



# Alcohol use amongst gender and sexual minorities in the UK: A review of evidence

## Background

In early 2021, the University of Brighton was asked to conduct a comprehensive review of the research evidence on alcohol use amongst Lesbian, Gay, Bi-sexual, Trans, and other gender and sexual minority people (LGBT+) in the UK. Previous studies show that alcohol use tends to be higher amongst LGBT+ populations compared to heterosexual ('straight') populations and those who are cis-gendered<sup>1</sup>. This inequality is important to address because high alcohol intake can be both the cause of and the result of, physical and mental short- and longer-term problems including psychological or emotional problems such as anxiety, depression, and suicide ideation, alcohol dependency, learning and memory problems including dementia, as well as an increased risk of sexually transmitted infections such as HIV and unintended pregnancy, miscarriage, and stillbirth.

To date there has not been any systematic scoping review of harmful drinking amongst gender and sexual minority communities in the UK, nothing on how such drinking may change over time including periods of significant disruption such as the Covid-19 pandemic, nor has there been any systematic overarching view on what interventions or promising practices may exist to address the alcohol related support needs of LGBT+ people. Understanding the evidence on alcohol use and interventions including what might be missing, is important for policy making, improving research for and with LGBT+ people, and for supporting and improving gender and sexual minority inclusive practices.

## What did our review focus on?

In order to bring together relevant evidence on alcohol misuse for LGBT+ communities in the UK, between November 2021 and April 2022 we conducted a systematic scoping review. A systematic scoping review is a type of research method that allows a thorough and detailed review of existing literature on a particular topic using the best evidence available. Our review was designed to answer three questions:

1. What is the prevalence<sup>2</sup> of hazardous/harmful drinking among gender and sexual minority communities in the UK?
2. How does alcohol use change among gender and sexual minorities in the UK throughout the life course (over time)?
3. What are the international interventions or promising practice utilised to address the alcohol related support needs of gender and sexual minority communities?

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<sup>1</sup> Cisgender describes a person whose gender identity and sex assigned at birth are the same.

<sup>2</sup> Prevalence is the proportion of a population who have a specific characteristic in a given time period.

## How we did the review

To answer our three questions, we systematically searched, identified, selected, appraised, and summarised the research evidence on alcohol use amongst LGBT+ in the UK. We developed a series of inclusion and exclusion criteria relevant to the key questions allowing us to extract relevant literature (evidence) from a series of electronic databases including CINAHL, Cochrane Library (Central), Embase, MEDLINE, PsycINFO and Web of Science, and the Science Citation Index. We also searched relevant charity websites, a private library of LGBT+ health research, and explored relevant citations from systematic and other reviews and relevant primary studies. The full details of how this systematic scoping review was conducted can be found in our accompanying report<sup>3</sup>.

## What we found

**Question 1. What is the prevalence of hazardous/harmful drinking among gender and sexual minority communities in the UK?** - In 19 of the 29 studies we retrieved of UK-based sexual orientation or LGBT+ populations compared to UK-based heterosexual populations, all had higher rates of alcohol use in sexual minority and LGBT+ populations compared to the heterosexual populations. We found little information around drinking prevalence in trans and non-binary communities although drinking rates seemed high when compared to average rates of drinking in the UK population. There was no information available on alcohol use in the UK amongst intersex people.

*"I am a trainee doctor and would be considered successful, but I hide the fact that it's a daily struggle. I often deal with depression and alcohol dependence due to absence of self-esteem, both resulting from childhood bullying. I've little support and live a fairly lonely life. Many LGBT people have similar experiences. It's great that things are moving forward, but for many, significant damage of the past remains a factor in the present".*

When looking at drinking levels during the COVID-19 pandemic, several UK LGBT+ charities enquired about alcohol use but there we found no published studies on alcohol use in LGBT+ communities compared to heterosexual populations during this time. The relatively low-quality data that is available suggest more problems with alcohol misuse during the pandemic than beforehand. Where LGBT+ people reported increased alcohol use during lockdown, very few had access to alcohol use services during this period.

**Question 2. How does alcohol use change among gender and sexual minorities in the UK throughout the life course?** – To answer this question large scale longitudinal (cohort) studies are ideally needed which follow groups of people over time, and which include a measure of sexual orientation and/or gender identity. However, our review found no such studies in the UK. This means it was only possible to explore alcohol use according to different age groups (e.g. younger, older) rather than more continuously over the lifespan.

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<sup>3</sup> Zeeman, L., Meads, C., Sherriff, N.S., & Aranda, K. (2022). A systematic scoping review of alcohol use amongst gender and sexual minorities. Final report to Drinkaware. Brighton: University of Brighton.

We found higher rates of excessive and regular alcohol use in younger LGB people and older LGB people, compared to heterosexual people. There was very little information available regarding alcohol use and protected characteristics generally (such as age, disability, ethnicity etc). Evidence from before 2008 suggests that high rates of alcohol misuse have been prevalent in the LGB communities for many years with the worst drinking in women and in the younger age groups, but there is no early evidence on alcohol use in the trans, intersex or asexual communities in the UK.

We also considered known risk factors for alcohol misuse including dependence. Examples included: binge drinking; having at least one parent with alcoholism; having a mental health problem including anxiety, depression, and bipolar disorder; low self-esteem; stress; coming from a culture where alcohol abuse is comparatively common; and lack of family support. In UK LGBT+ communities there seems to be higher rates of these kinds of risk factors compared to heterosexual and cisgender majority.

**Question 3. Which international interventions have been used to address alcohol-related support needs of gender and sexual minority communities?** – We found some evidence on the effectiveness of different types of interventions addressing alcohol misuse in sexual minorities such as cognitive behavioural therapy combined with motivational interviewing, behavioural couple therapy, and modified behavioural self-control training. Although we identified UK-based LGBT+ Alcoholics Anonymous (AA) meetings, there was no evidence found on the effectiveness of these. Some UK qualitative research on LGBT+ people’s experiences of attending these services showed some difficulties, with people anticipating or experiencing homophobia, biphobia and transphobia or other problems in meetings. Also, some encountered presumptions that alcohol or mental difficulties were due to sexual orientation or gender identity, difficulties with the religious overtones, and feeling intimidated by mainstream services that added additional stress.

*"When I started in AA, before my transition I was sometimes misgendered and people thought that they misheard my masculine name. After I transitioned, I also had fear that I would be outed somehow and rejected from the group which would mean that I lost my support in recovery. To be honest, I still have that fear... And the fear that if I got outed in AA, that I might get outed in the wider community outside of AA."*

Our review revealed some studies looking at the effectiveness of interventions for general wellbeing that were evaluated in relation to LGBT+ people and measured alcohol use. Some of these were novel interventions or promising practices, such as a game-based intervention for young people, and the introduction of an anti-homophobia policy, both of which showed positive results, and some were more well-known interventions such as mindfulness and motivational enhancement. Some of these were successful in reducing alcohol consumption, particularly gay-straight alliances and anti-homophobia policies in schools, but some less so, such as mindfulness.

## Implications of the review: key take home points

- 1) We found good evidence to show that the prevalence of hazardous or harmful drinking amongst gender and sexual minority communities in the UK (LGBT+ people) is higher than heterosexual and cisgender people across all ages and over a number of years, and that the COVID-19 pandemic may have made the situation worse.
- 2) High alcohol intake can result in a number of physical and mental short- and longer-term problems and there is some evidence that these are more prevalent in LGBT+ people.
- 3) Some mainstream counselling interventions may be effective in reducing harmful alcohol consumption, but very little of this research explores the experiences of trans, non-binary and intersex people.
- 4) LGBT+ people encounter some difficulties with accessing mainstream programmes such as the AA, and that these could be more effectively tailored to address the specific needs of LGBT+ people. All service providers must ensure that alcohol services are LGBT+ inclusive; where this is not attainable, dedicated services with a specific focus on LGBT+ communities are needed.
- 5) Service providers should make every effort to foster an environment and treatment experience of affirmation and inclusivity by consulting with their local LGBT+ populations and by learning about LGBT+ people's lives where underlying societal or structural factors may have increased reliance on alcohol.
- 6) There are a lot of gaps in the evidence based partly due to alcohol use being measured differently in many studies, but also because sexual orientation and gender identity measures are not routinely collected or the results reported. With better designed research studies (including large cohort studies) that measure sexual orientation and gender identity, important evidence can be generated to inform policy, practice and research to address the specific alcohol-related health needs of LGBT+ people, with the aim to achieve greater health equity for these diverse communities.

## Further Information

This research was carried out for Drinkaware by: Dr Laetitia Zeeman, Prof Catherine Meads, Prof Nigel Sherriff, and Dr Kay Aranda on behalf of the University of Brighton. For further information or enquiries please contact:

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