



LGBTQ+ Identity and Substance Use in the United States: Patterns, Challenges, and Clinical Considerations

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Abstract

This paper examines the complex relationship between LGBTQ+ identity and substance use in the United States, highlighting significant disparities in substance use patterns between LGBTQ+ and heterosexual populations. Research indicates that LGBTQ+ individuals are more than twice as likely to experience substance exposure and addiction compared to their heterosexual counterparts. Multiple factors contribute to these elevated rates, including minority stress, discrimination, social stigma, and internalized homophobia. The paper analyses various demographic influences, including age, geographical location, socioeconomic status, and specific subgroup identities within the LGBTQ+ community. Particular attention is given to substance use patterns, noting higher rates of alcohol, tobacco, prescription drug misuse, and cannabis use among LGBTQ+ individuals. The study emphasizes the importance of culturally competent prevention, assessment, and treatment approaches that address both substance use and underlying minority stress factors. Clinical implications suggest the need for LGBTQ+-affirming healthcare environments, comprehensive provider training, and individualized treatment plans that acknowledge the unique challenges faced by this population. The findings underscore the necessity of moving beyond one-size-fits-all treatment approaches to embrace culturally responsive interventions that consider the complex interplay between substance use, minority stress, and healthcare access within the LGBTQ+ community.

Keywords: Culturally-Responsive, LGBTQ+ Health Disparity, Minority Stress, Substance Use

Introduction

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people encounter specific challenges when it comes to substance use disorders and addiction (Paschen-Wolff et al., 2024; Shorter, 2023). Shorter (2023) claims that the LGBTQ+ community is more prone to use drugs than the heterosexual population, and that these disparities can be ascribed to a variety of factors, including stigma, minority stress, and healthcare discrimination.

Furthermore, LGBTQ+ people still have less options for substance abuse treatment and support than those who identify as straight or heterosexual (Hugho et al., 2021; Boyd et al., 2019). This study investigates the characteristics of LGBTQ+ people, their drug use patterns and prevalence, the risk factors that contribute to addiction, the outcomes of prevention and treatment, and its relevance to clinical practice and intervention.

Theoretical Underpinning: Minority Stress Theory

The paper employs Meyer's (2003) Minority Stress Theory as its primary theoretical framework to understand and analyse substance use patterns within the LGBTQ+ population. The minority stress model posits that individuals from marginalized groups experience chronic stress due to their stigmatized social status, leading to adverse health outcomes, including increased substance use (Meyer, 2003). This theory is particularly relevant for examining substance use among LGBTQ+ individuals as it provides a structured approach to understanding how societal stigma, discrimination, and marginalization contribute to health disparities (Felner et al., 2020; Parent et al., 2019).

The minority stress model identifies several distinct but interrelated stress processes. These include distal stressors (external, objective stressful events and conditions) and proximal stressors (internal, subjective processes) (Meyer, 2003). Distal stressors encompass experiences of discrimination, prejudice, and violence directed at LGBTQ+ individuals (Tebbe & Moradi, 2016). Proximal stressors include internalized homophobia/transphobia, expectations of rejection, and concealment of sexual orientation or gender identity (Hughes et al., 2020; Goldbach et al., 2014). Both types of stressors contribute to increased psychological distress and may lead to maladaptive coping mechanisms, including substance use.

Within this theoretical framework, substance use among LGBTQ+ individuals can be understood as both a consequence of and coping response to minority stress (Dyar et al., 2023; Boyd et al., 2019). The chronic nature of minority stress creates a cumulative burden that may exceed an individual's coping resources, leading to increased vulnerability to substance use and other mental health challenges (Felner et al., 2020). The theory suggests that

this stress is unique (added to general stressors), chronic (related to stable underlying social structures), and socially based (stems from social processes, institutions, and structures) (Cyrus, 2017; Meyer, 2003).

The minority stress model also acknowledges protective factors and resilience within LGBTQ+ communities (Hughes et al., 2020). Group solidarity and cohesiveness can provide emotional support, validate experiences, and offer positive coping strategies (Goldbach et al., 2017). However, the model recognizes that community spaces may sometimes inadvertently reinforce substance use through social norms and gathering places centred around alcohol or other substances (Schuler et al., 2018). This complex dynamic illustrates the importance of considering both risk and protective factors when developing intervention strategies.

For this study, the minority stress framework guides our understanding of how various factors - including discrimination in healthcare settings, social stigma, family rejection, and internalized stigma - contribute to elevated rates of substance use among LGBTQ+ individuals (Boyd et al., 2019; Dyar et al., 2019). This theoretical lens helps explain why traditional substance use interventions may be insufficient for LGBTQ+ populations and underscores the need for culturally competent, trauma-informed approaches that address both substance use and underlying minority stress factors (MONGeLLi et al., 2019).

The application of minority stress theory in this context supports the development of interventions that not only address substance use behaviours but also work to mitigate the impact of minority stress through affirmative care, community building, and systemic change (Shorter, 2023; Hughes et al., 2020). This theoretical framework thus provides a foundation for understanding both the elevated prevalence of substance use among LGBTQ+ individuals and the necessary components of effective prevention and treatment approaches (Dyar et al., 2023).

Study Method

A comprehensive review of substance use patterns among the LGBTQ+ population was conducted using multiple academic databases, including PubMed, PsycINFO, and Google Scholar. The search strategy employed various combinations of key terms including "LGBTQ+," "sexual minority," "gender minority," "substance use," "addiction," "drug use," "alcohol use," "treatment," and "healthcare disparities." Priority was given to peer-reviewed articles published between 2017 and 2024 to ensure the analysis reflected current trends and understanding, though some seminal works from earlier periods were included for their theoretical significance, particularly regarding minority stress theory and foundational concepts in LGBTQ+ health research.

The inclusion criteria focused on empirical studies, systematic reviews, and meta-analyses that specifically addressed substance use patterns, prevalence, risk factors, and treatment outcomes among LGBTQ+ populations in the United States. Studies were selected based on their methodological rigor, sample size, and relevance to the study. Special attention was paid to research that examined intersectional factors such as age, race, socioeconomic status, and geographical location, as well as studies that investigated specific subgroups within the LGBTQ+ community.

After the initial search yielded over 200 articles, a detailed screening process was undertaken to identify the most relevant and methodologically sound studies. The final review included 23 articles that met all inclusion criteria. The selected literature was systematically analysed to identify recurring themes, methodological approaches, and gaps in current research. Government reports and data from organizations such as SAMHSA and GALLUP were also incorporated to provide current statistical context and prevalence data. The synthesis of this literature formed the basis for examining the complex relationships between LGBTQ+ identity, substance use patterns, and treatment approaches. The characteristics and prevalence of substance use in the LGBTQ+ population are discussed in the next section.

The Characteristics and Prevalence of Substance Use among the LGBTQ+ Community

LGBTQ+ people have a variety of gender identities and sexual orientations, as opposed to those who identify as heterosexual or straight (Boyd et al., 2019). The LGBTQ+ population is divided into sub-groups such as gays, lesbians, bisexuals, transgender, queer, intersexual, asexual, and so on. According to Gallup (2024), the LGBTQ+ population accounts for around 7.6% of the adult population in the United States. Studies have consistently shown that the LGBTQ+ community is more likely to develop substance use problems than the heterosexual or straight populations (PaschenWolff et al., 2024; Hughto et al., 2021).

Adults who identify as LGBTQ+ are believed to be more than twice as likely as heterosexuals to develop substance exposure and addiction (Hughto et al., 2021; Substance Abuse and Mental Health Services Administration (SAMHSA), 2020). This demonstrates that the LGBTQ+ population is more likely to be exposed to substances than the heterosexual or straight populations. This puts the former at a greater risk of developing a substance use disorder, which will have a significant influence on their sociopsychological development.

Studies have shown that substance use affects the LGBTQ+ population disproportionately with greater rates of associated issues of mental health challenges when compared to the heterosexual population (Paschen-Wolff et al., 2024; Rojas et al., 2019). The disproportionality regarding this is largely due to the multiplex interplay within socio-psychological, as well as environmental conditions which come to distinctly affect LGBTQ+ persons. This is seen in the use and abuse of substances such as alcohol, tobacco, and prescription drugs (Felner et al., 2020). Numerous factors have been recognized as contributing to the high prevalence of substance use among LGBTQ+ people. The variables mentioned in minority stress theory include discrimination against the LGBTQ+ people in society, social stigma, and a high level of internalized homophobia (Slater et al., 2017). This increases the vulnerability of the minority LGBTQ+ group, prompting them to use substances as a coping method (Felner et al. 2020).

Furthermore, due to societal stigma and high levels of discrimination, the LGBTQ+ group faces higher rates of mental health difficulties, including melancholy, trauma, and anxiety (Rojas et al., 2019). This, according to Felner et al. (2020), is primarily due to the experiences people have, such as discrimination, social stigma, and rejection. In many situations, mental health issues coexist with substance abuse, which contributes to a vicious cycle that is exceedingly difficult to break without the proper help.

Age patterns also reveal that LGBTQ+ teenagers are particularly sensitive to substance use and its accompanying mental health difficulties (Hughes et al., 2020; Schuler et al., 2018). This group begins taking substances at a young age and exhibits high levels of substance usage across several substances (Shorter, 2023). Early substance use is mostly associated with their experiences with different obstacles they face among their classmates and in the community, including bullying, discrimination, family rejection, and social stigma (Felner et al., 2020). The following section of the paper examines the influence of population characteristics.

The Influence of Population Characteristics

The challenges and unique experiences that are encountered by LGBTQ+ persons have a direct impact on the patterns of substance use and risks of addiction. This reflects a complex interplay of factors including demographic and other socio-cultural elements (Pashen-Wolff et al., 2024; Hughes et al., 2020). As noted earlier on, studies have revealed that age occupies a significant factor that comes as a key determinant within substance use for persons in the LGBTQ+ bloc (Felner et al., 2020; Rojas et al., 2019). The youthful LGBTQ+ population, mostly between the ages of 18 and 25 years are found to have high rates of substance use in relation to other groups in society (Felner et al., 2020).

The age-related vulnerability is mostly the result of the concurrent barriers that includes the processes of coming out, forming identity, and the creation of their independence (Rojas et al., 2019). This is often with people who do not have adequate support from their families and the larger community structure. Also, the geographical location of individuals influences the patterns of their substance use (Shorter, 2023). In this regard, LGBTQ+ people who are in rural settings experience specific challenges because of their limited access in terms of support networks and limited affirming healthcare services for them (Felner et al., 2020).

Another factor is the educational achievements and socio-economic standing of the LGBTQ+ individual (Goldbach et al., 2017). This offers a significant dynamic in understanding the patterns of substance use. According to Goldbach et al. (2017) LGBTQ+ individuals who face the challenges of instability regarding housing and an overall situation of poverty often show greater levels of substance use- which in many instances are connected to using substances as stress coping mechanisms. It is also due to their limited access to healthcare support, especially access to mental health services and beyond (Boyd et al., 2019). It is important to note that higher education achievement is not always a protective factor because some studies have shown high levels of substance use among LGBTQ+ professionals with a college degree, which are in many cases are the result of social networking structures and workplace stress (Slater et al., 2017). Additionally, the convergence of ethnic, cultural, and racial identities within the LGBTQ+ structure also exacerbates the patterns of use (Shorter et al., 2023). With this, people who experience multiple categories of vulnerability, mostly face compounded stressors which in turn raises their susceptibility and exposure to substance (Goldbach et al., 2017).

Subcategories with sexual orientation and gender identity in the LGBTQ+ population also show some form perceptible patterns within substance use. Bisexual people, especially women who identity as bisexual is to some extent found to show greater levels of substance use in comparison with their lesbian and gay colleagues (Fish et al., 2017). Similarly transgender people experience distinct challenges in relation to substance use and disorder (Hughto et al., 2021). This is often linked to their experiences regarding discrimination within access to healthcare and gender dysphoria (Boyd et al., 2019). The situation often leads them to resort to substance use as a mechanism for coping, particularly during their transition stages.

The patterns identified in this section underpin the imperativeness to incorporate diversified characteristics in relation to demographics and the interconnections in substance prevention as well as mechanisms of intervention (Meyer, 2003). Hence, the LGBTQ+ community should not be seen as a monolithic enclave but there should be a recognition for its broader and diverse landscape.

Predominant Substances and Usage Patterns in LGBTQ+ Population

The patterns of substance use and the prevalence among the LGBTQ+ population is in a way underpinned within their desires to control their minority conditions- encompassing mental health challenges, discrimination, and stress (Hughes et al., 2020; Green & Feinstein, 2012). It also reflects the roles that substances use play in the situation of the sexual minority population and their attempts towards enhancing, for instance their sexual experiences and the like.

Studies have indicated the difference in patterns of substance use among the LGBTQ+ population with some substances seen as having greater levels of use when compared to the heterosexual population (Hughes et al., 2020; Schuler et al., 2018). The use of alcohol is for instance seen to be prevalent at around 2 times higher in LGBTQ+ bloc than the heterosexual population (Hughes et al., 2020). In addition, the use of tobacco is also recorded to be disproportionately high among people who identity with the LGBTQ+ population, with about 2.5 times more likely to take to smoking than their heterosexual peers (Hughes et al., 2020). Within this, there is also higher levels of e-cigarette usage among the younger sexual minority category than the LGBTQ+ adults (Schuler et al., 2018).

Also, the misuse of prescription substances, such as opioids and benzodiazepines as well as the usage of stimulants including methamphetamine are seen to be higher among persons who identity as LGBTQ+ than their peers who are straight (Schuler et al., 2018; Fish et al., 2017). Schuler et al. (2018) have

noted that the misuse of such substances is 2-4 times greater with the LGBTQ+ population than the general population. Another substance that shows disparities with its use among sexual minorities is cannabis, where higher rates of around 2 times of it is used by the adult LGBTQ+ population than their heterosexual counterparts (Hughes et al., 2020). The disparity regarding this, is high especially among bisexual women and men (Schuler et al., 2018).

It is also important to add that polysubstance use is also of a crucial concern as studies have shown that gender and sexual minority individuals have been found to concurrently engage in multiple substances in comparison to heterosexuals (Shorter, 2023; Hughto et al., 2021). Studies that have also looked at diverse-gender individuals and transgenders have also revealed that there is a complex pattern regarding substance use (Hughto et al., 2021) which often intersects with transition-related access to healthcare as well as their gender dysphoria experiences (Felner et al., 2020). Elevated levels of the misuse of prescription drugs as well as alcohol use have also been reported to be higher among transgender individuals compared to the heterosexual counterparts (Hughto et al., 2021).

The patterns as indicated here and as noted earlier in the paper is linked with the experiences of the sexual minority group encompassing their discrimination in society, including healthcare discrimination, community, and group isolation, and above all their minority stress. This shows their substance use as a coping mechanism or strategy to mitigate the many challenges of social and psychological stress they go through as a minority sexual and gender group.

Prevention, Assessment, and Treatment

Regarding prevention, assessment, and treatment of substance use disorder in relation to LGBTQ+ persons, it is imperative to embrace the elements of cultural competence as well as a recognition of their unique needs in society. In doing this, it is also important to emphasize that to ensure effective interventions, there is the significant need for addressing both the substance use and the underlying minority stress elements which creates the environment that influence societal stigma (Hughto et al., 2021). It is therefore important to have specific intervention and support groups for the LGBTQ+ persons as these are largely more beneficial for them than the general treatment, intervention programs and practices (Boyd et al., 2019).

In terms of preventive efforts, recognizing LGBTQ+ specific risk and protective factors become necessary. Effective mechanisms to facilitate this encompasses the strengthening of access to LGBTQ+ affirming healthcare, encouraging family acceptance and support and the building of resilience within a community connection mechanism (Hughto et al., 2021; Dyar et al., 2019). These mechanisms give attention to the point that addressing substance use requires individual needs as well as the broader systemic challenges that impact the LGBTQ+ population.

To promote effective preventive mechanism, assessment, and treatment within substance use and addiction for the LGBTQ+ population, it is essential to utilize complex and multifaceted strategies, such as increasing funding, enhanced research and data collection, and a recognition for culturally responsive healthcare support (Shorter, 2023). This would help in limiting the disparities and high levels of substance use among persons within the LGBTQ+ population and those who continue to battle with substance use disorder. The next section considers the implications for clinical practice and services.

Implications for Clinical Practice and Services

For ensuring a more effective practice by clinicians and efficient service for clients who identify with the LGBTQ+ population, it is imperative to promote a cultural competence, a comprehensive and people-centered education and training on LGBTQ+ experiences, identities, and health disparities (Hughes et al., 2020). This would provide enabling avenues for facilitating an atmosphere that is largely welcoming and inclusive for the sexual minority population in society. This should be approached with the concerns for adequately affirming relevant spaces within the use of recognizable sexual and gender minority-friendly symbols, and inclusive language use (Slater et al., 2017).

In ensuring this, there is the need for clinicians to always check and validate the unique experiences of sexual and gender minorities, incorporating their challenges with minority stress (Hughes et al., 2020). It will also be beneficial for clinicians to make a critical assessment of the special situation of the LGBTQ+ population in relation to their substance use patterns and consider their many challenges and experiences including anxiety, trauma, isolation, and stress that emanates mostly from their societal discrimination and beyond (Boyd et al., 2019).

Also, the examination of the role that substance uses plays in social connection, identity development, as well as coping for LGBTQ+ population becomes significant. Through this, clients can relate to significant community resources and LGBTQ+ affirming support centers and groups in addressing the prevalence and high rates of substance use and disorder among this population (Goldbach et al., 2017). Doing this alongside a recognition to address the shame and internalized stigma which may in one way, or another impede recovery would be essential for treating and dealing with their substance use (Paschen-Wolff et al., 2024). Encouraging social advocacy for the health and social rights of the LGBTQ+ population against any forms of societal discrimination, that facilitate their minority stress levels would significantly help in addressing the issue of substance use and disorder among the gender and sexual minority groups at large.

Conclusion

To summarize, the LGBTQ+ group as a whole face significant disparities in substance use and disorder. This, as highlighted in the research, is due to minority stress, isolation, trauma, and other socio-psychological and unique obstacles caused primarily by societal prejudice and inadequate access to inclusive healthcare and other life-development services.

To address the issue of substance uses in LGBTQ+ communities, it is critical to apply culturally appropriate techniques for assessment, prevention, and treatment. This would aid in designing tactics and procedures to meet the unique needs of sexual and gender minority populations, as well as their issues with substance use in general society. By taking this culturally responsive approach, we can more effectively and efficiently address substance use among those who identify as LGBTQ+ in our culture by offering a supportive, welcoming, and personalized care environment.

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Acknowledgment

Many thanks to Mr. Emmanuel Boakye for his advice and recommendation for the paper. The paper received no funding from any organization or agency in the public, private, or not-for-profit sectors.

Conflict of Interest

The author reports no conflict of interest.