

# PREVENTING SUBSTANCE ABUSE AMONG LGBTQ TEENS

Lesbian, gay, bisexual, transgender and queer (LGBTQ) teens may be two times as likely to be bullied, excluded or assaulted at school. And they're nearly 40 percent less likely to have an adult in their family to whom they can turn. So it's no surprise that they may be twice as likely to experiment with drugs and alcohol.<sup>1</sup>

Families, professionals and policymakers can help prevent substance abuse by supporting all young people — and ensuring that LGBTQ teens have equal access to that support.

By 12th grade, more than three-quarters of U.S. teens have tried alcohol, nearly half have used marijuana, and 21 percent have abused prescription medication.<sup>2</sup> These figures make clear that every adult who supports a teenager should be concerned about drugs and alcohol. For young people who are lesbian, gay, bisexual, transgender or queer (LGBTQ) and their parents or caregivers, the issue is especially pressing. As they cope with stigma, harassment and even rejection by their families, LGBTQ teens are more likely than their non-LGBTQ peers to abuse drugs and alcohol.

This issue brief reviews what we know about substance abuse among LGBTQ young people and explains why this group is at particular risk. It also shares recommendations for parents, educators, and other adults who can help LGBTQ teens avoid or limit drug and alcohol use. Finally, it outlines public policy that can reduce adolescent substance abuse and keep young LGBTQ people safe.

## UNDERSTANDING ADOLESCENT SUBSTANCE ABUSE

Not all adolescents who try drugs and alcohol will experience serious consequences, but all of these substances come with risks. Drugs and alcohol can cause deadly medical complications, and they can lead to problems with school, peers, family and the law. For information on specific substances common among adolescents, see the “What are the ‘substances?’” sidebar, or visit the Partnership for Drug-Free Kids’ [Drug Guide](#).

## DRUGS, ALCOHOL, AND THE ADOLESCENT BRAIN

The science of adolescent brain development indicates that even moderate substance use is not appropriate for teens. The brain develops rapidly throughout the teenage years, a process that continues until around age 25. Brain structures that control judgement and self-control develop last, which is why teens who are excellent at certain kinds of thinking can also make surprisingly irresponsible choices. Many people under the U.S. legal drinking age of 21 don't yet have the cognitive capacity to make good decisions about how much to drink or, crucially, not driving while under the influence. In fact, there is evidence that the 21-year-old drinking age substantially reduces drunken driving deaths.<sup>3</sup> Other substances pose particular risks to teens for the same reasons.



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A growing body of research indicates that teens' alcohol and drug use can lead to cognitive impairment. Among adults who use marijuana, those who started using as teens show more cognitive dysfunction, particularly on tests of attention, than those who waited until adulthood.<sup>4</sup> Similarly, it appears that adolescents who drink alcohol experience altered brain functioning that could affect long-term development.<sup>5</sup> Finally, a legal drinking age of 21, compared to 18, seems to produce safer drinking habits later in life.<sup>6</sup>

For more information on how brain science explains teens' behavior and why substance use is so risky at this stage, visit the Partnership for Drug-Free Kids' [Teen Brain](#) resource.

## WHAT ARE THE “SUBSTANCES”?

Alcohol, marijuana and prescription drugs are the substances teens are most likely to try. Other drugs — hallucinogens like “mushrooms” and LSD, non-prescription opiates like heroin, and “club drugs” like Ecstasy and methamphetamine — are less common but just as concerning. The following section covers basic information about several drugs of particular concern for LGBTQ teens and young adults.

- **Alcohol.** Alcohol is the most common drug among U.S. teenagers, probably because it's the easiest to access. Though all states have strict laws against selling or giving alcohol to someone under the age of 21, teens may get alcohol from older friends, by using a fake ID, or even by stealing from parents. Teens who drink are at risk for school and social problems, injuries, alcohol poisoning and even death from alcohol poisoning or accidents.
- **Marijuana.** Marijuana is the second most common drug among U.S. teenagers. It is illegal at the federal level and prohibited to those under 21 in every state. Like alcohol and other drugs, marijuana is especially risky when teens choose to [drive under its influence](#) — so it's worrying that some teens [believe it's safe](#) to drive while high. Marijuana can cause anxiety, and chronic use contributes to mental health problems and academic difficulties.
- **Prescription Drugs.** Whether prescribed to them or obtained elsewhere, roughly one in five teens reports having misused or abused prescription drugs intended as medicine. In recent years there has been a dramatic increase in overdose deaths attributed to prescription drugs, mainly pain relievers such as hydrocodone and oxycodone — and [progression from prescription pain reliever addiction to heroin use](#) has been observed in cases where the pain relievers become too expensive or difficult to obtain. Other prescription drugs that teens may misuse or abuse include stimulants like Adderall, often prescribed for ADHD, or sedatives and tranquilizers such as Xanax and Valium. Combining these prescription medications with alcohol can be especially dangerous.
- **Club Drugs.** “Club drugs” are a diverse set of drugs, mostly hallucinogens and stimulants, that are popular at concerts and other social events. These include MDMA (Ecstasy or Molly) and methamphetamine (meth). Methamphetamine is very addictive and can have deadly effects, including heart attack and stroke, in overdose or with chronic use. It can also lead to psychiatric symptoms like paranoia and hallucinations. MDMA use is associated with [dehydration and hyperthermia \(dangerous overheating\)](#), and has been linked to deaths at dance music events, where high temperatures and intense dancing compound the risks.
- **Synthetic Marijuana.** Synthetic drugs similar to marijuana, sometimes known as “K2” or “Spice,” have become common in some communities. Little is known about their long-term effects, but immediate risks include psychosis, dangerously high blood pressure, and seizures.



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## WHAT ARE THE RISK FACTORS?

It's impossible to predict exactly which adolescents will try alcohol and other drugs, or who will experience consequences like medical emergencies, addiction and cognitive impairment. However, researchers have identified several factors that increase a teen's risk of substance use and negative outcomes. These include:

- **Family history.** Young people whose relatives have had substance use disorders are more likely to have similar problems. In fact, family history is the single greatest predictor of a person's risk for substance abuse. Both genetics and family environment have a role.
- **Behavioral health disorder.** Teens with mental or behavioral health problems — including depression, anxiety disorders and ADHD — are more likely to use drugs. Marijuana and other drugs can also trigger psychosis (losing contact with reality) in someone who is predisposed to it, so it's particularly important that young people who have experienced psychosis or its warning signs avoid drugs. The same is true for teens with a family history of psychosis.
- **Trauma.** Adolescents who have been physically or sexually assaulted or who have witnessed violence, are more likely to develop a substance use disorder.<sup>7</sup>
- **Impulse control problems.** Young people who have trouble controlling their impulses and behavior are especially likely to abuse drugs and alcohol.<sup>8</sup>

Parents and caregivers should look for signs of drug use in any teen's life, but should pay particular attention when adolescents have one or more of these risk factors.

## LGBTQ ADOLESCENTS AND SUBSTANCE ABUSE

### WHAT ARE THE RISKS FOR LGBTQ YOUTH?

Young people who are LGBTQ are more likely than their non-LGBTQ peers to use alcohol and other drugs. Research indicates that, compared to heterosexuals, young adults who are lesbian, gay, bisexual or queer<sup>9</sup> have 1.3 times the odds of heavy alcohol use, 1.6 times the odds of marijuana use, 2.9 times the odds of injection drug use, and 3.3 times the odds of cocaine use.<sup>10</sup> Being LGBTQ affects girls' substance use risk more dramatically than boys', though boys are more likely to use drugs and alcohol overall. There is some evidence that bisexual youth are particularly likely to use alcohol and other drugs.<sup>11</sup>

We know less about substance use and abuse among teens who are transgender, since most research studies fail to identify transgender participants. We do know that transgender young people experience certain substance abuse risk factors, such as peer victimization and psychological distress, even more often than lesbian, gay, bisexual or queer youth who are cisgender (non-transgender).<sup>12,13</sup> This fact suggests that we should be particularly concerned about substance abuse among transgender youth.

### WHAT CAUSES THESE DIFFERENCES?

Being LGBTQ does not cause substance abuse. Rather, specific differences — mostly consequences of prejudice — weaken LGBTQ adolescents' support systems and increase the pressure for them to use drugs and alcohol. Understanding these differences is crucial for helping LGBTQ teens grow up healthy, happy and substance-free.

This section describes the factors that researchers believe promote substance use and abuse among LGBTQ adolescents. The following section discusses why they are important, and what we — as parents, caregivers, youth-serving professionals and policymakers — can do about them.



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- **Bullying and harassment.** LGBTQ teens who participated in the Human Rights Campaign Foundation [Youth Survey](#) were twice as likely as non-LGBTQ teens to have been excluded (48 percent), verbally harassed (51 percent), or physically assaulted (17 percent).<sup>14</sup> Several studies have found that LGBTQ students who are victimized in school have higher rates of drug and alcohol use than their heterosexual peers, while LGBTQ students who aren't victimized are not at increased risk.<sup>15,16,17</sup>
- **Family conflict and rejection.** Parents and caregivers are the [most important influence](#) on adolescents' choices about drug and alcohol use. Unfortunately, for some LGBTQ teens, conflict over sexual orientation, gender identity or gender expression can strain these relationships. Among LGBTQ teens in the Youth Survey, just 49 percent felt they could turn to an adult in their family for help, compared to 79 percent of non-LGBTQ teens.

How parents and other adults react to a teen's LGBTQ identity has a major impact on their risk of substance abuse. Research by San Francisco State University's [Family Acceptance Project](#) indicates that a young person's risk of problems with drugs and alcohol decreases as their family's acceptance of their LGBTQ identity increases.<sup>18</sup> And while relationships can heal over time, initial reactions make a difference: teens and young adults are more likely to use drugs and alcohol if parents and other adults react negatively when learning of the young person's LGBTQ identity.<sup>19</sup>

In the worst cases, hostility is so bad that LGBTQ teens run away from home or are kicked out. [Up to 40 percent](#) of unaccompanied homeless youth (teens and young adults who are on their own rather than part of a homeless family) are LGBTQ.<sup>20</sup> Once homeless, a young person is at extreme risk for substance abuse and other major problems, including suicide.<sup>21</sup>

- **Minority stress.** More and more LGBTQ teens are growing up in families and communities that celebrate their sexual orientations, gender identities and gender expressions. Sadly, it's still common for LGBTQ teens to be rejected by their families, harassed by their peers, and demeaned in the media. When a person experiences hardship because of a socially stigmatized identity like being LGBTQ, psychologists call it "minority stress."<sup>22</sup>

Direct harassment or abuse has the most obvious effect on substance use, but experiences like over-hearing slurs at school or seeing negative stereotypes on TV can also have an impact. Indeed, 92 percent of LGBTQ Youth Survey participants reported hearing negative messages about being LGBTQ. Most LGBTQ teens experience some level of minority stress, even if their family and friends are supportive — though that support makes a tremendous difference.

- **Childhood abuse.** There's some evidence that LGBTQ children are targeted for physical and sexual abuse at higher rates than other children,<sup>23</sup> and childhood abuse is a risk factor for later substance abuse.<sup>24</sup> Research findings have been mixed as to whether childhood sexual abuse accounts for part of the difference in substance abuse between LGBTQ and non-LGBTQ adolescents.<sup>25,26</sup>
- **Gender stereotypes.** The term "gender non-conforming" refers to someone who acts or appears in ways that defy gender expectations. (Gender non-conforming people are not necessarily transgender, meaning they identify as a different gender than they were originally assigned.) There is some evidence that being gender non-conforming is a risk factor for adolescent substance use and abuse, particularly among LGBQ girls. At least one study has found that LGBQ girls who identify as butch, a term used by some masculine LGBQ women, are most likely to use alcohol and marijuana.<sup>27</sup> This may be because gender non-conforming girls experience more stigma and harassment than LGBQ girls who are more traditionally feminine.<sup>28</sup>

"I use alcohol in an attempt to briefly forget the self-consciousness that I feel as a part of the gay community. It loosens me up a bit so I am not so worried about things like my appearance [or] what other people think of me."

— an LGBTQ young person



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- **Peer influence.** Teens' risk of substance use and abuse depends in part on whether their friends use drugs and alcohol.<sup>29</sup> For most LGBTQ teens, LGBTQ friends are a crucial source of support. However, in some cases, this means connecting with peers who are more likely to be using drugs or alcohol.<sup>30</sup> This is particularly likely if teens meet an older crowd through LGBTQ groups, or if they visit settings like bars or clubs where substance use is more common.

## WHAT HELPS ALL TEENS?

- **Discussing expectations.** Parents and caregivers should actively discuss substance use and abuse with their teens, setting clear expectations that they will not drink or use drugs. While "harm reduction" messages can be useful in certain contexts, such as college health programs, research indicates that consistent disapproval of underage substance use is the most effective parental message for reducing teens' drinking and drug use.<sup>31</sup>
- **Monitoring.** Teens who report that their parents more consistently monitor their behavior — asking and confirming how and with whom they spend their time — are less likely to drink or use drugs.<sup>32,33</sup>
- **Positive reinforcement.** Even when relationships are rocky, parents and caregivers can show appreciation for the parts of life where a teen succeeds, including activities that serve as alternatives to alcohol and drugs. For young people struggling with or recovering from substance abuse, this positive reinforcement can help reduce substance use and encourage participation in treatment. For all teens, having big and small accomplishments recognized strengthens the relationships that will help them stay away from drugs and alcohol.

“Substances make it easier to forget LGBT teens’ differences...they use them to feel more ‘normal!’”

— an LGBT young person

## WHAT HELPS LGBTQ TEENS?

- **Family support.** For LGBTQ teens, family support for their sexual orientation, gender identity and gender expression is one of the primary influences on substance use and abuse. In fact, teens whose parents or caregivers support their identity are better able to withstand other sources of stress, like harassment at school.

Family support takes more than ignoring or tolerating a young person's LGBTQ identity. The Family Acceptance Project has identified and studied the effects of fifty-five specific affirming actions that families may take, such as talking openly with a teen about their LGBTQ identity, inviting the teen's LGBTQ friends to join family activities, bringing the teen to LGBTQ events and appreciating clothing or hairstyle choices that might not be gender-typical. LGBTQ teens whose families take these affirming steps are less likely to have problems with drugs and alcohol. They also have better self-esteem, health and social support; are less likely to experience depression or suicidal thoughts; and are less likely to attempt suicide.<sup>34</sup>

- **Caring adults.** Teens who have good relationships with their teachers are less likely to use drugs and alcohol.<sup>35</sup> Fewer LGBTQ teens than non-LGBTQ teens feel supported by the adults at their school, but those who do are no more likely than non-LGBTQ peers to use substances.<sup>36</sup> Besides providing individual support to LGBTQ teens, supportive adults can shape a school climate where anti-LGBTQ harassment is not tolerated.<sup>37</sup>
- **Safe schools.** Because harassment by peers drives substance use and abuse, schools where LGBTQ students are treated with respect can help close the substance abuse gap.<sup>38</sup>



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## TAKE ACTION

### STEPS FOR PARENTS AND CAREGIVERS OF LGBTQ TEENS

- **My child is using alcohol or other drugs.** This can be a scary situation, but there are proven strategies and resources that can help you and your child. We recommend starting with [this online guide](#) from the Partnership for Drug-Free Kids. You can also call the Partnership's [toll-free helpline](#) at 1-855-DRUGFREE for one-on-one support.

Remember that, as they face the challenge of reducing their substance use, your child will need your support in all areas of life — including their LGBTQ identity. If you're struggling to show support and want to learn more, look below to “My child is LGBTQ or questioning...” for ways to move forward.

If a treatment program will be part of your child's recovery, it's important to make sure that the program is prepared to affirm their LGBTQ identity. For more information on choosing a treatment program, take a look at [this guide](#).

- **My child might be using drugs or alcohol.** If you're not sure whether your child is using, the first step is to ask! For advice on starting that conversation, and what to do next, see [this guide](#).

Talking to your teen about drugs and alcohol may be stressful, but simple, specific techniques can help you connect. The Partnership's [Marijuana Talk Kit](#) lays out these strategies in detail. They include asking permission to talk or give advice; using a compassionate tone that emphasizes concern rather than anger; asking open-ended questions; and working to understand your teen's perspective.

Since these conversations rely on openness and trust, they are much more likely to work when your child feels supported in their sexual orientation and gender identity. Whether these topics have strained your relationship or you are simply looking for ways to connect with your child, read on for resources and suggestions.

- **My child is LGBTQ or questioning their sexual orientation or gender identity.** Young people whose parents and caregivers affirm their LGBTQ identity are less likely to use drugs and alcohol, and more likely to trust these adults for help if they do have trouble with these substances.

Every parent or caregiver is in a different place when it comes to giving this support. Families who find the issue particularly challenging may be interested in the work of the Family Acceptance Project, particularly its [family education booklet](#). In the United States, [PFLAG](#) supports family members, friends, and allies of LGBTQ people through its online resources and more than 350 local chapters. Parents or caregivers of a transgender or gender non-conforming teen can also explore HRC's web resources on [transgender children and youth](#) or visit [Gender Spectrum](#).

Some families feel that a child's LGBTQ identity is difficult or impossible to reconcile with their faith. For parents in this situation, it's important to remember that rejection can have serious immediate and long-term effects on your child's safety and mental health, including their risk of substance abuse. Even if your beliefs about sexual orientation or gender identity do not change, it's crucial to reassure your child that you love and support them, as all faiths call us to do.

Most religious communities have groups that support LGBTQ people and their families. Links to many of these organizations are available at [hrc.org/FaithResources](http://hrc.org/FaithResources). You may also want to search online for resources specific to your faith.





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Families who are comfortable with a child's LGBTQ identity can take further steps to affirm it. If a child is dating someone, inviting that person to spend time with the family is a great way to demonstrate support. Similarly, families may want to welcome a teen's openly LGBTQ friends to family occasions. Sharing LGBTQ-positive media — gifting a book, or watching a movie together — is another way to show support. Try CommonSense Media's lists of LGBTQ-themed [movies](#) and [TV shows](#), or check out GoodReads' [book](#) recommendations.

Families can help teens find and join a local LGBTQ youth group, ideally one that is age-appropriate and takes a stance against substance abuse. Not only does this effort demonstrate a family's support, it helps teens find LGBTQ friends who will be positive influences when it comes to drugs and alcohol. Parents and caregivers can also look for informal or formal opportunities to connect teens with LGBTQ adults. Some LGBTQ organizations offer programs that match teens with adult mentors; in other cases, a teacher, family friend or community member can serve as a role model.

Finally, while sincere conversations with teens can be challenging, teens need to know that parents and caregivers are there to talk — about dating, drugs, or anything else. For teens who are or might be LGBTQ, that means it's crucial to discuss sexual orientation and gender identity candidly. Adults can signal their openness by asking about “boyfriends or girlfriends,” or making positive comments about LGBTQ figures in the community or media. For teens who are open about their identity, respectful questions — about words they use to describe themselves, school or local LGBTQ events, or LGBTQ people in pop culture — can be good conversation starters.

## STEPS FOR ALL PARENTS

Whether or not their child is LGBTQ, parents can work to make their family's communities more LGBTQ-affirming. HRC's resources for non-LGBTQ supporters of equality — known as ‘allies’ — are available at the [Allies topic page](#), and family members may also be interested in PFLAG's [Straight for Equality](#) program.

Schools and religious communities are key settings where allies can make a difference. HRC's Welcoming Schools program offers suggestions and [resources](#) designed for elementary schools, and many of the strategies can be adapted for other grade levels. HRC also works extensively with religious communities and offers a [range of faith-based resources](#), including a [Christian Conversation Guide](#) for those working towards fully inclusive churches. PFLAG's [Be Not Afraid](#) is another resource for allies in faith communities.

## STEPS FOR EDUCATORS AND OTHER YOUTH-SERVING PROFESSIONALS

Educators and other youth-serving professionals play several key roles in preventing substance abuse and promoting well-being among LGBTQ teens.

- **Creating an LGBTQ-affirming environment.** Youth-serving professionals can set an affirming tone by reducing [gender separation and stereotypes](#), highlighting gender and sexual diversity in lessons, and using LGBTQ-inclusive language. [Teaching Tolerance](#), a project of the Southern Poverty Law Center, offers free curricular and professional development materials that combat anti-LGBTQ prejudice and other forms of bias. GLSEN has created a downloadable LGBTQ [safe space toolkit](#) for educators.
- **Preventing and addressing bias and bullying.** Educators and other professionals are responsible for speaking up against anti-LGBTQ bias. The National Education Association's [Bully Prevention Kit](#) outlines best practices for intervening and supporting victims of bullying. Professionals should also address anti-LGBTQ comments or behavior among their colleagues.
- **Supporting LGBTQ teens directly.** In building trust and rapport with LGBTQ teens, it can be helpful to plan and practice responses to disclosures of LGBTQ identity (“coming out”) and to questions about LGBTQ topics. Young LGBTQ people use a wide range of terms to describe their sexual orientations and



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gender identities, and becoming familiar with some of these terms can help adults connect with LGBTQ teens. Educators may also be interested in advising their school's gay-straight alliance (GSA), or helping students organize one. GSA Network offers a [handbook and other resources](#) for adult GSA advisors.

Professionals outside the classroom are another important support system. The HRC Foundation's All Children - All Families program has developed resources for child welfare providers, including a [guide](#) for working with LGBTQ children and youth. Resources specific to the needs of transgender and gender non-conforming teens include the [Schools in Transition guide](#) (K-12 school staff, parents, and caregivers) and [A Place of Respect](#) (group care facilities).

- **Teaching about substance abuse.** Youth-serving professionals can convey key information and messages about alcohol and other drugs. For instance, the National Education Association has developed [lesson plans](#) for grades 9-12 that cover prescription drug abuse, which is among the most frequent and deadliest forms of substance abuse in this age group.

## STEPS FOR POLICYMAKERS AND ADVOCATES

Public policy will be crucial in reducing LGBTQ teens' risk of substance use and abuse. Policy changes can reduce unjust punishment, combat LGBTQ teen homelessness, and enable the development of prevention and treatment strategies that work for LGBTQ young people. Advocates and policymakers should:

- **Oppose zero-tolerance policies.** Parents, caregivers and schools need to take a strong stance against substance abuse, but that shouldn't include unfair sanctions for teens who break anti-drug rules. "Zero-tolerance" policies and other harsh, punishment-oriented practices are biased against LGBTQ teens, putting them on a downward spiral rather than a path to recovery.<sup>39</sup>
- **Expand services addressing LGBTQ youth homelessness.** When LGBTQ teens and young adults are rejected by their families, they may end up on the street. Indeed, LGBTQ young people make up a shocking proportion — around 40 percent — of the homeless youth population.<sup>40</sup> The trauma of homelessness is a major risk factor for substance use and abuse.<sup>41</sup> Communities critically need programs that can prevent homelessness, safely shelter LGBTQ teens and young adults and promote family reconciliation. Existing programs need more public and private funding to address the range and volume of young people's needs, which often outstrip the services they can currently offer.
- **Fund prevention-oriented research.** There is good evidence that LGBTQ teens are at increased risk for substance use and abuse. We need to know more about what causes this risk and what we can do to prevent it. Developing and rigorously testing prevention programs tailored to LGBTQ adolescents should be a funding priority, as should research on the needs of transgender and gender non-conforming teens.

## KEEPING ALL TEENS SAFE

All young people deserve respect from their peers, families and communities. Too many LGBTQ teens still don't get the care and support that would help them avoid drug and alcohol problems. But we can take steps to support the adolescents in our own lives, and to make our communities safer and more inclusive. We can also use education and policy advocacy to prevent substance abuse among all teens.

Crucially, we must also support teens and young adults who are currently struggling with drugs and alcohol. These young people deserve our compassion and respect, even when addiction disrupts their responsibilities and relationships. Their families, too, need support as they undertake the hard work of helping a child recover — and the challenge, for some, of accepting that child's LGBTQ identity. The Partnership for Drug-Free Kids and Human Rights Campaign are among the many organizations dedicated to supporting families on this journey and shaping a safer, more just world for all young people.





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- 1 Human Rights Campaign Foundation, *Growing Up LGBT in America*. Washington, DC: Human Rights Campaign, 2012, <http://www.hrc.org/youth-report>.
- 2 Centers for Disease Control and Prevention, *1991-2013 High School Youth Risk Behavior Survey Data*, <http://nccd.cdc.gov/youthonline/>.
- 3 William Dejong and Jason Blanchette, "Case closed: Research evidence on the positive public health impact of the age 21 minimum legal drinking age in the United States," *Journal of Studies on Alcohol and Drugs*, s17 (2014): 108-115.
- 4 Alecia D. Schweinsburg, Sandra A. Brown, and Susan F. Tapert, "The influence of marijuana use on neurocognitive functioning in adolescents," *Current Drug Abuse Reviews* 1, no. 1 (2008): 99.
- 5 Susan F. Tapert, Lisa Caldwell, and Christina Burke, "Alcohol and the adolescent brain: human studies," *Alcohol Research & Health* 28, no. 4 (2004): 205-212.
- 6 Michael Windle and Robert A. Zucker, "Reducing underage and young adult drinking: How to address critical drinking problems during this developmental period," *Alcohol Research & Health* 33, no. 1-2 (2010): 29.
- 7 Dean G. Kilpatrick et al., "Risk factors for adolescent substance abuse and dependence: data from a national sample," *Journal of Consulting and Clinical Psychology* 68, no. 1 (2000): 19.
- 8 Steve Sussman, Silvana Skara, and Susan L. Ames, "Substance abuse among adolescents," *Substance Use & Misuse* 43, no. 12-13 (2008): 1802-1828.
- 9 Lesbian, gay, bisexual, and queer youth share many experiences with transgender youth, including substance abuse risk factors. However, many research studies focus on sexual orientation and don't offer evidence about transgender youth in particular. In order to be both accurate and inclusive of transgender young people, this brief uses "LGBQ" when discussing research specific to sexual orientation, and "LGBTQ" elsewhere.
- 10 Michael P. Marshal et al., "Sexual orientation and adolescent substance use: a meta-analysis and methodological review," *Addiction* 103, no. 4 (2008): 546-556.
- 11 Marshal et al., "Sexual orientation and adolescent substance use."
- 12 Russell B. Toomey et al., "Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment." *Developmental Psychology* 46, no. 6 (2010): 1580.
- 13 Brian Mustanski, and Richard T. Liu, "A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth," *Archives of Sexual Behavior* 42, no. 3 (2013): 437-448.
- 14 Human Rights Campaign Foundation, *Growing Up LGBT in America*.
- 15 Daniel E. Bontempo and Anthony R. d'Augelli, "Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior," *Journal of Adolescent Health* 30, no. 5 (2002): 364-374.
- 16 Margaret Rosario et al., "Mediation by peer violence victimization of sexual orientation disparities in cancer-related tobacco, alcohol, and sexual risk behaviors: pooled youth risk behavior surveys," *American Journal of Public Health* 104, no. 6 (2014): 1113-1123.
- 17 Darwich, Hymel, and Waterhouse, "School avoidance and substance use among lesbian, gay, bisexual, and questioning youths."
- 18 Caitlyn Ryan, Stephen T. Russell, David Huebner, Rafael Diaz, and Jorge Sanchez, "Family acceptance in adolescence and the health of LGBT young adults," *Journal of Child and Adolescent Psychiatric Nursing* 23, no. 4 (2010): 205-213.
- 19 Margaret Rosario, Eric W. Schrimshaw, and Joyce Hunter, "Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: critical role of disclosure reactions," *Psychology of Addictive Behaviors* 23, no. 1 (2009): 175.
- 20 "LGBTQ Youth Homelessness in Focus," United States Interagency Council on Homelessness, n.d., [http://usich.gov/issue/lgbt\\_youth/lgbtq\\_youth\\_homelessness\\_in\\_focus/](http://usich.gov/issue/lgbt_youth/lgbtq_youth_homelessness_in_focus/).
- 21 Bryan N. Cochran et al., "Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts," *American Journal of Public Health* 92, no. 5 (2002): 773-777.
- 22 Cathy Kelleher, "Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people," *Counselling Psychology Quarterly* 22, no. 4 (2009): 373-379.
- 23 Mark S. Friedman et al., "A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals." *American Journal of Public Health* 101, no. 8 (2011): 1481-1494.
- 24 Ritch C. Savin-Williams, "Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, substance abuse, prostitution, and suicide," *Journal of Consulting and Clinical Psychology* 62, no. 2 (1994): 261.



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- 25 Darwich, Hymel, and Waterhouse, "School avoidance and substance use among lesbian, gay, bisexual, and questioning youths."
- 26 Margaret Rosario, Eric W. Schrimshaw, and Joyce Hunter, "Predictors of substance use over time among gay, lesbian, and bisexual youths: An examination of three hypotheses," *Addictive Behaviors* 29, no. 8 (2004): 1623-1631.
- 27 Rosario, Schrimshaw, and Hunter, "Butch/femme differences in substance use and abuse among young lesbian and bisexual women."
- 28 Toomey et al., "Gender-nonconforming lesbian, gay, bisexual, and transgender youth."
- 29 Michael Windle, "Parental, sibling, and peer influences on adolescent substance use and alcohol problems," *Applied Developmental Science* 4, no. 2 (2000): 98-110.
- 30 Rosario, Schrimshaw, and Hunter, "Predictors of substance use over time among gay, lesbian, and bisexual youths."
- 31 Joseph W. LaBrie., Sarah C. Boyle, and Lucy E. Napper, "Alcohol abstinence or harm-reduction? Parental messages for college-bound light drinkers," *Addictive Behaviors* 46 (2015): 10-13.
- 32 Ralph J. DiClemente et al., "Parental monitoring: Association with adolescents' risk behaviors," *Pediatrics* 107, no. 6 (2001): 1363-1368.
- 33 Alia A. Rai et al., "Relative influences of perceived parental monitoring and perceived peer involvement on adolescent risk behaviors: An analysis of six cross-sectional data sets," *Journal of Adolescent Health* 33, no. 2 (2003): 108-118.
- 34 Caitlin Ryan et al., "Family acceptance in adolescence and the health of LGBT young adults."
- 35 Kathleen Moritz Rudasill, Thomas G. Reio, Natalie Stipanovic, and Jennifer E. Taylor, "A longitudinal study of student-teacher relationship quality, difficult temperament, and risky behavior from childhood to early adolescence," *Journal of School Psychology* 48, no. 5 (2010): 389-412.
- 36 Lina Darwich, Shelley Hymel, and Terry Waterhouse, "School avoidance and substance use among lesbian, gay, bisexual, and questioning youths: The impact of peer victimization and adult support," *Journal of Educational Psychology* 104, no. 2 (2012): 381.
- 37 Laura J. Wernick, Alex Kulick, and Marita H. Inglehart, "Factors predicting student intervention when witnessing anti-LGBTQ harassment: The influence of peers, teachers, and climate," *Children and Youth Services Review* 35, no. 2 (2013): 296-301.
- 38 Michelle Birkett, Dorothy L. Espelage, and Brian Koenig. "LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes," *Journal of Youth and Adolescence* 38, no. 7 (2009): 989-1000.
- 39 Kathryn Himmelstein and Hannah Brückner, "Criminal-justice and school sanctions against nonheterosexual youth: A national longitudinal study," *Pediatrics* 127, no. 1 (2011): 49-57.
- 40 Laura E. Durso and Gary J. Gates, *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless* (Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund, 2012), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>.
- 41 Les B. Whitbeck., Danny R. Hoyt, and Wa-Ning Bao, "Depressive symptoms and co-occurring depressive symptoms, substance abuse, and conduct problems among runaway and homeless adolescents," *Child Development* (2000): 721-732.