING BEHAVIOURS AND PRACTICES

Drinking behaviours within Rainbow communities largely understood

In most focus groups, participants articulated an awareness of the drinking behaviours among groups of Rainbow people that was broadly consistent with local research (reported in Section 1.1). In a few groups where participants were uncertain about drinking behaviours, when the local research was presented they reported it made sense to them.

The prevalent view was that certain groups of Rainbow people are more likely to drink alcohol and more likely to drink in problematic ways, such as binge drinking. When asked to identify particular Rainbow groups more likely to drink, a number of groups were named. Lesbians, bisexuals, and transgender youth were all identified, and these identifications are consistent with the available evidence. Other groups for which no evidence is available were also

identified as more likely to drink in problematic ways. These included: older transgender adults, the drag community, and closeted people.

P2 I'd think trans, bi men, then gay men.

P3 I would have done bisexual women above men.

M¹⁴ Why?

P3 Because the people that I know who have problems with drinking are mostly trans people and then bisexual woman and generally women and then men. (FG7)

Very few people felt there were no differences between various Rainbow groups.

A warning was also raised about the importance of not assuming that all people within a particular Rainbow grouping drink alcohol, or drink in the same way. Drinking behaviours were identified as varying across Rainbow people, just as they vary across people in general.

P1 I think the reality is queer people ... like everyone is different. Everyone has different preferences. Some people drink, some people don't drink. (FG4)

Differences between Rainbow and non-Rainbow drinking questioned

There were mixed views as to how similar drinking behaviours are between Rainbow and non-Rainbow populations. Three equally supported positions were identified across participants: no difference between groups, Rainbow people drink more, Rainbow people drink less.

No difference in drinking between Rainbow and non-Rainbow people

While some participants were unsure whether there are any differences in drinking between Rainbow people and non-Rainbow people, others were more definitive in their view that there are no differences.

P2 Is there any difference with straight people? I don't know.

P5 You're saying what is it about queer people? I don't see. I generally don't see a difference in alcohol use in the queer community and the straight one. (FG7)

Rainbow people drink more than non-Rainbow people

Some participants offered the view that Rainbow people are more likely to drink. In one group this was explained as being the result of all sorts of behaviours being amplified within members of the Rainbow community.

M How about, comparing Rainbow community members with non-Rainbow?

P2 It seems to me that whatever happens in the straight community, it's amplified in the gay community, queer community. (FG17)

Rainbow people drink less than non-Rainbow people

Some participants felt that Rainbow people drink less than non-Rainbow people, in part due to Rainbow people possibly being more concerned about their personal health. In one group

¹⁴ M = focus group moderator

drinking less among gay men was offered and explained as due to gay men being released from performing stereotypical masculine roles (which include the need to prove masculinity through drinking heavily).

- P3 *I actually feel like in general gay guys drink less than straight people. I feel like, like you said, New Zealand drinking culture, it's, yeah, it's, or maybe like being gay can release you from different expectations that's why.*
- P4 *There's a reason why you drink alcohol ... if you're a gay and then if you have issues or something, then you'd, alcohol is a way to get out.*
- P2 *Oh yeah, that's true.*
- P4 *Kind of, you know. Where's for a straight person, you just, you know, matter of hanging out with mates, or whatever. Or you know, trying to prove who can drink more. (FG16)*

Heavy drinking not always viewed as a serious problem

Debate occurred in several groups about what constitutes problematic drinking and some participants articulated a resistance to labelling periodic heavy drinking/binge drinking as problematic. A view expressed is that drinking in particular settings and occasions at levels that exceed HPA's low-risk drinking levels¹⁵ is acceptable. Problematic drinking was typically considered to be drinking amounts of alcohol that negatively affect daily life functioning. For example in the extract below, getting drunk every day and drinking that impacts on work or family was considered problematic, whereas drinking seven glasses of wine over a day while visiting wineries or drinking as part of a celebration was not.

- P2 *Yeah, he's like a very heavy drinker, on daily basis ... that's quite problematic, but I don't know what we can do to stop him from himself.*
- P4 *How do say it's problematic though? Say for example, if I went to Waiheke one day they've got about more than seven wineries. If I have one glass of wine at seven different wineries, is that problematic? I had a great day, I came back home, and you know, the absolute blast, is that problematic? That's why I ask, like, what you define as problematic, how do you define it?*
- P1 *If it's habitual ... like if you have that constantly, I think that may be problematic. But if it's a one off occasion, happy, something to cheer you up, and it's like, if there's an event, or occasion or a festival, I think that's ok. But someone who drinks every day, gets drunk.*
- P4 *Every day is yes.*
- P1 *Getting drunk every day, that's probably, there is an issue.*
- P3 *I guess, if there's an impact on your life, it affects your work, it affects your family, then that's definitely problematic. But if you're just joining out ... everything else still goes well, then it's.*
- P4 *But you could still be probably drinking every day, and have no issues in life.*
- P3 *I mean, seven drinks is a lot though.*

¹⁵ For example, 2-3 standard drinks daily or 4-5 drinks on a single occasion (Health Promotion Agency, n.d.)

P4 But that is the reality, right. A person can have drinks every day, yeah. They have no issues. Maybe you're well off and you go to work, you don't have any family issues, whatever. (FG16)

Drugs seen as more of an issue than alcohol

The impact of alcohol use on Rainbow people was viewed in several groups as less significant and less harmful than drug use. Alcohol and drug use were viewed by some as going together. Alcohol was also discussed in a few groups as being a gateway to drug use. Drug use was particularly associated with gay men and with younger people. In one group the use of drugs by young Pacific Rainbow people was noted as of particular concern.

P1 I think the other thing too is with the gay LGBTQI community it's drugs are actually a huge problem, yeah it's not just alcohol.

P2 Rather than just alcohol, cos alcoholism is what leads to other things cos that's normally the taste. (FG25)

16

P1 We see the young Rainbow people coming up and you know, when you look at them and how they carry themselves – it is just ... you feel sorry for them because they get themselves involved too much and now the alcohol is just the tip of the iceberg. Now people are getting into drugs and all that sort of thing which is quite sad. You see some of these young people and you look at the people who are doing the streets; they are standing on the corner and all that sort of thing. There are quite a lot of our Pacific people who are doing that as well; the young fa'afafine. They are doing that in the street and half of them are all off their face and you know damn well what they have been doing and it is not just the drinking. They are getting into all sorts of heavy drugs and all that sort of thing so it is an eye-opening and how are you going to get through to those people. (FG6)

Types of alcohol beverage more important than brands

The type of alcohol beverage drunk was generally considered more important than any particular brand. Participants identified a number of types of alcohol beverage typically drunk by themselves and others. Commonly mentioned types of alcohol beverages were ready-to-drinks (RTDs), beer, wine, cider, cocktails, and vodka. The consumption of these types was reported as sometimes driven by economics. For example, RTDs were reported as being popular with people on a tight budget, including some transgender and young people.

M Do you think there's any kind of alcohol brands that are more popular?

P4 RTDs.

M ... among the Rainbow community. RTDs?

P6 Again, it kind of depends like, with a lot of it, like, fancier gay guys, they tend to buy, making cocktails, or just fancy wine, or whatever.

P1 We just go for the cheap RTDs. (FG19)

¹⁶ This line denotes conversation from a different focus group.

- P2 *The other thing too is that, you know, is that RTDs are aimed at young people. And they're available at, you know, liquor stores, especially like, I'm thinking about South Auckland, they're just everywhere.*
- P4 *Available and inexpensive aren't they. They know they're gonna get the paybacks someday.*
- P2 *They don't care how expensive they are as long there's booze in them. Somewhat like, and there will be, but there's a drink targeted at everyone. So that's targeted at kids. There's you know sherry's still on the shelves. There's a supermarket for that. It is, sort of something for everyone. Is there something targeted specifically for Rainbow people? Bringing to that conversation, I'm not sure I would say some brands said, as a valuable segment in the market. (FG14)*

One participant referred to drinking Scrumpy, not because it is a favoured beverage but because it is comparatively low cost. For this reason it was identified as a product with appeal to younger drinkers.

- P3 *Scrumpy is eight dollars, what like if you're under like 25, Scrumpy, the \$8 wine.*
- P4 *There's some sort of stuff you look down on. It's like a funny thing.*
- P3 *It's not like a favourite bottle, like it's the one they buy.*
- P6 *That's what you probably access because money is definitely a thing. (FG7)*

Although brands were not as important for many individuals, some participants did identify some brands as being more likely to be consumed by Rainbow people. The Absolut and Smirnoff vodka brands were identified as being prominent brands consumed.

- P1 *But I definitely know that one that comes to mind all the time would be Absolut Vodka. (FG2)*

Identity and image linked to type of drink

Drinking a particular alcohol beverage was linked by some participants to establishing and maintaining an identity and image. A number of stereotypes were drawn upon to illustrate how different types of drinks are associated with people from different Rainbow groups.

- P5 *Gays drink cocktails, lesbians drink beer. (FG3)*

-
- P3 *Sweet cocktails ... there's a kind of stereotype but like gay guys like tequila sunrise kind of things like the very campy ones. (FG4)*

While stereotypes can potentially be dismissed as inaccurate and not accounting for the drinking behaviours of all people in a particular Rainbow group, examples were provided of how drinking is used by individuals to assert or make visible a particular identity. In one instance, for example, drinking beer and bourbon (Jack and Woody) were chosen as providing a way of distinguishing a person as being queer or not straight.

- P5 *I definitely drank more beer when I was first coming out as a lesbian – to try and distinguish myself from being straight. Like I remember making that as a conscious*

decision. Like oh yeah I'll have a beer because I'm a lesbian. Whereas now, I'm like, I'll have a wine thanks.

P2 I get that, because I don't drink wine, I don't drink beer, but I saw the Cruisers as like a fruity drink for girls, so I'm like "Give me a Jack [Jack Daniels] and coke, give me a Woody [Woodstock], give me ..." listing all these really masculine sounding drinks. It's like, I'm here I'm queer, you know, Roarr! (FG11)

Similarly in another group, a queer fem¹⁷ identifying participant noted that drinking beer offered an opportunity to break away from the stereotypical types of alcohol expected to be drunk by feminine people.

P2 I feel like there's quite a few fems I know that would drink VB [probably Victoria Bitter] as a subversive thing to deal with it, like I am fem and I am drinking VBs. (FG2)

For some, the types of alcohol drunk were linked to portraying an image of success, for example by buying better quality wine. This was mainly associated with gay men.

P1 I avoid cheap brands. (FG7)

P2 The gay guys that I know would drink wine.

P1 So much wine. Red wine.

M What's that about?

P1 I think for me I think it comes from a culture of class associations. I think it's class associations where gay men in particular often aspire to appear upper class even if they're not. (FG4)

2.4 DRINKING NORMS AND ENVIRONMENTS

Drinking by Rainbow people nested in New Zealand drinking culture/norms

Rainbow people live in communities shaped by non-Rainbow people. As such they are not immune to the influences of New Zealand's broader drinking culture. This includes influences and views on alcohol and drinking behaviours from families and friends. Participants identified three prominent features of how drinking happens in New Zealand, and which provide an overarching context for drinking by Rainbow people: heavy and 'binge'; alcohol is everywhere and crucial to socialising; and being introduced to alcohol at a young age. For Rainbow Māori/takatāpui, the impacts of colonisation were also identified as a lens through which to understand alcohol use. In addition to this, Rainbow people who have moved to New Zealand bring with them experiences and exposure to drinking practices and environments from their countries of birth and other countries they have lived in.

¹⁷ Fem / femme can be used to describe a queer person who presents and acts in a traditionally feminine manner. However, it is not known how this person describes themselves beyond use of the label.

Heavy and binge drinking is common

Heavy and binge drinking was identified as the most prominent feature of New Zealand's drinking culture. Drinking was viewed as something that is often done to excess. Although binge drinking was commonly associated with younger people, others noted that people in other age groups also drink large quantities on occasion – however they did not necessarily characterise this as binge drinking.

P5 There's lots of binge drinking here in the young, I mean, my kids are in their twenties and I watch them binge drink. They're straight but they were binge drinking in ways I never did as a eighteen, nineteen year old. No, I hadn't vomited from alcohol until I was like thirty seven. It wasn't part of my life, but I was brought up in England as well. It just wasn't part of the way, but I didn't have any friends that were doing that either. Whereas they, just every weekend, going out, and real massive amounts of alcohol they were drinking. (FG11)

Alcohol is everywhere and necessary for socialising

Drinking alcohol was talked about as being everywhere and occurring across a number of family, sporting, social and work occasions and events. The predominant view was that socialising cannot, and does not happen without drinking. The strong expectation among New Zealanders that alcohol will be a part of social events was noted.

P3 I do quite a bit of entertaining and meet a lot people from that. And almost invariably, there's, you know, wine, or people would bring their own beer. Yeah, I think, that's actually quite a strong part of our culture. Yet I'd be quite happy, you know, if it wasn't there. I mean it wouldn't change the evening, if there was no wine on the table, or beer, or anything. I mean, it's the company.

P2 But I think it is a very important part of the social fabric in New Zealand. I think if you turned up to somebody's house for dinner without a bottle of wine, I think everyone would be ... I think it would be frowned upon, wouldn't it? (FG10)

Alcohol introduced to many at a young age

Many participants reported early exposure to alcohol, recalling they saw families and friends drinking from an early age. They also reported being introduced to drinking by their friends or parents. Introduction to drinking by friends was typically discussed as an illicit behaviour, whereas introduction by parents was typically viewed as a way of instilling sensible drinking practices.

P2 Like Emma, I also had like occasional sips with my parents when I was younger. And, then it was about last year when they were like, you're sixteen now, so, if you'd like you can have a drink if you're with us, or when you're out with people we trust. Because you should learn to know your limit. That was more of the conversation they had with me. So before you go out, and you go, first time, this is amazing and drink like sixteen [alcohol drinks] and end up face down the floor. (FG21)

Effects of colonisation impact on Rainbow Māori/takatāpui alcohol use

In two groups the ongoing impacts of colonisation were noted as fundamental to understanding drinking by Māori including Rainbow Māori/takatāpui. These participants were well aware of the social and other impacts on Māori, including alcohol use, due to the negative impacts of colonisation.

P2 How much of it also is like a hangover, no pun intended, from like the effects of colonisation or even like the world wars where the intergenerational trauma that our whanau suffer? You know cos papa went to war he came back with massive issues, never dealt with them, would get on the piss, would hit nana, you know aunties and uncles grew up to see papa do that and therefore the cycle continues. (FG 24)

Drinking by Rainbow people is shaped by Rainbow culture/norms

In addition to the influences of New Zealand's broader drinking culture, a number of aspects of Rainbow culture and norms were identified as impacting on drinking by Rainbow people. Chief among these is the commercial gay bar scene, which has been and still is a central meeting place for many Rainbow people, and a largely safe place where socialising and community building occur. There was however some resistance to gay bars, and a lack of non-bar venues was noted as an issue.

Bars are central meeting places

Participants identified an important historical role of the commercial gay scene (gay bars and clubs) as central meeting places. While they were identified as important for all Rainbow communities, there was a recognition that historically and currently bars cater more for gay men.

P4 If we turn the clock back and look at queer history and venues and stuff, pre-law reform there was a lot of bars ... so historically queers always hung out in bars, it was a dark sort of place and the place to be sort of anonymous ... (FG1)

P4: If we go to a gay bar, I would, I expect to see mostly gay men in Auckland. (FG9)

It was also noted that there have been fewer bars and clubs in recent years, and the small size of New Zealand cities and towns was thought to have contributed to a fairly small commercial scene. Gay bars and clubs in New Zealand are not evenly spread, with venues only currently operating in Auckland and Wellington. A community-provided private club (ClubQ) in Palmerston North was noted as closing about three years ago. Opportunities for building community capacity were reported as being lost with the closing of these bars and clubs; and in the case of Palmerston North, the community was reported as being more dispersed and less connected because of the closing of this venue.

P3 And I think since we don't have ClubQ anymore, and we are using other spaces, the community used to be quite a small, you know, there was ten or fifteen regular ones. But now it is very dispersed.

P1 *And there's a lot more, smaller social circles. (FG17)*

Gay bars were typically viewed as safe places where Rainbow people could build social connections, come together as a community, socialise and meet others before the advent of social media.

P3 *I still only feel comfortable in gay bars but that's because I am transgender. If anything happens in the bathroom in a straight bar it's gonna be a lot worse than anything at a gay bar. (FG7)*

P3 *Everyone knew everyone a lot more. Because there was no social media. Everyone literally had to go out and meet people.*

P4 *Everyone knew who they were.*

P3 *Yes we drank of course, we didn't do it very often then but probably maybe today you tend to drink more.*

P4 *There's was no other way to connect. You had to go out. (FG9)*

Some dislike of bars

Bars were however not universally liked by participants. They were not always viewed as being places where participants felt comfortable and safe, and the quality of the physical environment at New Zealand venues was identified as poor by some, particularly among those who had lived overseas. For those who disliked bars, drinking and socialising within them was often replaced by drinking and socialising at home, or at private parties and events.

P2 *I'd say that it's more common for queer men to be in those physical ... like in the bars because they're sort of designed for those people.*

P4 *Yeah, I totally agree ... even in queer spaces, sometimes especially since gay men can be very grabby and so that's not always a nice environment to be around and definitely makes me more want to drink at home I guess. (FG2)*

P1 *I would never go for a drink in like the [name of bar] or [name of bar] I just wouldn't do it, because they're sticky and horrible, maybe if they made a nice place ... (F8)*

The commercial gay scene was also reported as not being available to those with limited financial resources. This was especially evident in those who were young or those identifying as transgender.

P5 *... a lot of my friends who are trans quite often money is an issue as well, so when my friends aren't going out to a bar or nightclub it is a lot to do with money and not having any. (FG1)*

Bars were also identified as excluding those who do not want to be around alcohol; for example, non-drinkers, people in recovery, or people who do not like the bar environment or

the behaviour of people who are drinking. A few participants also reported being unsure about how to act, or the expectations of them when in a bar.

P6 ... [there is] still a set of people in the community that like events where there is no alcohol. You know, they are not drinkers and they react quite badly to, you know, we get the odd complaint about you know, like why don't you do something, you know, why does it always have to be alcohol. (FG12)

P3 Because I'm like super anxious in social situations in general ... the inclusion of alcohol makes it more scary to me because people's behaviour changes when there's alcohol involved. People become more dramatic and part of them intimidating. (FG4)

P2 And I think going to a bar, like drinking alcohol is pretty much like a performance, which based on like social expectation. Because when I go back to China, I actually go to a gay bar, but I've never been to a gay bar here. Like because I find that's more familiar to me. And I don't know how I should behave, in that specific context. But I don't know how I should, what I'm supposed to do over here. So, it's kind of a cultural barrier or cultural difference which hinders me from going to gay bar. (FG16)

Few alternative venues to bars exist

Many participants identified a number of community groups or organisations in their communities that provide opportunities for socialising, meeting others and building community, but noted a lack of community or commercial venues that are alcohol-free. Some spaces available to youth were identified, but these were noted as not generally being available to those adults no longer considered to be youth.¹⁸

P3 The bricks and mortar just aren't there in my opinion. Like everyone was saying, there used to be all these venues and I think the same thing, I lived in Sydney and Auckland and all these cities when I first moved there had bookshops, cafes, several bars, a beer bar, clubs and slowly they have all closed and we are left with Family Bar in Auckland, wine bars and a couple in Wellington. But there used to be so much more and it is all online I think. The actual gay spaces in the community just don't exist in my opinion. (FG1)

Online spaces (such as Facebook, Instagram, dating apps) were identified as becoming much more important as social spaces and in providing opportunities to connect with other Rainbow people. In the context of alcohol and drinking, it was unclear to participants how these online spaces impact drinking behaviours. It was noted, however, that for many gay men, some of the social functions of bars have been replaced by online spaces.

P4 It would be interesting to see, I don't know how you would do it, but what changes in terms of drinking behaviour now that people meet each other on line. Part of the

¹⁸ This age was not defined; however the Rainbow Youth organisation defines youth as 27 years and below.

drive to go to a bar would have been to meet someone. I spent half my single life in bars. But now that we can sexually engage or socially engage without having to get to a bar in the first place, does that mean less drinkers? (FG1)

2.5 SPECIFIC INFLUENCES ON RAINBOW DRINKING

A number of specific influences were identified as contributing to drinking by Rainbow people. These influences were not discussed as intrinsically negative or positive contributors to alcohol use, and were viewed as being layered on top of broader drinking norms experienced by Rainbow and non-Rainbow peoples (discussed in Section 2.4).

Drinking facilitates making connections with others

Drinking was perceived as an activity or practice fundamental to meeting other Rainbow people, and making connections without alcohol was seen as difficult. Alcohol beverages were discussed as being a social lubricant and viewed as giving people courage to mix and socialise with others. One group discussed how a regular event in a non-gay bar (Friday night drinks) served as a way for gay/bi men to meet others 'at their own pace'. In this respect the event performs much the same function as a gay bar by providing the opportunity for men to make connections with other men.

P4 The good thing about the Friday drinks is that people would go to the bar and they've not even socialised with the group yet. They'll sit on the other side and have a beer or two first before that sort of build up, the courage to come and join in. There's that, it's almost because it's in an open bar, it's not a closed off venue, they can just come in as whoever they are and have their own time. And when they're ready, they come in to the group. And then by the end by of the night it's.

P5 It's like one giant party, essentially.

P4 But it's not even that, it's a, it's not a nightclub where you can't hear anyway or talk to anybody. It's a, just a social drinking spot where, like I said, doesn't matter who you are, what economic background you come from. You can mingle from a lawyer to a councillor or to somebody who works at the PAK'nSave. (FG12)

P4 I think if you're going to any social situations where groups of people know each other ... you sort of have to ... alcohol gives you the courage to go out and talk to, break the ice and talk to people. (F14)

A particular issue raised for Rainbow people is that it is sometimes difficult to determine another person's sexuality or gender before approaching them. Using alcohol was viewed as a way of providing the courage to approach another person they are interested in. Fear of rejection was commonly reported as a particular issue. Layered on top is the element of risk in approaching someone who is not interested, thereby risking emotional or physical harm.

P3 I reckon there's some good things, it gives a bit of confidence. Let's all face it, a bit of Dutch courage helps you out, and especially when you're in a club, I mean you think

about it, for me as a lesbian it's very hard to know a girl who's gay, like for a gay guy it's a bit more obvious.

P4 So you've got to have a couple of drinks to kind of pluck up the courage to maybe get knocked back, or punched. (FG8)

P2 I mean let's face it, it's risky. You've got the hots for somebody, you're young. Got the hots for somebody is always risky to let them know that. But when you add, the additional facet to it that may be some of the same gender, or, you know, that puts that much more risk on that, for the person, so ...

P5 There are still the same views of rejection, I think, still the same for you.

P2 Oh, very much so.

P5 And so it's very easy to.

P4 The same fears of rejection, but supercharged. (FG18)

Other participants noted that alcohol can be used as an excuse or cover for a person's actions when they approach another person.

P2 I think that excuse, it's a show, a cover up. It's like oh sorry I was drunk I didn't know what I was doing. It's the alcohol. And then the classic, the classic, I can't remember a thing. (FG14)

Celebrations and socialising better with alcohol

The important role of alcohol in celebrations was discussed by many participants. For example, some groups noted how alcohol is incorporated into socialising and celebration activities. There was a widespread expectation that alcohol will be drunk during celebrations, as noted in relation to socialising among Rainbow sporting groups.

P2 I mean it is fun, like drinking is fun, being drunk is fun but, it's a positive but, I don't know it doesn't appeal to me as much as it used to.

P1 Yeah.

P2 I've got other vices, I'll just say that.

P1 Can't afford to speculate.

P3 I guess a positive is just like celebration like, as well ...

P1 Like you just want to get together and have a drink with your sis.

P3 Yeah.

P1 Like you just want to have a party.

P3 Exactly.

P1 Just enjoy each other's company. (FG23)

Fear of missing out on the experience others are enjoying if they do not drink in a group situation was reported as another aspect of making connections.

P4 I found out if I drank it was always to fit in, not because I actually wanted to, wanted to drink, although I enjoy, I do enjoy it but it was always just because I didn't want to be the only one not drinking. I don't want to be the sober driver. (FG23)

Coping with exclusion, stigma and distress strongly linked to drinking

The idea that alcohol is used by some Rainbow people as a coping mechanism for the life stresses they face was very strongly expressed. These stresses were typically viewed as being caused by external factors, while the impact of this stress is experienced on an individual basis. Many again cautioned that some groups are more likely to experience distress than others, and that it should not be assumed that everyone will experience this stress in the same ways and use alcohol as a coping mechanism.

P2 People I know of who've struggled with alcohol are really presumed to say it's because of their sexuality, you know. And I wouldn't make that link because that's not mine to make. If there are, if it is an issue for them then fine. But I wouldn't assume that anyone I knew who is gay and has an alcohol problem that those things go hand in hand. (FG7)

For some Rainbow people, oppression and exclusion result in isolation and distress.

P1 I think people who come from some form of repression around being gay are more likely to have issues. Because that's around their own acceptance of themselves. Whether that's a cultural one, or a religious background and it's not having Christianity or something. (FG14)

P4 I think just the sense of isolation, and disapproval from society, potentially from people's families, communities, accounts for a lot. And while we have witnessed that change for gay people, I just think it's still very acute for trans people ... sort of in the space now that gay people were at, thirty, fifty years ago, in terms of societal approval, approval from families, understanding from the personal history. (FG18)

Many participants noted that some Rainbow people use alcohol as a way to deal with the isolation and distress they experience. Alcohol was also viewed as a socially accepted way to deal with stressful experiences and issues arising from oppression, exclusion and isolation.

P2 ... the very fact that we have to, or we're expected to [deal with coming out], adds another burden to us. And the closet that's still a safe place for many, and a bottle is the safe closet. A bottle is another closet, yeah. (FG17)

P6 Like it's [alcohol use] almost an accepted way to deal with it because it's so hard.

P4 Well, you get depressed, which you probably will because you're queer. You can just get really drunk all the time, it's what everyone does. Like setting an example.

P1 Like getting a self-fulfilling prophecy. That's all I am that's all I should be.

P4 Exactly. Instead of setting an example look at all these functional healthy wonderful queer adults who have made it through and will support you in your decision to not drink. (FG5)

Several groups noted a high rate of mental health issues among Rainbow people. A strong relationship between alcohol use and mental health was claimed by some participants.

P3 I think gay is a lot more generally Ok than all the other the subsets or whatever. I think as you go down the line, you know, that transgender ... is more of a minority group, and they might have a higher depression rate, or higher suicide rate, or whatever. So that affects drinking. And drinking is quite prevalent in groups that deal with depression and things like that. (FG9)

The use of alcohol to deal with issues was not always seen as negative, or an inappropriate response to dealing with mental health issues and other challenges and stresses. For example, using alcohol to self-medicate as a way to deal with issues was viewed as understandable by some, particularly when some people find it difficult to access appropriate mental health services.

P4 It's like self-medicating. Yeah, I think that's interesting. It's interesting because in some ways any kind of self-medication can be a positive thing because it's a thing people use for survival and if they're not able to access the inclusive mental health treatment that they need or aren't being supported in other ways and their alcohol or drug use or other things are helping them survive, then that's good on some weird kind of fucked level. It's better than not, not having that support. So in some ways it's those things that need to change, like our mental health systems, to reduce those problems. And then other ways obviously no, it's not good 'cause they shouldn't have to be doing that and that can lead to dependency and all sorts of issues. (FG19)

2.6 PROMOTION OF ALCOHOL AND DRINKING

Gay specific alcohol advertising developed for Rainbow markets

Participants identified a number of examples of alcohol brands and product advertising and promotion directed at Rainbow people. These included international brands (e.g., Absolut vodka) and local brands and products (e.g., Pride beer, Broken Shed)

P1 This year [2018] it will be Pride Festival. A local-ish brewery brewed up Pride Beer and they've tried to pitch it to two gay bars and only one took it because the other one has a contract with another brewery so they are not allowed to have another competing beer. (FG7)

P4 You have like Gay Ski Week, which is Broken Shed, which is vodka. They are a huge sponsor of Gay Ski Week. But of course, that's Queenstown, but it's heavily advertised here on social media. (FG6)

However, although a number of examples of alcohol brands and product advertising directed at Rainbow people across a range of media were identified by participants, they were not widely seen by participants across all the groups.

Alcohol companies and bars sponsor and support Rainbow communities

Participants noted that alcohol companies and bars support the Rainbow community through the provision of facilities and other support for events. Organising events was viewed as being much more difficult without this support, which was understood as being a mix of altruism (support for Rainbow communities) and commercial benefit (revenue from selling alcohol).

P6 You know, they [name of bar] set up for a party, they've got a PA system, they've got, you know, a stage, and they're able to support sometimes with the DJ and stuff, so it makes a whole lot easier for serving other people. (FG12)

P2 ... those venues happily dedicate a couple of hours of their staff and time and everything else, including cups and glasses and so on, to the group, on the basis that they got some payback at the end of it.

P4 That's the interesting thing that they would, there is absolute future commercial benefit that the bar sees. As well as the venue. (FG14)

Bars were understood to be sites of alcohol promotion and thereby encouraging consumption of alcohol. This commercial role was seen as additional to the social roles of bars already noted above.

P3 In terms of hype around alcohol I have noticed stuff like alcohol competitions. So at [name of bar] they've got, correct me if I'm wrong, Christmas themed drinks where the bar tenders all create their own drinks and it's a competition and I think they're really vying for people to buy their drinks so they can win and it's this big, exciting thing along with these light up glasses. So if you buy the drink you get the special light up glass and you can keep that kind of thing along with ... You can keep it and you get refills that are cheaper than the original thing. And the themed drinks are the naughty and nice shot. And so there's one or the other or you could get both of them and it's a slightly discount if you get two. For the Friday events they give out bar tabs and stuff, so if you win the game you get a free drink. [FG2]

Alcohol promotion to Rainbow communities largely viewed negatively

In several groups alcohol promotion targeting Rainbow members was viewed with some cynicism. Targeting the Rainbow community was viewed as trying to access the pink dollar (spending power of Rainbow community); and in some instances this was noted as 'pink washing' where companies market to, or support, Rainbow communities in order to portray a corporate image of inclusiveness and progressiveness.

P5 They also see obviously, they probably see the pink dollar as well. They see more disposable income ...

P2 It's the whole mess of pink dollar, because of course, you know, woman can't have children and the gay, the gay men can't have children, because we can't have families. We've proven that ain't right. (FG18)

- P1 *Well, it's just like pinkwashing isn't it, it's just like using people's identity to sell a product and get you to buy into both capitalism and harmful behaviours.*
- P2 *Yeah. That sounds right.*
- P1 *Ooh, I have to buy this thing because it's rainbow. I mean ...*
- P2 *Yeah. And I hate how it works. It really jerks on me. (FG2)*
-

- P4 *We're a commodity. I don't want to be a commodity. (FG21)*

Although targeting of gay communities was typically regarded as problematic, there was some support for appropriate and sensitive advertising and promotion as it provides some mainstream legitimisation and recognition of the Rainbow community.

- P4 *I think, some drink companies, like sponsor gay parties, or at least they did, years ago ... so I don't know, if I'd say that, that's necessarily a bad thing, because we sort of want ad campaigns demonstrating approval from, not just drink companies, but everyone. So I think there's a fine line where it's like, it's sort of good, that any company is targeting the LGBT community in terms of saying, hey, we accept you, we support you, here's some money for your next, part or whatever. (FG18)*

Alcohol advertising and promotion not very visible online

Most people engaged with social media to some extent, but a few did not. The online presence of alcohol and drinking was typically reported as being minimal. When alcohol and drinking content was observed it was viewed as being incidental to the content being engaged with.

- M *What about, do you see alcohol drinking on social media, like say gay social media?*
- P2 *Not really. Like, all the pictures that I've seen in the Big Gay Out, they don't really have, like ...*
- P4 *There's a couple of beer bottles in people's hands.*
- P2 *Yeah, but it's not, like, a lot ...*
- P1 *I mean, it's there, if you look in the pages, but it's not like ...*
- P4 *... blatantly obvious. (FG21)*

Several people viewed the lack of alcohol advertisements and promotions on their social media as resulting from the algorithms used to determine the social media content presented to individual users. They felt that because they did not engage with or visit the websites and other online spaces of alcohol brands, bars etc., social media sites did not show them alcohol advertisements and promotions.

- M *Do you kind of see the presence of alcohol brands on, around much? When you're going about online.*
- P2 *I personally find it's pretty hard to see. Because now, they have the big data or something. Like it's all depends on, it's all based on your own, consumption habit, rather than, like before, like on television, you always see, like the alcohol, or the drinking advertisement. And now, I find it's, less and less, for me. Personally, to see, like alcohol advertisements, or the branding stuff, yeah.*

P3 *I feel like I haven't really seen any at all. But that's not because they aren't there. I feel like because, you know, I spend a lot of time online. Obviously, you're over saturated with ads, with everything. I feel like I've learned, and adapted to filter everything out. If you ask me what's the last ad I saw, I can't even remember seeing any ad in the past. I feel like, with our behaviour now, my brain has adapted very well, to look away, to literally not see any ads. (FG16)*

Little engagement online with alcohol brands and bars/clubs

Among all participants there was very little engagement online (e.g., visiting Facebook pages) with alcohol brands and bars and clubs. Among the few that did engage, this was done to keep updated with community events.

P1 *More like I follow bars that I know have events often. [Wellington gay bar], if they have a good show on or they have a ... party that's this theme and kind of just go, "Ooh, I wanna go to this," and, "I wanna go to that." So, there's like an event. And so it's not just your usual Saturday night go out and drink, I just spice it up a bit and then you're more likely to go because there are games and you can win prizes and best dressed and all this kind of stuff. (FG14)*

A couple of participants noted that the quality of social media from gay bars and clubs was poor, and did not entice them to engage. This was partly explained through the lack of competition between gay venues.

P3 *I actually like, on that note I know it's kind of a bit tangential but I do kind of get disappointed that's it always like the gay [web]pages and bars and events and stuff that are really slack with their marketing, like all the straight, you can bet like [mainstream bar] all those places would have up-to-the-minute updates they'd be posting shit all the time. (FG8)*

2.7 ALCOHOL HEALTH PROMOTION AND SERVICES

Current alcohol health promotion messages visible and largely appropriate

There was a broad awareness of alcohol health promotion messages across the focus groups. Messages relating to drink driving were most commonly reported, in particular the 'Ghost chips' advertisement and 'If you don't drink and drive you're a bloody legend' messages.

In general terms, the health promotion messages people reported seeing were identified as being appropriate for Rainbow people. There were some suggestions provided on ways to improve messaging. These included a more explicit focus on communicating what safer levels of drinking look like. It was noted that the idea of safe sex had been developed within the gay male community, with participants in one group suggesting this could inform the development and promotion of safe drinking norms for Rainbow people. It was also suggested that changing norms around drinking is applicable to all communities, not just Rainbow communities.

- P7 Well it's like safe sex, it's like doing all that, isn't it?*
- P2 So what you had to do is make safe sex attractive. And that's what we did. So then, it was about socialising, not just educating, but making it a norm. And if we do that with alcohol, so, if we start with five year olds talking about alcohol, and so that we know it's part of the world they're gonna be in. But it's about having information from an early age about appropriate use.(FG17)*

Another improvement suggested was the inclusion of Rainbow people in health promotion messages so they could see that the message was also for them.

- P7 We're part of the wider community. We're part of New Zealand. But if you become part of the ad, you know ... it's not just the straight people, it's the gay people, the different cultures, and that's how we put it in, as that we are one, but we're not all of it. (FG17)*

Participants were divided as to whether specific campaigns or advertisements targeting Rainbow communities were needed to supplement the general health promotion messages. There was a concern reported that targeted messages could have a negative impact on the community, making some Rainbow people feel even more marginalised and stigmatised.

- P4 I think that's a very important point. Because actually what you don't want them to do is turn people more to drinking. They'd just drink at home. (FG14)*

Alcohol and drug services are limited, and not always safe or accessible

Only one alcohol and drug service specifically focused on Rainbow communities was identified in the focus group discussions – the CADS Rainbow service in Auckland. Rainbow people often use mainstream services if they want assistance with alcohol and drug issues. These mainstream services were characterised as not providing inclusive environments or services where Rainbow believe they would be treated with dignity. Services linked to churches (e.g., Salvation Army) or that have a spiritual dimension (e.g., AA) were regarded as particularly problematic, with some Rainbow people having had negative experiences of churches. In addition, the availability of mainstream alcohol and drug services was noted as being very limited.

- P2 You're not gonna go and talk about how you have a drinking problem because you're first scared of being trans while you're surrounded by like highly Christians who are not okay with it. It's like half of why I stopped going to AA. (FG7)*

M How easy or difficult do you think it would be to access alcohol services, if you needed them? So, if you needed some help with your drinking.

P3 Very difficult. But that's a personal experience. I would say very difficult.

P4 Yeah, I think it's very difficult. There's not enough of them. And that's really hard to get into your programmes.

P3 You have to be really rock bottom. And rotten really, your life. Your life has to be completely fucked in several ways. You know, to get into it. And the only other way is if you got shitloads of money. (FG14)

Rainbow-focused services were seen as more likely to have competent practitioners with the requisite knowledge about Rainbow communities and skills for working with Rainbow people. The presence of such staff is likely to contribute to Rainbow people feeling the services are likely to meet their needs in an appropriate way. It was noted that current mainstream services are not always competent and adequately prepared for dealing with Rainbow people.

- P1 I mean, you're looking all the, all the organisations in general. A lot of them don't cater for a lot of the gay community and as a whole.*
- P5 Even less with the trans community.*
- P2 True.*
- P1 ... oh not even that. It's like, you don't know they're safe ... any of those organisations out there, like the AA and whatever else, if we don't know that the gay community go to them, we're not gonna use them. We don't know if they're safe. (FG17)*
-

- M How about, the competency of services for meeting LGBT needs. Has anyone got a view on this?*
- P4 I think some of them struggled. When people are particularly, when they're down to the bottom and some of those people end up in the streets, doing things like that. And then they're prostituting. Some organisations have a lot of issues with that, and or try to convert them. Well, it's not the time to try and convert anyone. (FG14)*

Rainbow communities are diverse and participants reported there are unique issues for different identities within the Rainbow community so there needs to be more targeted solutions and support. In addition to the limited number of services available, as noted above, the extra dimension of having a Rainbow identity meant some people would prefer to have services that are available online so that 'anonymity' can be maintained. Deaf participants noted issues in accessing services because of a lack of suitable interpreters.

- P2 A lot of people in Rainbow communities might not feel comfortable going to a physical support group or a service ... and that anonymous thing too 'cause that's another big thing for people in queer communities. (FG2)*
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- P6 Even if it's as simple as training a few people and like those who are assisting kind of hotline and such to be able to handle those and having them behind able to swap a call if need be. I don't know how difficult that would be. It may be difficult in those kind of situation but yeah. Ideally like full on hotline for it but if needs must be met kind of thing (FG7)*
-

- P2 But it's not easy for these people to be gay and disabled, and deaf is really really hard ... we really need that access, there's a lot of barriers, and the main one is interpreters. We need gay interpreters, gay and lesbian interpreters. (FG13)*

Alcohol health promotion / treatment services need to focus on reasons for drinking

Many participants identified that health promotion responses and alcohol and drug services need to understand and address the reasons for Rainbow people drinking. In such accounts, alcohol drinks were not necessarily viewed as an issue or a problem, rather the reasons for drinking were viewed as an issue.

P2 Alcohol is not necessarily the problem. That's what I would say. Determining what that problem is, and dealing with that. (FG14)

P3 I think that the bigger issue is, why are people drinking to excess? Why are they having P, you know? ... the people who go doing these things to excess because there is a reason behind it. And it's addressing that reason, not looking at someone to blame and then ban that. Because you let me find something else that would come in its place ... history will show that. It's actually finding the cause where the problem is, not just putting it all on alcohol. (FG14)

For many participants the underlying reason for alcohol use/misuse was to cope with stress in their lives. Understanding the central importance of this driver of alcohol use/misuse was viewed as necessary for effectively planning health campaigns and was also regarded as fundamental to providing appropriate treatment services.

P1 Like there's all the public health messages at the moment about, you know, don't drink too much, or don't drink and drive. But there's some of that more complex stuff and I think that we would unpack if you do more research on trans and same sex attracted young people. There's a deep psychological reason why they're turning to drink. So that actually has to be addressed to the communities before some of that more peripheral stuff. (FG18)

P5 I guess I'm much more for the reduce the stresses that might cause people to drink than tell people that there's something wrong with them because they're reacting to stress. I'd much rather that there were people out there normalising gender diversity and sexual diversity and stuff like that than focusing on me as being the problem. When I'm just, it's just a symptom of the problem.

P2 ... the reason why ... these young people are drinking, or any age really, is because they're struggling with something, with coming out, or with dealing with family, or things like that. And then putting another problem on it, that very much impacts, how they perceive themselves and how other people perceive them. (FG11)

3. DISCUSSION AND AREAS FOR ACTION

3.1 INTRODUCTION

In this section the key results (from Section 2) are highlighted to identify areas for potential intervention by organisations including the Health Promotion Agency, the wider health and social sector, and Rainbow communities. Key areas where action could be focussed are: embracing diversity; reshaping drinking norms; reducing discrimination, stigma and exclusion; improving alcohol health promotion and services; and reducing reliance on alcohol industry sponsorship.

3.2 EMBRACING DIVERSITY

A clear result from the research is the diversity across a number of domains such as gender, sexuality, location and age among Rainbow people and Rainbow communities. Having an appreciation of this diversity was viewed as necessary to understanding drinking among Rainbow people. Rainbow people have a range of life experiences that cannot be generalised.

Participants had mixed views about how inclusive Rainbow communities are, however a general observation was that over time inclusiveness has been improving. In relation to drinking, greater inclusion across Rainbow communities has meant more access to the commercial gay bar and club scene for some previously excluded groups, e.g., transgender people.

These results suggest the following action would be appropriate:

- Encourage health and social service agencies, government, and researchers to take account of the different experiences and needs of Rainbow people and to consult and work collaboratively with the Rainbow sector when developing policy, planning services, delivering services, and undertaking research.

3.3 RESHAPING DRINKING NORMS

The participants in this research were clear that Rainbow drinking needs to be viewed firstly within the context of New Zealand's drinking culture. Drinking in New Zealand was characterised as heavy and 'binge', and alcohol was viewed as being everywhere, with people introduced to alcohol at an early age. For Māori health, the effects of colonisation have resounded through the Māori world in deep and devastating ways (Reid & Robson, 2007). Understanding the impacts on takatāpui should include consideration of the diversity in drinking and substance use practices, for example patterns of alcohol consumption among Māori who as a group drink less often but consume more per occasion (Ministry of Health,

2011). Rainbow people born overseas also identified they brought with them experiences of the drinking cultures of their home countries.

On top of this are Rainbow-specific norms that shape drinking. In particular, participants emphasised the importance of the commercial gay scene (bars and clubs) in providing central meeting places for many people. In areas where bars were not available, other meeting places identified included people's homes/house parties and mainstream bars. A central feature of gay bars for participants was their importance as a safe space for socialising and meeting others, a finding consistent with international research (Croff, Hubach, Currin, & Frederick, 2017). Participants also identified that, as in other overseas cities, gay bars are closing for a number of reasons (Campkin & Marshall, 2017; UCL Urban Laboratory, 2016), impacting on the way Rainbow communities organise.

A lack of non-alcohol venues was identified and many participants supported the development of such spaces, including a drop-in type centre. While the feasibility of a Rainbow community centre in Auckland has been investigated previously (Rankine, 2008), there is currently no centre, however periodic calls are made by community members for such a venue.

Many Rainbow community members questioned defining 'heavy drinking' as problematic drinking and some participants resisted sex role and gender expectations through choice of drink. These findings echo mainstream research which has also reported this among young New Zealanders (Lyons & Willott, 2008). In addition, research by the Health Promotion Agency suggests LGB people are much more likely than non-LGB people to view drunkenness as acceptable in some circumstances. These findings suggest current low-risk drinking advice (Health Promotion Agency, n.d.) does not have salience for Rainbow people.

These results suggest the following actions would be appropriate:

- Continue to focus alcohol policy and health promotion on improving New Zealand's drinking culture.
- Support Rainbow communities to work with local government and other agencies to provide Rainbow-friendly services and alcohol-free spaces and venues.
- Explore ways to explain and communicate low-risk drinking advice and build support for this within Rainbow communities.

3.4 REDUCING DISCRIMINATION, STIGMA AND EXCLUSION

In New Zealand, as elsewhere, some legal protections are in place to protect some of the human rights of Rainbow people (e.g., discrimination in the provision of goods and services on the basis of sexual orientation is illegal under Human Rights Act). Nonetheless, as is the experience in many other countries, e.g., Australia (Newman, 2018), significant social stigma exists for Rainbow people.

Many Rainbow people in this study identified that they themselves and others have historical or current experience of oppression and exclusion, which lead to isolation and distress. These

types of experiences have been previously reported in New Zealand studies (Adams, Dickinson, & Asiasiga, 2012, 2013a, 2013b; Adams, McCreanor, & Braun, 2013; Dickinson & Adams, 2014). Participants clearly identified the negative impacts they have experienced as arising from social and environmental factors that are external to them – again a finding consistent with previous New Zealand research (Adams, McCreanor, et al., 2013). Other research also suggests these experiences can be amplified for some Rainbow people on the basis of having other identities such as ethnicity which can also contribute to marginalisation and stigma (Clunie, 2018).

It is clear from the research results that Rainbow people view alcohol use and mental health as inextricably linked. Many participants identified that using alcohol was a coping mechanism for themselves and others as a consequence of experiencing discrimination – a finding which is consistent with international studies (McNair et al., 2016; Slater, Godette, Huang, Ruan, & Kerridge, 2017).

These results suggest the following actions would be appropriate:

- Ensure alcohol health promotion interventions take account of the ways experiences of stigma, discrimination and exclusion contribute to drinking among Rainbow people and within Rainbow communities.
- Encourage the development of public health interventions, including awareness campaigns, to counter the underlying causes of discrimination experienced by Rainbow people.
- Encourage mental health and addictions policy and services to specifically respond to the needs of Rainbow people.

3.5 IMPROVING ALCOHOL HEALTH PROMOTION AND SERVICES

In general terms participants thought health promotion messages that resonate with them should be developed. Key suggestions for improvement were noted, including ensuring Rainbow people are authentically visible in health promotion messages. This notion of genuine inclusion has also been recommended for HIV health promotion for Chinese and South Indian men (Neville & Adams, 2016). Such an approach draws upon a normalisation discourse that treats Rainbow people in the same way as non-Rainbow people within health promotion initiatives (Adams, Braun, & McCreanor, 2014). While participants had different views on the appropriateness of campaigns targeted to Rainbow communities, they have been used elsewhere. In Victoria, Australia a strengths-based campaign focusing on lesbian, bisexual and queer women and encouraging them to re-think their relationship with alcohol has been implemented recently (Vic Health, 2018). This type of initiative deserves fuller exploration as to its appropriateness for use within a New Zealand context.

Participants were critical of the limited availability of appropriate alcohol and drug services. Mainstream services were regarded as not always being competent and able to respond to the needs of Rainbow people. This finding mirrors earlier research about mental health and

addiction services for Rainbow people in Auckland which identified many people experienced homonegative or transnegative experiences from service providers (Birkenhead & Rands, 2012). Other local research has also reported Rainbow people's negative experiences and lack of trust in the competence of medical professionals, resulting in a reluctance to disclose sexuality and gender and, thereby, potentially compromising access and engagement with healthcare (Adams, Braun, & McCreanor, 2012; Adams, McCreanor, & Braun, 2008; Ludlam, Saxton, Dickson, & Hughes, 2015; Neville & Henrickson, 2006). A key issue here is the lack of suitable training in Rainbow issues for medical and health practitioners that has also been identified in other reports (Adams, Dickinson, et al., 2012; Birkenhead & Rands, 2012; Rainbow Youth, 2018). Recently recommendations have been made for medical schools to increase coverage of Rainbow issues in the curriculum to assist medical students develop the competencies required to work with Rainbow people (Taylor, Rapsey, & Treharne, 2018), and guidelines for gender affirming healthcare for gender diverse and transgender people provided (Oliphant et al., 2018).

These results suggest the following actions would be appropriate:

- Encourage health promotion agencies to include Rainbow people in mainstream alcohol health promotion campaigns.
- Encourage health promotion agencies to investigate further the appropriateness of Rainbow community targeted alcohol health promotion.
- Educate health and social service professionals in Rainbow health issues during initial training and as professional development.
- Support mainstream alcohol and drug services to provide culturally appropriate services for Rainbow people.
- Investigate the feasibility of providing Rainbow-focused alcohol and drug services in areas of high demand.

3.6 REDUCING RELIANCE ON ALCOHOL INDUSTRY SPONSORSHIP

Alcohol has long been promoted to Rainbow communities, and in particular to gay men. In the present study examples were provided of ways alcohol brands are promoted to Rainbow communities. These findings are consistent with an earlier study which found alcohol companies work explicitly to target this niche market (Adams, McCreanor, & Braun, 2007). Participants in the study reported benefits of support received from alcohol companies and bars/clubs, such as assistance with holding events. However, it was recognised that this support comes at the cost of encouraging alcohol consumption among Rainbow people. Several participants were cynical about the motives of alcohol companies in providing this support.

Alcohol promotion in the form of advertisements and promotions was not highly visible to participants, particularly in relation to online presence. This finding appears contrary to mainstream research which has identified that alcohol companies actively use social media to

“communicate with users to co-produce and generate alcohol-related content” (Niland, McCreanor, Lyons, & Griffin, 2017, p. 274). This is a potential area for further investigation.

These results suggest the following action would be appropriate:

- Encourage Rainbow community organisations to seek alternatives to support from alcohol companies and bars, including not holding community events within bars/nightclub premises.
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REFERENCES

- Adams, J., Braun, V., & McCreanor, T. (2012). Gay men talking about health: Are sexuality and health interlinked? *American Journal of Men's Health*, 6(3), 182-193. doi: 10.1177/1557988311421980
- Adams, J., Braun, V., & McCreanor, T. (2014). "Aren't labels for pickle jars, not people?" Negotiating identity and community in talk about 'being gay'. *American Journal of Men's Health*, 8(6), 457-469. doi: 10.1177/1557988313518800
- Adams, J., Dickinson, P., & Asiasiga, L. (2012). Mental health promotion and prevention services to gay, lesbian, bisexual, transgender and intersex populations in New Zealand: Needs assessment report. Auckland, New Zealand: Te Pou o Te Whakaaro Nui, The National Centre of Mental Health Research, Information and Workforce Development.
- Adams, J., Dickinson, P., & Asiasiga, L. (2013a). Mental health issues for lesbian, gay, bisexual, and transgender people: A qualitative study. *International Journal of Mental Health Promotion*, 15(2), 105-120. doi: 10.1080/14623730.2013.799821
- Adams, J., Dickinson, P., & Asiasiga, L. (2013b). Mental health promotion for gay, lesbian, bisexual, transgender and intersex New Zealanders. *Journal of Primary Health Care*, 5(2), 105-113.
- Adams, J., McCreanor, T., & Braun, V. (2007). Alcohol and gay men: Consumption, promotion and policy responses. In V. Clarke & E. Peel (Eds.), *Out in psychology: Lesbian, gay, bisexual, trans and queer perspectives* (pp. 369-390). Chichester, UK: John Wiley & Sons.
- Adams, J., McCreanor, T., & Braun, V. (2008). Doctoring New Zealand's gay men. *New Zealand Medical Journal*, 121(1287), 11-20.
- Adams, J., McCreanor, T., & Braun, V. (2013). Gay men's explanations of health and how to improve it. *Qualitative Health Research*, 23(7), 887-899. doi: 10.1177/1049732313484196
- Allen, V. C., Myers, H. F., & Ray, L. (2015). The association between alcohol consumption and condom use: Considering correlates of HIV risk among black men who have sex with men. *AIDS and Behavior*, 19(9), 1689-1700. doi: 10.1007/s10461-015-1075-1
- Austin, E. L., & Irwin, J. A. (2010). Health behaviors and health care utilization of Southern lesbians. *Women's Health Issues*, 20(3), 178-184. doi: 10.1016/j.whi.2010.01.002
- Australian Institute of Health and Welfare. (2014). National Drug Strategy Household Survey detailed report 2013. Canberra, Australia: Australian Institute of Health and Welfare.
- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., . . . Rossow, I. (2010). *Alcohol: No ordinary commodity* (2nd ed.). Oxford, UK: Oxford University Press.
- Birkenhead, A., & Rands, D. (2012). Let's talk about sex ...(sexuality and gender): Improving mental health and addiction services for Rainbow communities. Auckland, New Zealand: Auckland District Health Board, OUTline and Affinity Services.
- Bloomfield, K., Wicki, M., Wilsnack, S., Hughes, T., & Gmel, G. (2011). International differences in alcohol use according to sexual orientation. *Substance Abuse*, 32(4), 210-219. doi: 10.1080/08897077.2011.598404
- Bourne, A., Davey, C., Hickson, F., Reid, D., & Weatherburn, P. (2016). Physical health inequalities among gay and bisexual men in England: A large community-based cross-sectional survey. *Journal of Public Health*. doi: 10.1093/pubmed/fdw029
- Bourne, A., Davey, C., Hickson, F., Reid, D., & Weatherburn, P. (2017). Physical health inequalities among gay and bisexual men in England: A large community-based cross-sectional survey. *Journal of Public Health*, 39(2), 290-296. doi: 10.1093/pubmed/fdw029
- Bourne, A., & Weatherburn, P. (2017). Substance use among men who have sex with men: Patterns, motivations, impacts and intervention development need. *Sexually Transmitted Infections*. doi: 10.1136/sextrans-2016-052674

- Broussard, K. A., Warner, R. H., & Pope, A. R. D. (2018). Too many boxes, or not enough? Preferences for how we ask about gender in cisgender, LGB, and gender-diverse samples. [journal article]. *Sex Roles*, 78(9), 606-624. doi: 10.1007/s11199-017-0823-2
- Burgard, S. A., Cochran, S. D., & Mays, V. M. (2005). Alcohol and tobacco use patterns among heterosexually and homosexually experienced Californian women. *Drug and Alcohol Dependence*, 77(1), 61-70. doi: 10.1016/j.drugalcdep.2004.07.007
- Campkin, B., & Marshall, L. (2017). LGBTQ+ cultural infrastructure in London: Night venues, 2006–present. London, UK: UCL Urban Laboratory.
- Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., . . . Utter, J. (2013). Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012. Auckland, New Zealand: The University of Auckland.
- Clark, T. C., Lucassen, M. F. G., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The health and well-being of transgender high school students: Results from the New Zealand Adolescent Health Survey (Youth'12). *Journal of Adolescent Health*, 55(1), 93-99. doi: 10.1016/j.jadohealth.2013.11.008
- Clarke, V., Ellis, S. J., Peel, E., & Riggs, D. W. (2010). *Lesbian, gay, bisexual, trans and queer psychology: An introduction*. Cambridge, UK: Cambridge University Press.
- Clarke, V., & Peel, E. (2007a). From lesbian and gay psychology to LGBTQ psychologies: A journey into the unknown (or unknowable)? In V. Clarke & E. Peel (Eds.), *Out in Psychology: Lesbian, gay, bisexual, trans and queer perspectives* (pp. 11-37). Chichester, UK: John Wiley & Sons.
- Clarke, V., & Peel, E. (2007b). Introducing Out in Psychology. In V. Clarke & E. Peel (Eds.), *Out in Psychology: Lesbian, gay, bisexual, trans and queer perspectives* (pp. 1-9). Chichester, UK: John Wiley & Sons.
- Clunie, M., on behalf of various groups and individuals. (2018). Rainbow communities, mental health and addictions: A submission to the Government Inquiry into Mental Health and Addiction – Oranga Tāngata, Oranga Whānau. Auckland: Mental Health Foundation.
- Cochran, S. D., Ackerman, D., Mays, V. M., & Ross, M. W. (2004). Prevalence of non-medical drug use and dependence among homosexually active men and women in the US population. *Addiction*, 99(8), 989-998. doi: 10.1111/j.1360-0443.2004.00759.x
- Cochran, S. D., Keenan, C., Schober, C., & Mays, V. M. (2000). Estimates of alcohol use and clinical treatment needs among homosexually active men and women in the U.S. population. *Journal of Consulting and Clinical Psychology*, 68(6), 1062-1071. doi: 10.1037/0022-006X.68.6.1062
- Colucci, E. (2007). "Focus groups can be fun": The use of activity-oriented questions in focus group discussions. *Qualitative Health Research*, 17(10), 1422-1433. doi: 10.1177/1049732307308129
- Condit, M., Kitaji, K., Drabble, L., & Trocki, K. (2011). Sexual-minority women and alcohol: Intersections between drinking, relational contexts, stress, and coping. *Journal of Gay & Lesbian Social Services*, 23(3), 351-375. doi: 10.1080/10538720.2011.588930
- Coulter, R. W. S., Blosnich, J. R., Bukowski, L. A., Herrick, A. L., Siconolfi, D. E., & Stall, R. D. (2015). Differences in alcohol use and alcohol-related problems between transgender- and nontransgender-identified young adults. *Drug and Alcohol Dependence*, 154, 251-259. doi: 10.1016/j.drugalcdep.2015.07.006
- Coyle, A., & Wilkinson, S. (2002). Social psychological perspectives on lesbian and gay issues in Europe: The state of the art. *Journal of Community & Applied Social Psychology*, 12(3), 147-152. doi: 10.1002/casp.668
- Croff, J. M., Hubach, R. D., Currin, J. M., & Frederick, A. F. (2017). Hidden rainbows: Gay bars as safe havens in a socially conservative area since the Pulse Nightclub massacre. [journal article]. *Sexuality Research and Social Policy*, 14(2), 233-240. doi: 10.1007/s13178-017-0273-1
- D'Abbs, P. (2012). Problematizing alcohol through the eyes of the other: Alcohol policy and aboriginal drinking in the Northern Territory, Australia. *Contemporary Drug Problems*, 39(3), 371-396. doi: 10.1177/009145091203900303

- Demant, D., Hides, L., Kavanagh, D. J., White, K. M., Winstock, A. R., & Ferris, J. (2015). Differences in substance use between sexual orientations in a multi-country sample: Findings from the Global Drug Survey. *Journal of Public Health*. doi: 10.1093/pubmed/fdw069
- Dermody, S. S., Marshal, M. P., Cheong, J., Burton, C., Hughes, T., Aranda, F., & Friedman, M. S. (2014). Longitudinal disparities of hazardous drinking between sexual minority and heterosexual individuals from adolescence to young adulthood. *Journal of Youth and Adolescence*, 43(1), 30-39. doi: 10.1007/s10964-013-9905-9
- Dickinson, P., & Adams, J. (2014). Resiliency and mental health and well-being among lesbian, gay and bisexual people. *International Journal of Mental Health Promotion*, 16(2), 117-125. doi: 10.1080/14623730.2014.903621
- Dowsett, G. W. (2007). Researching gay men's health: The promise of qualitative methodology. In I. H. Meyer & M. Northbridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations* (pp. 419-441). New York, NY: Springer.
- Drabble, L., Midanik, L. T., & Trocki, K. (2005). Reports of alcohol consumption and alcohol-related problems among homosexual, bisexual and heterosexual respondents: Results from the 2000 National Alcohol Survey. *Journal of Studies on Alcohol*, 66(1), 111-120. doi: 10.15288/jsa.2005.66.111
- Emslie, C., Lennox, J., & Ireland, L. (2017a). The role of alcohol in identity construction among LGBT people: A qualitative study. *Sociology of Health & Illness*. doi: 10.1111/1467-9566.12605
- Emslie, C., Lennox, J., & Ireland, L. (2017b). The social context of LGBT people's drinking in Scotland. Glasgow, United Kingdom: Scottish Health Action on Alcohol Problems and Glasgow Caledonian University.
- Fergusson, D. M., Horwood, L. J., Ridder, E. M., & Beautrais, A. L. (2005). Sexual orientation and mental health in a birth cohort of young adults. *Psychological Medicine*, 35(7), 971-981. doi: 10.1017/S0033291704004222
- Fontanella, L., Maretti, M., & Sarra, A. (2014). Gender fluidity across the world: a multilevel item response theory approach. [journal article]. *Quality & Quantity*, 48(5), 2553-2568. doi: 10.1007/s11135-013-9907-4
- Gearing, N. (1997). *Emerging tribe: Gay culture in New Zealand in the 1990s*. Auckland, New Zealand: Penguin Books.
- Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: an update on empirical research and implications for treatment. *Psychology of Addictive Behaviors*, 26(2), 265-278. doi: 10.1037/a0025424
- Greenwood, G. L., & Gruskin, E. (2007). LGBT tobacco and health disparities. In I. H. Meyer & M. Northbridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations* (pp. 566-583). New York, NY: Springer.
- Health Promotion Agency. (2017). *Attitudes and Behaviour towards Alcohol Survey data: Lesbian, gay and bisexual (unpublished data)*. Health Promotion Agency. Wellington, New Zealand.
- Health Promotion Agency. (n.d.). Low-risk alcohol drinking advice. Retrieved from <https://www.alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice>.
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460-467. doi: 10.1037/a0029597
- Hequembourg, A. L., & Brallier, S. A. (2009). An exploration of sexual minority stress across the lines of gender and sexual identity. *Journal of Homosexuality*, 56(3), 273-298. doi: 10.1080/00918360902728517

- Hequembourg, A. L., Parks, K. A., Collins, R. L., & Hughes, T. L. (2015). Sexual assault risks among gay and bisexual men. *The Journal of Sex Research, 52*(3), 282-295. doi: 10.1080/00224499.2013.856836
- Hess, K. L., Chavez, P. R., Kanny, D., DiNenno, E., Lansky, A., & Paz-Bailey, G. (2015). Binge drinking and risky sexual behavior among HIV-negative and unknown HIV status men who have sex with men, 20 US cities. *Drug and Alcohol Dependence, 147*, 46-52. doi: 10.1016/j.drugalcdep.2014.12.013
- Huckle, T., Yeh, L. C., Lin, J., & Jensen, V. (2013). Trends in alcohol consumption and alcohol related harms among females in New Zealand: Research report commissioned by the Health Promotion Agency. Wellington, New Zealand: Health Promotion Agency.
- Hughes, T. (2011). Alcohol-related problems among sexual minority women. *Alcoholism treatment quarterly, 29*(4), 403-435. doi: 10.1080/07347324.2011.608336
- Hughes, T. L., Wilsnack, S. C., & Kantor, L. W. (2016). The influence of gender and sexual orientation on alcohol use and alcohol-related problems: Toward a global perspective. *Alcohol Research: Current Reviews, 38*(1), 121-132.
- Israelstam, S., & Lambert, S. (1983). Homosexuality as a cause of alcoholism: A historical review. *The International Journal of the Addictions, 18*(8), 1085-1107. doi: 10.3109/10826088309027372
- Lawrence, A. A. (2007). Transgender health concerns. In I. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations* (pp. 473-505). New York, NY: Springer.
- Le Grice, J., & Braun, V. (2018). Indigenous (Māori) sexual health psychologies in New Zealand: Delivering culturally congruent sexuality education. *Journal of Health Psychology, 23*(2), 175-187. doi: 10.1177/1359105317739909
- Lea, T., de Wit, J., & Reynolds, R. (2014). Minority stress in lesbian, gay, and bisexual young adults in Australia: Associations with psychological distress, suicidality, and substance use. *Archives of Sexual Behavior, 43*(8), 1571-1578. doi: 10.1007/s10508-014-0266-6
- Lea, T., Reynolds, R., & de Wit, J. (2013). Alcohol and club drug use among same-sex attracted young people: Associations with frequenting the lesbian and gay scene and other bars and nightclubs. *Substance Use & Misuse, 48*(1-2), 129-136. doi: 10.3109/10826084.2012.733904
- Lea, T., Ryan, D., Prestage, G., Zablotska, I., Mao, L., de Wit, J., & Holt, M. (2015). Alcohol use among a community-based sample of gay men: Correlates of high-risk use and implications for service provision. *Drug and Alcohol Review, 34*(4), 349-357. doi: 10.1111/dar.12234
- Lucassen, M. F. G., Clark, T. C., Moselen, E., Robinson, E. M., & The Adolescent Health Research Group. (2014). Youth'12 The health and wellbeing of secondary school students in New Zealand: Results for young people attracted to the same sex or both sexes. Auckland, New Zealand: The University of Auckland.
- Ludlam, A. H., Saxton, P. J., Dickson, N. P., & Hughes, A. J. (2015). General practitioner awareness of sexual orientation among a community and internet sample of gay and bisexual men in New Zealand. *Journal of Primary Health Care, 7*(3), 204-212.
- Lyons, A. C., McCreanor, T., Goodwin, I., & Barnes, H. M. (Eds.). (2017). *Youth drinking cultures in a digital world: Alcohol, social media and cultures of intoxication*. Oxford, UK: Routledge.
- Lyons, A. C., & Willott, S. A. (2008). Alcohol consumption, gender identities and women's changing social positions. *Sex Roles, 59*(9), 694-712. doi: 10.1007/s11199-008-9475-6
- Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy, 10*(1), 17. doi: 10.1186/s13011-015-0015-4

- McCabe, S. E., Hughes, T. L., Bostwick, W. B., West, B. T., & Boyd, C. J. (2009). Sexual orientation, substance use behaviors and substance dependence in the United States. *Addiction, 104*(8), 1333-1345. doi: 10.1111/j.1360-0443.2009.02596.x
- McNab, J. (1993). *A social historical overview: Male homosexuality in New Zealand*. Masters thesis, The University of Auckland, Auckland, New Zealand.
- McNair, R., Pennay, A., Hughes, T., Brown, R., Leonard, W., & Lubman, D. I. (2016). A model for lesbian, bisexual and queer-related influences on alcohol consumption and implications for policy and practice. *Culture, Health & Sexuality, 18*(4), 405-421. doi: 10.1080/13691058.2015.1089602
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*(1), 38-56.
- Miller, B. (2015). "They're the modern-day gay bar": Exploring the uses and gratifications of social networks for men who have sex with men. *Computers in Human Behavior, 51*(Part A), 476-482. doi: 10.1016/j.chb.2015.05.023
- Ministry of Health. (2011). *Tatau kahukura: Māori health statistics, Ngā tauwehe tūpono me te marumaruru: Risk and protective factors, Alcohol use*. Wellington, New Zealand: Ministry of Health.
- Monroe, A. K., Lau, B., Mugavero, M. J., Mathews, W. C., Mayer, K. H., Napravnik, S., . . . Chander, G. (2016). Heavy alcohol use is associated with worse retention in HIV care. *Journal of Acquired Immune Deficiency Syndromes, 73*(4), 419-425. doi: 10.1097/QAI.0000000000001083
- Murray, M. (2004). Introduction: Criticizing health psychology. In M. Murray (Ed.), *Critical health psychology* (pp. 1-11). Basingstoke, UK: Palgrave Macmillan.
- Mutchler, M. G., McDavitt, B., & Gordon, K. K. (2014). "Becoming bold": Alcohol use and sexual exploration among Black and Latino young men who have sex with men (YMSM). *The Journal of Sex Research, 51*(6), 696-710. doi: 10.1080/00224499.2013.772086
- Neville, S., & Adams, J. (2009). Condom use in men who have sex with men: A literature review. *Contemporary Nurse, 33*(2), 130-139. doi: 10.5172/conu.2009.33.2.130
- Neville, S., & Adams, J. (2016). Views about HIV/STI and health promotion among gay and bisexual Chinese and South Asian men living in Auckland, New Zealand. *International Journal of Qualitative Studies on Health and Well-being 11*(30764). doi: 10.3402/qhw.v11.30764
- Neville, S., Adams, J., & Holdershaw, J. (2014). Social marketing campaigns that promote condom use among MSM: A literature review. *Nursing Praxis in New Zealand, 30*(1), 5-16.
- Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing, 55*(4), 407-415. doi: 10.1111/j.1365-2648.2006.03944.x
- Newcomb, M. E., Heinz, A. J., & Mustanski, B. (2012). Examining risk and protective factors for alcohol use in lesbian, gay, bisexual, and transgender youth: A longitudinal multilevel analysis. *Journal of Studies on Alcohol and Drugs, 73*(5), 783-793.
- Newman, C. E. (2018). Queer families: valuing stories of adversity, diversity and belonging. *Culture, Health & Sexuality, 1-8*. doi: 10.1080/13691058.2018.1468032
- Niland, P., McCreanor, T., Lyons, A. C., & Griffin, C. (2017). Alcohol marketing on social media: Young adults engage with alcohol marketing on facebook. *Addiction Research & Theory, 25*(4), 273-284. doi: 10.1080/16066359.2016.1245293
- Nuttbrock, L., Bockting, W., Rosenblum, A., Hwahng, S., Mason, M., Macri, M., & Becker, J. (2014). Gender abuse, depressive symptoms, and substance use among transgender women: A 3-year prospective study. *American Journal of Public Health, 104*(11), 2199-2206. doi: 10.2105/ajph.2014.302106
- Oliphant, J., Veale, J., Macdonald, J., Carroll, R., Johnson, R., Harte, M., . . . Bullock, J. (2018). *Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa New Zealand*. Hamilton, New Zealand: Transgender Health Research Lab, University of Waikato.

- Ostrow, D. G., & Stall, R. (2008). Alcohol, tobacco, and drug use among gay and bisexual men. In R. J. Wolitski, R. Stall & R. O. Valdiserri (Eds.), *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp. 121-158). New York, NY: Oxford University Press.
- Pega, F., & Coupe, N. (2007). *GLB people's substance use: Findings from the New Zealand Health Behaviours Surveys: 2003 Drug Use and 2004 Alcohol Use*. Paper presented at the Public Health Association Conference, Auckland, New Zealand.
- Pega, F., & MacEwan, I. (2010). Takatapui, lesbian, gay, and bisexual scoping exercise: Report to the Alcohol Advisory Council of New Zealand. Wellington, New Zealand: Alcohol Advisory Council of New Zealand.
- Pega, F., Smith, L. A., Hamilton, T., & Summerfield, S. (2012). Factors increasing and decreasing binge-drinking in young people attracted to more than one gender: A qualitative study of focus groups. Wellington, New Zealand: University of Otago.
- Pulotu-Endemann, F. K., & Peteru, C. (2001). Beyond the paradise myth: Sexuality and identity. In C. Macpherson, P. Spoonley & M. Anae (Eds.), *Tangata o te Moana Nui: The evolving identities of Pacific peoples in Aotearoa/New Zealand* (pp. 122-136). Palmerston North, New Zealand: Dunmore Press.
- Rainbow Youth. (2018). *Out loud Aotearoa*. Auckland, New Zealand: Rainbow Youth,.
- Rankine, J. (2008). Lesbian, gay, bisexual, takatapui, transgender community centre needs assessment. Auckland, New Zealand: Words and Pictures.
- Reid, P., & Robson, B. (2007). Understanding health inequities. In B. Robson & R. Harris (Eds.), *Hauora: Māori health standards IV. A study of the years 2000–2005* (pp. 3-5). Wellington, New Zealand: Te Rōpū Rangahau Hauora a Eru Pōmare.
- Reynolds, R. (2009). Endangered territory, endangered identity: Oxford Street and the dissipation of gay life. *Journal of Australian Studies*, 33(1), 79-92. doi: 10.1080/14443050802672551
- Roche, A., Kostadinov, V., Fischer, J., & Nicholas, R. (2015). Evidence review: The social determinants of inequities in alcohol consumption and alcohol-related health outcomes. Carlton South, Australia: Victoria Health promotion Foundation.
- Rowe, C., Santos, G.-M., McFarland, W., & Wilson, E. C. (2015). Prevalence and correlates of substance use among trans*female youth ages 16–24 years in the San Francisco Bay Area. *Drug and Alcohol Dependence*, 147, 160-166. doi: 10.1016/j.drugalcdep.2014.11.023
- Roxburgh, A., Lea, T., de Wit, J., & Degenhardt, L. (2016). Sexual identity and prevalence of alcohol and other drug use among Australians in the general population. *International Journal of Drug Policy*, 28, 76-82. doi: 10.1016/j.drugpo.2015.11.005
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340. doi: 10.1002/1098-240x(200008)23:4<334::aid-nur9>3.0.co;2-g
- Scheim, A. I., Bauer, G. R., & Shokoohi, M. (2016). Heavy episodic drinking among transgender persons: Disparities and predictors. *Drug and Alcohol Dependence*, 167, 156-162. doi: 10.1016/j.drugalcdep.2016.08.011
- Schulman, J. K., & Erickson-Schroth, L. (2017). Mental health in sexual minority and transgender women. *Psychiatric Clinics of North America*, 40(2), 309-319. doi: 10.1016/j.psc.2017.01.011
- Seil, K. S., Desai, M. M., & Smith, M. V. (2014). Sexual orientation, adult connectedness, substance use, and mental health outcomes among adolescents: Findings from the 2009 New York City Youth Risk Behavior Survey. *American Journal of Public Health*, 104(10), 1950-1956. doi: 10.2105/ajph.2014.302050
- SHORE & Whāriki Research Centre. (2017). *Prevalence of alcohol consumption and hazardous drinking among those who identify as lesbian, gay or bisexual (LGB) in New Zealand (unpublished report)*. SHORE & Whāriki Research Centre, Massey University. Auckland, New Zealand.
- SHORE & Whariki Research Centre. (2017). *Prevalence of alcohol consumption and hazardous drinking among those who identify as lesbian, gay or bisexual (LGB) in New*

- Zealand (unpublished report)*. SHORE & Whariki Research Centre, Massey University. Auckland, New Zealand.
- Slater, M. E., Godette, D., Huang, B., Ruan, W. J., & Kerridge, B. T. (2017). Sexual orientation-based discrimination, excessive alcohol use, and substance use disorders among sexual minority adults. *LGBT Health*, 4(5), 337-344. doi: 10.1089/lgbt.2016.0117
- Talley, A. E., Gilbert, P. A., Mitchell, J., Goldbach, J., Marshall, B. D. L., & Kaysen, D. (2016). Addressing gaps on risk and resilience factors for alcohol use outcomes in sexual and gender minority populations. *Drug and Alcohol Review*, 35(4), 484-493. doi: 10.1111/dar.12387
- Talley, A. E., Hughes, T. L., Aranda, F., Birkett, M., & Marshal, M. P. (2014). Exploring alcohol-use behaviors among heterosexual and sexual minority adolescents: Intersections with sex, age, and race/ethnicity. *American Journal of Public Health*, 104(2), 295-303. doi: 10.2105/ajph.2013.301627
- Taylor, O., Rapsey, C. M., & Treharne, G. J. (2018). Sexuality and gender identity teaching within preclinical medical training in New Zealand: Content, attitudes and barriers. *New Zealand Medical Journal*, 131(1477), 35-44.
- The Global Forum on MSM & HIV & OutRight Action International. (2017). Agenda 2030 for LGBTI health and well-being. Oakland, CA / New York, NY: The Global Forum on MSM & HIV & OutRight Action International.
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246. doi: 10.1177/1098214005283748
- Trocki, K. F., Drabble, L., & Midanik, L. (2005). Use of heavier drinking contexts among heterosexuals, homosexuals and bisexuals: Results from a national household probability survey. *Journal of Studies on Alcohol*, 66(1), 105-110.
- Trocki, K. F., Drabble, L. A., & Midanik, L. T. (2009). Tobacco, marijuana, and sensation seeking: Comparisons across gay, lesbian, bisexual, and heterosexual groups. *Psychology of Addictive Behaviors*, 23(4), 620-631. doi: 10.1037/a0017334
- Tupler, L. A., Zapp, D., DeJong, W., Ali, M., O'Rourke, S., Looney, J., & Swartzwelder, H. S. (2017). Alcohol-related blackouts, negative alcohol-related consequences, and motivations for drinking reported by newly matriculating transgender college students. *Alcoholism: Clinical and Experimental Research*, 41(5), 1012-1023. doi: 10.1111/acer.13358
- UCL Urban Laboratory. (2016). LGBTQI nightlife in Londaon from 1986 to the present: Preliminary findings. London, UK: UCL Urban Laboratory.
- Vic Health. (2018). 'Couldn't have done that with a hangover': New campaign aims to shift LBQ Drinking culture in Regional Victoria. Retrieved from <https://www.vichealth.vic.gov.au/media-and-resources/media-releases/new-drinking-culture-campaign>.
- Weinberg, T. S. (1994). *Gay men, drinking, and alcoholism*. Carbondale, CA: Southern Illinois University Press.
- Welch, S., Howden-Chapman, P., & Collings, S. C. D. (1998). Survey of drug and alcohol use by lesbian women in New Zealand. *Addictive Behaviours*, 23(4), 543-548. doi: 10.1016/S0306-4603(98)00036-7
- Wilkinson, S. (2003). Focus groups. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 184-204). London, UK: Sage.
- Wilson, S. M., Gilmore, A. K., Rhew, I. C., Hodge, K. A., & Kaysen, D. L. (2016). Minority stress is longitudinally associated with alcohol-related problems among sexual minority women. *Addictive Behaviors*, 61, 80-83. doi: 10.1016/j.addbeh.2016.05.017
- Winters, R., & Neville, S. (2012). Registered nurse perspectives on delayed or missed nursing cares in a New Zealand hospital. *Nursing Praxis in New Zealand*, 28(1), 19-28.
- Wolfe, M. (1992). Invisible women in invisible places: Lesbians, lesbian bars, and the social production of people/environment relationships. *Architecture and Behavior*, 8(2), 137-158.

APPENDICES

APPENDIX 1: LITERATURE REVIEW

Purpose of the review

This review of local (New Zealand) and international literature was undertaken to identify key current knowledge about drinking behaviours and attitudes among Rainbow people, as well as studies that have examined drinking cultures within Rainbow communities.

The local studies accessed reflect the social, political and economic conditions that impact Rainbow people's lives in New Zealand, as well as local drinking behaviours and cultures; while the international literature provides useful context and information about drinking by Rainbow people.

The review findings informed the project research activities.

Search strategy

The search strategy utilised for this review was based on techniques successfully employed by members of the research team in previous research (Neville & Adams, 2009; Neville, Adams, & Holdershaw, 2014).

Firstly, the electronic database, Scopus, was scanned using the following search terms and key words, alone and in combination: *alcohol and (queer or "same sex" or MSM or lesbian or transsex* or transgend* or bisexual or intersex* or LGBT or gay)* to identify original peer reviewed research, review articles and systematic reviews. Google and Goggle Scholar were also searched to help identify local and international grey literature. The specified period was from 2008 onwards to ensure current research only was included.

Secondly, further searches were undertaken to include indigenous terms [*alcohol and (takatāpui or sistergirl or fa'afafine or fakaleiti or māhū or aikāne or akava'ine or vakasalewalewam or fafafine)*] and to more specifically include alcohol norms [*alcohol norms or drinking norms or drinking culture*].

Thirdly, a comprehensive manual search was undertaken, which included scanning the reference lists of material found in the primary search for additional publications.

Finally, one of the lead researchers and a member of the research team critically appraised all of the gathered literature for inclusion in the review.

Key findings

Introduction

Alcohol use is normalised and accepted in many societies, including New Zealand. It is unique amongst substances because it is legal, easily available and readily accessible (Allen, et al., 2015), and can be obtained at relatively low cost. However, from a public health perspective

the harmful use of alcohol creates tremendous societal burdens and it “plays a major role in the causation of disability, disease, and death on a global scale” (Babor, et al., 2010, p. vii).

In relation to LGBT people, alcohol is often identified as one area of health disparity for these groups (Greenwood & Gruskin, 2007). Links between alcohol and sexual orientation received early attention, including, for example, psychoanalyst Abraham’s linking of alcoholism and homosexuality¹⁹ at the turn of the 20th century (Israelstam & Lambert, 1983). Historically, both alcoholism and homosexuality have been viewed as diseases to be cured (Israelstam & Lambert, 1983). Such studies fit early views of homosexuality as a pathology (Coyle & Wilkinson, 2002).

In more recent times this focus has changed, due in part to an increased recognition of the legitimacy of LGBT research (Clarke & Peel, 2007a, 2007b). In general, research into alcohol use no longer presumes that LGBT people as individuals have a problem with alcohol. Current research is much more likely to look beyond individualistic explanations of alcohol use to incorporate and acknowledge the role of economic, political and social factors, both locally and globally.

Overview

The review primarily reports on studies related to alcohol use by Rainbow people.

Given the importance of understanding alcohol use in local contexts, New Zealand research is reported separately from the international literature in this review. As the available New Zealand research is limited, evidence from international studies is drawn upon to provide additional context for this research study. This international research provides robust evidence from high quality studies of problematic alcohol use among Rainbow people. However, some caution is required in transferring overseas findings to New Zealand given likely variations in drinking cultures and Rainbow cultures.

The studies reviewed report on sexual and gender minority groups in varying ways. Some studies focus on the generic sexual minority population, or on sexual minority women or sexual minority men. Others concentrate on gay men and bisexual men, or men who have sex with men (MSM) which may include heterosexually-identified men, or lesbian and bisexual women. Similarly, the term transgender is defined and reported in different ways.

The findings are reported in two sections: alcohol use and influences on alcohol use.

In the first section the results are structured around the population groups that are the focus of this study (however, it is recognised these are not discrete categories):

- lesbian, gay, and bisexual people
- lesbian and bisexual women
- gay and bisexual men
- transgender people

¹⁹ The term homosexuality is used here as it was used in the original research report.

- young people

In the second section, three themes around motivations for drinking are discussed: normalised alcohol use; discrimination, marginalisation and social stress; and positive influences.

Alcohol use

An overarching theme in the local and international research is that often, but not always, higher rates of alcohol use and alcohol-related problems are reported among sexual minority populations compared to heterosexual populations:

While the prevalence of frequent or problematic alcohol use is relatively similar among gay, bisexual and heterosexual men, higher levels of problematic alcohol use among lesbian and bisexual women compared to heterosexual women have been reported in numerous countries around the world (The Global Forum on MSM & HIV & OutRight Action International, 2017, p. 23).

Lesbian, gay and bisexual people

Studies that do not (or are unable to) report separately on lesbian, gay and bisexual people provide general information about drinking among LGB as a wider group, but do not provide specific information about these particular groups. Because of this we have not included international studies focusing on LGB as a group and report only one New Zealand study that has reported .on LGB as a group for some of its measures.

New Zealand study

The Attitudes and Behaviour towards Alcohol Survey (ABAS) by the Health Promotion Agency is an annual national telephone survey of usually resident New Zealanders. In the 2015/2016 ABAS, 2.6% (n=94) of the adult respondents (18 or over) reported being LGB (comprising 1.2% gay or lesbian, 1.4% bisexual) (Health Promotion Agency, 2017). Due to the small number of LGB, several measures of drinking behaviours and attitudes were reported for LGB as a group.

In relation to drinking over the past four weeks LGB (67%) and non LGB (64%) were equally likely to have had a drink in that period; while differences in risky drinking (7+ drinks on one occasion) between LGB (44%) and non-LGB were (27%) were due to the younger age profile of this group included in the survey. LGB (44%) were more likely than non-LGB (18%) to have 8+ drinks on the last occasion in the last three months and are more likely to have purchased alcohol from a bar/nightclub in the past four weeks (LGB 47%, non-LGB 21%).

LGB people were more likely than non-LGB people to agree with the statements that *Its OK to get drunk as long as it's not everyday* (LGB 37%, non-LGB 20%) and *“Drunkenness is acceptable in some situations”* (LGB 33%, non-LGB 16%). There were no differences in relation to the statement *“Binge drinking is part of kiwi culture”*.

Lesbian and bisexual women

New Zealand studies

Information about drinking among lesbian and bisexual women is provided by the 2015/2016 New Zealand Health Survey (NZHS) and 2015/2016 ABAS. The NZHS is a national survey conducted face to face, and includes over 13,000 respondents. Of the respondents (15 years and over), 2.8% reported being LGB (comprising 1.04% gay or lesbian, 1.34% bisexual, 0.48% other) (SHORE & Whariki Research Centre, 2017). Both surveys allow for comparison between lesbian and bisexual women and non-lesbian and bisexual women.

In the NZHS, the prevalence of drinking (drink containing alcohol in past year) was 76.5% among females who identified as heterosexual, and higher among females identifying as lesbian (91.0%) and bisexual (89.5%). A lower proportion (70.2%) of females identifying as other reported being drinkers in the past 12 months. A statistically significant difference in the prevalence of drinking in the past 12 months was detected between groups (chi-squared $p=0.001$) (SHORE & Whariki Research Centre, 2017).

In relation to the prevalence of hazardous drinking (8 points or more on AUDIT) among lesbian and bisexual women, the NZHS data shows hazardous drinking among females identifying as heterosexual was 17.3%, while it was 21.7% among females who identified as lesbian and 38.2% among females who identified as bisexual. A statistically significant difference was found ($p<0.001$) between the groups (SHORE & Whariki Research Centre, 2017). Using a logistic regression model which grouped female respondents identifying as lesbian, bisexual or other together for analysis (LB), the prevalence of hazardous drinking among females who identified as LB was 32% and this was significantly higher ($p<0.001$) than the prevalence found among non-LB females (17%) (SHORE & Whariki Research Centre, 2017). The ABAS data found 43% of LGB women drank at levels defined as 'risky' (7+ drinks on any one occasion in past four weeks), compared with 17% of non-LGB women. This difference was significant until age was accounted for (Health Promotion Agency, 2017).

Some earlier data is also available for drinking among lesbian and bisexual women in New Zealand. Pega and Coupe (2007) analysed data collected in the 2004 New Zealand Health Behaviours Survey on alcohol use. While this survey was conducted 13 years ago, the data is useful as it indicates differences in drinking between LB and non-LB women may have existed for some time. Key findings²⁰ reported from this analysis were that adult²¹ lesbian and bisexual women were:

- less likely to have abstained from alcohol over the previous year than heterosexual adult women (Pega & MacEwan, 2010)

²⁰ Specific results are not reported for this survey; therefore, summary reports of the data are referenced.

²¹ Definition of adult is not provided.

- more likely to have drunk alcohol regularly²² over the last year than heterosexual women (Huckle, Yeh, Lin, & Jensen, 2013)
- more likely to have drunk alcohol once or more often per week over the last year than heterosexual women, and at rates higher than heterosexual women (Huckle, et al., 2013).

The report based on these data also indicated sexual minority women's drinking culture differed from that of sexual minority men in that women were more likely to drink alcohol at home, while men were more likely to have consumed alcohol at bars and clubs (Pega & MacEwan, 2010).

An earlier study also reported on drinking prevalence among lesbian women in Zealand, but found that drinking by lesbian women was broadly similar to drinking amongst women in general (Welch, Howden-Chapman, & Collings, 1998). Of the 561 respondents, 90.2% had consumed alcohol in the past year, with half the women reporting drinking alcohol once a week or less. Just under two-thirds of those who drank (64.4%) had one or two drinks on a typical occasion. Nineteen women reported drinking 10 or more drinks on a typical occasion. When asked to report how often they drank four or more drinks on one occasion, just under half the women (47.2%) replied they did so monthly or less often, while six women (1.1%) reported drinking that amount daily. The women were also asked how often they felt they drank enough to feel drunk. Nearly half (48.5%) said they never did, a slightly smaller proportion (43.7%) said they did monthly or less, and a few (3.6%) said once a week or more often.

Despite lesbian drinking patterns being identified in this study as similar to other New Zealand women's drinking, the lesbian respondents perceived alcohol to be a problem for the lesbian community (Welch, et al., 1998). When asked about alcohol use in the lesbian community, 218 respondents (48.1% of those that answered the question) expressed the view that lesbians use alcohol excessively. Welch and colleagues surmised such views on lesbian drinking behaviour may have become part of the belief system within the lesbian community. Alcohol dependency has also been investigated by researchers with the Christchurch Health and Development Study (Fergusson, Horwood, Ridder, & Beautrais, 2005). Using data from 76% of the original cohort of 1,265 participants (i.e., those for whom complete information was available), alcohol dependence (tested at ages 21-25) was reported among 3.2% of the exclusively heterosexual women, compared with 6% for the predominantly heterosexual (but with same-sex inclinations or experience) women but these results were not statistically significant.

International studies

Higher rates of drinking among lesbian and bisexual women compared to other women have often, but not always, been reported in a range of international literature (Hughes, 2011).

A study using data from Australia's 2013 National Drug Strategy Household Survey (a multistage stratified population sample of over 24,000 people aged over 14 years) found that

²² A definition of regular drinking was not provided.

lesbian/gay and bisexual women “had twice the odds of reporting high risk alcohol consumption, 3 times the odds of reporting daily drinking, and almost 3 times the odds of having ever attended AOD treatment compared with heterosexual women” (Roxburgh, Lea, de Wit, & Degenhardt, 2016, p. 78). They also initiated alcohol consumption at a significantly younger age than heterosexual women.

Several studies have reported sexual minority women as being more at risk of hazardous drinking compared with heterosexual women (e.g., Burgard, Cochran, & Mays, 2005; Cochran, Ackerman, Mays, & Ross, 2004; Cochran, Keenan, Schober, & Mays, 2000; Drabble, Midanik, & Trocki, 2005). In a multi-country study, sexual minority women aged 16-35 years showed evidence of problematic alcohol use (Demant et al., 2015). A study with 1,141 Southern United States lesbians aged 19 years and older found a number of differences in health behaviours between lesbian women and women in the general population, including for alcohol use (Austin & Irwin, 2010) - the “proportion of Southern lesbians (14.4%; 95% CI, 11.1–18.5) reporting binge drinking over the past month was significantly higher than Southern women in general (7.8%) and non-Southern women (10.5%)” (Austin & Irwin, 2010, p. 181). McCabe et al.’s study (2009, p. 1341) in the United States found 25% of bisexual women reported heavy drinking – the highest rate of any group of women or men

Reasons for heavier drinking among lesbian and bisexual women have also been addressed in the literature. In their review of United States empirical research (large scale, probability samples) among LGB populations, a chief explanation provided by Green and Feinstein (2012) was that sexual minority women [and men] are more likely to be non-conforming to heterosexual norms and expectations around gender roles in relation to alcohol. Another study found associations between minority stress and drinking consequences rather than quantity of alcohol (Wilson, Gilmore, Rhew, Hodge, & Kaysen, 2016). Depression and stress have also been identified as predictors of problematic alcohol use among lesbian women (Austin & Irwin, 2010).

Gay and bisexual men

New Zealand studies

Information about drinking among gay and bisexual men is provided by the NZHS and ABAS. Both surveys allow for comparisons between gay and bisexual men and non-gay and bisexual men. The NZHS identified similar prevalence of drinking among GB men and non-GB men, and both studies indicated similar prevalence of hazardous drinking amongst all men.

In the NZHS, the prevalence of drinking (drink containing alcohol in the past year) was 84.2% among males who identified as heterosexual, and similar among males identifying as gay (84.1%) and bisexual (80.1%).

In relation to the prevalence of hazardous drinking (8 points or more on AUDIT) among gay and bisexual men, the NZHS data shows hazardous drinking among males identifying as heterosexual was 33.4%, while it was 36.8% among males who identified as gay and 35.9% amongst males who identified as bisexual. No statistically significant difference was found

between groups (SHORE & Whariki Research Centre, 2017). A logistic regression model which grouped male respondents identifying as gay, bisexual or other together for analysis (GB) found a 36.5% prevalence of hazardous drinking among males who identified as GB, which was not statistically different from non-GB males (33.4%) (SHORE & Whariki Research Centre, 2017). The ABAS data found 46% of GB drank at levels defined as 'risky' (7+ drinks on any one occasion in past four weeks), compared with 35% of non-GB men. This difference was not statistically significant (Health Promotion Agency, 2017).

Some earlier data is also available for drinking among gay and bisexual men in New Zealand. Pega and Coupe (2007) analysed data collected in the 2004 New Zealand Health Behaviours Survey on alcohol use.²³ Adult gay and bisexual men were found to be less likely to have abstained from alcohol over the previous year than heterosexual adult men and more likely to have drunk alcohol once or more per week over the previous year than heterosexual adult men (Pega & MacEwan, 2010).

The reports from these data also indicated sexual minority men's drinking culture differed from that of sexual minority women in that men were more likely to drink alcohol at bars and clubs, while women were more likely to have consumed alcohol at home (Pega & MacEwan, 2010).

The Christchurch Health and Development Study (Fergusson, et al., 2005), reported alcohol dependency (at ages 21-25) in 7.3% of the exclusively heterosexual men compared with 14.3% for predominantly heterosexual (but with same-sex inclinations or experience) men but these results were not statistically significant.

International studies

A range of available literature indicates high rates of drinking and problematic alcohol use by gay and bisexual men, including heavy episodic/binge drinking. However, clear patterns for differences in problematic drinking between gay, bisexual and heterosexual men are not present in the research results (The Global Forum on MSM & HIV & OutRight Action International, 2017).

Alcohol consumption among gay and bisexual men has been explored using data from Australia's 2013 National Drug Strategy Household Survey. One analysis of these data reported "no differences among GB [gay and bisexual] and heterosexual men with respect to proportions reporting high risk alcohol consumption, daily drinking, ... or having driven under the influence of alcohol in the past 12 months ... GB men had 2 times the odds of having ever attended treatment for AOD use compared to heterosexual men" (Roxburgh, et al., 2016, p. 78). No differences were found in age of initiation of alcohol use.

Several studies from Australia have explored alcohol use among gay and bisexual men. In a community-based sample of 1,546 gay and bisexual men, high levels of moderate- to high-risk alcohol use were found (Lea et al., 2015). Nearly all men were found to be drinkers, with

²³ Specific results are not reported for this survey; therefore, summary reports of the data are referenced.

9% of respondents “categorised as abstinent from alcohol, 33% as low-risk drinkers²⁴, 42% as moderate-risk drinkers and 16% as high-risk drinkers” (Lea, et al., 2015, p. 349). Another cross-sectional survey of 318 same-sex attracted young men (18-25 years) in Sydney found that most were drinking at hazardous²⁵ levels (65% of gay men and 59% of bisexual men) (Lea, de Wit, & Reynolds, 2014).

A US study of 8012 who have sex with men (utilising survey data from the National HIV Behavioral Surveillance system) also found a high prevalence of binge drinking (five or more alcohol drinks in one sitting in last 30 days). Around 50% of men reported binge drinking and 21% reported drinking five or more drinks on a typical drinking day (Hess et al., 2015). Among men who reported binge drinking, 22% reported 10 or more episodes in the past month.

High levels of lifetime alcohol use were found across all sexual identities in a nine-country study (Global Drug Survey with 58,963 respondents aged 16-35). There were however “no significant differences in lifetime and last-year use among male groups. However, a lower percentage of bisexual males had used alcohol in the last month than heterosexual and homosexual males. ... Homosexual males showed significantly lower median AUDIT score than heterosexual participants, and bisexual males showed a significantly higher percentage of participants with a score above 15 than their heterosexual and homosexual counterparts” (Demant, et al., 2015, p. 7).

One recent United Kingdom study reported a difference for frequency of drinking between heterosexual and gay and bisexual men. In a community-based opportunistic study of 5,799 gay and bisexual men, just under half (43%) of the sample drank alcohol on four or more days per week, with younger (16-35) males drinking less frequently than those aged over 45 (Bourne, Davey, Hickson, Reid, & Weatherburn, 2016). By comparison, 24% of men in a general population study were reported as very frequent drinkers (Bourne, et al., 2016).

A particular concern reported in the literature with regard to gay and bisexual men is risky sex, especially in relation to HIV acquisition. One summary of research (Adams, et al., 2007) identified a number of studies linking alcohol use before or during sex with unprotected (or unsafe) anal sex. Gay and bisexual men who binge drink have been found more likely to engage in risky sexual behaviours, and the likelihood of risky sexual behaviours goes up with increased frequency of binge drinking (Hess, et al., 2015). Heavy alcohol use has also been associated with lower retention in HIV care (Monroe et al., 2016) and linked with physical assault risk (Hequembourg, Parks, Collins, & Hughes, 2015).

Transgender people

New Zealand studies

Research into alcohol use among transgender people in New Zealand is limited to one identified study – the New Zealand Adolescent Health Survey (Youth’12). This survey of

²⁴ AUDIT-C scores were used to categorise drinkers: a score of 1-4 = low risk, 5-8 moderate risk, 9-12 high risk.

²⁵ AUDIT-C score of 5-12.

secondary school students is a national, cross-sectional, population-based youth health and wellbeing survey (Clark, et al., 2013). Among the 8,166 students who responded to the transgender question²⁶, 96 reported being transgender (1.2%) and 202 reported not being sure of their gender (2.5%) (Clark, et al., 2014). In relation to at least weekly alcohol use in the past month, the research found a significant difference between transgender school students (17.6%) compared with non-transgender students (8.3%). There was no significant difference between non-transgender students and those not sure of their gender (8%) (Clark, et al., 2014).

International studies

Much less is known about drinking among transgender people compared with sexual minority populations internationally, but a range of available literature indicates problematic alcohol use, including heavy episodic/binge drinking. Associations between alcohol use and negative health and social outcomes have been made in several studies.

Rowe and colleagues (2015) assessed prevalence of substance use among 292 transgender female²⁷ youth aged 16-24 years old living in the San Francisco Bay area. They identified that substance use is highly prevalent among transgender female youth and is associated with psychosocial risk factors. In relation to alcohol use, 81% reported drinking alcohol in the last six months and 51% had engaged in binge drinking (≥5 or more drinks on one occasion).

A Canadian survey of 397 transgender people aged 16 years and older in Ontario examined heavy episodic drinking (HED – i.e., consuming five or more alcoholic drinks on one occasion at least monthly in the past year) (Scheim, et al., 2016). The estimated prevalence of at least monthly HED was 33.2%; 1.5 times greater than expected based on the age-standardised Ontario population. Furthermore, the proportion of transmasculine (female-to-male spectrum) persons (42.2%) reporting at least monthly HED was higher than the corresponding figure for transfeminine persons (22.7%). Further, 10.9% of participants reported weekly or more frequent HED, and the proportions of transfeminine and transmasculine persons drinking at this level were equal.

Surveys completed between 2011-2013 of students aged 18-29 years in post-secondary education in the United States included 175 transgender persons, 50,465 non-transgender females, and 24,552 non-transgender males (Coulter et al., 2015). Transgender students were found to have a similar prevalence of HED to non-transgender female students, but lower prevalence than non-transgender male students. However “transgender-identified people who engaged in heavy episodic drinking did so more frequently than their nontransgender-identified counterparts” (Coulter, et al., 2015, p. 254). For transgender people, being sexually assaulted was strongly associated with a greater number of heavy episodic drinking days.

²⁶ Measured by the question: “Do you think you are transgender? This is a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl (e.g., Trans, Queen, Fa’afafine, Whakawahine, Tangata ira Tane, Genderqueer)” (Clark, et al., 2014, p. 94).

²⁷ This term was used as an inclusive term to capture the spectrum of male-to-female transgender identities.

This study also found that “suicide ideation while drinking was much more common” among transgender people.

A web survey of newly matriculated college students in the United States asked students about their drinking-related behaviours, experiences, and motivations (Tupler et al., 2017). Of the 422,906 students who took part, 989 identified as transgender. Students were asked about their drinking over the previous 14 days. Transgender students were found “more likely to consume alcohol over more days, more total drinks, and a greater number of maximum drinks on a single day. Transgender students (36%) were more likely to report an ARB [alcohol-related blackouts] than cis-gender students (25%) as well as more negative academic, confrontation-related, social, and sexual ARCs [alcohol-related consequences]” (Tupler, et al., 2017, p. 1012).

Nuttbrock and colleagues (2014) reported a 3-year study (2004–2007) with 230 transgender women aged 19 to 59 years in New York. At varying assessment points in the study, participants reported extremely high prevalence of alcohol use (48.4% to 60.4% drinking \geq 5 drinks on a specific occasion). Being abused on account of gender was reported as being associated with alcohol use.

New Zealand studies

The New Zealand Adolescent Health Survey (Youth’12) explored alcohol use among same- or both-sex attracted students. Of the 8,166 students who responded to the sexual attraction question, 0.7% reported being attracted to the same sex and 3% reported being attracted to both sexes – a total of 302 students (3.8%) (Lucassen, et al., 2014). The researchers identified that same/both-sex attracted students were at elevated risk of alcohol (and drug) use compared to their opposite-sex attracted peers.

While most of these students were not regularly consuming alcohol, a sizable proportion did. In relation to alcohol use, 58 (19.5%) same/both-sex attracted students reported weekly alcohol drinking²⁸ compared with 8.3% of opposite sex attracted students (Lucassen, et al., 2014). Binge drinking (five or more alcoholic drinks within four hours at least once in the last four weeks) was reported by 122 (40.8%) same/both-sex attracted students, compared with 23.1% of opposite sex attracted students. Binge drinking for same/both-sex attracted students was found to have declined in the period between the surveys conducted in 2001 and 2012 (Lucassen, et al., 2014).

Information about drinking among New Zealand students who identify as transgender is reported in the previous section.

International studies

²⁸ A definition of weekly alcohol drinking was not provided.

LGBT youth are at increased risk for alcohol misuse (Newcomb, Heinz, & Mustanski, 2012). However, patterns of drinking vary between the LGBT groups, highlighting the diversity within this population group (Talley et al., 2016).

In a longitudinal study of 246 Chicago LGBT youth (aged 16-20 at baseline, and followed up at 6, 12, 18 and 30 months between 2007-2011), different patterns were found for the different sexual and gender groups (Newcomb, et al., 2012). While drinking increased over time, it “tended to increase more rapidly for male LGBT youth despite lower initial rates of drinking compared with females, and female LGBT youth drank less on average across all waves” (Newcomb, et al., 2012, p. 790). African American LGBT youth had significantly lower rates of drinking. There were no differences between bisexual youth and gay/lesbian youth for alcohol use. Perceived family support among the youth “was negatively associated with alcohol use for all LGBT youth” (Newcomb, et al., 2012, p. 783).

Other studies have also found hazardous drinking among sexual minority young people. Using a nationally representative data set (United States National Longitudinal Study of Adolescent Health), higher levels of hazardous drinking were reported among sexual minority individuals, particularly females (Dermody et al., 2014). As the participants in the study “reached adulthood, the magnitude of the hazardous drinking disparities increased among sexual minorities, sexual minority men in particular” (Dermody, et al., 2014, p. 30). While hazardous drinking was found to increase over time for all adolescents before levelling off/decreasing during young adulthood, lesbian and gay youth exhibited the fastest growth over time. A similar trend was identified for bisexual individuals. Another study also found that younger sexual minority and bisexual youth reported higher rates of alcohol use than their older and exclusively gay/lesbian counterparts (Talley, Hughes, Aranda, Birkett, & Marshal, 2014).

Motivations for alcohol use

The social contexts of drinking have been studied to explore motivations/explanations for alcohol use. Three themes around motivations for drinking have been identified (Bourne & Weatherburn, 2017). The first motivation is that alcohol use has become normalised in LGBT communities, in part because of the historical importance of gay and lesbian bars as sites for socialising, and this has contributed to greater and more problematic consumption of alcohol (Condit, Kitaji, Drabble, & Trocki, 2011; Ostrow & Stall, 2008). The second motivation suggests problematic drinking among LGBT is a response to discrimination and marginalisation experienced due to their sexual orientation. The third motivation identified is the use of alcohol to enhance pleasure.

Normalised alcohol use

A common claim is that alcohol use is prevalent among LGBT people and hard to avoid (Bourne & Weatherburn, 2017). Given the historic (and in places current) negative attitudes towards sexual and gender minority people, bars and clubs that cater for LGBT people have functioned as venues where LGBT people can meet and feel safe (Lea, Reynolds, & de Wit, 2013; Schulman & Erickson-Schroth, 2017; Weinberg, 1994; Wolfe, 1992). As a consequence, LGBT people have tended to report higher rates of attending bars and clubs than heterosexual

people (Trocki, Drabble, & Midanik, 2005; Trocki, Drabble, & Midanik, 2009). The concomitant outcome of this structural and environmental proximity to alcohol [and illicit drugs] is greater and problematic alcohol use, which is reinforced by positive norms of drinking [and drug-taking] (Bourne & Weatherburn, 2017). In an Australian study, for example, higher levels of hazardous alcohol use were found among those same-sex attracted women and men who regularly attended lesbian and gay scene venues (Lea, et al., 2013), while a qualitative focus group study including 33 LGBT people in Scotland reported participants perceived heavy drinking to be central to the commercial gay scene (Emslie, Lennox, & Ireland, 2017a, 2017b).

In New Zealand, gay [predominantly male] bars have been identified as important meeting places for sexual and gender minority people since the 1960s, and they were probably informal social meeting points well before then (Gearing, 1997; McNab, 1993). Analysis of focus group/interview data from 24 key informants in one New Zealand study identified perceptions of a “high concentration of liquor outlets in neighbourhoods with high TLGB²⁹ density ... [and] that many TLGB community activities such as those in TLGB bars evolved around alcohol, [while] critically noting the lack of community based activities that were not alcohol-related. This meant that TLGB communities often associated socialising with the use of alcohol, creating a culture that needed to be changed” (Pega & MacEwan, 2010, pp. 24-25). These informants also identified that the drinking cultures of sexual minority women and men differed, with women more likely to drink at home and men more likely to drink at bars and clubs. Youth in a qualitative study (11 focus groups of 32 participants) also identified that “activities for sexual minority young people are primarily centred on bars or involve alcohol” (Pega, Smith, Hamilton, & Summerfield, 2012, p. 22). These views are consistent with ABAS data reported above, where LGB were much more likely than non-LGB to purchase alcohol from bars/nightclubs.

Many commentators are now arguing the central role of LGBT bars and clubs is in decline. While some have claimed the demise is due to improved social acceptance of sexual and gender minorities (Reynolds, 2009), other factors including pressures from property development activity in cities (Campkin & Marshall, 2017) have been identified as contributing to the decline of venues. Recent research from London has highlighted that LGBT people still place considerable value on the role of LGBT venues, and that the remaining bars and venues are still important in LGBT lives (Campkin & Marshall, 2017; UCL Urban Laboratory, 2016).

Online spaces are now understood as safe places for LGBT people and have come to be known as the ‘modern-day gay bar’ (Miller, 2015). However, while the use of social media/networking technologies to promote and encourage alcohol use is an area of recent research concern (e.g., Lyons, McCreanor, Goodwin, & Barnes, 2017), there is a research gap in relation to LGBT drinking. This is a notable omission given the importance of social media and the digital world in people’s lives, and the long standing practice of alcohol companies in explicitly targeting alcohol advertising and other promotions directly at gay men, both internationally and in New Zealand (Adams, et al., 2007). Concern has also been

²⁹ Takatāpui, Lesbian, Gay, and Bisexual

expressed locally about the alcohol industry offering funding for TGLB community events in exchange for promoting alcohol at these events (Pega & MacEwan, 2010).

Discrimination, marginalisation and social stress

In the context of LGBT people, alcohol use is often linked to “its utility in reducing or masking negative thoughts and associations. Research generally describes this motivation as an aid to coping with adverse life events or perceived personal inadequacies” (Bourne & Weatherburn, 2017, p. 2). The key explanatory concept advanced in the literature is ‘minority stress’ (Meyer, 1995). A central argument of minority stress is that LGBT are exposed to a number of stressors in relation to their LGBT identity, including stigma, discrimination and victimisation, and that “these stressors are associated with mental health problems including anxiety and depression, which in turn are associated with alcohol use and illicit drug use” (McNair, et al., 2016, p. 406). Further “minority stress can also be associated with marginalisation and social isolation, which have been linked to risky drinking” (McNair, et al., 2016, p. 407).

Discrimination and stress are also issues for bisexual and transgender people. Bisexual women and men have reported a lack of support for their sexual orientation, and distrust from heterosexual, lesbian and gays, as contributing to discrimination and feelings that their sexuality needs to be hidden (Hequembourg & Brallier, 2009). Green and Feinstein (2012), for example, pointed out that bisexuality appears to be an additional risk factor for problematic substance [including alcohol] use. In relation to women, this could be because “women who identify as bisexual or as ‘mostly/mainly’ heterosexual are less likely to feel at home or be supported by mainstream and lesbian, gay and bisexual communities, leading to increased social isolation and marginalisation which, in turn, increases their likelihood of risky drinking” (McNair, et al., 2016, p. 407).

Unique and high levels of gender-related victimisation, violence and discrimination have been reported for transgender and gender non-conforming individuals (Hendricks & Testa, 2012; Lawrence, 2007; The Global Forum on MSM & HIV & OutRight Action International, 2017). Nuttbrock and colleagues’ (2014) study concluded that “gender abuse, in conjunction with depressive symptoms, is a pervasive and moderately strong risk factor for substance use among transgender women” (p. 2199).

The Conceptual Model of LGBT Tobacco and Alcohol Use has extended understanding of the role of (minority) stress and individual factors to account for alcohol use (Greenwood & Gruskin, 2007). This ecological model proposes that a “complex combination of factors at the level of the individual, peer/family, social, and environment [are] directly and indirectly associated with tobacco and alcohol disparities in the LGBT population” (Greenwood & Gruskin, 2007, p. 573). This model is consistent with current health promotion/public health approaches which address the social determinants of health that contribute to inequalities in alcohol consumption and alcohol (Roche, Kostadinov, Fischer, & Nicholas, 2015).

One New Zealand qualitative study investigated possible reasons for higher alcohol use among young people attracted to more than one gender aged 18-25 (Pega, et al., 2012). Reasons included drinking more to counter exclusion from lesbian and gay communities and heterosexual communities, to counter the effects of social exclusion (including sexual minority stress and stigma), to cope with coming out (especially in instances where the coming out was conflictual and stressful), and as a result of co-morbid mental health conditions.

Overseas, researchers have also explored possible reasons for higher alcohol use among LGBT youth. In the United States, Seil et al. (2014) examined the associations between identifying as LGB and lacking an adult connection at school (i.e. a teacher or other adult at school that could be talked to about a problem) with substance use and mental health outcomes. Of the 8,910 young people in the sample, 11% identified as either LGB or unsure of their sexuality. This group included significantly more females (n=715) than males (n=313). Just under half of LGB students reported current alcohol use (45.3%) compared with 30% of heterosexual students. Students without an adult connection at school were significantly more likely to report alcohol and substance use, than those with a connection. LGB students without an adult connection at school had the poorest outcomes, “with rates in this vulnerable group ranging from 31% for suicide attempt to 57% for depressive symptomatology in the past 12 months” (Seil, et al., 2014, p. 1953). Higher rates of alcohol and substance use for LGB youth compared with non-LGB youth have also been attributed to stigma, harassment and bullying because of their sexual minority identities. Dermody et al. (2014) suggested elevated drinking for sexual minority students may be connected to leaving home and finding gay-friendly spaces to be in, and that those spaces tend to be places where there are higher levels of substance use such as bars.

In a related area, LGBT people often report difficulties in accessing healthcare services, including supportive alcohol services (The Global Forum on MSM & HIV & OutRight Action International, 2017). A key idea in the literature relating to the provision of healthcare and related services to LGBT is that the services need to demonstrate respect and inclusivity and ensure cultural competence amongst practitioners (Adams, Dickinson, et al., 2013a, 2013b; Adams, et al., 2008). For example, one study among transgender people found that participants who reported experiences of stigma, including violence with the service, left treatment prematurely, while those “who felt included and respected in treatment settings reported positive treatment experiences” (Lyons et al., 2015, p. 1).

Positive influences

Although many LGBT people have reported consuming alcohol to cope with discrimination, positive features around alcohol use are also noted in the literature. These reports run counter to dominant public health narratives, which typically consider alcohol and LGBT in terms of excessive or problematic consumption at the expense of acknowledging potential benefits (D'Abbs, 2012). For LGBT people, opportunities to access safe social networks (such as bars and clubs) are important in facilitating social connections, a sense of belonging, and in developing a positive LGBT identity (Condit, et al., 2011). For example, in an Australian study among lesbian, bisexual and queer women, “alcohol use had positive influences for some

women through facilitating social connection and wellbeing” (McNair, et al., 2016, p. 405). For gay men, alcohol use has been found to enable men to “engage in sexual behaviours they wanted to try, allowing them to be more ‘bold’ overcome stigma about homosexuality, and feel increased comfort with their sexual desires and identities” (Mutchler, McDavitt, & Gordon, 2014, p. 696).

Conclusion and future research needs

The review has identified the small amount of current and reliable local information about drinking behaviours, attitudes and alcohol-related harm to LGBT. Key results from three separate surveys (NZHS, ABAS, NZ Adolescent Health Survey) have identified problematic alcohol use among LGB young people and adults, and amongst transgender young people. Across these surveys LGB people were more likely than non-LGB to express permissive views about drunkenness and more likely to have purchased alcohol recently in a bar/nightclub.

There are few studies about the social contexts of LGBT drinking in New Zealand. The normalisation of alcohol use among LGBT has been identified in two qualitative studies, including the central importance of gay bars in New Zealand, while the ABAS survey identified LGB people were more likely than non-LGB to have purchased alcohol recently in a bar/nightclub. The role of discrimination, marginalisation and social stress and several other factors that influence binge drinking were also identified in one study.

The small amount of local literature limits the claims that can be made about LGBT drinking. Consequently, it is important that questions about sexuality (LGB) remain in national population surveys. A possible improvement to current surveys would be enhanced questions about gender identity (beyond male and female binary options). Given the small numbers of LGB/LGBT participants in current surveys, it has not been possible to explore drinking by ethnicity. The failure to provide information about Māori who may identify as takatāpui (or report not being heterosexual, or not identifying as male or female) challenges the adequacy of the research in terms of responsiveness to Māori needs. Options to ensure data about Māori (and other ethnic groups) are collected should be investigated as a priority.

In addition to improving the quality and usefulness of quantitative surveys, more qualitative research to understand the social and cultural dimensions of drinking among LGBT should be encouraged. Qualitative research is particularly useful as “it can more readily focus beyond the individual on more complex social determinants of health that cannot be easily quantified or are understood best when measured. Complexity in social and sexual life often requires more detail and subtlety” (Dowsett, 2007, p. 431).

APPENDIX 2: FOCUS GROUP SCHEDULE

Introduction

- Drinking is part of many people's lives
- The Health Promotion Agency (HPA) is responsible for promoting health and wellbeing in New Zealand – but knows little about the Rainbow communities' drinking – and so commissioned this research
- These group discussions are not about your own drinking, but of course your experiences will help inform your views.
- While you probably know one another, please can you introduce yourself and tell us about your favourite non-alcoholic drink?

Understand the role of alcohol in Rainbow communities

1. Just to start off, can you tell me about some of the social spaces important for Rainbow people in this community?

2. I notice you've mentioned some clubs/bars – so what role does drinking and alcohol play in Rainbow communities?

Probe questions, use as necessary:

How important is drinking on-scene?

- Do you think this varies between different Rainbow groups/sub-groups?

How important is drinking in non-scene activities?

How is drinking used in positive and negative ways by Rainbow community members?

- When is drinking okay?
- When is drinking not okay?

Why do you think Rainbow community people drink?

- Positive e.g., celebration, socialisation
- Negative e.g., coping, isolation

3. Are there groups within the Rainbow community that you think are more likely to use alcohol problematically?

Probe question: Comparing Rainbow with non-Rainbow community members, who do you think are more likely to be problematic drinkers? Why?

Explore how drinking is influenced by New Zealand cultural norms and social practices

4. What is there about NZ culture that influences alcohol use and drinking by Rainbow community members? e.g., general heavy drinking culture?

Probe question:

- Is the Rainbow drinking culture just the same as non-Rainbow or is it different?

Explore how drinking is influenced by Rainbow cultural norms and social practices

5. What is it about Rainbow culture/communities that influences alcohol use and drinking?

- E.g. Lack of non-drinking events/venues?
- E.g. Bar centric – they are the only ones doing anything for RAINBOW

Alcohol marketing

6. What alcohol brands are popular among Rainbow community members?

Probe question: What alcohol brands are important to you – why?

7. How do you see alcohol marketing advertised and promoted?

Probe questions:

- Do you see any Rainbow specific advertising (adverts, promos, at events)?
- Do you see alcohol and drinking behaviours on social media? Gay social media?
- How is alcohol portrayed in those media?

8. Do follow (e.g., friending or liking) any bars/clubs/alcohol brands on social media?

- Why do you follow them?
- How do you engage with them?

9. Do you see any issues with alcohol advertised/targeted directly at Rainbow community members?

Identify potential prevention efforts

10. What health messages do you see about drinking?

Probe questions:

- Are they appropriate for Rainbow people? If not, what messages should be promoted?
- Would you like to see anything else?

11. Do you feel government or other agencies should do anything about drinking among Rainbow people?

Probe question:

- What are the issues they could address – drinking behaviours directly, tackling rejection, loneliness etc.?

12. How easy or difficult do you think it is to access alcohol advice and services?

Probe questions:

- Any barriers for Rainbow people?

Is there anything that could be done to improve access to alcohol advice /support services?