AHA Submission: NHS England LGBT+ Health Evidence Review

August 2025

Introduction

The Alcohol Health Alliance UK (AHA) is an alliance of 65 non-governmental organisations dedicated to promoting evidence-based policies to reduce the harm caused by alcohol. Members include medical royal colleges, national treatment providers, and charities such as Cancer Research UK. A full list is available online. We also endorse submissions to this review from two AHA members: the Institute of Alcohol Studies, and Alcohol Change UK.

In order to represent research findings included 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 harm background

- Alcohol harm continues to rise in the UK. Changing drinking patterns during the pandemic (which have still not returned to pre-pandemic levels) accelerated this trend, with alcohol-specific deaths at their highest level on record for the fourth year in a row.[1]
- The impact of alcohol on healthcare services cannot be overstated. This spans emergency services such as ambulances, A&E departments and wider hospital admissions, as well as presentations to primary care services such as pharmacies and GP practices, and other impacted health services such as those for cancer, heart, liver and gastrointestinal treatment.
- There are disproportionate alcohol-related harms experienced by LGBT+ communities.
- Understanding links between the adverse experiences of marginalised groups (including LGBT+ people) and other mental and physical health conditions including alcohol harm, is vital in directing appropriate and tailored treatment interventions and support to those groups, as early as possible.

Alcohol consumption and LGBT+ people

- Research consistently shows that LGBTQ+ populations are more likely to drink alcohol, in higher amounts and with greater frequency compared to the overall population:[2][3]
- A 2021 report by NHS Digital on health and health-related behaviours of LGB adults found that in a survey of 58,226 people, LGB adults were more likely than heterosexual people to drink over the national guidelines of 14 units per week (32% and 24%, respectively).[4] The mean number of units consumed weekly was 17.7 units by LGB adults and 12.7 by heterosexual adults.[5] LGBT+ populations also experience higher rates of substance use disorders compared to heterosexual and cisgender peers.[6][7][8]
- A 2024 study examined transgender and non-binary people's experiences with alcohol

[1] ONS (2025) Alcohol-specific deaths in the UK: registered in 2023
[2] Institute of Alcohol Studies (2021) LGBTQ+ People and Alcohol
[3] Stonewall (2018) LGBT in Britain - Health
[4] Dinos S, Tay N, Shipsey F. (2021) NHS Digital. Health and health-related behaviors of Lesbian, Gay, and Bisexual adults
[5] Dinos S, Tay N, Shipsey F. (2021) NHS Digital. Health and health-related behaviors of Lesbian, Gay, and Bisexual adults
[6] Akré ER, Anderson A, Stojanovski K, Chung KW, VanKim NA, Chae DH. (2021) Depression, Anxiety, and Alcohol Use Among LGBTQ+ People During the COVID-19 Pandemic. Am J Public Health. 2021 Sept;111(9):1610–9
[7] Boyd CJ, Veliz PT, Stephenson R, Hughes TL, McCabe SE. (2019) Severity of Alcohol, Tobacco, and Drug Use Disorders Among Sexual Minority Individuals and Their "Not Sure" Counterparts. LGBT Health. 2019;6(1):15–22
[8] Davies EL, Ezquerra-Romano I, Thayne B, Holloway Z, Bayliss J, O'Callaghan S, et al. (2023) Discrimination, gender dysphoria, drinking to cope, and alcohol harms in the UK trans and non-binary community. Alcohol Alcohol. 2023 Oct 18;agad060

reduction in the UK: one fifth of respondents now abstain from alcohol, and of those who drink 30% wanted to reduce their alcohol use and 15% wanted support.[9]

- There is little social science research on explanations for higher alcohol use among LGBTQ+ people. However, it has been suggested that socialization and culture within the commercial gay scene, as well as coping with LGBTQ+-specific stressors, may drive up rates of frequent and hazardous drinking among LGBTQ+ people.[10]
- LGBTQ+ people may also use alcohol as a means of coping with stigma and discrimination, and as a perceived escape from social norms of heteronormative society. In The National LGBT Survey: Summary Report from 2018, many participants suggested the causation of alcohol and drug misuse was due to the negative experiences of being LGBT.[11] This illustrates the role that homophobia can play in causing stress and correlated methods of coping, such as alcohol consumption, and can help guide policies and interventions that address the root of causal stressors.[12]
- Research also highlights the influence of alcohol marketing strategies targeted at LGBT+ communities. This includes traditional advertising, digital marketing, and sponsorship of Pride events.[13] Alcohol marketing exposure is consistently associated with higher levels of consumption and heavy episodic drinking.[14]

Mental health and alcohol harm risks for LGBT+ people

- There is a need for more focus on, and a better understanding of, treatment for those experiencing both alcohol and mental health difficulties
- There are common risk factors for alcohol use disorders and mental health problems e.g., exposure to traumatic events or childhood adverse events or genetic/ environmental risks.[15] This means there is an ability to identify key at-risk persons and to intervene at an earlier stage through better data sharing and referral mechanisms.
- Risks to mental health do not fall evenly across the population: LGBT+ people experience worse mental health outcomes due to a number of factors including intersecting disadvantage and discrimination.[16]
- Suicide rates are also frequently elevated amongst minoritised populations including LGBT+ communities, as well as reports of depression which are twice as high amongst people who identify as LGBT+ compared to heterosexual people.[17]
- A systematic review of mental disorder, suicide, and self-harm found that LGB people were over twice as likely to be alcohol dependent compared to the overall population.[18]

Alcohol, mental health and health harms

- 44% of people in Community Mental Health Treatment and 85% of people in alcohol treatment have a dual diagnosis of a mental health problem along with a substance use

[9] 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 crosssectional study. *Journal of Substance Use and Addiction Treatment, 158,* 209246
[10] Institute of Alcohol Studies (2021) LGBTQ+ People and Alcohol
[11] Gov.uk Government Equalities Office (2018) National LGBT Survey: Research Report.
[12] Parent MC, Arriaga AS, Gobble T, Wille L. (2018) Stress and substance use among sexual and gender minority individuals across the lifespan. Neurobiol Stress. 2018 Dec 27;10:100146
[13] Whiteley D, Rickards-Hill D, Dimova E, Emslie C. (2023) Performing solidarity? A scoping review of alcohol marketing to sexual and gender minorities. Drugs Educ Prev Policy. 2023 Oct 3;1–9.
[14] Alhabash S, Park S, Smith S, Hendriks H, Dong Y. (2022) Social Media Use and Alcohol Consumption: A 10-Year Systematic Review. Int J Environ Res Public Health. 2022 Sept 19;19(18):11796
[15] Goodwin, L. (2022). AHA Seminar Session: Alcohol harm and ethnicity.
[16] Centre for Mental Health (2025) A Mentally Healthier Nation
[17] Centre for Mental Health (2025) A Mentally Healthier Nation
[18] King M, Semlyen J, Tai SS, Killaspy H, Osborn D, Popelyuk D, et al. (2008) A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. BMC Psychiatry

problem.[19] In 2020/21, English hospitals had over 227,000 admissions for mental and behavioural disorders due to alcohol use – this accounted for 25% of all alcohol-related hospital admissions.[20]

- Alcohol dependence often co-occurs with other mental and physical health conditions, and the complex relationship between these must be accounted for in effective treatment provision. Individuals with a mental health condition concurrent with problematic alcohol use also experience a greater burden of physical illness, further highlighting the need for timely and integrated treatment.[21]
- Research has found a close relationship between alcohol, suicide, and self-harm: those who are dependent on alcohol are approximately 2.5 times more likely to die by suicide than the general population.[22] Over half of hospital presentations for self-harm involve alcohol use.[23]
- Despite this known relationship, and the prominence of dual diagnosis, treatment for each condition is often dependent on a patient recovering from one condition first.[24]
- Research has shown that treatment for alcohol problems and mental health problems must happen in parallel to improve outcomes.[25] There are significant barriers to integrating these services, including insufficient funding, workforce shortages, and stigma.[26]

LGBT+ people, alcohol treatment and health service access

Research by Glasgow Caledonian University exploring the experiences of alcohol service use among LGBTQ+ people in Scotland found that: [27]

- 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.

---

[19] Weaver T, et al. (2003) Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. *The British Journal of Psychiatry*.
[20] NHS Digital. (2022). Statistics on Alcohol, England 2021.
[21] Gomez, K. U. et al. (2023). The clustering of physical health conditions and associations with co-occurring mental health problems and problematic alcohol use: a cross-sectional study.
[22] Samaritans. (2022). Insights from experience: alcohol and suicide.
[23] Ness, J. et al. (2015). Alcohol use and misuse, self-harm and subsequent mortality: an epidemiological and longitudinal study from the multicentre study of self-harm in England. *Emergency Medicine Journal.*
[24] Care Quality Commission (2015) Right here, right now: People's experiences of help, care and support during a mental health crisis.
[25] Foulds J. A., et al. (2015) Depression in patients with alcohol use disorders: Systematic review and meta-analysis of outcomes for independent and substance-induced disorders. *Journal of Affective Disorders*.
[26] Institute of Alcohol Studies and Centre for Mental Health (2018). Alcohol and mental health: Policy and practice in England.
[27] 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

These findings offer important learnings that could be applied in clinical settings within England too, ensuring that NHS services in England are open, inclusive and effective for LGBT+ people. More information on service access – both for drug and alcohol treatment, and wider health services – and LGBTQ+ barriers can be found in the 2021 Institute of Alcohol Studies report, 'LGBTQ+ People and Alcohol'.

Recommendations

- **LGBT+ data to inform treatment**: 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.[28] This would enable health services to identify inequalities in service user experience and outcomes, and develop targeted interventions.
- **Early detection in LGBT+ friendly settings**: 78% of alcohol-specific deaths are due to alcohol-related liver disease (ARLD). Many of those accessing alcohol services are at high risk of developing cirrhosis and may have undetected ARLD. Yet non-invasive tests for liver fibrosis (i.e. transient elastography and enhanced liver fibrosis testing) are not widely embedded in high-risk community services including alcohol services. Earlier ARLD detection can stimulate changes in drinking behaviour and save lives. This could be embedded not just in NHS settings, but LGBT-friendly settings such as community spaces, primary care services, frontline drug and alcohol or homelessness services, and other health and social care settings that see disproportionate presentations from LGBT+ people, through a 'no wrong door' approach.
- **Alcohol Care Teams:** We believe that every acute hospital must have an Alcohol Care Team (ACT). There is clear evidence that they reduce acute hospital admissions, readmissions and mortality, improve the quality and efficiency of alcohol care, and have 11 key evidence-based, cost-effective and aspirational components.[29] ACTs are a proactive way to drive down hospital readmissions, and can bridge the gap between secondary and community care.[30] They can also bring about a culture change in how people with alcohol problems are treated in key parts of the NHS such as A&E. ACTs should ensure that they are inclusive to LGBT+ groups seeking treatment and support, and have tailored support available for the specific health needs and challenges faced by them.
- **Treatment:** More focus on, and better understanding of, treatment for LGBT+ individuals experiencing both alcohol and mental health difficulties. Alcohol dependence often co-occurs with other mental and physical health conditions, and the complex relationship between these must be accounted for in effective treatment provision. Individuals with a mental health condition concurrent with problematic alcohol use also experience a greater burden of physical illness, highlighting the need for more integrated treatment.
- **Preventative policies:** These would limit the burden on treatment services. Population-level measures to limit the affordability, availability and promotion of alcohol have been recommended as cost-effective by Public Health England (now the Office for Health Improvement and Disparities)[31] and the World Health Organization[32], and we fully support their implementation within England and the wider UK.

[28] Bachmann, C. L. and Gooch, B. (2018). *LGBT in Britain: Health Report*
[29] Moriarty, K. (2019). Alcohol care teams: where are we now? *Frontline Gastroenterology*
[30] Moriarty, K. (2019). Alcohol care teams: where are we now. *Frontline Gastroenterology.*
[31] PHE. (2016). The public health burden of alcohol: evidence review.
[32] WHO. (2017). Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases.

Summary of representation (100 words)

The Alcohol Health Alliance UK notes alcohol as a key driver of health inequalities among LGBT+ people. Evidence shows higher-risk drinking and substance use in LGBT+ communities, higher rates of mental health issues compounding substance use (including links to depression, self-harm and suicidal ideation), and barriers to accessing and engaging with treatment and health services. We recommend prevention and early intervention work with this group (including within LGBT+ friendly community settings), inclusive prevention and support services, and further research and data to support future service provision for this group. We also advocate for long-term prevention policies to tackle alcohol harms nationally.

For more information on this submission or to discuss further, please contact
Lisa.Erlandsen@ahauk.org