

# LGBT+ health evidence review

Alcohol Change UK is the leading UK charity working to reduce alcohol harm. **We are not anti-alcohol. We are anti-alcohol harm.** Our vision is a society free from alcohol harm, delivered through five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment. We focus on evidence and compassion.

We produce research, deliver the incredible Dry January® challenge as part of the year-round behaviour change programme: Try Dry®, provide leading edge training to public-facing professionals including on our award-winning Blue Light approach, provide independent information to the public, and share our expertise with Governments to help them to improve the nation's health and wealth.

We welcome the opportunity to provide a response to the NHS England LGBT+ health evidence review. Due to the nature of our work, our response outlines evidence about alcohol harm among LGBT+ people, with a focus on access and experiences of alcohol treatment services.

## 7. Which setting(s) does your evidence relate to?

- ☒ England
- ☒ Wales
- ☒ Scotland
- ☒ Ireland
- ☒ Northern Ireland
- ☒ International

## 8. Which of the following topics does your evidence relate to?

- ☒ Access to services, including barriers, demand and variation
- ☒ Experience of services
- ☒ Outcomes

## 9. Which of the three shifts in the 10 Year Health Plan does your evidence relate to?

- ☒ Hospital to community
- ☐ Analogue to digital
- ☒ Sickness to prevention

## 10. Which of the following clinical areas / pathways does your submission relate to?

- ☒ Prevention and wellbeing (including smoking, alcohol, drugs, obesity and exercise)
- ☐ Primary care
- ☐ Community care, including neighbourhood health
- ☐ Urgent and emergency care (including NHS 111 and 999, A&E)
- ☐ Elective care
- ☒ Mental health
- ☐ HIV prevention, treatment and care
- ☐ Sexual and reproductive health
- ☐ Maternity and perinatal services
- ☐ Cancer, including screening
- ☐ Cardiovascular disease, including hypertension and stroke
- ☐ Respiratory disease
- ☐ Diabetes
- ☐ Dementia and Alzheimer's
- ☐ Learning disabilities, autism and neurodiversity
- ☐ Adolescent and young people's physical and mental health
- ☐ Older people's care and frailty
- ☐ End of Life
- ☐ Digital services (including NHS App, self-care apps, AI)
- ☐ Other

## 11. Does your evidence relate to any of these specific groups of people?

- ☐ People with severe mental illness
- ☐ People with Long Term Conditions
- ☐ Neurodivergent people
- ☐ Ethnic minority communities
- ☐ Carers
- ☐ Single parents
- ☐ Deprived individuals and communities
- ☐ Refugees
- ☐ People with physical disabilities

- ☐ Looked after children
- ☐ People in the justice system
- ☐ People who are homeless
- ☐ People with learning difficulties
- ☐ Vulnerable older people
- ☐ Adolescents and young people
- ☒ N/A
- ☐ Other

## 12. Is your evidence already published?

- ☒ Yes
- ☐ No

## 13. If yes to Q9, please provide a link to the publication.

Alcohol Focus Scotland (2025). [Community Not a Commodity: The LGBT+ Community's Views on Alcohol Marketing.](#)

Arc Research and Consultancy and Sheffield Hallam University (2023). [Exploring communities of belonging around drink.](#)

Bachmann, C. L. and Gooch, B. (2018). [LGBT in Britain: Health Report.](#)

Christian, R., Mellies, A. A., Bui, A. G., Lee, R., Kattari, L. and Gray, C. (2018). [Measuring the Health of an Invisible Population: Lessons from the Colorado Transgender Health Survey.](#) *Journal of General International Medicine*, 33(10), pp. 1654-1660.

Clay, S., Yuen, W. S., Spencer, E., Peacock, A., Walsberger, S., Price, K., Degenhardt, L., Sutherland, R., and Popovski, H. (2023). [Perceptions of risky alcohol use, health risks related to alcohol, and alcohol-related help-seeking in the LGBTQ+ community.](#) Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

Connolly, D. J., Aldridge, A., Davies, E., Maier, L. J., Ferris, J., Gilchrist, G., and Winstock, A. R. (2021). [Comparing Transgender and Cisgender Experiences of Being Taken Advantage of Sexually While Under the Influence of Alcohol.](#) *Journal of Sex Research*, 58(9), pp. 1112-1117.

Connolly, D. J., Davies, E., Lynskey, M., Barratt, M. J., Maier, L., Ferris, J., Winstock, A., and Gilchrist, G. (2020). [Comparing intentions to reduce substance use and willingness to seek help among transgender and cisgender participants from the Global Drug Survey.](#) *J Subst Abuse Treat.*, 112, pp. 86-91.

Connolly, D. J., Thayne, B., Bayliss, J., Hughes, X., Holloway, Z., O'Callaghan, S., and Davies, E. (2024). [Transgender and non-binary people's experiences with alcohol](#)

[reduction in the UK: A cross-sectional study](#). *Journal of Substance Use and Addiction Treatment*, 158, 209246.

Coulter, R. W. S., Blossnich, J. R., Bukoswki, L. A., Herrick, A. L., Siconolfi, D. E., & Stall, R. D. (2015). [Differences in alcohol use and alcohol-related problems between transgender- and nontransgender-identified young adults](#). *Drug and Alcohol Dependence*, 154, pp. 251-259.

Dermody, S. S., Lamb, K. M., and Kerr, D. C. R. (2022). [Heavy drinking and drinking harms for cisgender and transgender college students](#). *Psychology of Addictive Behaviours*, 36(5), pp. 466-476.

Dentato, M. P., Kelly, B. L., Lloyd, M. R., and Busch, N. (2018). [Preparing social workers for practice with LGBT populations affected by substance use: perceptions from students, alumni, and service providers](#). *Social Work Education: The International Journal*, 37(3), pp. 294-314.

Dimova, E. D., O'Brien, R., Elliott, L., Frankis, J., and Emslie, C. (2022). [Exploring the experiences of alcohol service use among LGBTQ+ people in Scotland: A qualitative study](#). *International Journal of Drug Policy*, 109, 103859.

Gleeson, H., Thom, B., Bayley, M., and McQuarrie, T. (2019). [Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities](#).

Hughto, J. M. W., Quinn, E. K., Dunbar, M. S., Rose, A. J., Sireman, T. I., and Jasuja, G. K. (2021). [Prevalence and Co-occurrence of Alcohol, Nicotine, and Other Substance Use Disorder Diagnoses Among US Transgender and Cisgender Adults](#). *JAMA Network Open*, 4(2), e2036512-e2036512.

Kcomt, L., Evans-Polce, R. J., Boyd, C. J., and McCabe, S. E. (2020). [Association of transphobic discrimination and alcohol misuse among transgender adults: Results from the U. S. Transgender Survey](#). *Drug and Alcohol Dependence*, 215, 108223.

LGBT Foundation (2021). [If We're Not Counted, We Don't Count](#).

Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A., and Kerr, T. (2015). [A qualitative study of transgender individuals' experiences in residential addiction treatment settings: stigma and inclusivity](#). *Subst Abuse Treat Prev Policy*, 7, pp. 19-17.

Meads, C., Zeeman, L., Sherriff, N., and Aranda, K. (2023). [Prevalence of alcohol use amongst sexual and gender minority \(LGBTQ+\) communities in the UK: a systematic scoping review](#). *Alcohol and Alcoholism*, 58(4), pp. 346-356.

Silveri, G., Schimmenti, S., Prina, E., Gios, L., Mirandola, M., Converti, M., Fiorillo, A., Pinna, F., Ventiglio, A., Galeazzi, G. M., Sherrif, N., Zeeman, L., and Amaddeo, F. (2022). [Barriers in care pathways and unmet mental health needs in LGBTIQ+ communities](#). *International review of psychiatry*, 34(3-4), pp. 215-229.

Tupler, L. A., Zapp, D., DeJong, W., Ali, M., O'Rourke, S., Looney, J., and Swartzwelder, J. S. (2017). [Alcohol-Related Blackouts, Negative Alcohol-Related Consequences, and Motivations for Drinking Reported by Newly Matriculating College Students](#). *Alcoholism: Clinical and Experimental Research*, 41(5).

Whiteley, D., Rickards-Hill, D., Dimova, E., and Emslie, C. (2023). [Performing solidarity? A scoping review of alcohol marketing to sexual and gender minorities](#). *Drugs: Education, Prevention and Policy*, 31(6), pp. 607-615.

## 14. Please provide a short summary of your evidence [max 500 characters, approximately 100 words]. Please tell us what the evidence contains and your conclusions from this evidence.

Our response outlines the LGBT+ community's alcohol use, with a focus on access and experiences of treatment services. We have shared evidence on access to services, including barriers, demand and variation, experience of services, outcomes, and provide recommendations from the research literature. As studies have shown that UK LGBT+ individuals are largely missing from the research literature on alcohol support needs and experiences, we have also provided findings from international evidence.

## Alcohol and the LGBT+ Community

Our submission draws on a wide range of evidence about alcohol harm and support in LGBTQ+ communities. In order to represent the research findings accurately, our summaries of the evidence employ the same terms used by the researchers for each study to describe their participants' characteristics (such as LGBT+, LGBTQ+, queer, trans, cis).

Alcohol impacts our health and wellbeing in many different ways, from causing headaches, sleepless nights, and feeling "off" the next day, to an increased risk of more serious long-term health conditions like increased blood pressure, cholesterol and cancer. LGBT+ people are at more risk of alcohol problems; but when they encounter such problems, they are less likely to receive the support they need.<sup>1</sup>

A 2019 rapid literature review commissioned by Alcohol Change UK and conducted by Middlesex University concluded that some groups in the UK, including LGBT individuals from BME communities, are largely missing from the research literature on alcohol support needs and experiences, which means that there is a need for more research investigating LGBT+ people's particular experiences of alcohol use and needs for intervention.<sup>2</sup> A 2023 study also concluded that there is little UK information on alcohol use by trans people, and there is no data on alcohol use by intersex people.<sup>3</sup> As such, we have also provided findings from international evidence in our response.

## Access to services, including barriers, demand and variation

### UK evidence

Research by Glasgow Caledonian University exploring the experiences of alcohol service use among LGBTQ+ people in Scotland<sup>4</sup> found that:

- Experiencing shame and stigma in service responses to their LGBTQ+ identity made it particularly difficult to seek help for alcohol consumption.
- Alcohol treatment services which brought people into contact with other service users, such as inpatient detox wards and peer support groups, were stressful for some who did not know if others would be accepting of their sexuality or gender identity.
- Barriers to accessing services, such as heteronormative attitudes from services providers, and perceived stigma and fear of discrimination, were amplified for trans people.
- Online peer support meetings, initiated during COVID-19, were appealing for some who preferred to remain anonymous or not actively participate.
- Services need to signal LGBTQ+ inclusivity, provide safe spaces and have links with mental health support and services, offering a tailored, joined-up system of care.
- Alcohol services should advertise in physical and online spaces used by LGBTQ+ people, LGBTQ+ organisations and bars/clubs should direct to alcohol services, and any existing support specifically tailored to LGBTQ+ people should be advertised more widely.
- Alcohol-free spaces can help reduce alcohol-related harm for LGBTQ+ communities
- Increased public awareness and acceptance of LGBTQ+ issues are needed.

### International evidence

Help-seeking behaviours:

- 30% of a global sample of trans and non-binary people wanted to reduce their alcohol use, and 15% wanted support in doing so.<sup>5</sup>
- Some LGBTQ+ people have reported that the perception that most support groups were run by Christian organisations has stopped them from seeking help, due to concerns they would face discrimination, and would be far more open to attending queer-friendly support groups.<sup>6</sup>

## Experience of services

### UK evidence

Qualitative research in 2022 exploring the experiences of alcohol service use among LGBTQ+ people in Scotland<sup>7</sup> found that:

- Some participants had positive experiences of alcohol services.
- Discussions around alcohol use and LGBTQ+ identity were rarely invited by service providers, which led to feelings of discomfort as people then had to decide whether to raise the topic themselves.

- When participants raised the topic themselves, gay and bisexual men were generally more positive about the response they received while lesbian and bisexual women reported experiencing negative reactions.
- Some participants reported that discussions with service providers focused solely on alcohol and did not explore the potential relationship with gender or sexuality.

### International evidence

- Reports of transphobic violence in residential treatment for illicit drugs, tolerated by clinicians.<sup>8</sup>
- Graduate social work students and alumni in a certified alcohol and drug counsellor program indicated that they did not feel adequately prepared through coursework to practice with LGBT populations affected by substance use, while feeling more clinically competent to practice with LGB individuals, than with transgender people.<sup>9</sup>

## Outcomes

### UK evidence

A 2023 research project commissioned by Alcohol Change UK, as part of our New Horizons programme, explored how people's experience of alcohol harm is affected by their membership of, identification with, or exclusion from, groups and communities.<sup>10</sup>

The research highlighted that:

- LGBTQ+ people seeking to connect and belong often found that this happened mostly via pubs and bars that were welcoming to their community, possibly exacerbating any difficulties they were already having with alcohol.
- When people did seek help, it was often from within their own communities rather than from external agencies. Participants from the LGBTQ+ communities saw treatment services as “not for them”, preferring instead to reach out to friends within their community.

A 2024 study examined transgender and non-binary people's experiences with alcohol reduction in the UK and concluded that:<sup>11</sup>

- One fifth of respondents now abstain from alcohol, mostly to prevent or manage illness.
- Of those who drink, 30% wanted to reduce their alcohol use and 15% wanted support.
- Preferred support modalities included self-help tools and specialist alcohol services
- Gender non-affirmation and transphobia were barriers to alcohol reduction.
- Sober queer social spaces may facilitate alcohol reduction.

### International evidence

International evidence tells us much about LGBT+ people's patterns of alcohol use and harm experienced:

- Some people feel greater pressure to engage in heavy drinking or take drugs when with other queer people, due to a perceived culture of “excess” and alcohol's



function as a “social lubricant” facilitating interactions with friends and making it easier to meet new people, while others say the queer community’s relationship to alcohol is not especially different to wider society, and may in fact be more accommodating and supportive to those who do not want to drink.<sup>12</sup>

- A quarter of trans and non-binary people reported binge drinking in the last 30 days, which is more frequent than cis people, and is associated with discrimination.<sup>13 14 15</sup>
- Relative to their cisgender peers, trans and non-binary people may be less likely to use alcohol but more likely to develop alcohol use disorders or dependence.<sup>16</sup>
- Compared with their cisgender peers, trans people are more likely to drink to manage stress or interpersonal difficulties and drink over a greater number of days.<sup>17</sup>
- Trans and non-binary people are more likely to report non-consensual sex than cisgender people.<sup>18</sup>
- Trans college students are more likely to report alcohol-related blackouts and suicidality than their cisgender peers.<sup>19 20</sup>

## Recommendations

### General

- Alcohol-free spaces can help reduce alcohol-related harm for LGBTQ+ communities.<sup>21</sup>
- Increased public awareness and acceptance of LGBTQ+ issues are needed.<sup>22</sup>

### Alcohol treatment services

People’s relationship with alcohol is rarely simple. It can be shaped by gender, ethnicity, sexuality, and many other factors. The evidence points to the following steps that treatment and support services can take to ensure that staff and services are as inclusive as possible.

Alcohol Change UK has developed a guide to supporting people experiencing co-occurring alcohol use and self-harm issues. The below good practice points for services are from the chapter on “Understanding diversity”, focusing specifically on “Sex, gender and sexuality”.

- Visible inclusion: displaying posters, literature, inclusion awards, and other signs that the service is welcoming LGBT+ people
- Signposting to LGBT+ affirmative support services, groups, and organisations
- LGBT+ staff champions
- Stating your own pronouns and offering clear opportunities for others to state theirs
- Using inclusive language
- Avoiding assumptions
- Monitoring sexual orientation, gender identity and transgender status – LGBT Foundation have developed a good practice guide for this<sup>23</sup>
- Training staff and volunteers on LGBT+ healthcare and inclusive practice.

Research by Glasgow Caledonian University exploring the experiences of alcohol service use among LGBTQ+ people in Scotland<sup>24</sup> found that:



- Services should offer online peer support meetings, as these are preferable for people who preferred to remain anonymous or not actively participate.
- Services need to signal LGBTQ+ inclusivity, provide safe spaces and have links with mental health, offering a tailored, joined-up system of care.
- Alcohol services should advertise in physical and online spaces used by LGBTQ+ people, LGBTQ+ organisations and bars/clubs should direct to alcohol services, and any existing support specifically tailored to LGBTQ+ people should be advertised more widely.

## Monitoring data

Research from Stonewall has recommended that all national datasets on alcohol, smoking and illegal substance use should include analysis by sexual orientation and gender identity (SOGI), and include analysis for people with multiple protected characteristics, such as LGBT disabled people and BAME LGBT people, where inequalities are identified.<sup>25</sup> This data can be used to identify inequalities in service user experience and outcomes, and develop targeted interventions, including LGBT-specific services, to address them.<sup>26</sup>

## Reducing alcohol consumption at population level

Alcohol harm impacts all of us, whether on our health and wellbeing, a loved one's suffering, or the wider effects on our communities.

This harm isn't inevitable, and the solutions are right in front of us. Our environment can be improved so that whenever we want to make a positive change to our relationship with alcohol, we are supported and not hindered: with more accurate information about risks from alcohol consumption, better protection from efforts to get us to drink more, and improved access to independent, evidence-based support.

We need proper regulation of alcohol labelling and tighter restrictions on alcohol marketing, including the specific and targeted marketing of alcohol to LGBT+ communities.<sup>27</sup> <sup>28</sup> Our licensing laws need to be updated for the 21st century, now that we can order alcohol for delivery at the click of a button. And we need to tackle the sale of cheap, strong alcohol by introducing MUP in England.

Alcohol Change UK has a number of supporters who are members of the LGBT+ community and who have accessed alcohol treatment services. We would be delighted to help amplify their voices at a later stage, for example during the nationwide engagement events.

For more information, please contact [alexandra.taylor@alcoholchange.org.uk](mailto:alexandra.taylor@alcoholchange.org.uk).

## References

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- <sup>2</sup> Gleeson, H., Thom, B., Bayley, M., and McQuarrie, T. (2019). [Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities](#).
- <sup>3</sup> Meads, C., Zeeman, L., Sherriff, N., and Aranda, K. (2023). [Prevalence of alcohol use amongst sexual and gender minority \(LGBTQ+\) communities in the UK: a systematic scoping review](#). *Alcohol and Alcoholism*, 58(4), pp. 346-356.

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- <sup>10</sup> Arc Research and Consultancy and Sheffield Hallam University (2023). [Exploring communities of belonging around drink](#).
- <sup>11</sup> Connolly, D. J., Thayne, B., Bayliss, J., Hughes, X., Holloway, Z., O'Callaghan, S., and Davies, E. (2024). [Transgender and non-binary people's experiences with alcohol reduction in the UK: A cross-sectional study](#). *Journal of Substance Use and Addiction Treatment*, 158, 209246.
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