The social context of LGBT people's drinking in Scotland

Dr Carol Emslie, Ms Jemma C. Lennox and Dr Lana Ireland





SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS www.shaap.org.uk



Contents

1	Acknowledgements	4
2	Summary of findings	5
3	Introduction	6
4	Methods	8
5	Findings	10
6	Discussion	20
7	References	22
8	Appendices	23



Acknowledgements

1

We would like to acknowledge our truly excellent steering group who offered such useful advice around recruitment, literature and interpretation of data and devoted a considerable amount of time to meetings and email exchanges: Dr Nicola Boydell (MRC Social & Public Health Sciences Unit, University of Glasgow), Nicky Coia (NHS Greater Glasgow & Clyde), Dr Barbara Duncan (Glasgow Caledonian University), Dr Niamh Fitzgerald (University of Stirling) and Dr Jamie Frankis (Glasgow Caledonian University). We would also like to thank Eric Carlin (Director of SHAAP) for his support and helpful suggestions, Dr Alasdair Forsyth (Glasgow Caledonian University) and Steven Reid (NHS Greater Glasgow & Clyde) for comments on the first draft and Louise Carroll (NHS Greater Glasgow & Clyde), Dr Lisa McDaid (MRC Social & Public Health Sciences Unit, University of Glasgow), and Dr Suzanne Grant (University of Dundee) for suggestions about recruitment. Most of all, we would like to thank our participants for talking so freely about their drinking.

Author details

Dr Carol Emslie School of Health & Life Sciences / Institute for Applied Health Research, Glasgow Caledonian University

Ms Jemma C. Lennox Formerly Glasgow Caledonian University. Now Department of Psychology, University of Bath

Dr Lana Ireland Department of Psychology, School of Health & Life Sciences / Institute for Applied Health Research, Glasgow Caledonian University

Corresponding author: carol.emslie@gcu.ac.uk

All authors belong to GCU's Substance Use & Misuse research group.

Twitter @SubMisuseGcu

www.gcu.ac.uk/iahr/researchthemesandareas/publichealth/ substanceuseandmisuse/

Funding

This report was funded by Scottish Health Action on Alcohol Problems (SHAAP). SHAAP provides a coordinated, coherent and authoritative medical and clinical voice on the need to reduce the impact of alcohol related harm on the health and well being of people in Scotland.

www.shaap.org.uk

Twitter @shaapalcohol

Summary of findings

Previous studies suggest that alcohol use and misuse is higher among lesbian, gay and bisexual populations than heterosexual populations and very little is known about drinking in transgender people. However, surveys cannot tell us about the meaning of drinking and how it fits into everyday life. This qualitative study aimed to explore the social context of drinking among LGBT people in Scotland. Between 2014 and 2015 we recruited a diverse sample of 33 respondents to seven focus groups.

Our findings point to the centrality of alcohol on the commercial gay scene (which itself is situated within the heavy drinking culture of the west of Scotland), the habitual promotion of drinks such as alcopops, spirits and shots in gay venues, and strong peer pressure to drink across the lifecourse. Respondents also described the necessity of drinking in order to venture onto the gay scene and to conform to what they perceived to be community drinking norms.

Drinking alcohol was an important part of identity construction. Even when respondents rejected the stereotypes that suggest that gay men will drink colourful, sweet drinks and that lesbians will drink pints, there was a sense that they still had the power to influence people's drinking behaviours. Some female and transgender respondents were particularly aware of how their appearance and drinking combined to display particular gender identities (e.g. wearing a dress and heels and drinking vodka when 'going straight' in mainstream venues, drinking a pint on the commercial gay scene to signify being a 'dyke.. on the pull' and not a 'straight chick', or drinking a pint when in drag as part of a 'gender fucking' performance).

Almost all of the sample used social media extensively to organize and record their socializing and drinking. There was awareness of the possibility of being inadvertently 'outed' through appearing in photos of customers posted on gay venues' websites. Social media and drinking are part of the fabric of everyday life for many respondents and both are used to construct identity, yet research has largely ignored LGBT participants.

Respondents did not appear to be concerned about being asked about their drinking in routine health consultations but were less certain about whether they should tell health professionals about their sexual orientation. Some were concerned that health professionals would make incorrect assumptions about their lifestyle if they disclosed their sexual orientation or gender identity and there was also a fear that sexual orientation might be used unproblematically as the explanation for a range of health problems they might present with.

There were perceived to be a range of barriers for LGBT people who needed to access alcohol services. These included service providers assuming that all patients were heterosexual, and the perception that alcohol services and peer support groups would not provide a safe or welcoming space for LGBT people because they were 'macho' and 'intimidating'.

3 Introduction

Although alcohol-related deaths rates are continuing to decline in Scotland, they are still almost twice those in England and Wales (Beeston et al., 2014). Changing the country's relationship with alcohol is one of the priorities of the Scottish Government (The Scottish Government, 2009) and has resulted in new investment in prevention and treatment services. Recent legislation includes the banning of quantity discounts in off-sales and restriction on alcohol displays and promotions (Gray & Leyland, 2014). The implementation date for the Alcohol (Minimum Pricing) (Scotland) Act 2012 is currently uncertain due to an ongoing legal challenge, but Scottish Ministers have stated that their preference is for an initial minimum unit price of 50p (Gray & Leyland, 2014). However, alcohol consumption and alcohol-related harms are not evenly distributed across the population; factors such as socio-economic status, ethnicity, age, relationship status, gender (identity) and sexual orientation are related to drinking behaviour and outcomes.

Patterns of alcohol use among lesbian, gay, bisexual and transgender (LGBT) people are difficult to measure. LGB & T people are not a homogenous group (Hughes & Eliason, 2002). Large general population studies which include questions about health-related behaviours often do not ask about sexual orientation or gender identity. That evidence which does exist tends to focus on men, particularly gay men, and very little is known about drinking in the transgender population (Moncrieff, 2014). Bloomfield and colleagues (2011) have argued that levels of drinking among sexual minority groups vary considerably across the world and that concerns about heavy drinking tend to be based on the experiences of lesbians in North America. However, a systematic review of the international literature (King et al., 2008) found that the risk of alcohol dependence over 12 months was 1.5 times higher in lesbian, gay and bisexual people than in heterosexual people.

The UK literature suggests that lesbians, gay men and bisexual men and women are more likely to drink alcohol, and more likely to drink excessively, than the population as a whole (Guasp, 2011; Hunt & Fish, 2008; Keogh et al., 2009; Meads, Pennant, McManus, & Bayliss, 2009; Varney, 2008). For example, large surveys funded by Stonewall (Guasp, 2011; Hunt & Fish, 2008) found that 78% of gay and bisexual men and 77% of lesbian and bisexual women drunk alcohol in the last week compared to 68% of men in general and 58% of women in general. Buffin and colleagues (2011) found that 29% of women (lesbians and bisexual women combined) and 34% of men (gay men and bisexual men combined) in England reported heavy episodic drinking at least once or twice a week in the last

month (>8 units of alcohol in a single session for men, >6 units for women). For the general population in England, comparable data suggest that 12% of women and 18% of men reported heavy episodic drinking in the last week (Office for National Statistics, 2013). The tendency – by academic researchers, policy makers, media and activists – to focus on illicit drug use rather than alcohol use among men who have sex with men (MSM) has been criticized by Keogh and colleagues (2009). They found that 11% of the men who had sex with men (MSM) in the National Gay Men's Sex Survey (N=6155) were concerned about their alcohol use compared to a total of 9% who were concerned about their use of one or more of a list of 13 illicit drugs (including amyl nitrite, cannabis, LSD and heroin).

Very little academic work on alcohol in the LGBT community takes place in Scotland, and that which does focuses mainly on drug use and / or sexual health and HIV prevention (Coia et al., 2014; Li & McDaid, 2014). For example, Coia and colleagues (2014) explored the role of alcohol among gay and bisexual men in Scotland within the context of preventing HIV infection. They found that alcohol played a significant role in the social and sexual lives of their respondents, was implicated in violence, was prevalent as a form of currency when men were paid for sex and impaired decision making around sexual risk taking.

It has been suggested that this increased use of alcohol by LGBT people may be a way of coping with structural factors such as marginalization, discrimination and stigma and an escape from perceived heterosexist social norms (Peralta, 2008). Alternatively, alcohol may play an important part in social roles. LGBT people are less likely to become parents - which is often associated with reduced alcohol consumption - and drinking may be seen as an aid to exploring sexuality, particularly when 'coming out' (Keogh, et al., 2009). Clubs and pubs on the commercial gay scene provide spaces apart from the heteronormative world where people can lose or express themselves through music, dance, drinking and sex (Valentine & Skelton, 2003), although not all groups feel equally entitled to use these spaces (Taylor, 2008). Researchers have noted the centrality of alcohol to the commercial gay scene and the targeted marketing of alcohol to gay men (Drabble, 2000). Finally, support services for alcohol problems are often not sensitive to the specific barriers LGBT populations face when seeking support and health professionals may have a lack of familiarity with LGBT social norms (Keogh et al., 2009). Commentators have argued that qualitative studies are necessary (King, et al., 2008) in order to explore the meaning of drinking among LGBT people and to explore the social context of drinking in these communities.

3

The aim of this qualitative, exploratory study is to investigate how LGBT people experience and understand alcohol consumption in Scotland (on the commercial gay scene and elsewhere). We were also interested in their views on stereotypes around LGBT drinking, their perceptions of alcohol advice and services and barriers which may exist for LGBT populations, their use of social media around alcohol and thoughts on alcohol marketing on the commercial gay scene. Our aim was to obtain a diverse sample of LGBT respondents who did not regard their drinking as excessive or problematic, in order to explore the social context of everyday drinking in these communities.

Methods

We conducted an exploratory qualitative study in order to explore the social context of drinking among LGBT people in Scotland. Qualitative research enables insight into people's (often contradictory) meanings and experiences and also highlights relevant social processes (Chamberlain & Murray, 2008). We decided to conduct focus groups with people who already knew each other and so could draw on shared experiences in the research setting (Kitzinger, 1994). Previous work exploring people's perceptions of alcohol has used these methods successfully (Emslie, Hunt, & Lyons, 2011; Lyons & Willott, 2008).

Inclusion criteria were that participants were 18 years or older (and so could drink legally) and identified as lesbian, gay, bisexual, or transgender. We asked respondents if they would be willing to talk about their 'everyday experiences with alcohol', to emphasise that we were not interested in focusing on excessive or problematic drinking. Following the advice of our advisory group, we focused on recruiting lesbians and gay men, given the difficulty of adequately representing the LGBT community in a small, time-limited study. We aimed to recruit a broad range of ages, given that this is likely to impact on alcohol consumption and participation in the gay scene. Ethical approval for GLASS (Gay & Lesbian Alcohol Study Scotland) was granted by the Department of Psychology, Social Work & Allied Health Sciences Research Ethics Committee, Glasgow Caledonian University.

It was difficult to recruit respondents for this study; individuals were often interested but were unable to recruit other LGBT friends or colleagues to take part. We approached potential respondents in gay pubs, clubs and on the street and gave out flyers (see appendix) about the study; sent email invitations asking people to forward study information to friends and colleagues and advertise the study on their Facebook pages; advertised the study via posters in workplaces and supermarkets; approached LGBT and community groups, and advertised the study through community websites (e.g. Gumtree), Facebook and Twitter. All of these approaches yielded respondents, but the email invitations, LGBT groups and Gumtree were most successful. Non-alcoholic drinks were provided. Two researchers (JL & CE) facilitated the groups which lasted between 45 and 95 minutes. After an explanation of the study and assurances about confidentiality, respondents were asked to give written informed consent and permission for discussions to be recorded. The topic guide included questions about drinking on and off the gay scene, the role of alcohol in coming out, stereotypes about LGBT drinking, alcohol marketing on the gay scene, the role of social media in relation to drinking and socialising, and accessing alcohol advice and services (see appendix). Respondents were given £15 gift vouchers to thank them for participating.

In 2014–2015, 33 respondents participated in seven focus groups (Table 1). We succeeded in recruiting a diverse sample of respondents in terms of age range (18 to 52 years; around half - 15/33 - aged over 25 years), sexual orientation (11 respondents identified as lesbian, 15 as gay, 3 as bisexual, 1 as heterosexual and 3 as 'other', 'queer' or 'pansexual') and gender identity (15 respondents identified as male, 14 as female, and 4 as transgender or 'gender fluid'). We were particularly pleased to have recruited bisexual and transgender respondents, given the difficulties outlined by our steering group. Most respondents indicated they were 'out' with everybody or nearly everybody (29/33) and half frequently or sometimes used the gay scene (17/33). Ten respondents lived with partners, ten lived with parents or relatives, nine lived on their own, three lived with flatmates, while one had 'other' living arrangements. Only two respondents (both lesbians) reported having children. Half (15/33) were educated to degree level and almost all (31/33) were from the majority white population.

Just before the discussions began, respondents completed a drinking grid which enabled us to estimate the number of units consumed in the last week; each unit represents 8 grams of pure alcohol. Of the 33 respondents, 27 reported drinking within the recommended weekly limit (14 units or fewer for women, 21 units or fewer for men), 2 could be classed as 'hazardous' drinkers (between 15-35 units for women, between 22 and 50 units for men) and 4 as 'harmful' drinkers (over 35 units for women, over 50 units for men) (Department of Health, 2007; Royal College of Psychiatrists, 2001). There was no clear link between excessive drinking (>14 units for women, >21 units for men) and characteristics such as gender identity, sexual orientation or age in this sample.

Focus groups were transcribed verbatim and checked for accuracy. Names and identifying features were changed and replaced with pseudonyms. Detailed fieldnotes were written soon after each focus group and shared with the research team. Transcripts were read repeatedly and discussed between the authors. We used thematic analysis which is a method for "identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p.76). Themes, sub-themes, and relationships between themes were discussed, confirmed, rejected or reformulated with reference to the transcripts in a cyclical process, facilitated by the software package QSR Nvivo. Table 1 Description of discussion groups and respondents (N=33)

Group (age range)	LGB or T?	'Out' with?	Use gay scene?	Alcohol in last week	Use gay scene? Alcohol in last week N. 'hazardous' & 'harmful' ¹
1. Gay men's sports group (25–51 yrs)	4 gay men	Everybody (3) Nearly everybody (1)	Rarely (3) Sometimes (1)	2–27 units	1 'hazardous'
2. Bar group (20–25 yrs)	5 lesbians & 1 gay man	Everybody (5) Nearly everybody (1)	Frequently (4) Rarely (1) no answer (1)	4–76 units	1 'hazardous' 1 'harmful'
3. HIV charity workers (32–52 yrs)	1 lesbian, 3 gay men, 1 bisexual man, 1 transgender respondent	Everybody (5) Most (1)	Frequently (2) Sometimes (1) Rarely (3)	2–73 units	1 'harmful'
 LGBT support workers (27–41 yrs) 	3 lesbians,1 bisexual woman,1 transgender respondent	Everybody (4) Some (1)	Rarely (3) Sometimes (2)	0–7 units	0
 LGBT community group (18–24 yrs) 	1 lesbian, 3 gay men, 1 transgender respondent	Everybody (3) Nearly everybody (1) Most (1)	Never (3) Sometimes (1) Frequently (1)	0–2 units	0
 LGBT youth workers (19–34 yrs) 	1 gay man, 2 bisexual / pansexual women, 1 transgender respondent	Everybody (3) Few (1)	Frequently (2) Sometimes (2)	0–35 units	1 'hazardous'
7. Lecturers (41–46 yrs)	2 gay men & 1 lesbian	Everybody (3)	Rarely (2) Sometimes (1)	6–25 units	1 'hazardous'

1 'Hazardous' drinking: 22-50 units for men in a week, 15-35 units for women in a week. 'Harmful' drinking:>50 units for men in a week, >35 units for women in a week

5 Findings

1. Drinking on the commercial gay scene

Almost all of the participants had experience of the commercial gay scene (CGS) in Glasgow, and many had experience of this in other cities too. In contrast to Edinburgh, the Glasgow gay scene was characterized as having a 'party atmosphere' (Focus Group 6 [FG6]) and a 'drinking and dancing culture' (FG4). There was variation in how often respondents reported using the gay scene; not surprisingly, younger respondents (with the exception of teenagers in FG5 yet to access the scene) tended to use the scene more often, while older respondents reported using it more rarely. Despite the commercial gay scene's depiction as 'cliquey' (FG2), 'bitchy' (FG2, FG3), full of 'drama' (FG2, FG3), judgemental (FG4, FG5), 'crap' (FG4, FG5), '25 years behind London' (FG3), and complaints about the 'camp' music, participants agreed it was an important place to meet other lesbian, gay, bisexual or transgender people (see also Flowers & Hart, 1999):-

You go to the gay scene for the gayness...(it's) where you go to meet folk (Ian, FG1).

Some venues on the commercial gay scene were perceived to be aimed at one section of the LGBT community (usually gay men, sometimes segmented by age and by subculture), while others were seen as more mixed. There was a strong perception that most of the scene was directed at youth (e.g. Older people 'don't want to jump about with all the wee twinks any more' FG3) and that it was more geared to gay men than other sections of the LGBT community. It was described as 'misogynistic' (FG3), with a lack of 'women's spaces... naked, sweaty men dripping all over you' (FG4) and with 'wee skinny boys dancing on the bar .. buff butlers with their bums hanging out' (FG6). There was also a perception that many of the women on the scene were straight friends of gay men. The following extracts show how the CGS was seen as superficial:-

Everyone's kind of fake in the scene...they're all trying to be something they're not, so it's easier to get to know people outside of that, when they're (their) real selves. (Owen, FG5)

I get absolutely no attention at all. Thirty plus, slightly overweight, walk with a walking stick. That's too much baggage for anybody on the scene to be interested in. (Pippa, FG6)

It is important to stress that respondents did not only drink on the CGS with LGBT friends. They described socialising at gigs, comedy clubs and going to gay nights at mainstream venues (one of which is described in its publicity as a 'straight friendly LGBTI night' for those 'looking for an alternative to the mainstream gay scene') where they enjoyed being with an older crowd listening to different genres of music (e.g. techno, hip hop, electro). They also discussed going to straight pubs and clubs themselves ('a straight night out' FG2; 'are we going gay tonight or are we going straight? FG7) and going to gay bars and clubs with straight friends:-

I've never really been out on the scene at all, even when I was a lot younger... It would never be somewhere where I would think of going but it's my straight colleagues from work that always insist on going to gay bars when we're on a night out! (laughter: Kerri, FG7)

In addition, respondents in nearly every focus group reported commonly drinking at home or at friends' homes. Respondents took pains to stress they would not drink at home on their own as this was seen as 'sad', dangerous or a potential sign of alcohol dependence. Older, professional gay men were the exception here; perhaps because of their higher socio-economic status, they felt able to describe enjoying a drink or two on their own at home. Drinking at home was commonly associated with eating, relaxation and socializing with friends, as opposed to drinking in pubs and clubs which were often associated with getting drunk. Generally, respondents discussed drinking beer, wine and cider at home, but - with the exception of parties - stated they would rarely drink spirits or shots at home, given the potential for intoxication. Drinking location was linked to safety by some lesbians and bisexual women ; most felt they were safer drinking at home as they did not then need to travel, although one argued that she felt safer in bars as she consumed less alcohol than when drinking at home.

The Centrality Of Alcohol On The Commercial Gay Scene

There was a general consensus about the heavy drinking culture on the commercial gay scene: 'it's a bit too manically drunk for my liking' (FG1); 'I can't go out sober' (FG2); 'it's a culture thing to go on the gay scene, get drunk, so maybe people don't realize they have an issue with alcohol' (FG4); 'the only thing to do is get hammered and have a boogie' (FG6). Respondents felt they drank more heavily on the gay scene than they did elsewhere because of the expectation that everyone would be drinking heavily ('easier to go there if you've got a drink in you' FG1), because it was often associated with big nights out and celebrations when people would be more likely to drink heavily, and / or because it was cheaper than straight venues. Some respondents spoke about the necessity of drinking to give them the confidence to go out on the gay scene, a space where LGBT people can express their identities and have these

identities validated by others (Valentine & Skelton, 2003). In the extract below, Craig, who is relatively new to the scene, discusses how he drinks to increase his self-confidence on the CGS. Paul who came out more than 20 years ago, describes his similar actions at the time:-

FG3

Craig: I've yet to meet somebody in sobriety, another man in sobriety. I'm always drunk. It's my confidence.

Paul: But that's how I was when I first come out.. I walked into a gay pub, I was pissed but I had to be drunk before I could get in there.

Andrew: Just so's you keep chatting and be sociable.

Paul: I didn't sober up later on that night.. just continually got drunk to the point, but if I (think) about being gay and on the scene, I was always pissed.. I'd never related being gay to drinking until sitting here the night and thinking.

Respondents commented on the strong peer pressure to drink; respondents who had lived elsewhere felt this pressure was particularly strong in the west of Scotland. Those who chose not to drink on some occasions discussed how this 'alarmed' people, ended conversations (sometimes with previously interested admirers) and could lead to hostility. In the extract below, Mark (FG7) describes the difficulty of trying to reduce his alcohol intake on the scene. He suggests that this peer pressure is stronger among gay friends, perhaps because they do not have the 'excuse' of parental responsibilities to moderate their drinking:-

FG7

Mark: I think it's (alcohol) a big part of the gay scene. ..(If I am) not wanting to drink, or drink very little, of an evening, ... I'll maybe order, I don't know, (a) no alcohol lager first of all.. not hiding it completely but certainly not drawing attention to it. And then people notice and they're like, "Oh right, OK, well what's wrong with you?" And I'm like, "Well nothing, it's just I don't want to get pissed tonight." So for me possibly because my friends are either gay or in partnerships where they don't have children or if they do have children they've grown up a bit now. So there's a sense of they've got less restraints and some of them still want to carry on drinking and so that, yeah, alcohol plays a big, big part in it from my perspective anyway.

Yeah. And .. is (it) any different with gay friends than it is more generally or...?

Mark: I think... I'm not sure. Possibly but.. more generally people may have more restrictions, you know, folk with families have more restrictions so it would be fairly common for someone to come out and drink.. coffee instead of lager or go for low alcohol or whatever. Not as usual in the gay circles I operate in where there are less, you know, parental responsibilities, you know.

OK, yeah. So it's harder to have a sort of legitimate excuse (yeah) for...

Mark: "What's wrong with you?" I was like "Work, work, I'm working again. I'm studying," you know. . Deep breaths, wait for the pelters (insults), you know!

When directly asked to comment on the drinking of LGBT compared to heterosexual people, there was a concern not to generalize or 'brand' LGBT people as drinkers. Most respondents felt there was not much difference, and that there was also variety within communities. Younger people were perceived to drink more, whatever their sexuality. There was also a recognition that there was a heavy drinking culture in Scotland generally ('it's a massive drinking culture and it's getting bigger and bigger and bigger' FG3), which influenced people's drinking whatever their gender identity or sexual orientation. However, it was recognised that LGBT people were more likely to use bars and clubs than heterosexual people because they had more limited options to socialize, were less likely to have parental responsibilities which might limit drinking, and that marginalized groups (particularly bisexual and transgender people) might drink more because of isolation and double discrimination. Respondents from FG4 discussed these issues in the extract below:-

Mandy: There's high levels of drinking ...but it has to do with ...isolation and access to socialisation opportunities... There are like links to LGBT people and you know, poor health and.. behaviours and things like that but I wouldn't just brand LGBT people is effectively what I'm saying....

Julie: I think I read research last year though that said that bisexuals within the LBGT community are more likely to take more risks in relation to like substance misuse on the scene .. Maybe it's due to the double discrimination that they can face both within the LBGT community and then the heterosexual community

Mandy: The thing is that's about pressure, it's about stereotypes, about what they think they have to comply to in order to fit in.

Vince: ...In Glasgow I think it can be really difficult for the trans community as well to access LBGT spaces. And I think like I know that's true 'cause I've been there ...people being kicked out of toilets for using you know the toilet that they would use.. There's a lot of discrimination within the community in Glasgow as well.

Alcohol Marketing on the Commercial Gay Scene

Respondents also discussed alcohol marketing in the CGS. There was some ambivalence about this. For example, Charlie pointed out that in the past, association with LGBT consumers might have been seen as 'toxic' for a brand, so in some ways the increased marketing was welcome. On the other hand, he was clear that the product being promoted on the CGS was alcohol, which was making a few people very wealthy:-

For people first coming out, their first experience of meeting other LGBT people is often on the commercial gay scene .. The product that that environment sells is alcohol. ..pretty much based around making a couple of people really wealthy from selling alcohol and that's the product that's on offer.(later) That idea of the Pink Pound and thinking who is actively trying to court you as.. a community. And it's whether or not you think that is being cynical or whether you kind of see that as actually being quite a kind of positive thing, that a company would welcome your business. .. It doesn't seem quite so long ago when to be LGBT still seemed like something that was guite toxic and it would hurt you... I'm maybe being naïve and just accepting their line, but I kind of see it as quite kind of ... it wouldn't necessarily make me buy their product but I appreciate the fact that they're (advertising). (Charlie, FG1)

Others commented on the marketing of particular drinks (i.e. WKD, shots, spirits) within venues, cheap midweek promotions and the relaunching of old drinks repackaged to the LGBT community (e.g. Smirnoff with cranberry &lime, Gin and tonic with lime). A number of respondents spontaneously mentioned the practice of promoters hiring people (often dressed in a highly sexualized way) to carry trays of drinks around venues for customers to sample:-.

They have guys maybe walking about with kind of trays, like half naked with shots. It's like kind of sexualisation in a sense .. going up to groups of people to try and sell their shots, but obviously at the same time they're just in their wee kinda panties, so to speak. ..There was another bar that used to ..be girls as well doing it as well as boys. But it's just really trying to kinda get you to .. get you drunker. (Irene, FG4)

When I go out it's whatever's on promo (promotion), so I might start off with a couple of pints and then, "Oh, the drink promos are on. I'll have some this, and I'll have a wee vodka, and then I'll have a bottle of WKD, and then I'll...".. "Oh, what else is on?" And then they come round with trays full of shots, and it's like, "Oh, shots. I'll have five!" (Pippa, FG6)

2. Drinking across the lifecourse

All of the groups discussed how their drinking had changed over time when considering their alcohol consumption; even one of the teenagers reflected on how he went out less now he was about to turn 20 years of age. The expected trajectory was that people would drink heavily ('going out and getting steaming'; 'getting mad with it') when they first came out and encountered the CGS but that their drinking, and use of the scene, would gradually reduce over time. The extracts below demonstrate how, to some extent, this entry into the alcohol-fuelled CGS was perceived as a necessary rite of passage, a way to gain acceptance and, by some, as an important part of LGBT identity. The final extract demonstrates the idea that as people get older they 'grow out of' the scene:-

The amount of alcohol I've consumed this year is probably more than what I've consumed in the last 4 years, since coming out on the gay scene as an open gay man (Craig, FG3)

That's the only way I felt accepted on the gay scene.. getting mad with it and buying people drinks (Irene, FG4)

You drink to the early hours, (it) wasn't because I kinda wanted to be out drinking, it was because I wanted to socialize and be part of that and feel like I wasn't a minority so it forces you to go out and drink (Kathy, FG4)

The scene just absorbs people. Everybody want to be part of the scene if you're part of the LGBT community and you're young and single. You're basically in there until you with either meet somebody that grinds the hell out of you and you become sensible, or you grow out of it (Stella, FG3)

A number of factors complicated this seemingly straightforward relationship between ageing and drinking less. First, some respondents described how their drinking had stayed at the same level, or increased, since 'coming out', often due to increased income. For example, one man explained how he lived outside Glasgow when younger and so had to drive (and so not drink, or drink very little) when going out because of lack of public transport late at night. As he grew older and earned more money, he moved into the city which gave him increased access to the gay scene. Secondly, respondents generally associated the break-up of relationships with spending more time on the CGS and more drinking. These life events could happen at any age and disrupted the general assumption of reduced drinking as one aged. Thirdly, the assumption was that increased responsibilities as one matured would lead to decreased drinking. Some respondents did discuss this with regard to work. However, only two respondents in the study had children. They described how this limited their drinking, scoffing at the idea of the spontaneous midweek nights out described by others in their group ('We have children. You don't go out on a Wednesday when you have children!': FG6). Respondents in two groups (FG2 and FG7) described how their dogs limited their drinking to some extent ('It might sound quite gay but I've got a dog so it's like having a wean (child) so I can't go out and get pissed and then fester in my bed the next day' (FG2); 'We go to dog-friendly bars so that kind of puts paid to .. any kind of sliding.. staying for five hours (in the pub)' (FG7). However, these responsibilities did not apply to most respondents in the sample.

3. Constructing identity

It was clear from our data that drinking alcohol – particularly the choice of drink and drinking vessel – was an important part of identity construction for these LGBT respondents. Respondents discussed stereotypical expectations of what gay men and (butch) lesbians drink (alcopops, spirits or sweet colourful cocktails; and pints of beer, real ale or Guinness respectively) and commented on how this was a reversal of the stereotypes usually associated with straight men and women's drinking:-

FG2

Greg: You'd never get my (straight) brother having a candy floss Martini and I had one last week, so... something like that. ..My brother's more ..pints of beer and cider and things like that, whereas I very rarely have that.

Alison: I think lesbians drink the same as guys (agreement)... Like, lesbians will happily just go and sit with a pint. .. I don't think a straight lassie would do that.

Claire: I think it's a role reversal. Like, if you went to a straight place the guys would have pints and the girls would have.. vodkas but then if you're on the gay scene then it's the other way about (agreement).

When asked to state their favourite drink at the beginning of the group discussions, only half of the gay men (7/14) chose spirits or cocktails and around one quarter (3/11) of the lesbians selected beer or Guinness. Given these preferences, some groups were dismissive of these stereotypes, stating that LGBT people drank a range of different drinks and observing that straight women, as well as gay women, drank pints because this was now socially acceptable. Others were aware of the stereotypes but were clear that they tended to drink what was cheap or on promotion. With the exception of one teenage gay man, all of those who discussed the cost of drinking identified as female or transgender.

However, even when stereotypes were dismissed as inaccurate, they were still thought to pressure people to drink 'appropriately' in order to 'fit in'. Respondents gave a range of examples of people being surprised when the choice of drink and perceived sexual orientation of the drinker did not 'match' as expected:-

Chris: The obvious kind of stereotype is that straight men drink beer.. and that gay men ..drink cocktails.. By and large, I think it's more or less accurate.. But I think there is a certain pressure to drink what you're expected to drink. I've got a male straight friend who doesn't like beer .. he asks for like a vodka lemonade, ..he gets teased about it and it's a joke. I mean, it's nothing serious but I always find that quite ridiculous just cause I think why does it matter? .. I think in these kind of things obviously there is a stereotype there for that joke to be made.

Simon: I think there's .. a stereotype and it works both ways. I've been in gay bars and had a pint of real ale or something and people have looked at me and "What's that you're drinking?"

FG6

Pippa: There's definitely stereotypes cause I don't know how many times .. when I've been in mainstream, straight venues and I will drink pints and then you get folk going, "What are you drinking a pint for? Are you a lesbian?" "I just like pints.".. It's nothing to do with my sexuality".

Paul: With gay men, if you drink a pint that means you're straight.. They kinda, like they get shocked when you drink a pint, they're like, "Oh, I've never seen that. I thought you were on like poof juice or whatever."

Pippa: Yeah, the very term "poof juice" ..!

Paul's use of the term 'poof juice', above, also illustrates the connection between consuming alcohol and identity construction. This term is applied to alcopops (e.g. sweet, pre-mixed spirits usually around 5% to 7% ABV such as WKD, Bacardi Breezers, Smirnoff Ice, Hooch) and, it has been argued (Galloway, Forsyth, & Shewan, 2007), is used to question the masculinity of those who consume these drinks. Lesbians in FG2 used the term themselves when discussing drinking alcopops at home because of their low alcohol content.

FG2

Caroline: Personally, for me, I don't like to get pissed in the house so if I'm gonnae be drinking it'll be something that I really like, like Malibu or, like, poof juice. (laughter)

Can I ask what...? Poof juice has come up before. Why would it be called poof juice?

Jacqui: Cause it doesn't get you drunk.

Alison: It's got nothing in it.

Caroline: You'd need tae drink a million of them to feel anything.

Some discussions linked appearance (hair and clothing), as well as drinking, to identity construction. For example, Jacqui in FG2 suggested that 'you automatically think of a lesbian with short hair, a checked shirt, a pint'. The combination of these different signifiers was important. For example, Pippa described how she deliberately chose her drink in order to display her sexual orientation in certain contexts. Her extract demonstrates her awareness that having long hair and drinking WKD on the scene might signify 'straight chick', but that choosing to drink a pint would signify 'dyke':-

FG6

Pippa: If I wasn't in a relationship and did have any intention of going out on the pull on the scene, I would drink pints, simply because no one looks at me and immediately recognises .. "Well, she looks like a dyke.."... I'm the imposter on the gay scene - everyone just looks at me and makes the automatic assumption that I'm straight 'cause I've got long hair.. but drinking pints is that sort of, it's like my ticket to ride. "Look ladies, I've got a pint, I'm one of you." Whereas if I was sitting with a blue WKD, I'm pretty sure everyone would just be like "Straight chick in the corner, we'll just ignore her.".. I mean I do enjoy pints anyway. I drink pints quite often, but...

Eva: It wouldn't just be because you fancied a pint?

Pippa: Naw, it would be because I fancied the chicks ... (laugh) want them to notice that I'm not the straight chick in the pub!

This awareness of how appearance and drinks were interpreted by others was also demonstrated by lesbians in FG2. When 'going straight' (i.e. to straight pubs and clubs), these women discussed dressing up and wearing heels to fit in with their straight female friends and in order to get into some smarter straight venues. Those women who usually drank cider or spirits said they would continue doing so but Jacqui discussed changing her drink from a pint to spirits; her account suggests she would feel incongruous dressing like a straight woman while drinking pints (like a lesbian):-

.....

FG2

Jacqui: All my pals from school are straight.. I don't drink as much when I go out with them.. because I'm not gonnae sit with a pint and dress and heels and stuff so... I'm sitting with a vodka.

Caroline: Yeah. Like, see for me personally, I'll go straight only once in a blue moon but when I do it's like I don't feel that comfortable even though I've got the dress and the shoes and all that on, I'll drink but it's more expensive as well... I wouldnae feel comfortable going out.. in a nice pair of jeans and a top if they're all wearing dresses and heels and stuff.

Some transgender respondents were particularly aware of their choice of drink as a prop to express their identity and to challenge people's preconceptions. For example, Stella describes her reaction to being criticized for drinking out of a pint glass rather than a (feminised) half pint glass:-

I did get criticised for not drinking a half pint.. somebody actually walked up to me: "What are you doing with a full pint? Women should drink half pints". ...And I went, "I don't give a shit. I used to be a man!" (Stella, FG3)

Naomi was particularly explicit about her choice of drink, along with her appearance (drag, beard, monobrow) being part of her gender performance which was deliberately subversive ('gender fucking'):-

It just kinda comes down to this whole masculinity and femininity thing ...cause like lesbians ...they're all butch, and the gay men .. they're all sissies and so like they will drink the sweet and colourful .. and the lesbians will only drink the pints of Guinness... I don't identify as male or female either .. (so) people get like, "Oh what are you drinking?" And then sometimes people get really confused about that because they don't know which kind of, which cliché to put on meIf I'm all in drag I like to drink like the manliest drink that I can find just to piss people off. .. My drag is kind of subversive, and really obviously gender fucking .. like with beard .. and a monobrow, .. I tend to then on purpose kind of play around with these stereotypes. .. I'll make a point of drinking a pint because it's like, part of my performance. (Naomi, FG6)

4. The role of social media

Commentators have noted how drinking and social media are part of the fabric of everyday life and how both are used to construct identity (Niland, Lyons, Goodwin, & Hutton, 2014). Research in this area has largely ignored LGBT participants so we were interested to see how respondents discussed the use of social media in relation to alcohol and the gay scene.

There was a general feeling that the internet and more recent developments in apps and social networking sites had radically changed the ways in which LGBT people communicated with each other and could meet potential partners:-

When we all came out, you could only make a gay friend within a gay pub because there was no Facebook, there was no mobile phones, there was no Grindr. There was nothing (Paul, FG3)

If I was in a club I'd turn it (Grindr) on just to see who (is in)... cause it's obviously like a kind of GPS, like how close people are to you.If you're in (CGS venue) ...and you just look around and be a bit nosy at people on their phones, nearly every guy's on it (NB Grindr identifies & links to profiles of other gay & bisexual men in the vicinity). (Greg, FG2)

Most participants in every focus group used social media extensively; only one participant (an older gay man) stated that he didn't use social media or even own a mobile phone. Facebook was mentioned by every group, Twitter and Grindr to a lesser extent and Whatsapp and Snapchat less commonly. Facebook was used to see who wanted to go out, to create 'events' to invite people to (e.g. birthday celebrations, community group events), to post pictures after a night out (e.g. selfies, group photos, pictures of drinks, videos of friends singing and dancing) and for work. With regard to the commercial gay scene, respondents 'checked in' to venues, planned where to go, reserved tables or booths, added themselves to guest lists, found out about drink promotions, competitions and the possibility of free entry at clubs and checked to see if they or people they knew had been 'tagged' in photos taken by nightclub photographers.

Many respondents were aware of privacy issues on Facebook. For example, those who ran LGBT community or sport groups described how they always checked if people were happy to appear on photographs which would then be posted on social media. Respondents in two focus groups discussed how friends of their parents had continually dropped hints about their sexuality, after viewing their Facebook page:-

Greg: My neighbour was on Facebook and my mum doesn't have Facebook .. I was getting tagged in photos at (gay venue) and stuff like that and the neighbour was like "Oh, Greg was at (gay venue)" and my mum's like "Was he? Cool." And, you know, it's almost like a kind of being nosy cause my mum doesn't feel the need to tell neighbours cause they're not associated with my life. They've got nothing to do with me so my mum used to get quite riled about that.

Angela: My mum's the exact same. People say that to her as well. My mum's friends try to ask questions and stuff. ...It's none of your business.

Respondents in every group talked about precautions they took around privacy in Facebook including untagging pictures of themselves, having their settings adjusted so that they had to approve any picture they were tagged in, and making distinctions between what friends and acquaintances or work colleagues could access. Respondents in FG 6 and 7 were particularly careful about their privacy:-

My facebook security settings are like Fort Knox.. There's more chance of getting to Middle Earth than actually becoming Friends with me inadvertently! (Kerri, FG7)

FG6

Naomi: I keep my Facebook profile pretty much anonymous.. it's not 'Naomi', it's not my passport name either. It's just an absolutely unconnected name .. There's photos of me in drag on it that only my friends can see but I'm not tagged in anything..... If somebody tagged me, I'd untag myself because half of the time I also look minging (ugly)... but even if I look good I'd just save it and then untag myself because... I'm very particular about my privacy.

(later) **Eva**: I would never tag anyone from work in their photos. I would just save the photo and then post it on my page....and then if people want to save it then they know where it is. But like I'll tag people in a status and maybe in personal photos that I've taken on the night out.

Pippa: I'll do that but my privacy settings are super, super high...Everything's (shared), just to close friends and I'm very selective as to who makes that list. Another issue, which arose spontaneously in some groups, was pubs and clubs employing photographers to post pictures online of clients enjoying a night out at their venue, which could then also be displayed on individuals' personal Facebook accounts. Respondents discussed the positive aspects of these websites, such as the better quality, often flattering photos and group shots that could help them to remember, and reminisce over, nights out. However, they were also aware of the possible undesirable consequences for a range of people. First, respondents discussed straight friends who enjoyed going to gay clubs but did not want to appear on websites associated with venues on the GSC because of the misunderstandings this could create. Secondly, this could create problems for people who had not 'come out' or for those who were not 'out' to everyone. Chris explored these subtleties in the extract below, as he describes how he did not feel the need to be 'openly gay' with everyone:-

I think the first time I went out to a gay club .. I wasn't out and there's a big thing of 'Oh, get in the photo' and 'take the photo!" and then they put it up on their website and it gets tagged .. on (CGS venue) website and before you know it everyone knows that you were (there) on Saturday night. There's family members that don't know specifically that I'm gay or kind of wider friend groups that I don't feel the need to advertise the fact, so I think it's quite a personal thing .. There's this kind of pressure within the gay community, the default is 'Oh, you're out and that's it, final.' .. I find that guite a pressure and a kind of strange phenomenon because.. there's... obviously not the same pressure in the straight community to tell everyone that you know that you're straight and I find that guite annoying. I think that's part of the thing with the nightclub photographers and stuff. I think I have detagged myself in photos from (CGS venue) (Chris, FG1)

A number of respondents discussed the various functions these websites served, including a 'shop window' for prospective clubbers and entertainment for those following the clubs on social media or viewing photo galleries on their websites. In the extract below, Vince is concerned about having his appearance judged by others, while Irene reflects on the glamorous appearance of the customers which appear there ('very well dressed', 'young' with 'meticulous.. make-up' rather than 'normal looking lesbians' or 'Scary Marys'):-

Vince: I'm always uncomfortable with those photos being taken and being put online 'cause I think whoever follows (CGS venue) .. on Facebook, I feel like it's probably 'cause you're there a lot .. and I feel like there's a judgemental thing in it. I'm always worried that somebody will comment on it - "Who's this troll?" I don't know, and that, I... I don't know.

Irene: I'm on the (CGS venue) website and when they have the pictures up from the night before a lot of them are very much well dressed, young people. You don't really see a lot of the older or like the kind of normal looking lesbians, you know. It's like all the kinda nice dressy, dressy kinda people, and all you know, meticulous, and very make up and stuff like that. It's very rarely you get a kind of Scary-Mary on it (laugh). No offence to Scary-Marys but, do you know what I'm saying? (laugh). I think they're selective ..

5. LGBT drinking and health services

Given the emphasis on alcohol brief interventions in Scotland (Beeston, et al., 2014), it is perhaps not surprising that respondents reported being asked about their alcohol consumption by a range of health professionals. This included practice nurses and GPs (in the context of joining a new practice, pregnancy or during a routine consultation), dentists, and staff at specialist services (e.g. asthma clinic, sexual health clinic, ART clinic, psychological services, hormone therapy). Respondents also reported being asked about their drinking in the context of the medication they were taking. Most respondents found this unproblematic, but some younger participants felt that their descriptions of their drinking were not believed or that medical staff made assumptions about young people's lifestyles:-

I had like one really negative experience when I was .. 19 or so, and I'd gone to check about the HPV vaccine.. it was before, like, it's not widely available in Ireland but instead of asking me about my family history, she automatically went into this lecture about my drinking and when I gave her honest answers she was like, "Really?" I was like, "Yeah, I only have like maybe one or two drinks a month, like I'm not a heavy drinker." .. She asked me about like how many sexual partners that I'd had and if I already—always use protection, and was I sure that I always use protection and I was like "Yeah, I'm pretty sure I do. (laughs) (Julie, FG4) They're (doctors) always shocked when you say you don't drink.. It's just as if they don't believe you. (Tom, FG5)

I get this – it's so embarrassing – but I got asked .. when I went for a sexual health check-up because, like, they were asking if my drinking leads to one night stands.. and also at the dentist as well but that was only 'cause.. I had to go on antibiotics and she said that she thinks young people drink too much so she was giving me an antibiotic that I couldn't drink on because there was one that I could drink on. And she opted not for that one 'cause she thinks young people drink too much. I was like 'You bitch!'(Greg, FG2)

We asked respondents if they thought it was important that health professionals should know about their sexual orientation, particularly in the context of discussing alcohol consumption. Many stated they would not mind discussing their sexual orientation with their GP (and some already had within the context of a long doctorpatient relationship) but did not think it was relevant to their drinking. However, often after some discussion in the group, some more nuanced accounts emerged. For example, one respondent suggested that if their partner was drinking heavily it would be important to discuss their sexual orientation in that context, while another suggested that if issues around sexuality were connected to some people's drinking, it would be relevant then. Greg was one of the few respondents who clearly felt that GPs should know about sexual orientation, in order to stop them making the assumption that patients were heterosexual. However, according to Greg's account, this also opened the possibility up that GPs would jump to (incorrect) conclusions based on assumptions about LGBT lifestyles. Vince and Mandy (FG4) made a similar point:-

FG2

Greg: I feel like the doctor should know. If you.. register with a GP surgery, I think that should be one of the questions asked because it cuts out a lot of nonsense ...

Claire: "Are you pregnant? Are you pregnant?"

Greg: "Are you pregnant?" and Claire was like, well, that's impossible. Like, 'cause you were feeling unwell.

Angela: Yeah, I got that as well.

Greg: It's quite annoying. Or... but then also, on the flip side, like I went when I was really ill and the doctor turned around and she was like "Have you had an HIV test?" and I was like "Don't just jump to that just because I'm gay." That's quite annoying.

Vince: I think they can make assumptions when they do know your sexuality—sexual orientation, or your gender identity,. .I'd gone to my doctor a couple of years ago about kind of some anxiety, depression stuff and she'd started asking me questions about my partner and she was going down the domestic abuse kind of line I think. And I was like, "I'm just gonna have to stop you there. It's nothing to do with that and like..." it really made me uncomfortable, and she'd also made the assumption that my partner was male as well, which like, I'm not, I'm not in the closet in any way whatsoever, I don't care who knows that I'm queer. But it did make me uncomfortable that assumption .. And I've had them say sexual health related stuff based on my orientation as well and that feels...

Mandy: But they also make assumptions when they don't know. (agreement) And if you're a woman they say, "Do you use condoms?" And, "do you...? Are you sure you haven't ever gotten pregnant?" "I've only slept with women, no." Like so I think they always make assumptions regardless, like I think it's down to individual doctors being actually just decent doctors or not (laugh).

Vince: I just like them not to make assumptions.

Related to this point about health professionals making assumptions, was the fear that sexual orientation could be used as the explanation for any health problem that LGBT people presented with:-

There's a bit of a tendency, particularly around LGBT young people, of services jumping to the conclusion that every issue that's going on in their life is centred around the fact that, "You must be getting bullied. You must be getting harassed. You're not coping with the fact that you are L, G, B, or T." And maybe they're coping absolutely fine with that but they've just got other shit going on elsewhere. So it would worry me that that would become a focus of, "Oh well, we've got these people coming along to, for support, and it's they're drinking a lot because they're struggling with coming out" (Pippa, FG6)

There was some consensus that sexual orientation and gender identity were only part of the picture. Position in the (LGBT) lifecourse was also important; sexual orientation might be relevant to drinking when first out on the commercial gay scene but older respondents suggested this changed as they aged (FG7: "At this stage of life.. I don't think it's any different from the rest of the population"). In addition, other identities ('student', 'metal fan') could be more salient for drinking than 'gay' or 'lesbian'. In the extract below, Charlie suggests that while being LGB or T is one 'trigger amongst a wide range of triggers', knowing whether a patient is LGBT or heterosexual 'is perhaps too blunt a tool' for a GP. The extract from respondents in FG6 also illustrated this theme, as they explained how their identification with particular music scenes had much more influence on their drinking than gender identity or sexual orientation:-

Being L, G, B or T could be a trigger amongst a wider range of triggers (like) people who are starting further education and, you know, it's part of the kind of hedonistic student lifestyle, or it can be. But I think there's also that thing if you're newly out, whether you're young or old or whatever your age, if you're newly out, there's that potential that you might actually be accessing the commercial gay scene for the first time and get caught up or sucked into that culture of over-indulging in alcohol. But then I think that's also a more complex set of risk indicators to work through than simply your sexual orientation cause it's actually also about life stage and it would require kind of supplementary questions. So I can see why it ... could be relevant to a GP, but only with the additional supplementary factors that would actually give that better indication of risk. Whereas I think just being LGBT or being heterosexual is perhaps too blunt a tool. (Charlie, FG1)

FG6

Naomi: It might be useful for your GP to generally know your sexual orientation.. but like related to my alcohol use I'd be like, "Naw, it's like, that doesn't..." and like with my gender identity as well.. it doesn't relate ..The people that I socialise with will just tend to be, some of them just tend to be LGBT. The others tend to be a lot like the whole metal and goth stuff, ... that's just a big part of my socialisation but we tend to drink and so it's like...

Eva: Yeah, I don't think my sexuality would have anything to do with it to be honest. I mean I come from the metal scene as well when I was 18, and we done a hell of a lot more drinking than I do now. A hell of a lot more. (agreement) When I went out to rock clubs we done a lot more drinking than, I don't think I could even handle that anymore at all. I think I'd end up in hospital.

When asked where they would find information or advice about healthy drinking, most respondents said they would look online (Drinkaware, funded by the drinks industry and supermarkets, was the only website specifically named) with a few opting to talk to their GP. Some had experienced alcohol training as part of their jobs (e.g. bar staff, youth worker) and so could utilize these resources. Younger respondents discussed seeing leaflets at college and remembered health promotion talks they had received at school. Interestingly, during a discussion about the number of units of alcohol men and women could safely consume, the comments by one respondent – "This is biology – body rather than gender" (FG5) – highlighted the assumption in drinking guidelines that gender assigned at birth, body and identity will be congruent.

Some respondents thought it would be easy to access alcohol services, should this be required, as there were so many services and support groups available, particularly in Glasgow, and information in the media. However, respondents in four focus groups (FG1, 3, 4, 6) discussed particular barriers for LGBT people. First, there was the perception that LGBT people were rendered invisible by service providers because 'it's a very heterocentric world' (FG3) and they assumed everyone was 'straight and cisgender'(i.e. gender assigned at birth, body and identity are consistent: FG6). Secondly, services were perceived to be 'macho' and 'intimidating', often aimed at drug users and situated in poorer areas:-

I think if you were an LGBT person walking into an alcohol service it would feel like there were a lot of heterosexual men and I think that can be quite an intimidating environment .. both for heterosexual women and also for LGBT people. A lot of our services, having been in and about services myself as a worker, have a particularly macho feel to them and particularly so for addiction services.. Maybe the first thing they witnessed is two people in reception having a go at one another and one person's challenging the other because they've never paid them back because he was the last one to buy a bag of heroin .. The needs and the kind of initial presentation of someone who's accessing the service because of alcohol use can be very different to someone who's accessing the service because of intravenous drug use and it can be quite different populations. Someone who's maybe LGB or T and whose substance use revolves around being out in the commercial gay scene might find that quite an intimidating environment to walk into. (Charlie, FG1)

There's (an addiction service) in the Gorbals area .. It's people that are homeless, and drug addicts and stuff ..it's generally quite a rou-, intimidating environment is probably a better thing, way to put it. .. I know people that have been sent there and they've not went, they've not went and that's for drink issues...because they know it's an intimidating environment and they feel that they're gonnae be either judged or perhaps, you know, beat up. It's a shame. (Craig, FG3)

Thirdly, self-help group such as Alcoholics Anonymous were not perceived to be safe spaces for LGBT people; like the services above, they were perceived to be aimed at "white, straight men" (FG4) and there was the added religious dimension which many respondents felt uncomfortable with:-

I mean AA it's always like God, and I'm also like a really, really strong atheist. So this is like ...disregarding my gender identity and my sexual orientation (so) I wouldn't go there. .. (Naomi, FG6)

.....

FG4

Irene: Let's be honest, there will be people in the LGBT community that are alcohol dependent. But they probably feel that they can't go to a mainstream support service cause AA is all about talking about your journey, your personal life and a lot of people wouldnae come out as gay or LGBT in a mainstream cause it's not a nice environment.

Vince: Particularly in the west of Scotland, I think-

Mandy: It's really religious too.

Vince: ...a lot of those services are going to be filled with kind of white, straight, men.. Whether that's an assumption as well, or not, that's not always a comfortable place for LGBT people.

Irene: I took a young person to an AA meeting and they only went the first and last time. .. it wasn't a very kinda friendly environment. So I think for any LGBT person to come into that, as you said, a lot of them kinda rough and ready and if you came out in it I think you wouldnae feel safe, or you wouldnae want to go back.

Some respondents offered alternative approaches to some of these complex problems. In terms of service provision, these included: better diversity training for service providers (FG3), separate provision of addiction services for women and LGBT people (FG1) and more LGBT services for those aged over 25 years (perceived to be prime candidates for getting drunk) as younger LGBT people were perceived to have more provision generally (FG4). In terms of general approaches to reducing drinking, they suggested a harm reduction poster campaign (FG4), outreach work on the commercial gay scene to highlight the issue of excessive drinking (FG4, FG7), more information in bars about responsible drinking (FG5) and community lead services such as alcohol free cafes (FG3).

Discussion

6

This qualitative study explored the social context of drinking among LGBT people in Scotland. Our analysis of respondents' accounts points to the centrality of alcohol on the commercial gay scene (which itself is situated within the heavy drinking culture of the west of Scotland), the habitual promotion of drinks such as alcopops, spirits and shots in gay venues, and the strong peer pressure to drink across the lifecourse (see also Emslie, Hunt, & Lyons, 2012). Respondents also described the necessity of drinking in order to venture onto the gay scene and to conform to what they perceived to be the drinking norms of the scene.

The use of social media in organizing, recording, representing and remembering social interactions which involve alcohol was ubiquitous among LGBT respondents. Privacy concerns about social media are widespread, but particular issues such as inadvertently being 'outed' are particularly salient for LGBT respondents. Our research suggests that future work should focus on how LGBT people use social media for socialising and drinking, how venues on the CGS are marketing themselves to potential customers, and how alcohol companies are marketing their products to the LGBT community using alcohol promotions in venues and social (and traditional) media.

As the alcohol industry is well aware (Hastings, 2010), drinking alcohol is an important part of identity construction. For LGBT people, as for those who identify as heterosexual (Emslie, Hunt, & Lyons, 2013, 2015; Niland, et al., 2014; Willott & Lyons, 2012), choice of drink, volume of alcohol consumed and drinking vessel demonstrate 'who you are' to (potential) friends and partners. Even when respondents rejected the stereotypes that suggest that gay men will drink colourful, sweet drinks and that lesbians will drink pints of beer or Guinness, there was a sense that these stereotypes still had the power to influence people's drinking behaviours. Some female and transgender respondents were particularly aware of how their appearance and drinking combined to display particular gender identities (e.g. wearing a dress and heels and drinking vodka when 'going straight' in mainstream venues, drinking a pint on the scene to signify being a 'dyke.. on the pull' and not a 'straight chick', or drinking a pint when in drag as part of a 'gender fucking' performance). The explicit use of alcohol (and dress) to demonstrate sexual orientation and gender identity in this study is notable and may usefully feed into wider debates about gender performance, the construction of masculinities and femininities and drinking.

Respondents did not appear to be concerned about being asked about their drinking in routine health consultations but were less certain about whether they should tell health professionals about their sexual orientation. This was partly because sexual orientation and gender identity were perceived to be only one facet of people's identities. In addition, some respondents were concerned that health professionals would make incorrect assumptions if they knew about their sexual orientation or gender identity. There were thought to be a number of barriers for LGBT people when accessing alcohol services. These included the perception that service providers assumed everyone was heterosexual and cisgender, and that alcohol services and peer support groups were aimed at white men and so did not provide a safe or welcoming space for LGBT people.

Our data demonstrate the importance of gaining a broad sample of LGBT respondents, rather than only focusing on younger people's experiences on the commercial gay scene. LGBT people drink at home, at gigs, on the 'alternative' gay scene, in mainstream (heterosexual) venues and on the gay scene with straight friends. Identity is complex; at some points in the lifecourse, identifying as LGBT may be linked to drinking behaviours, but at other points different social roles or identities ('parent', 'metal fan', 'student') may be more salient. A study which focused on a narrow section of the LGBT community may have mis-attributed all drinking practices to respondents' sexual orientation. However, like all studies, ours had limitations. Although we tried to reach a broad range of LGBT people (through community websites like Gumtree as well as via LGBT groups and bars on the commercial gay scene), with the exception of the teenagers in FG3, we did not recruit respondents who never access the commercial gay scene. Future research should focus on this group. Secondly, we used discussion groups comprised of friends and colleagues to explore accounts of drinking and socializing. The group context may have made it more difficult for some respondents to disagree with the majority view (although there were certainly differences of opinion expressed within the groups). It is also important to remember that respondents were not just describing their drinking within the focus groups, they were also 'performing' identity within the discussions, positioning themselves as appropriate drinkers for their age and stage.

Our work has implications for health promotion, health professionals and alcohol services. Respondents did not want assumptions made about their lifestyle because of their sexual orientation. There were concerns that alcohol services were intimidating and orientated to white, straight men and that support groups were not gay-friendly. These findings have implications for diversity training among health professionals, the need for alternative sources of support for LGBT people with drinking problems and the need for health promotion around alcohol on the commercial gay scene and to wider LGBT communities. Finally, as within Scottish society as a whole, it is important Dr Carol Emslie, Ms Jemma C. Lennox and Dr Lana Ireland

6

to provide an awareness of alternatives to the automatic assumption that heavy drinking is the norm and highlight the possibility of changing drinking cultures (Scottish Health Action on Alcohol Problems, 2009). Cultural change is seen as difficult to achieve but dramatic changes in smoking culture have resulted from national legislation, and similar changes may be achieved around alcohol.



References

Beeston, C., Geddes, R., Craig, N., Gordon, R., Graham, L., McAuley, A., Van Heelsum, A. (2014). *Monitoring and Evaluating Scotland's Alcohol Strategy*. Fourth Annual Report. Edinburgh: NHS Health Scotland.

Bloomfield, K., Wicki, M., Wilsnack, S., Hughes, T., & Gmel, G. (2011). *International Differences in Alcohol Use According to Sexual Orientation*. Substance Abuse, 32(4), 210–219.

Buffin, J., Roy, A., Williams, H., & Winter, A. (2011). *Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England* (2009–2011). Lesbian and Gay Foundation. University of Central Lancashire:

Chamberlain, K., & Murray, M. (2008). Health psychology. In C. Willig & W. Stainton Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 390–406). London: Sage.

Coia, N., MIIne, D., McAdams, R., Morrison, C., Winter, A., Clutterbuck, D., Baker, G. (2014). *HIV Prevention Needs Assessment of Men Who Have Sex with Men* NHS Greater Glasgow & Clyde: Scottish Government.

Department of Health. (2007). Safe. Sensible. Social. *The next steps in the National Alcohol Strategy*. London: Home office.

Drabble, L. (2000). Alcohol, tobacco, and pharmaceutical industry funding: Considerations for organizations serving lesbian, gay, bisexual, and transgender communities. Journal of Gay & Lesbian Social Services, 11(1), 1–26.

Emslie, C., Hunt, K., & Lyons, A. (2012). Older and wiser? Men's and women's accounts of drinking in early mid-life. Sociology of Health & Illness, 34(4), 481–496. doi: 10.1111/j.1467-9566.2011.01424.x

Emslie, C., Hunt, K., & Lyons, A. (2013). The role of alcohol in forging and maintaining friendships amongst Scottish men in mid-life Health Psychology special issue on men's health, 32(1), 33–41.

Emslie, C., Hunt, K., & Lyons, A. (2015). *Transformation and time-out: The role of alcohol in identity construction among Scottish women in early midlife*. International Journal of Drug Policy, 26(5), 437–445.

Flowers, P., & Hart, G. (1999). *Everyone on the scene is so cliquey*. In P. Aggleton, G. J. Hart & P. Davies (Eds.), *Families and communities responding to AIDS*. (pp. 83-98). London: UCL Press.

Galloway, J., Forsyth, A., & Shewan, D. (2007). Young People's Street Drinking Behaviour: Investigating the Influence of Marketing & Subculture Alcohol Insight 44. London: Alcohol Education and Research Council

Gray, L., & Leyland, A. (2014). Alcohol consumption. In L. Rutherford, S. Hinchliffe & C. Sharp (Eds.), The Scottish Health Survey 2013 volume 1: main report. Edinburgh: The Scottish Government Health Directorate.

Guasp, A. (2011). Gay and Bisexual Men's Health Survey: Stonewall.

Hastings, G. (2010). "They'll drink bucket loads of the stuff". An analysis of internal alcohol industry advertising documents. Stirling: Institute for Social Marketing, University of Stirling and the Open University.

Hughes, T., & Eliason, M. (2002). Substance Use and Abuse in Lesbian, Gay, Bisexual and Transgender Populations. Journal of Primary Prevention, 22(3), 263–298.

Hunt, R., & Fish, J. (2008). *Prescription for change: Lesbian and bisexual women's health check* De Montfort University: Stonewall.

Keogh, P., Reid, D., Bourne, A., Weatherburn, P., Hickson, F., Jessup, K., & Hammond, G. (2009). *Wasted opportunities. Problematic alcohol and drug use among gay men and bisexual men.* London: Sigma Research.

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. BMC psychiatry, 8(1), 70. BMC Psychiatry, 8(1), 70.

Kitzinger, J. (1994). The methodology of focus groups: the importance of interaction between research participants. Sociology of Health & Illness, 16(1), 103–121. doi: 10.1111/1467-9566.ep11347023

Li, J., & McDaid, L. (2014). Alcohol and drug use during unprotected anal intercourse among gay and bisexual men in Scotland: what are the implications for HIV prevention? . Sexually Transmitted Infections, 90(2), 125–132.

Lyons, A. C., & Willott, S. A. (2008). Alcohol consumption, gender identities and women's changing social positions. Sex Roles, 59(9-10), 694–712.

Meads, C., Pennant, M., McManus, J., & Bayliss, S. (2009). A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research. Birmingham: University of Birmingham. DPHE report number 71.

Moncrieff, M. (2014). Out of your mind. *Improving provision of drug and alcohol treatment for lesbian, gay, bisexual & trans people*. London: London Friend.

Niland, P., Lyons, A. C., Goodwin, I., & Hutton, F. (2014). 'See it doesn't look pretty does it?'Young adults' airbrushed drinking practices on Facebook. Psychology & health, 29(8), 877-895. Psychology & Health, 29(8), 877-895.

Office for National Statistics. (2013). Chapter 2 - Drinking (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey). http://www.ons.gov.uk/ ons/dcp171776_302636.pdf (Accessed 3 July 2015).

Royal College of Psychiatrists. (2001). *Alcohol - can the NHS afford it?* London: Royal College of Physicians.

Taylor, Y. (2008). 'That's Not Really My Scene': Working-Class Lesbians In (and Out of) Place. Sexualities, 11(5), 523–546. doi: 10.1177/1363460708094266

The Scottish Government. (2009). Changing Scotland's relationship with alcohol: a framework for action. Edinburgh: http://www.scotland.gov.uk/Resource/ Doc/262905/0078610.pdf.

Valentine, G., & Skelton, T. (2003). *Finding oneself, losing oneself: the lesbian and gay 'scene' as a paradoxical space*. International Journal of Urban and Regional Research, 27(4), 849–866.

Varney, J. (2008). A review of drugs and alcohol use amongst the lesbian, gay, bisexual and transgender community in London. London: Metropolitan Police lesbian, gay, bisexual and transgender independent advisory.

Willott, S., & Lyons, A. C. (2012). Consuming Male Identities: Masculinities, Gender Relations and Alcohol Consumption in Aotearoa New Zealand. Journal of Community & Applied Social Psychology, 22(4), 330-345.

Appendices



Research Participants Required

Could you, and 3-5 of your friends aged 18yrs and over, spare some time to talk to our researcher about your everyday experiences with alcohol?

Participation will remain anonymous, might actually be fun, and we will thank you with a **£15 gift voucher** each.

For more details, please contact Jemma:

E: GLASS@gcu.ac.uk | T: 0141 331 tbc



We are researchers at Glasgow Caledonian University

8

GAY & LESBIAN ALCOHOL STUDY SCOTLAND INFORMATION SHEET

What is this study about?

We would like to talk to lesbian women and gay men, aged 18yrs and over, about their experiences of drinking alcohol in Scotland. Topics will include drinking at home and on the gay scene, getting reliable information about alcohol, and alcohol marketing.

What would I need to do?

We would like you to come along to a discussion group with some (3-5) of the LGBT friends you socialise with. There are no right or wrong answers – we just want to hear what you think. If you wish to participate you can contact me via the details provided below, and we can arrange a suitable time. The group discussion will be held at Glasgow Caledonian University in the city centre. The group discussion itself will last approximately 90 minutes. The discussion will be recorded so that I can catch everything that you say and listen to it again later. After completing the discussion group you will each be given a £15 gift voucher to thank you for taking part.

Do I have to take part?

Taking part in this research is entirely voluntary, and you are free to make your own choice about whether you want to participate. If you agree to take part you can choose not to answer any questions that you do not want to and you are free to withdraw at any time.

Is my information confidential?

Any information that is collected about you during this research will be kept strictly confidential. No information that could identify you will be given out to anyone else. We will not use your real name or reveal that you took part in the discussion group. Other people in the group will hear what you say but we will ask everyone to respect the confidentiality of what is said.

What will happen to the information I provide?

The discussion group will be recorded, typed up into a document, and the files stored securely. Any potentially identifying details, including your name, will be removed. These documents will not be linked to any contact details that you provide and will be stored separately so you cannot be identified.

Once the project is completed, the information will be kept safely by GCU. If you give your consent, it may be used by other genuine researchers and selected postgraduate students, with GCU'S approval, under strict rules governing the confidentiality of your information. So again, your name, or any material that might identify you, will never be used or given to anyone.

What will happen to the results of this research?

The findings of the research will be summarised in a report, and may also be published in research journals or used in presentations. If you would like to be sent a summary of the findings, we can arrange for this.

What do I do if I would like to take part or have any more questions?

You can contact me to arrange a suitable time or to discuss any questions you might have:

Email – GLASS@gcu.ac.uk | Phone –0141273 xxxx

If you would like to speak to someone independent of the research, you can contact xx at GCU:

Email - xxxxx | Phone: 0141 331 xxxx

Many thanks for taking the time to read this. I would be delighted if you would be willing to take part.

GAY & LESBIAN ALCOHOL STUDY SCOTLAND

CONSENT FORM

This form is to make sure that you are happy with everything that will happen in the discussion group. Please tick each box to show you agree with the following statements:

- □ I have read and understood the information sheet that describes the study, and have had the opportunity to ask questions.
- I agree to take part in an audio recorded group discussion. I give permission for extracts to be used for research purposes, including research publications and reports, with strict preservation of anonymity.
- I agree that discussion recordings will become the property of GCU.
- I understand that I do NOT need to answer any questions that I do not wish to and that I may leave the group discussion at any time without giving a reason.
- I understand and agree that the information from the group discussion may be made available to genuine researchers and selected postgraduate students in the future, and that this would be overseen by GCU and will be in accordance with their strict rules of confidentiality.
- □ I therefore consent to take part in this study and agree that my participation has been fully explained to me.

Signed:_____

Name (in block capitals):

GLASS INTERVIEW SCHEDULE (Prompts in italics)

1. INTRO & ETHICS

2. ICEBREAKERS

- a. Name and favourite drink?
- b. How do you know each other / (how) do you drink together?
- c. What would be a typical evening together?i. What drink & how much, why, when, where?

3. LGBT DRINKING

- a. What is the gay scene like in Glasgow/place?
- b. How important is drinking when going out on the gay scene?i. Instances when alcohol is more or less important?
- c. Tell me about your drinking when not on the scene (e.g. at home, other houses, mainstream pubs).
- d. Thinking back to when you first came out, was your drinking different to how it is now?
- e. Who drinks more gay or straight people?
 - i. Is age important?
 - ii. Whether on gay scene?
- f. Some studies have found that men & women drink different products or in different ways, do you see this reflected in LGBT drinking?

4. CONTEXT OF HEAVY DRINKING

- a. When do you drink most?
 - i. Where/with whom? Planned vs. spontaneous?
- b. Have you recently drunk more than you intended to? Why?
- c. Can you tell when you've had enough to drink? How?
 - i. Specific bodily cues/specific instances?
- d. Do you form an opinion of someone by what they are drinking?i. Acquaintances/friends/sexual partners?
- e. If you have a partner, is it important that they drink similarly?
- f. Has your friends' drinking ever concerned you?

5. ALCOHOL AND HEALTH

- a. Have you ever reduced what you drink? Why?
 - i. E.g. money/weight/health

- b. Is there anything that would make you reduce the amount you drink?
- c. Has a friend or relative ever asked about/commented on your alcohol consumption?
- d. Has your GP or a health worker ever asked about/commented on your alcohol consumption?

i. E.g. routine question about healthy lifestyle.

- e. Is it important that your GP knows your sexual orientation when discussing alcohol consumption?
- f. There are lots of health messages about drinking. If you were interested, where would you seek advice from?

i. Online? Health services? Charity/organization? Friends/family?

g. How easy or difficult do you think it is for anyone to access alcohol advice and services?

i. Any particular barriers for LGBT people?

h. Is there anything you think could improve access to alcohol advice and services for LGBT people?

6. MARKETING/SOCIAL MEDIA

- a. Does your social networking and socialising overlap in any way?i. E.g. info. about nights out, arranging them, posting photos, updates etc.
- b. Do you use FB/Twitter/Gaydar/Tinder/Grinder? What for?
 - i. Why/why not?

ii. Privacy concerns/displaying sexuality online etc.

- c. What alcohol brands market to LGBT people?
 - i. Adverts in gay press/social media & promotions/promos at gay pubs & clubs/Pride etc.
 - ii. What do you think of these? Stereotyping or accurate?
- d. Do you like/are you friends with any bars/clubs/alcohol brands on social media? Why?

i. Promotions, advertising, seeing photographs?

ii. Do you interact with them in any way? How?

7. CONCLUSION

- a. This project is still in its early stages and we are hoping to develop it further as time goes on. Any questions you think we should change / add?
- b. Thank participants/invite questions.

SHAAP - Scottish Health Action on Alcohol Problems 12 Queen Street Edinburgh EH2 1JQ Tel: +44 (0) 131 247 3667 Email: shaap@rcpe.ac.uk

www.shaap.org.uk

SHAAP

SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS www.shaap.org.uk

