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“It’s how we deal”: Perceptions of LGB peers’ use of alcohol and other drugs to cope and sexual minority adults’ own coping motivated substance use following the Pulse nightclub shooting

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Abstract

Sexual minority stress experiences (e.g. prejudice, victimization, etc.) and peer substance use norms (e.g. peers’ frequency of use and quantity consumed) are important correlates of alcohol and drug use in sexual minority populations. The current study incorporates both of these by examining LGB individuals’ perceptions of peers’ use of alcohol and other drugs to cope with a sexual minority stressor, and whether perceptions of peer coping norms relate to one’s own coping-motivated substance use in response to the stressor. Three-hundred and seven sexual minority males and females who identified as gay, lesbian, or bisexual completed an online survey approximately 1 month following the Pulse Nightclub Shooting, the deadliest incident of violence against LGBT people in U.S. history, and a stressor experienced within LGB communities throughout the U.S. Results revealed that LGB peers were widely perceived as likely to have coped with alcohol (68%) and drugs (41%) following the Pulse Shooting; however only small proportions of participants themselves reported coping with alcohol (26%) and drugs (7%). Further, multivariate models revealed that even after controlling for other factors including the stress impact of the Pulse shooting, the odds of using alcohol to cope with this event were 15 times greater among participants who held the perception that LGB peers likely used alcohol to cope relative to those who did not share this perception. Similarly, the odds of using drugs to cope with this event were 9 times greater among participants who perceived LGB peers likely to use drugs to cope with Pulse compared to those who did not. Importantly, these findings suggest that personalized normative feedback designed to correct perceptions of peers’ coping motivated

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Contributors

Sarah Boyle, Joseph LaBrie, Lauren Costine, and Yong Witkovic have each contributed significantly to the preparation of the manuscript. Specifically, Sarah Boyle designed the study, conducted the statistical analysis, and drafted the Introduction, Methods, Results, and Discussion sections. Dr. LaBrie and Dr. Costine oversaw the production of the manuscript, outlined the Discussion section, and edited the manuscript in its entirety. Yong Witkovic conducted the literature review and lead participant recruitment efforts.

Conflicts of interest

All authors declare that they have no conflicts of interest.

substance use may have utility as a motivational component in larger interventions seeking to reduce LGBs' substance use.

Keywords

Alcohol use; Social norms; Drinking motives; Sexual minorities

1. Introduction

Research over the past 20 years has reliably found lesbian and bisexual women to face greater risks than heterosexual women for hazardous drinking, alcohol use disorders, and drug use while gay and bisexual men face greater risks for drug use and dependence than do heterosexual men (see Green & Feinstein, 2012 for a review). However, research identifying factors accounting for these disparities has been slow to emerge and, importantly, targeted evidence-based interventions using LGB-specific elements to prevent or reduce substance use remain alarmingly scarce (Blume, 2016; Cochran & Mays, 2016). To date, Sexual Minority Stress (Meyer, 2003; Hatzenbuehler, 2009) remains the most commonly used theoretical framework for understanding these disparities. In this model, external and internal factors related to one's sexual minority identity increase daily levels of stress and may lead to maladaptive coping behaviors including the use of alcohol and other drugs. Recent support for the link between sexual minority stress and coping-motivated substance use (e.g., Meyer, 2013; Feinstein & Newcomb, 2016; Wilson, Gilmore, Rhew, Hodge, & Kaysen, 2016; Livingston, Christianson, & Cochran, 2016) have encouraged the development of substance use interventions which aim to increase LGB individuals' abilities to engage in healthier, adaptive coping behaviors. The current study seeks to further inform the development of these interventions by examining a potentially powerful factor that may also be related to coping motivated substance use among LGB people: perceptions of the coping behaviors engaged in by LGB peers.

In other populations, perceptions of peer substance use norms have long been considered to be among the strongest predictors of future substance use (Miller & Prentice, 2016; Neighbors, Lee, Lewis, Fossos, & Larimer, 2007), and a small but growing literature suggests that peer norms may also represent an important risk factor and additional target for substance use interventions in LGB communities (e.g., Boyle, LaBrie, & Witkovic, 2016; Hatzenbuehler, Corbin, & Fromme, 2008; Litt, Lewis, Rhew, Hodge, & Kaysen, 2015; Ramchand, Fisher, Griffin, Becker, & Iguchi, 2013). While peer norms related to frequency and quantity of substance use have dominated the social norms literature and have been found to predict substance use in LGB populations (e.g. Litt et al., 2015), the emphasis on LGB individuals' coping-motivated substance use suggests that the degree to which LGB individuals perceive peers to use alcohol and drugs to cope with sexual minority stress may represent particularly important, but unexamined, norms in this population.

The current study examines LGB individuals' perceptions of peer coping norms and coping behaviors in response to a common sexual minority stressor experienced to in LGB communities all over the U.S. On June 12th, 2016, in the middle of LGBT Pride Month,

Omar Mateen, a 29-year-old American security guard, killed 49 people and wounded 53 others at Pulse, a gay nightclub in Orlando, Florida. It was both the deadliest mass shooting by a single gunman and the deadliest incident of violence against LGBT people in U.S. history. First, we examine perceptions of LGB peers' use of alcohol and drugs to cope with the Pulse Night Club shooting. Then, to isolate potential independent associations between perceived peer coping norms and participants' own coping motivated use of alcohol and other drugs, multivariate analyses control for other variables potentially related to the likelihood of using substances to cope with this event.

2. Method

2.1. Participants & procedure

A total of 324 sexual and gender minority U.S. adults completed an online survey 30 to 50 days following the mass shooting that occurred at Pulse Nightclub in Orlando, Florida on June 12th, 2016. Participants learned about 'The Pride & Pulse Survey' via information posted to LGBTQ email listservs and forums (39%), advertisements on Facebook, Instagram, and Twitter social media platforms (41%), and friend referrals (20%). Recruitment materials explained that the goal of this study was to understand sexual and gender minority's emotions and cognitions related to the Pulse Nightclub shooting and experiences during Pride Month and included notice that the study was approved by the Institutional Review Board at Loyola Marymount University. Upon completing the 10 min survey participants were entered into a raffle for a \$100 gift card. The current study focuses on the 307 cis-gender sexual minority males and females who identified as gay, lesbian, or bisexual. These participants ranged in age from 18 to 63 years ($M = 31.6$, $SD = 9.8$) and lived in 37 different U.S. states. Sixty-five percent were Caucasian, 15% were Hispanic/Latinx, 8% were African American/Black, 5.5% were Asian American, and 6.5% were Multi-racial.

2.2. Measures

2.2.1. LGB community social identification & night life participation—

Identification with the LGB community was assessed by the mean of a 4-item Importance to Identity subscale of the widely used collective self-esteem measure developed by Luhtanen and Crocker (1992; $\alpha = 0.81$). Consistent with previous work, items were altered to assess the importance of the LGB community to identity. Participants indicated their agreement with each item on a 7-point scale from 1 (strongly agree) to 7 (strongly disagree). Participants also indicated how often they: 1) visited LGB bars and clubs; 2) attended LGB festivals, parties, or social events; and 3) attended shows of LGB performers since the Pulse Nightclub shooting using 7-point response scales ranging from 0 (Not at all) to 7 (Daily). Responses were averaged ($\alpha = 0.80$).

2.2.2. Traumatic stress impact of pulse—The abbreviated 6-item Impact of Event Scale (Thoresen et al., 2010; $\alpha = 0.85$) assessed traumatic stress impact of the Pulse Nightclub shooting. Participants indicated the degree to which they experienced each item (e.g., I felt watchful or on-guard) in relation to the Pulse Tragedy using response scales ranging from 0 (Not at all) to 4 (Extremely).

2.2.3. Perceived coping behaviors of LGB peers & own coping behaviors—

Participants were first prompted to think about the ways in which LGB peers likely coped with the Pulse Nightclub shooting since June 12th, 2016 and check the behaviors they believed LGB peers were likely to have engaged in from a list of 10 coping behaviors (e.g., seeking social support, using alcohol, etc.). The order in which behaviors appeared to participants in the list was randomized. Participants were then asked to report which of the behaviors they personally engaged in to cope with Pulse from a parallel randomized list.

3. Results

Among the 10 coping behaviors assessed, LGB peers were perceived as most likely to have engaged in: posting their feelings on social media (82%); seeking social support (75%); using alcohol (69%); and, using other drugs (41%) to cope with the Pulse Nightclub shooting. In line with perceptions, large proportions of the sample reported themselves posting their feelings on social media (75%) and seeking social support (71%). However, significantly smaller proportions reported actually using alcohol (26%) or other drugs (7%) to cope with this event. The top half of Table 1 presents proportions of sexual identity sub-samples that perceived LGB peers to be likely to have used alcohol and other drugs to cope with the Pulse tragedy and proportions who reported using these substances to cope with Pulse themselves. As shown in Table 2, chi-square tests of independence revealed significant relationships between perceptions that LGB peers were likely to have coped by using a alcohol or other drugs and participants' own coping motivated use of alcohol ($\chi^2 (1, N = 307) = 37.35, p < 0.001$) and other drugs, $\chi^2 (1, N = 307) = 19.13, p < 0.001$).

Logistic regression models then predicted the respective likelihoods of participants reporting using alcohol and other drugs to cope from demographic variables (e.g., age and dummy variables representing sex, race, and sexual identities), social identification with the LGB community, participation in LGB community night life since Pulse, stress impact of the Pulse Night Club shooting, and the perception that LGB peers used the corresponding substance to cope with Pulse. As shown in Table 3, across models, the only predictors significantly associated with the likelihoods of using alcohol/drugs to cope with Pulse was the perception that LGB peers were likely to have used the corresponding substance to cope. Holding other predictors constant, the odds of using alcohol to cope was 15 times greater among participants who held the perception that LGB peers likely used alcohol to cope relative to those who did not share this perception. Similarly, the odds of using other drugs to cope with this event was 9 times greater among participants who perceived LGB peers likely used other drugs to cope with Pulse compared to those who did not.

4. Discussion

Findings from this study reveal a robust relationship between perceptions of LGB peers' use of alcohol and other drugs to cope with a sexual minority stressor and actual coping-motivated substance use in the days after the stressor, notably even after accounting for the psychological impact of the sexual minority stress event. To provide context for these findings, while the link between peer norms and substance use behavior is well-established in other populations (i.e., college students) and efforts to correct overestimated peer norms

an important tool for reducing risk in those populations, sexual minority stress has remained the dominant explanation for LGBs' disproportionate use of alcohol and other drugs in LGB health literature. Thus, the current study adds to the small but growing body of findings that underscore the importance of peer substance use norms in sexual minority populations by suggesting that, like general substance use norms related to quantity and frequency of use, LGB adults may also overestimate the degree to which LGB peers use alcohol and other drugs to cope with a commonly experienced sexual minority stressor. Although the Pulse Nightclub shooting represents a particularly extreme and fortunately rare example of violence against sexual minority people, LGB individuals frequently encounter less severe, but more personally impactful forms of prejudice, discrimination, and victimization due to their sexual minority status (Meyer, 2003). This study is the first to suggest that coping-motivated substance use may be implicated in a larger cultural narrative that details "normal" behaviors engaged in by fellow LGB community members to navigate stigma-related stress.

Importantly, the pattern of perceptions and behaviors observed in this study are consistent with a large Social Norms literature and the false consensus misperception, one type of normative misperception corrected in personalized normative feedback interventions (Berkowitz, 2004; Perkins, 2003). Also known as self-serving bias, false consensus is the incorrect belief that others behave like one-self when in fact, they do not (Ross, Greene, & House, 1977). This misperception can act as a barrier to behavior change by functioning to maintain an individual's perception that his/her behavior is normative and not problematic or unusual (Berkowitz, 2004; Perkins, 2003). Further, the reciprocal feed-forward relationship between peer substance use norms and sexual minority individuals' substance use behaviors observed in longitudinal studies (e.g., Litt et al., 2015) suggest that the sizeable proportions of participants who perceived peers as likely to use alcohol and drugs to cope with Pulse, but did not themselves use substances to cope with this event, may be inclined to bring their behavior in line with perceived normative standards and engage in substance use when faced with future sexual-minority stressors.

Fortunately, these normative misperceptions could be cost-effectively ameliorated by brief personalized normative feedback (PNF) intervention components designed to correct peer coping norms. For example, as an initial step of a larger intervention, participants might first answer questions about their perceptions of LGB peers' coping behaviors followed by parallel questions about their own coping behaviors. Individualized feedback would then highlight how much participants thought LGB peers used substances to cope, how much LGB peers actually used substances to cope, and how their own coping-motivated substance use compares to that of peers'. The effectiveness of standalone PNF interventions highlighting discrepancies between perceived and actual substance use norms in other populations (e.g., Dotson, Dunn, & Bowers, 2015; Walters & Neighbors, 2005) suggest that showing LGB individuals that the majority of their peers *do not* use alcohol and drugs to cope could serve as a motivational jump start to larger behavior change interventions aiming to increase adaptive coping behaviors and healthy responses to stress.

Findings from this study must be considered alongside methodological limitations. First, the cross-sectional study design did not allow us to examine whether the reciprocal feed-forward

relationship observed for more general substance use norms and behaviors over-time similarly exist between peer coping norms and coping behaviors. Second, this study recruited a small convenience sample of LGB-identified Americans following the Pulse Nightclub shooting, a very specific and historically significant instance of violence against LGB people. Third, the items assessing peer coping perceptions asked participants only to indicate whether or not they perceived LGB peers as likely to have engaged in each coping behavior. Nonetheless, findings from this initial study encourage additional research, in particular, longitudinal investigations that follow larger, more diverse sexual minority samples and more thoroughly assess perceptions of peers' coping behaviors in response to both general and sexual minority-specific stressors along with participants' own coping behaviors.

Although more research is needed, as the first study to examine perceptions of peers' coping motivated substance use in relation to individuals' own coping behaviors, findings make a novel contribution to the social norms literature and further inform the development of much needed substance use interventions for LGB populations. Despite the comparatively small proportions of LGB participants that reported using drugs and alcohol to cope with the Pulse tragedy, nearly 70% of the sample perceived LGB peers as likely to have used alcohol to cope with this event while 40% perceived LGB peers as likely to have coped by using drugs. Further, a strong cross-sectional relationship was observed between perceptions of peers' coping motivated substance use and participants own use of alcohol and drugs to cope. In light of these findings and the dearth of evidence-based intervention strategies to reduce substance misuse in LGB populations, it is our hope that perceived peer coping norms gain additional empirical attention and consideration as potential targets for intervention and prevention efforts.

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HIGHLIGHTS

- LGB adults were surveyed following the Pulse Nightclub Shooting.
- Participants widely perceived LGB peers to have coped by using alcohol and other drugs.
- Peer coping norms were strongly related to coping-motivated substance use, even after controlling for the stress impact of Pulse.
- LGB peer coping norms may be important targets for interventions.

Table 1

Percentages of the overall sample and sexual identity sub-samples perceiving LGB Peers likely to have used alcohol and drugs to cope with Pulse and actual substance-related coping behaviors reported by participants.

Overall group	N	Alcohol use coping norms		Drug use coping norms		
		Perceived LGB peers likely to use alcohol	Actual alcohol use in sample	Perceived LGB peers likely to use drugs	Actual drug use in sample	
Gay males	108	62.0 (67)	27.8 (30)	37.4 (40)	9.3 (10)	
Bisexual males	13	46.2 (6)	23.1 (3)	46.2 (5)	7.3 (1)	
Lesbian females	129	76.7 (99)	24.0 (31)	42.6 (52)	4.8 (6)	
Bisexual females	57	68.4 (39)	28.1 (16)	48.3 (29)	8.3 (5)	
Total	307	68.7 (211)	26.1 (80)	41.1 (126)	7.2 (22)	

Table 2

Participants' coping-motivated substance use following Pulse by perceptions of peers' use of the same substances to cope.

Among those drinking to cope (<i>N</i> = 80)		Among those using drugs to cope (<i>N</i> = 22)	
Perceived peers likely to cope with alcohol	Perceived peers unlikely to cope with alcohol	Perceived peers likely to cope with drugs	Perceived peers unlikely to cope with drugs
96.2 (76)	3.8 (3)	86.4 (19)	13.6 (3)
Among those not drinking to cope (<i>N</i> = 227)		Among those not using drugs to cope (<i>N</i> = 285)	
Perceived peers likely to cope with alcohol	Perceived peers unlikely to cope with alcohol	Perceived peers likely to cope with drugs	Perceived peers unlikely to cope with drugs
59.5 (135)	40.5 (92)	42.0 (129)	58.0 (178)

Table 3

Logistic regression models predicting the likelihoods of using alcohol and drugs to cope with the Pulse Nightclub shooting among LGB adults $N = 307$.

Predictor	B	SE (B)	Wald	OR	95% C.I. [OR]	Model X ²	df	Nagelkerke R ²
Using alcohol to cope								
Age	-0.03*	0.02**	2.25	0.97	0.94, 1.01			
Person of color	-0.39	0.33	1.45	0.68	0.36, 1.28			
Lesbian female	-0.67	0.36	3.45	0.51	0.25, 1.04			
Bisexual female	-0.35	0.44	0.63	0.71	0.30, 1.67			
Bisexual male	-0.46	0.89	0.27	0.63	0.11, 3.65			
LGB community social identification	0.16	0.10	2.57	1.18	0.97, 1.43			
Pulse traumatic stress impact	0.12	0.16	0.54	1.30	0.82, 1.56			
Involvement in LGB nightlife since pulse	0.11	0.17	0.45	1.12	0.79, 1.61			
Perception that LGB peers likely used alcohol to cope with pulse	2.75	0.61	20.00***	15.60***	4.68, 51.98	59.94***	9	0.26
Using drugs to cope								
Age	-0.04	0.03	1.55	0.96	0.90, 1.02			
Person of color	0.15	0.50	0.09	1.16	0.44, 3.09			
Lesbian female	-0.97	0.60	2.62	0.38	0.12, 1.23			
Bisexual female	-0.38	0.67	0.33	0.68	0.19, 2.52			
Bisexual male	0.12	1.17	0.01	1.12	0.11, 11.12			
LGB community social identification	0.08	0.17	0.21	1.08	0.77, 1.52			
Pulse traumatic stress impact	0.21	0.25	0.71	1.23	0.76, 1.98			
Involvement in LGB nightlife since pulse	0.32	0.30	1.13	1.37	0.77, 2.45			
Perception that LGB peers likely used drugs to cope with pulse	2.21	0.64	11.61***	9.10***	2.56, 32.40	28.12***	9	0.21

*
p < 0.05.

**
p < 0.01.

***
p < 0.001.