

drinkaware

Out in the open:

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

Summary Report

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About Drinkaware

Drinkaware is the UK's leading alcohol charity which aims to reduce alcohol harm. We achieve this by providing impartial, evidence-based information, advice and practical resources; raising awareness of alcohol and its harms and working collaboratively with partners.

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.

Background

Multiple reports and studies[1],[2],[3] consistently indicate that gender and sexual minorities (GSM), 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.

A systematic scoping review,[4] commissioned by Drinkaware, highlighted the inconsistency and incomparability of data, as well as paucity of data for certain gender and sexual minority subgroups. Comprehensive data on various aspects of alcohol use (beyond typical consumption) is rare, such as occasions and motivations for drinking, propensity and willingness to moderate, the impact of others' drinking, the clustering of addictive behaviours, association between alcohol use and mental health, and help-seeking behaviour.

This report aims to bridge knowledge gaps by providing a comprehensive overview of alcohol consumption, drinking behaviour, and experiences of 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. It does so by utilising a large sample size and making comparisons not only with a cisgender heterosexual sample, but also between various LGBTQ+ subgroups.

[1] Stonewall. (2018). [LGBT in Britain – Health Report](#). London: Stonewall.

[2] LGBT Foundation. (2020, February). [Hidden Figures: LGBT Health Inequalities in the UK](#).

[3] Institute for Alcohol Studies. (2021, July). [LGBTQ+ People and Alcohol](#). Briefing.

[4] Meads, C., Zeeman, L., Sherriff, N., & Aranda, K. (2022). [LGBT+ Drinkaware: A systematic scoping review of alcohol use amongst gender and sexual minorities](#).

Who did we survey?

Methodology

Drinkaware commissioned YouGov to carry out a survey asking more than 3,000 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. This data was compared to a cisgender heterosexual population (n=5,420) derived from Drinkaware's annual Drinkaware Monitor.

The gender and sexual minority (GSM) sample figures have been weighted and are representative of all UK LGB adults (aged 18+). The cisgender heterosexual sample figures have been weighted and are representative of all UK adults (aged 18+).

More details about the survey and the methodology can be found in the full report and on Drinkaware's website.

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 [▲ ▼].

Glossary

Alcohol risk: in this report, alcohol risk is classified according to the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) (or its short-form AUDIT-C), which screens for hazardous drinking. 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, or Possible dependence.

For ease, or where sample size is constrained, respondents who score 'increasing risk' or above are referred to as 'hazardous' drinkers. Similarly, 'high risk' and 'possible dependence' categories are in some cases combined to indicate 'higher risk' 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 8 units or more in a single session for men and 6 units or more in a single session for women.

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 the 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, bisexual, transgender, queer, questioning and asexual/ace.

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 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.

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.

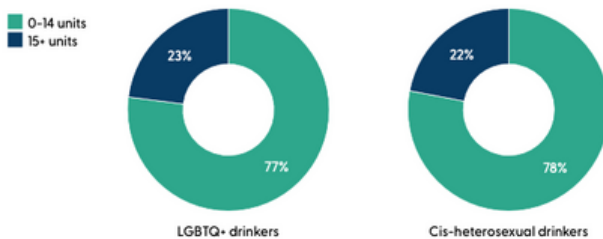
Findings and Interpretations

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

Contrary to previously published findings[5],[6],[7], LGBTQ+ and cis-heterosexual adults tend to drink about the same amount of alcohol in terms of how often and how much overall. They also share similar proportions of non-drinkers (14% vs 13%[8], respectively) and drinkers who exceed the Chief Medical Officer's low-risk drinking guidelines of 14 units per week (23% and 22%, respectively; Figure 1). Similarly, LGBTQ+ and cis-heterosexual drinkers both cite similar occasions for drinking, with 'going out for a meal' being the most common for both (80% and 81%, respectively; Figure 2). However, LGBTQ+ drinkers have a greater tendency to drink in the night-time economy and when socialising with friends than cis-heterosexual drinkers, who instead, have a greater tendency to drink at home with their family or a partner. This difference between the two may reflect the importance of nighttime economy spaces within LGBTQ+ communities.

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

Units consumed in the previous week

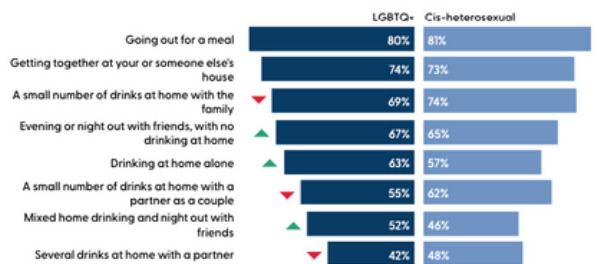


Summed alcohol units consumed in the previous week. Base: LGBTQ+ people who drink alcohol (n=2,676); Cis-heterosexual people who drink alcohol (n=4,708).

Figure 1

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 2

Drinking motivations are particularly distinct among LGBTQ+ drinkers

Although drinking for social reasons (such as, "makes social gatherings more fun") and enhancement (such as, "to get a buzz") are the most common motivations for all drinkers (Figure 3), LGBTQ+ drinkers generally place greater importance on these motivations compared to cis-heterosexual drinkers (31% and 23% vs. 25% and 14% for the stated examples, respectively). In fact, LGBTQ+ drinkers place significantly more importance on all drinking motivations – painting a relatively complex view of the motivations prevalent among them, as it means that other drinking motivations, not associated with socialising or enhancement, such as drinking to fit in (average citation by LGBTQ+ and cis-heterosexual drinkers = 10% and 7%, respectively; Figure 3) and drinking to cope (average citation by LGBTQ+ and cis-heterosexual drinkers = 7% and 5%, respectively; Figure 3), are also significantly more common among LGBTQ+ drinkers. This mix of contradictory motivations may explain some of the drinking behaviours exhibited, and drinking occasions partaken, by these individuals – and subsequently, some of the alcohol-related consequences and harms widely, and distinctly, experienced by this group.

[5] Stonewall. (2018). [LGBT in Britain – Health Report](#). London: Stonewall.

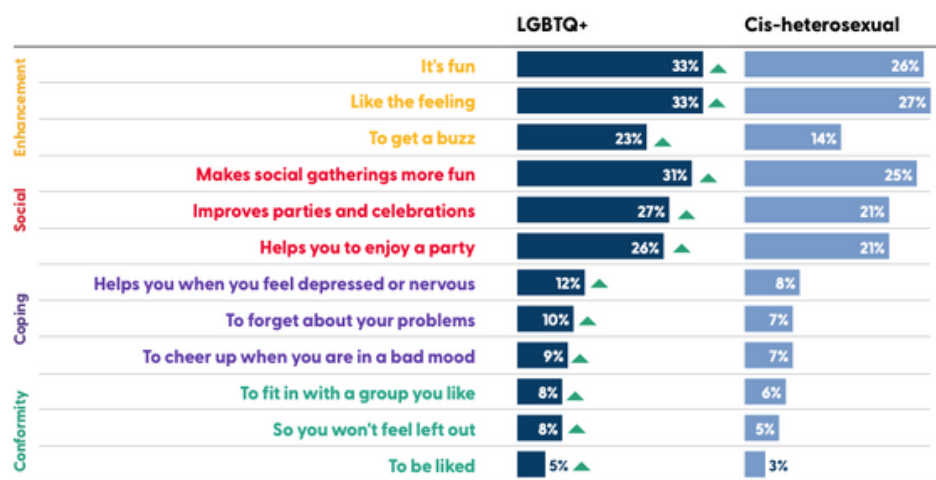
[6] LGBT Foundation. (2020, February). [Hidden Figures. LGBT Health Inequalities in the UK](#).

[7] Institute for Alcohol Studies. (2021, July). [LGBTQ+ People and Alcohol](#). Briefing.

[8] Base: All LGBTQ+ people (n=3,089); all cis-heterosexual people (n=5,420).

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 3

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

LGBTQ+ drinkers tend to socialise and drink more in nightlife settings, compared to cis-heterosexual drinkers (Figure 2), perhaps due to the increased importance placed on socialisation and enhancement drinking motivations (Figure 3). These settings are often associated with a culture of heavy drinking, and indeed, LGBTQ+ drinkers are more likely than their cis-heterosexual counterparts to ever engage in binge-drinking (70% and 62%, respectively; Figure 4), and typically drink more alcohol on a day when they were drinking, with 18% of LGBTQ+ drinkers consuming 7 or more units on a typical drinking day, compared to 16% of cis-heterosexual drinkers. This would suggest a propensity of LGBTQ+ drinkers to opt for occasional nights out of heavy drinking, as opposed to increased regular consumption, compared to cis-heterosexual drinkers. These differences were particularly stark for women, with LGBTQ+ women being significantly more likely than cis-heterosexual women to exceed the low-risk drinking guidelines (17% and 13%, respectively), drink 7 or more units on typical drinking day (14% and 10%, respectively), and binge drink on a weekly basis (13% and 10%, respectively).

This propensity to binge-drink results in LGBTQ+ adults being more likely to score 'increasing or higher risk' than cis-heterosexual drinkers (36% and 30%, respectively) on the Alcohol Use Disorders Identification Test (AUDIT), a screening tool developed by the World Health Organization to identify hazardous or harmful alcohol use. Similarly, these drinking habits potentially also mean LGBTQ+ drinkers are more likely to experience the negative consequences of drinking particularly associated with hazardous drinking in a nightlife setting, such as blackouts (28% and 21%, respectively) and alcohol-related injuries (20% and 13%, respectively), as well as symptoms of dependence, such as being unable to stop drinking once started (25% and 17%, respectively).

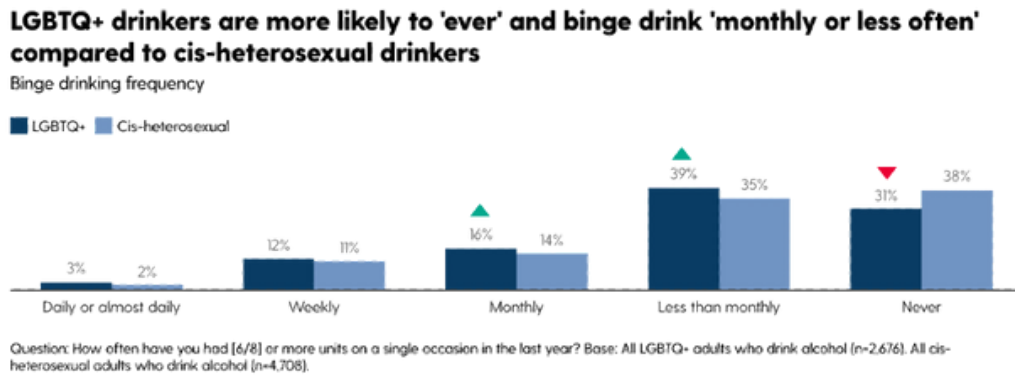


Figure 4

Recommendation 1: 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 or soft drinks in bars, clubs, and LGBTQ+ social spaces could be encouraged as an alternative to binge drinking.

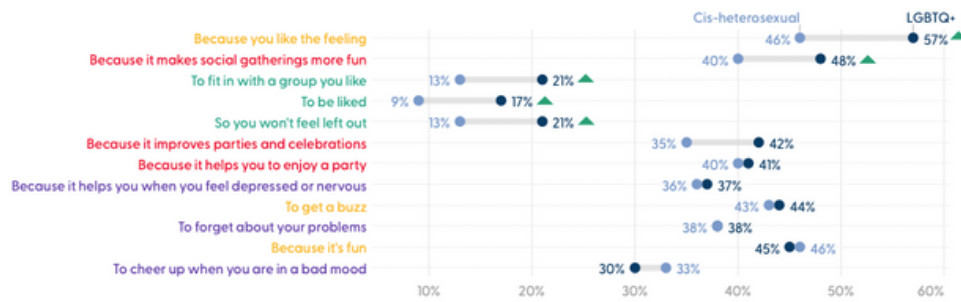
A propensity to socialise and drink in a nightlife setting may also particularly motivate LGBTQ+ drinkers to drink for conformity reasons

Although the propensity to socialise and drink in a nightlife setting may, in some cases, be motivated by social and enhancement reasons, it is also possible that these drinking occasions particularly motivate LGBTQ+ drinkers, especially those drinking at higher risk, to drink in order to fit in. Such motivations provide clear distinction between LGBTQ+ and heterosexual higher-risk drinkers, with LGBTQ+ adults who drink at higher risk levels being 47% more likely to cite drinking “to be liked”, and 38% more likely to cite drinking “to fit in with a group you like” and “so you won’t feel left out” than their cis-heterosexual counterparts (Figure 5). These findings may resonate with reports of peer pressure to drink in the commercial gay scene, which is characterised by an excessive drinking culture, and where non-drinking can be met with hostility.[9]

[9] Emslie, C., Lennox, J., & Ireland, L. (2017). The role of alcohol in identity construction among LGBT people: A qualitative study. *Sociology of health & illness*, 39(8), 1465-1479.

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 5

Minority stress may motivate LGBTQ+ adults to drink to cope

Although LGBTQ+ drinkers are particularly likely to drink for social and/or enhancement reasons in the nightlife setting, they are also more likely to drink at home alone (63% and 57%, respectively; Figure 2) – an occasion deemed to be a particular indicator of risky drinking, which is often motivated by a desire to use alcohol to cope with stresses or worries. Worryingly, 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%). The feeling of needing to drink to cope may be due to the prominent “minority stress” hypothesis which describes the unique stresses faced by LGBTQ+ individuals, and, although causality cannot be established, may be supported by the finding that high-risk LGBTQ+ drinkers reported significantly increased rates of discrimination based on their sexual orientation and/or gender identity, compared to low-risk LGBTQ+ drinkers (15% and 9%, respectively)[10].

Recommendation 2: Increase awareness of drinking motives

The findings highlight the varying motivations for alcohol use within different populations and emphasise the importance of understanding these factors when addressing risky drinking behaviours. 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.

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 (33% and 20%, respectively), anxiety (37% and 20%, respectively)[11], and overall life dissatisfaction (18% and 12%, respectively) when compared to cis-heterosexual adults. These mental health challenges are closely linked to hazardous alcohol use, with positive screening rates for depression and anxiety rising to 50% and 52%, respectively in

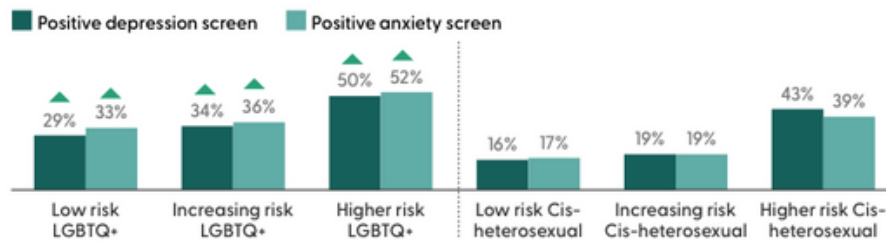
[10] Question: "On the basis of your sexual orientation and/or gender identity, have you experience discrimination in any of the following settings". Reports % experienced discrimination 'sometimes/often' for any of the following places: workplace, education/training, healthcare, local public services, local community, LGBT communities, online communities.

[11] Using the Patient Health Questionnaire-4 (PHQ-4)—an ultra-brief screener for anxiety and depression.

higher-risk LGBTQ+ drinkers, compared to 29% and 33%, respectively, in low-risk LGBTQ+ drinkers and 43% and 39% in higher-risk cis-heterosexual drinkers (Figure 6). This difference in higher-risk drinkers is entirely driven by significantly increased rates of these disorders among higher-risk LGBTQ+ women drinkers, compared to cis-heterosexual women drinkers, as there is no significant difference in the prevalence of anxiety and depression between LGBTQ+ and cis-heterosexual male higher-risk drinkers.

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 6

Compared to heterosexual adults, a higher proportion of LGBTQ+ adults smoke (14% and 18%, respectively), have used illegal drugs in the last 12 months (9% and 23%, respectively), and have experienced gambling harms (18% and 25%, respectively). Risky drinking was also found to be associated with these behaviours in both populations – however, among LGBTQ+ drinkers, this association was more pronounced, suggesting a clustering of addictive behaviours.

Recommendation 3: 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.

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

LGBTQ+ adults are significantly more likely to experience every negative impact from someone else's drinking, with more than half (54%) of LGBTQ+ adults reporting experiencing at least one negative impact from someone else's drinking, compared to 40% of cis-heterosexual adults. LGBTQ+ women are particularly likely to experience these negative impacts, being significantly more likely to experience any harm (59%), compared to all their counterparts (LGBTQ+ men = 50%, cis-heterosexual men = 39%, and cis-heterosexual women = 40%).

Not only do LGBTQ+ adults experience more alcohol-related harm than cis-heterosexual adults, but the negative effects they are more likely to experience also tend to be more severe, including sexual harm (7% and 3%, respectively), physical threats (14% and 7%, respectively), 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 – with this difference largely stemming from the increased levels of harm experienced by low- and increasing-risk LGBTQ+ drinkers, compared to their cis-heterosexual counterparts (48% vs 33% and 66% vs 52%, respectively; Figure 7).

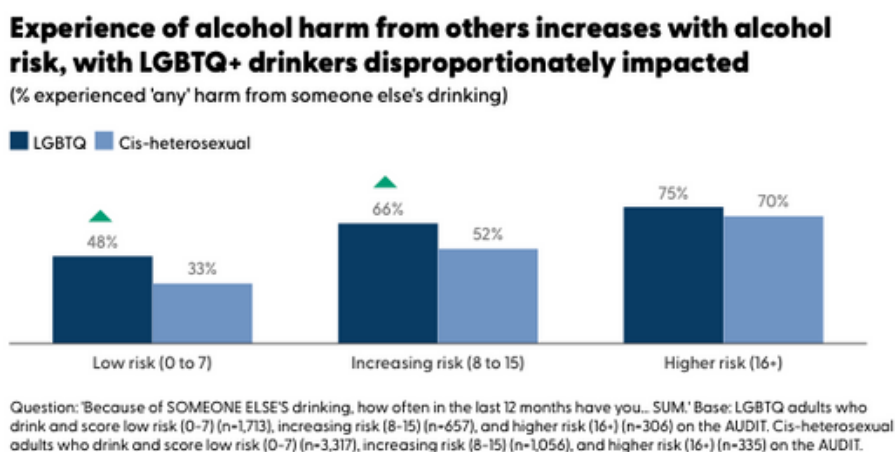


Figure 7

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

Facing discrimination and stigma,[12],[13] LGBTQ+ people may be more susceptible than their cis-heterosexual counterparts to experience harms from other people's drinking. This hypothesis is supported by the observation that, although experience of harm decreases with age across both populations, LGBTQ+ individuals are consistently significantly more likely to experience harm from others' drinking at every age, compared to their cis-heterosexual counterparts (Figure 8).

This may also suggest, however, that LGBTQ+ people, of every age, are more likely to find themselves in social situations where they are more exposed to others' harmful drinking behaviours – for example, the propensity of LGBTQ+ drinkers to drink and socialise in a nightlife setting (Figure 2), a setting particularly associated with heavy drinking, may increase the chance of encountering individuals engaging in harmful drinking behaviours.

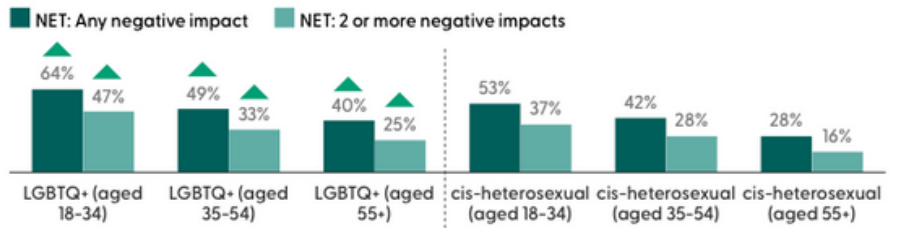
These findings, paired with the prevalence of risky drinking behaviours among LGBTQ+ communities (such as increased binge drinking (Figure 5) and increased alcohol consumption on a typical drinking day), may suggest that LGBTQ+ people have social networks that include a higher proportion of hazardous drinkers compared to cis-heterosexual people – subsequently increasing their exposure to hazardous drinkers within their own social circles.

[12] Moleiro, C., & Pinto, N. (2015). Sexual orientation and gender identity: review of concepts, controversies and their relation to psychopathology classification systems. *Frontiers in psychology*, 6, 1511.

[13] European Union Agency for Fundamental Rights (2014). *European LGBT Survey: Main Results*. Luxembourg: Publications Office of the European Union.

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 8

Recommendation 4: Support for individuals experiencing alcohol harm from others

Ensure access to support services for individuals who have experienced 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. In addition, 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.

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

Although potentially increased exposure to hazardous drinkers, in a nightlife setting or within social circles, may lead to LGBTQ+ adults experiencing more harm from others' drinking, this increased exposure may also explain why this group are additionally more likely to be concerned about someone else's drinking in the last 12 months, compared to their cis-heterosexual counterparts (35% and 29%, respectively).

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 (41% and 33%, respectively), whilst LGBTQ+ adults were also increasingly likely to be concerned about their parent/guardian's drinking (19% and 13%, respectively).

This level of concern also varies with age and gender, as women, regardless of sexual orientation and/or gender identity, are more likely to be concerned about someone else's drinking than men, while younger (aged 18-34) and middle-aged (aged 35-54) LGBTQ+ adults are more likely to report concerns about someone else's drinking compared to their cis-heterosexual counterparts. However, there is no difference between LGBTQ+ and cis-heterosexual adults aged 55 and above.

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

LGBTQ+ drinkers showed a significantly improved ability to recognise that their current level of drinking will lead to increased future health problems, compared to cis-heterosexual drinkers (19% and 17%, respectively). This improved awareness of potential health concerns may have served as a motivating factor for those who have reached out for support, with this work identifying that LGBTQ+ drinkers were twice as likely to reach out to a service or organisation for help or advice regarding alcohol, on their own behalf (6% and 3%, respectively).

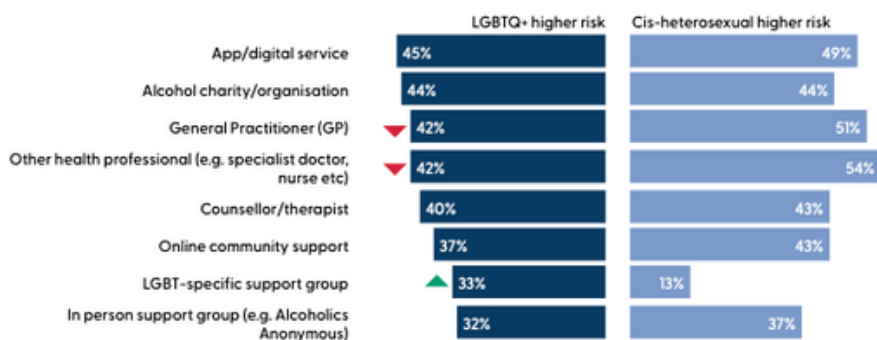
However, the support services LGBTQ+ higher-risk drinkers reach out to are largely different to those engaged by cis-heterosexual higher-risk drinkers

Although LGBTQ+ and cis-heterosexual adults share similar confidence levels in seeking help for alcohol-related issues (66% and 67% respectively either 'very' or 'fairly confident' they could find help or advice), and tend to seek similar support services (both were 'very' or 'fairly likely' to seek advice from an alcohol charity/organisation (59% and 55%, respectively), a General Practitioner (54% and 58%, respectively), or other health professional (54% and 55%, respectively), this is not the case for higher-risk drinkers.

LGBTQ+ higher risk drinkers were less inclined, than their cis-heterosexual counterparts, to approach a General Practitioner (42% and 51%, respectively) or other health professional (42% and 54%, respectively), yet these two options were the most-chosen routes for cis-heterosexual higher-risk drinkers. Instead, LGBTQ+ higher-risk drinkers were more likely to seek support from alternative support options, such as an app or digital service, or from an alcohol charity or organisation (Figure 9).

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 9

These findings may suggest that some LGBTQ+ higher-risk drinkers experience hesitancy or reluctance when approaching traditional healthcare professionals for advice, as supported by recent research which found a preference among LGBTQ+ people for informal support due to fears of discrimination from formal treatment services.[14] Indeed, this work found that LGBTQ+ higher-risk drinkers which report having a negative experience(s) when accessing healthcare services in the past would be less likely to access these services for alcohol problems, than those who did not cite negative experiences.

Recommendation 5: Remove barriers to healthcare access

The correlation 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.

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

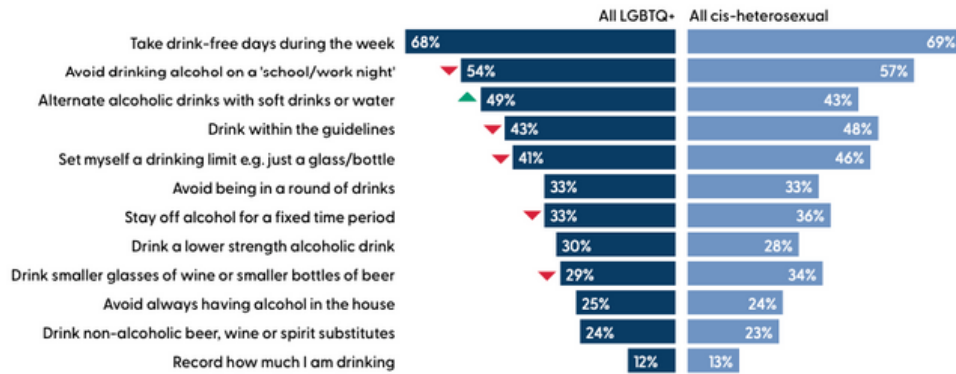
Even though LGBTQ+ adults have a greater awareness of the health consequences of drinking, they were not significantly more likely to adopt techniques to moderate their alcohol consumption – instead, they were significantly less likely to currently be utilising five of the twelve listed techniques (Figure 10).

Taking drink free days was a particularly widely used moderation technique employed by drinkers regardless of sexual orientation and/or gender identity (Figure 10). However, LGBTQ+ and cis-heterosexual drinkers do also appear to have different preferences regarding moderation techniques. For instance, LGBTQ+ drinkers are less likely than cis-heterosexual drinkers to opt for smaller glasses of wine or bottles of beer (29% and 34%, respectively), but are more likely to alternate alcoholic drinks with soft drinks or water (49% and 43%, respectively).

[14] Murray, S., Holloway, K., & Buhociu, M. (2023). "It's called homophobia baby" exploring LGBTQ+ substance use and treatment experiences in the UK. *Drugs: Education, Prevention and Policy*, 1-11.

'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 10

Recommendation 6: Tailor moderation strategies

Recognise the inclination of LGBTQ+ drinkers to opt for moderation 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.

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

As observed for the wider LGBTQ+ population, LGBTQ+ adults living with disabilities are more likely than their cis-heterosexual counterparts to engage in binge drinking (62% and 55%, respectively) and score as hazardous drinkers on the AUDIT (36% and 30%, respectively). Similarly, 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% and 44%, respectively).

LGBTQ+ adults from ethnic minority backgrounds are also more likely to engage in binge drinking compared to cis-heterosexual ethnic minorities, while these individuals are also more likely to screen positive for depression and anxiety (38% vs 23% and 40% vs 23%, respectively^[15]) – as seen in the wider LGBTQ+ population.

[15] PHQ-4. Base: ethnic minority LGBTQ+ adults (n=218); ethnic minority cis-heterosexual adults (n=271)

Again, the binge-drinking and alcohol-related harm trends persist among those living in deprived areas, with LGBTQ+ drinkers in these areas being more likely 'ever' to engage in binge-drinking (71% and 61%, respectively) and experience negative impacts from others' drinking than their cis-heterosexual counterparts (59% and 50%, respectively).

Intersectionality and in-depth analysis of LGBTQ+ sub-groups also identifies particularly at-risk groups

Although some trends from the wider LGBTQ+ population persist among those with protected characteristics and those living in areas of deprivation, these individuals also exhibit distinct behaviours, and experience unique harms, which makes them particularly at-risk of experiencing the negative consequences of drinking.

For instance, not only are LGBTQ+ adults living with a disability and LGBTQ+ adults living in the most deprived areas more likely to experience negative consequences of others' drinking than their cis-heterosexual counterparts, they are also more likely to experience these consequences than their LGBTQ+ and cis-heterosexual counterparts who are not living with a disability or living in areas of least deprivation, respectively – meaning these groups are particularly prone to experiencing such harm.

LGBTQ+ adults from an ethnic minority background may be particularly prone to experiencing discrimination, as they report experiencing a higher proportion of discrimination on the basis of their sexual orientation and/or gender identity 'sometimes or often', in a wide array of settings and contexts, compared to LGBTQ+ adults from white backgrounds – for example; the workplace (28% and 18%, respectively),[16] education/training (28% and 17%, respectively), and local public services (23% and 12%, respectively). These individuals are also particularly likely to exhibit risky-drinking behaviours not shared by the wider LGBTQ+ population, as they tend to drink a greater amount of alcohol, and drink more frequently than their cis-heterosexual counterparts.

In-depth analysis of LGBTQ+ sexual orientation sub-groups can similarly identify at-risk groups, with bi/pansexual women being particularly likely to ever engage in binge-drinking (76% vs 72% of all LGB drinkers), and sexual minority men (i.e., gay and bi/pansexual men) tending to be more frequent drinkers and are more likely to exceed the drinking guidelines, compared to sexual minority women (i.e., lesbian and bi/pansexual women). Similarly, analysis of LGBTQ+ gender identity sub-groups identified that cisgender LGBTQ+ adults are particularly frequent drinkers compared to transgender and non-binary individuals (15%, 10% and 1% have a drink containing alcohol more than four times per week, respectively), and are also more likely to ever binge-drink (71%, 56% and 53%, respectively).

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

As well as exhibiting distinct drinking behaviours, and experiencing group-specific harms, these groups also show distinct preferences around moderation techniques and support services – potentially allowing advice regarding these to be tailored to an individual, depending on their membership to one, or more, of these groups.

[16] 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).

For instance, 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% and 11%, respectively) – suggesting these services need to be made easily accessible and inclusive for LGBTQ+ individuals to facilitate this propensity to seek support.

Perhaps the routes to gaining support for alcohol-related problems need to be better signposted for LGBTQ+ adults from ethnic minority backgrounds, as they exhibit significantly lower confidence levels in knowing how to find this help or advice compared to LGBTQ+ adults from white backgrounds (58% and 67%, respectively). Despite this, however, ethnic minority LGBTQ+ adults have a higher propensity to seek help for alcohol-related problems, compared to their white counterparts (17% and 11%, respectively^[17]) – furthering the argument that support should be made more accessible for this population.

With regards to moderation techniques, non-binary individuals tend to favour abstinence-oriented approaches to drinking moderation (for example, 81% said they have, or would be willing to, ‘avoid always having alcohol in the house’, compared to only 58% cis-gender LGBTQ+ adults), whereas bi/pansexual and lesbian women are much more willing to adopt almost every moderation technique listed, with bi/pansexual men being particularly less likely to adopt any of these techniques (for example, 78% of bi/pansexual women said they have, or would be willing to, ‘avoid being in a round of drinks’, compared to only 63% of bi/pansexual men).

Recommendation 7: 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 and LGBTQ+ people from an ethnic minority background), 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.

Conclusion

These findings suggest that gender and sexual minorities have distinct patterns and consequences of alcohol consumption. While the broader LGBTQ+ community is an inclusive one, it is also diverse, with the LGBTQ+ umbrella masking significant variation within gender and sexual minority subgroups. It is necessary therefore, to look within each population when looking at health behaviours—and particularly alcohol use. This will 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.

^[17] Base: Ethnic minority LGBTQ+ adults (n=218); white LGBTQ+ adults (n=2,778).

