

Introduction

- **Simultaneous alcohol and marijuana (SAM) use** (alcohol and cannabis use at the same time so the effects overlap) and **co-use**, (use of both products but not necessarily at the same time) are higher among sexual minority women (SMW) than heterosexual women.^{1,2}
- Higher rates of SAM use and co-use among SMW are alarming given the associations with elevated levels of negative consequences (e.g., blackouts, cognitive impairment) among other populations.³⁻⁶
- Although untested among SMW, it is possible that SMW who engage in more risky levels of substance use (e.g., co-use or SAM use) may report greater drinking and related consequences than SMW who engage in alcohol use only.
- **Aim: Examine differences on drinking outcomes based on past 30-day alcohol and cannabis use group (alcohol-only, co-use, SAM use) among SMW.**

Method

Participants & Procedure⁷

- $N = 106$ young adult SMW recruited for a larger EMA study about binge eating behaviors among women
- Data are from the baseline survey
- Participants were:
 - 18-30 years old
 - Cisgender female
 - Reported binge eating in past 2-weeks
 - SMW reported: a) only or mostly attraction to women or b) equal attraction to men and women or attracted to people regardless of their gender identity and have a current or recent romantic partner who identifies as a woman.
 - Narrowed to SMW who reported past 30-day alcohol use (given study focus)
- See Table 1 for characteristics of the sample

Measures

Substance Use Grouping

- Single grouping variable created to reflect past 30-day (a) alcohol use-only, (b) alcohol-cannabis co-use, and (c) SAM use

Alcohol Use⁸

- Daily Drinking Questionnaire assessed typical weekly drinking: a) frequency, b) quantity, c) drinks per drinking day, and d) peak drinks

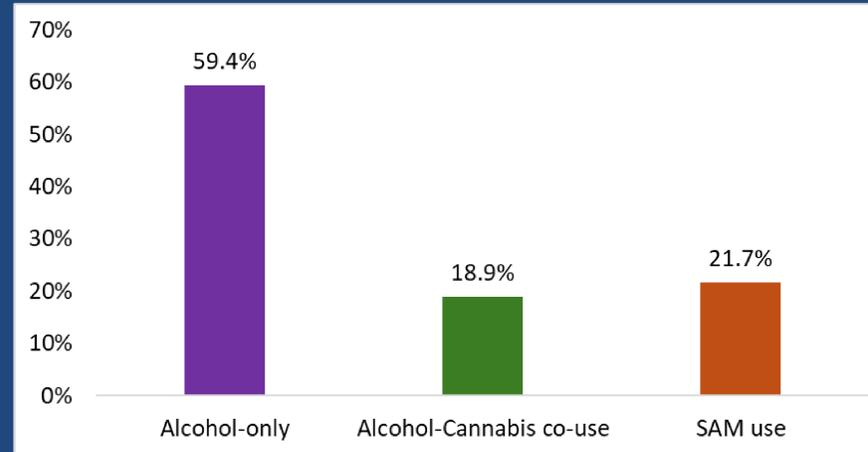
Alcohol Consequences⁹

- Brief Young Adult Alcohol Consequences Questionnaire

Data Analysis

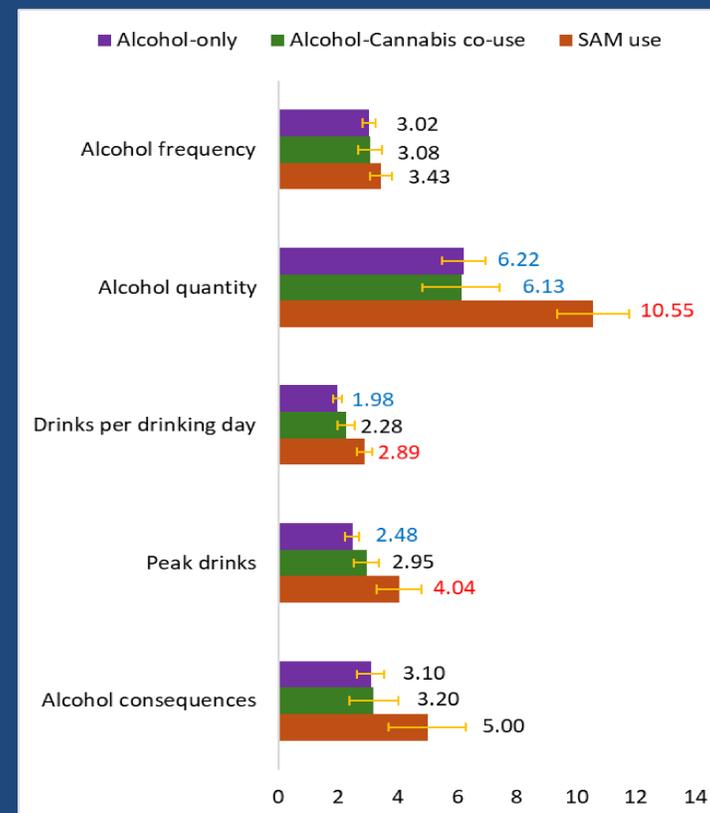
- A multivariate analysis of covariance (MANCOVA) controlling for age, examined the study aim.

Figure 1. Prevalence of Substance Use Groupings



SMW who reported SAM use reported higher drinking quantity ($p = .007$) than those who reported alcohol-only and co-use; and higher drinks per drinking day ($p = .018$) and peak drinks ($p = .005$) than those who reported alcohol-only. No differences between alcohol-only and the co-use group.

Figure 2. Differences on Drinking Outcomes between Substance Use Groups



Results

Table 1: Demographics of Study Sample

Demographic Variable	Total N=106	Alcohol-only n=63, 59.4%	Co-Use n=20, 18.9%	SAM Use n=23, 21.7%	p
Age (M, SD)	25.54 (3.03)	25.32 (2.99)	25.95 (2.42)	25.78 (3.64)	.658
Race (n, %)					
White	73 (68.9%)	46 (73.0%)	14 (70.0%)	13 (56.6%)	.341
Black	31 (29.2%)	17 (27.0%)	5 (25.0%)	9 (39.1%)	.493
Other	10 (9.4%)	6 (9.5%)	2 (10.0%)	2 (8.7%)	.989
Hispanic (yes; n, %)	15 (14.2%)	8 (12.7%)	1 (5.0%)	6 (26.1%)	.123
Education (n, %)					.207
High school graduate	3 (2.8%)	2 (3.2%)	0 (0.0%)	1 (4.3%)	
Some college/Associate's	29 (27.4%)	17 (27.0%)	4 (20.0%)	8 (34.8%)	
Bachelor's degree	52 (49.1%)	29 (46.0%)	15 (75.0%)	8 (34.8%)	
Graduate degree	22 (20.8%)	15 (23.8%)	1 (5.0%)	6 (26.1%)	

- MANCOVA found that there were significant group differences (alcohol-only vs co-use vs SAM use) on drinking quantity, drinks per drinking day, and peak drinks, controlling for age ($p = .022$). See Figure 2.
 - There were no group differences on frequency ($p = .637$) or alcohol consequences ($p = .105$).

Discussion

- Approximately one in five women in this study reported SAM use, which is alarming given the sample was not recruited for their cannabis use.
- However, it should be noted that this was a small sample and findings should be replicated.
- SAM use is becoming more common, particularly among SMW, possibly due to nationwide policy changes to legalize the use of cannabis and the lack of restrictions of where it can be distributed (e.g., where alcohol is also sold).
- SMW who reported SAM use reported greater drinking (quantity, drinks per drinking day, peak drinks), compared to those who reported only using alcohol, suggesting that coupling alcohol and cannabis may lower inhibition and reduce one's ability to self-regulate their drinking.
- SMW may use substances to cope with sexual minority stressors (i.e., discrimination related to their sexual identity¹⁰), and over time may change their patterns of use and shift from single use, to co-use, to SAM use to seek greater relief of negative affect.
- Intervention and prevention programs can be tailored to SMW to adapt information about the harms and risks of SAM use as well as substance-free ways to cope with minority stressors.

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