Sexual Orientation, Gender Identity and Cannabis Use

Research Brief

This research brief is part of a larger research and knowledge translation project about sex, gender and cannabis use led by the Centre of Excellence for Women's Health. The project focuses on providing sex and gender based analyses of cannabis trends, research and information. Details about our research methods are posted on the Sex, Gender and Cannabis Hub.

This brief describes how patterns and trends in cannabis use by sexual orientation and gender identity were reported in 70 academic articles published between 2018 and 2020. We also consider the conceptualization of sexual orientation and gender identity in survey questions and research reviewed.

HOW IS SEXUAL ORIENTATION MEASURED AND LINKED TO GENDER IDENTITY?

There are challenges in interpreting research on both sexual orientation and gender identity in the cannabis literature. While sexual orientation is usually defined in three parts: sexual identity, sexual attraction, and sexual behavior, gender identity is generally defined as an individual's identified sense of their gender [1]. Although sexual orientation and gender identity are very different concepts there has often been confusion or conflation of their meanings.

In Canada, Statistics Canada introduced a question on sexual orientation in the Canadian Community Health Survey (CCHS) in 2003 [2] followed by the Ontario's Rapid Risk Factor Surveillance System in 2003 and the General Social Survey [3] in 2004. In the USA, measurement of sexual orientation began in national health surveillance systems around 2000 [4]. There has been evolution in the wording of survey questions.

» In the CCHS, sexual orientation was originally measured with a single item asking respondents if they consider themselves to be heterosexual, gay, lesbian, or bisexual [5]. The sexual orientation categories were defined in terms of behaviour: Heterosexual (sexual relations with people of the opposite sex), Homosexual, that is, lesbian or gay (sexual relations with people of your own sex), and Bisexual (sexual relations with people of both sexes) [5]. In the 2020 CCHS, the question was modified and now respondents are simply asked about their sexual orientation [6].

In addition, there has been introduction and evolution of the concept of gender identity, using varied definitions in research studies.

» Many research studies are based on a binary conceptualization of gender identity (men/women) and therefore, individuals with a fluid or diverse gender identity (e.g., transgender, nonbinary) may not resonate with proffered categories [7, 8]. Those who identify as transgender or with a gender identity other than, or in addition to, their gender assumed at birth are more likely to describe shifts in both their gender identity and sexual orientation [8]. Data suggest that transgender individuals endorse an average of 2.5 current gender identities, 1.4 past gender identities, and 2 past sexual orientations [9].

All of this implies a complex challenge in precisely capturing both sexual orientation and gender identity in surveys and research. Researchers are only beginning to pay attention to the differing experiences, health risks and protective factors for non-heterosexual orientation groups (often referred to as sexual minorities). But sexual minorities are not homogenous and cannot be lumped into one category, as there is considerable diversity in experiences among and between gay, lesbian and bisexual people. There are sex differences, as well as intersecting race/ethnicity, ability, income and age issues that affect cannabis use. Among diverse gender identities, the same concerns apply and need to be noted in research.

WHAT IS ADDRESSED IN THIS BRIEF?

In this brief, we reviewed 70 articles that refer to sexual orientation and/or gender identity as factors potentially associated with cannabis use. The majority were about men who have sex with men (MSM) (*n* = 37). Most of these (*n* = 28) described sexual/health risks, especially in the context of HIV exposure or transmission. In contrast, only 1 paper focused exclusively on bisexual individuals, and only 3 on lesbians. Thirteen papers described cannabis use by people with diverse gender identities. Sexual minority female subgroups were primarily distinguished by a sexual minority identity (e.g., 'lesbian,' 'bisexual'), whereas sexual minority male subgroups were primarily distinguished by sexual behavior (e.g. MSM) and sometimes by age or race (young MSM, Black MSM) [10]. Creating different categories and definitions based on behaviour versus identity has important implications for understanding the discrepancies in results across different publications on sexual orientation and cannabis.

» Some papers did not include a wide range of categories for sexual orientations (e.g. did not include categories such as pansexual, asexual, not sure) [11].

» Analyses that aggregate sexual orientation groups obscure important variations [12]. For example, disparities in smoking, heavy episodic drinking, cannabis use and illicit drug use were found to be most pronounced in young adulthood for gay/lesbian individuals, in mid-adulthood for bisexual men, and for bisexual women unique disparities were experienced across all ages.

» Among men, bisexual individuals and those without a singular sexual orientation faced the highest risks of problematic substance use. For example risk was greater for mostly-straight, bisexual or mostly-gay men [13].

» Among women, bisexual women were found to be at significantly greater risk for substance use concerns relative to lesbian women [14].

» Papers that studied transgender individuals often considered them as a single group and did not disaggregate transmasculine and transfeminine individuals.

This summary highlights the importance of disaggregating sexual orientations and gender identity groups in order to tailor health promotion messages and to provide treatment and support for problematic use.

CONSIDERATION OF ISSUES AND NEEDS WITHIN SEXUAL ORIENTATION GROUPS

Some studies have identified issues and factors specific to particular sexual orientation subgroups who use cannabis that may assist with tailoring of health promotion, harm reduction and treatment.

» Level of "outness": One study explored openness about sexual orientation and changes in health and substance use. For bisexual individuals, being more open about their sexuality (i.e., "out") was associated with increases in cannabis use, illicit drug use, and depression. In contrast, for gay/lesbian individuals, being more out was associated with decreases in illicit drug use and it was not significantly associated with changes in cannabis use or depression [15].

» Safe sex: Many studies have focused on sexual health/risk behaviours and substance use in MSM. One study found that compared to gay men, bisexual men reported more condomless sex with casual partners, and were more likely to report cannabis use before sex, and less likely to report lifetime HIV testing and PrEP use [16].

» Age: A study of sexual minority (SM) men with childhood sexual abuse histories found those at the point of emerging adulthood (versus older SM men) had higher rates of cannabis use and alcohol intoxication [17].

ATTENTION TO INTERSECTING FACTORS

As can be seen, many research articles used an intersectional lens, attending to a range of factors and influences affecting cannabis use by sexual or gender minorities. There are studies that did not focus solely on sexual orientation or gender identity as a risk for cannabis use problems, and indeed, some identified specific protective factors.

» Articles examined links between race and sexual orientation among bisexual high school-aged youth who used substances and were bullied [18], among sexual and gender minority women of color who had cannabis related problems and who experienced stigma [19] and among Black men who have sex with men (MSM) and experienced sexual orientation victimization (childhood, personal, and institutional) [20].

» Other studies looked at the relationship between stressful life events, discrimination, victimization, and social isolation as explanations for the cannabis use disparities linked to sexual orientation and co-occurring problems [21, 22].

Finally, as in most cannabis and substance use studies, the social determinants of health are critically important.

» Young men who had sex with men reported experiencing racism (87%) and homophobia (76%), as well as food insecurity/hunger (36%), residential instability (15%), financial hardship (63%), conflict with family/friends (62%) and recent marijuana use (72%) [23].

» More than one study of gay men found financial hardship to be associated with cannabis and other drug use, pointing to interventions to reduce the burden of financial hardship as potentially helpful [24].

» Other studies considered age [e.g. 18], race/ethnicity [19, 20, 21], discrimination and stigmatization of many types (e.g., racism, homophobia) [22, 24, 25], housing and financial hardships [22, 23], relationship health [22], and adverse experiences [24, 25].

These studies are promising as they go beyond simple disaggregation of sexual and gender minorities to focus on equitable health services and policies regarding cannabis. In sum, many research articles used an intersectional lens, attending to a range of factors and influences on cannabis use by sexual or gender minorities.

TAILORING TO ACHIEVE POSITIVE HEALTH OUTCOMES

A number of researchers made explicit recommendations about supportive health provisions for sexual and minority groups who use cannabis and other substances.

» Bisexual Individuals: The need to include stigma reduction regarding bisexuality in any interventions, and to facilitate disclosure decisions that will promote the health of sexual minorities was recommended [15]. Indeed, discussion of stigma and action on reducing stigma is noted by several authors, given how overlapping health issues linked to stigma-related stress are common [21].

» Sexually and gender diverse youth: Researchers suggest a network of lesbian, gay, bisexual, and trans (LGBT) friendly community supports, caring parents, safe and supportive schools, and connections to adults in the community may facilitate efforts to eliminate disparities in depression, suicidality, and substance use [25]. Specifically, lesbian, gay, bisexual, and questioning (LGBQ) adolescents who lived in areas with more community support had lower odds of frequent substance use, particularly among females. Expanding and strengthening community resources is recommended to support LGBQ adolescents and reduce substance use disparities [26].

» School environments: Some authors also recommended that efforts to increase school involvement and connectedness should be a starting point for addressing significant health and safety concerns among students with same-sex sexual activity [27] and that innovative strategies are needed to create safe, supportive school environments [28].

» Relationship skills: As relationship function and substance use are related, some authors recommend integrating relationship skill building into substance use interventions for partnered sexual minority men [29]. Specifically, interventions which facilitate the negotiation of sexual agreements may present an opportunity to engage in dyadic substance use interventions [30].

SUMMARY

This brief describes some issues from current literature about cannabis use by people with various sexual orientations and gender identities. Clearly, the measurement and categorization of both sexual orientation and gender identity are still evolving and there are many discussions needed on how to optimally measure these constructs.

Emerging data do show health disparities in cannabis use among sexual orientation and gender identity groups. Even so, there is still considerable absence of sex and gender based analyses and disaggregation of data by sex or gender to better understand influences on cannabis use patterns. However, there are a number of positive developments in the literature such as the importance of community support as a protective factor against cannabis use. Several studies highlight the importance of identifying sexual orientation and gender identity subgroups and their specific needs in order to tailor health promotion messages and to provide treatment and support for cannabis problematic use.

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