

drinkaware

Out in the open:

**Alcohol use and harm in
LGBTQ+ communities**

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Executive Summary

Alcohol use is a pressing global public health concern, contributing to preventable deaths and disabilities. Increasing attention is being directed towards understanding the experiences of gender and sexual minority (GSM) individuals regarding alcohol consumption. Multiple reports and studies consistently highlight that GSM individuals, including LGBTQ+ individuals and those with non-heterosexual or non-cisgender identities, are more prone to high-risk alcohol consumption compared to the general population, making them vulnerable to various harms. This vulnerability is compounded by the unique stressors related to their identity.

This report is part of broader series of research on underserved communities commissioned by Drinkaware. Preceding this report is a systematic scoping review¹ on alcohol use amongst gender and sexual minorities, which highlighted the inconsistency and incomparability of data, as well as paucity of data for certain gender and sexual minority subgroups (including transgender, non-binary, asexual, and intersex populations).

The report aims to provide a comprehensive overview of alcohol consumption, drinking behaviour, and experiences among GSM individuals in the UK to identify health risks and disparities, fill knowledge gaps, as well as inform messaging, support services, interventions, and public health initiatives to reduce alcohol harm.

Drinkaware commissioned YouGov to carry out a survey asking 3,089 lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+) people, aged 18+, across all nations of the United Kingdom, about their alcohol use, mental health, and experiences of alcohol-related harm. These data were compared to a cisgender heterosexual population (n=5,420) derived from Drinkaware's annual Monitor survey to highlight alcohol use and harm specific to LGBTQ+ communities.

Recognising the importance of not only comparing LGBTQ+ and cisgender heterosexual populations, this report also delves into LGBTQ+ subgroups to uncover subtle distinctions and variations in alcohol consumption patterns and experiences.

KEY FINDINGS AND INTERPRETATIONS

LGBTQ+ and cis-heterosexual adults share some prevalent drinking behaviours and occasions.

- Contrary to previously published findings^{2,3,4} LGBTQ+ and cis-heterosexual adults tend to drink about the same amount of alcohol in terms of how often and how much overall.
- Similarly, LGBTQ+ and cis-heterosexual drinkers both frequently cite similar occasions for drinking, such as when enjoying a meal or attending gatherings at home or elsewhere.

Drinking motivations are particularly distinct among LGBTQ+ drinkers.

- Drinking for social and enhancement reasons are the most common motivations for all drinkers, however LGBTQ+ drinkers generally place greater importance on these motivations compared to cis-heterosexual drinkers.
- Drinking to fit in and drinking to cope are also more common among LGBTQ+ drinkers, particularly those who drink at higher-risk levels.
- This paints a relatively complex view of the drinking motivations prevalent among LGBTQ+ drinkers, but may explain some of the drinking behaviours exhibited, and harms experienced, by these individuals.

Increased hazardous- and binge-drinking in LGBTQ+ drinkers may be a consequence of the heightened importance placed on social and enhancement motivations.

- LGBTQ+ drinkers largely socialise and drink in the nightlife setting – a setting often associated with a culture of heavy drinking – perhaps due to the increased importance placed on socialisation and enhancement drinking motivations.
- Indeed, LGBTQ+ drinkers were more likely to binge-drink (this was particularly noticeable for LGBTQ+ women compared to cis-heterosexual women), and typically drank more alcohol on a day when they were drinking, compared to cis-heterosexual drinkers.
- Subsequently, LGBTQ+ individuals are more likely to score positive for hazardous drinking (8+) on the Alcohol Use Disorders Identification Test (AUDIT), a screening tool developed by the World Health Organization to identify hazardous or harmful alcohol use.
- Also, LGBTQ+ drinkers are more likely to experience negative consequences of drinking particularly associated with hazardous drinking in the nightlife setting (such as blackouts and alcohol-related injuries), as well as symptoms of dependence (such as being unable to stop drinking once started).

A propensity to socialise and drink in a nightlife setting may also particularly motivate LGBTQ+ drinkers to drink for conformity reasons.

- It is also possible that drinking in the nightlife setting particularly motivates LGBTQ+ drinkers, especially those drinking at higher risk, to drink in order to fit in.
- For example, LGBTQ+ higher-risk drinkers were more likely to cite drinking “so you won’t feel left out” than their cis-heterosexual counterparts.
- These findings may resonate with reports of peer pressure to drink in the commercial gay scene, which is characterised by an excessive drinking culture, where non-drinking can be met with hostility.⁵

Minority stress may motivate LGBTQ+ adults to drink to cope.

- LGBTQ+ drinkers are also more likely to drink at home alone – an occasion symptomatic of risky drinking, which is often motivated by a desire to use alcohol to cope with stresses or worries.
- Significantly more LGBTQ+ drinkers cited at least one coping motivation for drinking, compared to cis-heterosexual drinkers.
- The higher levels of these coping motivations may be due the unique stresses faced by LGBTQ+ individuals (“minority stress”), with, for example, high-risk LGBTQ+ drinkers reporting significantly increased rates of discrimination based on their sexual orientation and/or gender identity, compared to low-risk LGBTQ+ drinkers.

Poor mental health and addictive behaviours are also more common in LGBTQ+ adults, and are associated with risky-drinking.

- LGBTQ+ adults face higher rates of depression, anxiety, and overall life dissatisfaction when compared to cis-heterosexual adults – however, these challenges are also linked to hazardous alcohol use.
- Higher-risk LGBTQ+ are drinkers more likely to screen positive for both anxiety and depression; a difference driven entirely by significantly increased rates of these disorders among higher risk LGBTQ+ women, compared to cis-heterosexual women.
- Risky drinking was also found to be associated with smoking, illegal drug use, and problems related to gambling in both populations – however, among LGBTQ+ drinkers, this association was more pronounced, suggesting a clustering of addictive behaviours.

LGBTQ+ individuals are disproportionately affected by alcohol-related harm as a result of other people’s drinking.

- LGBTQ+ adults are more likely to experience negative impacts from someone else’s drinking, with LGBTQ+ women, in particular, being the most likely to experience any harm, compared to their counterparts.
- The negative effects LGBTQ+ experience also tend to be more severe, including sexual harm, physical threats, and other serious consequences.
- Although the experience of harm rises with alcohol risk level across both populations, LGBTQ+ drinkers are more greatly affected by the drinking of others – largely driven by the effect on low- and increasing-risk drinkers.

There are several possible causes of this alcohol-related harm, however...

- LGBTQ+ individuals are more likely to experience harm from others' drinking at every age, compared to their cis-heterosexual counterparts – suggesting an inherent susceptibility to experiencing harm, likely due to discrimination and stigma.^{6,7}
- However, LGBTQ+ people, of every age, may also be more likely to find themselves in social situations where they are increasingly exposed to others' harmful drinking behaviours – such as from a propensity of LGBTQ+ drinkers to drink and socialise in nightlife settings.
- LGBTQ+ people may therefore have social networks which include a higher proportion of hazardous drinkers compared to cis-heterosexual people – subsequently increasing their exposure to hazardous drinkers within their own social circles.

As well as experiencing more harm, LGBTQ+ adults are more likely to be concerned about someone else's drinking.

- This increased exposure to hazardous drinking behaviour may also explain why LGBTQ+ adults are also more likely to be concerned about someone else's drinking, compared to their cis-heterosexual counterparts.
- Both LGBTQ+ and cis-heterosexual individuals are most likely to cite concern for a friend, however this particular concern was significantly higher for LGBTQ+ individuals – as was the concern for a parent/guardian.

Increased awareness of the health consequences of drinking among LGBTQ+ adults may explain their willingness to seek support.

- LGBTQ+ drinkers were more likely to recognise that their current level of drinking will increase their chance of future health problems, compared to cis-heterosexual drinkers.
- LGBTQ+ drinkers were also twice as likely to reach out to a service or organisation for help or advice regarding alcohol, on their own behalf – perhaps a consequence of this increased awareness.

However, the support services LGBTQ+ higher-risk drinkers reach out to are different to those engaged by cis-heterosexual higher-risk drinkers.

- LGBTQ+ and cis-heterosexual adults share similar confidence levels in seeking help for alcohol related issues and tend to seek similar support services.
- LGBTQ+ higher risk drinkers, however, were less inclined to approach a General Practitioner or other health professional than their cis-heterosexual counterparts – instead being most likely to seek support from alternative support options, such as an app or digital service.
- This hesitancy when approaching traditional healthcare professionals for support may be due to fears of discrimination from formal treatment services.⁸
- Indeed, LGBTQ+ higher-risk drinkers which report having a negative experience(s) when accessing healthcare services in the past were less likely to access these services for alcohol problems, than those who did not cite negative experiences.
- Support options may have more resonance, therefore, if the preferences among different groups are considered.

Similarly, techniques used to moderate alcohol consumption varied between LGBTQ+ and cis-heterosexual drinkers.

- Even though LGBTQ+ adults have a greater awareness of the health consequences of drinking, they were significantly less likely to currently be utilising almost half of the listed moderation techniques.
- Taking drink free days was frequently employed by drinkers regardless of sexual orientation and/or gender identity, however LGBTQ+ and cis-heterosexual drinkers do also appear to have different preferences regarding moderation techniques.
- As with support service preferences, these findings, therefore, offer the opportunity for advice regarding alcohol consumption moderation to be tailored, with respect to the preferences of both groups.

Intersectionality reveals that trends observed in the broader LGBTQ+ population persist among those with protected characteristics, and those living in deprived areas.

- As seen for the broader LGBTQ+ population, LGBTQ+ adults living with disabilities, LGBTQ+ ethnic minority adults, and LGBTQ+ adults living in the most deprived areas are more likely to engage in binge drinking than their cis-heterosexual counterparts.
- LGBTQ+ adults living with a disability and LGBTQ+ adults living in the most deprived areas also reported a significantly higher likelihood of experiencing negative impacts from someone else's drinking, compared to their cis-heterosexual counterparts.
- The mental health of LGBTQ+ adults from ethnic minority backgrounds also tended to be poorer than that of their cis-heterosexual counterparts, as they were more likely to screen positive for depression and anxiety – a continuation of this previously described trend.

Intersectionality and in-depth analysis of LGBTQ+ subgroups also identifies at-risk groups.

- LGBTQ+ adults living with a disability and LGBTQ+ adults living in the most deprived areas are particularly prone to experiencing harm from others' drinking. They not only experience more harm compared to their cis-heterosexual counterparts, but also compared to their LGBTQ+ and cis-heterosexual counterparts who do not live with a disability or live in areas of least deprivation, respectively.
- LGBTQ+ adults from an ethnic minority background report experiencing a higher proportion of discrimination based on their sexual orientation and/or gender identity, compared to LGBTQ+ adults from white backgrounds.
- Unlike the broader LGBTQ+ population, these individuals tend to drink a greater amount of alcohol, and drink more frequently than their cis-heterosexual counterparts.
- Bi/pansexual women are particularly likely to engage in binge-drinking, whereas gay and bi/pansexual men tend to be more frequent and risky drinkers, compared to lesbian and bi/pansexual women.

These analyses also identify opportunities for tailored advice and potential improvements which can be made to support services.

- These groups also show distinct preferences around moderation techniques and support services.
- LGBTQ+ adults living with a disability more readily seek help or advice regarding alcohol, compared to their cis-heterosexual counterparts – suggesting these services need to be made easily accessible and inclusive for these individuals.
- Perhaps the routes to gaining support for alcohol-related problems need to be better signposted for LGBTQ+ adults from ethnic minority backgrounds, as they are less confident in knowing how to find this help or advice compared to LGBTQ+ adults from white backgrounds.
- Non-binary individuals tend to favour abstinence-oriented approaches to drinking moderation, whereas bi/pansexual and lesbian women are remarkably willing to adopt moderation techniques, whilst bi/pansexual men are significantly less likely to do so.

Such findings can help tailor public health initiatives, support services, and interventions to the specific needs and characteristics of gender and sexual minority subgroups, ultimately leading to more effective strategies for reducing alcohol-related harm and promoting overall wellbeing within LGBTQ+ communities. Additionally, it underscores the importance of recognising and respecting the unique experiences and challenges faced by individuals across these diverse subgroups to foster inclusivity and equitable access to healthcare and support.

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Background

Key points

Alcohol use is a significant global public health concern, contributing to preventable deaths and disabilities. Increasing attention is being given to the distinct experiences of gender and sexual minority (GSM) individuals regarding alcohol consumption.

Multiple reports and studies consistently indicate that GSM individuals, including LGBTQ+ individuals and those with non-heterosexual or non-cisgender identities, are more likely to engage in alcohol consumption at higher risk levels compared to the general population, thus increasing their vulnerability to harm. These individuals often face additional stressors related to their identity, which further contribute to their heightened risk of alcohol-related harms.

In the UK, data on the prevalence and patterns of alcohol use among GSM individuals is scarce, with limited breakdowns by sexual orientation and

gender identity, and research primarily focused on their experiences with alcohol services and treatment.

There is a lack of comprehensive data on various aspects of alcohol use, including occasions and motivations for drinking, propensity, and willingness to moderate, the impact of others' drinking, clustering of addictive behaviours, the association between alcohol use and mental health, and help-seeking behaviour.

This report aims to bridge some of these knowledge gaps by providing an overview of alcohol consumption, drinking behaviour, and experiences of GSM individuals in the UK, utilising a large sample size and making comparisons with a sample of cisgender heterosexual adults. Understanding the unique experiences of GSM individuals can contribute to community health, inform targeted interventions, and guide policymakers and health professionals in addressing their specific needs.

The scale of alcohol harm in the UK

Alcohol use is a significant public health concern globally, and is a leading cause of preventable death and disability.⁹ In the United Kingdom (UK), alcohol use causes major health, social and economic consequences, estimated at between £21 and £52 billion a year.¹⁰ Each year, there are over one million admissions to hospital for alcohol-related conditions,¹¹ and in 2021, alcohol-specific deaths—those directly attributable to alcohol—reached a new peak with over 9,600 lives lost.¹²

While the prevalence and impact of alcohol use among the general population is routinely explored (by us, via our annual Drinkaware Monitor,¹³ and national health surveys¹⁴), there is growing recognition of the unique experiences of gender and sexual minority (GSM) individuals in relation to alcohol consumption.^{15, 16, 17, 18, 19, 20, 21}

This recognition is crucial because the harmful effects of alcohol are not shared equally within populations; certain groups experience more harm than others. Reports from charities, as well as academic studies, consistently find that GSM individuals are more likely to drink alcohol, and to drink at increasing or higher risk levels, compared to the overall population,^{22,23} and therefore, are at higher risk of harm.

The state of alcohol research on gender and sexual minorities

GSM individuals are those who identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+), or who have non-heterosexual or non-cisgender identities. According to the 2021 census, 3.2% of the population in England and Wales, aged 16 years and over, identify as lesbian, gay, or bisexual (LGB)²⁴ –an estimated 1.5 million people. An additional 0.5% identify as having a different gender to their sex at birth (including transgender and non-binary). These individuals may face unique stressors related to their identity, such as discrimination, stigma,²⁵ and social isolation, which may contribute to increased risk of alcohol related harms.²⁶ These factors may also further exacerbate the existing health disparities among GSM populations and increase their risk for adverse health outcomes.^{27,28}

Despite this, comprehensive data on the prevalence and patterns of alcohol use among GSM individuals in the UK is rare.²⁹ National health surveys, which typically collect data on alcohol consumption, do not routinely include breakdowns of alcohol use by sexual orientation due to small sample sizes. Furthermore, these surveys rarely ask participants about gender identity beyond the binary options of ‘man’ or ‘woman’. While some studies exist on alcohol use among transgender or non-binary individuals,³⁰ there is a lack of recent and comparable data.³¹ Additionally, academic literature is scarce, and where it exists, it is mostly from the United States, and either focuses on the experiences of gay men in relation to sexual and mental health or on one specific GSM population, resulting in a field of disparate and incomparable data.

In the UK, recent research is largely interview-based and focuses on the experiences of GSMs with alcohol services and treatment.^{32,33} Research also rarely explores intersectionality; there is little evidence about how people’s experience of being LGBTQ+ intersects with other protected characteristics (such as ethnicity or disability), or even by socio-economic status, and what this means for alcohol use and harm.

Moreover, existing data on alcohol consumption rarely goes beyond typical consumption and risk levels. There is very little data on the reasons and occasions for drinking, propensity, and willingness to moderate, the harm that can occur due to someone else’s drinking, clustering of other addictive behaviours, the association between alcohol use and mental health and help-seeking behaviour. By studying these aspects more comprehensively, a greater understanding of alcohol use among GSM individuals can be gained.

What does the report cover?

This report aims to address some knowledge gaps by providing an overview of alcohol consumption, drinking behaviour and experiences of drinking among GSM people in the UK. Where this report goes beyond other recent reports is in its large sample size, breakdown and comparison of sexual orientation and gender identities, intersection with other protected characteristics as well as comparisons with a large sample of cisgender heterosexual adults.

By understanding the unique experiences of GSM individuals in relation to alcohol use, we can better support these communities and promote healthier behaviours. We can inform gender identity and sexual orientation-specific health messaging and assess whether subgroup-specific interventions in prevention or treatment are necessary. The findings from this report can inform policymakers, health professionals, and community organisations in scoping where the issues are, and in developing effective interventions and policies to address the unique needs and challenges faced by this population.

REPORT STRUCTURE

This report aims to present a thorough examination of alcohol use and related harm within LGBTQ+ communities. We have structured each section with a summary at the outset, followed by recommendations at the end. In between, you will find more detailed analysis and results. This approach is intended to offer readers a swift understanding of the main conclusions and practical insights, but also allow readers to explore the data more extensively, gaining a deeper understanding of its implications for evidence-based strategies and interventions.

A note on terminology

This report uses the term ‘gender and sexual minority’ (GSM) and the acronym, LGBTQ+, to encompass both sexual orientation and gender identity.

Glossary

Alcohol risk: Alcohol risk is classified according to the World Health Organization’s Alcohol Use Disorders Identification Test (AUDIT) (or its short-form AUDIT-C). A positive screen for hazardous alcohol use is a score of 8 or more on the AUDIT (and 5 or more on the AUDIT-C). Risk is classified in the following ways:

- Low risk
- Increasing risk
- High risk
- Possible dependence

For ease, or where sample size is constrained, respondents who score ‘high risk’ or ‘possible dependence’ on the AUDIT(C) are combined into a ‘higher risk’ drinker category. In addition, ‘increasing risk’, ‘high risk’ and ‘possible dependent’ drinkers are combined to indicate ‘hazardous drinkers’.

Asexual or Ace: a term used to describe someone who does not experience sexual attraction toward individuals of any gender. Ace may also be used as an umbrella term to include a broad spectrum of asexual identities.

Binge drinking: A heavy drinking session in which someone drinks a lot of alcohol in a short period of time raising their risk of harm on that occasion. In the UK, binge drinking is defined as consuming 6 or more units in a single occasion for women, and 8 or more units in a single occasion for men.

Bisexual or Bi: An umbrella term used to describe a romantic and/or sexual orientation towards more than one gender.

Cisgender or Cis: Someone whose gender identity is the same as their sex at birth. The word ‘cisgender’ or ‘cis’ is used throughout as an umbrella term for respondents who identified exclusively as men and women where this was consistent with their sex at birth. It does not include transgender men or women or non-binary people.

Gay: Refers to a man who has a romantic and/or sexual orientation towards men.

Gender identity: A person’s innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to sex at birth.

Heterosexual: a term to describe a romantic and/or sexual attraction exclusively to people of the other sex.

Intersectionality: the recognition and understanding that individuals hold multiple social identities (such as race, gender, class, sexuality, disability, etc.) that intersect and interact with each other, shaping their experiences and creating unique forms of discrimination and privilege.

Lesbian: Refers to a woman who has a romantic and/or sexual orientation towards women.

LGBTQ+: The acronym for lesbian, gay, bi, trans, queer, questioning and ace/asexual.

Low-risk drinking guidelines: Refers to the UK Chief Medical Officers' (CMO) low-risk drinking guidelines. The CMO guidelines advise that to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. These guidelines are the same for everyone, regardless of sex/gender, age etc.

Non-binary: A term used to describe people who feel their gender cannot be defined within the margins of the gender binary terms 'man' or 'woman'.

Pansexual or Pan: Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.

Queer: a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity.

Sexual orientation: an umbrella term describing a person's attraction to other people. This attraction may be sexual (sexual orientation) and/or romantic (romantic orientation). These terms refer to a person's *sense of identity based on their attractions*, or lack thereof.³⁴

Transgender or Trans: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, their sex at birth. Trans people may describe themselves using one or more of a wide variety of terms. This report uses Transgender as an umbrella term.

Methodology

GSM Sample: Total sample size was 3,089 LGBTQ+ adults. Fieldwork was undertaken by YouGov Plc between 29th April – 6th June 2022. The survey was carried out online. The figures have been weighted and are representative of all UK LGB adults (aged 18+).

Note: for the trans/non-binary component of the sample, it was not possible to apply weighting due to limited official data which could be used to create a weighting profile. However, due to considerable overlap between those classified as LGBQ+ and those classified as trans/non-binary, only 29 respondents fell outside weighting.

Cis-heterosexual sample: The comparator sample was derived from the 2022 Drinkaware Monitor sample, which had a total sample size of 6,318 adults. Fieldwork was undertaken by YouGov Plc between 29th April – 26th May 2022. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+). The cis-heterosexual sample included 5,420 adults.

Further information on the sample and weighting can be found in the Appendix.

Interpreting the findings

Where differences between groups are discussed, only those differences that are statistically significant (to at least a confidence level of 95%) are reported (unless otherwise stated).

In charts, statistically significant differences are shown with arrows [▲▼]. In the first section of the report, differences are reported between LGBTQ+ and cis-heterosexual adults. In the second section, differences are reported between sexual and gender identities.

In places, statistically significant differences are made *within* the LGBTQ+ sample. In these cases, statistical significance is indicated via black arrows [▲▼] and within dashed boxes: [---].

Note: Figures may not always sum to 100% due to rounding but will remain within a percentage point.

Data quality

It should be highlighted that self-reported surveys generally underestimate population alcohol consumption by approximately 40% to 60% when compared to sales data at the population level.^{35,36} Several factors contribute to this underreporting, including inaccurately estimated beverage sizes, limitations in memory recall, and biases that affect participants' reporting of their alcohol consumption. Furthermore, survey samples may not adequately capture individuals who consume larger quantities of alcohol. As such, data on alcohol consumption should be considered an underestimation of the actual figure.

In addition, both sexual orientation and gender identity was self-reported in the survey. Definitions of sexual orientation highlight complexities, as sexual orientation can be based on behaviour (e.g., engaging in sexual experiences with people of the same sex or opposite sex), attraction (feeling sexually attracted to the same sex, opposite sex, or no one), and identity (identifying oneself as LGB+). These are separate but related ideas, which can result in different group sizes.

The data presented here specifically asked about sexual identity, which means individuals who identify themselves as LGB+. By focusing on self-identified sexual identity, the survey might underestimate the actual size of the LGB+ population (for example, not including individuals who are unsure about their sexual orientation). However, it does give us a clear and defined group to study.

As is the case for all cross-sectional analysis, causality cannot be inferred from this study.

Sample characteristics

While both datasets are weighted to be representative of the respective populations, there are several demographic differences between the GSM and main Drinkaware Monitor sample from which the cis-heterosexual sample was drawn (further information is available in the Appendix).

Specifically, the GSM sample has a younger age distribution, a higher proportion of respondents from social grades ABC1, and regional variation—with a higher proportion of respondents who are resident in London and the South East, and fewer respondents from the constituent nations (Scotland, Wales and Northern Ireland). However, this reflects the age and geographical distribution as identified by the Office for National Statistics (ONS).³⁷

SEXUAL ORIENTATION

Within the GSM sample, 60% of respondents identified as gay (n=940) or lesbian (n=918) and a quarter (24%) identified as bisexual (n=748). The remaining 15% identified as either pansexual (n=116), queer (n=166), asexual (n=116), unsure (n=14), heterosexual (n=14), or another way (n=56).

These figures varied by age, with younger respondents more likely to identify as bisexual, asexual, pansexual, queer, or 'other'. This reflects ONS data on sexual orientation, which shows younger people are more likely to identify as bisexual than older people.³⁸

GENDER IDENTITY

Of the total GSM sample, 3.9% (n=119) were non-binary (i.e., identified as having a gender that was neither exclusively that of a man nor a woman), and 3.9% were transgender (or trans) (n=122). Of these, 2.0% were trans women (i.e., they had transitioned from man to woman at some point in their life) and 1.9% were trans men (i.e., they had transitioned from woman to man).

Trans/Non-binary respondents were more likely to be younger than cisgender respondents (18-34: 69% and 48% respectively), and non-binary respondents were more likely to be younger than trans respondents (18-34: 75% and 62% respectively).

Funding

Drinkaware was established through an agreement between the UK government and the alcohol industry and is funded primarily by voluntary and unrestricted donations from UK alcohol producers, retailers, and supermarkets.

Drinkaware is governed independently and uses our expertise to give knowledge and support to governments, industry, communities, and individuals to enable them to make informed decisions about alcohol and how to reduce the harm it can cause.

Funding for this research came from our annual research budget and has had no input at any stage from Drinkaware's funders.

Section One

Comparing LGBTQ+ alcohol use and harm to a cisgender heterosexual population

Patterns of Alcohol Use

Key points

This section compares alcohol use among LGBTQ+ and cisgender heterosexual adults, focusing on drinking frequency, weekly unit consumption, binge drinking, and alcohol risk levels. Initially, the findings challenge previous reports by showing few differences in how often, and how much, LGBTQ+ and cis-heterosexual individuals drink alcohol.

The findings indicate that LGBTQ+ drinkers tend to engage in certain patterns of drinking that may set them apart. They are more likely to consume a higher number of alcohol units on a typical drinking day, are more likely to engage in binge drinking, and exhibit patterns of hazardous alcohol use—including experiencing a wider range of dependence symptoms and negative consequences of drinking.

Gender and age differences play a role, with men, regardless of sexual orientation and/or gender identity, showing higher rates of alcohol consumption and binge drinking than women.

Though LGBTQ+ women have higher rates of binge drinking and are more likely to be higher-risk drinkers, compared to cis-heterosexual women. Older LGBTQ+ drinkers are more likely to exceed the low-risk guidelines, and engage in frequent drinking, with a greater propensity to binge drink than their cis-heterosexual counterparts.

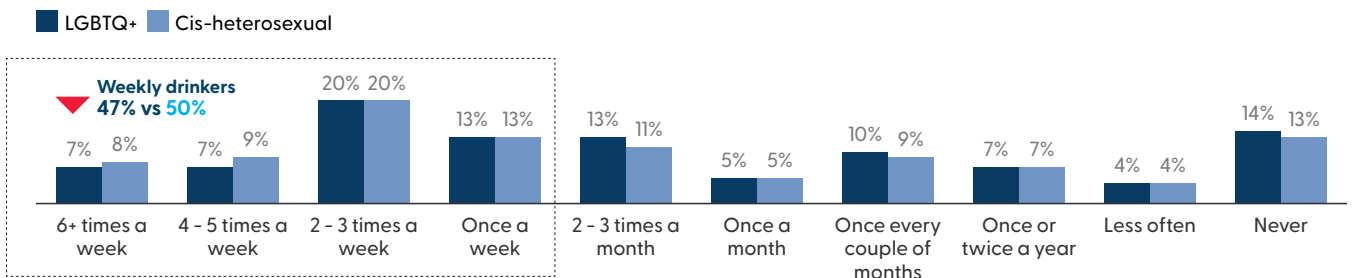
Such findings underscore the importance of considering multiple dimensions of alcohol use when addressing concerns among different populations. Different populations have varying levels of risk, and it is crucial to tailor interventions and support accordingly.

TYPICAL FREQUENCY AND CONSUMPTION

Alcohol use is commonly assessed through three metrics: typical frequency of drinking, number of alcohol units consumed in the previous week, and binge drinking. These metrics serve as important tools for tracking trends over time and identifying populations at higher risk of harm. However, the findings of this research challenge previous reports^{39,40,41} by revealing minimal differences in typical drinking frequency between LGBTQ+ and cis-heterosexual adults (Figure 1).

Both LGBTQ+ and cis-heterosexual adults display similar patterns of typical drinking frequency, as evidenced by comparable proportions of non-drinkers (14% vs 13%) and a consistent distribution of drinking frequency. Notably, cis-heterosexual adults exhibit a slightly higher likelihood of consuming alcohol weekly ('once a week or more') compared to their LGBTQ+ counterparts (50% vs 47%).

Drinking frequency between the LGBTQ+ and cis-heterosexual populations are broadly similar



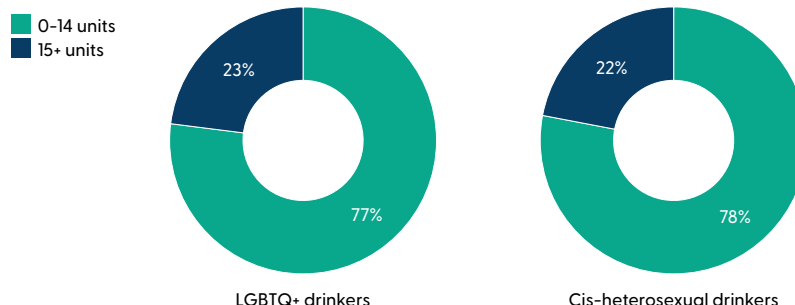
Question: How often do you have a drink containing alcohol? Base: All LGBTQ+ people (n=3,089). All cis-heterosexual people (n=5,420).

Figure 1

Few differences exist in typical drinking frequency, or in the number of alcohol units consumed in the previous week, between LGBTQ+ and cis-heterosexual adults.

Most LGBTQ+ and cis-heterosexual drinkers consume alcohol within the low-risk drinking guidelines

Units consumed in the previous week



Summed alcohol units consumed in the previous week. Base: LGBTQ+ people who drink alcohol (n=2,676); Cis-heterosexual people who drink alcohol (n=4,708).

Figure 2

Moreover, there are no significant differences in the number of alcohol units consumed on a weekly basis. More than three-quarters of LGBTQ+ and cis-heterosexual drinkers adhere to the Chief Medical Officers’ low-risk drinking guidelines of not exceeding 14 units per week, with 23% of LGBTQ+ drinkers and 22% of cis-heterosexual drinkers exceeding this threshold (Figure 2). These findings contradict prior reports that suggest LGBTQ+ individuals consume alcohol more frequently⁴² and in larger quantities⁴³ than the general population (BOX 1).

BOX 1: Differences between this data and previous data

The discrepancy between the data presented here and data published previously raises questions. When examining typical drinking frequency, Stonewall’s ‘LGBT in Britain, Health Report’ (2018) discovered that 16% of LGBT individuals consumed alcohol almost daily in the 12 months preceding the survey. While not directly comparable, our data reveals a similar figure, with 15% of respondents reporting alcohol consumption four or more times per week. However, a notable disparity arises when comparing the reported drinking frequency among the general population. In the Stonewall report, only 10% of individuals reported consuming alcohol on five or more days in the previous week, which is significantly lower than the 16% identified in our sample.

Moreover, the ‘Health and Health-Related Behaviours of LGB Adults’ report by NHS Digital (2021) found that LGB adults were notably more likely to exceed the low-risk drinking guidelines in the previous week (32%) compared to heterosexual adults (24%). While our findings align for cis-heterosexual drinkers, our data reveals a lower percentage (23%) for LGBTQ+ drinkers, a pattern that remains consistent even when considering LGB individuals only (24%).

These discrepancies could potentially stem from variances in data collection methodologies (e.g., sample or how data on alcohol units are collected). However, they could also reflect a shift in behaviour. There were substantial shifts in drinking patterns over the course of the Covid-19 pandemic, and changing circumstances during this time may have influenced drinking habits of both GSM and general populations. While beyond the scope of this report, these differences merit further investigation.

Where differences do emerge is in the propensity to ‘binge drink’ (BOX 2), and in the number of alcohol units consumed on a typical drinking day. While similar proportions of LGBTQ+ and cis-heterosexual drinkers binge drink ‘daily/almost daily’ (3% vs 2%) and ‘weekly’ (‘once a week or more’) (12% vs 11%), LGBTQ+ drinkers are more likely to binge drink overall (‘Ever’: 70% vs 62%), with the main difference being in binge drinking ‘monthly or less often’ compared to cis-heterosexual drinkers (31% vs 27%) (Figure 3). This may indicate LGBTQ+ drinkers have a greater inclination towards occasional ‘big nights out’ rather than regular drinking.

Differences emerge in the propensity to ‘binge drink’

BOX 2: Binge drinking explained

The National Institute for Health and Care Excellence (NICE) defines binge drinking ‘as a heavy drinking session in which someone drinks a lot of alcohol in a short period of time raising their risk of harm on that occasion.’

While the amount of alcohol defined as a ‘binge’ varies between countries, in the UK, it is defined as consuming 6 or more units in a single occasion for women, and 8 or more units in a single occasion for men. The equivalent of approximately three or more pints of beer (4% ABV) or three medium (175ml) glasses of wine (13% ABV).

LGBTQ+ drinkers also demonstrate a slightly higher likelihood, compared to cis-heterosexual drinkers, of consuming 7 or more units on a typical drinking day (18% vs 16%)—the equivalent of approximately three pints of beer (4% ABV) or three medium glasses of wine (13% ABV), suggesting when LGBTQ+ drinkers do drink, there is a tendency to drink more.

These observations suggest that it may be the pattern of drinking (specifically a greater propensity to binge drink) that differentiates

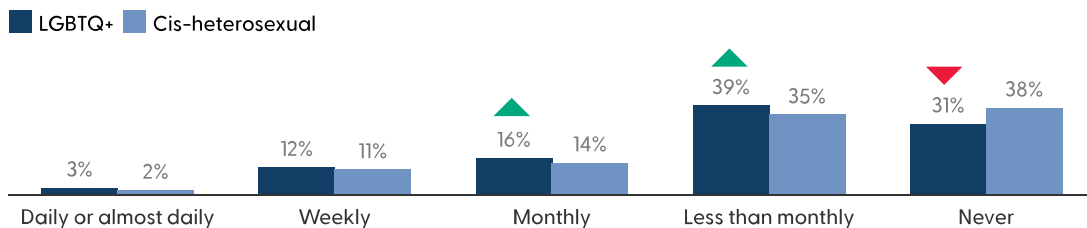
LGBTQ+ and cis-heterosexual drinkers, rather than the frequency or overall quantity of alcohol consumed.

This distinction is notable as it suggests that even when LGBTQ+ and cis-heterosexual individuals drink at similar rates and consume a similar amount of alcohol overall, a higher proportion of LGBTQ+ drinkers’ alcohol consumption occurs within single binge-drinking sessions, which has implications for health and harm.

A higher proportion of LGBTQ+ drinkers’ alcohol consumption occurs within single binge-drinking sessions, which has implications for health and harm.

LGBTQ+ drinkers are more likely to ‘ever’ and binge drink ‘monthly or less often’ compared to cis-heterosexual drinkers

Binge drinking frequency



Question: How often have you had [6/8] or more units on a single occasion in the last year? Base: All LGBTQ+ adults who drink alcohol (n=2,676). All cis-heterosexual adults who drink alcohol (n=4,708).

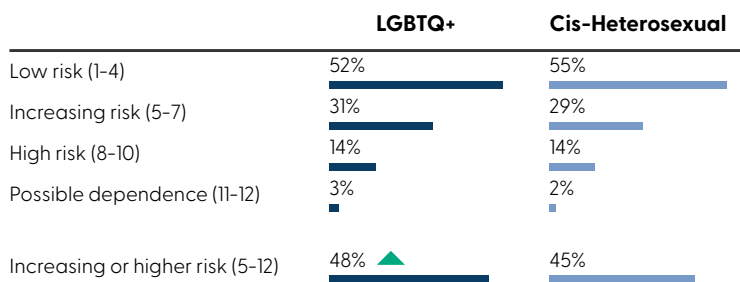
Figure 3

Risky drinking

These differences in the pattern of drinking between LGBTQ+ and cis-heterosexual drinkers become clearer in AUDIT-C scores (BOX 3), which assesses hazardous drinking based on three consumption measures—typical drinking frequency, frequency of binge drinking, and units consumed on a typical drinking day. LGBTQ+ drinkers more likely to score ‘increasing or higher risk’ than cis-heterosexual drinkers (48% vs 45%) (Table 1)—and this is primarily the result of a greater propensity to ‘ever’ binge drink.

LGBTQ+ drinkers are more likely to be increasing/higher risk drinkers than cis-heterosexual drinkers

Summed AUDIT-C scores



AUDIT-C scoring in brackets. Base: LGBTQ+ adults who drink alcohol (n=2,676); Cis-heterosexual adults who drink alcohol (n=4,708)

Table 1

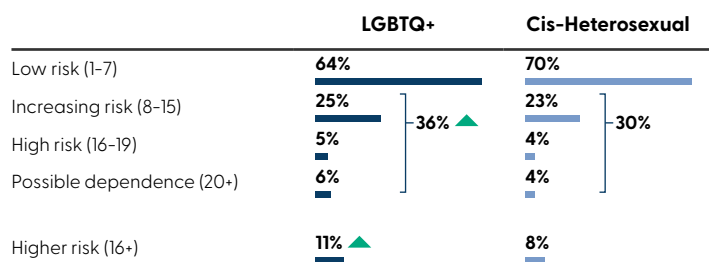
When negative consequences of alcohol use and symptoms of dependence are considered alongside alcohol consumption (on the full 10-item AUDIT), the distinction between LGBTQ+ and cis-heterosexual drinkers becomes more pronounced, with 36% of LGBTQ+ drinkers scoring ‘increasing or higher risk’ compared to 30% of cis-heterosexual drinkers (Table 2).

LGBTQ+ drinkers are not only more likely to screen positive (a score of 8+ on the AUDIT) for hazardous drinking than their cis-heterosexual counterparts, but also are more likely than cis-heterosexual drinkers to report experiencing dependence symptoms and adverse consequences of drinking (Figure 4).

LGBTQ+ drinkers are more likely to score ‘increasing or higher risk’ (AUDIT-C) than cis-heterosexual drinkers (48% vs 45%) —primarily the result of a greater propensity to binge drink.

A higher proportion of LGBTQ+ drinkers are higher risk (16+) than cis-heterosexual drinkers

Summed AUDIT scores



AUDIT scoring in brackets. Base: LGBTQ+ adults who drink alcohol (n=2,676); Cis-heterosexual adults who drink alcohol (n=4,708)

Table 2

BOX 3: AUDIT (and AUDIT-C) explained

The Alcohol Use Disorders Identification Test (**AUDIT**) is a widely used 10-item alcohol screening tool, developed by the World Health Organization. Designed to identify hazardous or harmful alcohol use, it asks questions on typical consumption, experience of negative consequences of drinking as well as symptoms of alcohol dependence.

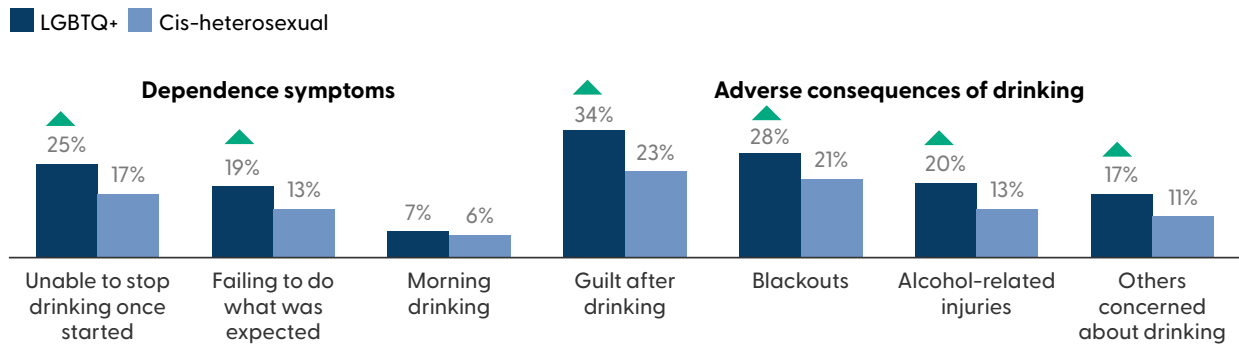
The **AUDIT-C** is a shortened version and asks the three consumption-related questions only.

Scores can help determine alcohol-related risk and guide appropriate treatment and support. A positive screen for hazardous drinking on the AUDIT is a score of 8+ (out of 40), and 5+ (out of 12) on the AUDIT-C. Risk is classified in the following ways:

- **Low risk:** Low risk of causing future harm to themselves.
- **Increasing risk:** Drinking at a level that increases the risk of damaging their health and could lead to serious medical conditions.
- **High risk/Possible dependence:** This level of drinking has the greatest risk of health problems.

LGBTQ+ drinkers are more likely to report dependence symptoms and adverse consequences of drinking than cis-heterosexual drinkers

% 'Ever' in the last 12 months



Question: AUDIT questions 4-10. Base: All LGBTQ+ people who drink alcohol (n=2,676); All cis-heterosexual people who drink alcohol (n=4,708).

Figure 4

The greater propensity to report adverse consequences of drinking (such as guilt or remorse, blackouts, or alcohol-related injuries) may be the result of a greater tendency among LGBTQ+ drinkers to binge drink on the occasions they do drink. Binge drinking can lower inhibitions and impair judgment, increasing the risk of accidents, injuries, and engaging in behaviours that are later regretted. It can also affect the brain's ability to form new memories, impairing the ability to recall events that occurred the night before.

LGBTQ+ drinkers are also significantly more likely to report experiencing symptoms of dependence (such as unable to stop drinking once started, or failing to do what was expected), suggesting that there may be underlying factors driving this behaviour, which are more common among LGBTQ+ drinkers.

Several hypotheses have been proposed to explain more hazardous alcohol use among GSM populations.⁴⁴ One of the most prominent is 'minority stress' – the stress due to experiences of stigma, internalised homophobia and concealing or disclosing LGBTQ+ identity. LGBTQ+ individuals may turn to alcohol (among other substances) to cope with these stressors.

This may be reflected in the data, with a significantly higher proportion of LGBTQ+ drinkers who drink at 'high or possibly dependent' risk levels reporting discrimination based on their sexual orientation and /or gender identity, compared LGBTQ+ drinkers who drink at 'low risk' levels (15% vs 9%⁴⁵). While directionality cannot be established, the link points towards the use of alcohol as a possible coping mechanism among some LGBTQ+ people.

LGBTQ+ drinkers are more likely than cis-heterosexual drinkers to report experiencing each dependence symptom and adverse consequence of drinking.

HOW DO THESE FINDINGS VARY BY GENDER AND AGE?

Gender and age differences abound in alcohol use in general population samples, shaping patterns of alcohol consumption, risk-taking behaviours, and susceptibility to alcohol-related harm,⁴⁶ and these differences persist within LGBTQ+ populations.

Alcohol use and Gender

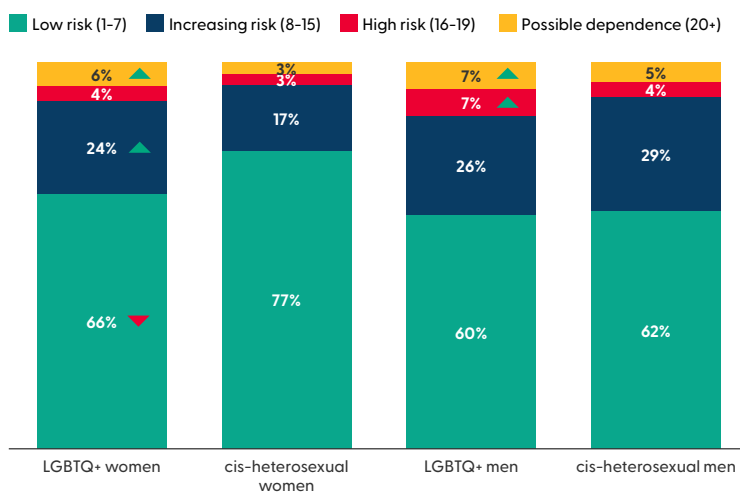
In both the LGBTQ+ and cis-heterosexual samples, men⁴⁷ are more likely than women to drink ‘weekly’ (‘once a week or more’) (55% and 57% vs 41% and 44% respectively⁴⁸), exceed the low-risk drinking guidelines of 14 units per week (30% and 31% vs 17% and 13%⁴⁹), consume 7 or more units on typical drinking day (22% and 21% vs 14% and 10%⁵⁰), and binge drink ‘weekly’ (16% and 17% vs 13% and 10%⁵¹). Moreover, LGBTQ+ and cis-heterosexual men are more likely to be hazardous drinkers (on the AUDIT) (both 39%), compared to LGBTQ+ and cis-heterosexual women (34% and 23%) (Figure 5).

While LGBTQ+ men have a higher proportion of high risk/possibly dependent drinkers (13%) compared to cis-heterosexual men (9%), there are few differences between them on other measures of alcohol use.

However, there are significant differences between LGBTQ+ and cis-heterosexual women. Specifically, although LGBTQ+ women are less likely to be weekly drinkers than cis-heterosexual women (41% vs 44%), they are significantly more likely to exceed the low-risk drinking guidelines (17% vs 13%), drink 7 or more units on typical drinking day (14% vs 10%), and binge drink on a weekly basis (13% vs 10%). LGBTQ+ women also have a higher proportion of hazardous drinkers (34%) (on the AUDIT) compared to cis-heterosexual women (23%), with notably higher proportions of increasing risk (24% vs 17%) and possibly dependent drinkers (6% vs 3%).

Men are riskier drinkers than women, but LGBTQ+ women are riskier drinkers than cis-heterosexual women

Summed AUDIT scores



Summed AUDIT scores. Base: LGBTQ+ women who drink alcohol (n=1,297); Cis heterosexual women who drink alcohol (n=2,480); LGBTQ+ men who drink alcohol (1,280); cis heterosexual men who drink alcohol (2,228). LGBTQ+ sample excludes ‘non-binary’ respondents (n=119).

Figure 5

While LGBTQ+ women are less likely to be weekly drinkers compared to cis-heterosexual women, they are significantly more likely to exceed the low-risk drinking guidelines, consume 7 or more units in a typical drinking session, binge drink on a weekly basis, and score ‘possibly dependent’ on the AUDIT.

This would suggest that while there is little impact of sexual orientation and/or gender identity on drinking patterns among men, a significant disparity exists between LGBTQ+ and cis-heterosexual women. LGBTQ+ women are notably more likely to engage in hazardous drinking, particularly binge drinking, on the occasions when they do drink alcohol. This difference may be linked to distinct motivations and circumstances related to alcohol use between LGBTQ+ and cis-heterosexual women.

Alcohol use and Age

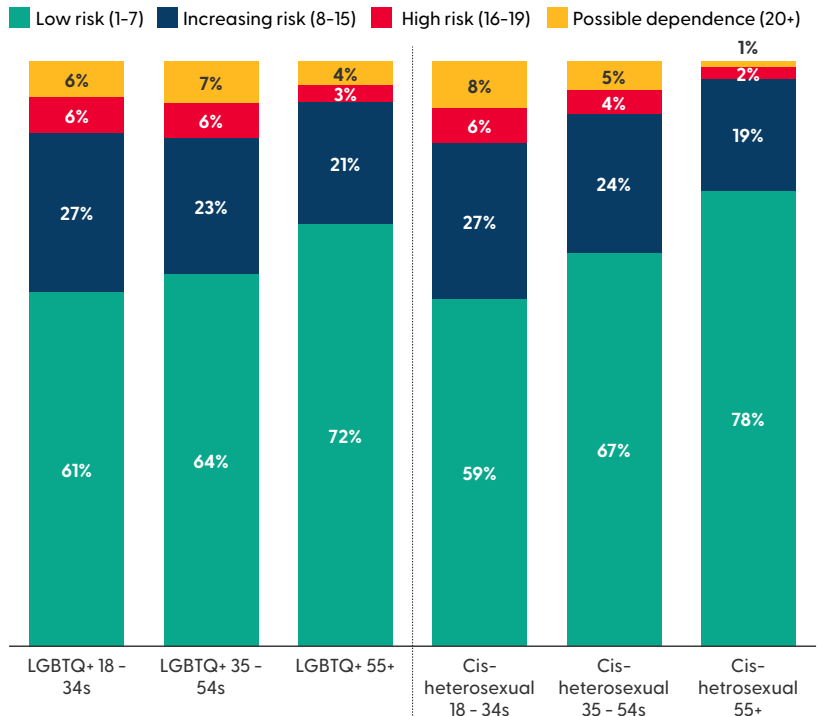
Across both populations, the proportion of adults who drink weekly ('once a week or more') tends to increase with age, with the 55+ age group having the highest proportion of weekly drinkers (54% and 56% respectively⁵²). Despite this, low risk drinking also typically increases with age, and it does so among both populations (Figure 6). However, there are several age differences between LGBTQ+ and cis-heterosexual drinking patterns.

LGBTQ+ individuals, aged 35-54 and 55+, are significantly more likely to surpass 14 units per week and drink 4 or more times per week compared to their cis-heterosexual counterparts.

Specifically, LGBTQ+ drinkers, aged 35-54 and 55+, are more likely to drink more frequently than their cis-heterosexual counterparts ('4 or more times per week': 16% vs 12% and 29% vs 25%),⁵³ surpass the 14 units per week guidelines (both 27% vs both 22%),^{54,55} and report experiencing more symptoms of alcohol dependence and adverse consequences of drinking (Figure 7), contributing to a higher proportion of high risk/possible dependent drinkers (13% and 7% vs 8% and 3%).

This could suggest that risky drinking does not decrease with age among LGBTQ+ drinkers to the same extent as it does among cis-heterosexual drinkers. However, due to the nature of the data, it is unclear whether this difference is due to the persistence of drinking habits developed in early adulthood, or if it is a unique pattern specific to older LGBTQ+ adults, influenced by their unique life experiences.

Older LGBTQ+ drinkers have a higher proportion of higher risk/possible dependent drinkers than their cis-heterosexual counterparts



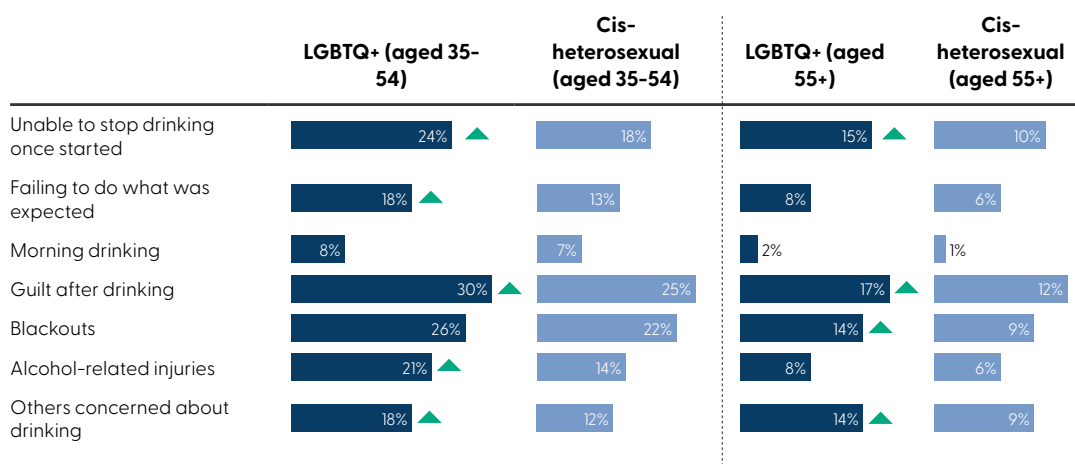
Summed AUDIT scores. Base: all LGBTQ+ adults who drink alcohol, aged 18-34 (n=1,053); 35-54 (n=1,001); 55+ (n=622). Cis-heterosexual adults who drink alcohol, aged 18-34 (n=1,036); 34-45 (n=1,603); 55+ (n=2,069).

Figure 6

Yet, the propensity to consume 7 or more units on a typical drinking day is relatively similar across age groups in both populations.⁵⁶ As is the propensity for binge drinking (‘Ever’), which follows the same decreasing pattern with age. This would suggest that while LGBTQ+ drinkers, aged 35+, are more likely than cis-heterosexual drinkers to exceed the 14-unit guidelines, as they are more frequent drinkers, it is likely they distribute their greater alcohol consumption over more days of the week, rather than engaging in binge drinking sessions.

Older LGBTQ+ drinkers are more likely to report dependence symptoms and negative consequences of drinking compared to cis-heterosexual drinkers

% ‘Ever’ in the last 12 months



Question: AUDIT questions 4-10. Base: LGBTQ+ people who drink alcohol, aged 35-54 (n=1,001), aged 55+ (n=622); Cis-heterosexual people who drink alcohol, aged 35-54 (n=1,603); aged 55+ (n=2,069).

Figure 7

IMPLICATIONS AND RECOMMENDATIONS

While LGBTQ+ and cis-heterosexual adults display similar patterns of drinking frequency and overall alcohol consumption, they are more likely as a group to engage in hazardous drinking than their cis-heterosexual counterparts. This is in line with previous studies; however, the picture is more nuanced than previously reported.

The main difference between LGBTQ+ and cis-heterosexual drinkers lies in the propensity to binge drink and consume 7 or more units on a typical drinking day, indicating that when LGBTQ+ drinkers do drink, they tend to drink more than their cis-heterosexual counterparts. It is also this pattern of drinking that results in a greater tendency for LGBTQ+ drinkers to score as hazardous drinkers on the AUDIT-C, which assesses alcohol-related risks based on consumption patterns only.

LGBTQ+ drinkers are also more likely to score as hazardous drinkers on the full 10-item AUDIT, driven by greater experience of symptoms of alcohol dependence and negative consequences of alcohol. Addressing these disparities requires a deeper understanding of the specific behaviours and contexts that contribute to hazardous drinking among LGBTQ+ individuals.

Gender and age differences also exist within both LGBTQ+ and cis-heterosexual populations. Men, regardless of sexual orientation and/or gender identity, tend to exhibit higher levels of alcohol consumption, binge drinking, and riskier drinking patterns than women. However, while there are few differences in consumption patterns among LGBTQ+ and cis-heterosexual men, LGBTQ+ women show a higher likelihood of engaging in hazardous drinking, exceeding low-risk drinking guidelines, and binge drinking compared to cis-heterosexual women.

In addition, older LGBTQ+ drinkers, especially those aged 35 and over, have a greater tendency to drink more frequently, exceed the low-risk drinking guidelines, and display high risk/possible dependence behaviours compared to their cis-heterosexual counterparts. Such data can guide the development of interventions and support systems tailored to these specific subgroups.

Recommendations

Targeted interventions:

Interventions to address the specific pattern of binge drinking and higher intensity alcohol consumption among LGBTQ+ individuals could be developed. These interventions could focus on creating more supportive environments that reduce reliance on this pattern of drinking, promoting alternatives to binge drinking, and raising awareness about the potential harms of excessive alcohol intake. For example, the availability and promotion of non-alcoholic alternatives in bars, clubs, and LGBTQ+ social spaces could be encouraged as an alternative to binge drinking.

Access to prevention and treatment services:

Given the higher prevalence of hazardous drinking among LGBTQ+ people, and therefore potential for alcohol-related harms, interventions should consider the specific needs and vulnerabilities of LGBTQ+ individuals to ensure equitable access to prevention and treatment services.

Further research:

Further exploration into understanding why hazardous drinking is more prevalent among older LGBTQ+ adults compared to cis-heterosexual adults is warranted.

In addition, recognising the differences in alcohol consumption patterns between LGBTQ+ and cis-heterosexual women, further research could understand what drives this behaviour to inform tailored interventions or messaging to LGBTQ+ women in particular.

Occasions and motives for drinking

Key points

This section sheds light on LGBTQ+ and cis-heterosexual adults' occasions and motivations for drinking, highlighting potential differences.

LGBTQ+ and cis-heterosexual drinkers share common occasions for drinking, such as having a meal or attending get-togethers at their or someone else's house. However, LGBTQ+ individuals have a clear tendency to socialise and drink in the night-time economy compared to cis-heterosexual drinkers, while cis-heterosexual drinkers have a greater tendency than LGBTQ+ drinkers to drink at home with family or their partner. LGBTQ+ drinkers are also more likely than cis-heterosexual drinkers to drink at home alone.

LGBTQ+ and cis-heterosexual drinkers share common motives of socialising and seeking enhancement when drinking; however, LGBTQ+ drinkers show stronger endorsements of all drinking motives compared to cis-heterosexual drinkers.

In addition, social and enhancement motives distinguish LGBTQ+ drinkers who score increasing risk on the AUDIT from their cis-heterosexual counterparts. Among higher-risk drinkers, conformity motives become more prominent in distinguishing LGBTQ+ and cis-heterosexual drinkers. This may suggest that social pressures, and the need to fit in, may play a more significant role in the drinking behaviours of LGBTQ+ individuals.

Different drinking motives can also distinguish between hazardous and low-risk drinkers. Among both LGBTQ+ and cis-heterosexual drinkers, coping and conformity motives play a significant role in distinguishing higher-risk drinkers from increasing risk drinkers, suggesting that the identification of situations where LGBTQ+ and cis-heterosexual individuals drink for coping and conformity reasons may point to occasions where interventions could contribute to reducing high-risk drinking.

OCCASIONS FOR DRINKING

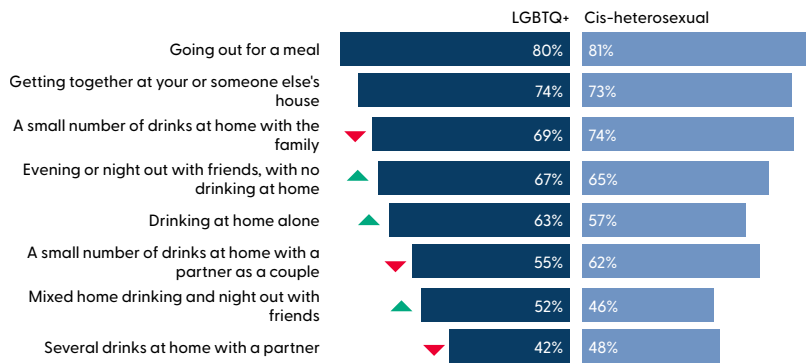
The binge drinking pattern that distinguishes LGBTQ+ and cis-heterosexual drinkers and greater tendency to experience adverse consequences of drinking could be partially attributed to where they choose to drink. Research has highlighted the importance of alcohol, and the commercial gay scene, to the social lives of LGBTQ+ people,⁵⁷ offering 'safe spaces' for LGBTQ+ people to meet, build communities, and be themselves.^{58,59} However, the commercial gay scene is also characterised by an excessive drinking culture, where non-drinking can be met with hostility, and therefore, peer pressure to drink can be high.⁶⁰

LGBTQ+ drinkers more likely to have evenings or nights out with friends than cis-heterosexual drinkers who are more likely to drink at home with family or their partner.

Occasions where both LGBTQ+ and cis-heterosexual drinkers are most likely to drink alcohol ('ever in the last 12 months') is 'with a meal' (80% vs 81%) or 'at a get together at [their] or someone else's house' (74% vs 73%) (Figure 8). While the research did not ask specifically about whether LGBTQ+ and cis-heterosexual adults drink alcohol on the commercial gay scene, there was a clear tendency among LGBTQ+ drinkers, compared to cis-heterosexual drinkers, for socialising and drinking in the night-time economy, which may reflect the importance of these spaces within LGBTQ+ communities. LGBTQ+ drinkers are more likely than cis-heterosexual drinkers to have evenings or nights out with friends, while cis-heterosexual drinkers are more likely than LGBTQ+ drinkers to drink at home with family or their partner.

LGBTQ+ drinkers more likely to drink 'home alone' and engage in 'mixed home home drinking and nights out with friends' than cis-heterosexual drinkers

Drinking occasions (% 'Ever' in the last 12 months)



Question: 'How often, if at all, in the last year did you drink alcohol on occasions that are similar to the descriptions below?'
 Base: LGBTQ+ adults who drink alcohol (n=2,676); Cis-heterosexual adults who drink alcohol (n=4,708).

Figure 8

LGBTQ+ drinkers are also more likely than cis-heterosexual drinkers to drink 'at home alone' in the last 12 months (63% vs 57%), and this was consistent across all age groups compared to cis-heterosexual individuals.

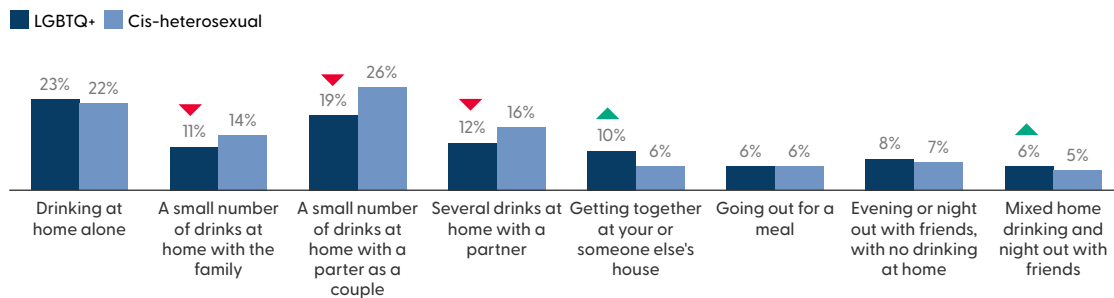
These differences largely remain (with the exception of drinking home alone) when we look at occasions for drinking that occur 'once a week

or more often' (Figure 9), indicating that variations in drinking occasions are not limited to occasional events but extend to regular drinking habits as well.

Such variation in occasions for drinking between LGBTQ+ and cis-heterosexual drinkers not only point towards differences in the importance attached to different social spaces and relational dynamics, but may also reflect differences in motivations for drinking.

There are differences between where LGBTQ+ and cis-heterosexual drinkers are more likely drink on a weekly basis.

Occasions for drinking (% at least once a week or more often in the last 12 months)



How often, if at all, in the last year did you drink alcohol on occasions that are similar to the descriptions below? You can hover over some to see examples. Base: LGBTQ+ adults who drink alcohol (n=2,676); cis-heterosexual adults who drink alcohol (4,708).

Figure 9

MOTIVES FOR DRINKING

Drinking motives are the underlying reasons why people choose to drink alcohol, such as wanting to have a good time with friends, fitting in with others, seeking a good feeling, or temporarily forgetting their problems. These motives help explain why individuals engage in drinking behaviours and can shed light on their relationship with alcohol. Four distinct drinking motives have been identified:^{61,62}

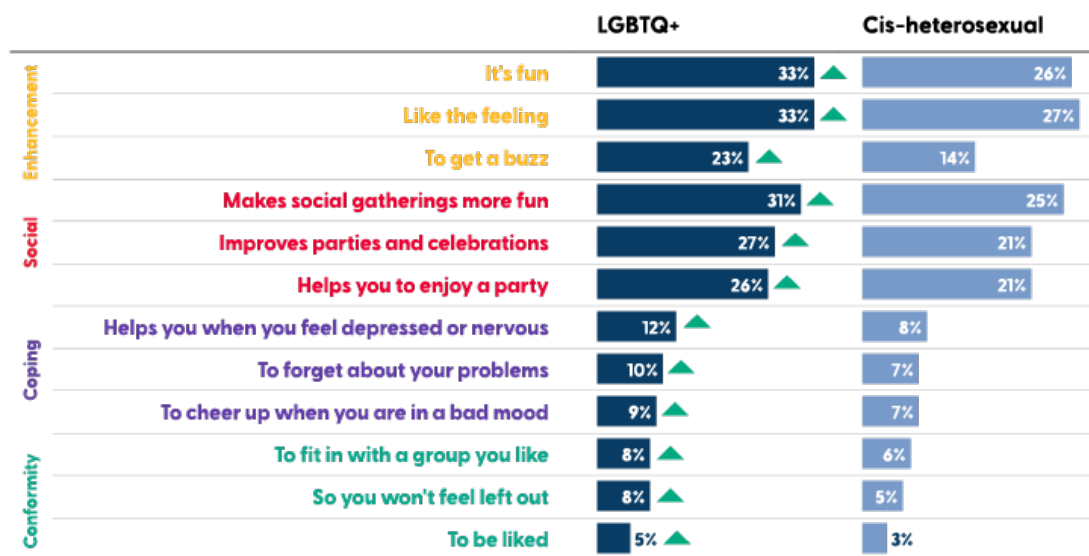
- (1) Enhancement: drinking to maintain or enhance positive emotions;
- (2) Social: drinking to improve parties or gatherings;
- (3) Coping: drinking to escape worries or negative emotions;
- (4) Conformity: drinking due to social pressure or a need to fit in.

Social and enhancement motivations are the main reasons people report drinking alcohol, and this is no different among LGBTQ+ drinkers. Both LGBTQ+ and cis-heterosexual drinkers most often drink for enhancement or social reasons, and are therefore, the primary drivers of alcohol consumption among both groups (Figure 10). However, LGBTQ+ drinkers endorse each motivation more strongly than their cis-heterosexual counterparts, with higher proportions of LGBTQ+ drinkers citing they drink for each reason ‘most of the time’ or ‘always/almost always’, indicating that LGBTQ+ drinkers attribute greater importance to each motive.

LGBTQ+ drinkers endorse each motivation more strongly than their cis-heterosexual counterparts.

LGBTQ+ drinkers are more likely to cite every motivation for drinking than cis-heterosexual drinkers

Reasons for drinking alcohol (% who ‘most of the time’ or ‘always/almost always’).



Question: The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons? Base: LGBTQ+ people who drink alcohol (n=2,676); Cis-heterosexual people who drink alcohol (n=4,708).

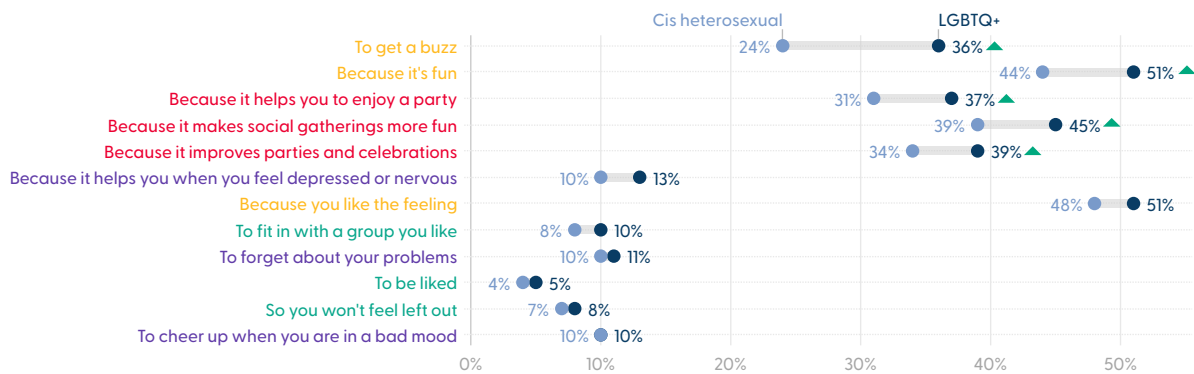
Figure 10

WHAT MOTIVES DISTINGUISH HAZARDOUS LGBTQ+ AND CIS-HETEROSEXUAL DRINKERS?

While on most occasions individuals drink for social and enhancement reasons, other motivations, such as ‘drinking to cope’ or drinking ‘to fit in’ (‘conformity’) can help distinguish more hazardous drinkers. For example, social and enhancement motives appear to distinguish LGBTQ+ and cis-heterosexual adults who drink at increasing risk levels (AUDIT), with LGBTQ+ drinkers more likely to endorse social (red) and enhancement (yellow) motives (Figure 11).

Social and enhancement motives distinguish LGBTQ+ and cis-heterosexual drinkers who drink at ‘increasing risk’ levels.

Reasons for drinking alcohol (% who ‘Most of the time’ or ‘Almost always/Always’ drink for the following reasons)



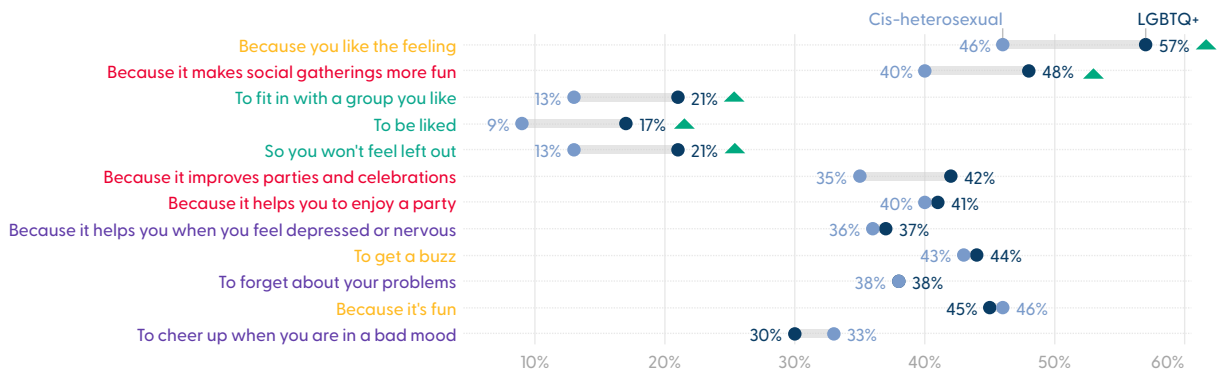
Question: ‘The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons?’ Base: LGBTQ+ drinkers who score ‘increasing risk’ (8–15) on the AUDIT (n=657); cis-heterosexual drinkers who score ‘increasing risk’ on the AUDIT (n=1,056).

Figure 11

Among higher-risk drinkers, it is conformity motives (green) that stand out as distinguishing LGBTQ+ and cis-heterosexual drinkers (Figure 12). For example, LGBTQ+ adults who drink at higher risk levels are 81% more likely to cite drinking ‘to be liked’, 66% more likely to cite drinking ‘to fit in with a group you like’ and 56% more likely to cite drinking ‘so you won’t feel left out’ than their cis-heterosexual counterparts. These findings may resonate with reports of peer pressure to drink in the commercial gay scene.^{63,64}

Conformity motives distinguish LGBTQ+ and cis-heterosexual drinkers who drink at ‘higher risk’ levels.

Reasons for drinking alcohol (% who ‘Most of the time’ or ‘Almost always/Always’ drink for the following reasons)



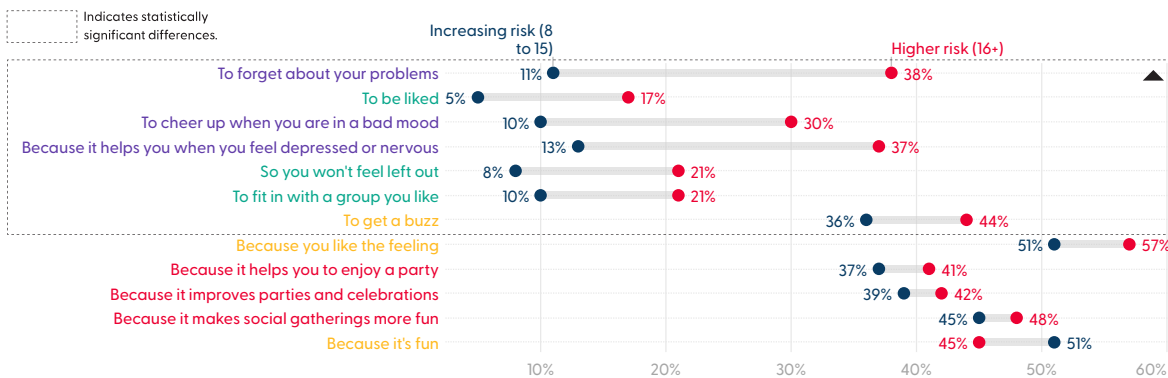
Question: ‘The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons?’ Base: LGBTQ+ drinkers who score ‘higher risk’ (16+) on the AUDIT (n=306); cis-heterosexual drinkers who score ‘higher risk’ on the AUDIT (n=335).

Figure 12

Drinking motives can not only distinguish hazardous drinkers between LGBTQ+ and cis-heterosexual populations, but they can also differentiate between hazardous drinkers *within* each population. For instance, low-risk drinkers, among both populations, are characterised by a lower likelihood of endorsing each motive for drinking compared to increasing and higher risk drinkers. However, coping (purple) and conformity (green) motives appear to distinguish higher-risk drinkers (16+ on AUDIT) from increasing risk drinkers (8-15) in both LGBTQ+ (Figure 13) and cis-heterosexual populations (Figure 14).

Motives distinguishing 'higher risk' (16+) from 'increasing risk' (8-15) LGBTQ+ drinkers

Reasons for drinking alcohol (% who 'Most of the time' or 'Almost always/Always' drink for the following reasons)



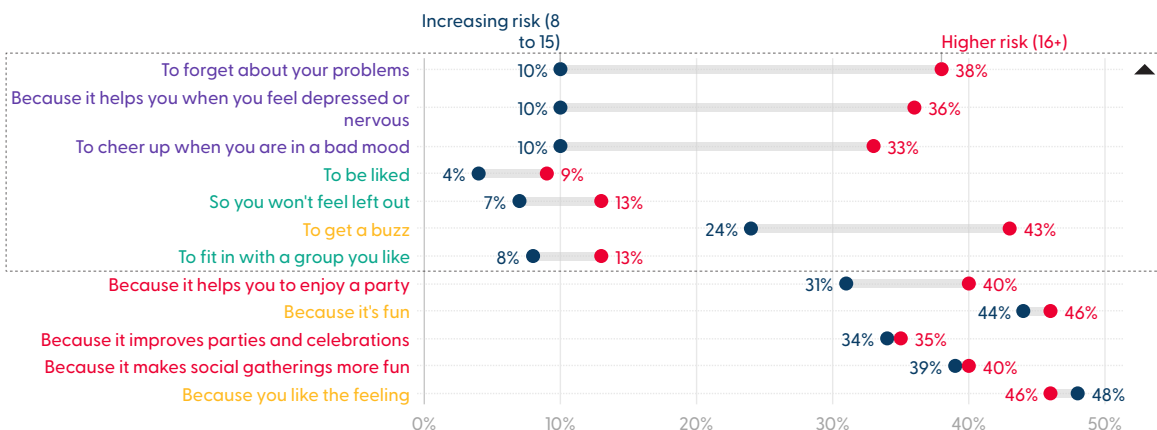
Question: 'The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons?' Base: LGBTQ+ drinkers who score 'increasing risk' (8-15) on the AUDIT (n=657); LGBTQ+ drinkers who score 'higher risk' (16+) on the AUDIT (n=306).

Figure 13

Drinking to cope with stress or worries is associated with hazardous drinking,⁶⁵ and one in six (18%) LGBTQ+ drinkers cite at least one coping motivation for drinking ('most of the time' or 'always/almost always')—significantly higher than cis-heterosexual drinkers (13%).

Motives distinguishing 'higher risk' (16+) from 'increasing risk' (8-15) cis-heterosexual drinkers.

Reasons for drinking alcohol (% who 'Most of the time' or 'Almost always/Always' drink for the following reasons)



Question: 'The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons?' Base: Cis-heterosexual drinkers who score 'increasing risk' (8-15) on the AUDIT (n=1,056); Cis-heterosexual drinkers who score 'higher risk' (16+) on the AUDIT (n=335).

While both LGBTQ+ and cis-heterosexual drinkers who engage in higher-risk drinking more strongly endorse conformity motives than increasing-risk drinkers, this is more pronounced in the LGBTQ+ population.

One in six (18%) LGBTQ+ drinkers cite at least one coping motivation for drinking ('most of the time' or 'always/almost always')—significantly higher than cis-heterosexual drinkers (13%).

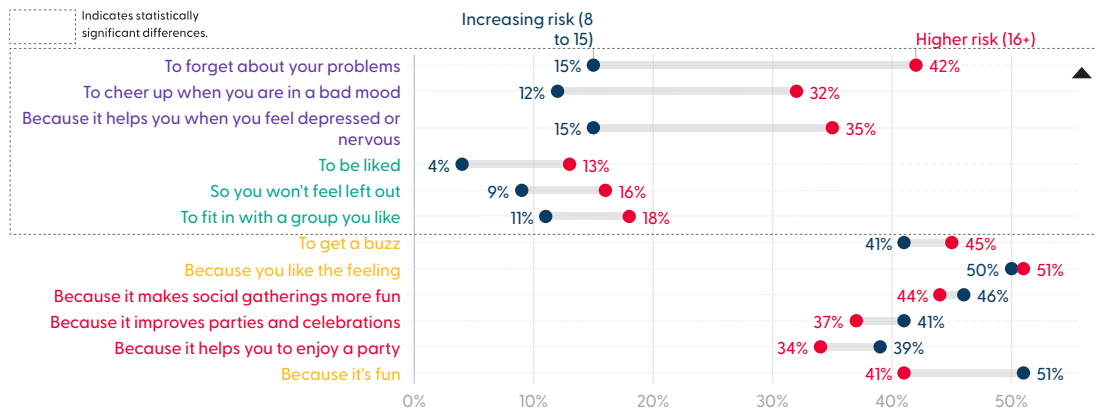
These findings highlight the drinking motives that contribute to more hazardous drinking patterns among both populations. Consequently, they highlight areas where potential interventions could be targeted. For example, in addressing coping mechanisms or challenging societal norms that normalise excessive drinking and encourage peer pressure. The greater tendency for LGBTQ+ drinkers who drink at higher risk levels to cite conformity reasons, in particular, highlights a point of intervention—specific to LGBTQ+ drinkers.

WHAT ABOUT GENDER DIFFERENCES?

There are significant differences between LGBTQ+ men and women in terms of drinking motives – particularly among higher risk drinkers. For example, among LGBTQ+ women, coping (purple) and conformity (green) motives are prominent factors that distinguish those who drink at higher-risk levels from those who consume alcohol at increasing risk levels (Figure 15).

Coping and conformity motives distinguish LGBTQ+ women who drink at 'higher risk' (16+) from those who drink at 'increasing risk' (8-15)

Reasons for drinking alcohol (% who 'Most of the time' or 'Almost always/Always' drink for the following reasons)



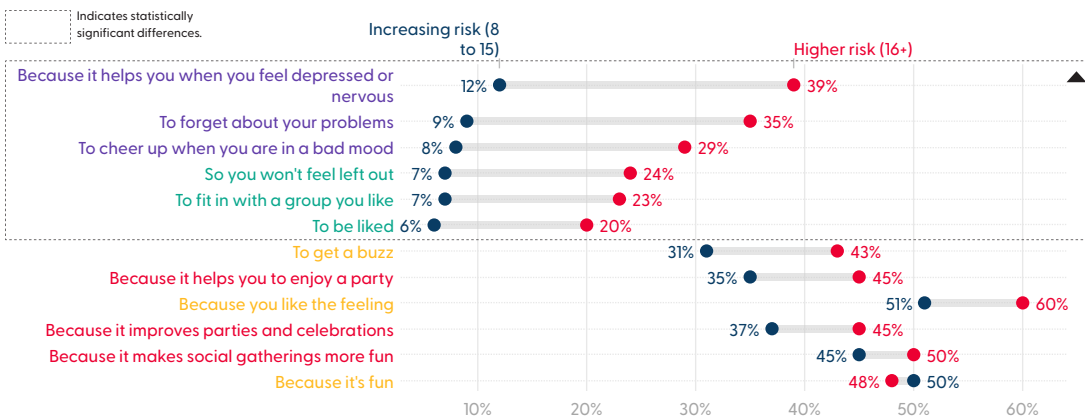
Question: 'The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons?' Base: LGBTQ+ women who score 'increasing risk' (8-15) on the AUDIT (n=299); LGBTQ+ women who score 'higher risk' (16+) on the AUDIT (n=128). Excludes 'non-binary' respondents (n=119).

Figure 15

In contrast, among LGBTQ+ men who engage in higher-risk drinking, the distinction based on coping (purple) and conformity (green) motives is still evident, but social (red) and enhancement (yellow) motives also play a significant role in their alcohol consumption patterns (Figure 16).

A broader range of motives distinguish LGBTQ+ men who drink at 'higher risk' (16+) from those who drink at 'increasing risk' (8-15)

Reasons for drinking alcohol (% who 'Most of the time' or 'Almost always/Always' drink for the following reasons)



Question: 'The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons?' Base: LGBTQ+ men who score 'increasing risk' (8-15) on the AUDIT (n=338); LGBTQ+ men who score 'higher risk' (16+) on the AUDIT (n=177). Excludes 'non-binary' respondents (n=119).

Figure 16

IMPLICATIONS AND RECOMMENDATIONS

LGBTQ+ and cis-heterosexual individuals differ in the social contexts where they tend to consume alcohol, with LGBTQ+ individuals engaging in more drinking in the night-time economy and at social gatherings, and cis-heterosexual individuals more likely to drink at home with family or partners.

Previous research has highlighted the importance of the commercial gay scene as a “safe space” for socialising. However, this environment is also associated with an excessive drinking culture and peer pressure to drink, which may suggest that the very spaces designed for inclusivity may inadvertently contribute to hazardous drinking behaviours among LGBTQ+ individuals.

Among both LGBTQ+ and cis-heterosexual individuals, the most common motives for drinking are social and enhancement. However, LGBTQ+ drinkers endorse drinking motives more strongly than their cis-heterosexual counterparts, with coping and conformity motives particularly prominent among higher-risk LGBTQ+ drinkers (particularly LGBTQ+ women). These findings point towards potential mental health issues and social pressures within LGBTQ+ communities.

Recommendations

Reduce reliance on alcohol in social spaces:

Recognising the importance of social spaces within LGBTQ+ communities and preferences for drinking in the night-time economy, efforts should be made to create either more inclusive or alternative venues and events that do not revolve around drinking. This would expand options of socialising and reduce the pressure to consume alcohol in these spaces.

Engage in health promotion to raise awareness within LGBTQ+ communities about the potential risks associated with excessive drinking, both in the context of the commercial gay scene and night-time economy more generally. Promote informed decision-making and work to normalise low risk drinking.

Increase awareness of drinking motives:

Awareness campaigns about drinking motives and their potential impact on alcohol-related harms could inform, not just LGBTQ+ drinkers, but drinkers more generally, of the motivations behind their own alcohol use. Information could be provided on healthier alternatives for enhancing positive emotions and fitting in, without relying on alcohol.

In addition, healthcare professionals and support services should be aware of the different drinking motives between LGBTQ+ and cis-heterosexual populations. This could include training healthcare professionals, counsellors, and addiction specialists to be knowledgeable about LGBTQ+ issues, understand the specific challenges faced by this population, to provide appropriate support and resources.

Access to support

Ensure that LGBTQ+ individuals have access to mental health services and counselling resources, particularly for those who may turn to alcohol as a means of coping with negative emotions (such as LGBTQ+ women). In addition, ensure such mental health resources, counselling services, and support groups are promoted.

Alcohol use, mental health, and other addictive behaviours

Key points

This section explores alcohol use, mental health, and other addictive behaviours among LGBTQ+ and cisgender heterosexual adults, as well as perceptions of social support.

LGBTQ+ adults experience higher rates of depression, anxiety, and a higher dissatisfaction with life, compared to cis-heterosexual adults, and there is a clear association between hazardous alcohol use and mental health issues in both populations, which tends to be more pronounced among LGBTQ+ adults.

LGBTQ+ adults have higher rates of smoking, drug use, and gambling harms compared to

cis-heterosexual adults, suggesting LGBTQ+ adults have a stronger clustering of addictive behaviours.

Family support and a sense of belonging to the LGBTQ+ community may act as protective factors against hazardous alcohol use among LGBTQ+ adults, highlighting the importance of supportive relationships and community connections in promoting healthier behaviours and mitigating the negative impacts of minority stress.

Findings highlight the need for targeted interventions and support systems that address the unique challenges faced by LGBTQ+ adults in relation to mental health, alcohol use, addictive behaviours, and social support.

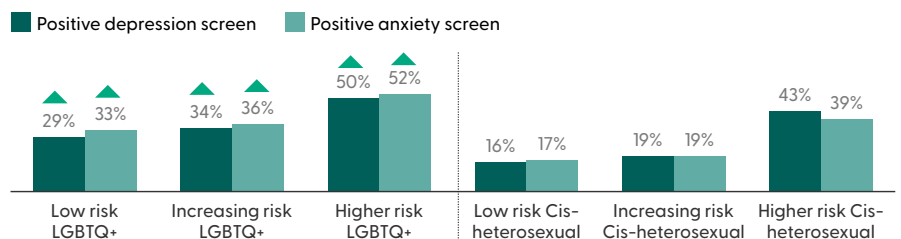
MENTAL HEALTH AND ALCOHOL USE

A substantial body of literature has extensively documented mental health disparities among gender and sexual minorities,^{66,67} and these disparities are apparent in the data. A significantly higher proportion of LGBTQ+ adults screen positive⁶⁸ for depression (33%) and anxiety (37%) compared to cis-heterosexual adults (20% for both conditions).⁶⁹

Furthermore, there is a clear association between hazardous alcohol use and mental health in both LGBTQ+ and cis-heterosexual populations (Figure 17). Among LGBTQ+ drinkers who score 'higher risk' on the AUDIT, half screen positive for depression (50%), and 52% screen positive for anxiety. In comparison, among cis-heterosexual drinkers who score 'higher risk', 43% screen positive for depression, and 39% screen positive for anxiety.

There is a relationship between mental health and hazardous drinking (AUDIT scores)

Patient Health Questionnaire-4 (PHQ-4)



PHQ-4. Base: LGBTQ+ adults who drink and score 'low risk' (0-7) (n=1,713); increasing risk (8-15) (n=657); higher risk (16+) (n=306) on the AUDIT. Cis-heterosexual adults who drink and score 'low risk' (0-7) (n=3,317); increasing risk (8-15) (n=1,056); higher risk (16+) (n=335) on the AUDIT.

Figure 17

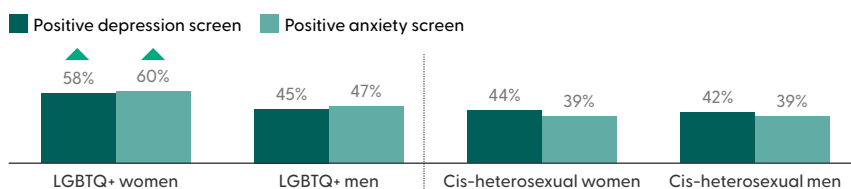
While the data cannot establish the direction of causality, it demonstrates a clear relationship between mental health and hazardous alcohol use in both populations. However, this association is more pronounced among LGBTQ+ individuals, with a higher proportion of drinkers (drinking at any risk level) screening positive for depression and anxiety than cis-heterosexual drinkers.

When we look at this data by gender, the difference between LGBTQ+ and cis-heterosexual higher-risk drinkers appears to be driven by LGBTQ+ women. LGBTQ+ women who drink at higher risk levels are more likely to screen positive for both depression and anxiety compared to LGBTQ+ men and their cis-heterosexual men and women counterparts (Figure 18)

Such findings emphasise the significance of addressing mental health issues and hazardous alcohol use within both cis-heterosexual and LGBTQ+ populations, but particularly among LGBTQ+ women who drink at higher-risk levels.

LGBTQ+ women who drink at 'higher risk' are more likely to screen positive for depression and anxiety than LGBTQ+ men and their cis-heterosexual counterparts

Patient Health Questionnaire - 4 (PHQ-4)



PHQ-4. Base: LGBTQ+ adults who drink and score 'higher risk' (16+) on the AUDIT (women, n=128; men, n=177). Cis-heterosexual adults who drink and score 'higher risk' (16+) on the AUDIT (women, n=133; men, n=202). The LGBTQ+ sample excludes 'non-binary' respondents.

Figure 18

LIFE SATISFACTION

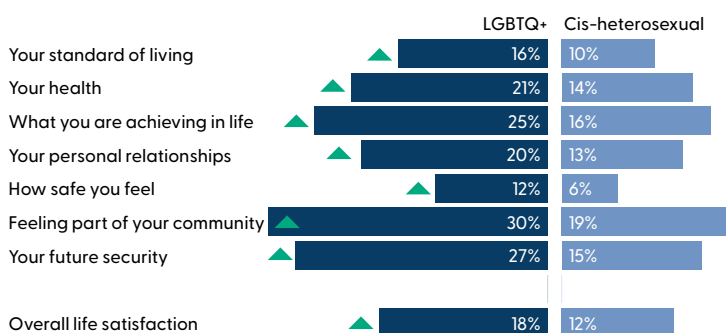
Life satisfaction is often used to understand wellbeing and quality of life across different populations. LGBTQ+ adults are more likely to report higher dissatisfaction with life overall (18% vs 12%) and in various other aspects of life compared to their cis-heterosexual counterparts (Figure 19). This includes 'how safe [they] feel' (12% vs 6%), 'their personal relationships' (20% vs 13%), 'future security' (27% vs 15%), and 'feeling part of their community' (30% vs 19%).

Moreover, life satisfaction is linked to hazardous drinking in both LGBTQ+ and cis-heterosexual populations. Individuals reporting lower life satisfaction have a higher likelihood of being classified as higher risk drinkers compared to those reporting higher life satisfaction (13% and 9% vs 14% and 5%) (Figure 20)

However, there is a difference between LGBTQ+ and cis-heterosexual populations regarding higher life satisfaction and hazardous drinking. Among individuals satisfied with life, a higher proportion of LGBTQ+ drinkers are classified as higher risk drinkers compared to their cis-heterosexual counterparts (9% vs 5%).

LGBTQ+ adults report higher dissatisfaction in various aspects of life than cis-heterosexual adults

Life satisfaction (% not satisfied)



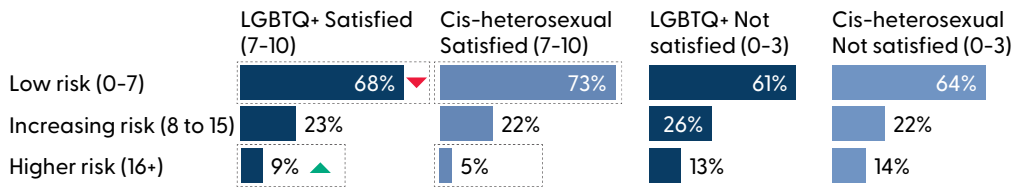
Question: 'How satisfied are you with...' and 'Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?' % not satisfied (score 0 to 3). Base: All LGBTQ+ adults (n=3,089); all cis-heterosexual adults (n=5,420).

Figure 19

This suggests that higher levels of dissatisfaction with life may contribute to an increased risk of hazardous drinking for both LGBTQ+ and cis-heterosexual individuals. However, even among those who report higher life satisfaction, LGBTQ+ individuals might still face additional challenges or stressors that impact their alcohol use.

Lower life satisfaction is linked to hazardous drinking in both LGBTQ+ and cis-heterosexual populations.

% life satisfaction



Question: 'Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?' [1 - 10 scale]. Base: LGBTQ+ adults who drink and are satisfied with their life (n=1,285); LGBTQ+ adults who drink and are not satisfied with their life (n=423); cis-heterosexual adults who drink and are satisfied with their life (n=2776); cis-heterosexual adults who drink and are not satisfied with their life (n=505).

Figure 20

OTHER ADDICTIVE BEHAVIOURS

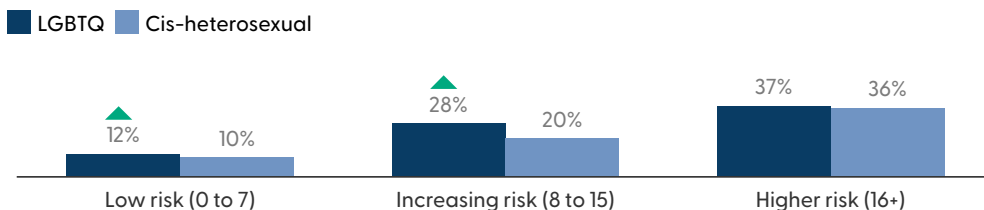
LGBTQ+ populations have a higher proportion of hazardous drinkers than cis-heterosexual populations; however, this is also evident in other addictive behaviours too. For example, a higher proportion of LGBTQ+ adults smoke (18% vs 14%), have used illegal drugs in the last 12 months (23% vs 9%⁷⁰), and have experienced gambling harms (25% vs 18%⁷¹), than their cis-heterosexual counterparts.

SMOKING

There is clear link between smoking and hazardous alcohol use among both LGBTQ+ and cis-heterosexual populations (Figure 21), with propensity to smoke increasing with more hazardous drinking. While this is more pronounced among LGBTQ+ adults, among higher risk drinkers, there is no difference between LGBTQ+ and cis-heterosexual drinkers in their propensity to smoke.

There is a link between smoking and hazardous alcohol use among both LGBTQ+ and cis-heterosexual populations

(% of those who currently smoke)



Question: 'Which of the following statements BEST applies to you? Please do NOT include e-cigarettes.' Base: LGBTQ adults who drink and score low risk (0-7) (n=1,713), increasing risk (8-15) (n=657), and higher risk (16+) (n=306) on the AUDIT. Cis-heterosexual adults who drink and score low risk (0-7) (n=3,317), increasing risk (8-15) (n=1,056), and higher risk (16+) (n=335) on the AUDIT.

Figure 21

ILLEGAL DRUG USE

While LGBTQ+ adults are more likely to have used illegal drugs in the last 12 months than cis-heterosexual adults (23% vs 9%⁷²), there are no differences between LGBTQ+ and cis-heterosexual adults who engage in polydrug use on the same occasion (41% vs 38%).⁷³

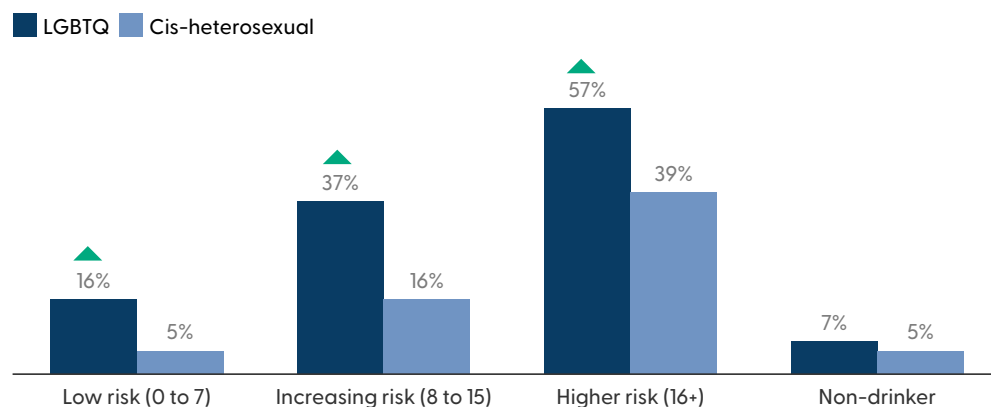
Similar to smoking, there is a clear link between drug and alcohol use. The propensity to use drugs increases with higher AUDIT scores in both groups, but this link is more pronounced among LGBTQ+ populations (Figure 22). Unlike smoking however, among higher risk drinkers, a larger proportion of LGBTQ+ individuals (57%) engage in drug use compared to cis-heterosexual individuals (39%).

LGBTQ+ drug users are more likely than cis-heterosexual drug users to report that friends or relatives have expressed concern about their drug use (30% vs 23%⁷⁴). This trend becomes more evident with hazardous alcohol use, with 36% of LGBTQ+ individuals with hazardous alcohol use ('increasing or higher risk') reporting concern from friends or relatives, compared to 18% of low-risk drinkers. Among cis-heterosexual individuals with hazardous alcohol use, 31% report concern from friends or relatives, compared to 9% of low-risk drinkers.⁷⁵

These findings suggest that LGBTQ+ individuals may face higher risks and consequences associated with drug and alcohol use compared to cis-heterosexual individuals.

Drug use increases with alcohol risk, and this link is stronger among LGBTQ+ adults.

% use drugs by alcohol risk (AUDIT)



Question: 'How often, if at all, do you use drugs other than alcohol?' Base: LGBTQ+ adults (low risk, n=1,684; increasing risk, n=627; higher risk, n=291; non-drinker, n=409); Cis-heterosexual adults (low risk, n=3,275; increasing risk, n=1,027; higher risk, n=318; non-drinker, n=689).

Figure 22

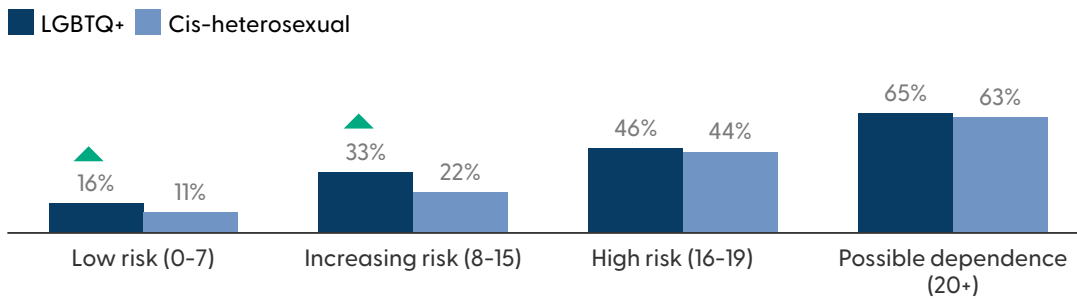
GAMBLING

LGBTQ+ adults are less likely to have spent money on gambling in the past 12 months than cis-heterosexual adults (50% vs 54%⁷⁶); however, among those who have spent money on gambling, LGBTQ+ adults are more likely than cis-heterosexual adults to screen positive (1+)⁷⁷ for gambling harms on the Problem Gambling Severity Index (PGSI) (25% vs 18%⁷⁸). This suggests a higher likelihood of experiencing negative consequences or harm related to gambling among LGBTQ+ individuals.

There is a clear association between experiencing gambling harms and hazardous drinking in both LGBTQ+ and cis-heterosexual populations. For example, a higher proportion of LGBTQ+ individuals who are categorised as ‘increasing risk’ or ‘higher risk’ drinkers (based on AUDIT scores) also screen positive for gambling harms on the PGSI (33% and 56%, compared to 16% of low-risk drinkers) (Figure 23). A similar pattern observed among cis-heterosexual drinkers.

Experience of 'any' gambling harm (1+) increases with AUDIT score

Problem Gambling Severity Index (PGSI)



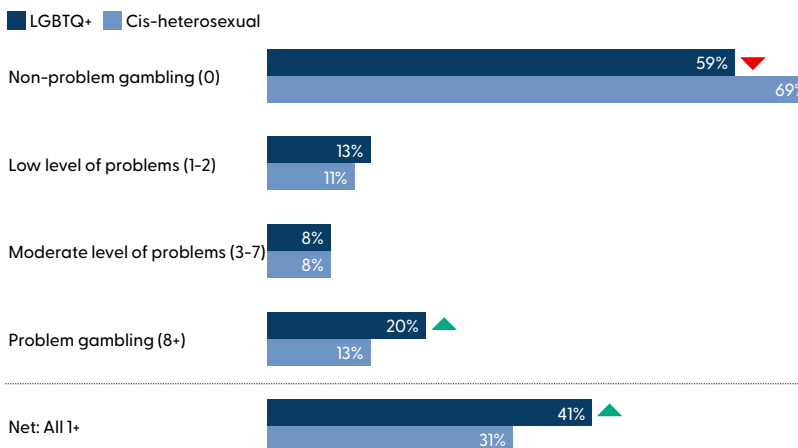
Positive screen for gambling harm on PGSI (1+). Base: LGBTQ+ adults who score low (0 to 7) (n=885) increasing (8 to 15) (n=363) or higher risk (16+) on the AUDIT (n=186); cis-heterosexual adults who score low (0 to 7) (n=1,818) increasing (8 to 15) (n=666) or higher risk (16+) on the AUDIT (n=228);

Figure 23

In addition, LGBTQ+ drinkers classified as ‘increasing risk or higher risk’ on the AUDIT are more likely than their cis-heterosexual counterparts to experience gambling harms (41% vs 37%) and score positive for ‘problem gambling’ (20% vs 13%) (Figure 24). This suggests a stronger clustering of addictive behaviours, including hazardous drinking and gambling-related issues, among LGBTQ+ individuals compared to cis-heterosexual individuals.

LGBTQ+ adults who drink at increasing and higher risk levels are more likely to screen positive for gambling harms than their cis-heterosexual counterparts

Problem Gambling Severity Index (PGSI)



Summed PGSI scores. Base: LGBTQ+ adults who score ‘increasing’ or ‘higher risk’ (16+) on the AUDIT (n=549); cis-heterosexual adults who score ‘increasing’ or ‘higher risk’ (16+) on the AUDIT (n=894).

Figure 24

These findings highlight the overlap of addictive behaviours in both LGBTQ+ and cis-heterosexual populations. However, the clustering of these behaviours appears to be more pronounced among LGBTQ+ individuals, as they have a higher likelihood of experiencing gambling harms and scoring positive for problem gambling when compared to cis-heterosexual individuals. Overall, these results emphasise the importance of considering co-occurring addictive behaviours and the need for targeted interventions and support systems that address the unique challenges faced by LGBTQ+ individuals in relation to smoking, drug use, gambling, and hazardous drinking.

SOCIAL SUPPORT AND COPING STRATEGIES

Coping strategies and social support, whether from family, friends, or community connections, are thought to have a significant role in mitigating the negative impacts of minority stress on mental health outcomes.⁷⁹ They provide a sense of belonging, reduce feelings of isolation, and offer resources for dealing with challenges. While this study did not extensively examine social support, there is some evidence suggesting that family support, in particular, may act as a protective factor against hazardous alcohol use.

For instance, among LGBTQ+ drinkers who felt 'completely supported' by their family based on their sexual orientation and/or gender identity, 8% were classified as higher risk drinkers, whereas 15% of those who felt 'not supported at all' were classified as higher risk drinkers.⁸⁰ Additionally, among LGBTQ+ drinkers who indicated that they felt a sense of belonging to an LGBTQ+ community, 10% were classified as higher risk drinkers, compared to 13% of those who disagreed.⁸¹ This may emphasise the importance of supportive relationships.

Family support and a sense of belonging to the LGBTQ+ community may serve as protective factors against hazardous alcohol use.

IMPLICATIONS AND RECOMMENDATIONS

LGBTQ+ individuals experience mental health disparities, with higher rates of depression and anxiety compared to cis-heterosexual individuals. In addition, the association between mental health and hazardous alcohol use is more pronounced among LGBTQ+ individuals, particularly LGBTQ+ women, which may suggest the need for integrated mental health and substance use support.

LGBTQ+ adults also report lower life satisfaction as well as engage in other addictive behaviours such as smoking, illegal drug use, and gambling harms. These behaviours are interlinked, with smoking and drug use linked to hazardous alcohol use. As a result, LGBTQ+ individuals may face higher risks and consequences related to co-occurring addictive behaviours.

Supportive relationships, particularly family support and belonging to the LGBTQ+ community, could act as protective factors against hazardous drinking.

These findings highlight the need for targeted interventions and support systems that address the unique challenges faced by LGBTQ+ individuals. It is crucial to prioritise mental health support, address hazardous alcohol use, and consider co-occurring addictive behaviours in both cis-heterosexual and LGBTQ+ populations, with specific attention to the experiences of LGBTQ+ women.

Recommendations

Address mental health disparities:

Given the higher prevalence of depression and anxiety among LGBTQ+ individuals, interventions should integrate mental health support and services within alcohol harm reduction strategies. This may involve ensuring access to mental health resources, promoting awareness of mental health issues, and integrating mental health screening and support into alcohol-related interventions. In addition, alcohol screening could be integrated into LGBTQ+ community organisations and healthcare spaces.

Consider co-occurring addictive behaviours:

LGBTQ+ individuals are more likely to engage in other addictive behaviours, such as smoking, illegal drug use, and problem gambling. Interventions could address these co-occurring behaviours and provide comprehensive support. This may involve integrating services, resources, and interventions that target various addictive behaviours simultaneously.

Future Health and Moderation

Key points

This section explores perceptions of the likely impact of current alcohol consumption on future health as well as propensity and willingness to moderate alcohol use.

LGBTQ+ drinkers show a higher recognition of the potential health consequences of their current drinking levels compared to cis-heterosexual drinkers.

Taking drink-free days during the week is the most common strategy used by both LGBTQ+ and cis-heterosexual drinkers to moderate their alcohol consumption. However, LGBTQ+ drinkers exhibit some differences in moderation preferences compared to cis-heterosexual drinkers, such as being less likely to opt for smaller glasses/

bottles, setting a drinking limit, or drinking with the guidelines, and are more likely to alternate alcoholic drinks with soft drinks or water.

Drinking non-alcoholic substitutes is a less favoured and less willing-to-try strategy among higher risk drinkers, regardless of sexual orientation and/or gender identity.

LGBTQ+ women are more open to trying non-alcoholic substitutes, while LGBTQ+ men are more likely to alternate alcoholic drinks with soft drinks or water. Both suggest LGBTQ+ drinkers may prefer moderation techniques that help them slow down the pace of their drinking.

Findings suggest that preferences and strategies for moderation should be considered in support options.

FUTURE HEALTH

Almost 1 in 5 (19%) LGBTQ+ drinkers recognise their current level of drinking will lead to increased health problems in future if they continue to drink at their current level – significantly higher than cis-heterosexual drinkers (17%). This increases to 65% and 68% respectively among LGBTQ+ and cis-heterosexual drinkers who drink at higher risk levels (AUDIT)—though this difference is not statistically significant.

Perhaps consistent with this recognition, both LGBTQ+ and cis-heterosexual adults who drink at higher risk levels are more likely to have tried moderating techniques in the past but no longer use them (78% and 74%), compared to increasing risk (62% and 61%) and low-risk drinkers (37% and 32%).⁸² The most common technique tried by higher risk drinkers but no longer practiced is ‘staying off alcohol for a fixed period of time’ (34% vs 30%).⁸³

There is clearly recognition among higher-risk drinkers, regardless of sexual orientation and/or gender identity, of the potential health consequences of current drinking habits and the data suggests that many higher risk drinkers may struggle to moderate in the long term.

Almost 1 in 5 LGBTQ+ drinkers recognise their current level of drinking will lead to increased health problems in future if they continue to drink at their current level.

PROPENSITY AND WILLINGNESS TO MODERATE

Among all drinkers, 'taking drink-free days during the week' is the most common strategy used to moderate drinking among both LGBTQ+ and cis-heterosexual drinkers, with more than two-thirds of respondents in both groups currently using this strategy (68% vs 69%). The least commonly used strategies among both groups are avoiding always having alcohol in the house (25% vs 24%), drinking non-alcoholic beer, wine, or spirit substitutes (24% vs 23%), and recording the amount of alcohol consumed (12% vs 13%) (Figure 25).

'Taking drink-free days during the week' is the most common way LGBTQ+ and cis-heterosexual drinkers moderate their drinking

Moderation techniques (% Currently doing)



Question: 'Here are some things people have said they do to moderate their drinking. Have you tried any of these?' Base: LGBTQ adults who drink (n=2,676); Cis-heterosexual adults who drink (n=4,708).

Figure 25

Between LGBTQ+ and cis-heterosexual drinkers, there are some differences in how they choose to moderate. LGBTQ+ drinkers are less likely than cis-heterosexual drinkers to opt for smaller glasses of wine or bottles of beer (29% vs 34%), setting a drinking limit (41% vs 46%) or adhering to the drinking guidelines (43% vs 48%). Whereas LGBTQ+ drinkers are more likely than cis-heterosexual drinkers to 'alternate alcoholic drinks with soft drinks or water' (49% vs 43%).

Support options may have more resonance, therefore, if they consider the preferences and strategies for moderating alcohol consumption among different groups.

MODERATION AND ALCOHOL RISK

Among higher risk drinkers, there are similarities in the moderating techniques that both LGBTQ+ and cis-heterosexual drinkers are willing to try (Figure 26). As 'taking drink-free days' is the most used strategy among both groups, it would be expected that a lower proportion of higher risk drinkers from both LGBTQ+ and cis-heterosexual populations would be willing to try this strategy, since they are already employing it as a moderation technique. Instead, higher risk drinkers from both LGBTQ+ and cis-heterosexual groups appear to be least willing to try drinking 'non-alcoholic beer, wine, or spirit substitutes' (15% vs 16%) to moderate their drinking.

Notably, drinking non-alcoholic substitutes ranks high among strategies that higher risk drinkers say they could ‘never’ see themselves doing (both 38%), closely followed by ‘drinking within the guidelines’ (40% vs 32%). These findings indicate a reluctance to explore alternatives to traditional alcoholic drinks, underscoring the significance of alcohol in the drinking habits of both groups, often driven by enhancement or social reasons. Alternatively, alcohol-free products are still in their nascence, which could contribute to the reluctance to adopt them as viable substitutes for traditional alcoholic drinks.

Both LGBTQ+ and cis-heterosexual higher risk drinkers appear to be least willing to try drinking ‘non-alcoholic beer, wine, or spirit substitutes’ (15% vs 16%) to moderate.

Few differences between LGBTQ+ and cis-heterosexual populations in the moderation techniques higher risk drinkers are 'not doing, but willing to try'

Moderation techniques (% Not currently doing but willing to try)



Question: 'Here are some things people have said they do to moderate their drinking. Have you tried any of these?' Base: LGBTQ adults who drink and score higher risk (16+) on the AUDIT (n=305); Cis-heterosexual adults who drink and score higher risk (16+) on the AUDIT (n=335);

Figure 26

In terms of differences, cis-heterosexual drinkers exhibit greater willingness to try strategies such as drinking smaller glasses/bottles (32%), drinking within the guidelines (31%), or tracking their alcohol consumption (31%). On the other hand, higher risk LGBTQ+ drinkers express less willingness to track their drinking (21%) or drink within the guidelines (24%). Instead, they are most willing to try ‘drinking a lower strength alcoholic drink’ (29%)—a proportion similar to that of cis-heterosexual drinkers (28%). As LGBTQ+ drinkers also have a tendency ‘to alternate alcoholic drinks with soft drinks or water’, this may suggest that LGBTQ+ drinkers still desire to consume alcohol but may prefer moderation techniques that help them slow down the pace of their drinking.

GENDER DIFFERENCES IN MODERATION PREFERENCES?

Among LGBTQ+ and cis-heterosexual women drinking at increasing or higher risk levels, the only difference in current moderation techniques is in LGBTQ+ women being more likely to drink non-alcoholic substitutes compared to cis-heterosexual women (24% vs 17%⁸⁴), suggesting that this could be a moderating technique LGBTQ+ women would be willing to try.

Among LGBTQ+ and cis-heterosexual men drinking at increasing or higher risk levels, LGBTQ+ men were more likely to ‘alternate alcoholic drinks with soft drinks or water’ (35% vs 28%), and cis-heterosexual men were more likely to ‘set themselves a drinking limit’ (31% vs 38%⁸⁵).

IMPLICATIONS AND RECOMMENDATIONS

Both LGBTQ+ and cis-heterosexual drinkers, especially those drinking at higher risk levels, recognise the potential health problems associated with their current drinking habits. This highlights the need for effective moderation strategies.

Among all drinkers, taking drink-free days during the week is the most used strategy to moderate drinking, both for LGBTQ+ and cis-heterosexual drinkers. This indicates that promoting the concept of drink-free days could be an effective approach for alcohol moderation initiatives targeting both populations.

While there are similarities in the moderating techniques preferred by LGBTQ+ and cis-heterosexual higher-risk drinkers, there are also some notable differences. LGBTQ+ drinkers are less likely to opt for smaller glasses of wine or bottles of beer, set a drinking limit, or adhere to drinking guidelines. However, they are more likely to alternate alcoholic drinks with soft drinks or water. Tailored interventions that consider the preferences and strategies for moderating alcohol consumption among different groups may be beneficial.

Recommendations

Public health campaigns:

Promote education campaigns that raise awareness of the long-term health risks associated with excessive drinking and emphasise the importance of sustaining moderation strategies over time. These campaigns could be tailored to LGBTQ+ communities while also addressing cis-heterosexual populations.

Provide resources:

Make easily accessible resources available to both LGBTQ+ and cis-heterosexual individuals who are seeking to moderate their drinking habits. These resources can include online tools, mobile applications, and informational materials that offer practical tips, guidance, and self-assessment tools to aid in self-monitoring and moderation. Provide these resources in places accessible to LGBTQ+ communities.

Tailor moderation strategies:

Recognise the inclination of LGBTQ+ drinkers to opt for moderating strategies that can slow down the pace of their drinking. This could involve providing resources and support for choosing lower strength alcoholic drinks or encouraging alternating between alcoholic and non-alcoholic beverages. Provide information on the availability and variety of non-alcoholic beer, wine, and spirit substitutes to address the resistance observed in both groups toward trying these options.

Further research:

Explore LGBTQ+ hazardous drinkers' attitudes to different moderation techniques, such as the barriers to non-alcoholic substitutes, or the drinking occasions LGBTQ+ people may be more willing to cut down, or not drink, than others. This would better inform information campaigns and support content.

Experience of alcohol harm from others

Key points

This section explores LGBTQ+ peoples' experiences of alcohol harm. Over half of LGBTQ+ adults (54%) report experiencing at least one negative impact from someone else's drinking in the past year, compared to 40% of cis-heterosexual adults.

Additionally, LGBTQ+ adults have a significantly higher likelihood of experiencing multiple negative impacts, with 38% encountering two or more, while 25% of cis-heterosexual adults experienced the same. These impacts encompass arguments, physical threats, emotional neglect, physical assault, accidental injuries, drinking to cope, sexual harm, disrupted sleep, anxiety, and various other harms, with higher rates observed among LGBTQ+ individuals compared to cisgender heterosexual individuals.

Experience of alcohol harm increases with alcohol risk level, especially among LGBTQ+ drinkers, who experience harm, and more severe harm, more frequently and are more likely to experience a range of negative impacts than cis-heterosexual adults. LGBTQ+ women experience higher rates of alcohol harm compared to LGBTQ+ men and cis-heterosexual individuals.

Alcohol harm decreases with age, but LGBTQ+ individuals are consistently more vulnerable than cis-heterosexual individuals. This may be due to LGBTQ+ individuals finding themselves in social situations with more hazardous drinking behaviours or have more hazardous drinkers as part of their social network, contributing to higher harm exposure.

EXPERIENCES OF ALCOHOL HARM

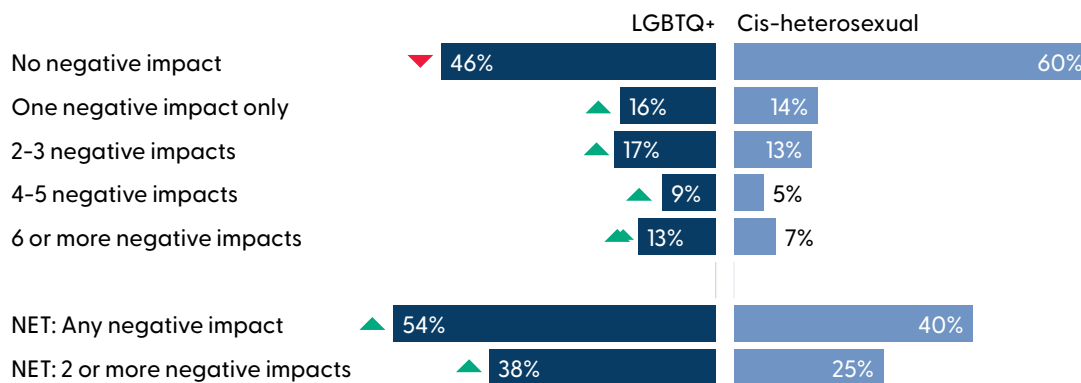
Alcohol consumption can harm not only the person drinking but also the people around them.^{86,87,88,89} These alcohol harms to others (AHTOs) can range from feeling unsafe or anxious in public, to strained relationships and money problems, physical assault, police contact, and negative impacts on children.

Facing discrimination and stigma,^{90,91} LGBTQ+ people may be more susceptible than their cis-heterosexual counterparts to experience harms from other people's drinking, and this is borne out in the data. More than half (54%) of LGBTQ+ adults report experiencing at least one negative impact from someone else's drinking in the last 12 months, compared to 40% of cis-heterosexual adults (Figure 27). LGBTQ+ adults are also significantly more likely to experience multiple negative impacts, with 38% experiencing two or more versus 25% of cis-heterosexual adults.

More than half (54%) of LGBTQ+ adults report experiencing at least one negative impact from someone else's drinking in the last 12 months, compared to 40% of cis-heterosexual adults.

LGBTQ+ adults are more likely than cis-heterosexual adults to experience multiple harms from others' drinking

(% ever in last 12 months)



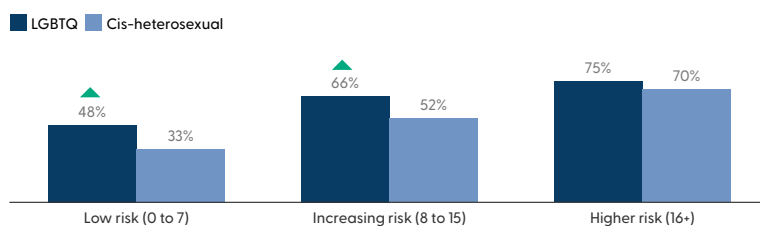
Because of someone else's drinking, how often in the last 12 months have you ever...? Base: all LGBTQ+ people (n=3,089); all cis-heterosexual people (n=5,420).

Figure 27

Experience of harm rises with alcohol risk level, and this link is more prominent among LGBTQ+ drinkers—particularly among LGBTQ+ adults who drink at low or increasing risk levels (Figure 28). For example, 66% of LGBTQ+ increasing risk drinkers have experienced 'any' negative impact of someone else's drinking in the last 12 months, significantly higher than cis-heterosexual increasing risk drinkers (52%).

Experience of alcohol harm from others increases with alcohol risk, with LGBTQ+ drinkers disproportionately impacted

(% experienced 'any' harm from someone else's drinking)



Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you... SUM': Base: LGBTQ adults who drink and score low risk (0-7) (n=1,713), increasing risk (8-15) (n=657), and higher risk (16+) (n=306) on the AUDIT. Cis-heterosexual adults who drink and score low risk (0-7) (n=3,317), increasing risk (8-15) (n=1,056), and higher risk (16+) (n=335) on the AUDIT.

Figure 28

LGBTQ+ adults are not only more likely to experience harm, but also experience harm frequently. Of those experiencing harm, 17% of LGBTQ+ 'increasing or higher risk drinkers' do so on a weekly basis, compared to 11% of cis-heterosexual 'increasing or higher risk' drinkers.

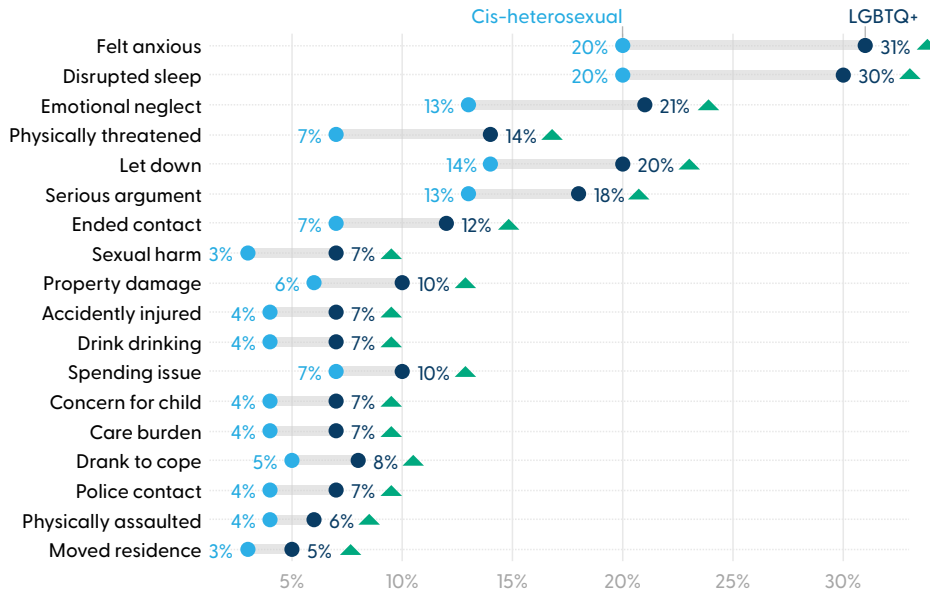
LGBTQ+ adults are also more likely than cis-heterosexual adults to experience each individual negative impact (Figure 29), including arguments (18% vs 13%), physical threats (14% vs 7%), emotional neglect (21% vs 13%), physical assault (6% vs 4%), accidental injuries (7% vs 4%), drinking to cope (8% vs 5%), sexual harm (7% vs 3%), disrupted sleep (30% vs 20%), anxiety (31% vs 20%), and various other harms.

Furthermore, more than half (56%) of LGBTQ+ 'increasing or higher risk drinkers' have experienced 'two or more' negative impacts, compared to 43% of cis-heterosexual 'increasing or higher risk drinkers'.⁹² And 36% have experienced four or more negative impacts compared to 24% of their cis-heterosexual counterparts.

LGBTQ+ adults are also more likely than cis-heterosexual adults to experience harm more frequently and experience each individual negative impact.

LGBTQ+ adults are significantly more likely to experience every negative impact from someone else's drinking

'Ever' in the past 12 months



Question: Because of someone else's drinking, how often in the last 12 months have you ever... [predefined list of 18 impacts]? Base: All LGBTQ+ people (n=3,089); All cis-heterosexual people (n=5,420).

Figure 29

While anxiety and disrupted sleep were commonly experienced by both groups, the largest difference was observed in the occurrence of 'sexual harm,' with LGBTQ+ adults being more than twice as likely to experience this type of harm compared to cis-heterosexual adults. Additionally, LGBTQ+ adults were 88% more likely to be 'physically threatened', or have 'police contact', and around 70% more likely to 'move residence,' and be 'put at risk in a car when someone was driving after drinking' compared to cis-heterosexual adults. These findings highlight the disproportionate vulnerability of LGBTQ+ individuals to specific types of harm resulting from someone else's drinking.

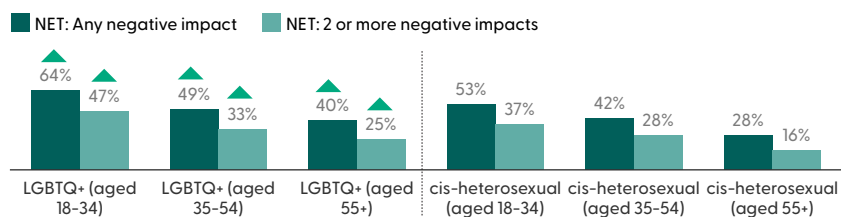
HOW DOES THIS VARY BY AGE AND GENDER?

Harm also varies according to age and gender. LGBTQ+ women are significantly more likely to experience 'any' alcohol harm from others (59%), compared to both LGBTQ+ men (50%) and cis-heterosexual men (39%), as well as cis-heterosexual women (40%).

In addition, experience of alcohol harm decreases with age among both populations. However, LGBTQ+ people, of any age, are more likely to experience 'any' and multiple alcohol harms from others' drinking than their cis-heterosexual counterparts (Figure 30).

LGBTQ+ adults (of any age) are more likely to experience 'any' harm (and multiple harms) from others' drinking than cis-heterosexual adults

% harm experienced because of SOMEONE ELSE'S drinking in the last 12 months



Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you... SUM'. Base: LGBTQ+ adults (aged 18-34, n=1,220; aged 35-54, n=1,133; aged 55+, n=736). Cis-heterosexual adults aged 18-34, n=1,224; aged 35-54, n=1,820; aged 55+, n=2,376).

Figure 30

This may suggest that LGBTQ+ people are more likely to find themselves in social situations where they are more exposed to others' harmful drinking behaviours. For example, LGBTQ+ drinkers are more likely than cis-heterosexual drinkers to drink in the night-time economy, and the prevalence of heavy drinking in these spaces may increase the likelihood of encountering individuals engaging in harmful drinking behaviours – whether due to sheer proximity or the direct result of stigma and abuse.

In addition, it may suggest that LGBTQ+ people have social networks that include a higher proportion of hazardous drinkers compared to cis-heterosexual people. This increased exposure to hazardous drinkers within social networks could contribute to a higher likelihood of experiencing alcohol harms from others.

IMPLICATIONS AND RECOMMENDATIONS

LGBTQ+ adults are more susceptible to experiencing harms from others' drinking compared to cis-heterosexual adults. In addition, LGBTQ+ adults not only experience alcohol harm more frequently but also face more severe negative impacts compared to cis-heterosexual adults. This includes a higher likelihood of experiencing sexual harm, physical threats, and other severe consequences.

LGBTQ+ women, in particular, experience higher rates of alcohol harm compared to LGBTQ+ men and cis-heterosexual individuals.

While experience of alcohol harm decreases with age, LGBTQ+ individuals are consistently more vulnerable. This may be due to LGBTQ+ individuals finding themselves in social situations with more hazardous drinking behaviours, contributing to higher harm exposure, or due to increased exposure via hazardous drinkers within social networks.

Recommendations

Support for victims:

Ensure access to inclusive support services for individuals experiencing alcohol-related harms, including counselling, helplines, and legal assistance if necessary. Creating safe spaces and fostering a sense of community can help those affected by alcohol harm to seek support and assistance. Collaborate with LGBTQ+ organisations and offer specialised support for victims of alcohol harm.

Raise awareness:

There is a need to increase awareness about the potential harms associated with alcohol consumption among LGBTQ+ communities, not only for the person drinking but also for those around them. This should include educating individuals about the wide range of alcohol harms to others, such as strained relationships, financial problems, physical assault, negative impacts on children, and other negative consequences.

Further research:

Explore why LGBTQ+ individuals (and particularly LGBTQ+ women) are more likely to experience alcohol harm from others and use this to inform the development of tailored interventions and peer-support programs. For example, investigate the role of social networks, environments, and peer relationships in contributing to alcohol harms.

Concern and Support Seeking Behaviour

Key points

This section explores concern for someone else’s drinking as well as where LGBTQ+ people are likely to seek support and advice compared to cis-heterosexual people.

LGBTQ+ adults are more likely to be concerned about someone else’s drinking compared to cis-heterosexual adults (35% vs 29%). Concerns are often related to friends, but there are some differences between LGBTQ+ and cis-heterosexual adults in specific relationships of concern (e.g., LGBTQ+ adults are more concerned about friends and parents, while cis-heterosexual adults are more concerned about partners and children).

LGBTQ+ and cis-heterosexual adults have similar levels of confidence in finding help or advice for themselves or others experiencing alcohol problems.

However, LGBTQ+ higher risk drinkers are less likely to approach general practitioners or other health professionals, preferring alternative support options such as apps or digital services and alcohol charities/organisations. Negative experiences accessing healthcare services may contribute to hesitancy among LGBTQ+ higher risk drinkers in seeking support from healthcare professionals.

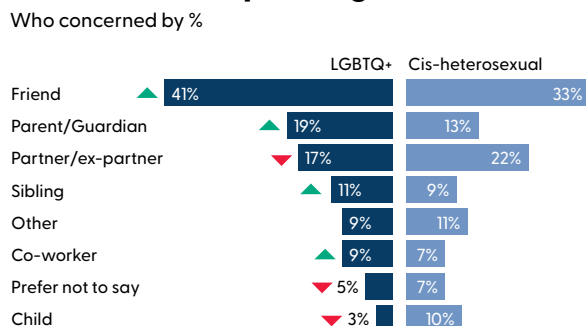
LGBTQ+ adults are more likely to reach out to services or organisations for help or advice about alcohol compared to cis-heterosexual adults and are more likely to seek support for themselves. However, while LGBTQ+ individuals are more inclined to seek support, they may encounter varying levels of perceived supportiveness from the services or organisations they engage with compared to cis-heterosexual individuals.

CONCERN FOR OTHERS

LGBTQ+ adults are not only more likely to experience harm from others’ drinking compared to cis-heterosexual adults but are also more likely to be concerned about someone else’s drinking in the last 12 months (35% vs 29%).⁹³

Both LGBTQ+ and cis-heterosexual adults, who are concerned about someone else’s drinking, are most likely to be concerned about a friend (41% vs 33%) (Figure 31). However, there are some differences in the proportions when considering specific relationships. For example, a higher proportion of LGBTQ+ adults cite a friend (41%) or parent/guardian (19%) than cis-heterosexual adults (33% and 13% respectively). Cis-heterosexual adults are more likely to cite a partner/ex-partner (22%) or child (10%) than LGBTQ+ adults (17% and 3% respectively).

LGBTQ+ adults are most likely to be concerned about a friend or parent/guardian



Question: 'Whose drinking have you been concerned by?' Base: LGBTQ+ adults concerned about someone's drinking in the last 12 months (n=1,102). Cis-heterosexual adults concerned about someone's drinking in the last 12 months (n=1,566).

Figure 31

These differences may be influenced by the age distribution of the sample, with the LGBTQ+ sample generally being younger.

Additionally, women, regardless of sexual orientation and/or gender identity, are more likely to be concerned about someone else's drinking than men (39% and 33% vs 31% and 24%).⁹⁴ However, a higher proportion of LGBTQ+ men and women report concern about someone else's drinking compared to their cis-heterosexual counterparts (31% vs 24% and 39% vs 33%).

There are also age differences both between, and within, LGBTQ+ and cis-heterosexual populations. Younger LGBTQ+ adults (aged 18-34) and middle-aged LGBTQ+ adults (aged 35-54) are more likely to report concerns about someone else's drinking compared to their cis-heterosexual counterparts (38% vs 28% and 35% vs 31%). However, there are no differences in concern among LGBTQ+ and cis-heterosexual adults aged 55 and above (28% and 27% respectively).⁹⁵ Among those concerned, younger adults (18-34) are more likely to report concern about a parent/guardian, while older adults (35-54 and 55+) are more likely to report concern about a partner/ex-partner or child.

35% of LGBTQ+ adults have been concerned about someone's drinking in the last 12 months, compared to 29% of cis-heterosexual adults.

SUPPORT AND ADVICE

In 2016, the UK's Chief Medical Officers introduced new guidelines on low-risk drinking, which recommended not drinking more than 14 units a week on a regular basis to keep the health risks from alcohol low.⁹⁶ Awareness of the guidelines is low both among LGBTQ+ and cis-heterosexual adults. Approximately 1 in 5 (both 19%) LGBTQ+ and cis-heterosexual adults know the recommended guidelines, with the majority thinking it was less than 14 units a week (57% vs 53%).

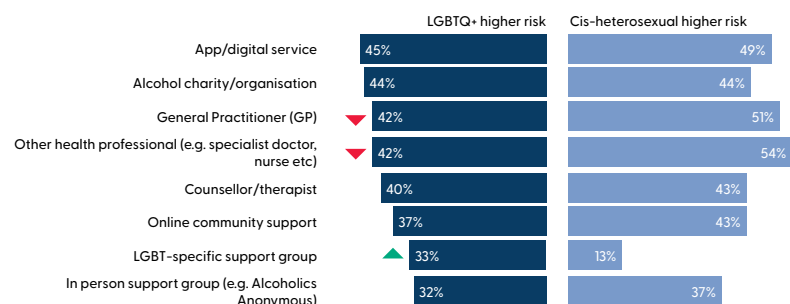
SUPPORT-SEEKING BEHAVIOUR

There are no differences between LGBTQ+ and cis-heterosexual adults in their confidence in knowing how to find help or advice for themselves or others experiencing alcohol problems, with more than two-thirds (66% vs 67%) either 'very' or 'fairly confident' they could find help or advice.

Both were 'very' or 'fairly likely' to seek out similar sources of support and advice, particularly, an alcohol charity/organisation (59% vs 55%), a General Practitioner (54% vs 58%), or other health professional (54% vs 55%). However, an interesting pattern emerges regarding the support-seeking behaviours of LGBTQ+ individuals who drink at higher risk levels compared to cis-heterosexual individuals (Figure 32).

LGBTQ+ higher risk drinkers are less likely to seek help or advice from a GP or other health professional than cis-heterosexual higher risk drinkers

% very or fairly likely to contact for support/advice



Question: 'If you needed support or advice about alcohol (either on your own behalf or on behalf of someone close to you), how likely would you be to use the following support services?' Base: LGBTQ+ adults who drink and score higher risk (16+) (n=306) on the AUDIT. Cis-heterosexual adults who drink and score higher risk (16+) (n=335) on the AUDIT.

Figure 32

LGBTQ+ higher risk drinkers were less inclined to approach a General Practitioner (42% vs 51%) or other health professional (42% vs 54%), in contrast to their cis-heterosexual counterparts. Yet these two avenues were the most chosen routes for cis-heterosexual higher risk drinkers.

LGBTQ+ higher risk drinkers demonstrated a preference for alternative support options, including seeking help from an app or digital service (45%), or from an alcohol charity or organisation (44%).

These findings may suggest that some LGBTQ+ higher risk drinkers may experience some hesitancy or reluctance when it comes to approaching traditional healthcare professionals for support.

This hesitancy may be in part due to their previous experiences with healthcare services. For example, LGBTQ+ higher risk drinkers who cited negative experience(s)⁹⁷ in accessing healthcare services were less likely to say they would seek out healthcare professionals for alcohol problems, compared to those who did not cite negative experiences (Figure 33). This corresponds with recent research which found a preference among LGBTQ+ people for informal support due to fears of ‘discrimination’ from formal treatment services.⁹⁸

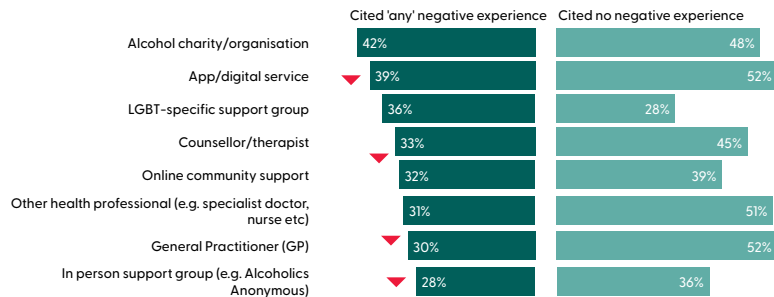
EXPERIENCES OF SUPPORT

A higher proportion of LGBTQ+ adults have contacted a service or organisation for help or advice about alcohol (either on their own behalf or on behalf of someone close to them) than cis-heterosexual adults (12% vs 7%) (Figure 34). LGBTQ+ adults are also more likely than cis-heterosexual adults to seek support for themselves (6% vs 3%).

There is a difference between how supportive they found the service or support, with a lower proportion of LGBTQ+ adults finding the service or support ‘very’ or ‘fairly supportive’ compared to of cis-heterosexual adults (63% vs 82%).⁹⁹ This would suggest that while LGBTQ+ individuals are more likely to seek support for alcohol-related problems, they may have varying experiences in terms of the perceived supportiveness of the services or organisations they engage with, compared to their cis-heterosexual counterparts.

LGBTQ+ higher risk drinkers who had previous negative experiences in accessing healthcare services are less likely to seek help or advice from health professionals than those who cited no negative experiences

% very or fairly likely to contact for support/advice

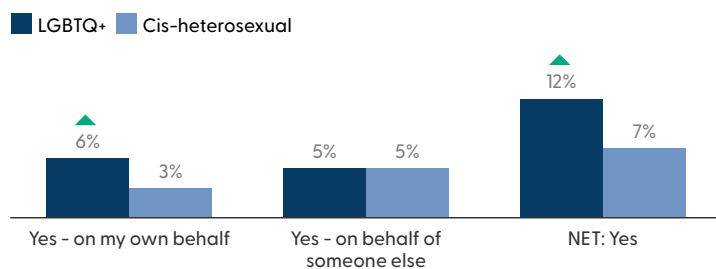


Question: 'If you needed support or advice about alcohol (either on your own behalf or on behalf of someone close to you), how likely would you be to use the following support services?' Base: LGBTQ+ adults who drink and score higher risk (16+) on the AUDIT and cited 'any' negative experience accessing healthcare services (n=14); LGBTQ+ adults who drink and score higher risk (16+) on the AUDIT and cited 'none of the above' to a list of negative experiences accessing healthcare service (n=154). Negative experiences included: difficulty gaining access to healthcare, inappropriate curiosity, specific needs ignored, receiving unequal treatment, foregoing treatment for fear of discrimination etc.

Figure 33

LGBTQ+ adults are more likely to have reached out for support than cis-heterosexual adults

% contacted for support/advice



Question: 'Have you ever contacted a service or organisation for help or advice about alcohol, either on your own behalf or on behalf of someone close to you?' Base: LGBTQ+ adults (n=3,089). Cis-heterosexual adults (n=5,420).

Figure 34

IMPLICATIONS AND RECOMMENDATIONS

LGBTQ+ adults are more likely to be concerned about someone else's drinking compared to cis-heterosexual adults. Concerns among both groups, are often related to friends, but there are some differences between LGBTQ+ and cis-heterosexual adults in specific relationships of concern, with LGBTQ+ adults more concerned about friends and parents, while cis-heterosexual adults are more concerned about partners and children. There are also some gender and age-related differences, with women more likely to be concerned about someone else's drinking than men, and younger and middle-aged LGBTQ+ adults more likely to report concerns about someone else's drinking compared to their cis-heterosexual counterparts.

In addition, both LGBTQ+ and cis-heterosexual adults possess comparable levels of confidence in their ability to find help or advice for themselves or others experiencing alcohol problems. However, there is a distinct pattern in the support-seeking behaviours of LGBTQ+ individuals who drink at higher risk levels compared to cisgender-heterosexual individuals.

LGBTQ+ higher risk drinkers were less likely to approach General Practitioners or other health professionals for support, whereas these were the preferred routes for cis-heterosexual higher risk drinkers. LGBTQ+ higher risk drinkers showed a higher inclination toward seeking support from alternative options such as apps or digital services, as well as alcohol charities/organisations, suggesting that LGBTQ+ individuals may have a preference for non-traditional forms of support, possibly due to hesitancy or reluctance in approaching traditional healthcare professionals.

Recommendations

Remove barriers to healthcare access:

The link between negative experiences in accessing healthcare services and a decreased likelihood of seeking help from healthcare professionals for alcohol problems is crucial to address. Improved communication, inclusivity, and sensitivity within healthcare settings could mitigate future negative experiences. Training should be implemented to ensure healthcare providers are knowledgeable about the specific needs and experiences of LGBTQ+ individuals.

Diversify support options:

Recognising the preference for alternative support options among LGBTQ+ higher risk drinkers, efforts should be made to expand and promote the availability of digital services, apps, and support from alcohol charities or other support organisations. This can help bridge the gap between LGBTQ+ individuals and the support they need until any hesitancy to approach healthcare professionals is removed.

Create safe spaces:

Creating safe spaces and support networks specifically tailored to LGBTQ+ communities can help alleviate hesitancy and foster a sense of belonging and understanding. LGBTQ+-inclusive alcohol support groups and initiatives may play a vital role in addressing the unique needs of LGBTQ+ individuals who drink at higher risk levels.

Further research:

Existing research into the reasons behind the hesitancy of LGBTQ+ higher risk drinkers to approach traditional healthcare professionals should be used to inform the development of targeted interventions and strategies to improve access to appropriate support for this population.

Encourage conversations:

Friends are the primary source of concern for both LGBTQ+ and cis-heterosexual individuals who are concerned about someone else's drinking. This suggests that peer interventions and support programmes may play a crucial role in addressing concerns related to friends' drinking habits. Encouraging open and non-judgmental conversations about alcohol use can help reduce stigma and facilitate discussions.

Intersectionality and Alcohol Use

Key points

This section spotlights how LGBTQ+ identity intersects with protected characteristics outlined in the 2010 Equality Act (specifically disability and ethnicity) to influence alcohol use, compared to a cis-heterosexual population. In addition, the section includes analysis on deprivation status and alcohol use.

Alcohol use and disability

Adults living with disabilities, irrespective of sexual orientation and/or gender identity, generally drink less frequently. However, they are more likely to engage in binge drinking compared to their cis-heterosexual counterparts. Notably, LGBTQ+ adults living with disabilities are also more likely to be higher risk drinkers on the AUDIT compared to LGBTQ+ adults without disabilities, suggesting unique challenges and vulnerabilities related to alcohol consumption in this specific population.

LGBTQ+ adults living with disabilities are significantly more likely to experience negative impacts from someone else's drinking compared to cis-heterosexual adults living with disabilities and are more likely to seek help or advice from alcohol-related services. This may suggest a greater awareness of available resources and support systems.

Alcohol use and ethnicity

Adults from ethnic minority backgrounds (excluding white minorities), regardless of sexual orientation and/or gender identity, consume less alcohol compared to adults from white backgrounds. However, among ethnic minorities, LGBTQ+ adults are more likely to consume alcohol, drink frequently (weekly or more often), and engage in binge drinking than their cis-heterosexual counterparts, suggesting potential influences of sexual orientation and/or gender identity.

Among ethnic minorities who drink, the level of risk associated with their drinking behaviour is

broadly similar, regardless of sexual orientation and/or gender identity. In addition, they are more likely to exhibit possible alcohol dependency compared to adults from white backgrounds.

LGBTQ+ adults from ethnic minority backgrounds report higher levels of discrimination, which may contribute to health disparities in this group. Adults from ethnic minority backgrounds, regardless of sexual orientation and/or gender identity, show increased vulnerability to alcohol-related harm from others' drinking and have poorer mental health outcomes, but are more likely to seek help for alcohol-related issues. This finding is more pronounced among LGBTQ+ adults.

Alcohol use and deprivation

Deprivation's influence on alcohol consumption differs between LGBTQ+ and cis-heterosexual populations. In LGBTQ+ communities, deprivation appears to have less impact on drinking patterns, with sexual orientation and/or gender identity (or LGBTQ+ status) having a moderating role in alcohol risk levels. LGBTQ+ individuals living in more deprived areas have a higher proportion of risky drinkers, adults who exceed the low-risk drinking guidelines, and binge drink than their cis-heterosexual counterparts.

Deprivation is linked to higher rates of illegal drug use and smoking among LGBTQ+ adults, with those living in more deprived areas being particularly vulnerable. LGBTQ+ adults living in deprived areas are also more likely to experience harm from others' drinking, with a possible compounding effect of deprivation and LGBTQ+ status.

Both LGBTQ+ and cis-heterosexual individuals living in deprived areas are more proactive in seeking help or advice for alcohol-related issues, but LGBTQ+ adults show a higher inclination to seek support.

INTERSECTING IDENTITIES AND ALCOHOL USE

A 2022 scoping review into alcohol use among gender and sexual minorities in the UK identified a lack of data on intersectionality within LGBTQ+ populations, including the protected characteristics outlined in the 2010 Equality Act.^{100,101} Different cultural and social contexts, as well as varying levels of systemic discrimination and social support, can significantly influence alcohol-related behaviours and harm among individuals with intersecting identities. However, there is little data exploring these intersections, highlighting the need for more inclusive and representative data. The following sections highlight some of these intersecting identities and alcohol use and harm among LGBTQ+ people compared cis-heterosexual people.

While not a protected characteristic, deprivation status is an important variable in alcohol research as it is highly associated with alcohol mortality and ill-health. Studies have consistently demonstrated that adults living in more deprived communities, despite exhibiting similar (or lower) levels of alcohol consumption compared to those living in more affluent areas, experience a greater incidence of alcohol-related ill-health, such as mortality and hospital admissions, in what is termed the ‘Alcohol harm paradox’.^{102,103,104,105} However, limited research has explored the intersection of deprivation status with GSM identity.

DISABILITY

Alcohol use

Adults living with disabilities,¹⁰⁶ regardless of sexual orientation and/or gender identity, are less likely to consume alcohol than those who do not. However, there are few differences between LGBTQ+ and cis-heterosexual adults. Both groups have similar rates of alcohol consumption, with 82% of LGBTQ+ and cis-heterosexual adults living with a disability reporting consuming alcohol, compared to 88% of LGBTQ+ and 89% of cis-heterosexual adults without a disability.

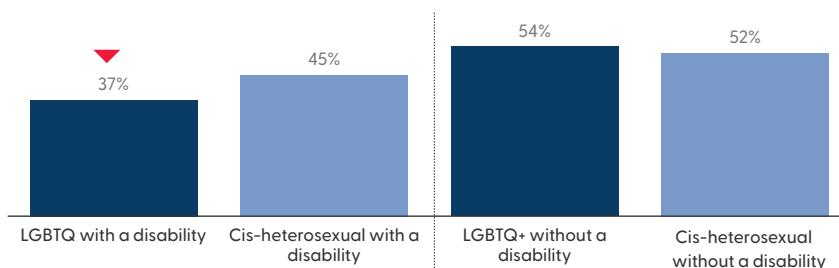
LGBTQ+ and cis-heterosexual adults living with a disability are also less likely to report drinking on a weekly basis (‘once a week or more’) (37% and 45% respectively), compared to adults living without a disability (54% and 52%).

While LGBTQ+ adults living with a disability are less likely to drink weekly than their cis-heterosexual counterparts (Figure 35), they are more likely to engage in binge drinking more frequently (62% vs 55%).

This was notable for monthly or less frequent binge drinking (LGBTQ+: 51% vs cis-heterosexual: 42%) and is consistent with the prevalence of this behaviour among the LGBTQ+ population more generally.

LGBTQ+ adults with a disability are less likely to drink weekly than their cis-heterosexual counterparts

Weekly drinking (% drink alcohol ‘once a week or more’)



Question: ‘How often do you have a drink containing alcohol?’. Base: LGBTQ+ adults with a disability (n=1,167); LGBTQ+ adults without a disability (n=1,900); cis-heterosexual adults with a disability (n=1,595); Cis-heterosexual adults without a disability (n=3,795).

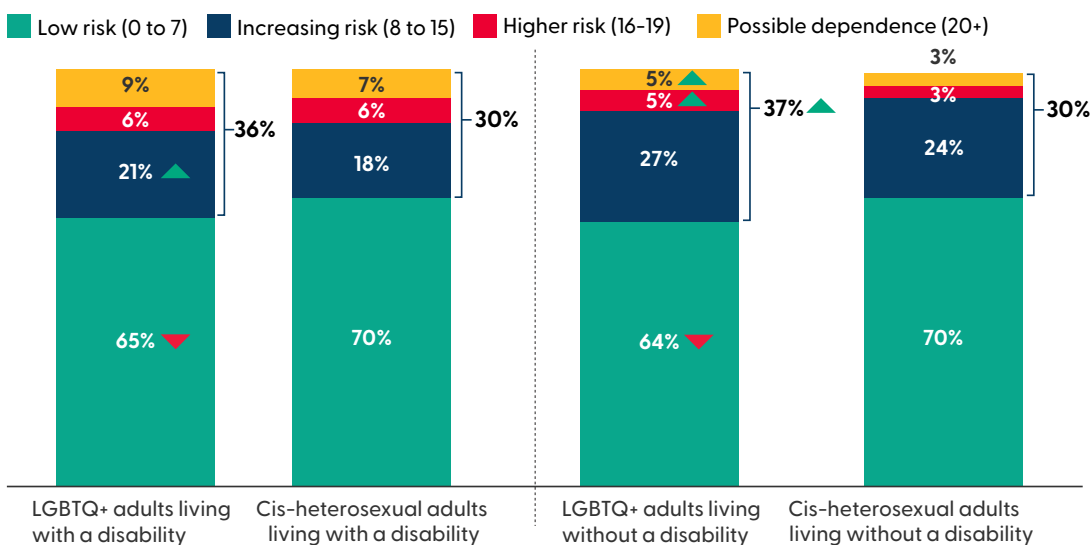
Figure 35

There were no differences between LGBTQ+ and cis-heterosexual drinkers living with a disability in terms of exceeding the low-risk drinking guidelines of 14 units (both 20%), drinking 7 or more units on a typical drinking day (15% vs 16%), or drinking on 5 or more days in the last week (16% vs 17%).

However, LGBTQ+ adults living with a disability are more likely to score as hazardous drinkers on the AUDIT compared to cis-heterosexual adults with a disability (36% vs 30%) (Figure 36).

LGBTQ+ adults living with a disability are more likely to be hazardous drinkers (8+) than their cis-heterosexual counterparts

Summed AUDIT scores



Summed AUDIT scores. Base: LGBTQ+ adults with a disability who drink alcohol (n=955); LGBTQ+ adults living without a disability who drink alcohol (n=1,699); cis-heterosexual adults living with a disability who drink alcohol (n=1,313); Cis-heterosexual adults living without a disability who drink alcohol (n=3,773).

Figure 36

Interestingly, LGBTQ+ adults living with a disability are more likely to score higher risk (16+) on the AUDIT compared to LGBTQ+ adults living without a disability (14% vs 10%¹⁰⁷), suggesting that this specific population may face unique challenges and vulnerabilities related to alcohol consumption and its associated risks.

Harm from others

LGBTQ+ adults living with a disability reported a significantly higher likelihood of experiencing negative impacts from someone else's drinking compared to cis-heterosexual adults living with a disability (58% vs 44%¹⁰⁸). This proportion was also significantly higher than that reported by LGBTQ+ (52%) and cis-heterosexual adults living without a disability (38%).

“LGBTQ+ adults with a disability are more likely to score as hazardous drinkers (8+) on the AUDIT compared to cis-heterosexual adults with a disability (36% vs 30%).”

These findings indicate that individuals living with a disability, regardless of sexual orientation and/or gender identity, are more likely to be negatively affected by someone else's drinking, and this is particularly pronounced among LGBTQ+ adults.

Support seeking behaviour

LGBTQ+ adults living with a disability are more inclined to seek help or advice from services or organisations regarding alcohol, compared to their cis-heterosexual counterparts (18% vs 11%). They are almost twice as likely to contact a service on their own behalf (10% vs 5%). The greater inclination of LGBTQ+ adults living with a disability to reach out to services or organisations may suggest that they are more aware of the available resources and support systems. It also highlights the importance of making these services easily accessible and inclusive of LGBTQ+ people.

“**Individuals living with a disability, regardless of sexual orientation and/or gender identity, are more likely to be negatively affected by someone else's drinking, and this is particularly pronounced among LGBTQ+ adults.**”

These findings highlight the importance of addressing the specific needs and circumstances of LGBTQ+ individuals living with disabilities when it comes to alcohol-related interventions, support, and healthcare services. It underscores the necessity of targeted prevention and intervention efforts that consider the intersecting factors of sexual orientation, gender identity, and disability status to ensure appropriate and effective support for this population.

ETHNICITY

Alcohol use

In both the LGBTQ+ and cis-heterosexual samples, adults from ethnic minority backgrounds¹⁰⁹ (excluding white minorities) are less likely to drink (80% and 68% respectively), compared to adults from white backgrounds (86% and 88%); drink on a weekly basis ('once a week or more') (36% and 28% vs 48% and 52%), exceed the weekly unit guidelines (14% and 13% vs 22% and 24%), and engage in binge drinking (64% and 54% vs 70% and 63%).

“**Adults from ethnic minority backgrounds, regardless of sexual orientation and/or gender identity, tend to exhibit lower rates of alcohol consumption, less frequent drinking, and less risky drinking behaviours when compared to adults from white backgrounds.**”

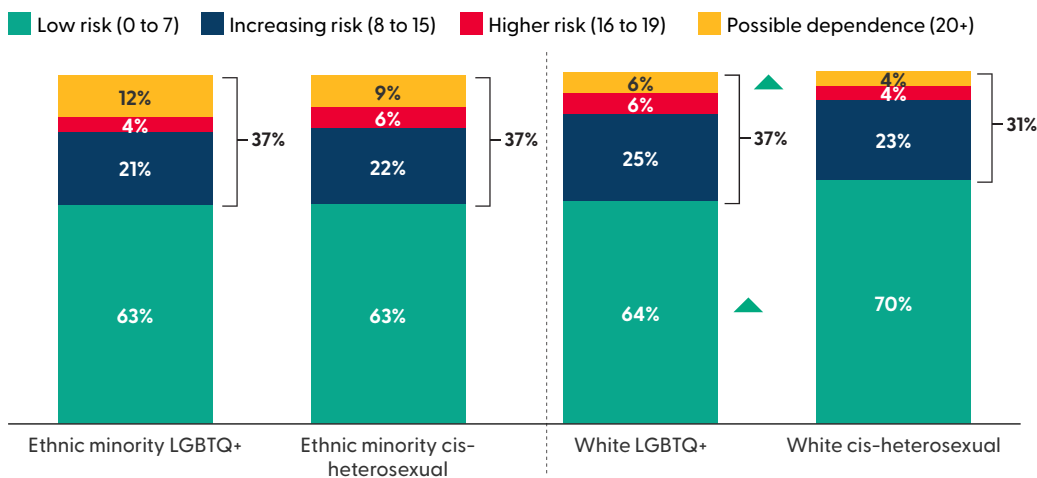
Notably, when comparing LGBTQ+ adults from ethnic minority backgrounds to their cis-heterosexual counterparts, a different trend emerges. LGBTQ+ adults from ethnic minority backgrounds are more likely to consume alcohol, drink frequently (weekly or more often), and engage in binge drinking. This suggests that within ethnic minority populations, LGBTQ+ adults have a higher prevalence of alcohol consumption and risky drinking behaviours.

“**However, within the ethnic minority population, LGBTQ+ adults have a higher prevalence of alcohol consumption and risky drinking behaviours compared to cis-heterosexual adults.**”

Interestingly, among adults from ethnic minority backgrounds who consume alcohol, there are no significant differences in rates of hazardous drinking (8+) on the AUDIT between LGBTQ+ and cis-heterosexual adults, with both populations having 37% 'increasing or higher risk' drinkers (Figure 37). This would suggest that among ethnic minorities who consume alcohol, the level of risk associated with their drinking behaviour is broadly similar, regardless of sexual orientation and/or gender identity.

No differences in hazardous drinking between ethnic minority LGBTQ+ and ethnic minority cis-heterosexual adults

Summed AUDIT scores



Summed AUDIT scores. Base: LGBT adults who drink alcohol: Ethnic minority (n=179); White (n=2,415). Cis-heterosexual adults who drink alcohol: Ethnic minority (n=188); White (n=4,367).

Figure 37

In contrast, among adults from white backgrounds, there is a difference in hazardous drinking between LGBTQ+ and cis-heterosexual adults, with LGBTQ+ adults having a lower proportion of low-risk drinkers (64% vs 70%), and higher proportion of high risk and possibly dependent drinkers (12% vs 8%). This would indicate a divergence in drinking behaviours among adults from white backgrounds based on sexual orientation and/or gender identity.

Experiences of discrimination

Intersectionality can play a significant role in health inequalities, and in this instance, LGBTQ+ adults from an ethnic minority background report experiencing a higher proportion of discrimination on the basis of their sexual orientation and/or gender identity 'sometimes or often' compared to LGBTQ+ adults from white backgrounds in each of the following settings: the workplace (28% vs 18%),¹⁰ education/training (28% vs 17%), local public services (23% vs 12%), local community (25% vs 19%), and within LGBTQ+ communities (23% vs 13%).¹¹

Ethnic minority LGBTQ+ adults are also more likely than white LGBTQ+ adults to report any discrimination (not specifically gender identity and/or sexual orientation) when trying to access healthcare services (48% vs 38%).¹² These findings suggest that intersectionality may play a significant role in health disparities faced by LGBTQ+ adults from ethnic minority backgrounds.

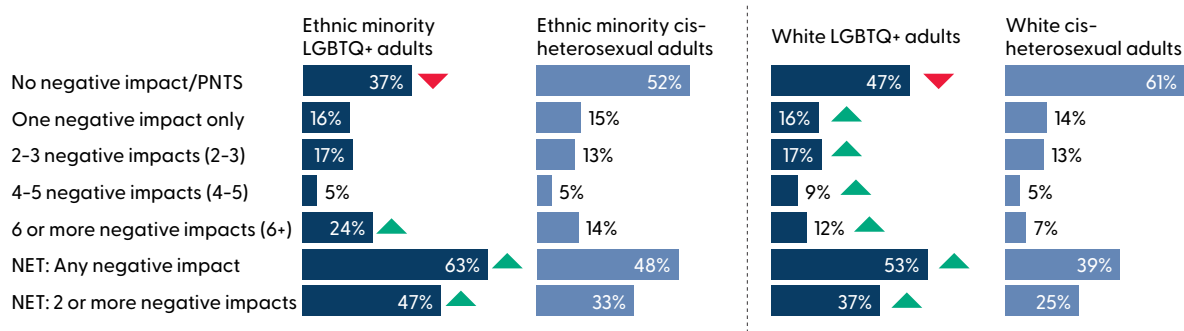
Harm from others

LGBTQ+ adults from ethnic minority backgrounds are more likely to experience the negative impacts of someone else’s drinking than cis-heterosexual adults from ethnic minority backgrounds (Any: 63% vs 48%; 6+ negative impacts: 24% vs 14%) and LGBTQ+ adults from white backgrounds (Any: 63% vs 53%; 6+ negative impacts: 24% vs 12%).¹¹³

Notably, LGBTQ+ adults from ethnic minority backgrounds are twice as likely to experience six or more negative impacts compared to LGBTQ+ adults from white backgrounds (24% vs 12%) (Figure 38).

LGBTQ+ adults from an ethnic minority background are at a higher risk of experiencing negative impacts resulting from someone else’s drinking compared to both ethnic minority cis-heterosexual adults and white LGBTQ+ adults.

Ethnic minority LGBTQ+ adults experience greater harm from others’ drinking than their cis-heterosexual counterparts



Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you... SUM'. Base: LGBTQ+ adults (ethnic minority, n=218; White, n=271); Cis-heterosexual adults (ethnic minority, n=2,778; White, n=4,960).

Figure 38

Mental health disparities

A higher proportion of LGBTQ+ adults from ethnic minority backgrounds also screen positive for depression and anxiety on the PHQ-4 compared to LGBTQ+ adults from white backgrounds; however, this difference was not significant (38% vs 33% and 40% vs 36%).

LGBTQ+ adults from ethnic minority backgrounds are also more likely to screen positive for depression and anxiety than their cis-heterosexual counterparts (38% and 40% vs 23% and 23%¹¹⁴). This highlights a substantial difference in mental health outcomes between the two groups and demonstrates the potential influence of intersecting identities on mental health outcomes.

Support seeking behaviour

LGBTQ+ adults from ethnic minority backgrounds exhibit lower confidence levels (58%) in knowing how to find help or advice for alcohol-related problems compared to LGBTQ+ adults from white backgrounds (67%).¹¹⁵ However, when comparing LGBTQ+ adults from ethnic minority backgrounds to their cis-heterosexual counterparts, the difference in confidence levels (58% vs 56%) is not significant,¹¹⁶ suggesting that sexual orientation and/or gender identity might not be the primary factor influencing confidence.

Despite their lower confidence, LGBTQ+ adults from ethnic minority backgrounds seek help for alcohol problems at a higher rate (17%) than LGBTQ+ adults from white backgrounds (11%), particularly on their own behalf (11% vs 6%).¹¹⁷ This pattern is replicated in the cis-heterosexual sample, where adults from ethnic minority backgrounds are more likely than adults from white backgrounds to seek help (11% vs 7%).¹¹⁸

This data may indicate that despite facing barriers, LGBTQ+ adults from ethnic minority backgrounds are still proactive in accessing support for alcohol-related issues. The reasons behind the lower confidence levels among LGBTQ+ adults from ethnic minority backgrounds and the higher help-seeking rates warrant further investigation to identify potential challenges and improve support accessibility for this population.

Despite their lower confidence, LGBTQ+ adults from ethnic minority backgrounds seek help for alcohol problems at a higher rate (17%) than LGBTQ+ adults from white backgrounds (11%), particularly on their own behalf (11% vs 6%).

DEPRIVATION

Alcohol use

Deprivation is an important variable in alcohol research, as it is linked to alcohol-related ill-health. Yet, interestingly, the relationship between deprivation¹¹⁹ and alcohol consumption differs between LGBTQ+ and cis-heterosexual populations, potentially playing a less significant role in consumption patterns in LGBTQ+ populations.

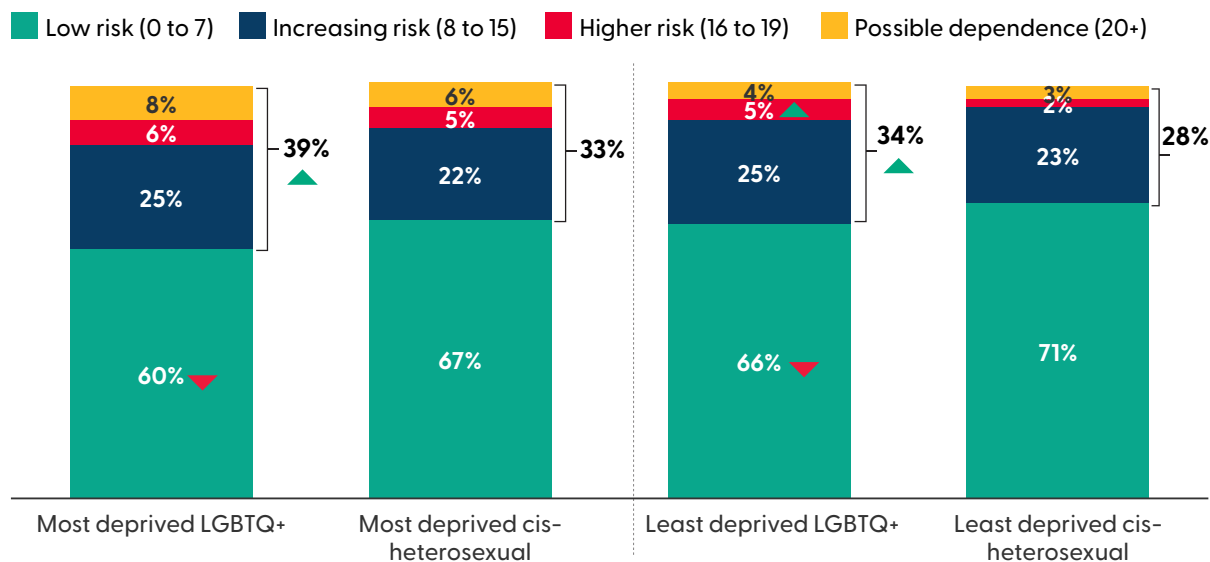
For example, in LGBTQ+ communities, regardless of whether they live in more deprived or more affluent areas, adults show similar patterns of alcohol consumption. This includes similar rates of drinking (85% vs 86%), drinking frequency (44% vs 49% reporting drinking 'weekly or more often'), and the proportion of drinkers exceeding the low-risk drinking guidelines set by Chief Medical Officers (25% vs 21%)¹²⁰. This suggests that in LGBTQ+ communities, deprivation seems to have less impact on the prevalence and frequency of alcohol consumption.

In contrast, in the cis-heterosexual population, a clear difference emerges based on the level of deprivation. Those living in more deprived areas exhibit a lower rate of drinking (82% vs 89%) and a lower drinking frequency (43% vs 54% drinking 'weekly or more often') than those living in less deprived areas. Though among adults who drink, the proportion of individuals exceeding the drinking guidelines remains relatively similar (19% vs 22%)¹²¹. This would suggest that in cis-heterosexual populations, deprivation plays a more prominent role in distinguishing drinking prevalence and frequency.

This varying role of deprivation between LGBTQ+ and cis-heterosexual populations is further evident in AUDIT risk scores. For example, while LGBTQ+ drinkers living in more deprived areas have a slightly higher proportion of 'increasing and higher risk' drinkers than their counterparts in less deprived areas (39% vs 34%), this difference is not statistically significant (Figure 39).

LGBTQ+ drinkers living in the most deprived areas are riskier drinkers than their cis-heterosexual counterparts.

Summed AUDIT scores



Summed AUDIT scores. Base: LGBT adults who drink alcohol: 20% most deprived (n=546); 20% least deprived (n=471). Cis-heterosexual adults who drink alcohol: 20% most deprived (n=692); 20% least deprived (n=1,104).

Figure 39

Conversely, cis-heterosexual drinkers living in the most deprived areas are more likely to score ‘increasing or higher risk’ than their counterparts living in the least deprived areas (33% vs 28%). This suggests that deprivation does not seem to mediate risk scores in LGBTQ+ populations to the same extent as it does in cis-heterosexual populations.

Instead, it appears that sexual orientation and/or gender identity exerts a moderating effect on alcohol risk levels. When comparing LGBTQ+ and cis-heterosexual adults living in the most deprived areas, LGBTQ+ drinkers are more likely to score as ‘increasing or higher risk’ compared to their cis-heterosexual counterparts (39% vs 33%). They also exceed the Chief Medical Officers’ low-risk drinking guidelines (25% vs 19%¹²¹) and are more likely to engage in binge drinking (‘Ever’) (71% vs 61%). Therefore, while deprivation plays a more significant role in differing alcohol use among cis-heterosexual populations, its impact appears less pronounced within LGBTQ+ populations.

While deprivation appears to influence alcohol consumption patterns in cis-heterosexual populations, its impact is less pronounced in LGBTQ+ communities.

Other addictive behaviours

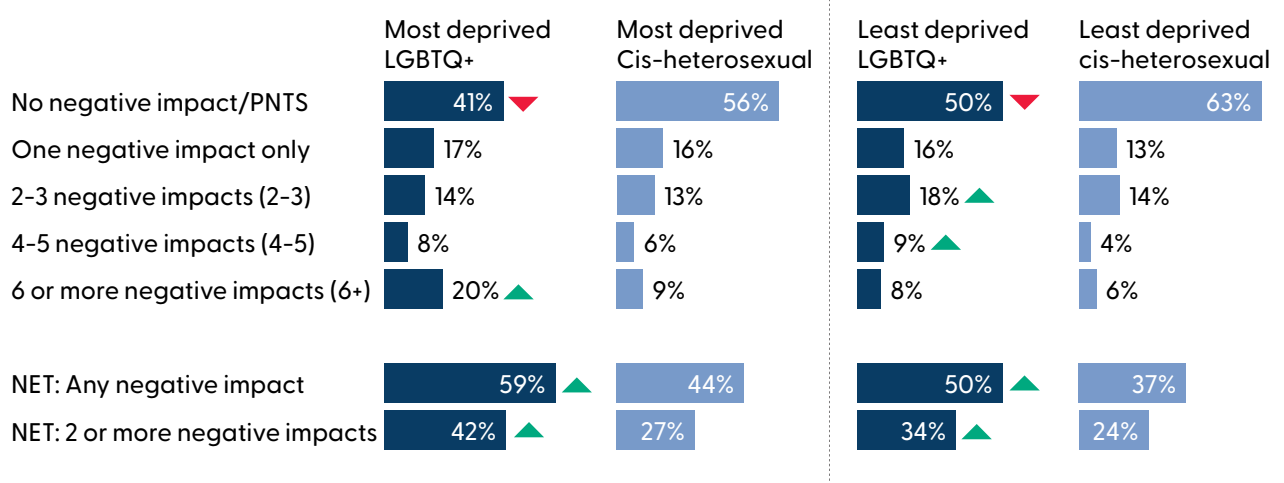
LGBTQ+ adults living in the most deprived areas have significantly higher rates of both illegal drug use (28%) and smoking (24%) compared to their LGBTQ+ counterparts living in less deprived areas (17% for drug use and 11% for smoking). Furthermore, these rates surpass those of cis-heterosexual adults in both the most deprived (13% for drug use and 19% for smoking) and least deprived areas (7% for drug use and 9% for smoking). This highlights a link between deprivation and higher substance use, and emphasises disparities within LGBTQ+ communities, where individuals in more deprived areas are particularly vulnerable to higher substance use rates.

Harm from others

LGBTQ+ adults living in the most deprived areas are more likely to experience harm from someone else's drinking compared to LGBTQ+ adults living in the least deprived areas (59% vs 50%), as well as cis-heterosexual adults living in either the most (44%) and least deprived areas (37%) (Figure 40).

LGBTQ+ adults living in more deprived areas are more likely to experience harm, and multiple harms, from others' drinking

(% ever in last 12 months)



Because of someone else's drinking, how often in the last 12 months have you ever...? Base: LGBTQ+ people living in the 20% most deprived areas (n=643); 20% least deprived areas (n=549); Cis-heterosexual people living in the 20% most deprived areas (n=836); 20% least deprived areas (n=1,242).

Figure 40

Deprivation plays a significant role in increasing the risk of harm from others' drinking in both LGBTQ+ and cis-heterosexual populations – but to a greater extent among LGBTQ+ adults.

Strikingly, one in five (20%) LGBTQ+ adults living in the most deprived areas have experienced six or more harms in the last 12 months. This rate is more than double the proportion of LGBTQ+ adults living in the least deprived areas (8%), and cis-heterosexual adults living in both the least (6%) and most deprived areas (9%). This highlights a disproportionate effect of others' drinking on LGBTQ+ adults living in the most deprived areas, and perhaps points towards a compounding effect of deprivation and LGBTQ+ status.

Harm also occurs more frequently among LGBTQ+ adults living in the most deprived areas, with 16% reporting experiencing harm on a weekly basis or more often, compared to 8% of LGBTQ+ adults living in the least deprived areas, and 9% and 4% of cis-heterosexual adults living in the most and least deprived areas respectively. This would indicate that deprivation plays a significant role in increasing the risk of harm from others' drinking in both LGBTQ+ and cis-heterosexual populations—but to a greater extent among LGBTQ+ adults who appear to be particularly vulnerable.

Support seeking behaviour

Among both LGBTQ+ and cis-heterosexual adults, individuals living in the most deprived areas are more likely to seek out help or advice about alcohol compared to individuals living in the least deprived areas (LGBTQ: 16% vs 9%; cis-heterosexual: 10% vs 6%)—particularly for themselves (LGBTQ+: 10% vs 4%; cis-heterosexual: 4% vs 2%). This would suggest that individuals living in more deprived areas are more proactive or motivated in seeking support for themselves or others, regardless of their sexual orientation and/or gender identity, compared to their counterparts living in the least deprived areas—but this is more pronounced among LGBTQ+ adults.

Several factors could contribute to this. For example, individuals living in more deprived areas may be more aware of the negative consequences of alcohol use and therefore, more motivated to search for available resources; they may have greater access to community support and exposure to outreach efforts that encourage help-seeking behaviour for various issues. This supportive environment could foster a greater willingness to seek assistance without feeling stigmatised.

Regardless of sexual orientation and/or gender identity, individuals living in the most deprived areas are more likely to seek help or advice about alcohol-related issues compared to those living in the least deprived areas.

IMPLICATIONS AND RECOMMENDATIONS

These findings highlight the importance of considering intersectionality when examining drinking behaviours and addressing potential disparities among different populations. Different cultural and social contexts, as well as varying levels of systemic discrimination and social support, can significantly influence alcohol-related behaviours and harm among individuals with intersecting identities.

The findings suggest that LGBTQ+ adults living with disabilities may face unique challenges related to alcohol consumption and associated risks. They are more likely to engage in binge drinking and score as hazardous drinkers on the AUDIT as well as experience more negative impacts from others' drinking.

Ethnicity also plays a role, with variations in alcohol use patterns and discrimination within LGBTQ+ populations. LGBTQ+ adults from ethnic minority backgrounds have a higher prevalence of alcohol consumption and risky drinking behaviours compared to their cis-heterosexual counterparts. They also report higher levels of discrimination, poorer mental health, and harm from others' drinking. They are also more proactive in seeking help for alcohol-related issues.

Deprivation affects alcohol use differently in LGBTQ+ communities compared to the cis-heterosexual population, with less impact on consumption prevalence. In more deprived areas, LGBTQ+ adults have higher rates of illegal drug use and smoking, are more likely to experience harm from someone else's drinking. They are also more likely to seek help for alcohol-related issues, which may suggest outreach efforts and community support could be effective in promoting help-seeking behaviour in these areas.

Recommendations

Removing barriers to support and outreach efforts:

That LGBTQ+ with intersecting identities have a greater tendency to seek support underscores the importance of mitigating any barriers they face in accessing services and also improving support accessibility.

Ensure organisations within LGBTQ+ communities, particularly in more deprived areas, have information about available services and resources to capitalise on their greater propensity to seek help.

Inclusive research and data collection:

Ensure all national datasets on alcohol include data and analysis on sexual orientation and gender identity, as well as analysis for people with multiple protected characteristics (such as LGBTQ+ people living with a disability or from ethnic minority backgrounds), particularly where inequalities are identified.

Support and fund research that explores the intersections of LGBTQ+ identities with protected characteristics outlined in the Equality Act to better understand their unique needs and challenges.

Education and awareness:

Develop educational materials and campaigns that raise awareness about the unique challenges and risks related to alcohol use among LGBTQ+ individuals, especially those living with disabilities, from ethnic minority backgrounds, or living in more deprived areas.

Integration of support services

Integrate mental health support alongside alcohol-related interventions, recognising the higher prevalence of mental health issues among LGBTQ+ individuals, especially those from ethnic minority backgrounds.

Section Two

Spotlight comparing alcohol use and harm across gender, sexual orientation, and gender identity groups.

LGBTQ+ spotlight

Background

This section delves into alcohol use and harm among sexual and gender minority subgroups to uncover subtle distinctions and variations in alcohol consumption patterns and experiences.

Methodological Note: The gender identity sample is not weighted to be representative of the wider UK transgender and non-binary population and has small numbers (transgender sample: n=96; non-binary sample: n=99). Where differences between groups are discussed, only those differences that are statistically significant (to at least a confidence level of 95%) are reported (unless otherwise stated). Subgroup comparisons are made to the NET: LGB for sexual orientation data or NET: ALL for gender identity data. In charts, statistically significant differences are shown with arrows [▲▼].

Key findings

Sexual Orientation

- Sexual minority men, (i.e., gay and bi/pansexual men), tend to be more **frequent drinkers** and **exceed the drinking guidelines**, compared to sexual minority women (i.e., lesbian and bi/pansexual women), who drink less and less often.
- **Binge drinking** is common across all LGBTQ+ groups, but bi/pansexual women are more likely to engage in it, and lesbian women are least likely to engage in it.
- Scores on **alcohol screening tools** (AUDIT-C, AUDIT) are generally higher among sexual minority men. Lesbian women display a polarised pattern, having the highest proportion of 'low risk' drinkers, but a proportion of 'possibly dependent' drinkers similar to other LGB groups.
- Bi/pansexual women are much more prone to experiencing **symptoms associated with alcohol dependence** and **negative consequences from drinking**.
- Sexual minority women are more open to **moderation techniques**, unlike sexual minority men.
- **Discrimination experiences and 'openness'** about sexual orientation and/or gender identity vary among LGBTQ+ subgroups.
- Bi/pansexual women experience significantly more negative impacts or **harms from others' drinking**, are much more likely to experience poorer **mental health**, and face **barriers in accessing alcohol support**.
- Findings highlight the importance of recognising and addressing **the diversity and unique challenges faced by different LGBTQ+ subgroups** in relation to alcohol use—particularly among bi/pansexual women.

Key findings

Gender identity

- Gender minorities, (i.e., LGBTQ+ individuals who identify as transgender or non-binary), tend to **drink less frequently** and **consume fewer units** of alcohol when they do drink compared to LGBTQ+ adults who identify as cisgender. They are also less likely to engage in **binge drinking** and exceed the **drinking guidelines**.
- Gender minorities are more likely to be classified as 'low-risk' drinkers on **alcohol screening tools** (AUDIT-C, AUDIT), with individuals who identify as non-binary having the lowest risk profile. However, drinkers who identify as transgender display a polarised pattern (similar to lesbian women), with a similar proportion of 'higher risk' drinkers compared to cisgender drinkers.
- In terms of **moderation techniques** and **drinking motives**, non-binary individuals tend to favour abstinence-oriented approaches and are less likely to cite 'conformity' motives for drinking.
- LGBTQ+ individuals, regardless of their gender identity, report similar rates of **negative impacts resulting from others' drinking**. However, cisgender individuals are more likely to experience individual impacts.
- Gender identity also plays a role in **confidence in finding alcohol support services**, with cisgender individuals displaying higher levels of confidence compared to transgender and non-binary individuals.
- Gender minorities feel a stronger **sense of belonging to LGBTQ+ communities**. However, they also experience higher rates of **discrimination** based on sexual orientation and/or gender identity, both within and outside these communities.
- In healthcare, LGBTQ+ gender minorities face **more adverse experiences**, including difficulties in accessing **healthcare services** and unequal treatment from medical staff. They are also more likely to forgo treatment due to concerns about discrimination.

Drinking behaviours

Sexual orientation

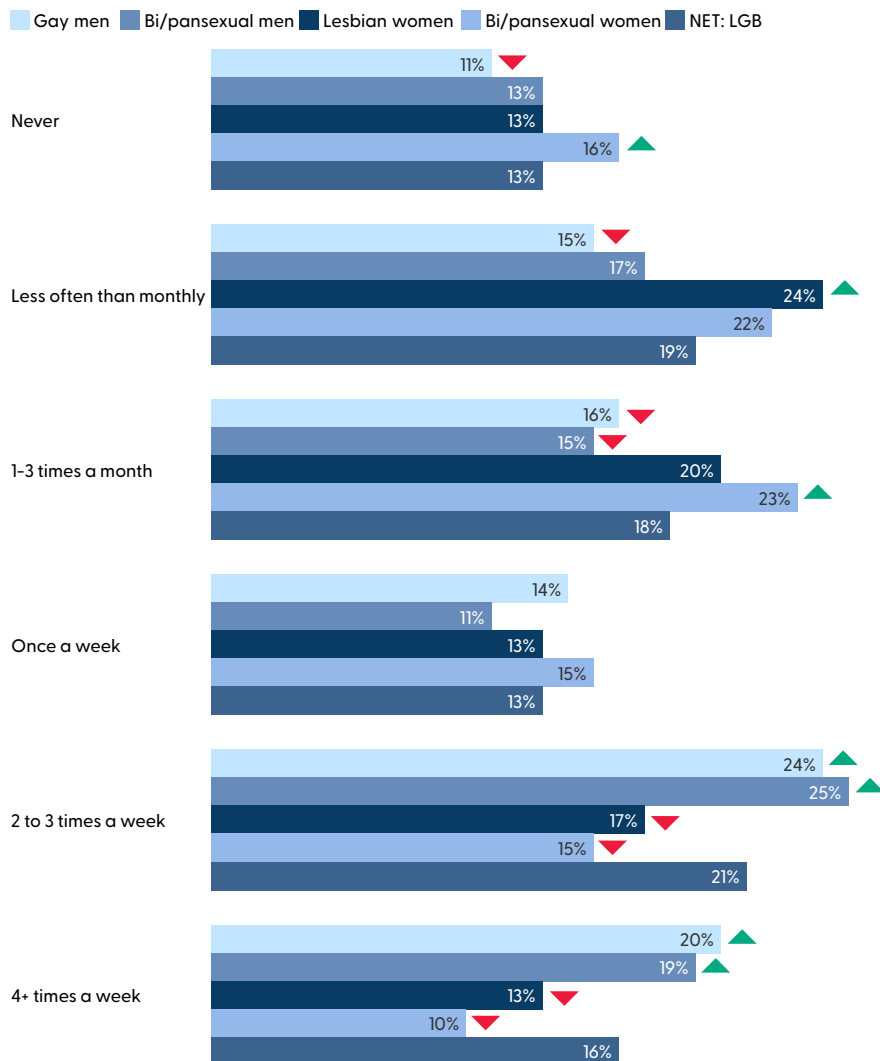
Drinking behaviours

Gender disparities are evident in typical drinking frequency

- Gay and bi/pansexual men are the most regular drinkers, with the majority consuming alcohol ‘once a week or more often’.
- Lesbian and bi/pansexual women tend to drink less frequently and are more inclined to consume alcohol ‘monthly or less often.’
- Among these groups, gay men have the lowest percentage of non-drinkers (11%), whereas bi/pansexual women are the most likely to abstain from alcohol (16%).

Typical drinking frequency

by gender and sexual orientation



Question: 'How often do you have a drink containing alcohol?' Base: Cis-gay men (n=918); Cis-bi/pansexual men (n=358); Cis-lesbian women (n=851); Cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

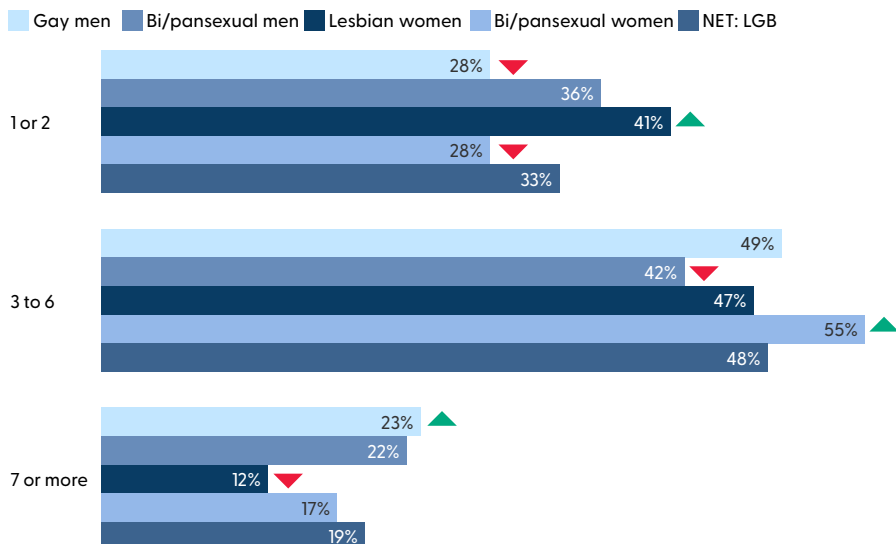
Drinking behaviours

... but are less so in the number of units consumed on a typical drinking day (due to bi/pansexual women typically drinking more)

- Lesbian women typically engage in moderate drinking compared to all LGB adults with 41% consuming 1 or 2 units and only 12% having 7 or more units during a typical drinking day.
- On the other hand, gay and bi/pansexual men tend to consume 3 or more units during a typical drinking day.
- Bi/pansexual women, while less likely to consume alcohol overall, exhibit a higher unit consumption on a typical drinking day compared to lesbian women. This highlights sexual orientation-based differences in drinking behaviour within the same gender group.

Units consumed on a typical day

by gender and sexual orientation



Question: 'How many units of alcohol do you drink on a typical day when drinking?' Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

Drinking behaviours

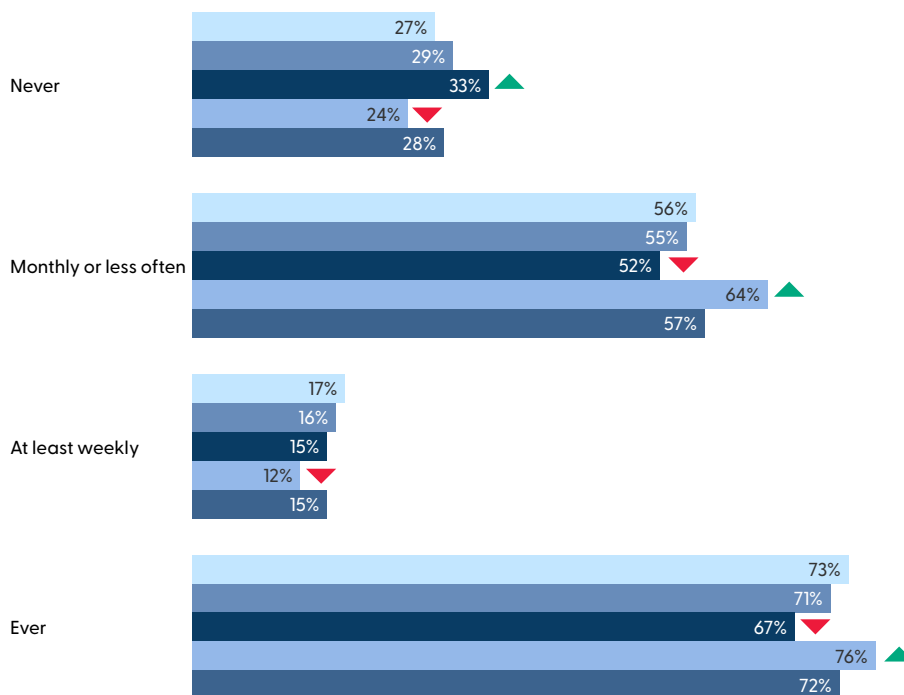
... or in the propensity to binge drink

- Approximately 1 in 7 (15%) LGB adults who consume alcohol report weekly binge drinking, a frequency consistent across all LGB groups. The majority of LGB adults (ranging from 52% to 62%) engage in binge drinking on a ‘monthly basis or less frequently’.
- Gay and bi/pansexual men share similar rates of binge drinking, but notable differences emerge among sexual minority women. Among them, lesbian women have the lowest propensity for binge drinking (67%), while bi/pansexual women are the most likely (76%).
- While bi/pansexual women are the most likely to engage in binge drinking, they are comparatively less inclined to do so on a weekly basis in comparison to all LGB adults (12% vs 15%).

Binge drinking frequency

by gender and sexual orientation

Gay men Bi/pansexual men Lesbian women Bi/pansexual women NET: LGB



Question: 'How often have you had 6/8 units or more units on a single occasion in the last year? Again, please use the above guidance to complete your answer'. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

Drinking behaviours

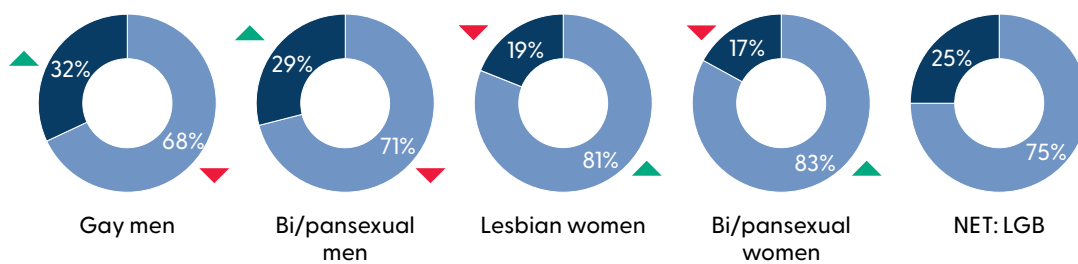
However, sexual minority men are much more likely to exceed the Chief Medical Officers' low risk drinking guidelines of 14 units per week

- Gender disparities emerge in the weekly alcohol consumption patterns.
- Lesbian and bi/pansexual women show a higher likelihood of adhering to the low-risk drinking guidelines (81% and 83%) and approx. one in five exceeding these guidelines.
- Conversely, gay and bi/pansexual men are less likely to stay within the guidelines (68% and 71%), with nearly one in three drinkers surpassing these guidelines

Weekly units

by gender and sexual orientation

■ 0 to 14 units ■ 15 or more units



Summed alcohol units consumed in the previous week. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375). NET: cis-LGB adults who drink alcohol (n=2251)

Drinking behaviours

... and score higher on the AUDIT-C. But differences related to sexual orientation persist among sexual minority women

WHAT IS THE AUDIT?

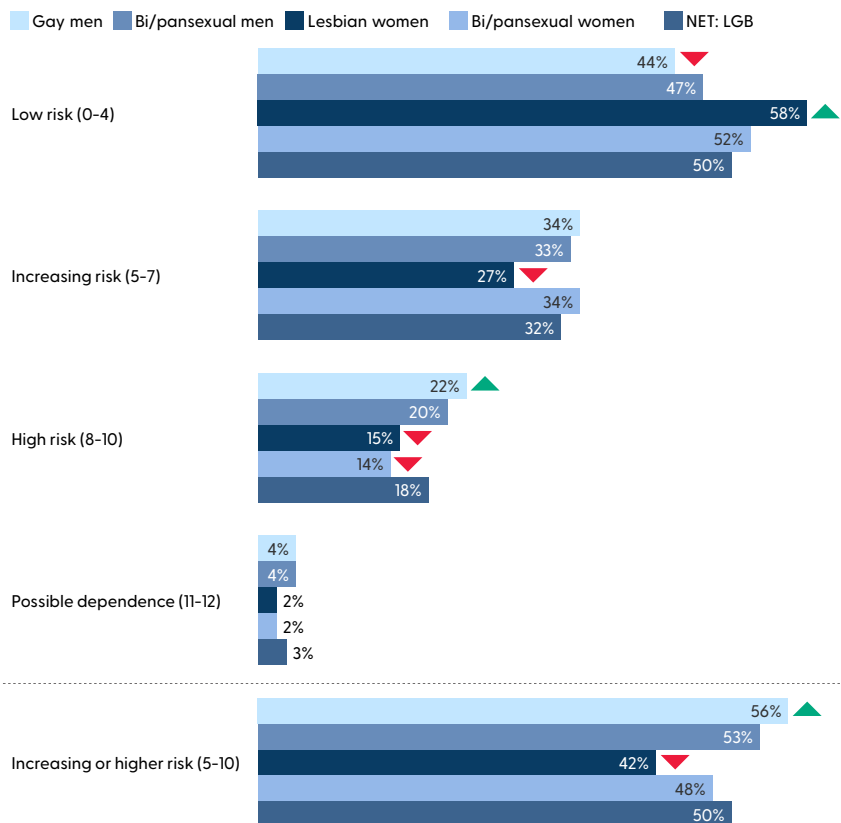
The Alcohol Use Disorders Identification Test (AUDIT) is a widely used 10-item screening tool, developed by the World Health Organization. Designed to identify hazardous or harmful alcohol use, it asks questions on typical consumption, experience of negative consequences of drinking as well as symptoms of alcohol dependence.

The AUDIT-C is a shortened version and asks three consumption-related questions only.

- Based on consumption patterns only, gay men are the most prone to drinking at increasing or higher risk levels, with over half (56%) falling into this category.
- Conversely, lesbian women are more likely to drink at low-risk levels, accounting for 58% of this group.
- Notably, lesbian and bi/pansexual women exhibit a lower likelihood of scoring high-risk or possibly dependent compared to their gay and bi/pansexual men, underscoring the gender-based disparities in consumption patterns.

AUDIT-C scores

by gender and sexual orientation



Summed AUDIT-C scores. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

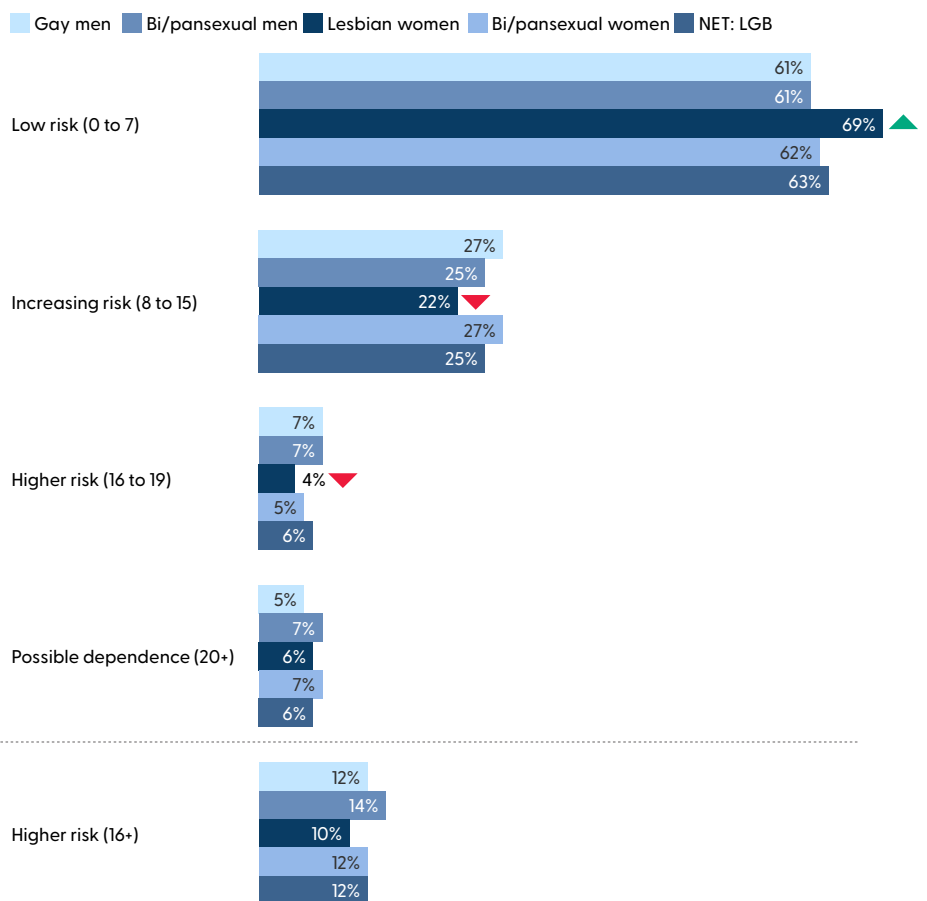
Drinking behaviours

... which holds when symptoms of dependence and negative consequences of alcohol are included in the full AUDIT

- Lesbian women display a distinctive pattern of drinking, with 69% low risk drinkers—higher than all other groups (63%).
- Yet, lesbian women share the same proportion of possibly dependent drinkers to all LGB adults (6% vs 6%). This would suggest drinking behaviour is polarised within this group, resulting from a lower proportion of increasing/higher risk drinkers.

AUDIT scores

by gender and sexual orientation



Summed AUDIT scores. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

- In contrast, while bi/pansexual women are less likely to engage in frequent drinking, exceed recommended guidelines, or binge drink frequently, compared to gay and bi/pansexual men, they display a similar pattern of risky drinking. This implies unique drinking behaviours within this specific subset of sexual minority women.

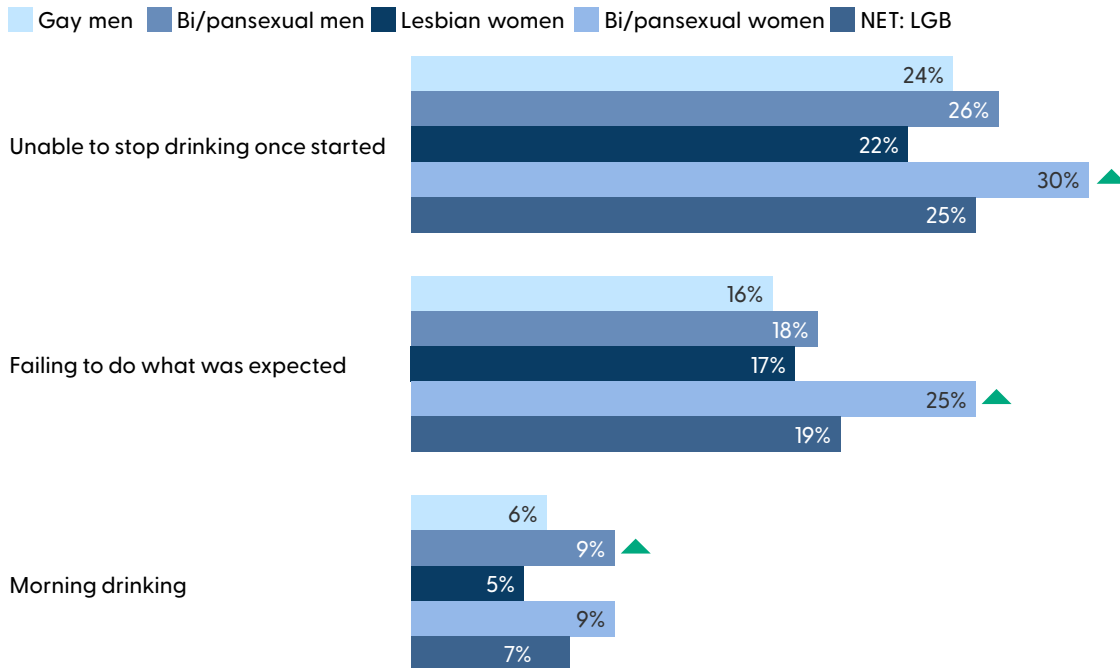
Drinking behaviours

Bi/pansexual women stand out as experiencing symptoms associated with alcohol dependence

- Among sexual minority groups, bi/pansexual women exhibit a notably higher proportion of adults reporting being ‘unable to stop drinking once started’ (30% vs 25%) and ‘failing to do what was expected’ (25% vs 19%) compared to LGB adults.
- In contrast, gay and bi/pansexual men, as well as lesbian women, share similar rates of experiencing these dependence symptoms.
- Bi/pansexual men show a slightly higher likelihood of ‘needing an alcoholic drink in the morning to get going after a heavy drinking session’ (9%) compared to LGB adults (7%). This trend is closely followed by bi/pansexual women (9%), although this was not statistically significant.

Symptoms of alcohol dependence

by gender and sexual orientation (% 'ever' experienced in the last 12 months)



AUDIT questions 4-6. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

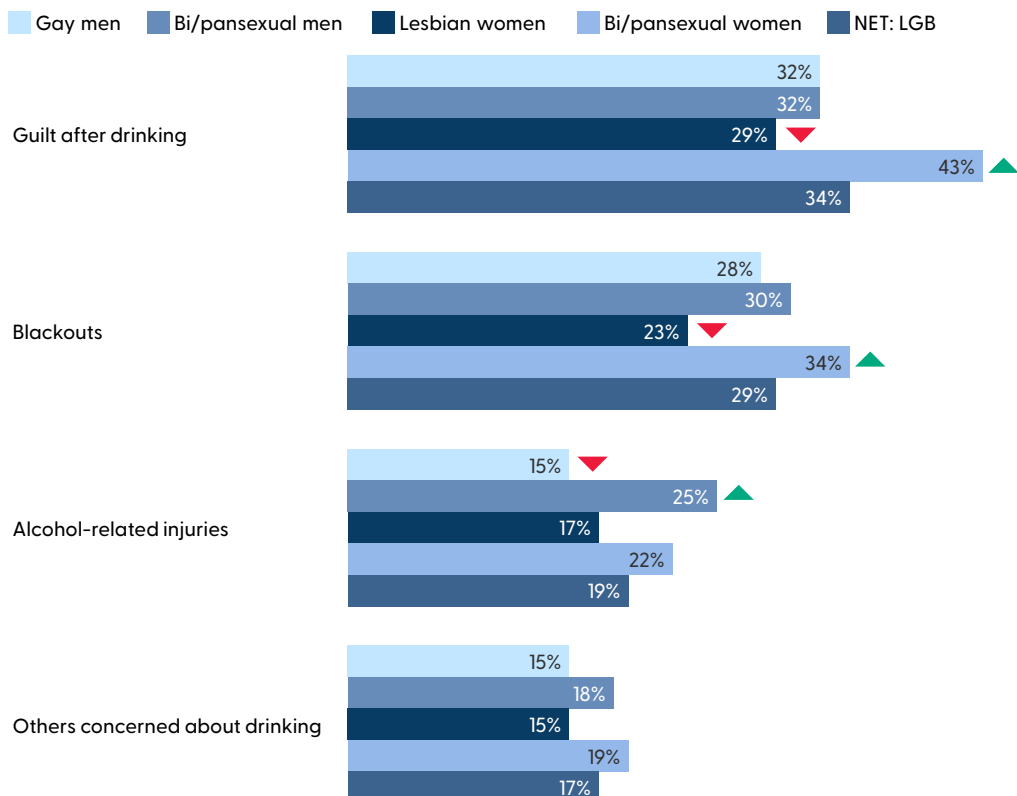
Drinking behaviours

... and in their experiences of adverse consequences resulting from their drinking

- Bi/pansexual women stand out with a significantly higher likelihood of experiencing 'guilt after drinking' (43%), contributing to an elevated LGB average (34%).
- Additionally, bi/pansexual women are more prone to experiencing 'blackouts' after drinking when compared to all LGB adults (29%).
- In contrast, bi/pansexual men have the highest proportion of alcohol-related injuries (25%) compared to all LGB adults (19%), while gay men exhibit the lowest proportion (15%).
- Lesbian women, on the other hand, are less likely to experience 'guilt after drinking' (29% vs 34%) and 'blackouts' (23% vs 29%) in comparison to LGB adults.
- This would suggest that bi/pansexual adults, particularly bi/pansexual women, demonstrate distinct drinking patterns when compared to gay and lesbian adults.

Adverse consequences of drinking

by gender and sexual orientation (% 'ever' experienced)



AUDIT questions 7-10. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

Drinking behaviours

However, bi/pansexual women are generally open to, if not actively trying, techniques to moderate their alcohol use – similar to lesbian women

- Whilst gay and bi/pansexual men drink more frequently, they are less likely to try, or consider trying, moderation techniques in comparison to lesbian and bi/pansexual women.
- While gay and bi/pansexual men tend to drink more frequently, they are comparatively less inclined to try, or consider trying, moderation techniques, unlike lesbian and bi/pansexual women.
- Notably, bi/pansexual women exhibit a greater propensity to try, or consider trying, almost every moderation technique when compared to all LGB adults. This suggests a willingness to reduce or regulate their alcohol consumption, despite sharing a similar level of risky drinking patterns with gay and bi/pansexual men who are less inclined to moderate their consumption.

Moderation techniques

by gender and sexual orientation (% who have practiced or would consider practicing these techniques)

	Gay men	Bi/pansexual men	Lesbian women	Bi/pansexual women	NET: LGB women
Take drink-free days during the week	88%	81% ▼	89%	92% ▲	88%
Avoid drinking alcohol on a 'school/work night'	80% ▼	78% ▼	87%	90% ▲	83%
Alternate alcoholic drinks with soft drinks or water	79%	73% ▼	85%	88% ▲	81%
Set myself a drinking limit e.g. just a glass/bottle	77%	74% ▼	81%	81%	78%
Stay off alcohol for a fixed time period	76%	73% ▼	81%	85% ▲	78%
Drink within the guidelines	68% ▼	73%	77%	78% ▲	74%
Drink a lower strength alcoholic drink	66% ▼	68% ▼	77%	79% ▲	72%
Drink smaller glasses of wine or smaller bottles of beer	68%	60% ▼	75%	77% ▲	70%
Avoid being in a round of drinks	66%	63% ▼	70%	78% ▲	69%
Avoid always having alcohol in the house	52% ▼	53%	59%	66% ▲	57%
Drink non-alcoholic beer, wine or spirit substitutes	51%	47% ▼	60%	58% ▲	54%
Record how much I am drinking	44% ▼	44% ▼	52%	55% ▲	48%

Question: 'Here are some things people have said they do to moderate their drinking. Have you tried any of these?'.
 Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

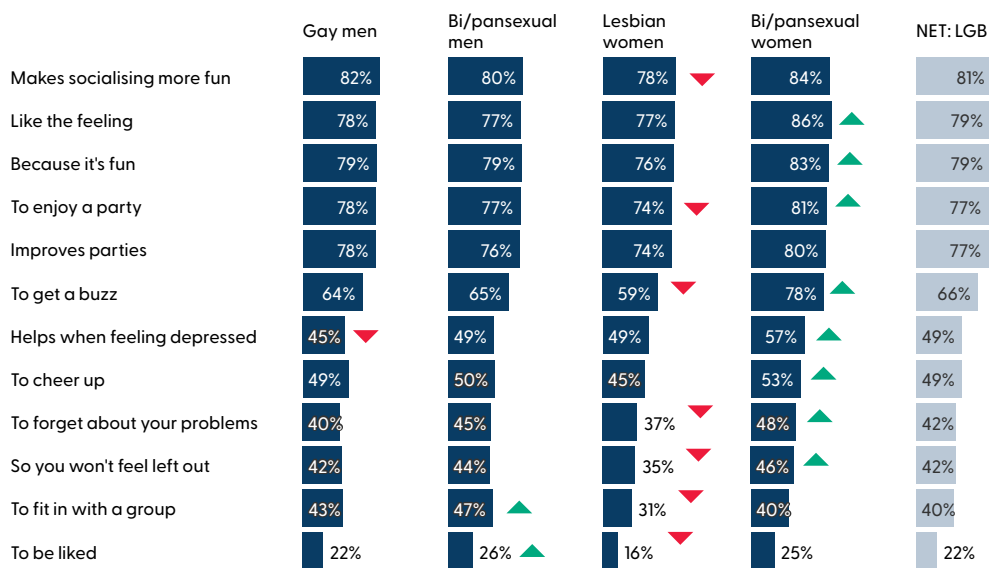
Drinking behaviours

But there are distinctions among sexual minority women in their drinking motives

- While gay and bi/pansexual men share similar drinking motives, distinct differences exist within sexual minority women.
- Bi/pansexual women are more inclined to endorse various drinking motives, particularly coping-related ones, compared to all LGB adults and, notably, lesbian women.
- However, there are two exceptions among bi/pansexual women's drinking motives: 'to fit in with a group' (40%) and 'to be liked' (25%), which bi/pansexual men tend to endorse more strongly (47% and 26%, respectively).
- Lesbian women are less likely to endorse drinking motives, especially those related to 'coping' and 'conformity,' compared to the broader LGB adult population.

Drinking motivations

by gender and sexual orientation (% more than some of the time)



Question: 'The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following reasons? Please tick the answer of your choice to each'. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

DRINKING MOTIVES

Drinking motives are the underlying reasons why people choose to drink alcohol and can shed light on their relationship with alcohol. Four distinct drinking motives have been identified:

- (1) **Enhancement:** drinking to maintain or enhance positive emotions;
- (2) **Social: drinking:** to improve parties or gatherings;
- (3) **Coping: drinking:** to escape worries or negative emotions;
- (4) **Conformity:** drinking due to social pressure or a need to fit in.

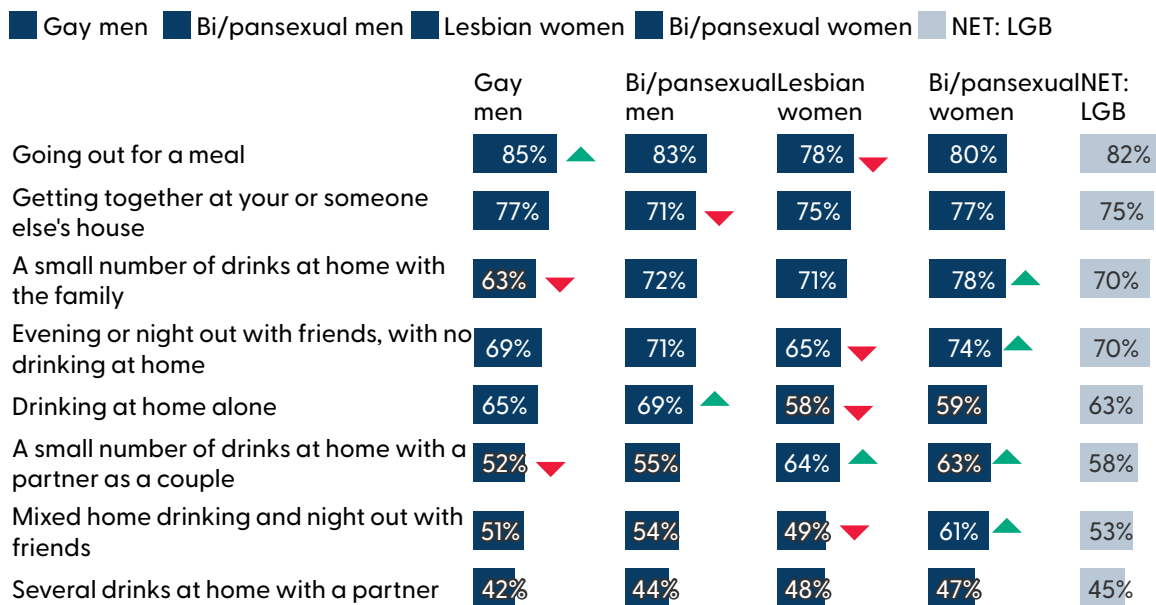
Drinking behaviours

... and drinking occasions

- Lesbian women are less likely to drink in the night-time economy compared to bi/pansexual women, such as 'evening or night out with friends' (65% vs 74%) or 'mixed home drinking and night out' (49% vs 61%), highlighting differing drinking preferences among sexual minority women.
- Lesbian women are less likely to drink in most settings than other LGB groups, likely as they are lower risk drinkers. However, when they do drink, they are more likely than LGB groups more generally, to 'drink at home with partner as a couple' (64% vs 53%).
- Bi/pansexual men are more likely to engage in 'drinking at home alone' than other LGB groups (69% vs 63%).

Drinking occasions

by gender and sexual orientation (% 'ever')



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'How often, if at all, in the last year did you drink alcohol on occasions that are similar to the descriptions below? You can hover over some to see examples.' Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

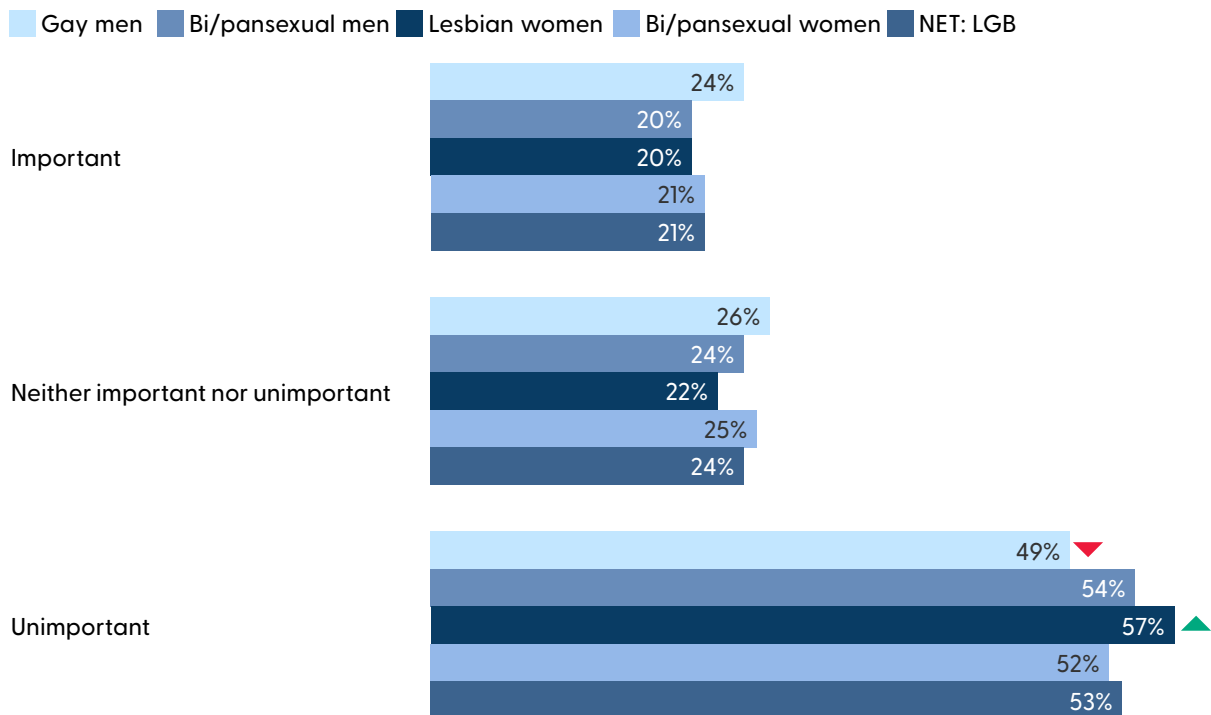
Drinking behaviours

... though these differences do not hold in how important they feel alcohol is to their social lives

- Gay men are comparatively less likely to indicate that alcohol holds little importance in their social lives, with 49% expressing this sentiment, in contrast to the broader LGB adult population (53%).
- Whereas most lesbian women who drink are more likely to attribute alcohol as unimportant to their social lives (57%).
- These sentiments align with drinking motivations, as lesbian women are generally less likely to endorse social motives compared to the broader LGB adult population.

Importance of alcohol in social life

by gender and sexual orientation



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'How important is alcohol to your social life?'. Base: cis-gay men who drink alcohol (n=821); cis-bi/pansexual men who drink alcohol (n=314); cis-lesbian women who drink alcohol (n=741); cis-bi/pansexual women who drink alcohol (n=375); NET: cis-LGB adults who drink alcohol (n=2251)

Impacts of others' drinking

Sexual orientation

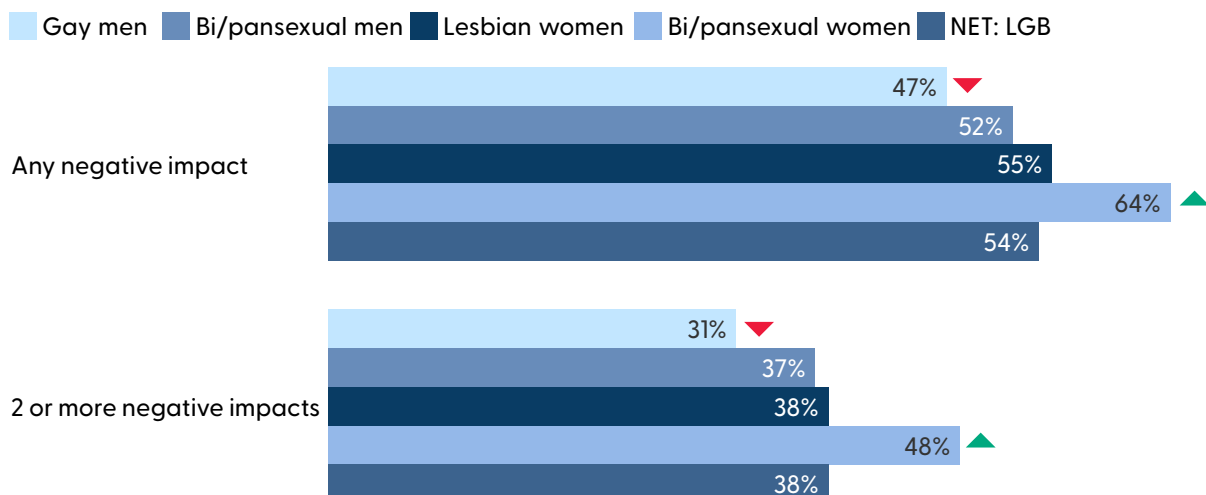
Impacts of others' drinking

Strikingly, 6 in 10 bi/pansexual women have experienced at least one negative impact from others' drinking in the last 12 months

- ... substantially higher compared to the overall LGB adult population (64% vs 54%).
- Additionally, bi/pansexual women are more prone to experiencing multiple adverse effects from others' drinking (48% vs 38%), indicating that they may be more vulnerable to the harmful drinking behaviours of others.
- Conversely, gay men are the least likely to report experiencing negative impacts from others' drinking, with only 47% reporting such effects compared to the 54% average among all LGB adults.

Negative impact from others

by gender and sexual orientation



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you experienced any negative impacts'. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

Impacts of others' drinking ... and experience a higher rate of (almost every) harm from others' drinking listed

- Bi/pansexual men and women are more inclined to report experiencing a higher level of harm resulting from others' drinking, especially when compared to lesbian women and, notably, gay men.
- Among these groups, bi/pansexual women stand out as they appear to experience harm at a significantly higher rate than the broader LGB adult population.
- Conversely, gay men are less likely to report experiencing almost every type of harm.

Experience of alcohol harm from others

by gender and sexual orientation (% 'ever' experienced in the last 12 months)

	Gay men	Bi/pansexual men	Lesbian women	Bi/pansexual women	NET: LGB
Felt anxious	24% ▼	28%	33%	38% ▲	30%
Disrupted sleep	23% ▼	28%	29%	37% ▲	29%
Emotional neglect	18% ▼	24%	19%	26% ▲	21%
Let down	17% ▼	19%	19%	28% ▲	21%
Serious argument	17% ▼	21%	18%	21%	19%
Physically threatened	9% ▼	15%	12%	18% ▲	13%
Ended contact	8% ▼	13%	12%	16% ▲	12%
Spending issue	9%	12%	9% ▼	14% ▲	11%
Property damage	7% ▼	11%	8%	14% ▲	10%
Drank to cope	7% ▼	11% ▲	7%	10%	9%
Drink driving	5% ▼	8%	7%	11% ▲	8%
Police contact	5% ▼	10% ▲	5% ▼	9% ▲	7%
Care burden	5% ▼	10% ▲	5% ▼	9% ▲	7%
Accidentally injured	5% ▼	9% ▲	5% ▼	10% ▲	7%
Sexual harm	4% ▼	8%	5% ▼	10% ▲	7%
Physical assault	4% ▼	9% ▲	5% ▼	9% ▲	7%
Concerned for child	3% ▼	9% ▲	6%	11% ▲	7%
Moved residence	3% ▼	8% ▲	3% ▼	8% ▲	5%

Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you...'. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

Support and advice

Sexual orientation

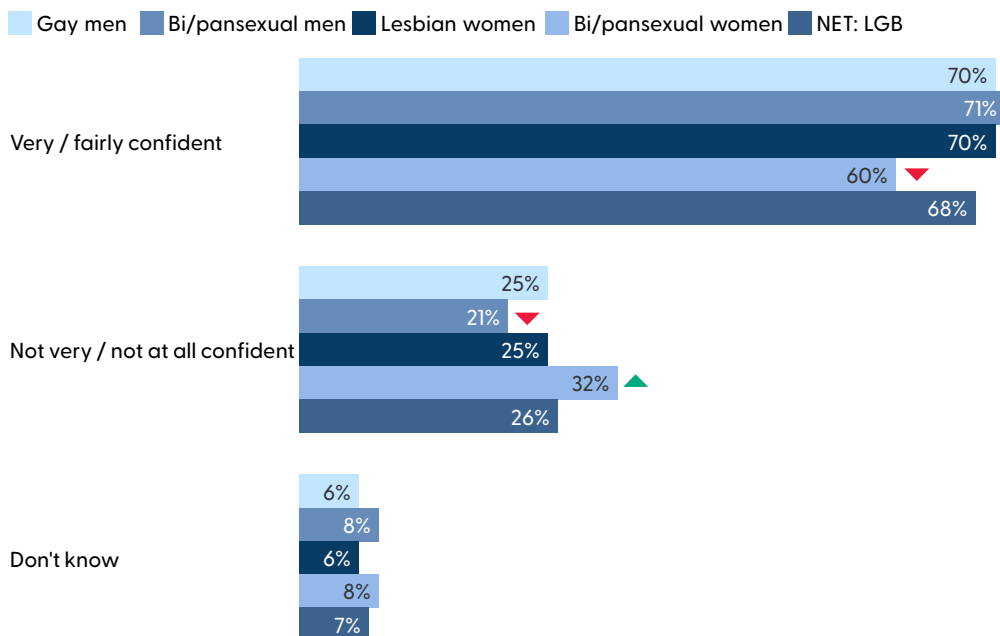
Support and advice

Bi/pansexual women are also less confident in finding and contacting alcohol services

- Bi/pansexual women are less confident about their ability to find and contact alcohol support services, either for themselves or others (60%). This is in contrast to the broader LGB adult population, where 68% feel confident about accessing such services.
- This finding is particularly striking given that bi/pansexual women are more likely to experience symptoms of alcohol dependence and suffer adverse consequences from drinking when compared to other LGB subgroups.
- This suggests that bi/pansexual women face potential barriers in finding and accessing alcohol support services compared to other LGB groups.

Confidence in finding support services

by gender and sexual orientation



Question: 'If you or somebody close to you (for example a friend or member of your family) was experiencing problems with alcohol use, how confident are you that you would know how to find and contact services or organisations providing help and advice?'. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

Drinking guidelines

Sexual orientation

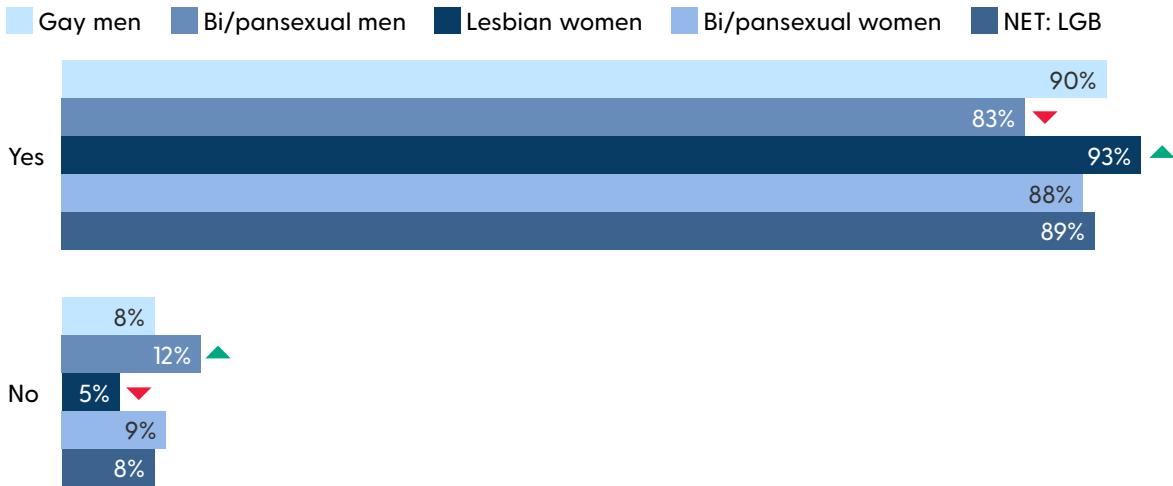
Drinking guidelines

The vast majority (89%) of LGB adults are aware drinking guidelines exist...

- Awareness is highest among lesbian women (93%), and lowest among bi/pansexual men (83%).
- Gay men closely follow with 90% reporting they are aware of drinking guidelines.
- Almost 1 in 6 (16%) bi/pansexual men are either unaware or don't know that they are drinking guidelines, suggesting a potential gap in alcohol education and awareness within this specific demographic.

Awareness of drinking guideline

by gender and sexual orientation



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'Some drinks contain more alcohol than others. The amount of alcohol in a drink is measured in units. Before this survey, have you ever heard of there being a recommended maximum number of alcohol units people should drink in a day or a week? This is sometimes known as a drinking guideline'. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

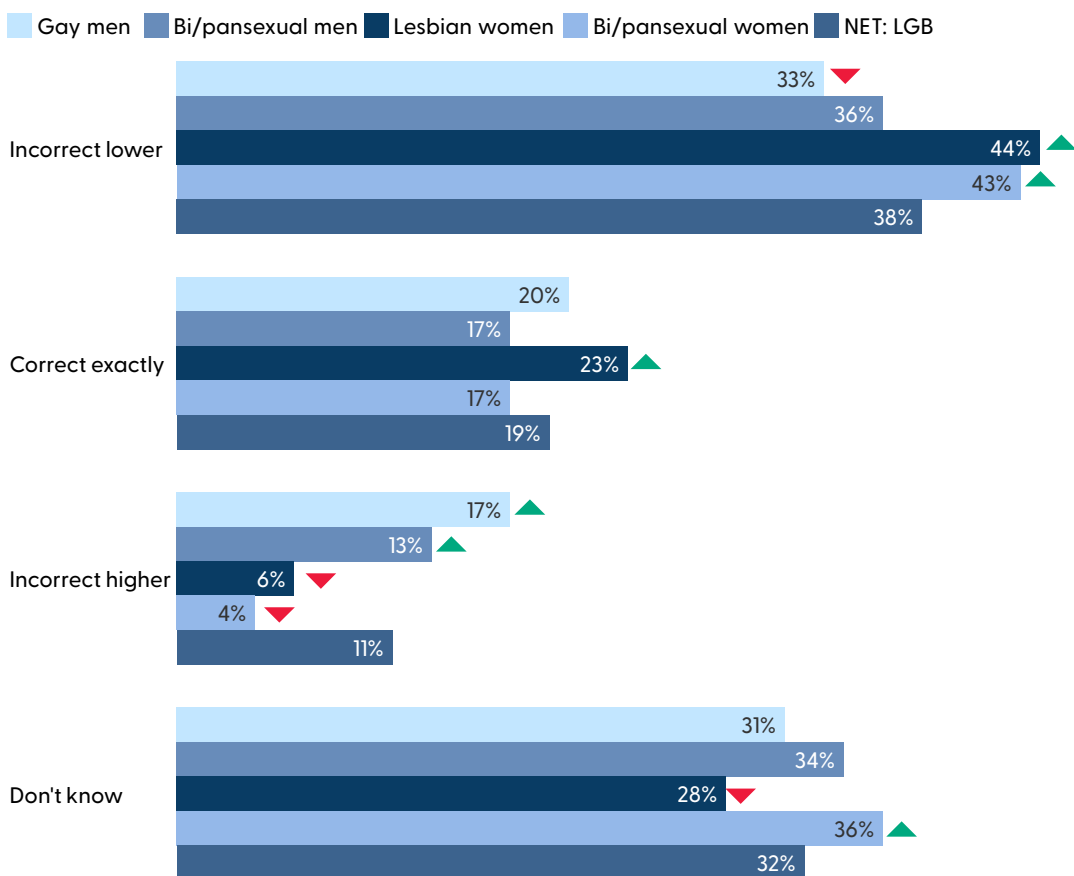
Drinking guidelines

However, just 1 in 5 (19%) can correctly identify how many units it is

- Lesbian women were most likely to correctly identify the 14-unit guideline (23%), with bi/pansexual women (17%) least likely to correctly identify it.
- Gay men are most likely to overestimate the drinking guidelines (17%), whereas lesbian and bi/pansexual women are more likely to underestimate them (6% and 4% respectively) which reflects consumption patterns.

Knowledge of alcohol units per week in the guideline

by gender and sexual orientation



Question: 'The Chief Medical Officers' low-risk drinking guidelines were updated in 2016 and became a weekly guideline with the same limit for everyone. How many units of alcohol per week do you think are in the guideline? Please enter your answer as a number.' Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

Mental health

Sexual orientation

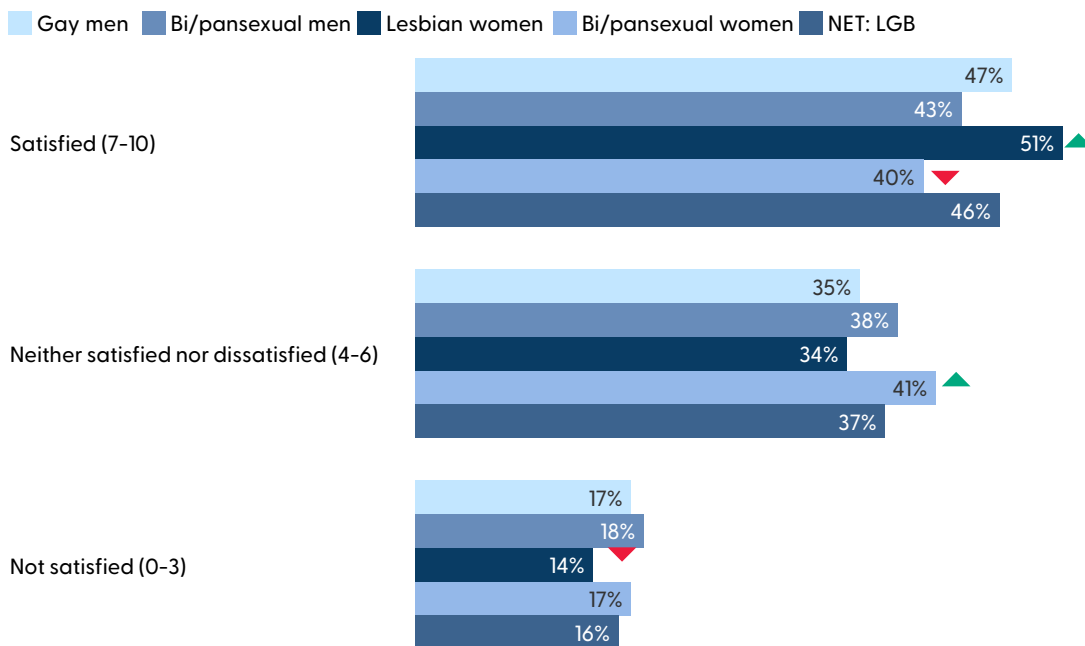
Mental Health

Lesbian women report higher satisfaction with their lives compared to all LGB adults

- More than 1 in 3 LGB adults report no strong feeling of satisfaction or dissatisfaction with their life—a sentiment higher among bi/pansexual women.
- Gay men and lesbian women tend to display similar a pattern in their life satisfaction.

Satisfaction with life

by gender and sexual orientation



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?'. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

Mental Health

Bi/pansexual women have a higher prevalence of mental health challenges compared all LGB adults

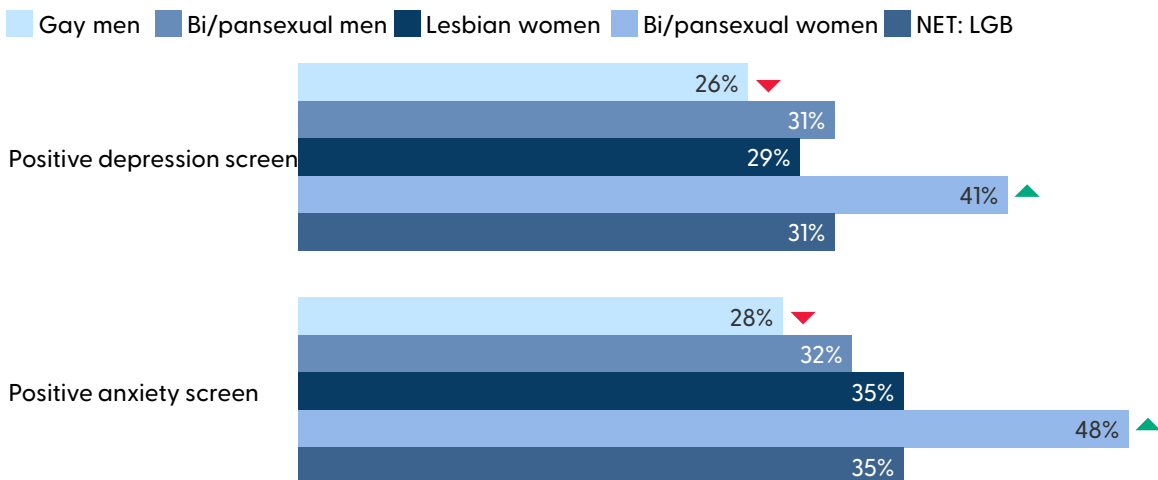
What is the PHQ-4?

The Patient Health Questionnaire-4 (PHQ-4) is an ultra-brief screener for anxiety and depression. It consists of a 2-item depression scale (PHQ-2) and a 2-item anxiety scale (GAD-2). Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). A positive screen for each is a total score ≥ 3 .

- Notably, bi/pansexual women are much more likely to screen positive for depression (41%) and anxiety (48%) on the PHQ-4 than all LGB adults (31%). This would suggest unique challenges and stressors faced by this demographic, which necessitate a targeted approach to mental health support and interventions.
- Gay men are least likely to screen positive for depression (26%) and anxiety (26%).

Anxiety and depression screen (PHQ-4)

by gender and sexual orientation



PHQ-4. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (2561)

Community and connectedness

Sexual orientation

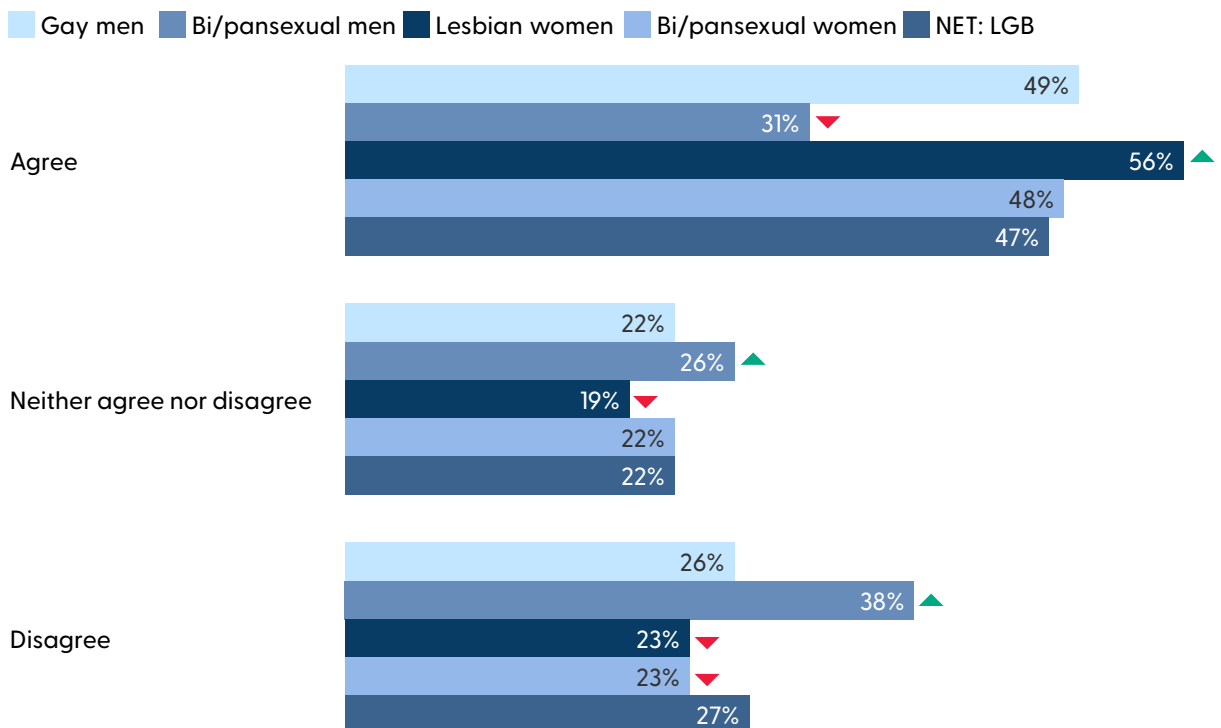
Community and connectedness

Over a quarter of LGB adults do not feel part of an LGBTQ+ community (27%)

- Notably, this sentiment is most pronounced among bi/pansexual men, who are most likely to disagree that they feel part of an LGBTQ+ community (38%) compared to all LGB adults (27%).
- Conversely, in addition to reporting higher life satisfaction, lesbian women are also more likely to feel part of an LGBTQ+ community (56%).

Feeling part of the LGBTQ+ community

by gender and sexual orientation



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'To what extent do you agree with the following statement: I feel part of an LGBTQ+ community/LGBTQ+ communities...' Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

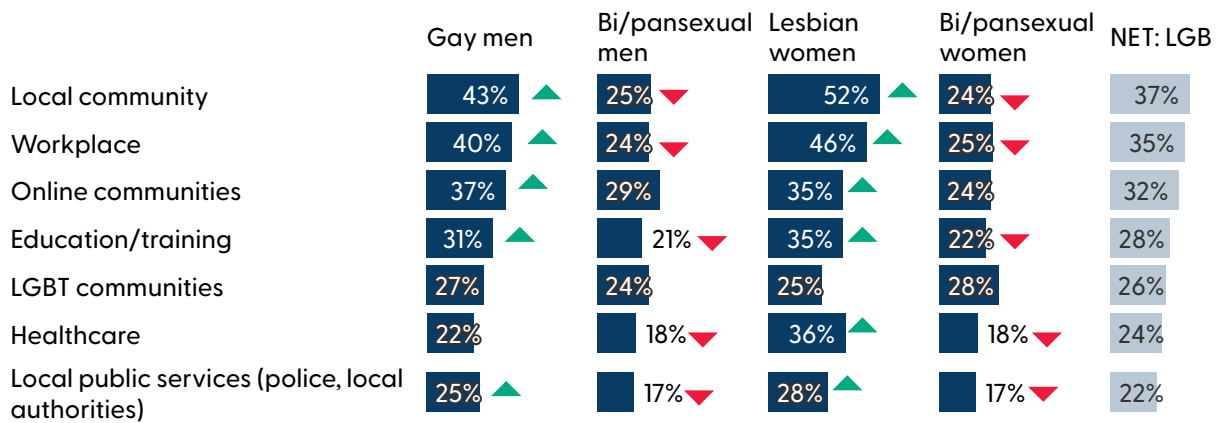
Community and connectedness

There are distinct sexual orientation differences in experiences of discrimination

- Bi/pansexual men and women are the least likely to report instances of discrimination in various settings compared to their gay and lesbian counterparts.
- Interestingly, lesbian women are twice as likely to encounter discrimination within their local community and healthcare environments compared to bi/pansexual men and women.
- These findings may be related to different groups openness about their sexual orientation/identity...

Places of discrimination

by gender and sexual orientation (% 'ever')



Question: 'On the basis of your sexual orientation and/or gender identity, have you experienced discrimination in any of the following settings:...' Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

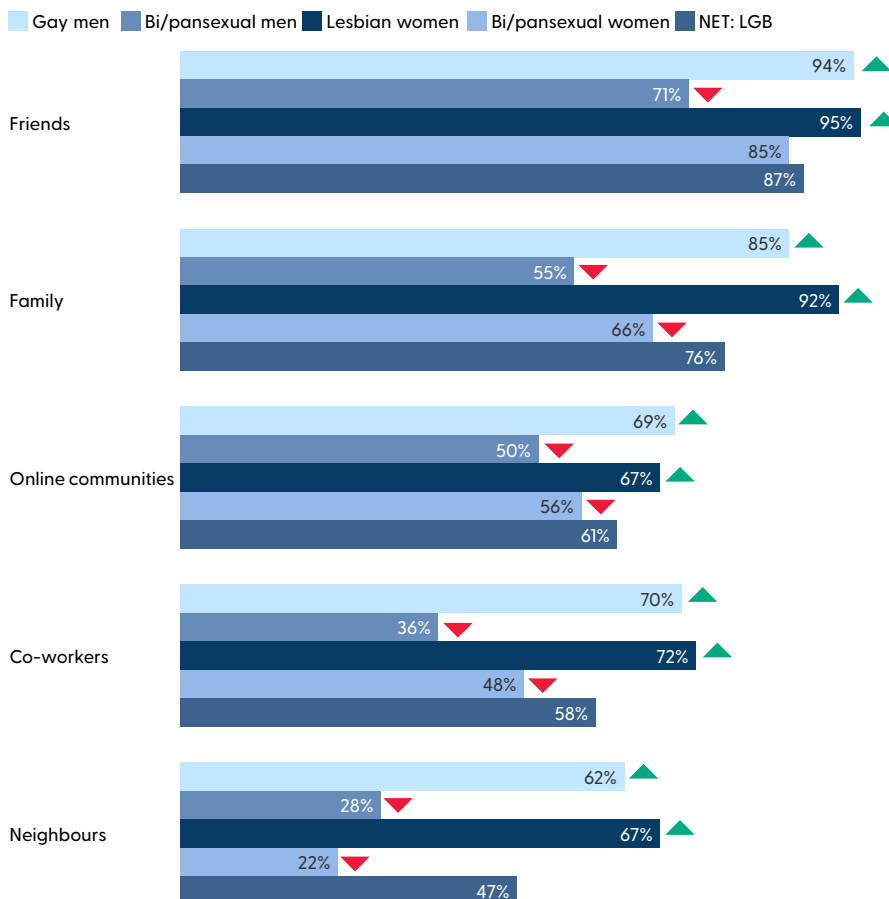
Community and connectedness

... and in 'openness' about sexual orientation and/or gender identity to others

- Bi/pansexual men and women tend to be the least open about their sexual orientation/gender identity across all communities.
- In contrast, gay men and lesbian women are the most open about their sexual orientation/gender identity in all communities when compared to the broader LGB adult population.
- Most LGB adults are open about their sexual orientation/gender identity with their friends (87%), and family (76%). However, they are less likely to be open with their neighbours (47%) and co-workers (58%).

Open within their community about identity

by gender and sexual orientation (% at least 'some')



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'With how many people within the following communities are you open about your sexual orientation and/or gender identity?'. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

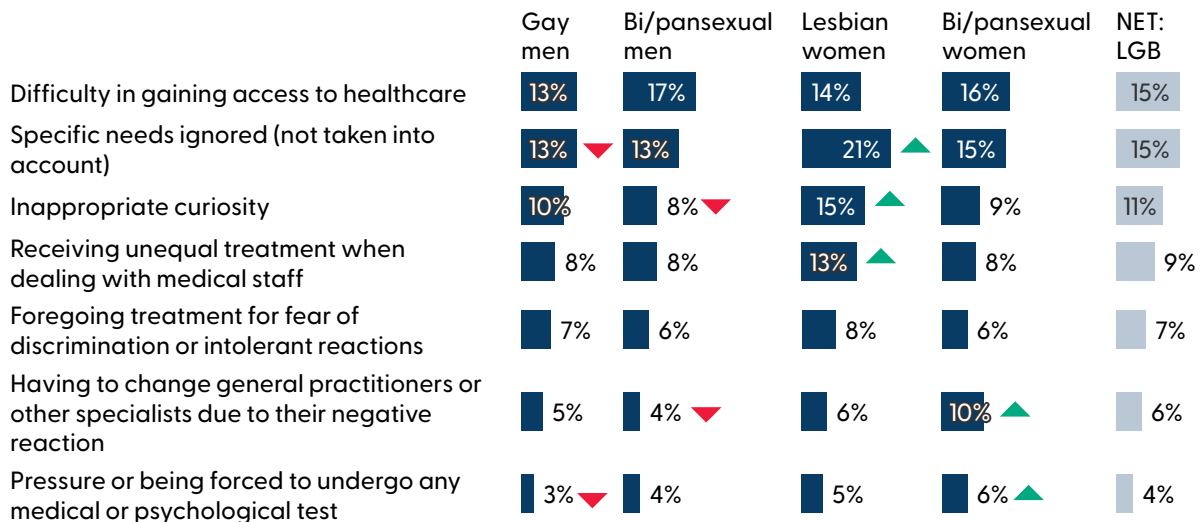
Community and connectedness

There are gender differences in negative experiences of healthcare...

- ... With sexual minority women more likely to experience negative situations in this setting than sexual minority men.
- Lesbian women are more likely to have their 'specific needs ignored', receive 'unequal treatment dealing with staff', experience 'inappropriate curiosity', compared to all LGB adults.
- Whereas bi/pansexual women are more likely to have had to 'change general practitioners due to negative reactions', or feel 'pressure to undergo medical or psychological tests'.

Experiences in healthcare

by gender and sexual orientation (% 'ever')



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'Have you ever experienced any of the following situations when using or trying to access healthcare services? Please tick all that apply.' Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

Alcohol marketing

Sexual orientation

Alcohol marketing

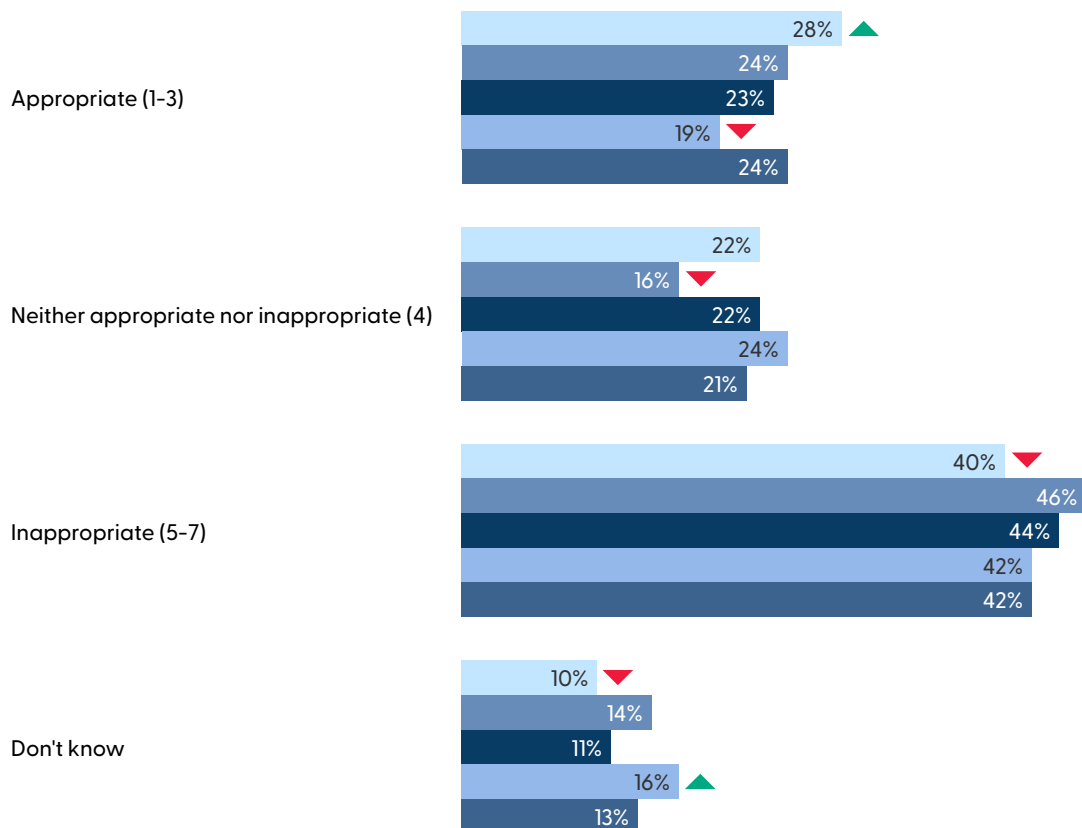
Approx. 4 in 10 (42%) LGB adults feel the use of the rainbow flag in alcohol marketing is 'inappropriate'

- ... while 1 in 5 (24%) consider it 'appropriate'; a sentiment higher among gay men (28%).
- Furthermore, more than 1 in 5 (21%) LGB adults express a neutral stance, neither finding it 'appropriate nor inappropriate'.

Appropriateness of rainbow flag marketing on alcohol products

by gender and sexual orientation

Gay men Bi/pansexual men Lesbian women Bi/pansexual women NET: LGB



Question: 'During Pride month, certain alcohol brands release adverts or products using the rainbow flag, to what extent do you find this practice appropriate or...'. Base: cis-gay men (n=918); cis-bi/pansexual men (n=358); cis-lesbian women (n=851); cis-bi/pansexual women (n=434); NET: cis-LGB adults (n=2561)

Drinking behaviours

Gender identity

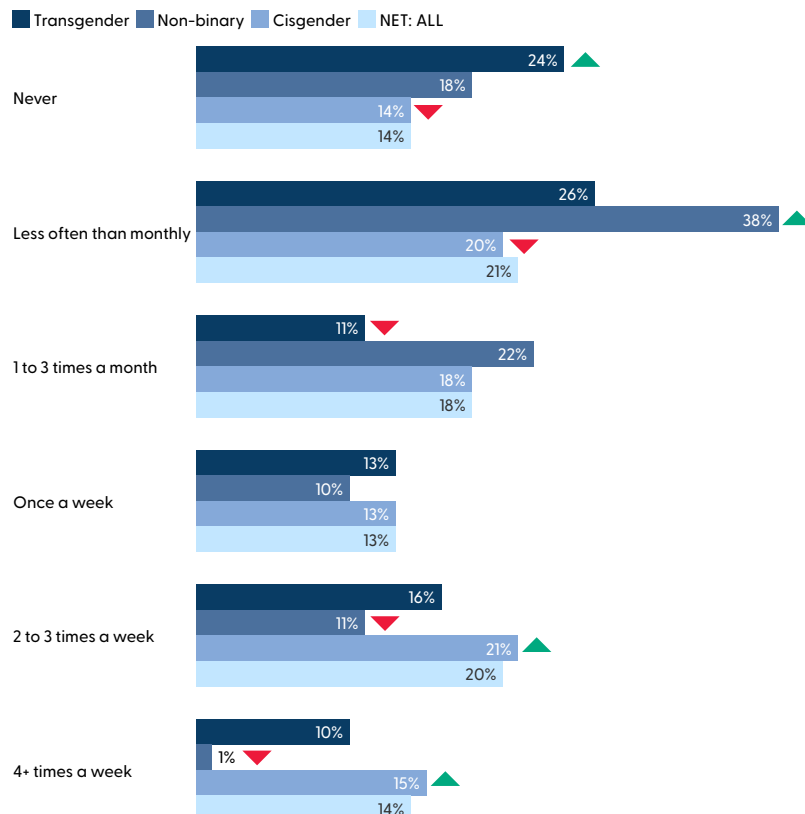
Drinking behaviours

LGBTQ+ gender minorities have different drinking patterns compared to their cisgender counterparts

- LGBTQ+ adults who identify as transgender are more likely to be non-drinkers (24%), compared to all LGBTQ+ adults (14%).
- LGBTQ+ individuals who identify as non-binary are less frequent drinkers – consuming alcohol most often on a 'less than monthly' basis (38%). Just 22% drink alcohol once a week or more, compared to almost half (47%) of all LGBTQ+ adults.
- LGBTQ+ people who identify as cisgender are more likely to be regular drinkers, with 49% drinking at least once a week.

Typical drinking frequency

by gender identity



Question: 'How often do you have a drink containing alcohol?' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: ALL (n=3089)

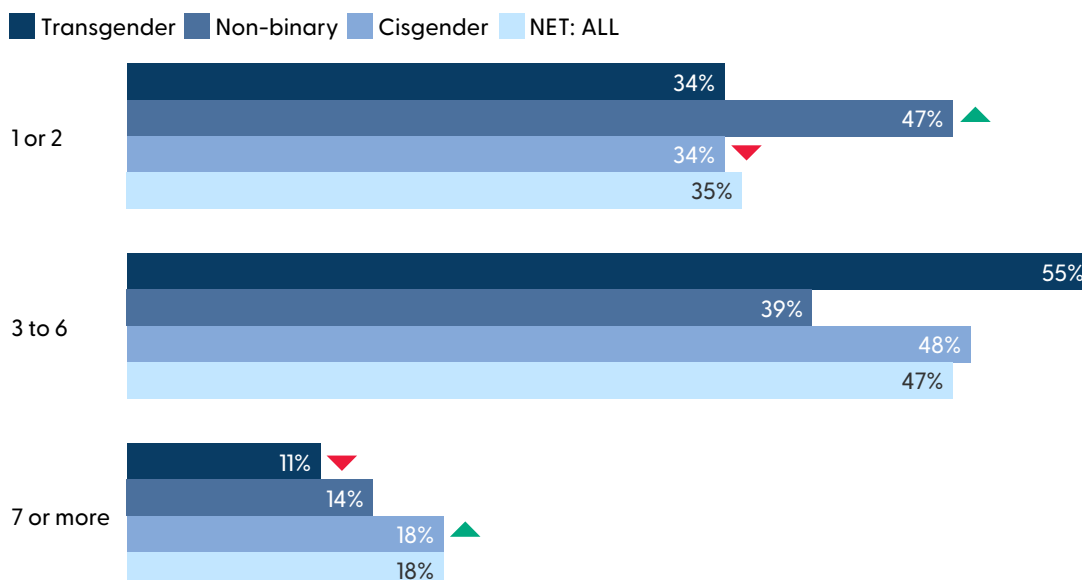
Drinking behaviours

LGBTQ+ gender minorities not only drink less frequently, but consume fewer units when they do drink than cisgender adults...

- LGBTQ+ drinkers who identify as non-binary are more likely to consume 1 or 2 units (47%) only a typical drinking day, compared to 35% of all LGBTQ+ adults.
- Among LGBTQ+ drinkers who identify as transgender, more than half (55%) tend consume between 3 and 6 units on a typical drinking day.
- Whereas LGBTQ+ people who identify as cisgender are more likely to consume 7 or more units on a typical drinking day.

Units consumed on a typical day

by gender identity



Question: 'How many units of alcohol do you drink on a typical day when drinking?' Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

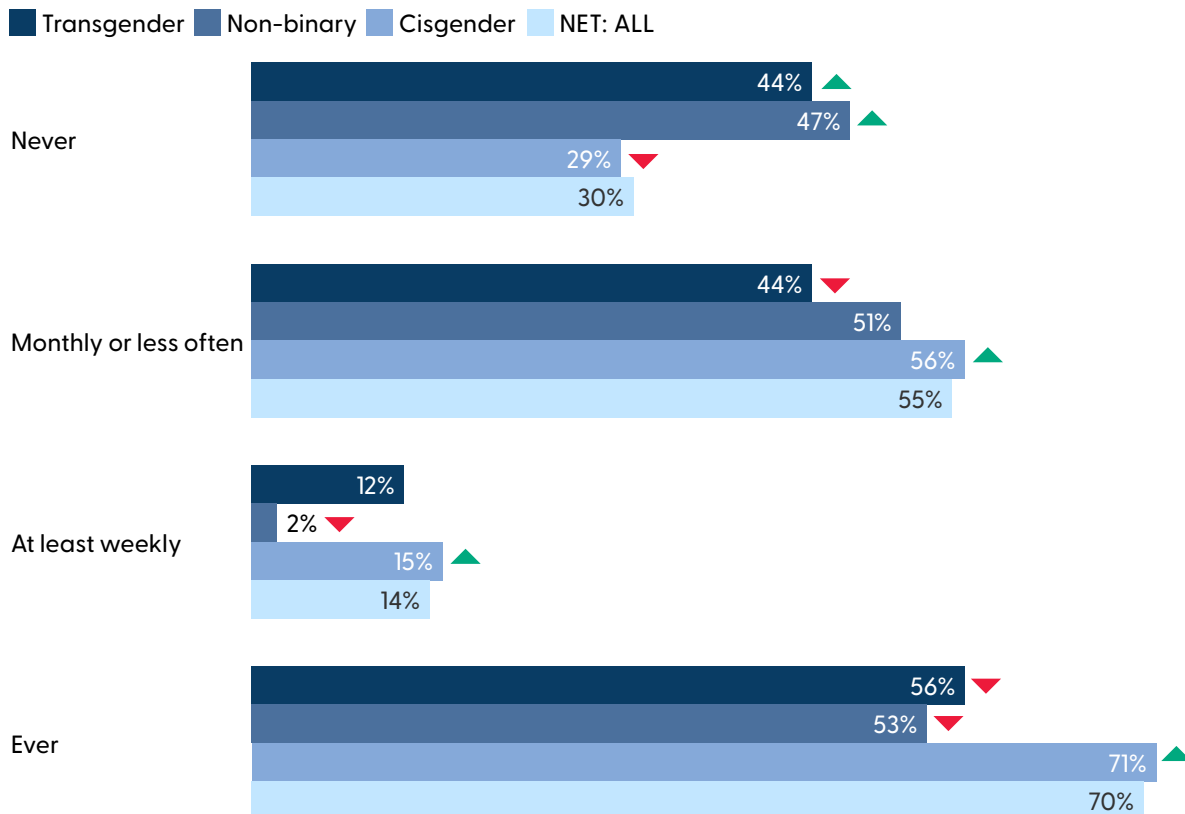
Drinking behaviours

... and are less likely to binge drink

- Almost half of LGBTQ+ adults who identify as transgender (44%) or non-binary (47%) 'never' engage in binge drinking, compared to 29% of cisgender adults.
- While transgender adults are less likely to engage in binge drinking, those who do are equally likely as all LGBTQ+ adults to do so 'at least weekly' (12% vs 14%).
- On the other hand, non-binary LGBTQ+ individuals are much less likely to engage in binge drinking 'at least weekly' (2%), preferring to do so on a 'monthly or less often' basis.

Binge drinking frequency

by gender identity



Question: 'How often have you had 6/8 units or more units on a single occasion in the last year? Again, please use the above guidance to complete your answer.' Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

Drinking behaviours

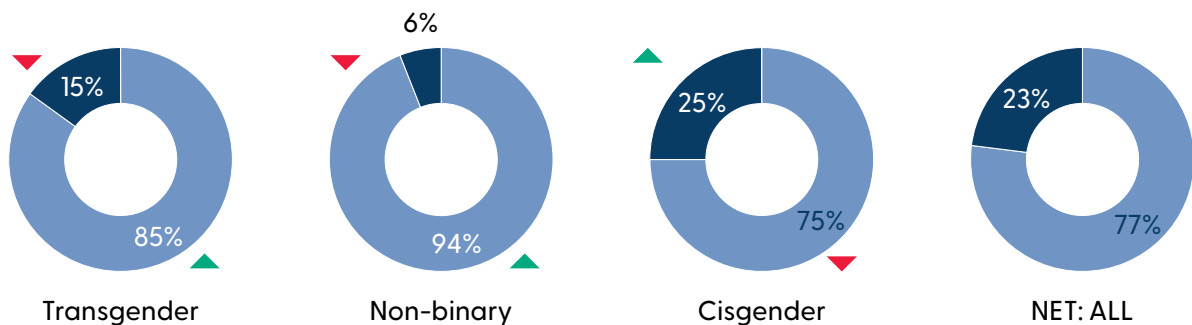
Continuing this pattern, LGBTQ+ gender minorities are less likely to drink above the Chief Medical Officers’ low risk drinking guidelines of 14 units a week

- As well as drinking and binge drinking less frequently, and consuming fewer units on a typical drinking day, gender minorities are also less likely to exceed the drinking guidelines on a weekly basis – with approx. 9 in 10 transgender (85%) and non-binary drinkers (94%) drinking less than 14 units per week.
- In contrast, three quarters (75%) of LGBTQ+ people who identify as cisgender drink under 14 units per week.
- LGBTQ+ people who identify as non-binary are least likely to drink over the drinking guidelines (6%).

Weekly units

by gender identity

■ 0 to 14 units ■ 15 or more units



Summed alcohol units in the previous week. Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

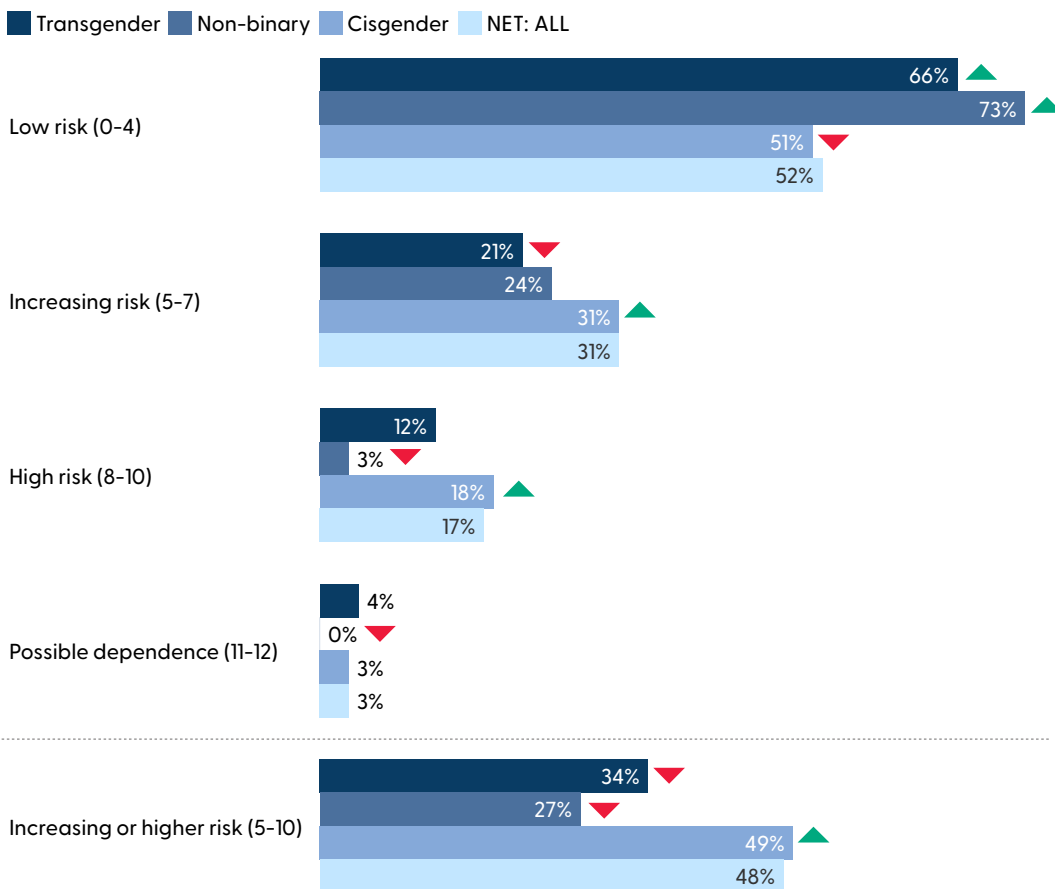
Drinking behaviours

... and as a result, are more likely to be low risk drinkers on the AUDIT-C

- Among LGBTQ+ adults, non-binary individuals (73%) are more likely to be classified as ‘low-risk’ drinkers, followed by transgender individuals (66%), in contrast to their cisgender counterparts (52%).
- However, within gender minorities, there are differences. Transgender individuals are as equally likely as cisgender individuals to score ‘high risk’ (12%) and ‘possibly dependent’ (4%), while non-binary individuals have significantly lower proportions, with just 3% scoring ‘high risk’ and 0% ‘possibly dependent’.
- This suggests a polarised drinking pattern among transgender drinkers, similar to that observed among lesbian women, with a lower proportion of increasing-risk drinkers (21%).

AUDIT-C scores

by gender identity



Summed AUDIT-C scores. Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

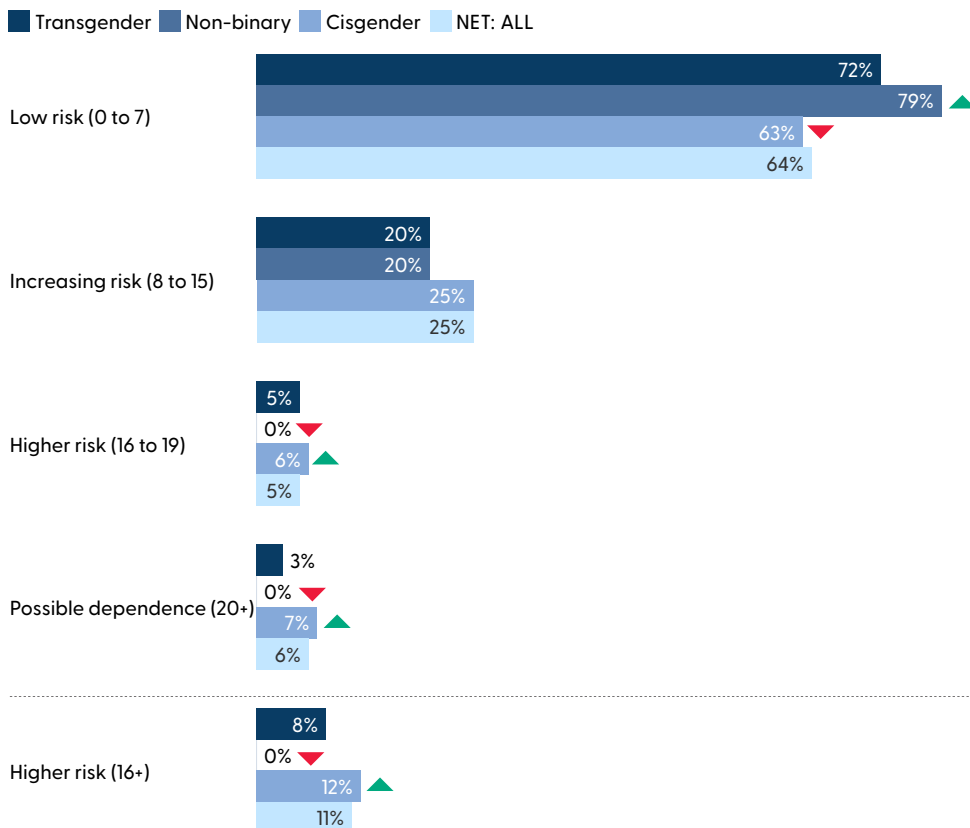
Drinking behaviours

This trend continues in AUDIT scores, which encompass symptoms of dependence and drinking-related negative consequences

- LGBTQ+ people who identify as either transgender or cisgender share a similar likelihood of being ‘unable to stop drinking once started’ (24% and 26% respectively) and failing to do what was expected’ because of their drinking (17% and 20%).
- In contrast, LGBTQ+ individuals who identify as non-binary are less likely to report these issues (16% and 5% respectively)—again suggesting differences in drinking patterns between gender minorities.

AUDIT scores

by gender identity



Summed AUDIT scores. Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

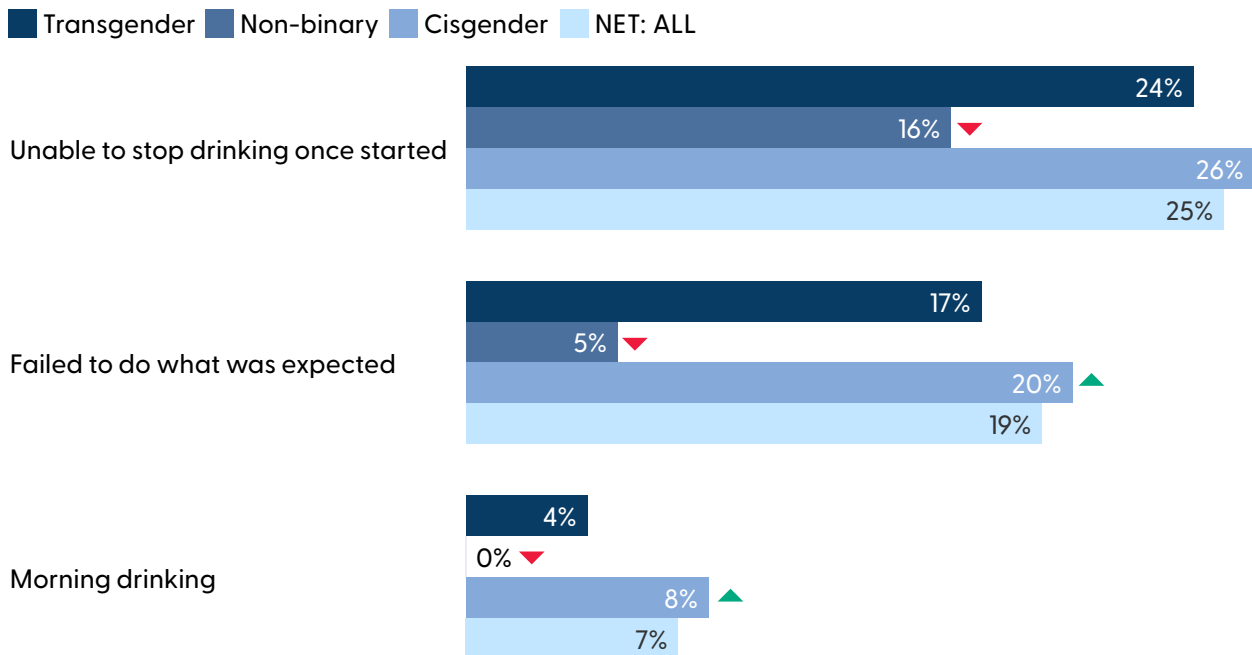
Drinking behaviours

LGBTQ+ individuals who identify as non-binary are least likely to experience symptoms of alcohol dependence

- LGBTQ+ people who identify as either transgender or cisgender share a similar likelihood of being 'unable to stop drinking once started' (24% and 26% respectively) and failing to do what was expected' because of their drinking (17% and 20%).
- In contrast, LGBTQ+ individuals who identify as non-binary are less likely to report these issues (16% and 5% respectively)—again suggesting differences in drinking patterns between gender minorities.

Symptoms of alcohol dependence

by gender identity (% 'ever' in experienced in the last 12 months)



AUDIT questions 4-6. Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

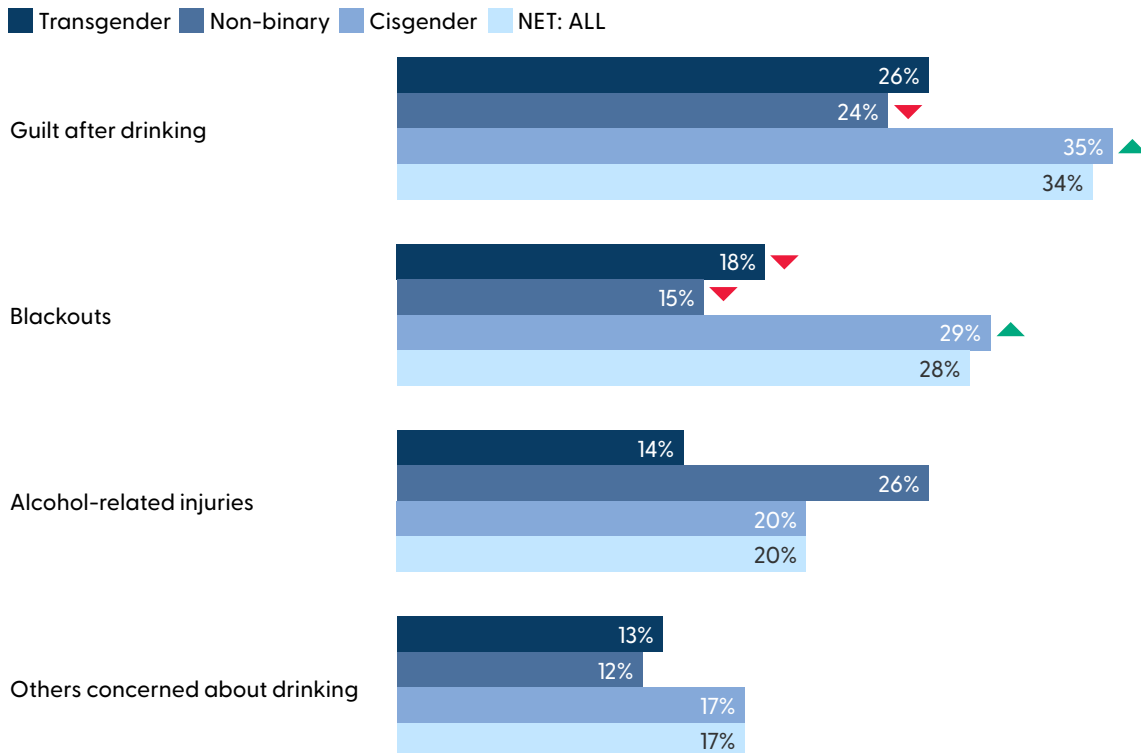
Drinking behaviours

... but this does not hold when negative consequences of drinking are considered

- LGBTQ+ individuals who identify as non-binary are less likely to experience ‘guilt after drinking’ (24%) and ‘blackouts’ (15%) than all LGBTQ+ adults (34% and 29%)—and particularly cisgender adults who are more likely to experience these drinking-related consequences (35% and 29%).
- Notably, however, non-binary adults report a higher rate of ‘alcohol-related injuries’ (26%) compared to all LGBTQ+ adults (20%), though this difference is not statistically significant.
- LGBTQ+ adults who identify as either transgender or non-binary generally experience comparable levels of negative outcomes related to drinking, except in the case of ‘alcohol-related injuries.’

Adverse consequences of drinking

by gender identity (% 'ever' experienced)



AUDIT questions 7-10. Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

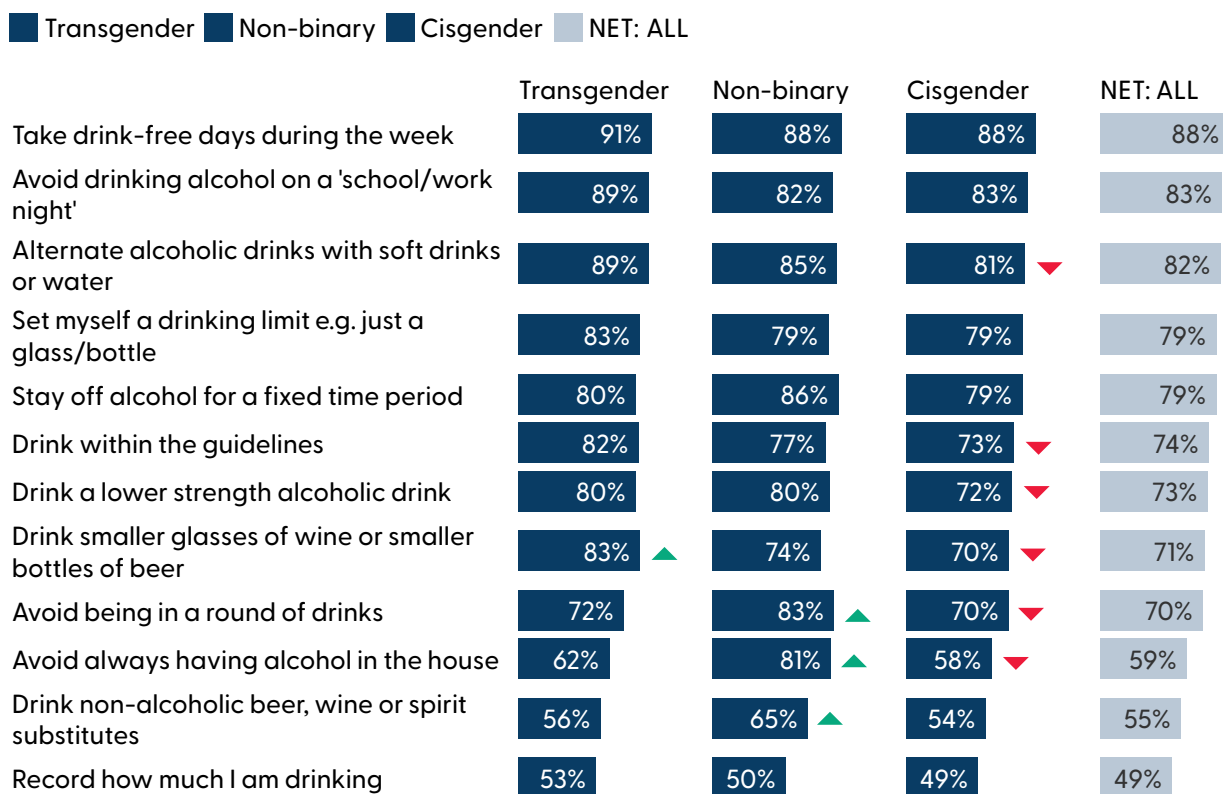
Drinking behaviours

Moderation techniques vary among LGBTQ+ adults based on their gender identity

- While LGBTQ+ adults, regardless of their gender identity, generally prefer similar moderation techniques, such as 'taking drink-free days during the week,' 'avoiding alcohol on school or work nights,' and 'alternating alcoholic drinks with soft drinks or water,' there are noteworthy distinctions based on gender identity.
- Non-binary individuals within LGBTQ+ communities tend to favour abstinence-oriented moderation techniques more than their transgender and cisgender counterparts. This includes practices such as 'staying off alcohol for a fixed time period', 'avoiding always having alcohol in the house', and 'drinking non-alcoholic beer, wine or spirits'.

Moderation techniques

by gender identity (% who have practiced or would consider practicing these techniques)



Question: 'Here are some things people have said they do to moderate their drinking. Have you tried any of these?'
 Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

Drinking behaviours

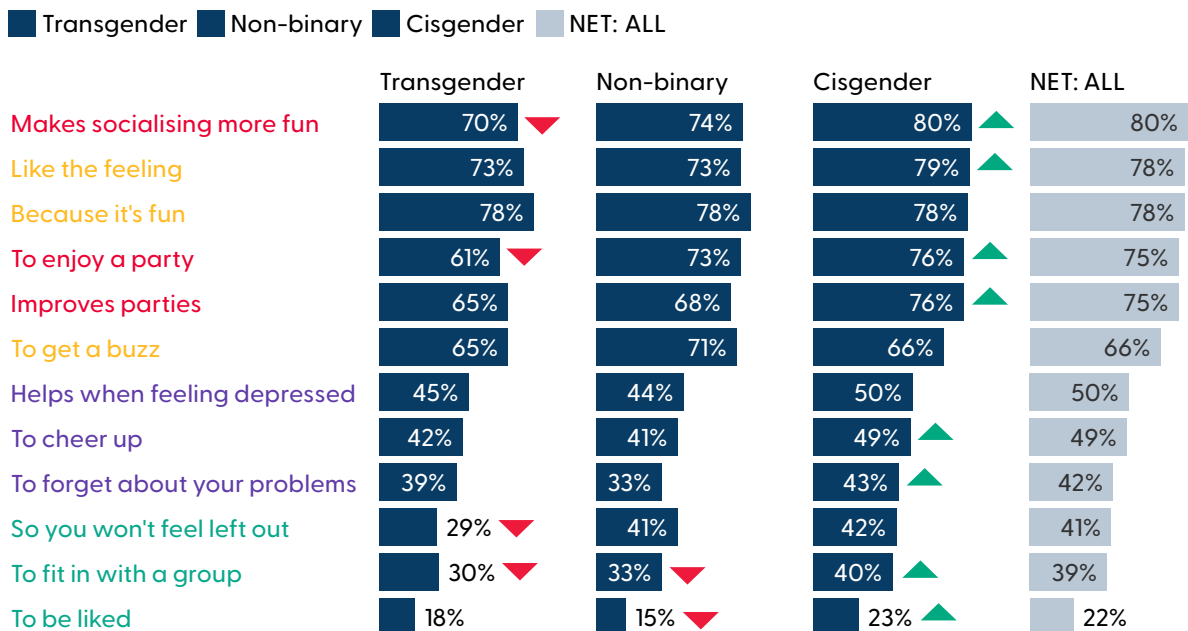
... as do drinking motives

- While ‘social’ motives for drinking are most common among all LGBTQ+ adults, irrespective of their gender identity, variations exist based on gender identity.
- Cisgender individuals cite most drinking motives more strongly, which resonates with their higher likelihood of drinking more frequently and in larger quantities compared to their gender minority counterparts.
- LGBTQ+ individuals who identify as transgender or non-binary are less inclined to cite ‘conformity’ motives for drinking, including reasons like ‘to fit in with a group’ (30% and 33%), in contrast to individuals who identify as cisgender (40%).

Drinking motivations

by gender identity (% more than some of the time)

Conformity Coping Social Enhancement



Question: 'The following are reasons that people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say that you drink for the following?' Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

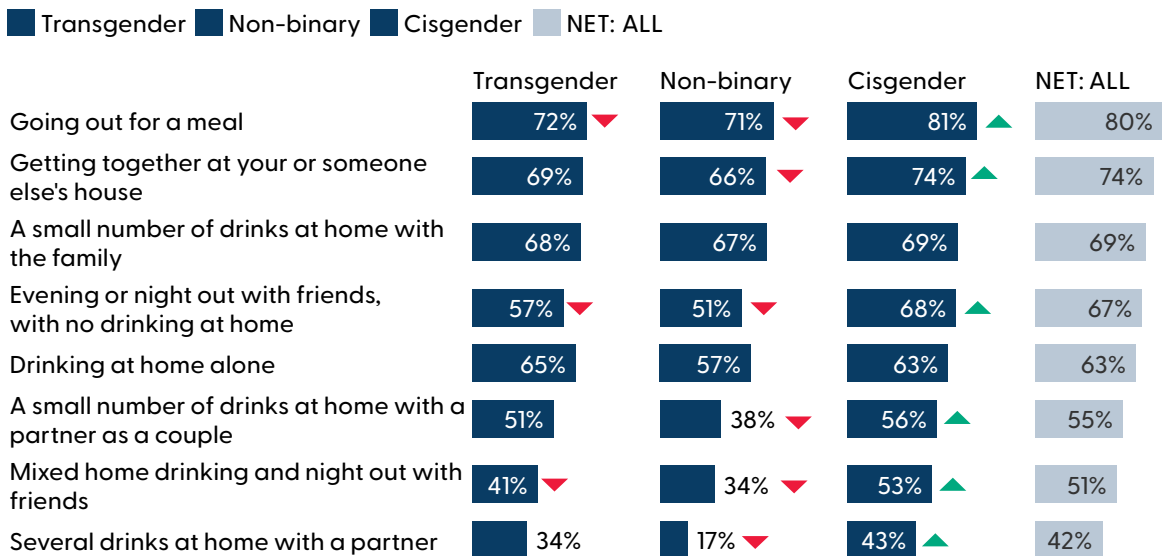
Drinking behaviours

There are few variations in where gender minorities and their cisgender counterparts drink

- Regardless of gender identity, both gender minorities and cisgender individuals are most likely to drink during social settings, such as 'going out for a meal' and 'getting together at your or someone else's house'.
- The exception is that gender minorities, in almost all cases, are less likely to drink in each setting – likely arising from their overall lower rates of alcohol consumption and less frequent drinking compared to their cisgender counterparts.
- It is notable that despite gender minorities generally consuming alcohol less frequently and in smaller quantities, all groups exhibit a similar proportion of individuals who engage in 'drinking at home alone.'

Drinking occasions

by gender identity (% 'ever')



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'How often, if at all, in the last year did you drink alcohol on occasions that are similar to the descriptions below? You can hover over some to see examples.' Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

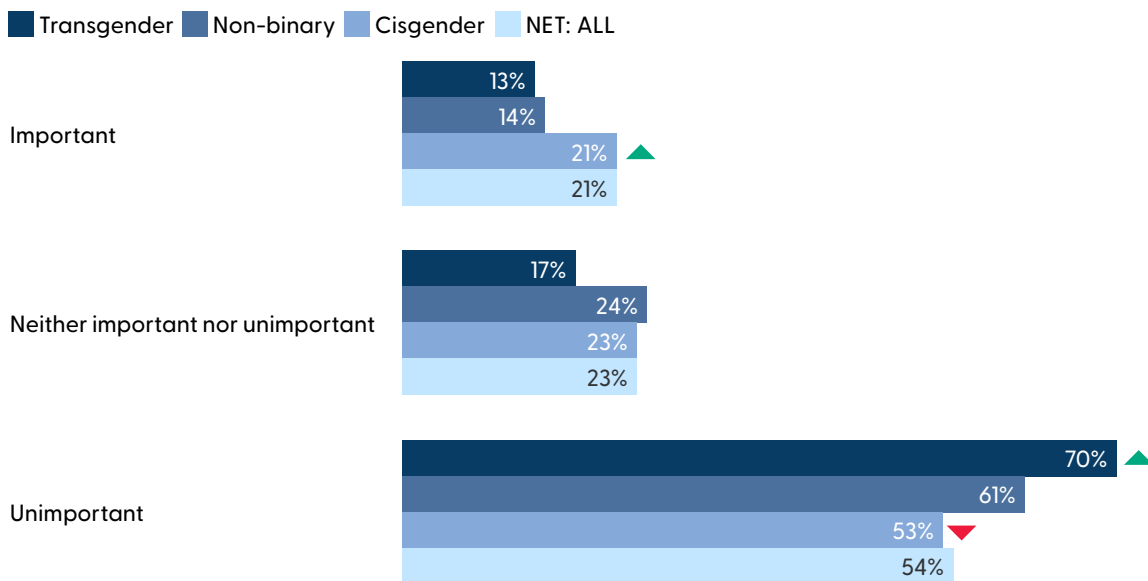
Drinking behaviours

... and how important alcohol is considered to their social lives

- LGBTQ+ individuals who identify as transgender attribute significantly less importance to alcohol in their social lives, with 70% considering it unimportant, compared to 53% of cisgender individuals.
- As well as being most likely to report social motivations for drinking alcohol, LGBTQ+ people who identify as cisgender are the group most likely to feel that alcohol is important in their social lives (21%).
- This contrasts with those who identify as transgender (13%) and non-binary (14%), underscoring the distinction in the perceived significance of alcohol in social contexts.

Importance of alcohol in social life

by gender identity



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'How important is alcohol to your social life?' Base: LGBTQ+ adults who identify as Transgender and drink alcohol (n=96); LGBTQ+ adults who identify as Non-binary and drink alcohol (n=99); LGBTQ+ adults who identify as cisgender and drink alcohol (n=2481); NET: All gender identities who drink alcohol (n=2676)

Impacts of others' drinking

Gender identity

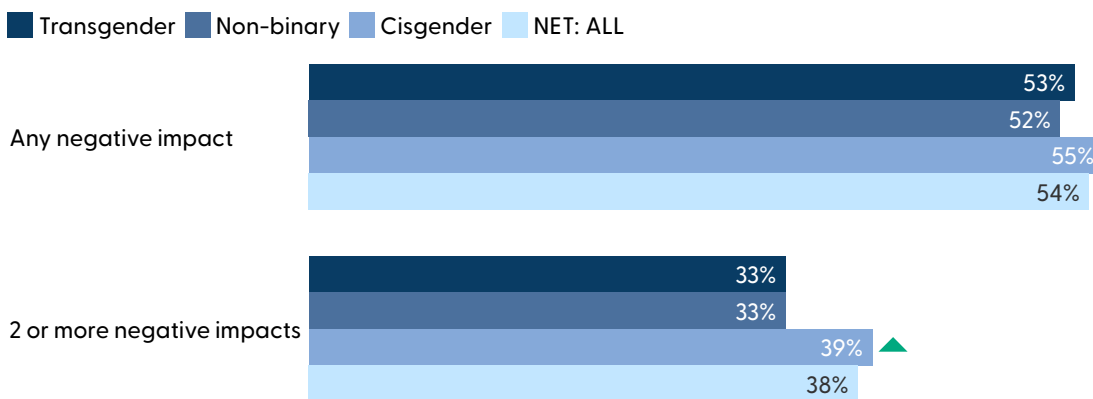
Impacts of others' drinking

LGBTQ+ individuals, regardless of their gender identity, report a similar rate of negative impacts resulting from others' drinking

- Over 50% of all gender identity groups have experienced a negative impact from other peoples' drinking in the last 12 months.
- While the overall incidence of such negative impacts is similar among these groups, LGBTQ+ individuals identifying as transgender or non-binary report that 1 in 3 of them have experienced two or more negative impacts (both 33%).
- LGBTQ+ individuals who identify as cisgender are more likely to experience multiple negative impacts resulting from others' drinking (39%), which may be attributed to their higher likelihood of drinking, drinking more frequently, and consuming larger quantities of alcohol compared to gender minorities.

Negative impact from others

by gender identity



Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you experienced any negative impacts.' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

Impacts of others' drinking

However, LGBTQ+ adults who identify as cisgender are more likely to experience individual impacts compared to gender minorities

- LGBTQ+ individuals who identify as cisgender are more likely to experience most negative impacts from others' drinking, whereas non-binary and transgender individuals tend to encounter similar or lower rates of such impacts.
- This pattern is likely attributable to cisgender individuals' higher likelihood of drinking, more frequent alcohol consumption, and larger alcohol intake, compared to gender minorities.

	Transgender	Non-binary	Cisgender	NET: ALL
Felt anxious	25%	31%	31%	31%
Disrupted sleep	32%	26%	30%	30%
Emotional neglect	18%	15%	22% ▲	21%
Let down	15%	12%	21% ▲	20%
Serious argument	16%	11% ▼	19% ▲	18%
Physically threatened	15%	16% ▼	14%	14%
Ended contact	12%	7%	12%	12%
Property damage	6%	8% ▼	10%	10%
Spending issue	6%	4%	11% ▲	10%
Drank to cope	8%	1% ▼	9% ▲	8%
Accidental injured	4%	3% ▼	7% ▲	7%
Drink driving	5%	2%	8% ▲	7%
Sexual harm	3%	6% ▼	7%	7%
Concerned for child	3%	4%	7%	7%
Care burden	4% ▼	0%	7% ▲	7%
Police contact	3%	5% ▼	7% ▲	7%
Physically assault	3% ▼	3%	7% ▲	6%
Moved residence	2%	1%	6% ▲	5%

Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you...'. Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

Support and advice

Gender identity

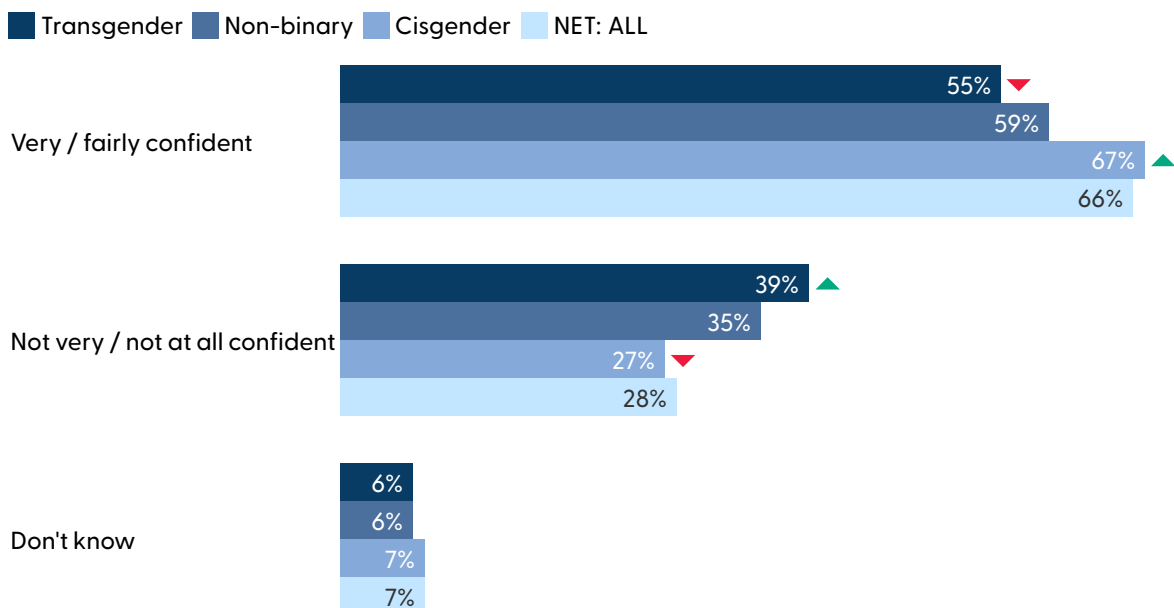
Support and advice

LGBTQ+ gender minorities are less likely to be confident in finding support services compared to their cisgender counterparts

- While more than half of LGBTQ+ adults are 'very / fairly confident' in finding and contacting alcohol support services for themselves or others, LGBTQ+ individuals who identify as cisgender display a higher level of confidence (67%), than transgender (55%) and non-binary (59%) individuals.
- Almost 4 in 10 LGBTQ+ adults who identify as transgender are 'not very/ not at all confident' in finding support services for themselves or others.
- These findings suggest that gender minorities, and particularly transgender individuals, may encounter difficulties in accessing support services for alcohol-related issues.

Confidence in finding support services

by gender identity



Question: 'If you or somebody close to you (for example a friend or member of your family) was experiencing problems with alcohol use, how confident are you that you would know how to find and contact services or organisations providing help and advice?' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

Drinking guidelines

Gender identity

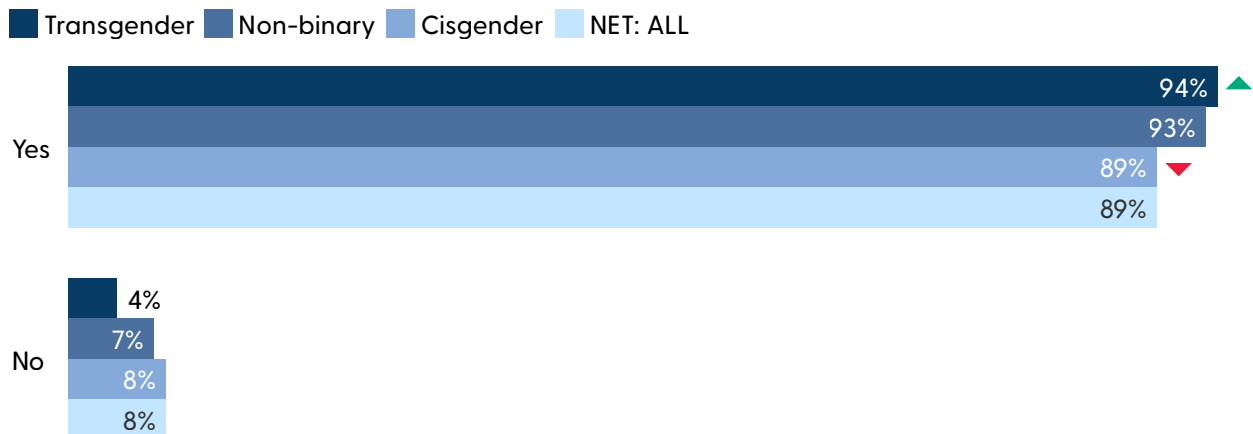
Drinking guidelines

9 in 10 LGBTQ+ adults have heard of the drinking guidelines

- This varies marginally between gender identities.
- LGBTQ+ individuals who identify as transgender are slightly more likely to be aware of drinking guidelines compared to cisgender individuals.

Awareness of drinking guidelines

by gender identity



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'Some drinks contain more alcohol than others. The amount of alcohol in a drink is measured in units. Before this survey, have you ever heard of there being a recommended maximum number of alcohol units people should drink in a day or a week? This is sometimes known as a drinking guideline.' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

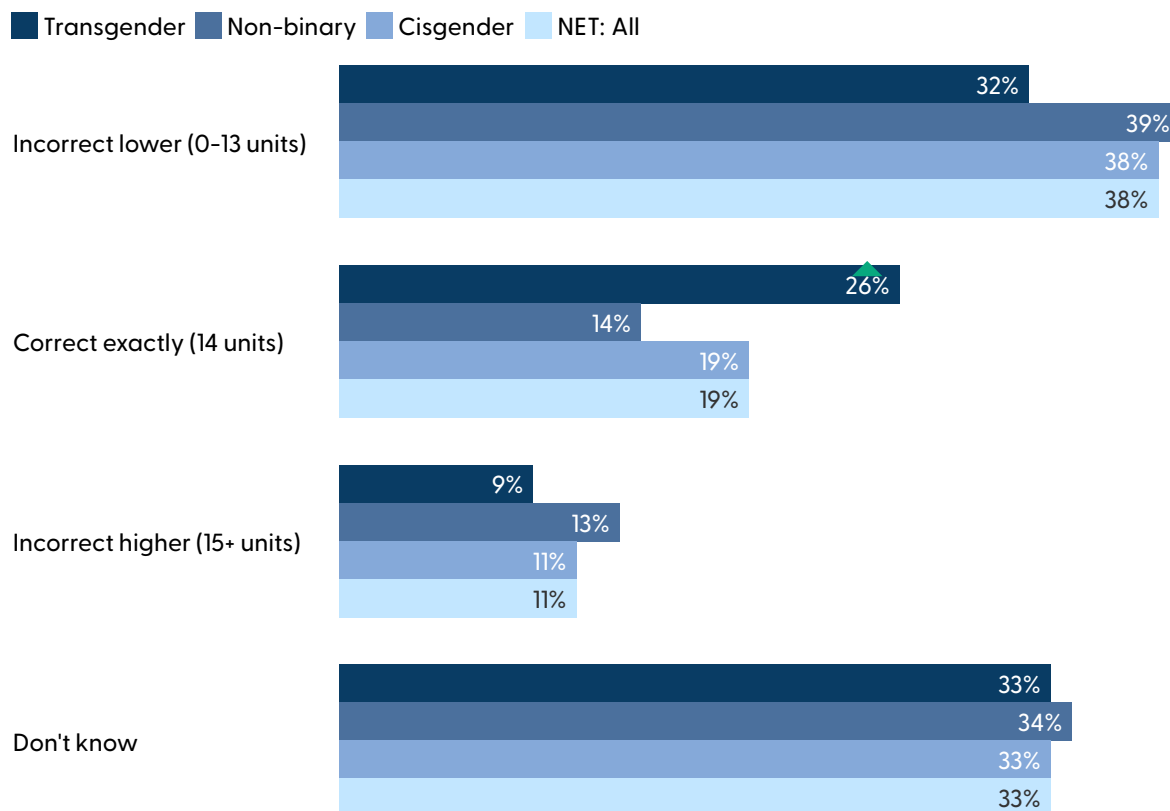
Drinking guidelines

However, just 1 in 5 (19%) know what it is

- Knowledge of the 14-unit guideline is higher among LGBTQ+ individuals who identify as transgender, compared to all LGBTQ+ adults.
- Interestingly however, all groups were more likely to underestimate the unit guidelines (32%-39%) rather than overestimate it (9%-11%).
- This may indicate, for some, a potential lack of awareness about the alcohol content in various drinks or concern regarding what constitutes a unit of alcohol.

Knowledge of alcohol units per week in the guideline

by gender identity



Question: 'The Chief Medical Officers' low-risk drinking guidelines were updated in 2016 and became a weekly guideline with the same limit for everyone. How many units of alcohol per week do you think are in the guideline? Please enter your answer as a number.' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

Mental health

Gender identity

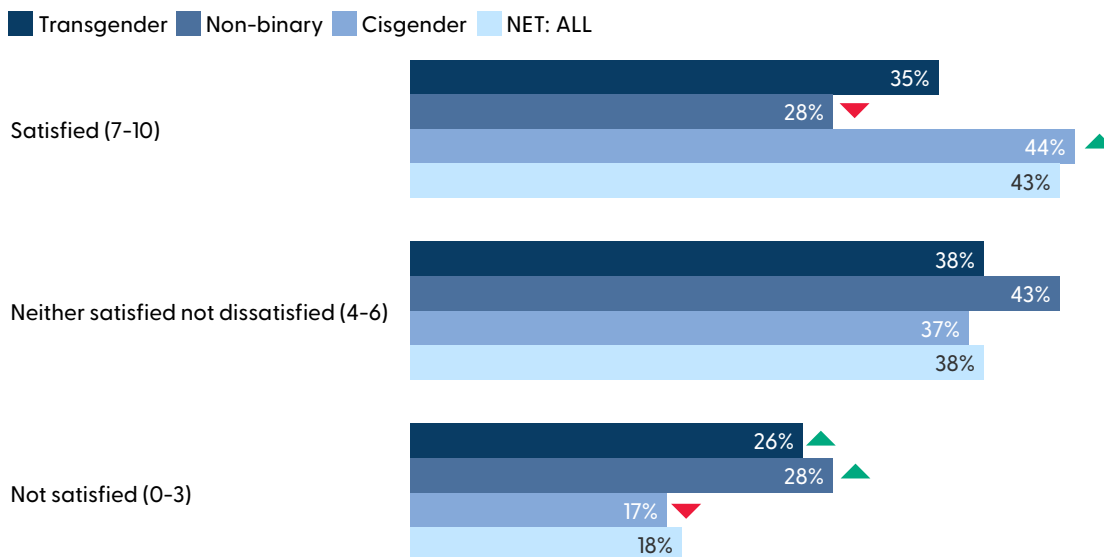
Mental Health

Gender identity plays a role in life satisfaction, with notable differences observed among various gender identity groups

- LGBTQ+ gender minorities, including transgender (26%) and non-binary (28%) individuals, are more likely to report life dissatisfaction compared to their cisgender counterparts (17%).
- Conversely, LGBTQ+ individuals who identify as cisgender are the most likely to express life satisfaction (44%).
- These findings indicate that gender minorities may face distinct experiences that influence their overall life satisfaction.

Satisfaction with life

by gender identity



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

Mental Health

... and this is more evident in mental health

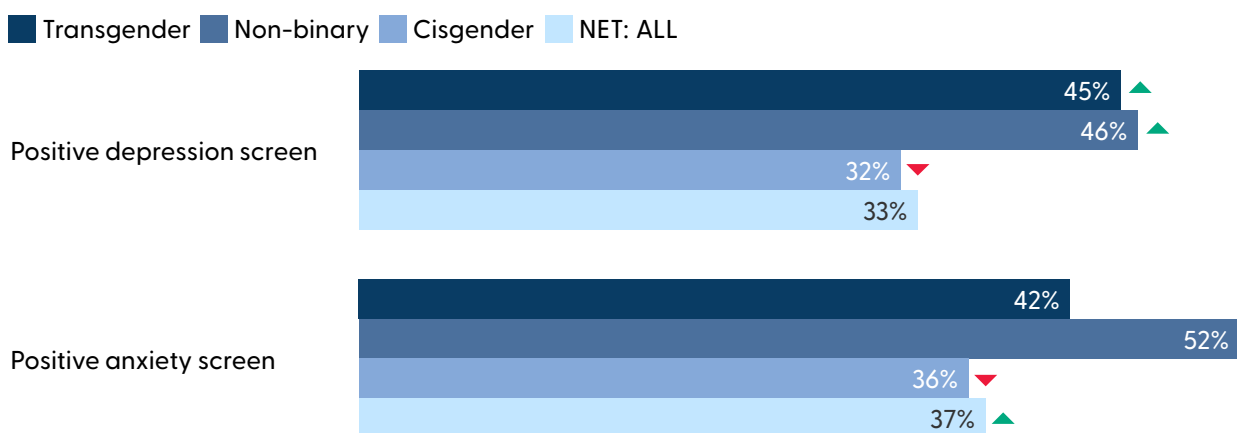
WHAT IS THE PHQ-4?

The Patient Health Questionnaire-4 (PHQ-4) is an ultra-brief screener for anxiety and depression. It consists of a 2-item depression scale (PHQ-2) and a 2-item anxiety scale (GAD-2). Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). A positive screen for each is a total score ≥ 3 .

- Non-binary individuals (46%) and transgender individuals (45%), are significantly more likely to screen positive for depression than their cisgender counterparts (32%).
Moreover, individuals who identify as non-binary have notably higher rates of anxiety (52%) compared to transgender (42%) and cisgender (36%) adults.
- These findings emphasise the importance of recognising and addressing the unique mental health challenges faced by gender minorities.

Anxiety and depression screen (PHQ-4)

by gender identity



PHQ-4. Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

Community and connectedness

Gender identity

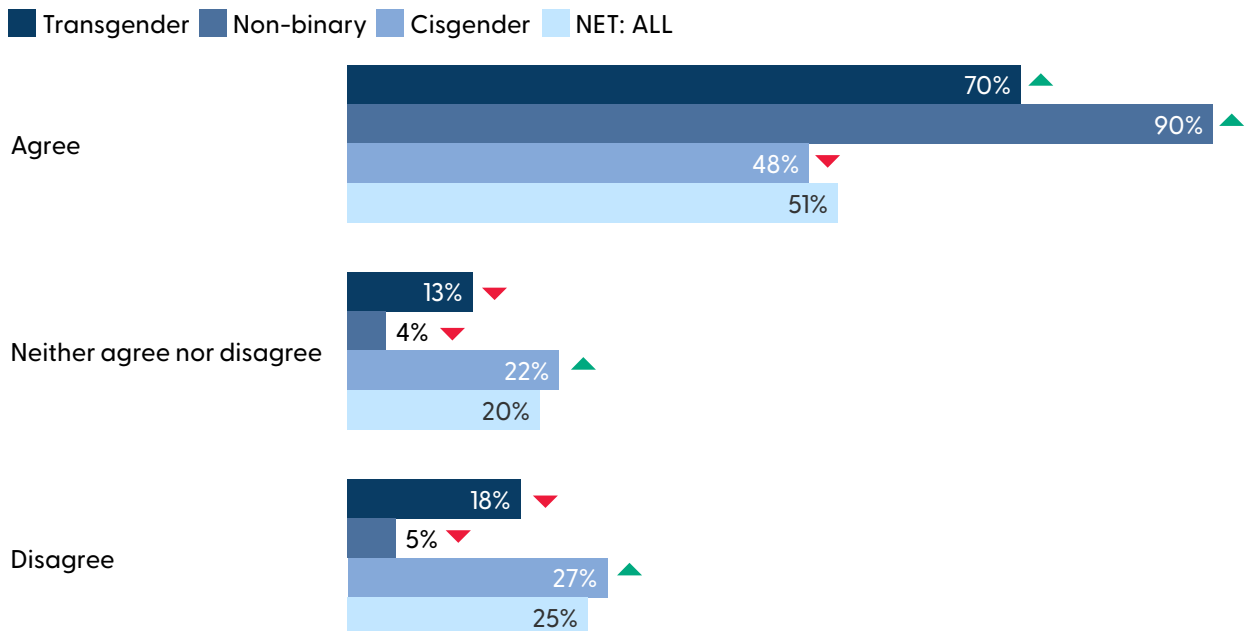
Community and connectedness

Gender minorities are more likely to feel part of an LGBTQ+ community than their cisgender counterparts

- LGBTQ+ individuals who identify as non-binary are significantly more likely to express a sense of belonging to an LGBTQ+ community (90%), compared to their transgender (70%), and particularly, cisgender counterparts (48%).
- These findings underscore the diversity in feelings of belonging across different gender identity groups within LGBTQ+ communities.

Feeling part of the LGBTQ+ community

by gender identity



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'To what extent do you agree with the following statement: I feel part of an LGBTQ+ community/LGBTQ+ communities...' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2714); NET: All gender identities (n=2955)

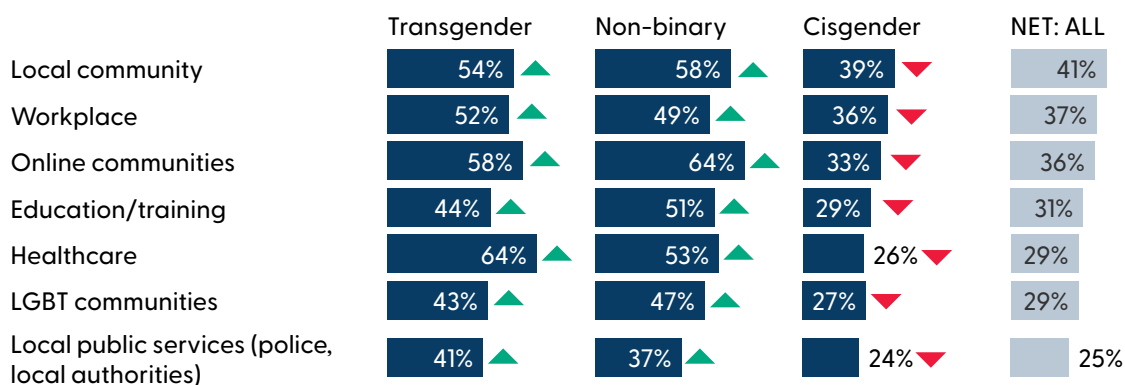
Community and connectedness

LGBTQ+ gender minorities experience a higher rate of discrimination based on their sexual orientation and/or gender identity than their cisgender counterparts

- The disparity in discrimination is evident across various contexts but is particularly pronounced in ‘healthcare’ and ‘online community’ settings. Gender minorities, in these environments, face discrimination at approximately twice the rate of cisgender individuals.
- Furthermore, despite a stronger sense of belonging to an LGBTQ+ community among gender minorities, more than 4 in 10 (43% among transgender individuals and 47% among non-binary individuals) experience discrimination within these very communities. This contrasts with 27% of cisgender individuals who encounter discrimination. This suggests that discrimination persists both within and outside LGBTQ+ communities.

Places of discrimination

by gender identity (% 'ever')



Question: 'On the basis of your sexual orientation and/or gender identity, have you experienced discrimination in any of the following settings:...' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2714); NET: All gender identities (n=2955)

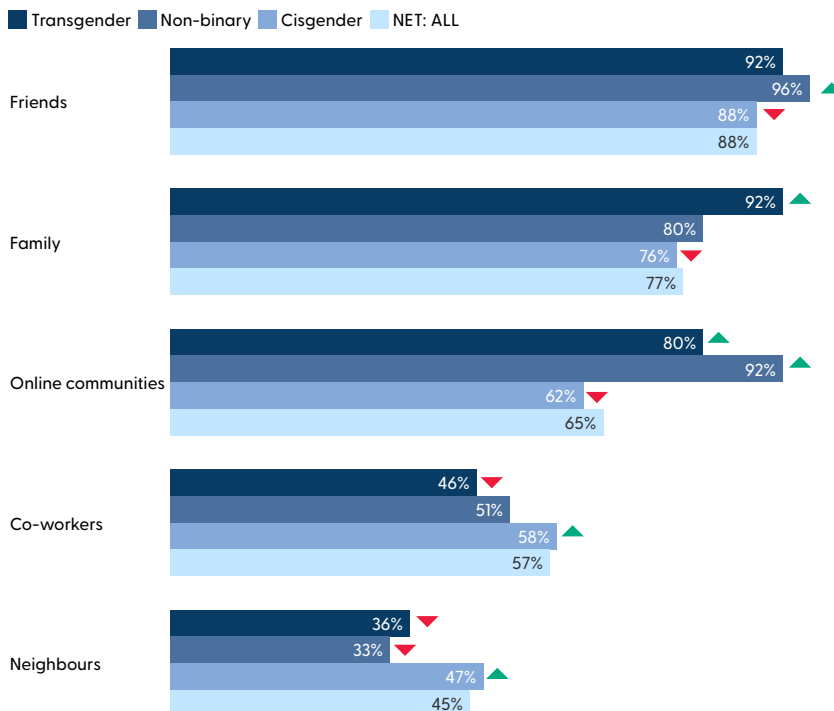
Community and connectedness

There are some gender identity differences in who LGBTQ+ individuals are open with about their sexual orientation and/or gender identity

- LGBTQ+ people in all gender identity groups are most open about their sexual orientation and/or gender identity with their friends (88%) but are least likely to be open with their neighbours (45%) and co-workers (57%).
- Gender minorities, in particular, tend to be less “out” to their neighbours and work colleagues compared to their cisgender counterparts.
- LGBTQ+ individuals who identify as transgender are notably more open with their family, with 92% sharing their sexual orientation and/or gender identity, in contrast to their cisgender counterparts, where only 65% are open about it.

Open within their community about identity

by gender identity (% at least 'some')



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'With how many people within the following communities are you open about your sexual orientation and/or gender identity?' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2714); NET: All gender identities (n=2955)

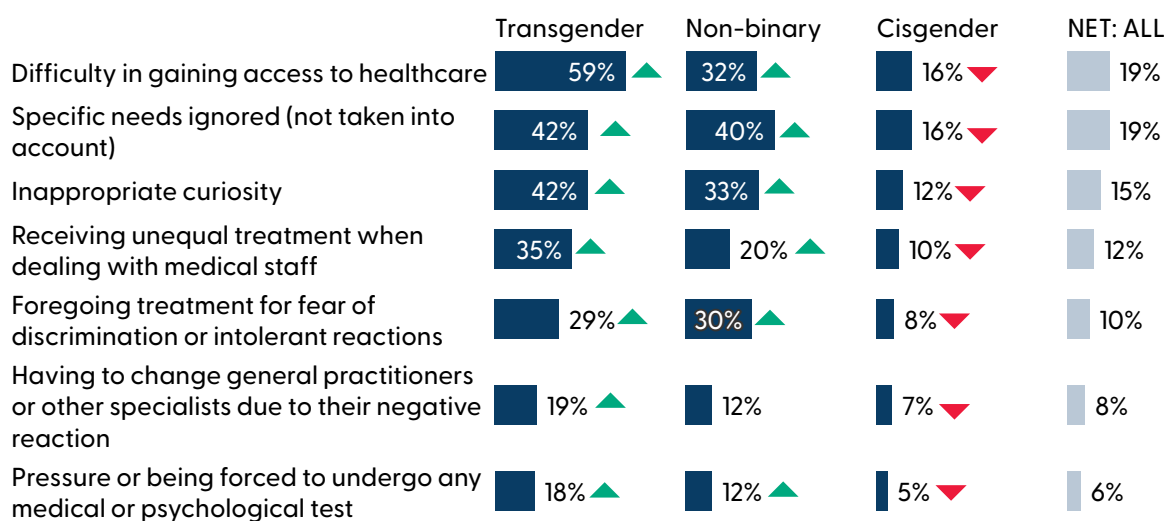
Community and connectedness

Gender identity disparities are evident in healthcare experiences

- LGBTQ+ gender minorities tend to encounter more adverse experiences in healthcare, especially when it comes to facing ‘difficulties in gaining access to healthcare services’.
- Additionally, they are more likely to report having their ‘specific needs ignored’, encountering ‘inappropriate curiosity’ from healthcare providers, ‘receiving unequal treatment from medical staff’, and even choosing to ‘forgo treatment due to concerns about potential discrimination or intolerant reactions’.
- These findings underscore the significant barriers faced by gender minorities within the healthcare system, which can exacerbate health inequalities.

Experiences in healthcare

by gender identity (% 'ever')



Responses for 'Don't know' and 'Prefer not to say' represented less than 5% of participants, and are not presented here. Question: 'Have you ever experienced any of the following situations when using or trying to access healthcare services? Please tick all that apply.' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2714); NET: All gender identities (n=2955)

Alcohol marketing

Gender identity

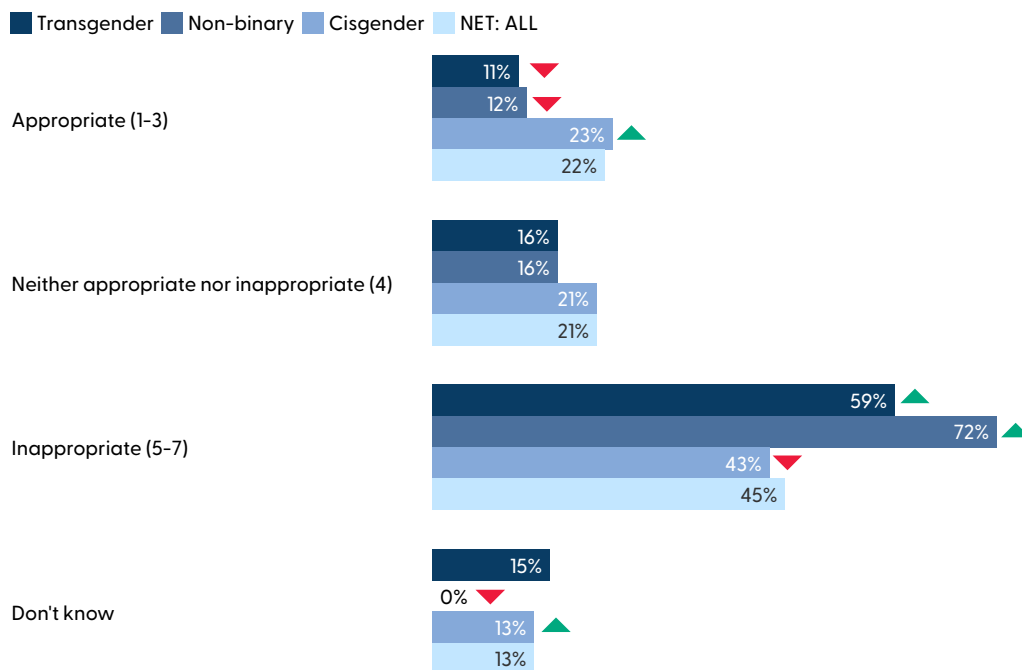
Alcohol marketing

Gender minorities hold stronger views on rainbow marketing of alcohol products than their cisgender counterparts

- In general, LGBTQ+ individuals, irrespective of their gender identity, tend to perceive rainbow marketing of alcohol products as 'inappropriate'. However, the intensity of this sentiment varies according to their gender identity.
- LGBTQ+ adults who identify as non-binary or transgender express stronger disapproval (72% and 59%) compared to their cisgender counterparts (43%).
- Only a minority of non-binary (12%) and transgender (11%) adults find such marketing 'appropriate,' while 23% of cisgender adults hold this view.
- These distinctions emphasise the diversity of perspectives within LGBTQ+ communities concerning this particular issue.

Appropriateness of rainbow marketing on alcohol products

by gender identity



Question: 'During Pride month, certain alcohol brands release adverts or products using the rainbow flag, to what extent do you find this practice appropriate or inappropriate?' Base: LGBTQ+ adults who identify as Transgender (n=122); LGBTQ+ adults who identify as Non-binary (n=119); LGBTQ+ adults who identify as cisgender (n=2848); NET: All gender identities (n=3089)

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- Note: definitions of sexual orientation highlight complexities. Sexual orientation can be based on behaviour (e.g., engaging in sexual experiences with people of the same sex or opposite sex), attraction (feeling sexually attracted to the same sex, opposite sex, or no one), and identity (identifying oneself as LGB+). These are separate but related ideas, which can result in different group sizes. The data presented here specifically asked about sexual identity, which means individuals who identify themselves as LGB+. By focusing on self-identified sexual identity, the survey might underestimate the actual size of the LGB+ population (for example, not including individuals who are unsure about their sexual orientation). However, it does give us a clear and defined group to study.
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- Question: "On the basis of your sexual orientation and/or gender identity, have you experience discrimination in any of the following settings". Reports % experienced discrimination 'sometimes/often' for any of the following places: workplace, education/training, healthcare, local public services, local community, LGBT communities, online communities.

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47. Self-defined. For gender comparisons, the LGBTQ+ sample excludes 'non-binary' respondents (n=119).
48. Base: LGBTQ+ adults (Men: n=1,453; Women: n=1,517); Cis-heterosexual adults (Men: n=2,524; Women: n=2,896). LGBTQ+ sample excludes 'non-binary' respondents (n=119).
49. Base: LGBTQ+ adults who drink alcohol (Men: n=1,280; Women: n=1,297); Cis-heterosexual adults who drink alcohol (Men: n=2,228; Women: n=2,480). LGBTQ+ sample excludes 'non-binary' respondents (n=119).
50. Ibid 42
51. Ibid 42
52. Base: LGBTQ+ adults (18-34, n=1,220; 35-54, n=1,133; 55+, n=736); Cis-heterosexual adults (18-34, n=1,224; 35-54, n=1,820; 55+, n=2,376).
53. Ibid 45
54. Base: LGBTQ+ adults who drink alcohol (18-34, n=1,053; 35-54, n=1,001; 55+, n=622); Cis-heterosexual adults who drink alcohol (18-34, n=1,036; 35-54, n=1,603; 55+, n=2,069).
55. The lack of difference on this measure at the population level (reported earlier) between the LGBTQ+ and cis-heterosexual sample may be the result of differences in age distribution—with the LGBTQ+ sample having a higher proportion of respondents aged 18-34, than the cis-heterosexual sample, lowering the overall proportion exceeding the guidelines (23% vs 22%).
56. LGBTQ+ (19% for 18-34s, 20% for 35-54s, and 14% for those aged 55+). Follows a similar distribution to cis-heterosexual drinkers (19% for both the 18-34 and 35-54 age groups, and 11% for those aged 55+).
Base: LGBTQ+ people who drink alcohol: 18-34s (n=1,053); 35-54s (n=1,001); 55+ (n=622); Cis-heterosexual adults who drink alcohol (18-34, n=1,036; 35-54, n=1,603; 55+, n=2,069).
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68. Using the Patient Health Questionnaire-4 (PHQ-4)—an ultra-brief screener for anxiety and depression.
69. PHQ-4. Base: all LGBTQ+ adults (n=3,089); all cis-heterosexual adults (n=5,420).
70. Question: How often, if at all, do you use drugs other than alcohol? (See list of drugs above). Base: All LGBTQ+ adults (n=3,089); All cis-heterosexual adults (n=5,420).
71. Summed PSGI scores. Base: all LGBTQ+ adults who have spent money on gambling in the last 12 months (n=1,622); All cis-heterosexual adults who have spent money on gambling in the last 12 months (n=3,004).
72. Question: How often, if at all, do you use drugs other than alcohol? (See list of drugs above). Base: All LGBTQ+ adults (n=3,089); All cis-heterosexual adults (n=5,420).
73. Question: Do you use more than one type of drug on the same occasion? Please do NOT include alcohol in your answer. Base: LGBTQ+ adults who have used drugs in the last 12 months (n=630); cis-heterosexual adults who have used drugs in the last 12 months (n=447).
74. Question: 'Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?' Base: LGBTQ+ adults who use drugs (n=630). Cis-heterosexual adults who use drugs (n=421).
75. Question: 'Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?' Base: LGBTQ+ adults who use drugs and score increasing or higher risk (8+) on the AUDIT (n=354); LGBTQ+ adults who use drugs and score low risk (0-7) on the AUDIT (n=242). Cis-heterosexual adults who use drugs and score increasing or higher risk (8+) on the AUDIT (n=286); cis-heterosexual adults who use drugs and score low risk (0-7) on the AUDIT (n=135).
76. Question: 'Have you spent any money on any of the following activities in the last 12 months? Please tick all that apply.' Base: all LGBTQ+ adults (n=3,089); all cis-heterosexual adults (n=5,420).
77. Assessed via the Problem Gambling Severity Index (PGSI). The PGSI is a screening tool that helps identify individuals who may be at risk or experiencing harm due to their gambling behaviours. It asks participants to self-assess their gambling behaviour over the past 12 months by scoring themselves against nine questions. A positive screen is a score of 1 or more. The scoring categories are as follows:
 - Non-problem gambler (0): Gamble with no negative consequences.
 - Low-risk gambler (1-2): Gamble with few or no identified negative consequences. For example, they may very occasionally spend over their limit or feel guilty about their gambling.
 - Moderate-risk gambler (3-7): experience a moderate level of problems leading to some negative consequences. For example, they may sometimes spend more than they can afford, lose track of time, or feel guilty about their gambling.
 - Problem gambler (8+): Gamble with negative consequences and a possible loss of control. For example, they may often spend over their limit, gamble to win back money and feel stressed about their gambling.
78. Summed PSGI scores. Base: all LGBTQ+ adults who have spent money on gambling in the last 12 months (n=1,622); All cis-heterosexual adults who have spent money on gambling in the last 12 months (n=3,004).

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80. Question: 'On the basis of your sexual orientation and/or gender identity, how supported do you feel by the following...' [1-5 scale]. Base: LGBTQ adults who drink and felt 'not supported at all' (1-2) by their family (n=325); LGBTQ adults who drink and felt 'completely supported' (4-5) by their family (n=1,359).
81. Question: 'To what extent do you agree with the following statement: I feel part of an LGBTQ+ community/ LGBTQ+ communities...'
- Base: LGBTQ+ adults who drink and agreed (1,314); disagreed (n=654); neither agreed nor disagreed (n=543)
82. Question: Here are some things people have said they do to moderate their drinking. Have you tried any of these? Base: LGBTQ+ adults who score low risk (n=1,713); increasing risk (n=657); higher risk (n=306) on the AUDIT. Cis-heterosexual adults who score low risk (n=3,317); increasing risk (n=1,056); higher risk (n=335) on the AUDIT.
83. Base: LGBTQ+ adults who score higher risk (n=306) on the AUDIT. Cis-heterosexual adults who score higher risk (n=335) on the AUDIT.
84. Base: LGBTQ+ women who drink at increasing or higher risk on the AUDIT (n=427); cis-heterosexual women who drink at increasing or higher risk on the AUDIT (n=543). Excludes non-binary respondents.
85. Base: LGBTQ+ men who drink at increasing or higher risk on the AUDIT (n=515); cis-heterosexual men who drink at increasing or higher risk on the AUDIT (n=848). Excludes non-binary respondents.
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92. Question: 'Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you... SUM. Base: LGBTQ+ adults who drink at increasing or higher risk level on the AUDIT (8+) (n=963); cis-heterosexual adults who drink at increasing or higher risk levels on the AUDIT (8+) (n=1,391).
93. Question: 'In the last 12 months, have you been concerned about someone else's drinking? This could include family members, friends, work colleagues etc.' Base: All LGBTQ adults (n=3,089); all cis-heterosexual adults (n=5,420).
94. Base: LGBTQ women (n=1,517); LGBTQ+ men (n=1,453); Cis-heterosexual women (n=2,896); Cis-heterosexual men (n=2,524). LGBTQ+ sample excludes non-binary respondents (n=119).
95. Base: LGBTQ+ adults (18-34, n=1,220; 35-54, n=1,133; 55+, n=736); Cis-heterosexual adults (18-34, n=1,224; 35-54, n=1,820; 55+, n=2,376).
96. UK Chief Medical Officers' Low Risk Drinking Guidelines
97. Question: Have you ever experienced any of the following situations when using or trying to access healthcare services? Please tick all that apply: 'Difficulty in gaining access to healthcare', 'Specific needs ignored (not taken into account)', 'Inappropriate curiosity', 'Receiving unequal treatment when dealing with medical staff', 'Foregoing treatment for fear of discrimination or intolerant reactions', 'Having to change general practitioners or other specialists due to their negative reaction', 'Pressure or being forced to undergo any medical or psychological test', 'none of the above', and 'Prefer not to say'
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99. Base: LGBTQ+ adults who contacted a support service/organisation (n=188); cis-heterosexual adults who contacted a support service/organisation (n=139).
100. Meads, C., Zeeman, L., Sherriff, N., & Aranda, K. (2023). Prevalence of alcohol use amongst sexual and gender minority (LGBTQ+) communities in the UK: a systematic scoping review. *Alcohol and Alcoholism*, agad029.
101. As age and sex have been referred to elsewhere in the report, it is omitted here. The questionnaire did not include a question on pregnancy/ maternity status.
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106. Among our sample, 1,167 LGBTQ+ adults and 1,595 cis-heterosexual adults reported having a disability. Question: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? No; Yes, limited a little; Yes, limited a lot. Report presents NET: Has a disability.
107. Summed AUDIT scores. Base: LGBTQ+ adults who drink and report a disability (n=955); LGBTQ+ adults who drink and do not report a disability (n=1,699).
108. Base: LGBTQ+ adults with a disability (n=1,167); LGBTQ+ adults without a disability (n=1,900); cis-heterosexual adults with a disability (n=1,595); cis-heterosexual adults without a disability (n=3,795).
109. This section compares LGBTQ+ and cis-heterosexual adults from ethnic minority backgrounds (excluding white minorities) to LGBTQ+ and cis-heterosexual adults from white ethnic backgrounds (including English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, Roma, and any other white background). The LGBTQ+ and cis-heterosexual samples included 218 and 271 adults from ethnic minority backgrounds (excluding white minorities), and 2,770 and 4,960 adults from white ethnic backgrounds respectively.
110. Question: 'On the basis of your sexual orientation and/or gender identity, have you experienced discrimination in any of the following settings...'. Base: Ethnic minority LGBTQ+ adults in employment (n=107), White LGBTQ+ adults in employment (n=1,516).
111. Base: Ethnic minority LGBTQ+ adults (n=198); White LGBTQ+ adults (n=2,671).
112. Question: 'Have you ever experienced any of the following situations when using or trying to access healthcare services? Please tick all that apply'. Base: Ethnic minority LGBTQ+ adults (n=198); White LGBTQ+ adults (n=2,671).

113. Question: Because of SOMEONE ELSE'S drinking, how often in the last 12 months have you... SUM. Base: Ethnic minority LGBTQ+ adults (n=218); White LGBTQ+ adults (n=2,778).
114. PHQ-4. Base: ethnic minority LGBTQ+ adults (n=218); ethnic minority cis-heterosexual adults (n=271)
115. Base: Ethnic minority LGBTQ+ adults (n=218); white LGBTQ+ adults (n=2,778).
116. Question: 'If you or somebody close to you (for example a friend or member of your family) was experiencing problems with alcohol use, how confident are you that you would know how to find and contact services or organisations providing help and advice?' Base: Ethnic minority LGBTQ+ adults (n=218); Ethnic minority cis-heterosexual adults (n=271).
117. Base: Ethnic minority LGBTQ+ adults (n=218); white LGBTQ+ adults (n=2,778).
118. Base: Ethnic minority cis-heterosexual adults (n=271); white cis-heterosexual adults (n=4,960).
119. As measured by Index of Multiple Deprivation.
120. Base: LGBTQ+ adults living in the most deprived areas (n=643); cis-heterosexual adults living in the most deprived areas (n=836).
121. Base: LGBTQ+ adults who drink alcohol living the most deprived areas (n=471); least deprived areas (n=546); Cis-heterosexual adults who drink alcohol living the most deprived areas (n=692); least deprived areas (n=1,104).
122. Base: LGBTQ+ adults who drink alcohol living the most deprived areas (n=471); Cis-heterosexual adults who drink alcohol living the most deprived areas (n=692).

Appendix

SAMPLING METHODOLOGY

For both samples, the survey was conducted using an online interview administered to members of the YouGov Plc UK panel of 800,000+ individuals who have agreed to take part in surveys. Emails are sent to panellists selected at random from the base sample. The e-mail invites them to take part in a survey and provides a generic survey link. Once a panel member clicks on the link they are sent to the survey that they are most required for, according to the sample definition and quotas. (The sample definition could be “GB adult population” or a subset such as “GB adult females”). Invitations to surveys do not expire and respondents can be sent to any available survey. The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample. The profile is normally derived from census data or, if not available from the census, from industry accepted

A total of 2,386 UK adults were interviewed, who were classified as LGBTQ+. These were combined with 703 respondents in these categories who naturally fell out of the main Monitor sample, to make a total of 3,089 respondents in the final LGBTQ+ dataset.

For further information on the methodology for the cis-heterosexual sample, see our 2023 [Drinkaware Monitor](#) technical report.

Classification

The process of classifying respondents as LGBTQ+ involved several questions, as follows:

S1. At birth were you described as:

A later question gives the option to tell us if your gender is different from your sex registered at birth, and, if different, to record your gender.

We are asking this question because the effects of alcohol consumption, and some other health matters covered in this survey, are affected by your sex.

1. Male
2. Female
3. Intersex
4. Prefer not to say

S2. Is the gender you identify with the same as your sex registered at birth?

1. Yes
 2. No
- If No at S2*

S2a. How would you describe your current gender identity? (open response)

S3. How would you describe your sexual orientation?

1. Bisexual
2. Heterosexual
3. Queer
4. Pansexual
5. Unsure
6. Lesbian
7. Asexual
8. Gay
9. Another way (open response)
10. Prefer not to say

Respondents were classified as LGBTQ+ if they fell into the categories: Bisexual, Queer, Pansexual, Lesbian, Asexual, Gay, Another way.

In total, 3,004 respondents fell into one of these categories.

Respondents were classified as trans or non-binary based on their responses at S1, S2 and S2a.

Reviewing the responses revealed that responses to S2 alone could not be relied upon to define trans/non-binary people, because many respondents gave answers which suggested they had possibly misunderstood the question. A common example of this was respondents giving a gender at S2a which matched their sex as provided at S1, despite saying ‘no’ at S2. There were also instances of respondents typing irrelevant and possibly facetious terms. Respondents were classified as trans/non-binary if they met one of the following criteria:

- They typed a relevant term at S2a (any form of trans/transgender etc, non-binary, genderqueer, acronyms such as MTF and FTM)
- They typed male/female or man/women at S2a where this was a ‘mismatch’ with their response at S1.

In total, 241 respondents were classified as trans/non-binary using this approach. Note that many respondents fell into both the ‘LGBTQ+’ category and the ‘trans or non-binary’ category.

LGBTQ+ sample breakdown

Sample Achieved n	Achieved n
Bisexual	748
Queer	166
Pansexual	116
Lesbian	918
Asexual	116
Gay	940
Another way	56
Trans/non-binary	241

Weighting

The component of the sample, which was classified as LGB were weighted by age, gender, ethnicity, region, sexual orientation, and social grade. The weighting targets for these factors were based on demographic information from the Annual Population Survey, sourced from the Office for National Statistics.

The sexual orientation categories from the Annual Population Survey data are significantly less detailed than those included in this survey. For weighting purposes, ‘Pansexual’ was combined with ‘Bisexual’, and ‘Queer’, ‘Asexual’ and ‘Another way’ were placed into ‘Other’.

For the trans/non-binary component of the sample, it was not possible to apply any weighting because official data on this population is limited, and at the time, there was no suitable published source of demographic information which could be used to create a weighting profile. Therefore, respondents who were classified as trans/non-binary and who did not also fall into one of the ‘LGBTQ+’ categories, were left unweighted in the final data. However, due to the considerable overlap between those classified as LGBTQ+ and those classified as trans/non-binary, this applied to a very small number of respondents (n=29).

Table A1 below shows the unweighted and weighted sample breakdown for the portion of the sample that was included in the weighting (3,060 respondents).

TABLE A1 Unweighted and weighted sample breakdown (LGBT+ dataset)

	Sample Unweighted	Unweighted %	Weighted N	Weighted %
Male	1479	48%	1580	52%
Female	1581	52%	1480	48%
18 to 34	1209	40%	1538	50%
35 to 49	874	29%	684	22%
50-64	630	21%	507	17%
65+	347	11%	331	11%
North East	107	4%	96	3%
North West	322	11%	265	9%
Yorkshire and Humber	245	8%	205	7%
East Midlands	202	7%	233	8%
West Midlands	200	7%	250	8%
East of England	233	8%	227	7%
London	411	13%	554	18%
South East	433	14%	536	18%
South West	255	8%	243	8%
Wales	221	7%	170	6%
Scotland	336	11%	241	8%
Northern Ireland	95	3%	41	1%
ABC1	1964	64%	1652	54%
C2DE	1096	36%	1408	46%
White	2751	90%	2751	90%
BAME	217	7%	278	9%
Unknown ethnicity	92	3%	31	1%
Gay/lesbian	1858	61%	1436	47%
Bisexual	748	24%	1010	33%
Other	454	15%	614	20%

