

LGBT+ health evidence review

Institute of Alcohol Studies response – August 2025

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol.

Purpose of submission

We are submitting evidence to highlight the role of alcohol in driving health inequalities among LGBT+ communities, particularly within the theme of wellbeing and prevention.

Key evidence

- Research consistently shows that LGBT+ populations are more likely to drink at increasing and higher risk levels compared to the overall population (1). Alcohol is consumed by a greater proportion of LGBT+ people, in higher amounts, and with greater frequency (2).
- LGBT+ populations also experience higher rates of substance use disorders compared to heterosexual and cisgender peers (3–5).
- While the drivers of higher alcohol use are complex, research highlights the influence of alcohol marketing strategies targeted at LGBT+ communities. This includes traditional advertising, digital marketing, and sponsorship of Pride events (6).
- Our own analysis of alcohol brand marketing on social media shows that brands frequently use LGBT+ symbols, cultural references, and inclusive messaging to target LGBT+ communities. While often framed as community support or activism, these campaigns blend commercial aims with social causes, reinforcing drinking culture within LGBT+ spaces. We've attached an unpublished confidential draft of the manuscript [directly attached to response portal].

Health implications

- Alcohol marketing exposure is consistently associated with higher levels of consumption and heavy episodic drinking (7).
- Despite this, the specific impact of targeted marketing on LGBT+ communities remains under-researched, leaving a gap in understanding and in policy response.
- Digital marketing is of particular concern. Evidence shows that exposure to online alcohol marketing influences attitudes and consumption, yet regulation in this area remains weak (8).

Recommendations

To address the disproportionate alcohol-related harms experienced by LGBT+ communities, we recommend that NHS England and wider government policy:

1. Recognise alcohol as a key driver of health inequalities affecting LGBT+ people.

2. Strengthen regulation of alcohol marketing, particularly digital and social media marketing, with explicit consideration of vulnerable groups, including LGBT+ populations.
3. Invest in targeted prevention and support services that address alcohol harms in LGBT+ communities, ensuring inclusivity and cultural competence.
4. Support further research on the impact of alcohol marketing and consumption within LGBT+ groups to inform evidence-based policy.

References

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