

Alcohol And Drug Use Patterns Among Homosexuals And Heterosexuals Residents In Lagos State, Nigeria.

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Abstract: In Nigeria, the increase use of alcohol and drug among Nigerian, old and young, male and female became apparent as there was an urgent need to address the issue of alcohol and drug use based on sexual orientation. The study adopted a descriptive research design of survey type, this make the researcher to have an objective and unbiased description of every event and phenomena as it exists in nature. Four research questions were raised to guide the study using the self prepared structured questionnaire tagged "Alcohol And Drug Use Patterns Among Homosexuals And Heterosexuals Questionnaire (ADUPHHQ)", The questionnaire was subjected to test-retest using a similar population outside the study area within the interval of three weeks. The result of reliability gave 0.738 at alpha level of 0.05. The population of this study comprises of 400 selected group of homosexuals and heterosexuals in Lagos State, Nigeria. Analysis was done using simple percentages and chi-square. The result indicated higher frequency of alcohol use among the homosexual group considering based on the propensity of usage; a lower percentage of the homosexual and heterosexual respondents take drugs; most of the homosexual and heterosexual respondents use alcohol and drugs with their friends or partners of same sexual orientation respectively. The Chi-Square (χ) test value of 34.628 (1 df; $p < 0.005$) shows that there is statistical significant association between alcohol and drug use among the homosexual and heterosexual respondents. It was recommended that intentional proactive measures should be carried out among vulnerable young adult population. This may involve services such as health education

Key Words: Alcohol, drug, use patterns, homosexuals, heterosexuals

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I. Introduction

Sexual orientation and gender identity are complicated constructs that encompass multiple dimensions of an individual's experience. These dimensions include sexual attraction, behaviour and fantasies, as well as emotional, social and lifestyle preferences and self-identification. When it comes to sexuality, social constitution divides the general population into two groups: the sexual minorities and the heterosexuals. A group of people whose sexual orientation, practices and identity differ from the majority of the surrounding society is defined as sexual minorities (Michael, 2003), which is used to refer to homosexuals (lesbians & gays), bisexuals and transgender. The National Institute on Alcohol Abuse and Alcoholism in 2005 defined homosexuals as a woman or a man whose primary sexual and emotional attachments are to persons of the same gender. Heterosexuals are also defined as a person or individuals who are sexually attracted to persons of the opposite sex or gender or a person who has sexual relations with the opposite sex. Heterosexuals are commonly referred to as straight.

The harmful use of alcohol and drugs has now become one of the most important risks to health. Alcohol is the leading risk factor in developing countries with low mortality rates and ranks third in developed countries, according to the World Health Report, while drug use is a risk factor for six of the eight leading causes of death in the world. The tobacco epidemic is one of the biggest public health threats the world has ever faced. Tobacco kills half of its users which approximates to nearly 6 million people each year. More than 5 million of those deaths are the result of direct tobacco use while more than 600,000 are the result of non-smokers being exposed to second-hand smoke (World Health Organisation, 2015). In 2012, 3.3 million deaths, or 5.9 percent of all global deaths (7.6 percent for men and 4.0 percent for women), were attributable to alcohol consumption. Alcohol contributes to over 200 diseases and injury-related health conditions, most notably alcohol dependence, liver cirrhosis, cancers, and injuries. In 2012, 5.1 percent of the burden of disease and injury worldwide (139 million disability-adjusted life years) was attributable to alcohol consumption. Globally, alcohol misuse is the fifth leading risk factor for premature death and disability; and among people between the ages of 15 and 49, it is the first (National Institute on Alcohol Abuse and Alcoholism).

Health problems associated with alcohol and drug consumption have reached alarming levels, and the use of alcohol and drugs contributes to a wide range of diseases, health conditions and high-risk behaviours, from mental disorders and road traffic injuries, to liver diseases, cancer and unsafe sexual behaviours. In the last two decades, studies have suggested that sexual minorities, particularly the women, have lower rates of

abstention from alcohol and drug use, higher rates of reported alcohol and drug related problems and less decrease in the use of alcohol and drugs with age compared with heterosexuals (Hugh McBride, 2008). Several studies also found out that lesbians were less likely to be alcohol abstainers and more likely to be heavier drinkers than heterosexual women (Lhomong & Saurel-Cubizolles, 2006; Hughes & Szalacha, 2010).

Alcohol and drug use and dependence differ by sexual orientation especially against women. Sexual minority women have been found to report higher levels of hazardous drinking with sexual revictimization being the strongest predictor of hazardous drinking among sexual minority women (Wilsnack, *et al*, 2010). The Millennium Development Goal 3, which is to promote gender equality envisions a world living in societies free from violence and discrimination and is working towards achieving women empowerment, and against sexual inequality and violence against women. If this goal is achieved, it would reduce the cases of sexual revictimization among sexual minority women and also the use of alcohol and illegal drugs in the process.

According to the World Health Organisation global status report on alcohol and health (2011), the rate of consumption and drinking patterns of alcohol and drug among the general population is on the rise. This places individuals at risk of contracting a wide range of chronic diseases which includes; cardiovascular diseases, cancer, diabetes, chronic respiratory disease, musculoskeletal diseases, unintentional injuries, mental disorders and many more which could eventually lead to death.

Researches highlight that homosexuals tend to use and abuse alcohol and drugs more than the heterosexual population which places them at a higher risk of contracting certain diseases (Shivani, *et al*; 2012). Despite the increasing number of researches highlighting that homosexuals tend to use alcohol and drugs more than the heterosexuals, very little attention has been given towards considering sexual orientation when addressing the issue of alcohol and drug use.

In a recent study among undergraduates in selected private universities in Southwest Nigeria, findings show that tobacco and alcohol use had the highest prevalence of (81%) & (72%) respectively (Olujide, *et al*, 2015; Olufunke, 2015). Whether they drink more, the same, or less than heterosexuals, homosexuals are subjected to many of the same risks and consequences of use. When addressing alcohol use/abuse prevention and treatment issues, homosexual individuals deserve the same compassionate, informed responses as those given to other populations or groups. This research will highlight if there is a significant difference in the patterns of alcohol and drug use among homosexuals and heterosexuals and also the importance of considering sexual orientation when addressing the issue of alcohol and drug use. Thus, this study seeks to explore the importance of considering sexual orientation while addressing the issue of alcohol and drug use.

Research Questions

1. What is the pattern of alcohol use among homosexuals and heterosexuals?
2. What is the pattern of drug use among homosexuals and heterosexuals?
3. What is the effect of drug and alcohol use among homosexuals and heterosexuals?
4. What is the association of alcohol and drug use among homosexuals and heterosexuals?

II. Methodology

Study Design: A cross-sectional survey was carried out to compare alcohol and drug use patterns among the homosexual and heterosexual population.

Study Population: The target population for this study are a selected group of homosexuals and heterosexuals in Lagos State, Nigeria, irrespective of their age, tribe, gender and marital status.

Inclusion Criteria: Inclusion criterion to this study included individuals who have been a resident of Lagos State, Nigeria for at least a period of 5 years.

Exclusion Criteria: In the course of this study, all participants that possessed the following were not allowed to participate in this study: a) Where the individual has not been a resident of Lagos State, Nigeria for at least a period of 5 years; and b) the homosexual participants were gotten from a hotspot in southwest Nigeria. They were recruited through a gatekeeper who has and maintains a direct contact with the homosexuals and attends their meetings regularly.

Sample Size: Irrespective of age, sex or gender, participants were selected, the sample size was determined through information received from the gate keeper. As a result of inconsistencies in attendance of the members, sample size was not certain, head count was performed by the gatekeeper in the hotspot on the day the instrument was to be administered. This resulted in a total of 200 homosexual participants. In order to evenly compare these groups, 200 heterosexual participants were also used for the study. A total of 400 well-structured questionnaires were administered, which gives a total of 400 participants used for the study.

Sampling Technique: In comparing alcohol and drug use patterns among homosexuals and heterosexuals residents in Lagos State, Nigeria for at least a period of 5 years, the researcher adopted a purposive sampling technique for the homosexual participants. The total sample was used; to compare the two groups evenly, a

random sampling technique was adopted for the heterosexuals to ensure that these populations were represented in the sampling process and also to compare the results of the homosexual and heterosexual groups.

Instrumentation: The instrument used in this research was a well-structured questionnaire. Questionnaires were used to collect data from both the homosexual and heterosexual populations. The questionnaires were administered to a purposive selected set of homosexual participants to measure prevalence of alcohol and drug use, effects of alcohol and drug use and relationship between alcohol and drug use. Questionnaires were also shared randomly to the heterosexual participants. Four hundred (400) questionnaires were administered to two hundred homosexual participants and two hundred heterosexual participants. The questionnaire used, is a 31 item structured questionnaire. The sustainability of this method was based on the fact that majority of the participants were literates and as such can express themselves.

Validation And Reliability of Instrument: The questions used for the instrument in this research were drafted and submitted to the project supervisor for approval. Comments, suggestions and modifications on the instrument were studied carefully and were used in improving the quality of the instrument. All the necessary corrections were made until all errors were eliminated. The instrument was validated through a pre-test. The pre-test was carried out to ensure that the instrument appropriately answered the research questions of the study. Also, a reliability test was carried out using the Statistical Package for Social Sciences (SPSS) version 21.0. The result of this test was 0.738.

Data Analysis: All data retrieved from the survey were entered and analyzed using the SPSS software. The questionnaires were analyzed using the current version of the Statistical Package for the Social Sciences (SPSS) version 21.0 based on the stated research questions. Data gotten was analysed using frequency and percentages, as well as chi-square.

III. Result

Table 1: Respondents' Demographic Factors

Variables	Category	Number of Respondents, N = 400	
		Homosexual population	Heterosexual population
		FREQ (%)	FREQ (%)
Sex	Male	184 (92.9%)	108 (54%)
	Female	13(6.6%)	91 (45.5%)
Religion	Christian	140 (71.4%)	147 (74.6%)
	Muslim	51 (26%)	41 (20.8%)
	Others	5 (2.6%)	9 (4.6%)
Educational level	Primary	2 (1%)	5 (2.5%)
	Secondary	97 (50.8%)	37 (18.8%)
	Tertiary	75 (39.3%)	137 (69.5%)
	No formal education	17 (8.9%)	18 (9.1%)
Occupation	Student	127 (66.8%)	132 (66.3%)
	Teacher	14 (7.4%)	15 (7.5%)
	Business man/woman	28 (14.7%)	29 (14.6%)
	Others	18(9.5%)	17 (8.5%)

The demographic characteristics of the respondents as displayed in Table 4.1, reveals that across both groups (Homosexual and Heterosexual respondents) more than half (56.5 percent and 56 percent respectively) are between the ages of 21 to 31 years. The homosexual group have more (36.5 percent) respondents that are 20 years of age and below compare to the heterosexual groups that have about 29 percent of its respondents that are 20 years and below. Homosexual group have lesser (7 percent) respondents that are 31 years and above while the heterosexual respondents have about 15 percent that are 31 years and above.

Most (93 percent) of the Homosexuals are male while the females are 6.6 percent of the respondents compared to the heterosexuals who comprise of 54 percent male and about 46 percent female. Also, among the homosexual groups, 71.4percent of the respondents are Christians, 26 percent are Muslims, and 2.6 percent practice other traditional religions, compared to the heterosexuals who comprise of 74 percent Christian, 20.8 percent Muslim and 4.6 percent traditional worshippers.

Across the homosexual respondents, half (51 percent) have secondary school level of education and 39 percent of the respondents have tertiary education while the heterosexual respondents have about two third (70

percent) of its respondents having tertiary education and few (18.8 percent) respondents having secondary school education. A similar trend was observed across each group in which 66.8 percent and 66.3 percent of the homosexual and heterosexual groups respectively are students, while 14.7 percent and 14.6 percent are of the homosexual and heterosexual respondents respectively are business men or women.

Table 2: The pattern of alcohol use among homosexuals and heterosexuals

Variables	Category	Number of Respondents, N = 400	
		Homosexual population	Heterosexual population
		FREQ (%)	FREQ (%)
How often do you use alcohol	Every day	14 (22.6%)	7 (11.3%)
	Once a week	10 (16.1%)	6 (9.7%)
	Twice a week	9 (14.5%)	2 (3.2%)
	Once a month	5 (8.1%)	4 (6.5%)
	More than once a month	9 (14.5%)	10 (16.1%)
	Occasionally	15 (24.2%)	33 (53.2%)
When was the last time you took a drink containing alcohol	A day ago	31 (47%)	7 (10.9%)
	A week ago	10 (15.2%)	17 (26.6%)
	2 – 4 weeks ago	12 (18.2%)	16 (25%)
	4 weeks and above	13 (19.7%)	24 (37.5%)
What effect does taking alcohol have on you	It helps me open up to people	17 (8.5%)	14 (7%)
	Improves my academic performance	4 (2%)	5 (2.5%)
	Reduces my academic performance	15 (7.5%)	6 (3%)
	Interferes with my sleep	4 (2%)	2 (1%)
	Leads to more cravings	11 (5.5%)	6 (3%)
	Depresses me	7 (3.5%)	4 (2%)
	Helps me overcome my problems	21 (10.5%)	6 (3%)
	Others	7 (3.5%)	18 (9%)

The outcome of this study revealed that 33 percent of the homosexual respondents take alcohol and similarly, 31.5 percent of the heterosexuals take alcohol. Therefore, a lower percentage of the homosexual respondents take alcohol with a similar result for the heterosexual respondents. Thus, most of the homosexual and heterosexual respondents respectively do not take alcohol. However, the frequency of alcohol use was higher among the homosexual group considering that a higher percentage take alcohol every day and once a week respectively when compared with the heterosexual respondents. According to Ziyadeh, *et al.*, (2006) on sexual orientation, gender, and alcohol use in a cohort study of U.S. adolescent girls and boys, multivariate regression models estimated associations between sexual orientation and alcohol-related behaviours, such as binge drinking and drinking before age 12. Sexual minority girls and boys were at elevated risk compared to heterosexual girls and boys on almost all alcohol-related behaviours and exposures. In support of this study, findings from a research carried out by Olujide, *et al.*, and Olufunke in 2015, among undergraduates in selected private universities in Southwest Nigeria showed that tobacco and alcohol use had the highest prevalence of (81%) & (72%) respectively.

Table 3: The pattern of drug use among homosexuals and heterosexuals

Variables	Category	Number of Respondents, N = 400	
		Homosexual population	Heterosexual population
		FREQ (%)	FREQ (%)
Do you take drug	Yes	25 (12.8%)	23 (12.3%)
	No	170 (86.7%)	163 (87.2%)
How often do you use drugs	Every day	5 (16.7%)	6 (24%)
	Once a week	4 (13.3%)	2 (8%)
	Twice a week	3 (10%)	3 (12%)
	Once a month	0 (0%)	1 (4%)
	More than once a month	5 (16.7%)	3 (12%)
	Occasionally	12 (40%)	10 (40%)
Why do you take drugs	It makes me bold and strong	11 (5.5%)	4 (2%)
	It helps me to enjoy life	2 (1%)	4 (2%)
	Because my friends do it	7 (3.5%)	8 (4%)
	Curiosity	1 (0.5%)	6 (3%)
	My family memberstake drugs	0 (0%)	1 (0.5%)

	To get away from worries	6 (3%)	9 (4.5%)
	Because drug is sold near by	0 (0%)	3 (1.5%)
	It helps me cope with my life style	10 (5%)	0 (0%)
	Others	3 (1.5%)	2 (1%)
When was the last time you used drugs	A day ago	15 (51.7%)	10 (41.7%)
	A week ago	4 (13.8%)	3 (12.5%)
	2 – 4 weeks ago	2 (6.9%)	3 (12.5%)
	4 weeks and above	8 (27.6%)	8 (33.3%)
What was your reason for doing so	Just felt like taking drugs	10 (5%)	5 (2.5%)
	My friends were taking drugs	3 (1.5%)	1 (0.5%)
	Curiosity	6 (3%)	3 (1.5%)
	I was stressed	7 (3.5%)	14 (7%)
	Others	3 (1.5%)	3 (1.5%)
What effect does taking drugs have on you	It helps me open up to people	10 (5%)	1 (0.5%)
	Improves my academic performance	3 (1.5%)	1 (0.5%)
	Reduces my academic performance	9 (4.5%)	4 (2%)
	Interferes with my sleep	6 (3%)	0 (0%)
	Leads to more cravings	3 (1.5%)	2 (1%)
	Depresses me	2 (1%)	8 (4%)
	Helps me overcome my problems	9 (4.5%)	6 (3%)

According to the Table 3, 12.8 percent of the homosexual respondents take drug and a similar trend was observed among the heterosexual respondents, as about 12.3 percent admitted using drugs. Thus, 86.7 percent and 87.2 percent of the homosexual and heterosexual respondents respectively do not take drug. The frequency of drug use is higher among heterosexual respondents considering that 24 percent, 8 percent and 12 percent take drug every day, once a week and twice a week respectively while across the homosexual respondents only 16.7 percent, 13.3 percent and 10 percent take drug every day, once a week and twice a week. More so, 40 percent of the heterosexual and homosexual respondents each take drug occasionally.

The reason for taking drugs among the homosexual respondents is because it makes them bold and strong (5.5 percent), it helps them to cope with their lifestyle as indicated by 5 percent of the this group. Other reasons claimed by homosexual respondents are that they take alcohol out of curiosity (0.5percent), they do it because it's something they do with their friends or are influence by their friends or peers (3.5 percent), to get away with worries (3 percent). There is no much difference with the heterosexual respondents. 4 percent and 2 percent of the heterosexual respondents take drugs because their friends do take it and to enjoy their lives respectively. More (3 percent) of the heterosexual respondents take drugs out of curiosity compared to the 0.5 percent homosexual respondents who take drugs out of curiosity. None of the homosexual respondents take drugs because their family members take it, while 0.5 percent of the heterosexual respondents take drugs because their family members take it.

Most (42 percent) of the heterosexual respondents used drugs a day ago while about 52 percent of the homosexual respondents indicated that they used drugs a day ago. This is followed by 33.3 percent and 27.6 percent of the heterosexual respondents who used drugs during the last 4 weeks and above. Furthermore, 12.5 percent of the heterosexual respondents used drugs a week ago and 2 to 4 week ago compared to 13.8 percent and 6.9 percent of the homosexual respondents who used drugs a week ago and 2 to 4 week ago respectively.

Various reasons were given for using drugs. 5 percent and 0.5 percent of the homosexual and heterosexual respondents just felt like doing it respectively. In addition, among the homosexual respondents, 3.5 percent were stressed, 1.5 percent was doing it because their friends were doing it and 3 percent were doing it to satisfy their curiosity. Among the heterosexual respondents, 7percent indicated that they were stressed and 1.5 percent of the respondents were trying to satisfy their curiosity.

Among the homosexual respondents, the effect of using drugs was its tendency to help them overcome their problems as indicated by 4.5percent of the respondents. Others saw its effect by assuming that it increases their ability to open up to people (5 percent), while other effects are reduction of academic performance (4.5percent), improves academic performance (3percent), leads to more cravings (1.5percent), causes depression (1percent) and interferes with sleep (3percent).

Among the heterosexual respondents, few (3percent) of the respondents indicated that drug use affects them by helping them overcome their problems. Others saw its effect by assuming that it increases their ability to open up to people (0.5 percent), improves academic performance (0.5percent), leads to more craving (1 percent), causes depression (4percent) and reduces academic performance (2percent).

This study brings to limelight patterns of drug use among homosexual and heterosexual respondents. The study showed that a lower percentage of the homosexual respondents take drugs and a similar trend was observed among the heterosexual respondents. Thus, most of the homosexual and heterosexual respondents

respectively do not take drugs. The frequency of drug use was higher among heterosexual respondents considering that a greater percentage take drugs every day, once a week and twice a week respectively when compared to the homosexual respondents.

Table 4: The effect of alcohol use among homosexuals and heterosexuals

Variables	Category	Number of Respondents, N = 400	
		Homosexual population	Heterosexual population
		FREQ (%)	FREQ (%)
Do you take drugs with your partner or friends of the same sexual orientation	Yes	23 (69.7%)	27 (73.6%)
	No	10 (30.3%)	8 (26.4%)
Do you believe drugs affect your health	Yes	122 (63.2%)	125 (77.2%)
	No	71 (36.8%)	17 (10.5%)
Are you concerned about the health implications of drug use	Yes	87 (61.3%)	74 (68.5%)
	No	54 (38%)	20 (18.5%)

Among the homosexual respondents, most of them saw the effects of taking drugs as its ability to help them open up to people. Other effects that were identified include, its tendency to help them overcome their problems, reduction of academic performance, improves academic performance, leads to more cravings, causes depression and interferes with sleep.

Among the heterosexual respondents, few of the respondents indicated that drug use affects them by helping them overcome their problems. Most of the respondents indicated that it causes depression or depresses them. Others saw its effect by assuming that it increases their ability to open up to people, improves academic performance, leads to more craving and reduces academic performance. Ekpenyong and Aakpege (2014) asserted that effects of drugs on individuals are a serious issue that affects health negatively. Nothing positive is attached to the use of psychoactive drugs, and therefore no justification should be allowed to promote its consumption.

Table 5: Pearson Chi square of association between alcohol and drug use among respondents.

		Cross tabulation			Chi-square test		
		Alcohol intake		Total	Pearson Chi-square value	df	Sig.
Drug use	Yes	32 8.5%	15 4.0%	47 12.4%	34.628	1	0.000
	No	85 22.5%	246 65.1%	331 87.6%			
Total		117 31.0%	261 69.0%	378 100.0%			

P<0.05

As shown in Table 5, it was observed that 12.4% of the respondents take drug when compared with alcohol intake of respondents. Thus, 8.5 % of respondents who take drugs also use alcohol. Chi-Square (χ^2) test value is 34.628 at 1 df; p=0.000. Therefore, the null hypothesis is rejected while the alternative hypothesis is accepted which states that there is significant association between alcohol and drug use among respondents.

IV. Conclusion

The purpose of this study is to explore the patterns of alcohol and drug use among homosexuals and heterosexuals, to examine the effects of alcohol and drug use among homosexuals and heterosexuals and to determine if there is a relationship between alcohol and drug use among the two groups (homosexuals and heterosexuals). The results give evidences of difference in patterns of alcohol use among heterosexuals and homosexuals. The frequency of alcohol use is higher among the homosexual group compared to the heterosexual respondents. However, the frequency of drug use is higher among heterosexual respondents considering more of them use drugs every day compared to the homosexual respondents. Only few heterosexual and homosexual respondents enjoy taking drugs with alcohol. A high lesser number of homosexual respondents take it alone compared to the heterosexual respondents. However, statistics show a significant association

between alcohol and drug use among the homosexual and heterosexual respondents. The level of negative belief of the effect of alcohol and drug use is higher among homosexuals compared to heterosexuals.

V. Recommendation

Based on these research findings, the following recommendations were made:

1. Health care providers need to know the sexual identity, orientation and practices of their patients in terms of drug and alcohol use, so as to design an effective health intervention.
2. Based on field observations/activities related to this research study, most respondents displayed sparse level of awareness on basic information about the harmful effect(s) of drug and alcohol use. Hence, intentional proactive measures should be carried out among vulnerable young adult population. This may involve services such as health education, youth friendly service and partnering with relevant NGOs whose services target the same population.
3. Most drug and alcohol users may perceive that there are negative effects but may not fully understand the full health implication. Therefore, information, Education and communication (IEC) resources should be created for this target population.
4. Cultural and socially acceptable cues to action should be developed to increase the self-efficacy of population at risk.

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