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## *"It's called homophobia baby"* exploring LGBTQ+ substance use and treatment experiences in the UK

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### ABSTRACT

**Introduction:** Gender and sexual minority/minoritized groups are at a higher risk of substance misuse and related harm compared to the rest of the population. However, limited research has focused on understanding the extent of these issues and the support needs of all minoritized groups within the LGBTQ+ population.

**Methods:** This qualitative cross-sectional survey sought to explore LGBTQ+ individuals' perspectives on substance use and treatment experiences. Researchers used a manual thematic analysis approach to thoroughly study the data, examining each part closely to uncover themes and patterns. Co-produced with stakeholders and developed with input from LGBTQ+ individuals with lived experience, the survey included 38 participants across the UK.

**Results:** Cannabis (83% n=20), ecstasy (68% n=15), and cocaine (67% n=16) were commonly used substances, while some participants (19% n=6) reported consuming high levels of alcohol. Many respondents highlighted the role of "stigma" and peer pressure within the LGBTQ+ communities as a motivator for substance use. Participants expressed a preference for informal support due to fears of "discrimination" from formal treatment services.

**Conclusions:** The study underscores the need for research inclusive of all LGBTQ+ groups and highlights the importance of tailored interventions that address the diverse needs of LGBTQ+ individuals. Further exploration of peer-led interventions is necessary to assess their effectiveness. The findings emphasize the necessity of person-centered treatment approaches that recognize the heterogeneity of service users.

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### Introduction

Gender and sexual minority/minoritized groups are more likely to drink alcohol and use other drugs (and at higher levels) compared with heterosexual and cisgender individuals (Bachmann & Gooch, 2018; Dimova et al., 2022a; Institute of Alcohol Studies, 2021). As a result, LGBTQ+ groups experience more drug-related harm than other groups in society (Dimova et al., 2022a). They are also more likely to experience greater health inequalities in terms of health outcomes, service provision, and risk factors. (Fish et al., 2021; Leven, 2020; McDermott et al., 2021; Meads et al., 2012). However, the full extent of these disparities is unknown, as the existing evidence base is limited in its focus on just one or two specific subgroups within the lesbian, gay, bisexual, transgender, queer, or questioning population (LGBTQ+) (Fish et al., 2021; McDermott et al., 2021).

This article presents findings from a study that investigated the substance use and treatment experiences of LGBTQ+ groups in the post-pandemic period. The study aimed to provide an examination of substance use among LGBTQ+ groups in the UK, addressing the gaps in existing research and highlighting the specific treatment needs and

barriers to participation within this population. By exploring both alcohol and drug use together, we aim to offer a more holistic understanding of substance use among LGBTQ+ individuals.

In an era where inclusivity, diversity, and equality are high on the agenda politically and publicly in the UK, this research is both important and timely (Welsh Government, 2021; Black, 2021). It provides a voice to a largely hidden community and responds to calls for action to investigate and respond to the specific needs and vulnerabilities of the LGBTQ+ community (Welsh Government, 2021; Williams et al., 2012).

In the current social and political climate in the UK, it is important to acknowledge the significant backlash and challenges faced by LGBTQ+ communities, particularly trans people (Stonewall, 2017). Despite the growing recognition and acceptance of diverse gender identities and sexual orientations/identities, there has been a rise in anti-LGBTQ+ sentiments, discriminatory rhetoric, and policy debates that directly target the rights and well-being of LGBTQ+ individuals (Stonewall, 2017). This hostile environment can create additional barriers and challenges for LGBTQ+ individuals seeking support for substance-related issues.

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## Gaps in knowledge

Research suggests that people from LGBTQ+ groups are at an elevated risk of substance-related harm due to their higher rates of frequent and risky substance use. While qualitative studies exploring alcohol and drug use among LGBTQ+ groups are scarce in the UK (Dimova et al., 2022a), there is some evidence from other countries to suggest that these high rates are caused by socialization and culture within the commercial gay scene and LGBTQ+-specific stressors (Drabble et al., 2005; 2022).

By conducting this study, we aim to fill this gap in qualitative research and contribute to the understanding of substance use and treatment experiences among LGBTQ+ groups, taking into account the cultural dynamics, social contexts, and structural factors that influence their experiences.

## Prevalence of substance use among LGBTQ+ groups

The Crime Survey for England & Wales (2022) provides information on the proportion of 16- to 59-year-olds reporting use of illicit drugs in the last year by sexual orientation. Overall, gay, and bisexual adults are nearly four times more likely to have taken illicit drugs in the last year compared with heterosexual/straight adults (30%, 31%, 8%, respectively). In the 2013/14 edition of the CSEW, more detailed breakdowns are provided, showing important differences among LGBTQ+ groups. For example, gay/bisexual males were more likely than gay/bisexual females to report use of an illicit drug in the last year (33% compared with 23%). Cannabis was the most commonly used illicit drug among gay/bisexual males and females, with similar proportions of each group reporting last year use (20% compared with 18%). For males, amyl nitrite was the second most commonly used drug (14.7%) followed by cocaine powder (9.9%) and ecstasy (7.7%). For gay/bisexual females, however, the second most commonly consumed drug was ecstasy (4.6%) followed by cocaine powder (4.5%).

The CSEW data are clear in showing that drug use generally (and across the full range of drug types including heroin and crack cocaine) is more common among LGBTQ+ groups than among heterosexual/straight people (Moncrieff, 2014). There is also evidence to suggest that the LGBTQ+ community consumes more alcohol than the general population (Moncrieff, 2014). However, national statistics on alcohol consumption rarely include detailed breakdowns of alcohol use by sexual orientation/identity due to the small numbers in each of the subgroups. The broader evidence base is also limited in that most of the academic literature on LGBTQ+ alcohol use emanates from the US with relatively little from the UK (Institute of Alcohol Studies, 2021). In the United States, research has similarly demonstrated that substance use disorders are more common among LGBTQ+ adults compared to their heterosexual counterparts (Karriker-Jaffe et al., 2021; McCabe et al., 2010).

Other survey research that has been done in the UK also suggests that members of the LGBTQ+ community are more likely than the general population to consume alcohol and to do so at increasing or higher risk levels. For instance, Stonewall

discovered that 16% of LGBTQ+ individuals reported drinking alcohol almost daily during the previous year, compared with 10% of adults in the UK population overall (IAS, 2021). UK-based research has also found that women who identify as a sexual minority/minoritized are significantly more likely than heterosexual women to participate in high-risk drinking and suffer negative consequences related to drinking (Hughes et al., 2016, 2020). Additionally, it has been found that young trans adults have a higher prevalence of heavy episodic drinking than the rest of the population, with disparities more apparent among transmasculine (female to male) people (Scheim et al., 2016).

When we explore substance use among LGBTQ+ populations, it's crucial to look beyond the UK and consider research from around the world. Academics like Laurie Drabble and Tonda Hughes have conducted extensive studies on this topic, offering valuable insights into the global landscape. Drabble's research in the United States has focused on understanding substance use patterns and disparities among LGBTQ+ communities, highlighting the impact of social stressors and minority stress. Hughes has dedicated her work to examining substance use behaviors among LGBTQ+ individuals, with a particular focus on women and sexual minority populations. Their studies remind us of the importance of considering cultural dynamics, social contexts, and structural factors when investigating substance use in LGBTQ+ communities (Drabble et al., 2022).

## Explaining drug use among LGBTQ+ groups

Although there is a limited number of qualitative studies exploring alcohol and substance use among LGBTQ+ communities in the United Kingdom, findings from various countries indicate that the elevated prevalence can be attributed to factors such as socialization and cultural dynamics within the commercial gay scene, alongside specific stressors experienced by LGBTQ+ individuals (Dimova et al., 2022a).

Substance use among LGBTQ+ groups has been linked with high-risk behaviors, such as unprotected sex, polydrug use, or "slamming," which involves injecting opioids, mephedrone, and methamphetamine (Abdulrahim et al., 2016; Public Health England, 2015; Van Hout & Brennan, 2011). It has been suggested that historical and present-day discrimination, rejection from family and friends, and concealing of one's sexual orientation or gender identity from others may all contribute to this (Bachmann & Gooch, 2018; Dimova et al., 2022a; IAS, 2021).

Theories such as "Minority stress" have been applied to understand why LGBTQ+ people are particularly vulnerable to substance use-related problems. This theory suggests that LGBTQ+ people are exposed to identity-related trauma over the life course (e.g. stigma, homo/bi/transphobia/discrimination, rejection), which impacts on levels of use and the acceptability of the use of substances as a tool for coping (King et al., 2008; Dimova et al., 2022b).

The commercial gay scene has also been identified as a motivating factor in problematic substance use, as for many LGBTQ+ people, clubs and pubs provide "safe" spaces to meet

other LGBTQ+ people and an environment that facilitates substance use and acceptance (Peralta, 2008). According to Emslie et al. (2015), the social context of LGBTQ+ people's lives, such as the normalization and accessibility of alcohol, particularly on the commercial gay scene, and the role of alcohol in identity construction for LGBTQ+ people, may have an impact on increased alcohol use among LGBTQ+ populations. This is in addition to the impact of minority stress and structural elements like stigma and discrimination.

### **Treatment needs and barriers to participation**

Historically, few studies have investigated how LGBTQ+ groups differ in their experiences and treatment needs (Buffin et al., 2012). However, more recently, research has begun to highlight that there are significant barriers for those within the LGBTQ+ community who seek information, advice, or help for substance-related problems. Buffin et al. (2012) found in their survey of more than 2000 lesbian, gay, and bisexual people that those seeking support were doing so mainly from informal sources such as the internet, family, and friends, due to fears of homo/biphobia and discrimination against LGB individuals. Furthermore, the research found that substance use treatment programmes were often not equipped to meet the needs of this population, as staff were sometimes insensitive to LGB clients and uninformed about LGB issues (Buffin et al., 2012; Government Equalities Office, 2018).

According to the Stonewall LGBT in Britain Health report, 32% of transgender people and 13% of LGBTQ+ people have experienced unequal treatment from healthcare workers simply because they are LGBTQ+ (Bachmann & Gooch, 2018). Valentine and Maund (2016) point out that many transgender people in Scotland are hesitant to use alcohol and other drug services because they worry about being harassed, having their needs misunderstood, or even experiencing violence. Those who have used alcohol and other drug treatment programmes described feeling that the services did not understand the impacts of being transgender, they heard harmful or unpleasant comments relating to their gender identity and, at times, were also mistaken for someone else's gender (Bachmann & Gooch, 2018; Valentine & Maund, 2016).

### **Current study**

This research served as a preliminary exploration, and the findings from this phase will serve as the basis for a larger more comprehensive study. The subsequent study will delve deeper into the issues raised in this paper through the use of qualitative interviews across the UK.

## **Methods**

### **Context**

The primary objective was to conduct a collaborative project that would help improve understanding of substance use experiences and treatment support needs of sexual and gender minority/minoritized groups. Ultimately, the goal was to

find ways of minimizing the harm experienced by people with substance use-related problems within the LGBTQ+ community (Van Telijngen & Hundley, 2001; Malmqvist et al., 2019).

The project sought to achieve these broad objectives by aiming: (1) to increase understanding of substance use problems among people within the LGBTQ+ community, and (2) to identify barriers to and facilitators of substance use treatment among LGBTQ+ people. Collaboration and co-production were at the center of the project. Our study was conducted in close collaboration with various key stakeholders, ensuring that diverse perspectives were incorporated throughout the research process. We actively engaged with treatment professionals who have expertise in working with LGBTQ+ individuals and addressing substance use issues. Additionally, we sought the input and guidance of individuals who identify as LGBTQ+ and have firsthand experience with substance use, both past and present. These individuals played a crucial role in shaping the study by actively participating in the development of the survey. Through extensive discussions and feedback sessions, we ensured that the questions were relevant, sensitive, and reflective of the experiences of LGBTQ+ individuals. This reflexive process allowed us to place peers at the center of the research, ensuring that their voices and insights were integrated into the study design and implementation. By actively involving stakeholders and LGBTQ+ individuals with lived and living experiences of substance use, our research endeavored to capture a comprehensive understanding of the subject matter and address the specific needs and vulnerabilities of the LGBTQ+ community.

### **Research design**

The research was based on a cross-sectional design, which involved the collection of data from a subset of the population of interest at a point in time (Setia, 2016; Allen, 2017). A mixed strategy was used that involved the collection of quantitative and qualitative data using an online questionnaire survey. The survey examined the substance use experiences of LGBTQ+ groups and any barriers to and/or facilitators of entering and participating in treatment. The survey also explored drug and alcohol-related harms including victimization experiences and offending behaviors.

The questionnaire survey was developed in Jisc Online Surveys. Survey respondents were recruited through advertisements on social media (e.g. Twitter), through our networks of contacts in the field, and through advertisements in relevant magazines (e.g. Scene Magazine) and forums accessed by the target population (i.e. social media-based LGBTQ+ group pages).

The survey comprised a combination of closed questions (e.g. on current alcohol and drug use) and open-ended questions (e.g. perceptions and experiences of service provision and outcomes of treatment, for instance, "Could you tell us whether the support you received was helpful? In what way was it helpful?" "If you feel it was difficult to find and access support, could you please explain why you feel this way?, Do you feel there is anything that may prevent LGBTQ+ people from seeking support? If "yes," why do you think this?) in order to capture more nuanced data.

The survey questions themselves were developed in close collaboration with key stakeholders and LGBTQ+peers who provided valuable insights and perspectives throughout the survey creation and dissemination process. Their involvement ensured that the survey captured the nuanced experiences and needs of the LGBTQ+community, while also addressing potential barriers and challenges they may face when seeking support(Binson et al., 2007).

Online surveys that are mixed or mainly qualitative have the openness and flexibility to answer a variety of research questions of interest to social scientists (Braun et al., 2021). A “wide angle lens” on the issue of interest that has the potential to capture a diversity of views and experiences is something that qualitative surveys offer that is relatively unique among qualitative data gathering methodologies (Braun et al., 2017b; Toerien & Wilkinson, 2004). In this context, diversity encompasses the inclusion of multiple viewpoints and the process of sense-making, which proves particularly valuable when investigating a subject that has been insufficiently explore or overlooked, as was the case in our study. Online qualitative surveys also provide a convenient way to do research with people other than the “usual suspects” (Braun & Clarke, 2013; Terry & Braun, 2017). Firstly, targeted outreach strategies were implemented, including collaborations with LGBTQ+organizations, community centers, and support groups. These partnerships helped to promote the survey and reach individuals who may not typically engage in research activities. Social media platform played a vital role in expanding the reach of the survey. Advertisements and announcements were shared across social media platforms as well as advertisements placed on websites and magazines such as Scene to reach individuals who may not have direct contact with traditional research networks.

### **Analysis**

The anonymised survey responses were downloaded and imported into SPSS Version 28 for cleaning, coding, and analysis by members of the Substance Use Research Group (SURG) at USW. Quantitative data were analyzed using simple frequency counts and, where appropriate, cross-tabulations and non-parametric statistical tests.

The AUDIT-C tool, a widely used screening instrument, was employed to assess alcohol consumption patterns and identify potential alcohol-related problems. The DUDIT (Drug Use Disorders Identification Test) was also used to evaluate drug use patterns and identify potential drug-related issues (Public Health England., 2021; EMCDDA., 2005).

Qualitative responses were coded into key themes in new variables leaving the original responses available for inclusion as “evidence” of key themes. The data were then extracted and analyzed manually. A manual thematic analysis approach was adopted, which allowed the researchers to meticulously immerse themselves in the data, examining each piece closely and allowing for a comprehensive exploration of the underlying themes and patterns. This hands-on approach provided a deeper level of engagement and enabled the researcher to gain valuable insights that might have been missed through an automated analysis process. The manual thematic analysis

allowed for a nuanced interpretation of the data, fostering a rich and contextually sensitive understanding of the research subject (Byrne, 2022).

Practically, the manual thematic analysis process involved several steps. Firstly, the research team familiarized themselves with the data by reading and re-reading the responses to gain a comprehensive understanding of the participants’ perspectives. This immersion in the data helped to identify initial codes or labels that captured the essence of the participants’ thoughts and experiences. Next, the team engaged in a process of coding, where they systematically assigned these initial codes to relevant segments of the data. This involved a line-by-line analysis, identifying meaningful units of text and assigning descriptive codes to them. Once the coding process was complete, the team reviewed and compared the codes to identify overarching themes that emerged from the data. These themes were patterns or recurrent topics that captured important aspects of the participants’ experiences related to substance use and treatment needs. The team then refined and organized the identified themes, ensuring they accurately represented the data and reflected the richness of participants’ responses. This involved revisiting the data, examining the relationships between codes and themes, and refining the thematic framework.

The coding process was completed by two members of the research team (SM and KH) and checked for consistency and accuracy by one other (MB). According to the recommendation of Neale et al., (2014), the research team avoided quantifying qualitative findings. Instead, a form of semi-quantification has been adopted using terms such as “a few,” “several,” “some,” “many” and “most” in order to achieve maximum transparency with regard to the numbers of people giving particular responses or types of response (Neale & West , 2015). As the qualitative responses were represented by different LGBTQ+groups it was also important to distinguish between different gender and sexual identities (e.g. female, bisexual) to allow for comparisons between groups.

### **Ethics**

Ethical approval for the research was obtained from USW’s Faculty of Life Sciences and Education Research High Risk Ethics Committee.

### **Sample Characteristics**

In total, 38 people residing in the UK responded to our call for participation and took part in the survey. Although our sample size might be considered small in quantitative terms, it is important to note that our goal was not to achieve statistical representativeness or to generalize the findings beyond the sample obtained (e.g. see Terry & Braun, 2016; Terry et al., 2018). Rather, our goal was to obtain richer insights and a “new and richly textured understanding” into the issues of LGBTQ+substance use, and treatment needs and experiences in the UK (Vasileiou et al., 2018, p.2).

The sample was fairly evenly divided in terms of gender, with almost equal numbers of men (including transgender men) and women (including transgender women). A small number preferred to self-describe their gender (see Table 1). Nearly one-third of respondents (32% n=12) identified as transgender. The inclusion of so many people who identify as transgender is interesting and unexpected, as the “T” in LGBTQ+ research is often overlooked or under-represented (IAS, 2021; Moncrief, 2014; Valentine & Maund, 2016). Furthermore, the highest percentage of sexual identity/orientation in this study was those who identified as bisexual, a group frequently combined with gay men in health inequalities research (Roth et al., 2018).

The average age of respondents was 38 years, ranging from 20 to 67. The age group was evenly split between younger and older respondents as half of the respondents were aged 18 to 34, while the other half were 35+. In terms of ethnic group, the vast majority of respondents were within the White English/Welsh/Scottish/Northern Irish or British group, with only a minority of respondents from minoritised ethnic groups. The lack of ethnic diversity is not wholly surprising, given the under-representation of ethnically minoritised groups in substance use research and treatment (Beddoes et al., 2010). However, it is clearly an area that would benefit from focused research in the future.

## Results

The survey generated a wealth of data related to LGBTQ+ people's experiences of drug and alcohol use and their lived/living experience of treatment services. While it is not possible to present it all in this paper, we have covered a wide range of issues to illustrate the profound impact substance use has on the lives of LGBTQ+ people. The topics covered include: drug and alcohol use, offending behaviors and victimization, help-seeking and barriers and facilitators to treatment and support.

**Table 1.** Characteristics of the sample.

	Frequency	%
Male (Including transgender men)	17	45%
Female (Including transgender woman)	16	42%
I prefer to self-describe my gender (non-binary, gender-fluid, agender)	5	13%
18–34	19	50%
35+	19	50%
Do you identify as transgender or have a transgender history?		
Yes	12	32%
No	26	68%
Gay woman/lesbian	4	11%
Gay man	9	24%
Bisexual	10	26%
Queer	6	16%
Pansexual	2	5%
Prefer to self-describe	5	13%
Prefer not to say	2	5%
White - English/Welsh/Scottish/Northern Irish/British	28	74%
White - Irish	3	8%
White - Other	6	16%
Mixed - White and Black Caribbean	1	3%
Total	38	100%

## Quantitative data

### Drug and alcohol use

A primary objective was to examine substance use among LGBTQ+ groups. Respondents were therefore asked a series of questions probing: 1) their current drinking and drug use patterns (e.g. quantities and frequency of consumption), 2) the consequences and harms of their drug and alcohol use, and 3) any victimization and/or offending behavior related to their alcohol and drug use.

Respondents were asked if they had “ever” used illegal drugs including the misuse of prescription drugs. Most of the respondents reported having used drugs at least once in their lifetime (71% n=27), while 29% (n=11) reported never having used any drug<sup>1</sup>. When asked what age they began using drugs, respondents with histories of drug use reported first using between the ages of 13 and 32, with a mean age of 18.

Table 2 gives an overview of the frequency and recency of use across drug types. The most commonly used substance was cannabis followed by ecstasy and cocaine powder (see Table 2). In the last year, more than half of respondents said that they had used cannabis while one-third said that they had used prescription opioids and one-quarter reported used of cocaine powder. By contrast, more recent use in the last month of some drugs such as ketamine, mephedrone and nitrous oxide was not reported by any respondents.

When asked how often they drank alcohol, more than one in ten said that they did so four or more times per week (11%, n=4). Among those who consumed alcohol, two-fifths reported drinking 10 or more units per week. Although the reported use of alcohol here by respondents may not appear to be at problematic levels, participants did report engaging in “risky” behaviors while under the influence of alcohol. For instance, some reported that they had engaged in unplanned sexual activities after drinking alcohol at some point in their lives (39% n=12).

### Victimization and offending

An important part of the survey was to investigate the link between drug and alcohol use and victimization among LGBTQ+ groups. Many of the respondents said they had been victimized in some way after using drugs or alcohol at some point in their lives. The most intriguing answers came in response to queries about whether substance use has caused problematic behaviors relating to sexual force or fear of force. Specifically, when asked whether substance use had caused problematic behaviors relating to sexual force or fear of force, several respondents reported experiencing such behavior while under the influence of alcohol. Out of the respondents who answered questions about alcohol (n=31), six individuals (19%) reported encountering such situations. Similarly, among those who reported using drugs (n=24), three respondents (13%) reported experiencing forced sexual activity or threats of sexual behavior. While the small sample size limits the generalizability of these findings, they highlight the importance of further research in this area.

**Table 2.** Type of drug used ever, in the last year and in the last 30 days (n/%).

Drug Type	Never used	Used in the last 30 days	Used in the last year	Used ever	Total
Cannabis	4 (17%)	8 (33%)	13 (54%)	20 (83%)	24 (100%)
Ecstasy	7 (31%)	1 (5%)	4 (18%)	14 (64%)	22 (100%)
Cocaine Powder	8 (33%)	2 (8%)	6 (25%)	16 (67%)	24 (100%)
Magic Mushrooms	9 (38%)	1 (4%)	4 (17%)	15 (63%)	24 (100%)
Amphetamines	10 (40%)	0 (0%)	1 (4%)	15 (60%)	25 (100%)
Poppers	10 (46%)	2 (9%)	3 (14%)	12 (55%)	22 (100%)
Prescription Opioids	11 (52%)	4 (19%)	7 (33%)	10 (48%)	21 (100%)
Benzodiazepines	10 (56%)	2 (11%)	4 (22%)	8 (44%)	18 (100%)
Ketamine	12 (57%)	0 (0%)	2 (10%)	9 (43%)	21 (100%)
Mephedrone	13 (62%)	0 (0%)	0 (0%)	8 (38%)	21 (100%)
Nitrous Oxide	15 (68%)	0 (0%)	1 (5%)	7 (32%)	22 (100%)
Viagra	15 (70%)	0 (0%)	2 (13%)	8 (30%)	23 (100%)
GBL/GHB	16 (76%)	0 (0%)	0 (0%)	5 (24%)	21 (100%)

Notes: Among those who had used at least one drug at some point in their lives. Some missing cases.

Some respondents reported engaging in offending behaviors at some point in their lives, including fighting (23% n=7), vandalism (16% n=5) and drink driving (16% n=5). When asked about the connection between their substance use and offending, a few respondents (n=3) reported participating in criminal activities to obtain drugs.

These results suggest that substance use may be associated with an increased risk of problematic behaviors related to sexual force or fear of force. However, further studies with larger sample sizes are needed to confirm these findings and to better understand the mechanisms underlying this association.

### Social context

Respondents were asked to describe the social context in which they drink alcohol and use drugs. Most respondents reported that they usually drink and use drugs with small groups of other people (74% and 74% n=23, respectively). Many reported using drugs at a friend's house, (26% n=10) in a pub/bar (18% n=7) or a nightclub (26% n=10). In terms of alcohol use, most stated they drank alcohol at home (61% n=23), pub/bar (32% n=12) or a friend's house (26% n=10).

### Engagement with treatment services

Respondents were asked to consider whether and when they last sought support for substance use problems. A total of 18% (n=7) previously sought support for their alcohol and/or drugs, of whom four had sought support in the last 12 months. The sources of support were mainly online or self-help (11% n=4) although some mentioned informal sources such as an intimate partner (5% n=2) or friends (5% n=2).

When people who had not accessed support previously were asked who they would be most likely to seek help from, most stated online resources, or self-help (56% n=20), while others cited informal sources of support such as an intimate partner (47% n=17) and friends (33% n=12). In addition, some (n=11) indicated that they were uncertain whether they would seek help or support from anyone. Furthermore, respondents indicated (if needed) that they would access information related to support or treatment online via Google (71% n=27), their GP surgery (42% n=16), or social media (37% n=14).

### LGBTQ+ experiences of help seeking and barriers to support

It was important to explore whether respondents felt that service providers should be aware of their gender and sexual identity. Most felt this would be beneficial (43% n=16), although some were unsure of what benefit it would be to alcohol and drug treatment (27% n=10). More than half of respondents (57%, n=21) described the barriers that they believe prevent LGBTQ+ people from accessing support services, and some offered detailed explanations. Respondents were also asked to consider the implementation of tailored drug and alcohol support services for LGBTQ+ groups. More than half of the respondents (57%, n=21) reported that this would be beneficial for the wellbeing of the LGBTQ+ population.

### Qualitative responses

#### Motivations and differences in drinking behaviors amongst the LGBTQ+ community

Respondents were asked to reflect on the high levels of alcohol and drug use and offered explanations for these reportedly high levels. Many respondents attributed the high rates of substance use among LGBTQ+ groups to rejection from their families, problems with acceptance (externally and internally), and stigma relating to their gender and sexual identity.<sup>2</sup> One respondent details this below, highlighting the range of influences that shape LGBTQ+ people's substance use:

*"Rejection from families, stigma, abuse, low self-esteem, culturally normative behaviour, community commercial venues only source of connection to the community for some LGBTQ people which leads to alcohol use and drug use, escapism, fitting in, acceptance from peers, community, homelessness, increased vulnerability, exploitation, drug use is, can be fun" (30 Male, Gay).*

Some respondents mentioned the cultural and normative aspects of drug use and drinking within LGBTQ+ groups. They pointed out the prevalence of trauma, self-medication and the association of LGBTQ+ community events with clubbing and partying. Historical associations between the queer community and recreational drugs were also mentioned, as well as the perception of queer people as outsiders.

The club scene was identified as another influential factor, with some respondents noting that LGBTQ+ spaces, particularly gay-friendly spaces and clubs, often revolve around alcohol and drugs. This focus on substance use within these spaces can create an environment where individuals feel compelled to engage in such behaviors to connect with their community. As one respondent explained,

"Being part of the LGBTQ+ community can, for some people, be stressful in itself. The club scene in some areas is very drug/alcohol fuelled and focused, and there could be some who get involved as they have been trying to find their 'people' all their lives and don't want to lose them" (33 Female, Gay/Lesbian).

This suggests that the need for acceptance and a sense of belonging within the community can contribute to increased substance use.

Furthermore, respondents highlighted the normalization of drug use and drinking within LGBTQ+ groups. They noted a "culture" where recreational drugs have been associated with the queer community, particularly among men. This normalization can create a perception that substance use is an integral part of LGBTQ+ culture. As one respondent stated,

"Historically I think recreational drugs have been associated with the queer community, especially among men, this could lead to people thinking that since "everyone takes drugs" they should too. As well as this queer people are often seen as outsiders in a similar way to drug users" (07 Female, Queer).

The visibility of substance uses within the LGBTQ+ community, combined with societal marginalization, may indeed influence individuals to engage in these behaviors.

The impact of discrimination and violence on specific subgroups within the LGBTQ+ community was also highlighted. Transgender individuals, in particular, were identified as facing higher levels of violence and discrimination, which may contribute to increased alcohol consumption. One respondent explained,

"Trans and bi people drink more because we face more violence and discrimination than monosexual cis queers..." (20 Non-binary, Bisexual).

The above response suggests the unique challenges faced by transgender individuals can manifest in higher rates of substance use as a coping mechanism.

The respondents also discussed how LGBTQ+ individuals have distinct drinking habits compared to heteronormative individuals. They mentioned differences in the types of alcohol consumed, motivations for drinking, and settings where alcohol is typically consumed.

Some respondents noted that LGBTQ+ individuals tend to consume more shots and mix different types of alcohol. Additionally, LGBTQ+ social lives often revolve around drinking, with respondents mentioning that LGBTQ+ individuals spend more time drinking in each other's homes due to a lack of LGBTQ+-friendly establishments. This indicates that LGBTQ+ individuals may have different socialization patterns

and drinking behaviors that are shaped by their community's unique experiences and spaces.

### **LGBTQ+ experiences of help seeking and barriers to support**

*"I did not want to. I self-helped myself into recovery from amphetamines and haven't used them for 12 years" (36 Non-binary Trans, Pansexual)*

Inaccessibility and perceived unhelpfulness of services were identified as barriers to seeking support. Some respondents expressed doubts about the effectiveness of services or had negative experiences in seeking help for other issues in the past. They believed that their problems were not severe enough to warrant seeking assistance or that they would not receive adequate support. One respondent stated,

*"I didn't think I would get any help if I sought it because I didn't get help for other things when I sought and needed it and because I wasn't as bad as some other people" (22 Non-binary Trans, Queer).*

Furthermore, the presence of transgender representatives in treatment services emerged as a crucial factor for some respondents. They expressed a preference for seeking support from professionals who shared their lived experiences as transgender individuals. This indicates a need for inclusivity and cultural competence within support services. One respondent emphasized this by saying,

*"I have never needed help: my drinking and drug use is extremely controlled, rare and causes no problems in my life. In the past it was less controlled, and I didn't seek support because I didn't recognise a need for support; all my peers drink like I did now, if I needed it, I would be very unlikely to seek support that wasn't run by trans people" (20 Non-binary Trans, Queer)*

Engaging with treatment or support services was also described as challenging due to practical difficulties. Some respondents faced long waiting lists for rehab, which hindered timely access to treatment. Additionally, individuals with more chaotic lifestyles found it difficult to attend appointments regularly, reflecting the need for flexible and accommodating service delivery. These challenges highlight the importance of tailoring support services to meet the specific needs and circumstances of individuals within the LGBTQ+ community.

*"The difficulty was mostly internal. Rehab was also quite difficult to access" (04 male, Gay)*

*"Waiting list – felt like you had to go with the service's schedule and not your own one" (08 Male, Gay)*

*"When I was using more chaotically, I found it very hard to get to appointments/meetings on time" (05 Male, Gay)*

The overarching theme that emerged from the respondents' experiences was the fear of judgment and



discrimination from services. Many expressed concerns about homophobia, lack of understanding, and the absence of LGBTQ+-specific services within the drug treatment landscape. The need for designated LGBTQ+ staff working within drug services and increased visibility at LGBTQ+ community events was emphasized. Respondents called for a shift in service provision to address the specific needs and challenges faced by the LGBTQ+ community. They highlighted the importance of having services run by individuals who share similar experiences and the significance of cultural competency when working with substance use issues related to sexual orientation and gender identity.

*"Fear of homophobia and the staff just not really understating where I am coming from. I don't think drug services are geared up for LGBTQ people. I am not aware on any services that have specific LGBT strands to their service or are visible at key LGBTQ community events. Nor have I ever seen a drug agency working in any commercial venues in Wales like we have had traditionally around sexual health and HIV. This definitely needs to change as most drug use in the gay community takes place in gay commercial venues (or at least starts there). Designated LGBTQ staff working these stands needs to be considered. Other big cities in the UK have specific LGBTQ drug services but nothing is available in Wales. I don't know why this is, but I think it needs to be addressed." (30 Male, Gay)*

*"it's called homophobia baby. I'm a trans fag and trying to hide that isn't worth the discomfort and stress, so if I'm going to be so vulnerable as to ask for substance use support, it needs to be a service run by trans people. I just don't trust cis people, even cis queers. And I've had too many bad experiences with NHS services to even consider using them for anything that isn't strictly necessary." (20 Non-binary Trans, Bisexual)*

*"Trans people especially struggle with medical professionals as it is often unknown if they will respect and understand that being transgender is not the cause of anyone's mental illness. Bisexuals may be worried about the stigma around their sexuality as they may not be taken seriously because often bisexuals are depicted as poor decision makers inherently (promiscuous, unfaithful, etc.)." (23 Nonbinary Trans, Queer)*

### **Improving access to support amongst LGBTQ+ groups**

An important aspect of this project was to explore ways in which services could improve access to LGBTQ+ groups. It was important to have the voices of those LGBTQ+ people with lived and living experience of substance use problems to understand how services could reach out to those in need but who fear judgment or discrimination relating to their gender or sexual identity, one respondent details their hopes for our research being put into practice:

*"Outreach in commercial venues. Have a visible presence at community events to engage with the LGBTQ public. Have specific LGBTQ staff who focus on LGBTQ work. Engage more with LGBTQ feeds on social media. Have training on LGBTQ issues, not just about what LGBTQ stands for but the real issues around why people might not feel comfortable accessing services and how they can really overcome these obvious barriers and address these gaps. Survey more to have a baseline understanding of the needs! Feed the findings of these survey back into the community. Let us know you have heard us and are doing something about what you have found out." (30 Male, Gay)*

Many discussed the need for more LGBTQ+ visibility in support services and LGBTQ+ identifying support staff or sufficient staff training in LGBTQ+ issues:

*"Ask for and consistently use people's pronouns, only talk about their sexuality when it's relevant and hire more LGBTQ+ people." (23 Nonbinary Trans, Queer)*

*"Generally, if they were vocally welcoming of lgbt people it would maybe lessen any worry that of experiencing queerphobia. But also, if services could show that their staff were specifically trained in lgbt issues...and that they had lgbt staff from different backgrounds, and if they could show an actual understanding of how and why lgbt cultures and struggles intersect with drug and alcohol misuse (22 Non-binary Trans, Queer)*

*"Making safe space stickers for physical locations and banners for online locations identifying it as a queer friendly space. Training staff on gender and sexuality issues so they are more educated about issues we face." (11 Female, Bisexual)*

## **Discussion**

This is one of the few studies to focus on all LGBTQ+ groups who have experiences of substance use in the UK. It is also one of the very few studies to explore barriers to treatment engagement for all LGBTQ+ groups (Viney, 2020).

Drawing on survey data with a sample of 38 LGBTQ+ people with substance use histories, this research provides information on the experiences and needs of LGBTQ+ groups in relation to their use of drugs and alcohol and access to service provision. By actively involving individuals who have lived and living experience of substance use problems in this study, we aimed to shed light on the barriers faced by LGBTQ+ individuals in the UK. This research not only contributes to raising awareness but also advances our understanding of the unique challenges and obstacles encountered by this population. Through this inclusive approach, we strive to amplify the voices and perspectives of LGBTQ+ individuals and foster a greater understanding of their experiences and needs.

While there is a growing body of research investigating LGBTQ+ health inequalities and in particular, substance use related problems within the population, the feedback provided from LGBTQ+ groups suggests that there needs to be swift action taken to improve the visibility of sexual minoritized groups in service provision for drug and alcohol-related problems.

One key finding from our study is the diversity of experiences and motivations for alcohol and drug use among LGBTQ+ individuals. Respondents identified various factors contributing to high levels of substance use, including rejection from families, problems with acceptance, stigma related to gender and sexual identity, and the cultural normalization of drug use within LGBTQ+ communities. These findings align with previous research highlighting the impact of societal and interpersonal factors on substance use patterns in minoritized populations (Amaro et al., 2021).

When responding to questions about current and past drug and alcohol use, the majority of respondents reported

using some form of drug during their lifetime, most commonly this was cannabis. Recreational drugs such as GHB/GBL, ecstasy and amphetamines, that are more commonly associated with the LGBTQ+ population (namely “chemsex” parties<sup>3</sup>) and feature greatly in the literature on gay men’s substance use, were not widely used among the sample in this study. In fact, alcohol consumption was found to pose more of an immediate risk than other drug use.

Alcohol use was found to be more closely connected than drug use to offending behavior and victimization, which illustrates the need for further exploration of the link between alcohol use and sexual violence among the LGBTQ+ population.

Importantly, our study also underscores the need to consider the differences among LGBTQ+ sub-groups. While this aspect is briefly mentioned, further analysis is warranted to explore the gendered and sexualized differences in alcohol and drug use, as well as the unique needs of each sub-group. By examining these distinctions, we can develop more targeted interventions and recommendations for service provision that address the specific experiences and challenges faced by different segments of the LGBTQ+ community.

Furthermore, it is important to highlight the high representation of transgender individuals in our sample. Despite this, our study did not extensively explore their specific experiences and needs. This represents a missed opportunity to contribute to the literature and practice in understanding the intersectionality of gender identity and substance use within the LGBTQ+ community. Future research should delve deeper into the experiences of transgender individuals and examine how their unique circumstances shape their drinking behaviors and help-seeking preferences.

Views were offered on differences between LGBTQ+ groups and the rest of the populations’ drinking behaviors. A number of respondents expressed LGBTQ+ consume alcohol differently in relation to the types of alcohol typically used and the motivations for drinking. Reflective of current knowledge, most contemplated the “stigma” felt among LGBTQ+ groups as a motivation for alcohol use, while others alluded to a “pressure” to drink and asserted that socializing is almost always aligned with alcohol use (Dimova et al., 2022b).

The key findings of the study indicate that some participants perceived a strong association between their LGBTQ+ identity and their drinking behaviors, often as a response to shame, stigma, or family rejection. While some service users in the Dimova et al. (2022b) study reported positive experiences with alcohol services, there was a notable lack of discussion around sexuality and gender identity, and how these factors might impact drinking behaviors. In the current study participants highlighted that barriers faced by LGBTQ+ individuals were further amplified for transgender individuals. Our study emphasizes the need for alcohol and drug services to signal LGBTQ+ inclusivity and provide a safe space for individuals to discuss multiple issues, including alcohol use, mental health, and gender identity.

Gender and sexual identity play significant roles in shaping individuals’ experiences and needs within the LGBTQ+ community. Our findings indicate that there are likely gendered and sexualized differences in AOD use and

support-seeking behaviors among LGBTQ+ sub-groups. For instance, some respondents highlighted the role of LGBTQ+-specific venues, such as bars and clubs, as safe spaces for community connection, which may influence patterns of alcohol consumption. Moreover, the intersection of gender and sexual identity with substance use may create unique challenges and support needs that require tailored interventions. Considering the gendered and sexualized differences in AOD use can lead to stronger recommendations for service provision. It is important to recognize that a one-size-fits-all approach may not adequately meet the needs of LGBTQ+ individuals. Services should be sensitive to the unique experiences and challenges faced by different sub-groups, including transgender individuals, and ensure that they are inclusive and accessible.

The respondents also considered the implementation of tailored drug and alcohol services to eradicate the current problems LGBTQ+ people face with service provision and encourage better engagement with support and treatment. Indeed, most reported that a tailored service would be beneficial, stating that it may help to encourage an uptake in treatment. The practicalities of developing a tailored service need to be considered further as drug and alcohol services are already underfunded and over stretched (Alcohol Health Alliance, 2021; Kmietowicz, 2021). A simple and practical solution may be to recruit peers with lived and living experience to provide support and train the staff already in place to encourage participation in treatment among LGBTQ+ substance users. In line with the work across the UK valuing peer-led approaches (i.e. KinderStrongerBetter Campaign, Galop, and the LGBT Foundation), it is important to have services that are designed with the needs of LGBTQ+ people in mind, which may not mean separate services, simply services that are better informed.

## Implications

This research will hopefully encourage services to be more inclusive and therefore more equipped to work with and understand LGBTQ+ service users’ needs. The findings have important implications for AOD services. Specific recommendations include developing tailored interventions, providing specialized support, delivering cultural competency training, and adopting inclusive practices.

Further, people with drug problems often have a wide range of needs and engage with a range of services. Therefore, the findings have wider relevance and can help inform other related service providers (e.g. housing, domestic violence, mental health). To expand our current, if incomplete, understanding of this population’s substance use experiences and needs, more research with a larger sample would be useful.

## Limitations

This research, although limited in size, has sought to capture some of the complexity associated with LGBTQ+ people’s experiences of substance use and involvement in support services in the UK.

The online survey was a useful method of obtaining responses from various LGBTQ+ groups throughout the UK. However, using such a method has prevented further discussion with participants and impeded the chance for an in-depth exploration of some of the more important matters presented by respondents.

To address these limitations and delve deeper into the issues presented by participants, the researchers recognize the need for further exploration. The subsequent study will provide the opportunity for more extensive and interactive engagement with participants as a more robust understanding of the issues highlighted by participants is needed.

## Conclusion

This research found that effective LGBTQ+-informed services could help reduce provides information drug and alcohol-related harms and encourage participation in treatment and support services among LGBTQ+ people. Research on drug and alcohol use has seldom considered the voices of all LGBTQ+ groups in relation to their experiences and needs of support services in the UK, particularly relating to the transgender community who remain largely invisible in the substance use field. Further research is needed to build our existing, yet limited knowledge on the substance use experiences and needs of this population. In particular, there is a much-needed focus on qualitative interview-based research with this demographic and a need for research that examines the link between sexual violence, alcohol consumption, and LGBTQ+ groups.

The paper has benefited from the voices of a wide range of LGBTQ+ groups and interestingly, the stories conveyed are alike, with respondents echoing similar views and experiences. More exploration is needed on peer-led and tailored interventions to establish whether these are the best means to encourage engagement with services and identify the nuances specific to substance problems of particular minoritized groups.

Moreover, the assertion that the social context is associated with increased harmful alcohol and drug consumption among LGBTQ+ people may offer an opportunity to work with LGBTQ+ communities to start the task of lowering alcohol and other drug-related health inequities. To lessen the disproportionate alcohol- and drug-related harms LGBTQ+ people, families, and communities encounter both directly and indirectly, a grassroots whole-community approach may be beneficial.

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## Notes

1. Those that selected they “never” use drugs or alcohol were re-directed to other sets of questions that exclude those that relate to drug or alcohol use. Therefore, the data represents *only* those who responded “Yes” to either.

2. Descriptor codes were assigned to participants to maintain confidentiality and anonymity based on the participant number, gender identity and sexual orientation (i.e., 22, Female, Gay).
3. Chemsex parties refers to the use of drugs before or during planned sexual activity to support, enhance, disinhibit, or facilitate planned sexual activities. Crystal methamphetamine, GHB/GBL, and mephedrone are frequently used in chemsex, as well as occasionally injecting these substances (also known as slamming) (Public Health England, 2015).

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