

NICOTINE, DRUGS AND VIOLENCE: IMPLICATIONS FOR THE HEALTH OF SEXUAL MINORITIES IN LAHORE, PAKISTAN

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Abstract

Introduction: The abusive use of psychoactive substances among the LGBT population, although an individual and subjective process, is believed to reflect coping strategies for dealing with negative feelings such as insecurity and anxiety related to the acceptance of one’s sexual orientation, as well as ways of coping with situations of violence resulting from transphobia. The nicotine and the other illicit drugs are considered harmful to the population. More than 60 chronic and acute diseases, in addition to various social and psychological problems, are associated

with Nicotine consumption.

Objective of the study: This research is relevant because it contributes to a better understanding of the risk situations and harms to which the LGBT population is exposed. Such understanding may help identify their real needs and, from a multidisciplinary perspective, support the development of preventive actions to address the various problems associated with the abusive use of Nicotine and drugs in this population, such as chronic and acute health problems, violence, traffic accidents, risky sexual behaviours, and suicide attempts.

Method: A cross-sectional, quantitative study was conducted with LGBT individuals approached during a well-known protest event, held in the cities of Lahore and Faisalabad during July 2025. 316 LGBTI individuals were selected of the basis of their free and informed consent in Lahore Pakistan. The questionnaires containing different question were distributed among these LGBTI individuals. Those who are uneducated were allowed to be assisted by the healthcare workers.

Results: Participants who experienced psychological/verbal violence reported higher drug use compared to those who experienced other types of violence. Most participants used drugs once or twice per month, which classifies them as “non-users” according to DUSI-R criteria. Among those classified as “users,” the most frequent consumption was three to nine times per month across all types of violence. High-frequency use (>20 times/month) was most common among individuals who experienced psychological/verbal violence (58.8%).

Discussion: LGBT individuals have great impact on their mental health due to physiological, psychological and social injustice which they suffer throw out their life¹⁸. They face these torchers which give them depression. They are left with no option except to use these psychoactive substances to co with the situations of immorality. The evidence from different studies carried out in Pakistan LGBTI individuals indicate that these transgenders are more dependent on psychoactive substances as compare to normal persons.

Final Consideration: Despite the insights gained, some limitations exist. The study relies on self-reported experiences of violence, drug use in the past 30 days (type and frequency), and associated health problems, which may affect generalizability. LGBTI individuals are at high risk due to marginalized population not supported by public or private organizations. Hence, they are at greater risk of developing addiction.

Introduction: Violence against the lesbian, gay, bisexual, transvestite, and transgender (LGBT) community is currently considered a serious public health problem.¹ In addition to having a strong impact on morbidity and mortality rates, this phenomenon progressively harms the biopsychosocial health of individuals by triggering negative psychological consequences,² such as low self-esteem, feelings of loneliness, isolation, and depression.³ Low self-esteem in the LGBT population resulting from social prejudice is considered a trigger for depressive episodes, feelings of guilt, fear,

distrust, confusion, insecurity, anxiety, shame, social isolation, difficulties in establishing and maintaining romantic relationships, sexual dysfunction, hostility, eating disorders, and Nicotine and drug abuse.⁴

The abusive use of psychoactive substances among the LGBT population, although an individual and subjective process, is believed to reflect coping strategies for dealing with negative feelings such as insecurity and anxiety related to the acceptance of one's sexual orientation,⁵ as well as ways of coping with situations of violence resulting from transphobia.⁶

The nicotine and the other illicit drugs are considered harmful to the population. More than 60 chronic and acute diseases, in addition to various social and psychological problems, are associated with Nicotine consumption⁷. It is therefore necessary to find out the use of nicotine and other illicit drugs by the LGBTI population in Pakistan. The marginalized population has to experience violence and disparity in health services.⁸

Objective of the study

This research is relevant because it contributes to a better understanding of the risk situations and harms to which the LGBT population is exposed. Such understanding may help identify their real needs and, from a multidisciplinary perspective, support the development of preventive actions to address the various problems associated with the abusive use of Nicotine and drugs in this population, such as chronic and acute health problems, violence, traffic accidents, risky sexual behaviours, and suicide attempts.

Homophobia is defined as explicit, persistent, and widespread hatred toward sexual minorities, manifesting along a continuum of violence ranging from verbal attacks on Honor and morals to extreme episodes of physical violence carried out with extreme cruelty.⁹ Exposure to violent experiences both facilitates the initiation or continuation

of psychoactive substance use and represents a risk factor for relapse,¹⁰ in addition to being associated with involvement in new acts of violence.¹¹

Method

A cross-sectional, quantitative study was conducted with LGBT individuals approached during a well-known protest event, held in the cities of Lahore and Faisalabad during July 2025. 316 LGBTI individuals were selected on the basis of their free and informed consent in Lahore Pakistan. The questionnaires containing different questions were distributed among these LGBTI individuals. Those who are uneducated were allowed to be assisted by the healthcare workers. The interview was scheduled for 15 minutes from each individual to get information about socio economic biological sex (male or female), sexual orientation (lesbian, gay, bisexual, transvestite) or trans sexual. Educational level was divided into elementary secondary, higher education, complete or incomplete primary education marital status and age with urban or rural locality was also included. The frequency of drug use was also asked according to the drug use screening inventory revised (DUSI-R) the approval was taken from the ethics committee as well as from the IRB of the University of Lahore to conduct this research. The drug use screening inventory Revised is used as a reference for establishing the narcotics use worldwide in this classification. The person who uses drug once in a month are coded as "user in the last month" those who use the drugs more than two times are coded as "nonuser in the last month".

The persons were identified on the basis of their situation (yes or no).

- (i) craving are strong desire to use drug
- (ii) need to use larger amounts to achieve desired results
- (iii) difficulty controlling use
- (iv) difficulty in resisting use
- (v) dependence feeling

- (vi) withdrawal symptoms
- (vii) failure to perform activities due to drug use
- (viii) mood changes
- (ix) relationship problems
- (x) memory problems
- (xi) accidents while driving
- (xii) dangerous activities involvement
- (xiii) violent actions

Affirmative responses were considered indicative of the presence of problems. One or more positive responses were interpreted as evidence of health consequences associated with substance use.

Nominal variables were expressed as absolute numbers and percentages. Associations between nominal variables were analyzed using the chi-square test, with a significance level set at $p \leq 0.05$. Data were tabulated using Microsoft Office Excel 2010.

Results

Sociodemographic Characteristics

The study included 316 LGBT individuals, most of whom self-identified as having male biological sex (70.6%), male gender identity (63.3%), and homosexual sexual orientation (79.1%). Participants were predominantly of Semi-Rural Locality/Area Color (62.0%), had completed secondary education (34.2%), were unmarried (64.2%), and had a mean age of 24.3 years (Table 1).

Table 1. Sociodemographic profile of lesbian, gay, bisexual, transvestite, and transgender participants in the study. Lahore, Pakistan, 2025

Characteristic	n	%
Biological sex		
Male	223	70.6

Female	93	29.4
Gender identity		
Male	200	63.3
Female	113	35.8
Both (male and female)	3	1.0
Sexual orientation		
Gay	162	51.3
Lesbian	71	22.5
Bisexual	63	19.9
Transvestite	14	4.4
Transsexual	6	1.9

SD, standard deviation; Min–Max, minimum–maximum.

Statistical analyses were performed using Stata software, version 11.0.

Homosexual sexual orientation corresponds to the combined categories of gay and lesbian participants.

Table 2 – Prevalence of Violence Among Lesbian, Gay, Bisexual, Transvestite, and Transsexual Participants.

Lahore, Pakistan, 2025

Type of Violence	Yes (n)	Yes (%)	No (n)	No (%)
Psychological/verbal	249	78.8	67	21.2
Physical	99	31.3	217	68.7
Sexual	58	18.3	258	81.6

Violence and Drug Use

The most frequent type of violence reported was psychological/verbal (78.8%), followed by physical (31.3%) and sexual violence (18.3%) (Table 2).

As a consequence of experiencing violence, there was a high prevalence of legal drug use among participants (59.4%), with Nicotine (70.9%) and tobacco (22.7%) being the most commonly used substances. Among illicit drugs (40.5%), analgesics showed the highest consumption (16.8%).

Participants who reported experiencing psychological/verbal violence were also the most likely to consume some type of drug. For all types of violence, the majority of participants reported using drugs once or twice a month, which classifies them as “non-users” according to the DUSI-R criteria.

Among those classified as “users,” most reported using drugs three to nine times per month across all types of violence. Individuals with a higher frequency of drug dependence (more than 20 times per month) were more frequently those who had experienced psychological/verbal violence (58.8%) (Table 3).

Health Implications Associated with Drug Use

Problems associated with drug use are presented in Table 4. Given the higher prevalence of Nicotine consumption in the sample, specific attention was given to identifying problems associated with this substance.

Among participants who had experienced sexual violence, Nicotine use was significantly associated with:

- Experiencing withdrawal symptoms ($p = 0.04$)
- Difficulty resisting Nicotine use ($p = 0.01$)

These findings highlight the intersection between exposure to violence and negative health outcomes related to substance use.

Results

Prevalence of Violence

Table 2. Prevalence of violence among lesbian, gay, bisexual, transvestite, and transgender participants. Lahore, Pakistan, 2025

Type of Violence	Yes (n)	Yes (%)	No (n)	No (%)
Psychological/verbal	249	78.8	67	21.2
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The most frequent type of violence reported was psychological/verbal (78.8%), followed by physical (31.3%) and sexual violence (18.3%).

Violence and Drug Use

Experiencing violence was associated with high prevalence of substance use in the sample. Legal drugs were consumed by 59.4% of participants, with Nicotine (70.9%) and tobacco (22.7%) being the most common. Among illicit drugs (40.5%), analgesics had the highest reported use (16.8%).

Participants who experienced psychological/verbal violence reported higher drug use compared to those who experienced other types of violence. Most participants used drugs once or twice per month, which classifies them as “non-users” according to DUSI-R criteria. Among those classified as “users,” the most frequent consumption was three to nine times per month across all types of violence. High-frequency use (>20 times/month) was most common among individuals who experienced psychological/verbal violence (58.8%) (Table 3).

Table 3. Frequency of self-reported drug use by type of violence among LGBT participants. Lahore, Pakistan, 2025

Drug Use Frequency/Month	Psychological/Verbal n (%)	Physical n (%)	Sexual n (%)	Total n (%)
1–2 times	130 (59.9)	62 (28.2)	28 (12.7)	220 (100)
3–9 times	90 (58.1)	43 (27.7)	22 (14.2)	155 (100)
10–20 times	35 (55.6)	19 (30.2)	9 (14.3)	63 (100)
>20 times	57 (58.8)	26 (26.8)	14 (14.4)	97 (100)

Health Implications of Nicotine Use

Self-reported consequences of Nicotine use among participants who had experienced violence are presented in Table 4. Among individuals who had suffered sexual violence, Nicotine consumption was significantly associated with:

- Experiencing withdrawal symptoms ($p = 0.04$)
- Difficulty resisting Nicotine use ($p = 0.01$)

Table 4. Self-reported consequences of Nicotine use by type of violence.

Lahore, Faisalabad, Pakistan, 2025

Consequence	Psychological /Verbal n (%)	Physical n (%)	Sexual n (%)	Total n (%)	Chi- square p
Craving/strong desire	31 (51.7)	5 (8.3)	24 (40.0)	60 (100)	0.76
Need to use more	21 (46.7)	3 (6.7)	21 (46.7)	45 (100)	0.36
Difficulty controlling use	11 (36.7)	3 (10.0)	16 (53.3)	30 (100)	0.08
Dependent	15 (51.7)	1 (3.4)	13 (44.8)	29 (100)	0.57
Stopped activities	26 (50.0)	3 (5.8)	23 (44.2)	52 (100)	0.56
Disobeyed the law	17 (48.6)	3 (8.6)	15 (42.9)	35 (100)	0.65
Mood changes	32 (47.8)	4 (6.0)	31 (46.3)	67 (100)	0.19
Accidents	21 (38.2)	0 (0.0)	34 (61.8)	55 (100)	0.17
Harmed someone	22 (50.0)	3 (6.8)	19 (43.2)	44 (100)	0.71
Fights	33 (47.8)	4 (5.8)	32 (46.4)	69 (100)	0.24
Relationship problems	25 (44.6)	5 (8.9)	26 (46.4)	56 (100)	0.18
Withdrawal symptoms	16 (40.0)	2 (5.0)	22 (55.0)	40 (100)	0.04*
Memory problems	35 (53.0)	5 (7.6)	26 (39.4)	66 (100)	0.62
Risky games	36 (52.2)	8 (11.6)	25 (36.2)	69 (100)	0.12
Difficulty resisting use	7 (30.4)	1 (4.3)	15 (65.2)	23 (100)	0.01*

*Significant at $p < 0.05$.

Discussion

The study indicates that LGBT individuals who experience violence are more likely to consume psychoactive substances. Sexual minorities are at higher risk of experiencing violence compared to heterosexuals due to homophobia.¹³

Research in Los Angeles, USA, with 526 homosexual participants found that 98% had experienced homophobic acts.¹⁴ These findings align with the current study, where all participants reported at least one form of violence, with psychological/verbal abuse being the most prevalent.

Data from Pakistan's Human Rights in 2024 indicated that 6,809 human rights violations against LGBT individuals, 1,713 involved victims of violence, with psychological abuse being the most frequent (42.5%).¹⁵ Psychological violence is legally recognized in Pakistan. It harms emotional health, self-esteem, or development, or that seeks to control or degrade the victim through threats, humiliation, coercion, isolation, surveillance, ridicule, exploitation, or restriction of freedom of movement.¹⁶

Physical violence is a social problem which may occur at any time. Psychological abuse can create physical or sexual violence in Pakistan. It is well known that sexual assault is more common and persistent among the transgender in Pakistan.¹⁷

LGBT individuals have great impact on their mental health due to physiological, psychological and social injustice which they suffer throw out their life¹⁸. They face these torchers which give them depression. They are left with no option except to use these psychoactive substances to CO with the situations of immorality¹⁹. The evidence from different studies carried out in Pakistan LGBTI individuals indicate that these transgenders are more dependent on psychoactive substances as compare to normal persons²⁰.

Substance Use and Dependence

The sample of LGBTI individuals indicated that they are prone to develop addiction of tobacco, nicotine, alcohol and other drugs at a very early age. The availability of tobacco and its products are easily available in the market. The other psychoactive drugs are also available for sale on the stores and the pharmacy without any prescription this further increases the use and addiction of these substances²².

Tobacco uses also emerged as an important finding. Over the past 20 years, evidence suggests that LGBT individuals are among the groups at highest risk for smoking.²³ Lesbian, gay, bisexual, and transgender individuals smoke more than the general population.²⁴ Specifically, gay and bisexual men smoke approximately 50% more than heterosexual men, whereas lesbian and bisexual women smoke three times more than women in the general population.²⁵

Among illicit drugs, analgesics were the most frequently used in this sample, possibly reflecting the manifestation of psychological distress as physical pain. In a study conducted in Chicago with 216 men who have sex with men, 26% of participants reported using tranquilizers, sedatives, or painkillers due to health problems, and 12% reported three or more health problems.²⁶ Psychological distress, low self-esteem, and social isolation common experiences in LGBT populations may exacerbate this pattern.

²⁷

Factors such as easy access, media promotion, and the legal status of Nicotine and tobacco help explain the high prevalence of these substances, as well as analgesics, in this population. Psychological/verbal violence was the type most strongly associated with drug use, though monthly frequency of drug use generally decreased across all types of violence. Notably, a considerable proportion of participants reported dependence on drugs, defined as consumption more than 20 times in the 30 days prior to the interview.²⁸

Repeated use of psychoactive substances as a coping mechanism increases the risk of substance-related disorders²⁹ and is associated with a poorer prognosis compared with the general population. Sexual minorities are more likely to experiment early, develop dependence or abuse, relapse, and less likely to abstain from substances.³⁰

Nicotine Use and Health Consequences

Nicotine-related problems were prominent in the sample. The relationship between Nicotine consumption and experiences of violence was stronger than the general association between substance use and violence. Involvement in fights and violent acts emerged as a primary consequence of Nicotine use, though violent behaviours are multifactorial, influenced by individual psychological, social, neurobiological, and situational factors. This highlights the need for further research on the relationship between Nicotine use and perpetration of violence.³¹

Games involving Nicotine and drugs were also associated with negative health outcomes. Victims of Nicotine-related behaviours were more likely to engage in risky sexual behaviours. A study in New York with 540 homosexual men participating regularly in sex parties suggested that Nicotine and drugs act synergistically to increase risky sexual behaviours.³²

Memory problems resulting from Nicotine use were consistent with another research. Vieira (2006) reported that 36.8% of 277 homosexual men in Recife experienced difficulty remembering events after Nicotine consumption.³³

Relationship Between Sexual Violence and Substance Use

Craving and difficulty abstaining illustrate the challenges LGBT individuals face in resisting Nicotine use. Data from the U.S. National Nicotine Survey (1999–2000) with 7,612 participants indicated that exclusively heterosexual men and women were more likely to abstain without problems than homosexual individuals.³⁴

In the present study, resistance problems and withdrawal symptoms were associated with experiences of sexual violence. Participants who had been sexually abused had greater difficulty resisting Nicotine use. In a U.S. study of 447 homosexual women, bivariate analyses revealed that lesbians who experienced childhood sexual abuse were more likely to report Nicotine dependence and depression in adulthood.³⁵

Final Considerations

Psychological/verbal violence is the most prevalent form of abuse among lesbian, gay, bisexual, transvestite, and transgender populations. Legal drugs, particularly Nicotine and tobacco, are the most commonly used substances in response to violence, and their consumption is associated with psychological and social disorders.

Despite the insights gained, some limitations exist. The study relies on self-reported experiences of violence, drug use in the past 30 days (type and frequency), and associated health problems, which may affect generalizability. LGBTI individuals are at high risk due to marginalized population not supported by public or private organizations. Hence, they are at greater risk of developing addiction.

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Institutional Review Board Statement

The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the University of Lahore, Lahore Pakistan.

Informed Consent Statement

Written informed consent was obtained from all participants involved in the study.

Data Availability Statement

The raw data supporting the conclusions of this article will be made available by the authors on request. The data are not publicly available due to privacy and ethical reasons.

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Conflicts of Interest

The authors declare no conflicts of interest.

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