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Perceptions of risky alcohol use, health risks related to alcohol, and alcohol-related help-seeking in the LGBTQ+ community





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Simon Clay, Wing See Yuen, Emily Spencer, Amy Peacock, Scott Walsberger, Karen Price, Louisa Degenhardt, Rachel Sutherland, Hris Popovski.

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Executive Summary	1
Participant Demographics.....	4
Findings.....	8
Drinking Patterns.....	8
Shifts in Relationship to Alcohol	8
Perceptions of Risky Drinking.....	9
Addiction and Alcohol Dependence.....	10
Losing Control.....	11
Risky Behaviour	12
Affecting Other Aspects of Life	13
Health Impacts	14
Diabetes and Sugar Intake	14
Mental Health	15
Weight	16
Hangovers.....	17
Organ Damage.....	17
Cancer and Alcohol.....	17
Experiences of Reducing Alcohol Intake	20
Reducing Because of Family.....	20
Reducing Because of Partners	21
Reducing Because of Friends	22
Physical and Mental Health.....	23
Money.....	24
Wanting a Break	24
No Desire to Reduce Alcohol Use.....	25
Experiences with Problematic Drinking.....	26
Gender and/or Sexual Identity.....	26
Mental Health and Stress.....	27
COVID-19	28
Problematic Drinking of Family and Partners.....	29
Preventing Problematic Drinking Habits.....	30
Support for Alcohol Use	30
Digital Support Resources	30
Counselling.....	32
Support Groups.....	33
Friends	34
Family.....	35
Need for Queer-Friendly Services.....	35
No Desire to Seek Support	36



Alcohol and The Body	37
Drinking Culture.....	39
Socialising and Alcohol.....	40
Space and Alcohol	42
Corporate Advertising and Sponsorship	43
Health Campaigns.....	43



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Participants

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Contributors

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Executive Summary

This study comprised the second in a series aimed at understanding perceptions of risky alcohol use, health risks related to alcohol, and alcohol-related help-seeking in the LGBTQ+ community in New South Wales, Australia¹. In the current study, semi-structured, open-ended interviews were conducted with 30 people aged 30-59 years who identified as LGBTQ+, consumed alcohol at least weekly, and resided in NSW.

The findings showed that alcohol was a complicated figure in participants' lives. There was a deeply heterogeneous range of experiences with alcohol, often underscored by fraught emotions and complicated relationships. For some, alcohol was enjoyed in moderation but required careful self-supervision, whereas others struggled to find a level of consumption they were comfortable with. The majority of participants preferred to drink in the evenings with dinner and/or after they had come home from work, or on the weekends with friends. A few had put hard boundaries in place as to when they allowed themselves to have a drink in order to keep their alcohol intake to a healthy level.

The feeling body was a theme across many interviews. Participants discussed how they 'listened to their body' as a technique to find out what it needed, identify when they needed to reduce their alcohol consumption, and understand the ways in which age was influencing their relationship to alcohol. Having control over the body was another topic here and spoke to the way healthy modes of drinking were based around keeping the body under control and not breaching its boundaries. A couple of participants also mentioned how their heavy drinking was because their body craved it and needed to be satisfied rather than something related to their mental health.

The majority of participants had attempted to reduce their alcohol intake at some point, with varying levels of success. For some, they had started cutting down on their drinking because they wanted to improve their physical and mental health, reduce unnecessary spending, and/or prove to themselves that they could stop/take a break from drinking alcohol. Participants also stated that they had cut down their alcohol consumption because their partner did not drink, they wanted to be 'more responsible', or they had pressure from family members, friends, and/or partners to reduce their drinking. The participants who had chosen not to reduce their drinking described how they did not feel the need to cut down because they enjoyed the taste of alcohol, found drinking a pleasurable social activity, and that alcohol was intrinsically connected to the group identity of their friendship circle/s.

The social aspect of drinking was one of the main challenges participants faced when cutting down their alcohol use. Having most or all of their social engagements revolve around alcohol made it



exceptionally difficult to decrease their alcohol consumption. Participants highlighted the social pressure they felt to drink when they were with friends or at a queer event. This resulted in many participants avoiding certain friends and not going out as much in order to successfully reduce their drinking. Conversely, some were fearful of being socially ostracised and isolated if they stopped or reduced their drinking, and this fear outweighed the potential health benefits that would come from cutting down their alcohol intake.

The majority of participants had either direct or indirect experiences with problematic drinking. This could have been their own difficult relationship with alcohol, seeing problematic alcohol use among friends, family, and/or partners, or a combination of both. These experiences around problematic drinking were an incentive for some to avoid or carefully moderate their own drinking, whereas others were simply mindful of their family history of heavy alcohol use. What constituted as problematic drinking was different between participants, but a few of them did differentiate between drinking to get drunk and drinking for pleasure. These two approaches were considered diametrically opposed, with the latter being the more mature or ‘proper’ way of consuming alcohol.

Participants were highly health-literate and conscious of the impact that drinking had on their body and overall well-being. Many were in regular contact with their GP and/or counsellor, and often used these consultations to monitor the mental and/or physical impact of their drinking. When asked about the health impacts they associated with alcohol consumption, participants gave a wide range of answers. The primary impacts they associated with alcohol consumption were weight gain, decline in mental health, increased sugar intake, the knock-on consequences of hangovers, and liver and kidney damage. Only a handful of participants were aware of the relationship between alcohol and cancer risk, and even then, this awareness was rudimentary (i.e., they had a vague understanding that a relationship existed). Participants were often surprised upon learning about this connection and were puzzled as to why there was not greater awareness around this major health issue.

In terms of risk and signs of risky drinking, participants outlined a number of issues, including addiction, the loss of control, engaging in dangerous or careless behaviours, alcohol starting to adversely affect other aspects of a person’s life. Some participants highlighted that risk was relative, and what one person felt was dangerous drinking is going to be different to someone else.

One of the main social issues participants discussed was the ubiquity of alcohol and social expectation to drink whenever alcohol was available. Some felt that the acceptability, and even celebration, of over-intoxication was part of the Australian drinking culture. Others suggested that it was particular to the queer community because the majority of safer spaces for queer people are bars or clubs. Participants were especially scathing of the way alcohol companies targeted the queer community to



sell their products, and that these empty gestures of inclusivity during Mardi Gras and Pride Month were a contributing factor to the high levels of problematic drinking within the community.

The topic of health campaigns was also raised with participants. Many spoke about the lack of information and public messaging around alcohol, and that the health risks of drugs, tobacco, and STIs had dominated public health advertising over the past few decades. This had led to the perception that alcohol was somewhat safer than these other three health issues, and that the dangers of alcohol can only arise from very heavy and persistent use. When asked what an effective health campaign might look like, participants referred to some of the safer sex advertising they had seen in the past, and said it should be relevant to specific communities, have a harm-reduction focus, avoid graphic content, and encourage the normalisation of helping others who might be over-intoxicated or have a problematic relationship with alcohol.

Participants had a wide range of preferences when it came to acceptable kinds of support for alcohol use. A few participants had already spoken to their GP and/or counsellor about their drinking and were working together to monitor their alcohol consumption. If they were to seek out support for their drinking, the majority of participants said they would first consult their GP or look for online resources and go from there. Participants were ambivalent about whether they would feel comfortable approaching family members for support but were largely comfortable with asking a friend for help. Some said they would not be able to speak to their immediate family about their drinking because they had a poor relationship with them, their family was conservative and highly critical of alcohol, and/or their parents already engaged in problematic drinking. Other participants stated that their family have always been very supportive and would not hesitate in offering their support. A large portion of participants described how they would feel comfortable discussing their drinking with a friend, particularly those who also had experiences with problematic drinking, and would likely speak to a friend before approaching a family member.

Participants were generally not in favour of engaging with a support group. These individuals described their reluctance to share intimate details about their life and past traumas with a group of strangers, and that group therapy was reserved for those with especially dire drinking problems. There was also substantial concern that they would be judged by group members for being queer, and that these groups often had ulterior motives and/or problematic politics (e.g., some believed that AA groups seek to convert people to Christianity and force them into adopting a purity-based, abstinence-only approach to substance use). Many emphasised the need for support services to be queer-friendly and have healthcare workers that were sensitive to the unique needs of queer people.



Background

People who are lesbian, gay, bisexual, transgender, queer, and/or other diverse gender and sexual identities (LGBTQ+) face inequities in cancer control due to interactions with cancer risk factors² and lower participation in cancer screening and services^{3,4}. Though LGBTQ+ people are a priority population for cancer control in Australia⁵, the evidence base is currently limited in terms of sexuality and gender inclusive data concerning lifestyle behaviours that contribute to cancer risk among LGBTQ+ Australians. One such behaviour is alcohol consumption, which is well-established as a modifiable risk factor for many types of cancer, including cancers of the throat and mouth, liver, and breast/chest⁶⁻⁸.

Compared to the general population, LGBTQ+ people tend to have higher rates of alcohol consumption and riskier patterns of consumption^{2,9-12}. The reasons for this are complex, and arise in part due to stress from interpersonal and societal discrimination, experiences of victimisation, cultural expectations to drink within the LGBTQ+ community, and alcohol industry targeting¹²⁻¹⁴. Our recent survey study of LGBTQ+ adults in New South Wales (NSW), Australia, identified disparate levels of alcohol use within the community, with cisgender men and those aged 40 years and older being most likely to consume alcohol at risky levels¹. We also found that, despite elevated levels of alcohol consumption, most LGBTQ+ adults in our study perceived their drinking to be less than that of other adults in NSW more generally, and also compared to the NSW LGBTQ+ community¹. Concerningly, over three in five LGBTQ+ people in our study who drank at risky levels had never thought about seeking help to reduce their alcohol consumption¹. Our previous study and other research has found that common reasons for not seeking help to reduce alcohol consumption among LGBTQ+ people who drink at risky levels include feelings of embarrassment, stigma, discrimination, lack of readiness to seek help, and lack of LGBTQ-specific knowledge from healthcare providers^{1,15-17}.

People who identify as LGBTQ+ tend to be diagnosed with cancer later in life and with poorer outcomes due to lower screening rates for cancer compared to people who are cisgender and heterosexual^{3,4,18}. The LGBTQ+ community faces unique barriers to cancer screening, including lack of knowledge among LGBTQ+ people and health professionals around LGBTQ-inclusive cancer screening guidelines, perceived discrimination or fear of discrimination from providers, and lack of gender-affirming care by health professionals¹⁹. These issues are exacerbated by a lack of inclusive and representational messaging in public health campaigns and information. For example, in published screening guidelines, mainstream breast cancer messaging is targeted towards cisgender women and is not inclusive of transgender men and women¹⁹.



In our recent survey of LGBTQ+ adults in NSW, we found that 66% of 1,499 participants were aware that alcohol use is related to cancer risk, but only 33% were able to name cancer as risk of consuming alcohol without being prompted¹. In contrast, a general population study conducted by the Cancer Institute NSW reported that 81% of 935 adults surveyed across NSW thought that alcohol increased risk of cancer and 45% had unprompted recall of alcohol as a risk factor for cancer²⁰. Knowledge around alcohol as a risk factor for specific types of cancer, such as breast/chest cancer, is also poor both in the general population and within the LGBTQ+ community^{1, 21}.

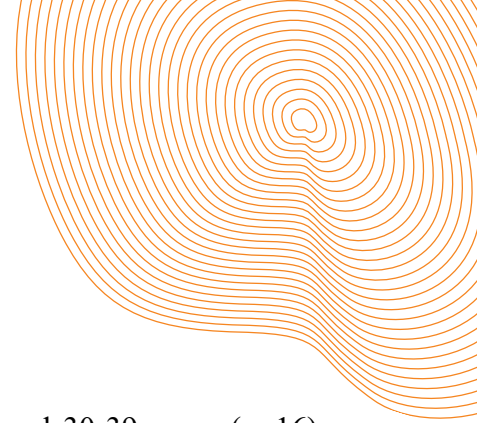
Research around alcohol-related beliefs and knowledge (e.g., perceptions of risky alcohol use levels and associated harms to health) in the LGBTQ+ community is currently lacking. Our study aims to address these identified gaps in knowledge, extending on our previous quantitative survey that examined alcohol-related behaviours, beliefs, and knowledge regarding the health risks of alcohol use among LGBTQ+ adults in NSW¹. Specifically, the aims of this study were to investigate the following among a sample of adults who consume alcohol at least weekly and identify as LGBTQ+:

- Perceptions of what constitutes ‘risky’ levels of alcohol use, including why particular levels are perceived as risky;
- Perceptions of what health risks associated with alcohol, including perceptions of cancer as a health risk; and
- Sources of help that they would consider using if they wanted to reduce alcohol use.

Methods

Design and Participants

This project comprised of semi-structured, open-ended interviews with people aged 30 to 59 years who identify as LGBTQ+, consume alcohol at least weekly, and currently reside in NSW. The age range was selected based on the results of the Study of Drinking and Health Among LGBTQ+ People (SODA+) carried out by NDARC and ACON¹. This study found that individuals within this age bracket had the highest level of weekly alcohol consumption¹. Purposive sampling was used to ensure a diverse range of experiences and voices were represented in the study by seeking out an approximately equal spread of individuals of different ages and representation across groups within the LGBTQ+ community.



The final sample comprised of 30 people, the majority of whom were aged 30-39 years (n=16), typically had a few drinks per week (n=20), identified as cisgender (n=24) and identified as gay (n=17).

Procedure

Participants were recruited by advertising on social media and the ACON website. After clicking on the ad, interested individuals were directed to a page on the ACON website that contained a brief description of the study and an expression of interest form that asked for contact details and some basic demographic details. A member of the research team then contacted the participant and, after confirming eligibility, emailed an information sheet prior to the interview. Interviews took approximately 45 – 60 minutes and occurred over the phone or on Zoom. Interviews were audio recorded, and transcribed verbatim by a third-party transcription service. Participants were reimbursed \$50 for their time in the form of a GiftPay gift card.

Data Analysis

Using NVivo, thematic analysis was to explore participants' experiences. This involved combing through each transcript to identify emergent themes and concepts, and by constantly comparing transcripts, the core themes of the data were identified. To ensure confidentiality, all participants have been assigned pseudonyms to protect their identity.



Table 1. Participant demographics

<u>Total Participants:</u>	30	
<u>Age:</u>	30 – 39	16
	40 – 49	9
	50 – 59	5
<u>Alcohol consumption:</u>	Daily	6
	A few drinks/week	20
	Once a week	3
	A few drinks/month	1
<u>Country of birth:</u>	Australia	18
	A-NZ	3
	UK	2
	Singapore	2
	Argentina	1
	South Africa	1
	Pakistan	1
	Brazil	1
	Philippines	1
<u>Gender:</u>	Cis-Man	18
	Cis-Woman	6
	Trans Man/Masc	3
	Non-Binary	2
	Trans Woman/Femme	1
<u>Sexuality:</u>	Gay	17
	Queer	6
	Lesbian	3
	Bisexual	3
	Straight	1
	Pansexual	1



Findings

Drinking Patterns

There was a wide diversity of preferences among participants as to when they typically liked to have a drink. Some participants tended to pour themselves a drink most evenings to wind-down after work and/or enjoy with their dinner. For a few of these participants, they had hard boundaries around when they allowed themselves to drink as a way for them to maintain a healthy relationship to alcohol and keep their intake to a minimum:

I like to have my drinks closer to the later part of the day. I have had one or two pints of beer before around 4:00pm. [I'll often have a drink] after I've clocked off work and I've had a long crazy-busy day and I'm just like, 'I need something to just shake that tension off.' But generally, anything past 4:00pm, I consider it relatively acceptable. – Daniel (Age: 30 – 39)

Other participants spoke about how alcohol was for social occasions and was therefore limited to weekends or dinners with friends during the week. Keeping their drinking confined to weekends was also a way for them to keep their alcohol consumption to a minimum:

I used to drink quite often. However, I guess for my own health, I decided that I would only drink on the weekends. I try not to have a drink on weekdays if it can be helped. If I was drinking on a weekday, it would be like one or two at dinner, but I haven't been doing that lately. I've just been reserving those one or two drinks for a Friday night, or if I do go out on a Saturday night, I can have a couple with friends or with family. – Lee (30 – 39)

Shifts in Relationship to Alcohol

For the majority of participants, their alcohol consumption had reduced over time. This was for a few reasons, but the main one was maturity and growing older. Participants highlighted how they used to be big drinkers in their teens and 20s, but as they had gotten older and become more comfortable with themselves, their priorities had shifted and excessive drinking no longer appealed:

I think with a bit of maturity, [your alcohol intake goes down]. I don't do that other stuff that I was doing in my early twenties anymore. So, my relationship with alcohol is different. In my early twenties, I used to go out three or four nights a week and drink until I was completely drunk. Whereas now, it's more something I do at home to relax. – Andy (30 – 39)



A few participants spoke about how they no longer consumed alcohol to get drunk, but to appreciate alcohol and use it in moderation to enhance the evening. These two approaches to alcohol – drinking to get drunk and drinking for pleasure – were positioned as diametrically opposed, with the latter being portrayed as the more mature and responsible way of using alcohol. People who drank purely to become over-intoxicated were viewed as irritating and somewhat reckless:

Overall, I think my relationship with alcohol has changed from wanting to drink to get drunk, to [not enjoying] that as much now. I think I can pace it a lot better. I don't need to have three or four beers. I can just have one or two and still get that relaxed feeling. I think I'm a lot better at recognising when I've got the effect that I want. – Cody (30 – 39)

You hear kids now, 'I'm gunna go out and get maggot (drunk), I'm gunna go and get as pissed as I can.' I just don't understand that. Being drunk happens very occasionally [to me], and it's an accident usually. I don't go and get pissed for the sake of it, you know? Whereas I know people who do. I know people that love going out and getting hammered. I fucking hate it. – Ian (50 – 59)

Three participants highlighted how 'respecting alcohol' and understanding how it works was an integral part of having a mature relationship with alcohol. There was the sense that younger people generally lacked respect towards alcohol, as evidenced by their perceived tendency to frequently binge drink and engage in irresponsible behaviours. By respecting alcohol, participants were able to develop and maintain a healthy relationship to alcohol:

The older I get, the more I understand it (alcohol). [I saw] what happened when I abused alcohol as a kid – it kicked my arse [laughs]. But now I'm old, I respect it. And it gives me respect in return. – George (30 – 39)

Perceptions of Risky Drinking

The risks of alcohol consumption and ideas of what constituted as 'risky' drinking changed substantially across participants. Interestingly, when participants were asked about what risky drinking felt like, they seldom spoke about themselves and would instead describe the general risks they associated with alcohol consumption. Risk became abstracted and was something that others engaged in. The participants who did talk about what risky drinking looked like to them personally typically had experiences with problematic alcohol consumption, and through these experiences, had developed clear ideas about what kinds of drinking felt safe and what felt dangerous. There were also



a handful of participants who highlighted that risk is relative and what one person feels is risky will be different to someone else.

Addictions and Alcohol Dependence

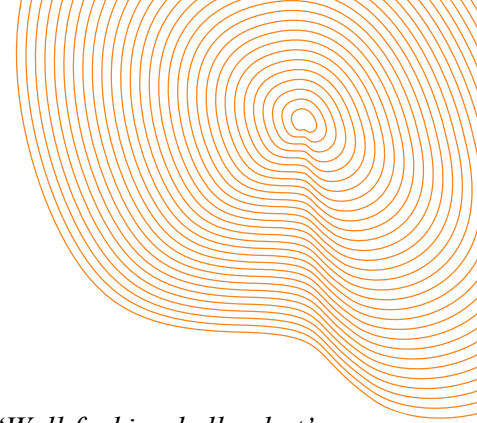
Several participants identified addiction and dependence as one of the major risks of alcohol consumption. There was a general awareness of alcohol's habit-forming potential. Many participants described alcohol dependence as the inability to 'stop at just one drink', consuming alcohol on a daily basis 'to survive', and regularly 'drinking until you're totally obliterated, black out, and can't take care of yourself'. However, the risk of alcohol dependence was not the only danger here. A few participants spoke about the insidious way that alcohol dependence can 'creep' into someone's life unnoticed and become their new normal:

I think risky drinking is not just [consuming] huge amounts of alcohol and getting really inebriated quickly. I think risky drinking for me is how it can creep up on you. There's nothing catastrophic about it, but I think over a period of time, if you fall into that habit of drinking every day and it becomes normal, then I think that's probably more risky than just drinking large amounts of alcohol in a short time. I think it's when it's over a long period of time and it becomes a habit, then it can be quite risky. – Elliot (40 – 49)

One participant even felt that alcohol was just as risky as substances like methamphetamine because of its high availability, prevalence in society, and habit-forming potential:

I think alcohol is more... I can't think of the word, but I'm going to say creepy, because it's very, very easy to become dependent upon it compared to other drugs. Although, I do have friends that have been ice addicts, and that was very fast for them too... [but] I think alcohol is uglier than drugs. – Caitlin (50 – 59)

Another participant expressed his frustration about the way his friends bandied around the term 'alcoholic' to make light of their drinking habits, when he believed that they did in fact have a concerning relationship to alcohol. He noted that this flippant use of 'alcoholic' is part of a larger societal problem where a *true* alcoholic is thought to be 'an old man drinking metho on the street', not someone who drinks heavily every night but can hold down a job, pay their bills, and maintain their relationships. Because 'alcoholic' and 'addict' carry such extreme abject imagery, 'functioning alcoholics' are able to keep their problematic alcohol consumption covert and still remain seen as a 'normal' person, and this is what makes alcohol such a dangerous substance:



I've got friends who go, 'Oh, I'm an alcoholic, ha-ha-ha.' I'm like, 'Well fucking hell, what's that about?' It's almost like [they're] celebrating it... [These] friends maybe are functioning alcoholics, but even then, they just love a drink. They drink every day, but it's that whole thing of, I could be on methamphetamine every day, but people aren't going to know, therefore it's not a problem, or I could have half a bottle of wine every day. No one's ever going to know. But it's that difference of needing it and also outwardly appearing drunk, and I think it's that perception [that's the] a real issue with alcohol. – Ian (50 – 59)

Losing Control

The way alcohol reduces inhibitions and impairs judgement was identified by participants as a major risk factor. Their primary concern was that poor decision-making or the inability to accurately read a situation can have significant consequences. One participant said that he is avoiding alcohol in order to avoid drugs. He described how if he has 'three or four glasses of wine' he is 'far more likely to say Yes' to 'getting shitfaced' and taking drugs. Others mentioned how easy it is to lose control of the amount of alcohol they were consuming at one time and become over-intoxicated:

[I had] a really good friend that I used to go clubbing with quite a lot and he's just someone that always has to have a drink in his hand, so, I would still be halfway through a drink and he would already be back from the bar with our next round of drinks because he would just go through drinks so quickly. – Jeffrey (40 – 49)

Another participant spoke with some concern about the way his friends would often lose self-control when over-intoxicated. He described a spectrum of consequences that arose from this loss of self-control which ranged from minor regrets to potentially serious harm:

What I've noticed amongst my friends who do drink out [is that] they don't... know how to moderate themselves... I think a risk there is that it's not great for your health, and it's not great for your bank account the next day. Usually, the person is like, 'Oh crap, how much did I spend last night?' You lose the ability to judge or decide whether you're going to do something good or bad... If they're being offered to do something that might not be in their best interests, they have less control because they are so intoxicated... We did have a friend who had too much to drink and something bad happened to them. There was an altercation between them and the person that they had gone home with, and we did say to our friend, 'Hey, we did tell you during the night to stop drinking and also we did tell you that you don't really know that person.' We also asked, 'Where you are [going to be] if you do [go home with someone]', but yeah, they were so intoxicated. – Lee (30 – 39)



Losing control was also seen as a sign that a person had reached dangerous levels of over-intoxication and was potentially causing real harm to their health:

People that don't drink for ages and then have a lot, [that's risky behaviour]. It's just like, No, that's dangerous. Because your body's not used to it, your mind isn't used to it, and people just lose all control. And they go and damage both their body and their mind as well as what they're able to do and [ability] to control themselves. – George (30 – 39)

Risky Behaviour

Building on the notion of losing control, a few participants spoke about how the over-consumption of alcohol can lead them to engage in potentially inappropriate or dangerous behaviours, like drunk driving or engaging in risky forms of sex. The risk of damaging personal relationships through inappropriate behaviour was something a couple of participants discussed. On the surface, their accounts focus on instances of accidentally being rude and making social faux pas, but the underlying risk here is how the cumulative effect of this behaviour can start to negatively impact friendships:

I think [risky drinking] is more about my behaviour and how I've acted when I've been drinking. It's like, 'Have I been rude to my friends? Have I been inappropriate? Have I woken up being like, "Shit, I'm not happy with the way I acted last night"' ... I did think of one incident where I probably had a bit more than everyone else around me. We were all staying in a hotel and I kind-of jokingly said, 'I'm going to take advantage of being in a hotel and get on Grindr and invite someone over.' I thought I'd said it quietly but then [laughs] the people that were there were like, 'Do you realise how loudly you said that?' I was like, 'Shit, I feel so bad.' It was with a couple of people that I didn't know super well and I was like, 'I hope that didn't come across as bad.' – Cody (30 – 39)

One participant highlighted how over-intoxication could lead her to engage in 'risky drinking behaviour':

I guess risky drinking is also accepting drinks from strangers... I have had my drink spiked before in Wollongong. That was less risky. Well, I guess it was risky in that I wasn't being safe with the drink that I was holding. I was just leaving my drinks wherever and I wasn't thinking that anyone would put anything in my drink. Accepting drinks from strangers I would also include in risky drinking behaviour. – Daphne (30 – 39)



Losing control and engaging in risky behaviours from over-intoxication also carried the risk of rendering someone vulnerable to harm. Daphne's quote above is one example of this. Because she had become less vigilant about her drink safety, she had become vulnerable to having her drink spiked. The vulnerability that can come with over-intoxication not only affects the intoxicated person, it can also unfairly force others into having to taking care of that person:

Risky [drinking] would [look like] getting yourself into an unsafe situation where you can't take care of yourself, can't handle yourself, can't get home without assistance, are vulnerable to danger from other people or [being a danger] yourself to others actually as well. – Dale (50 – 59)

Affecting Other Aspects of Life

Measuring the extent to which a person's alcohol consumption was affecting other aspects of their life was another risk management tool that participants used. This entailed examining whether alcohol was having an adverse influence on a person's ability to go to work, maintain relationships with friends, family, and partners, and keep 'health habits' like regularly exercising and eating well. Once these things start to slip, it was potentially a sign for that person to re-evaluate their relationship to alcohol. One participant spoke about how painful and frustrating it was to see the unfolding negative consequences of her friend's drinking habit and how she felt unable to offer any adequate support:

I'm thinking of one friend in particular who has this chronic illness. It's hard for me to understand [why they drink] the amount that they drink and the frequency that they drink when it's very obviously impacting their health. I feel frustrated, and there is this [sense] of, 'I don't understand', [so] I can't be empathetic to that situation. [I feel] really frustrated because they're also in a relationship with another good friend and I feel like [it's going to have] this domino effect on their [partner's] life as well as the lives of everybody around them... There are very obvious physical ramifications [from their] drinking, but also outside of that, the effects that it has on their relationship with their partner and also their work relationships [are significant]. They also work in a brewery, brewing beer. It hasn't happened yet, but I can see in the future that [their drinking is] going to jeopardise their work and their ability to work... and I think it will impact their relationships as well as their physical health. – Daphne (30 – 39)



Health Impacts

When asked about the way alcohol had impacted their health, participants described a diverse range of issues. The majority of participants were very health conscious and either saw their healthcare team (GP, counsellor) on a regular basis and/or engaged in a variety of healthy lifestyle practices, like ensuring they were eating a nutritious diet, exercising regularly, and sleeping well.

Diabetes and Sugar Intake

Three participants spoke about the relationship between alcohol and diabetes and the potential dangers of alcohol's high sugar content. This meant that they had to be careful about how much they drank and ensure they kept to a moderate level of consumption. One participant who lived with diabetes described how her overconsumption of alcohol could also impact her partner:

I have Type I diabetes and I don't think alcohol is really great for me because it has the effect of lowering your blood sugar. So, I do have a pump, which is great, but yeah, I'm woken up in the middle of the night from my pump alarms saying, 'You're low', which is fine for me, but for my partner, of course she wakes up with the alarm. – Caitlin (50 – 59)

Other participants noted how the sugar content in wine and cider can pose their own health issues. One participant highlighted how his penchant for cider had caused him to start craving sugar, which made him reflect on his drinking habits and the need to change his relationship to alcohol:

When I was going out, I'd usually drink a beer, and then someone gave me a cider once and it was great because it wasn't as filling, and so I started drinking a fair amount of cider. I'd drink 10 cans a week, and then if we ended up going out for dinner, I'd maybe have a couple of ciders then, but I feel like I was craving the sugar more than craving alcohol... I think I did make a conscious decision to stop drinking cider, but it was kind-of difficult at the start, but I put that down more to the sugar intake that I was missing. – Ian (50 – 59)

Another participant mentioned how he would switch from wine to vodka if he was 'on a health kick' and wanting to reduce his calory intake. He also noted that the 'buzz' he gets from the sugar content in wine makes it a more pleasurable drink compared to vodka. Consequently, drinking became less appealing when he is abstaining from wine:



I'm aware that different types of alcohol come with varying levels of sugar content and things like that. What I'll do if I decide that I'm on a health kick is switch away from white wine to a more pure spirit, like vodka or something like that, where I'm not drinking it with sugar. At the moment I'm not really fussed about that kind of thing, so I've gone back to wine. I find that the different types of alcohol have different effects on my emotional responses. I find that with wine, I will usually be quite happy and energetic, but I find with vodka, [because] it just doesn't have that same [effect], I don't enjoy it as much. – Henry (40 – 49)

Mental Health

Mental health was a major topic of discussion when it came to health issues related to alcohol. Many participants described the negative impact that alcohol had on their mental health and how it exacerbated their anxiety and/or depression. Some commented on the tension that existed between alcohol's appealing ability to improve one's mood in the short-term, yet also causing a longer-lasting increase in anxiety and depression:

You definitely notice the anxiety the next day, and probably a lower mood as well. I already have depression and anxiety. I know that alcohol exacerbates that, for sure. But it's always been an interesting relationship. Because short-term, alcohol is obviously quite pleasurable. But longer-term, I know that it increases the severity of things like anxiety and depression. – Andy (30 – 39)

One participant described the unique relationship between alcohol and his mental health. Ian spoke about how he would drink more when he was happy and with friends to enhance his mood, but would also consume higher amounts of alcohol when he felt the sadness of depression and needed to self-soothe:

I will say, I do drink more when I'm not happy... In times of stress and [when I'm] not feeling particularly happy, I could sit at home and go, 'Oh, I'm going to have a drink because it might calm me down a bit.' So yeah, definitely with me personally, there's a definite correlation between [feeling unhappy and drinking]. But then again, if I'm really happy and I've got lots of friends around me and we're having fun, then I might drink more for that as well. – Ian (50 – 59)

These participants were well aware of the potential impact that high alcohol consumption could have on their mental health and often put in measures to minimise this impact. Many described the various self-care techniques they used the day after a night of heavy drinking when their anxiety was high,



such as exercising and ‘getting on with the day’. Some preferred to avoid alcohol altogether, whilst others swapped alcohol for alternative substances that they found effective at managing their mental health:

I can't remember why, but I definitely have had big periods where I haven't really drunk any alcohol at all. There was a big period where I basically wasn't drinking any alcohol at all and had replaced the habit with smoking cannabis instead. Even if I was out and about and we would be at a venue, maybe I would have one drink, but otherwise I would probably be smoking joints out the back rather than drinking alcohol, because I think I preferred the effect that [cannabis] had on me. As I mentioned, drinking alcohol can trigger anxiety, which is just not something that I'm interested in having, so I avoid alcohol because of that reason. – Daphne (30 – 39)

Weight

Weight gain was another major health-related issue that many participants discussed. Some participants spoke about how they had reduced their alcohol intake because they had started gaining weight, primarily from the extra calories in alcohol, overeating whilst drinking, and the reduction in exercise due to hangovers. This weight gain often had a significant impact on their mental health and made them feel less at home in their body:

[Alcohol] stops me from getting things done, and I think it has an impact on my weight. It is an issue with me because I have a history of anorexia, and at the moment, I'm at the biggest, highest weight I've ever been, which is quite horrifying to me, but that's how it is now. – Caitlin (50 – 59)

Participants who cut down their alcohol intake in order to become fitter and leaner described a distinct improvement in well-being. However, their new healthy lifestyle was often temporary:

I wasn't really thinking about alcohol consumption; it was more so about my physical appearance, how I just wanted to be fitter and a little bit skinnier... Well, I was thinking about alcohol, so I didn't want to drink that much and was also very conscious about the food I was eating as well... I was good for maybe six months, and then it just got too hard to go to the gym and then, yeah, I just kind-of got back into my old routine. – Guy (30 – 39)



Hangovers

Unsurprisingly, hangovers were another one of the main ways that alcohol impacted participants' health and well-being. Aside from the standard unpleasant after-effects of excessive alcohol consumption (nausea, headache, lethargy, low mood, poor sleep), losing a whole day to recovery and experiencing spikes in anxiety were two of the primary issues that hangovers caused for participants. Some had decided to reduce their drinking because of the way hangovers prevented them from doing things they enjoyed:

I like to swim, surf, do yoga, be generally pretty outdoors-y, active, and fit. Even when I was single, I tended to prefer the chance to enjoy that on a Sunday rather than being hungover. Binge-y kinds of nights are very much in the rear-view mirror for me. – Dale (50 – 59)

Participants had a variety of care techniques designed to help prevent or reduce the severity of anticipated and actual hangovers, such as drinking lots of water, exercising, and 'getting on with the day'.

Organ Damage

Concern around liver, kidney, and stomach health was one of the primary points of discussion when participants were asked about the health impacts of alcohol use. None of the participants had experienced liver damage from alcohol consumption, but it was a hypothetical concern that many participants shared. However, this concern did not influence their alcohol consumption. This lack of concern came from the perception that only the 'few people who you could call alcoholics' were at risk of liver, kidney, or stomach disease, and that their personal level of consumption was not high enough to have any significant impact.

Cancer and Alcohol

Almost all participants were unaware of the relationship between alcohol and cancer. Many were surprised to learn about this connection, particularly as they had believed that liver disease was the main significant health risk associated with alcohol consumption:

I guess my understanding is less about cancer as a risk and more about cirrhosis of the liver and the damage that [alcohol] causes to your internal organs and liver function and kidney function. But in terms of cancer and alcohol, I don't think that I have that much awareness



really. I don't think that I even really knew that alcohol could cause cancer. – Daphne (30 – 39)

Receiving this information about cancer and alcohol consumption appeared to reinforce some participants' perception of alcohol's riskiness and potential impact on the body and why it was important to moderate their drinking. Those who had already heard of this connection only knew about it in very general terms (e.g., that a relationship existed between cancer and alcohol consumption).

Participants were not entirely sure as to why there was a lack of awareness around cancer risk and alcohol. They were often puzzled as to why there was not more messaging around this risk if it was such a major health issue:

To be honest, when I read through the [participant information sheet] you sent, I was surprised to see that cancer was mentioned so specifically in there. I don't think I've really ever heard that before. So, that was quite surprising. I honestly have never heard of that link before, which I thought was a bit strange. Well, not strange, but I thought, 'If there's a link there, then why isn't it more widely known, or how come I've never heard that before?' I thought that was really interesting. It reminds me of cigarette companies when that link [between cancer and smoking] was just never mentioned, it was never highlighted. It was never brought attention to. – Elliot (40 – 49)

Some attributed this lack of awareness to people assuming that alcohol consumption was a low-risk activity because alcohol is such a ubiquitous substance. This perception of alcohol being a low-risk substance meant that it would not be considered to be a contributing factor if someone was diagnosed with cancer:

[The only health risks generally associated with drinking are] liver and brain stuff, and that's not even really an understanding that it has a link to cancer at all. It's more like, bad shit will happen if you pickle your liver or your brain enough. There would be no consideration of it as a risk factor for cancer. Not the way that smoking has. Even people who vape will usually be able to tell you what the relationship is between vaping and cancer. Whether it's less or more, I don't know, but they will defensively say, 'I know such and such.' Whereas with [alcohol], zero [awareness]... I think it's hard to shift the baseline [level of awareness] because alcohol consumption is so normalised, and that if someone gets cancer that's not directly linked to smoking, their view would be, 'Well, that's just bad luck.' – Oscar (30 – 39)



Others felt that the potential harms of tobacco and illicit drug use are far greater than alcohol, which is why public health campaigns have focused primarily on these substances and not alcohol:

I'm certainly aware of [the connection between alcohol and cancer], but it's never been a concern. I would have been more concerned about getting cancer from my smoking than I would be from alcohol... [The risk of cancer from smoking is] what is shoved down our throats at every opportunity in terms of public health messaging and stuff like that. We all know that smoking causes lung cancer or causes many different types of cancers, but predominantly lung cancer. I don't think there has been a lot of education over the years about alcohol causing cancer. I know that because I work in health. But I'm sure if you asked a lot of people, the majority of them wouldn't say that alcohol causes cancer. – Andy (30 – 39)

One participant said that the invisibility of cancer might also be a contributing factor to this lack of awareness:

I don't feel like it gets a lot of promotion – cancer and stuff like that. I don't know. But it's also probably a very hard message to get across, so I'm not sure what people's knowledge around it is. [Cancer is] an invisible thing, you know? Like with domestic violence or something like that, it's obvious and it's easy to sort-of engage, whereas this is like, you can't really see it and it might hurt you at some point. – Antony (40 – 49)

Some participants challenged the relationship between cancer and alcohol consumption by stating that cancer emerges from multiple factors, such as stress, lifestyle, and genetics. This makes it difficult to say whether or not a cancer diagnosis can be definitively linked to a person's alcohol use:

Whenever I see those statistics [on cancer risk], I believe some of them, but not to the full degree. I think you said [that people can get] mouth and throat and breast [cancer from drinking], but what other factors [are] there? [If someone with cancer can] tick the box that they drank once a week, were they also smoking or were they also eating McDonald's every day? How can you pinpoint that it was just alcohol? So, I always think that, yes, it's a statistic, but I think everyone's different and there's so many different contributing factors as to why someone might develop cancer, not just being able to pinpoint that on alcohol. – Guy (30 – 39)

One participant highlighted that she deliberately avoided thinking about the relationship between cancer risk and alcohol because she already had major concerns about her risk of lung disease from smoking:



To be honest, I've never thought about it, and I probably avoid thinking about it too, because I used to smoke cigarettes and now I vape, and it's not good for the lungs. It's that whole addictive nature of myself. I am really addicted to nicotine, so I do vape regularly. But alcohol, I haven't informed myself much about what risks there are in terms of cancer. – Caitlin (50 – 59)

Experiences of Reducing Alcohol Intake

The majority of participants had some past experience of trying to moderate and reduce their alcohol consumption. This was easier for some compared to others.

Reducing Because of Family

Family was a contributing factor for some participants. A couple of participants had reduced their alcohol intake because they had children and wanted to be a responsible parent and set a good example:

I certainly didn't drink when I was pregnant or breastfeeding or any of that. So, I had chunks of years where I didn't drink. I think there's that sense of looking after somebody else... Certainly when I first had my kids, I pulled away from the people who drank a lot because I didn't want so much alcohol and cigarettes and everything around my kids. – Jenny (40 – 49)

Other participants highlighted how they felt pressure from their parents to keep their alcohol intake to a minimum. For the parents, this was primarily out of concern for their child's health, though cultural norms were also a factor here:

I think I drink more now than what I used to. I try to have maybe one alcohol-free day a week because that's something that I'm mindful of. It doesn't always happen... [I've had] a little bit of pressure from my mum [to reduce my drinking]. She had some concerns about me drinking when I was with her, so I try to do it for her. – Guy (30 – 39)

I come from an Asian family; I was born in Singapore. So, there is a little bit more of that conservative [mindset over there], especially with my family. We weren't super into drinking and all of that. I think it was my great-grandfather who had a little bit of an alcohol and liver issue. That was why at some point, my mum in particular was not very comfortable with [my drinking]. But nowadays, it feels like even when I crack a beer in the home or something like that, they are like, 'Yeah, it's cool as long as you don't over-drink it or over-do it.' – Daniel (30 – 39)



One participant spoke about how his younger sister had recently moved in and was putting pressure on him to reduce his alcohol intake even though he did not see his relationship to alcohol as problematic. He enjoyed the way alcohol made him feel, so being chastised for regularly drinking ‘too much’ became a source of frustration:

I don't think I drink that much, but my sister's just moved in with me because of various reasons and she's been saying I drink too much. But you know, when I've had three or four drinks, I think I'm really entertaining and charismatic. She hates it because I get a bit mouthy and all that... I'm super self-conscious [when it comes to alcohol]. I had three or four drinks the other night whilst having people round for dinner, and I was being the life and soul of the party. My sister, she's like, 'Why are [you] drinking so much?' I'm like, 'Jesus, I've had three glasses of wine', and she goes, 'Yeah, but you can tell', and then a couple of other people said, 'Oh, leave him alone, he's fine.' I'm not messy; I'm just being my fun, vivacious, charming self. She doesn't like it, so that's been interesting. – Ian (50 – 59)

Reducing Because of Partners

There were some participants who had reduced their alcohol intake because of their partner. In some instances, it was because their partner either did not drink or seldom consumed alcohol, which prompted them to reduce their own alcohol intake:

I [had] left an abusive relationship and I was drinking more frequently on my own, but that settled down [eventually]. Then over the last few years, I've only been drinking socially. I was with a partner who didn't drink much at all and that really influenced me. Not really needing to feel like I needed to drink at all was kind-of a big benefit of being with her. – Charlotte (40 – 49)

However, for some participants, having a difference of drinking habits could create tension within the relationship:

I have just started a new relationship and he doesn't drink at all, but I do, and we've had this discussion of 'does he think it will be an issue?', and he just said that he doesn't think it will be an issue, but I wouldn't be surprised if one day it becomes a slight problem. – Brett (30 – 39)

Some participants described how reducing their alcohol intake had become a joint effort in the relationship, a kind of pet project. It became a way of making the relationship stronger and caring for one another:



I think historically, especially when we lived in London, we could both lead each other on, we could both tempt one another to not do the right thing. Just kind-of, 'Let's just get one more, let's stay out.' That definitely did happen. Whereas now, we do a lot more checking-in, like, 'How're you feeling? Do you want to go? Are you tired?' If we're with a group of friends, we definitely check-in with one another and just make sure that we're both behaving more like a team. I think when it comes to those group settings, it's not just an assumption that, 'Oh it's a Friday night, we haven't got work tomorrow, let's just stay out.' – Celeste (30 – 39)

Reducing Because of Friends

Maintaining connections with friends who had potentially unhealthy relationships to alcohol was a troubling experience for many participants. When they were with these friends, they felt a pressure to drink. This often left participants feeling unsure about what to do as they did not want to hurt their friend's feelings, but continuing to see this person was proving to be deleterious to their health. This prompted some to start avoiding certain people. There were also instances where they had a friendship that revolved around drinking, so they were worried that by not drinking, the relationship would suffer:

The person who I usually do most of my drinking with is my best friend. He went overseas with his girlfriend for six months at the end of last year. I basically just went, 'You know what? I'm going to use this as an opportunity to cut back.' I was probably drinking maybe once a month instead of every week, and not drinking anywhere near as much. I actually lost quite a bit of weight, which was really great. Then he came back, and I slipped back into old habits. In a way, it negatively impacted my health slightly because I've started putting the weight back on again. I don't feel like there's pressure to drink when we're together, it's just something that we do. I don't think if I went, 'Oh, I'm not drinking today', I don't think he would mind. I've got another friend [who] I've actually been actively avoiding because he's the kind of person where if I said, 'Yep, let's go for lunch. Oh, I'm not going to drink at lunch because I'm in the middle of study or I've got to go back to work', he would pressure me to have a drink every time. It got to the point now where I'm like, 'I don't want to have this conversation with you anymore, so I'm just not going to go to lunch.' – Henry (40 – 49)



Physical and Mental Health

The desire to improve their general health and well-being was a major motivating factor for several participants to reduce their alcohol intake. All these participants stated that they saw a pronounced improvement in their sleep, mental health, fitness, and diet. The new mental clarity and extra energy that came from avoiding alcohol was particularly revitalising for some participants:

I feel quite good, to be honest. [Avoiding alcohol] certainly brings a sense of mental clarity that you don't have when you are hazy all the time because you are drinking. I definitely have more energy. I find my mood is better, and I think it's because of that new sense of clarity that I have. It's really interesting. – Andy (30 – 39)

Sometimes participants decided to reduce or stop drinking as a preventative measure against the development of chronic illness and/or other long-term health conditions:

I've got friends who are sober, not because they were alcoholics, [it was] just a choice to be sober. I've got people who have complicated relationships with alcohol, but mostly try and push past social perceptions and expectations, and really try not to [drink] much because they are concerned for their long-term health. I do think that there are people in my life who are aware that cancer is one of the risk factors [and avoid drinking too much]. – Charlotte (40 – 49)

Other times, certain health conditions required them to significantly reduce their alcohol intake. This made the process much easier as they simply did not have the option to drink:

It was really easy actually because I felt like it wasn't a choice that I'd made to not drink; it was something that I had to do, and there was a medical rationale behind it. So yeah, [I had to stop drinking because]: (a) it affects the healing, and (b) because the size of my gastric pouch is quite small, I can only either have liquid or food, and if I do have liquid, it has to be half an hour before or after I eat. So, it actually became really easy. The decision was taken out of my hands, and it was a lot easier than I thought it would be to just have soft drinks and non-alcoholic drinks than alcoholic drinks. – Elliot (40 – 49)

One participant highlighted how he had been motivated to reduce his drinking because he was experiencing higher levels of anxiety. However, while his mental health improved after cutting down on his drinking, this had come at the cost of seeing his friends less and not socialising as much because many of these interactions were alcohol-based:



It can be hard [cutting down], but I think it is probably my health that dictates when I feel like I should cut down. If I've had periods where I've been drinking a lot and I've been feeling hungover a lot, [I] then obviously feel a bit more anxious and a bit more depressed, [so] I'll make the decision and say, 'I should cut down, because it's impacting my health'... [I'll] generally feel better in terms of anxiety, but I also find that I tend to socialise less because I'll probably decline going to events and meeting people because I know that I will want to drink. So, if I reduce my drinking and drink less, I tend to socialise less as well. – Phillip (30 – 39)

Money

With the recent increase in cost-of-living across Australia (particularly Sydney), some participants had chosen to reduce their drinking to save money. This was primarily because alcohol was seen as a luxury item and the money could be better spent on necessities like groceries. One participant described this financial recalibration as a kind of 'game' or project that revolved around successfully saving money:

[Not drinking as much] also helps with spending. You can often just spend an awful lot of money without really thinking about what you're doing, because it's just habitual, right? You're just like, 'Oh we're just having some drinks', and just keep paying and paying and paying. I think now, with cost-of-living, it definitely is something that we're 100 per cent more mindful of... We've had to gamify some things in our lives, and going out is one of them. When do we treat ourselves verses when do we not? Are we saving for something big or are we doing it on a whim? We used to have way more nights out during the week where we'd just randomly meet after work and then go and have a couple of drinks. Those are way more few-and-far-between now. We still drink at home, but we don't go out as much. It's just so expensive. – Celeste (30 – 39)

Wanting a Break

A couple of participants spoke about how they had regularly cut down on their drinking for a pre-determined period of time to give themselves 'a break' or as a kind of personal experiment to see how they felt without alcohol in their lives. Although, not having a 'substantial' reason to not drink (i.e., health condition, financial concerns) could sometimes elicit a negative response from friends. Simply deciding to avoid alcohol was typically challenged, but this tension was often dispelled once the other person knew that this hiatus was only temporary:



I have times regularly in the year where I go, 'Do you want a break [from alcohol] for a couple of months?' That's fine. I'll still go to things, but there's always that [response where] you rock up and someone's like, 'What's going on? [Laughs] Are you all right? Are you dying?'

I'm like, 'No, I'm just having a dry day.'

'You can still have one.'

'No, I'm not drinking today.'

'Why not?'

So, there's a bit of that kind-of stuff, [but] eventually people settle down. – Jenny (40 – 49)

No Desire to Reduce Alcohol Use

Contrastingly, there were some participants who had no desire to reduce their alcohol intake. One reason for this was that they enjoyed drinking and did not feel like they needed to permanently or temporarily cut down or stop. This extended to the relationship between drinking and socialising, and how the decision to reduce their alcohol intake would impact their friendships. Some participants described how alcohol was a defining feature of their friendship circle and group identity:

Everyone I know is a big drinker, and the expression that 'birds of a feather flock together' is very true. I tend not to spend time with people who don't drink. I admire their control and resolve, but I find them quite dull. I have been judged by [sober] people for having a few drinks, and nobody enjoys someone [sardonically] saying, on your third glass of wine, 'Oh, another glass of wine?' So yeah, I do choose to spend time with people who consume alcohol. – Jack (50 – 59)

However, some participants also said that they were concerned about how their friends would react if they did decide to stop drinking, and that the potential social rejection would be more than they could handle:

I would like to probably not drink at all. But in my friend groups and social groups, I don't know how that would look because alcohol is so central to everything we do. It's just a bit overwhelming to think that I would be one of those people that would say, 'Oh no, I'm not having a drink.' I don't know whether I would cope with that. – Andy (30 – 39)



Experiences with Problematic Drinking

A significant portion of participants had some experience with problematic drinking. This could have been from their own personal experience, having a friend or family member who engaged in problematic drinking, or both. When discussing their own problematic drinking, participants highlighted a number of reasons as to why they had developed a difficult relationship with alcohol, though all these different reasons were united by one core theme: alcohol was their way of coping.

Gender and/or Sexual Identity

For a handful of participants who had struggled with their gender and/or sexual identity when they were younger, alcohol and intoxication was a way for them to find some emotional reprieve from the inner turmoil and anxiety they were experiencing:

I'm a trans man, about one-and-a-half years on testosterone now. [After I started transitioning], I drank more to deal with social events because it was quite awkward being around co-workers, family, et cetera, who were supportive on paper but struggled a little [with my transitioning], which is entirely understandable. So, I drank a little bit more to cope during those [times], which is also very understandable. Things are a little easier now that I pass as male more consistently. – Oscar (30 – 39)

Some participants also felt that many queer people drink to excess to cope with systemic marginalisation and the constant threat of physical violence. This tendency to engage in problematic drinking is made worse by the fact that the majority of safer spaces for queer people are in bars where 'the gays [can] come together without fear of being hassled', thereby creating a self-perpetuating cycle. However, there was concern about whether these safer spaces were still a haven for queer people:

I'm very aware that a lot of people use alcohol to cope, I certainly do, and it's not easy to be gay. Oxford Street is no longer a safe place in Sydney. There's been a lot of violence there recently, so I can see that our community would definitely turn to alcohol to help cope. It can be very distressing and depressing [being gay], especially with the current hatred towards trans [people] and drag queens and everything else that is happening... I think [the reason why gay bars aren't] safe anymore is that too many straight people are going [to gay bars on Oxford Street], it's as simple as that. There are too many aggressive straight young men on Oxford Street these days looking for trouble. I've noticed it acutely the past few months, and I've certainly been aware of some terrible gay bashings. These places are not our safe spaces



anymore, and that's the way things are currently going. I think people are drinking to cope and forget quite frankly. – Jack (50 – 59)

Mental Health and Stress

A couple of participants described how alcohol functioned as a kind of ‘medicine’ or ‘crutch’ to help them manage their poor mental health and high levels of stress and anxiety. For some, their reliance on alcohol was not a bad thing, though it did create a sense of jealousy towards others who were able to manage without it:

I admire the people that never drink. I don't understand it. I used to be jealous and dislike it, but now, the jealousy is still there, but I admire how they've not got it in their system. [Alcohol's impact on my mental health has been] positive for me, because without it, I get really irritated and have issues, but one simple drink stops myself from going crazy. So yeah, one or two [drinks] out of the fridge and I'm happy. – George (30 – 39)

Others said they would prefer to drink rather than see their GP to start addressing their mental health and substance use issues. In this context, alcohol felt like a moderately effective way of moving through difficult periods, and was therefore an appropriate form of temporary self-medication:

Part of it is self-medication, and it's easy to do. It's much easier than going to your doctor and saying, 'I'm feeling really horrible about this aspect of my life and I need help', when you can just go out [and drink]. I guess the other thing is that, at the moment, I'm actually feeling generally content about my future prospects and things like that, and I don't feel the need to come home and drink. But I feel like in the future, if there was a toss-up between getting therapy or having a drink, I'd probably have a drink. – Henry (40 – 49)

One participant was in deep grief from the recent death of his mother. He spoke about how his relationship to alcohol had changed profoundly since his mother's passing and drinking had become his way of coping. He also highlighted that alcohol helped to manage some of his other mental health issues and allowed him to connect with friends too:

I'm 23 years old right now, and my mum just passed away last year. I never touched alcohol before, [but] since my mum passed away, I drink at least one to three times per week... [Alcohol] is good for my mental health, and I can sleep very well [with alcohol]. The problem is I have a sleeping disorder, but I got a prescription for sleeping tablets and I worry about the side effects, so I changed to wine [to help me sleep]... [Alcohol also] helps me to be confident



and more relaxed. I got PTSD after my mum passed away, [so] when I consume alcohol, [I am] more calm, relaxed, and confident [with] talking [to others]. – Julian (30 – 39)

COVID-19

Several participants contrasted their current level of alcohol consumption to the amount they were drinking during the COVID-19 lockdowns. These individuals spoke about how their drinking had drastically increased whilst in lockdown because they were feeling isolated, depressed, and cut-off from friends and family:

I drank a lot during COVID... I mean, I'd go through maybe two/three bottles of vodka a week... I lived alone; I had no-one near me. I had none of my friends near me. All my family's up here (Sydney)... I didn't see another person face-to-face for like a month-and-a-half. So that was the only reason I drank: I was feeling miserable. That's the only time in my life I have ever turned to alcohol. – Brett (30 – 39)

There was also the sense that, being confined to the home, the social rules around drinking (e.g., what time of day it was acceptable to start drinking, how much was an appropriate amount to drink in one sitting) no longer applied. This new freedom to drink whenever they wanted alongside the boredom of being at home, drive to stay healthy, and pervasive sense of global catastrophe proved to be a particularly disruptive mix of influences:

[During COVID], I was drinking every day. [It was] quite easy: whenever you felt like drinking, you could just have a drink without a problem... I think at the beginning [of the lockdowns], there was that sense of, 'Oh my god, I can get drunk when I want, it's totally fine.' No one seemed to judge me. I was just like, 'Because the apocalypse is happening, let's just live out our final days in complete euphoria.' But I think I do have an inherent sense of guilt when I am not taking care of myself. And I feel like if I'm being what I deem as being 'bad' or my bad habits come in, then I am like, 'I'm going to go for a five-hour walk the next day and I'm going to offset everything that I've done.' I think during COVID, I was like a pendulum swinging between polishing off a bottle of red wine and then the next day I was going for a two-hour walk to blow away the cobwebs or whatever. – Celeste (30 – 39)



Problematic Drinking of Family and Partners

Several participants stated that they had a family history of problematic alcohol use. This caused some to be concerned as to whether they might have a propensity towards problematic drinking and should therefore be vigilant about how much they drink during the week. This sense of caution towards alcohol often emerged from the confronting experience of seeing a family member ‘drink themselves to death’:

My mother is an alcoholic. I come from a family of alcoholics. I always grew up thinking that it was normal to finish work and have a six-pack before dinner, that was something that I always thought was normal. But then when I was in my very early 20's, I decided that that wasn't the sort of person I was going to be, and I've never let that affect my relationship to alcohol... I do think there is always that fear [of becoming an alcoholic] for me because my uncle did essentially drink himself to death. But I think that's more a fear of, 'it could happen', but it's not an actual fear for me because I know I can turn that (drinking habits) off. Like, I don't have to drink. – Brett (30 – 39)

When discussing partners and problematic drinking, participants would recount experiences where they were approached by their loved one about their own drinking or they saw their partner engaging in dangerous levels of alcohol consumption. In most of these instances, participants described the way significantly disparate levels of alcohol consumption caused a strain on the relationship. There was a spectrum of tensions this disparity caused. Sometimes it only had a minor impact on the relationship:

Alcohol hasn't really played much into my relationships. With my partner, he definitely has voiced at some point a little bit of concern because we were sort-of drinking one drink a day. For him, it was something that's not really usual to him. For me though, I don't want to say it's a habit, it's more like just something to go with dinner for me. So, that caused a little bit of tension for a little while, but otherwise it hasn't really done anything relationship-wise. – Daniel (30 – 39)

Other times, seeing a partner regularly drink what they felt was a risky amount of alcohol prompted the participant to gently try and get their partner to curb their level of consumption:

I try to moderate my alcohol intake fairly well. I think that's because of past life experiences, and how alcohol has affected partners and family and friends in an adverse way. I guess it's almost part of the daily routine for myself and my partner to have a glass of wine with dinner,



or something like that. My partner drinks more than me, and I am a bit concerned about that, and I always try and stop him or tell him he should maybe think about trying to moderate more or drink less [laughs]. I'm just concerned about the long-term health impacts of consuming too much alcohol. – Jeffery (40 – 49)

But sometimes having a partner constantly drink to excess was too much and was a contributing factor to the relationship dissolving:

My ex, he was a very, very heavy drinker and he could not get through a week without alcohol. He hid that from me for the longest time, and I mean that's kind-of a risk there, because he was hiding it because he was afraid I'd break up with him. – Brett (30 – 39)

Preventing Problematic Drinking Habits

There were a variety of tactics participants used to prevent themselves from developing a problematic relationship with alcohol. This was different to participants who discussed their experiences of cutting down on their alcohol intake because these participants were explicitly concerned about the risk of slipping into dangerous levels of alcohol consumption. Some decided early-on to not let alcohol become a problem and to always moderate/watch their consumption, as Brett describes above. Others put firm boundaries around when they permitted themselves to drink, like after 4 or 5pm, while others refused to keep alcohol in the house:

I don't remember how I got onto it, but I intentionally Googled [ways to stop drinking]... One of the tips I read was to hide away the bottles... [Another] strategy [I use] is if I finish [a bottle of] alcohol, then I try very, very hard not to replace it. I've noticed the times I have replaced it have been those last-minute purchases [of alcohol] before I have a drink. – Charlotte (40 – 49)

Support for Alcohol Use

Participants were asked about their past experiences with seeking out support for alcohol use as well as their preferences around what kinds of support appealed to them the most.

Digital Support Resources

Accessing online self-support or health information resources was highlighted by participants as the preferred first step towards seeking support for alcohol use. They were after easy-to-read pieces of information that described what constituted as safe alcohol consumption (i.e., the recommended limit of units of alcohol per week), the different health issues that can arise from unsafe levels of drinking,



and how to prevent or manage these health issues. One reason that participants said they would look for online resources before approaching other forms of support was partly because it was an easy way to find answers to minor, lingering questions. Digital forums like Reddit were also appealing for some participants as it was a place where they could connect with other people who had had similar experiences with problematic alcohol consumption. Sometimes this provided solace and made them feel less alone, and reading about the lived experiences of others could also be a rich source of valuable information about treatment options and the potential health impacts of excessive alcohol consumption. However, these forums were not always helpful:

I got weirdly into reading Reddit threads on r/Alcoholism and Alcoholics Anonymous at times. Sometimes to make myself feel better, to be aware of what could go wrong, et cetera. So, I'm vaguely aware of a whole host of negative health outcomes which can end really horribly at the end of the road... [The forums are] all over the place because people go to that kind of resource for a whole host of different reasons. Sometimes someone will post, 'I drink such and such amount every day. I don't think I'm an alcoholic, but my partner does. Am I an alcoholic?' Some people say, 'Alcohol is a demon, and I can't seem to quit it.' It's all over the place because people are just spewing out their emotions about it. Sometimes people will say, 'I quit 121 days ago and these are the health benefits that I've noticed since then.' Some of them will say, 'I've got end stage liver cirrhosis or whatever and I now know if I touch another drop of alcohol I'll die.' It's all over the place. – Oscar (30 – 39)

Shame was another reason that some participants said they would prefer to find online resources before seeking out a counselling service. It was unclear as to where this shame stemmed from, but was potentially grounded in the shame of admitting that they could no longer adequately look after themselves and needed someone else to help them:

Philosophically, [I would feel comfortable seeking out support] because I fully understand. Working most of my life in the counselling field, I certainly understand the benefits and importance and normality of [getting support for substance use]. [But] I would find it difficult to do that. I think I would certainly seek online support [first], whether that would be through resourcing or accessing websites around that stuff. [Wanting to find online resources first] is probably be linked into issues of shame and that sort of thing for me, [the shame] around seeking help. Even as I say that, I know the lack of validity in [feeling shameful about seeking help], but that's how I'd be. I think I would [get support], but it would need to be online support that I would go to. – Richard (50 – 59)



A few participants liked the idea of using an app that tracked their alcohol intake and provided immediate support when they were having cravings. The ability to chart and visually see how much their drinking habits had improved was also highlighted as an effective way to bolster their efforts and give a sense of achievement:

I'm definitely someone who responds really well to any kind of [health app] like that. I quit smoking at the start of the year, and I love my little app. I set my trigger time symptoms and it sends me a little notification. I get little messages from the community when I'm likely to want to smoke cigarettes. The same with my gym or any kind of gym competition or challenge... I mean, the gym is different because I need to physically see the changes, but I also need to be able to track it. [The apps] do this great thing where they put up a chart... and you're able to see that you are tracking well. But anything like that in my life, even budgeting, I just love being able to see data and how I'm going. – Celeste (30 – 39)

Counselling

All the participants who had seen a counsellor about their drinking said that they had had a positive experience. Being able to talk freely and privately with another empathetic person and develop tailored management strategies were some of the key benefits of counselling for participants:

It was certainly more personalised. It was more tailored to my situation. We were able to work on more tailored strategies that would work for me rather than just sitting around in a group and talking. Because my personal view is you can sit and talk and talk till the cows come home, but it doesn't necessarily give you the skills you are going to need to be able to overcome whatever it is you need to overcome. I'm more of a practical type of person. I want to walk out of a session with some practical skills or knowledge that I can actually put into place, to move things forward, rather than just having talked with a group of strangers for an hour. – Andy (30 – 39)

Going to therapy also provided an opportunity for participants to critically reflect on their own habits, their triggers, and how they might go about breaking unhealthy cycles of substance use:

I do feel like it's quite nice to detail what your habits are in your therapy sessions, and your therapist is like, 'What do we think about this? Do we think that's a good way of dealing with things? Or are there other things that we could do?' It's stuff that you already know, that you want to be doing. It's how you want to be living, but you fall into bad habits, or you've just got this way of dealing with problems... [It's about] bringing your awareness to the fact that what's



happened to you has not been that great, but to maybe not go home and then immediately reach for a drink. Let's think of another way in which we can [manage ourselves]. I don't think that happens every time, but I think [drinking to relieve stress is] about reward, right? 'You've done something that you didn't enjoy and now you feel like you want a reward' is how I used to feel about smoking. 'I've had a really terrible week, I deserve a cigarette tonight and that's what I'm going to do.' It's about breaking that pattern. – Celeste (30 – 39)

Speaking with a counsellor and knowing they would not be judged for their actions and/or feelings had helped some participants to slowly coax out issues that had been previously difficult to talk about. This allowed them to gradually face the reality of their problems, and from there, start to address the root cause:

[Seeing a counsellor has been] a hundred per cent [helpful], but I have only touched on [my alcohol use] a couple of times after she's asked me directly how much I'm drinking and what I'm drinking. I haven't got to a point where I'm like, 'Hang on, this is something I need to speak more openly about with her.' I've felt like I've had to hide it away, but I'm getting to the point where I'm like, 'Okay, I need to actually sort this out.' – Charlotte (40 – 49)

Support Groups

Participants were far more ambivalent about group therapy and support groups compared to counselling. Some spoke about how they were uncomfortable discussing their traumas and 'airing their dirty laundry' with a group of strangers. Others had found group therapy somewhat constructive in that it made them feel less alone in their struggle with alcohol, but ultimately, these sessions did not offer any practical solutions to better managing their alcohol intake and often felt repetitive:

I found that I was going [to group therapy] and seeing the same people repeating the same stories week after week. I wasn't really getting any practical skills out of it [so I could] deal with the issues that I was experiencing in my life. It was reassuring to know that there are other people out there who have these problems, but I didn't find it practically useful in combatting the challenges I had with addiction or with alcohol use... To be honest, I think that that group scenario is just not for me. It's just not a model that gels with the way I think or the way that I like to interact with people. – Andy (30 – 39)



A few participants were suspicious of support groups like AA and some residential rehabilitation centres, and felt that these organisations had ulterior motives, such as wanting to convert people to Christianity, force them into a purity-based, abstinence-only approach to recover, and exploit desperate people into paying exorbitant amounts of money for treatment:

A lot of the [treatment] services that I see out there are run by Christian or religious organisations. They have a teetotaler kind-of messaging behind them and basically force-feed people religion through these residential camps that go for three to six months, or more, and cost a shitload of money. – Sadie (30 – 39)

Because of this perception that most support groups were run by Christian organisations, a few participants were concerned that they would face discrimination as a queer person. Although, if a queer-friendly support group was available, then they would be far more open to attending:

In a peer support group [context], the idea of a queer AA or whatever would be a lot less scary... You try and picture what AA would look like and who would be there, so I think it would be nice to know that it was an accepting [group] and you're not going to get that queer judgement. – Antony (40 – 49)

Friends

The majority of participants said they would feel comfortable talking to a friend if they needed help with their relationship to alcohol and believed that most of their friends would be supportive of their decision to reduce or stop drinking. This was primarily because they knew their friend/s would not judge or reject them. Participants highlighted that they would most likely approach a friend who they knew also had a history of problematic substance use because they would be able to offer advice based on lived experience:

I wouldn't reach out to anyone that had a strong anti-drinking stance to begin with because they would just be like, 'This was bound to happen as soon as you started having more than one beer a month.' I would be reaching out to people that did drink regularly that I felt that I could trust, to ask them to keep an eye on me. – Oscar (30 – 39)



Conversely, some felt that approaching a friend who did have a healthy relationship to alcohol would be better because they could emulate their friend's lifestyle and how they approached alcohol:

If I did need to ask for some help, I would choose someone that [was] kind-of like an inspiration, or someone that has a healthy relationship with alcohol. – Miguel (30 – 39)

Family

Participants were also ambivalent as to whether they would feel comfortable approaching a family member for support if they needed help reducing their alcohol intake. Some said they had a great relationship with their family and felt confident that they would receive the support they needed. One participant spoke about how most of his family had a problematic relationship with alcohol and often shamed him for his own drinking; however, there was one specific family member he said he would feel comfortable approaching for support because he knew that, even though they also had a history of problematic substance use, they were currently cutting down and would be more understanding and sympathetic:

It seems bad, but the one person I'd most likely go to, the one I could probably trust to actually understand, is a family member who is still on the bad side of drinking but cooling it down himself. So, he'd be the one I'd go to because my other family members are stuck with the mentality of, 'It's bad.' I got told by one family member who basically binge drinks all the time that I shouldn't be having – I think it was like four beers – at a family gathering. It's just like, they're still binge drinking and doing a whole carton one night and then not drinking at all for a month or so. – George (30 – 39)

The participants who said they would be uncomfortable approaching a family member for support often had a fraught relationship with their family because of their gender/sexuality or their parents had a problematic relationship with alcohol and would not be able to offer meaningful support.

Need for Queer-Friendly Services

There were a number of participants who stressed the need for drug and alcohol support services to be queer-friendly and have staff who had had cultural sensitivity training in this area. The importance of having queer-friendly services stemmed from the amount of discrimination participants had encountered when trying to find treatment for their substance use. One of the major barriers to accessing treatment was the perceived lack of queer-friendly services:



Speaking for myself, I have to make sure that if I am seeking medical treatment, that it's someone who does understand the additional kinds of things that go along with being queer. Sometimes, it can be trial and error. Luckily, I live in Surry Hills and Darlinghurst where there's quite a large queer population and all the services around here support that. But I think it would be different if I lived somewhere else. So yeah, I think there are barriers in terms of not only getting medical care, but being able to trust the person that's providing it and that they'll have an understanding of the issues that surround that. – Elliot (40 – 49)

Even going to services that stated they were queer-friendly was not a guarantee that suitable care would be on offer:

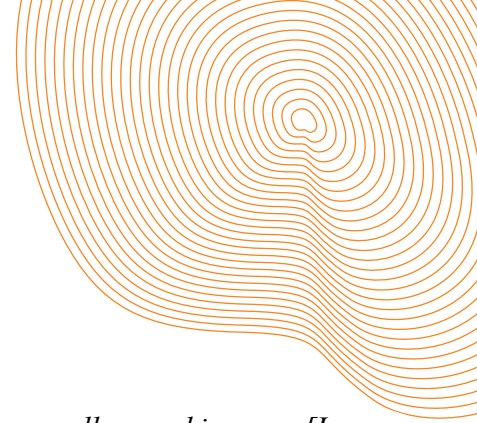
I've had so many experiences with services where they've been, 'We're queer-friendly', but then actually accessing the services, it's not only are they not particularly queer-friendly, but they do things that are queerphobic. It's just so problematic, and this isn't just an experience [unique to] queer people. I think if you're really going to service a population, you really need to understand how pervasive the discrimination and the minority stress and the cultural trauma that we experience is. – Cody (30 – 39)

No Desire to Seek Support

A handful of participants stated that they would not seek out support for their alcohol intake if it started to feel problematic. Some of these participants had tried to get support in the past and had found the healthcare system inefficient and inadequate at providing appropriate levels of care, particularly if they were also seeking adjunctive mental health support:

They fail to be available in a timely manner. There's always lengthy waitlists when the person's desperate for help. Also, I've noticed that a number of the mainstream drug and alcohol treatment don't want to deal with people that have mental health problems. Mental health departments, emergency mental health services, et cetera, will say, 'It's a drug and alcohol problem, that's not our job.' There's very little [support] at that intersection of the two, which is ridiculous because childhood trauma is the gateway drug to addiction and [problematic] alcohol [use] for so many people. You can't treat the addiction or the substance misuse issue without treating the underlying cause. – Sadie (30 – 39)

A large portion of these participants said that they would not need any support (unless the situation was particularly dire) because they could solve the problem simply by making the intention to stop drinking:



If I was having trouble stopping, I would [seek out support], but generally speaking, no [I wouldn't] because I've usually got faith in my ability to make a decision and stick to it. I wouldn't do it straight off the bat, I'd give myself a chance to do it myself. – Kate (40 – 49)

Alcohol and The Body

The body was a major feature in participants' experiences with alcohol. Participants spoke about how they 'listened to their body' to work out when their drinking was getting out of hand and they needed to change their relationship to alcohol:

I basically just started cracking down on myself. [It was] the only time I have ever puked, [and] I basically covered the whole floor of the room. That's when I started realising [that I had a problem]... My body just went, No. [My] mind just went, No. [So I] slowed it down to a manageable pace, and [now] it's just a couple [drinks] a night, and I'm happy. A couple of nights, I might miss one or two, and body's okay with that, but if I go too long [without a drink], I just get grumpy. – George (30 – 39)

Listening to their body was also a way for them to care for themselves, find out what their body needed, and know when they had had enough to drink:

I try and listen to my body when I'm drinking, and once I feel that nice, warm, tipsy feeling inside, I slow down and alternate with a soft drink or a zero-alcohol drink. Because I know that it's like a bell curve: once I get too much above that [point], I get drunk, and that's when I know that, whilst I'm going to have a good time, I'll have a migraine the next day. – Sadie (30 – 39)

Participants also listened to their body to understand and adapt to the effects of the ageing process. These individuals spoke about how their ageing body reacted differently to alcohol compared to when they were younger, and emerging health issues also meant that they had to be careful about how much they drank:

I'm 57, becoming 58 at the end of the year, and it's really apparent [the next day] when I've had a drink. I can feel the sluggishness and the effects on myself the next day. I don't really like it; I don't really like that feeling... The other thing is, if I drink alcohol at night-time, I'm up and down to the toilet 15 times as well, and I talked to my doctor about it some years ago. He said alcohol will do that to you. I can drink water before I go to bed, but that's a pain in the arse for me because in the moment [the water is] cold and stuff. So yeah, that's one reason for



moderating my alcohol intake, the fact that it gets me up. But also, my body's changing as such that it doesn't take much for me to [get] hungover. – Ian (50 – 59)

There was also the notion of 'doing right by the body', or the need to treat the body with respect. This was in the context of health and not drinking to help care for the chronically ill body:

One of my friends has MS (multiple sclerosis). She used to not drink at all, but that was [because of the] medication she was on. She was just trying to do good by her body. So, it was that [alcohol] kind-of made things worse [for her overall health] as opposed to a risk factor for [exacerbating her] MS. – Jenny (40 – 49)

Another participant described her body's limits when it came to drinking and how her body would revolt against her if she transgressed these boundaries:

I kind-of drink to have a bit of fun, but don't particularly like being hungover. If I have maybe four drinks, I vomit. So, I can't drink a lot. Like, I actually physically can't drink loads. – Jenny (40 – 49)

Among the participants who had lived or living experience of problematic alcohol use, a few essentialised their drinking into the body. They were not the one who craved alcohol per se, it was their brain and blood that created the desire to drink. And if they did not mollify their body's cravings, it would react in negative ways. The body needed to be satisfied:

[Alcohol has been] in my system from a young age. I think it's just part of my blood and mind chemistry, if that makes sense [laughs]. Without it in my system, I [get] grumpy as. [I'm] not a nice person [if I don't drink] and issues will play up, but it'll take just one simple drink and the troubles of a whole night, day, or week, or month, can just wash over. The taste of Woodstock or a nice bev, it'll just soothe me quite a lot, even just one tiny sip... I've tried [cutting down by using] non-alcoholic beer, and it's just like, No, my body does not like that stuff. I think it's the body realising that there's something missing from it. It's like, they're (alcohol-free beers) designed to try and fool you, fool your body, but my body isn't being fooled, it just goes to being irritated a lot quicker. – George (30 – 39)

One participant highlighted how she measured the severity and frequency of her hangovers as an innovative way of monitoring her drinking and identifying when her alcohol tolerance was reaching uncomfortable levels:



I'm really paying attention to the feeling that I have when I first wake up in the morning. I'm not getting hangovers, which is really surprising for me because that was always an indicator not to drink, but I think it's become more common for me. I think because I've increased my [alcohol intake], I'm becoming more used to the feeling on my body, so I'm paying attention to that, which is helping me not drink as often. I'm having spirits, so I am recognising that I'm drinking more and I'm not getting drunk from that, and that's also another surprising factor for me as well. – Charlotte (40 – 49)

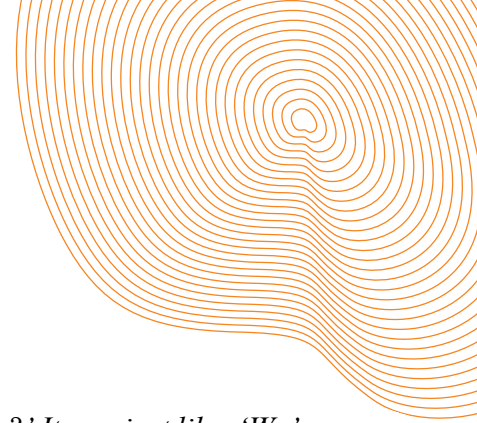
Drinking Culture

Many participants, particularly those born overseas, commented on Australia's drinking culture and the way heavy alcohol consumption is viewed as a non-issue, and that drunkenness and over-intoxication are often celebrated as social achievements rather than states to avoid. This was seen as a problem because it minimised or hid the harms that can emerge from excessive alcohol consumption:

I notice in Australia, people drink to get wasted, whereas in Brazil, people drink because it's social and we drink to celebrate, but as soon as you get a bit out of control, it's something that you should be ashamed of. So, if you get drunk in Brazil, your friends will look after you or you just go home or something like that. But then you'll probably become the reason why people make fun of you, because you drink too much or you couldn't control yourself. Here in Australia, if it was a party of something like that, I see people who are just off their face, and it seems that that's what they're aiming for. I often see people going to drink and they really want to get wasted, really want to push the limits, and there is no shame in it. They can be like kicked out from a bar because they're too drunk, and they don't feel like, 'Oh fuck, this is wrong', they're just like, 'That's funny, oh, I got kicked out because I was too drunk.' – Miguel (30 – 39)

The drinking culture within the queer community was commented on by several participants. Generally, participants felt there was greater pressure to engage in heavy drinking and/or take drugs when they were with other queer people, and this culture of 'excess' had been ingrained into the community over time:

Going out in the late '90s and early 2000s, drinking and taking drugs used to go hand in hand. It was almost expected in the queer community, that people would be drinking a lot, to excess, and no one was really questioning what was healthy. No one was asking the question, 'Why are



you drinking? Why do you think you want to drink so much all the time?' It was just like, 'We're just having fun, we're just partying, whatever.' – Celeste (50 – 59)

Some felt that a self-perpetuating cycle existed here. Because many of the queer community hubs are in bars, young queer people who are seeking community and connection will naturally gravitate towards these spaces. This results in their relationship to the queer community being intrinsically tied to alcohol and going out, which can pose problems later in life:

If you're struggling with being accepted or you're struggling with isolation and wanting to be accepted by the community, at the moment, the community and what they represent, it almost seems like it revolves around drinking. So, I think from a young age, people in the community are presented with, 'This is the LGBT community, we hang out on Oxford Street. This is a street full of bars and we go out drinking.' I think it's easy to get caught up in that, especially if you're coming out and you're just 18 or fairly young. You'll meet your group friends and start following that path of going out every weekend and drinking. – Philip (30 – 39)

However, not all participants felt like the queer community's relationship to alcohol was especially different to the wider society. Some thought there was a relatively homogeneous drinking culture across communities, or that queer people were more accommodating and supportive to those who did not want to drink:

I think when I'm around my queer friends, it feels like there's less judgement and less pressure [to drink]. That pressure to drink a lot co-exists with that more toxic masculinity kind-of energy where your guy friends at the pub are just smashing beers. I think generally, when I'm out and partying with queer friends, [even though] drug use is more common, it feels like a safer space to party together. I don't feel as much judgement about not drinking alcohol. – Daphne (30 – 39)

Socialising and Alcohol

A few participants remarked on alcohol's function as a 'social lubricant' and how it helped to facilitate interactions with friends and make it easier to meet new people, which was a significant benefit for those looking to make more friends:

I think [drinking has] helped increase [the number] of my friendships here (Sydney) and [has been] a way to make new friends. I don't have much family here. I feel like the friends that I've made here and the friends that I've made in bars were because we go out and we drink... I think



[it's because alcohol is a] social lubricant. You can have a little bit more fun and you can speak a little bit more freely rather than just meeting someone or being introduced to someone completely sober. – Guy (30 – 39)

Not only this, but alcohol's ability to quell social anxiety and increase confidence was seen as a major benefit of drinking in crowded places like bars and clubs:

I guess that [alcohol's] had a positive impact [on my relationships] because I do sometimes use alcohol to manage my anxiety if I'm feeling anxious and about to go into a social setting or situation where I don't know people. I might have a few drinks beforehand just to make me feel a bit more at ease. So I guess in that sense, whether that's good or bad for my health, it enables me to feel a bit more relaxed and comfortable in any awkward social setting. – Philip (30 – 39)

However, the social expectation to drink was challenging for many participants. In some instances, this expectation would result in them consuming more alcohol than they were comfortable with, which would then make them feel physically and/or mentally unwell. The imperative to always drink at social events was a point of concern for some participants. They felt like if they did not drink, they would become ostracised and isolated:

It is awkward, and even at 31, people really pressure you to drink, or they really question why you don't. It's like you feel put on the spot when you're out and everyone's drinking. I find it difficult as well because I could probably have two cocktails and then that's me done. I really do not like that feeling that I get when I drink too much. It's like this combination of being nauseated and highly anxious, which I'm not about. If I'm out with friends and we're doing rounds and I tap out of a round, you do get questioned. People are like, 'Oh, have another drink, why aren't you drinking?' I guess it's that whole concept of people thinking you're soft because you can't keep up with them while they're drinking... I don't feel like people are going to want to hang out [with me] as much or think that I'm as fun. There's that worry about how much fun am I going to be if I'm mostly sober and everybody else is out getting wasted... That fear of social [rejection] does make you feel a little bit insecure, even though it's not necessarily a bad thing that you don't drink that much. – Daphne (30 – 39)

This social pressure from friends to always drink made some participants critically examine their friendships, and ultimately deterred them from going out, socialising, and even trying to make new friends.



Space and Alcohol

The amount and type of alcohol participants consumed varied depending upon the space and setting. For those who preferred to mainly consume alcohol outside of the home, having a drink with friends at a bar was an opportunity to treat themselves to high-quality liquor. Although, when it came to queer bars, many participants had a fraught relationship with these spaces and spoke about an on-going tension they were grappling with. They were highly critical of the normativity of heavy drinking in queer spaces, and disliked how difficult it was to attend queer events or go to a gay bar and not consume alcohol. However, they also acknowledged that gay bars were, and are, one of the few places where queer people can feel safer; gay bars are spaces where people can explore and celebrate their sexuality and come to terms with their identity. But this has resulted in a dearth of sober queer spaces and partying being a fundamental feature of queer community events/gatherings. As a consequence, some participants felt uncomfortable going to queer spaces because they felt forced to drink and/or did not enjoy being there because the majority of patrons were intoxicated and they were sober. Yet they also wanted to be in these spaces because they wanted to be with their community:

[Alcohol] definitely has a positive effect in terms of bringing people together and facilitating new friendships. Everything is often based around having a drink and it's a really easy way to meet people and also to introduce friends. I would say there are more positive impacts than negative. I'm also part of a group down here (Wollongong) that puts on queer parties. There is a community down here, but everyone's pretty spread out and there are no venues... There isn't a huge queer culture here. Me and my partner and some friends have been trying to start that up and facilitate that... I also have a number of friends that really struggle with alcoholism and have gone through periods of trying to be sober, going into rehab, going through withdrawals, all of that stuff. So, [it's been hard] trying to figure out how they can still be a part of the community and be involved and socially supported when all of the things that we do are based around alcohol or at venues where they're serving alcohol. I have coffees and stuff [with them], but if we're all going to be hanging out and catching up in a big group, it's always around alcohol. So, it feels like it can exclude a lot of people if they don't want to have [alcohol] in their life anymore. – Daphne (30 – 39)

Some participants had stopped going out because of the rise in cost-of-living and now predominately drank at home. Others had made the decision to mainly drink at home because of a shift in life priorities and they no longer wanting to engage in the reckless heavy drinking they used to do in their younger years. All these individuals were more moderate in their drinking and consumed less alcohol



when they were at home compared to when they were out socialising. The home also functioned as a safer space compared to bars and clubs:

I was drinking heavily when I was younger and hadn't come out yet, so I was going to a lot of regular pubs... Now, I tend to just drink at home. If I am to go out to a queer event, I don't drink very much. I think it's a financial thing as well. But I think I've had so many bad experiences of drinking out when I was younger and getting myself so messy drunk that now I'm really reluctant to do that if I'm out in public. I have done that at home (get messy drunk), but I know that I'm safe, I'm at home. – Charlotte (40 – 49)

Corporate Advertising and Sponsorship

Many participants were highly cynical about the way alcohol companies used queer events like Mardi Gras and Pride Month to showcase their alignment with the queer community. They believed that these attempts to appear queer-friendly were purely performative and ultimately exploitative. Participants also felt like these companies were exacerbating the level of problematic drinking within the queer community through naturalising alcohol in all queer spaces and normalising excessive consumption, all under the guise of 'pride celebration'. Moreover, the organisations who hosted these queer events and profited from the endorsement/sponsorship of alcohol companies were just as guilty:

There's a direct link between alcohol and cancer, yet we're being fed alcohol by the very organisations that are there to protect us, i.e., Mardi Gras [laughs]. I mean, that's interesting in itself, and that's risky. It's risky because how do you say [to queer organisations], 'Hey, stop taking dollars from these people, you're killing our community'? Well, you could say that, but I'd say good luck to anyone that's going to try that [laughs], because nothing would happen without the alcohol endorsements. – Ian (50 – 59)

Health Campaigns

Participants felt like there was a distinct absence of health promotion around the harms of alcohol use, particularly when compared to the number of campaigns over the years around smoking, drug use, and safer sex. They were generally in favour of some kind of health campaign that was similar to safer sex campaigns and gave information on the various health risks of alcohol, including cancer. People thought that using a template based on safer sex advertising material would be better than anti-smoking material because the former generally made them feel less 'guilty', they found it more informative, and were more willing to take on the messaging. While some participants spoke about the benefits of rolling out a health campaign that was relevant to the general public, others noted that



the messaging might not reach queer people. These participants highlighted the need for a health campaign that took into consideration the queer community's particular relationship to substance use in order to be effective:

I guess even just, 'A drink causes cancer' is probably a good message to have out there, whether it was on a bottle or whatever, because that's where you can't avoid seeing it. But I think it's also that we're more risky, and would we care anyway? [Laughs]. That's [what] queer drug [use looks like]. I don't know whether it would [work]. It would probably kick into my guilt somewhere... Safer sex [campaigns] feel very different [to smoking or drug use health campaigns]. I'm not sure why. The [safer sex campaigns had] quite okay messages to have conversation about, whereas with our alcohol use [in the queer community], I don't feel like we've ever done that... I've certainly never had any problems with hearing stuff around safer sex, but when it comes to the alcohol stuff, it's - I don't know... [I find the anti-smoking images on cigarette packaging] really confronting. That stuff is really confronting. So, maybe that'll work around alcohol as well. I'm not sure. But yeah, I get the guilts over [cigarettes], whereas safe sex messaging I don't have the guilts. – Jenny (40 – 49)

Alcohol's prevalence in society and the level of acceptability around high alcohol intake was considered to be a barrier to implementing an effective health campaign. A few participants highlighted how it had taken decades of graphic anti-smoking campaigns to reduce the prevalence of tobacco use and render smoking an almost deviant practice. This underscored the amount of work it would take to do the same thing for alcohol:

I'm not aware that we have any [alcohol-related health campaigns]. I don't really watch television to tell you the truth, but just in general, there isn't the same push that cigarettes have had with graphic advertising, massive price increase, and awareness among people of the harms of smoking. There just isn't quite that [push] for alcohol consumption. Alcohol is still widely accepted socially, whether it's the housewife drinking at home by herself or people having three or four bottles of wine with dinner, it's still very acceptable. Whereas someone lighting up [a cigarette] at dinner or in your home, that's very rare to see now. It still occurs in lower socioeconomic groups; cigarette consumption is much higher in those groups. But in general, it's rare to see someone smoking these days. – Jack (50 – 59)

Some were sceptical as to whether an effective health campaign could be rolled out because alcohol generates a lot of income for different groups, including the government and venues:



The sceptic in me doesn't ever believe that there will be the same focus on alcohol [compared to smoking] because alcohol brings in a lot of money. I think that they would never put that same amount of focus on alcohol just because it's such a huge money-earner... I feel like the cost of alcohol is going to keep going up and people are going to get sick from excess [drinking] and the government will do nothing about it... I can't see it changing. – Celeste (30 – 39)

[Alcohol] creates a lot of business for people, like bars, pubs; it creates all sorts of dependency. [Where] I live, I see a lot of consumption linked to pokies and things like that, so [alcohol] creates one [stream] of [income]. Also, when you go clubbing. [There's] a lot of things that are linked with alcohol, and it creates a lot of good gains in terms of economic flow. – Carlos (30 – 39)

Another potential barrier to rolling out a health campaign was the fear that the public would either react negatively to the style of campaign used to target queer people, funding would be difficult to ascertain because such a small minority of people are being targeted, and/or it would be protested on the grounds of discrimination:

It would be difficult to do because the gay community's only a small part of [the] overall population. So, whether the funding would be available to target such a small group of people and how it would be focused without causing outrage from faith-based group and bigots [is a major issue]. [The queer community] would be a difficult thing to target because, of course, there would be cries of discrimination and [questions around] why are we supporting this group when 90 percent of us are supposedly straight. I think it would be quite the task to take that on... There is a backlash against gay people at the moment and the bigots behind this are just looking for an opportunity to generate more hate. So, [for example], if we were to target [the gay community with] a campaign that sucking a lot of dick can enhance your risk of throat cancer, that's not going to fly for the general public, is it? It's just not going to fly. – Jack (50 – 59)



Recommendations

- There was a general lack of awareness around the link between alcohol and cancer, highlighting a need for an education campaign to raise awareness of this risk. However, it is unclear as to whether knowing about this risk would influence alcohol consumption (note ‘invisibility of cancer’ comment), particularly given the ubiquitous nature of alcohol consumption. Indeed, participants reported knowing a range of other health risks associated with alcohol consumption (e.g., liver, kidney, stomach), and this ultimately had little influence their alcohol consumption. The general feeling among participants was that unless their drinking was having tangible, negative impacts on their health, they were unlikely to change their drinking habits. Participants who did reduce their alcohol intake for health reasons often did so because they wanted to achieve certain goals (e.g., lose weight) rather than wanting to prevent certain health issues from occurring.
- As such, an education campaign that highlights the risks of regular light-to-moderate alcohol consumption and dispels the perception that only heavy drinking carries health risks may be beneficial. Health campaigns focused on reducing or changing alcohol consumption might also be best focused on more immediate concerns around alcohol as well as factors that have reportedly influenced past reduction/abstention attempts. This includes things like the impact on mental and financial health, hangovers, and weight gain.
- Campaigns should recognise the heterogeneity of experiences and settings in which alcohol is consumed (e.g., partying at a club, drinking in a restaurant, or at home), as well as the perceived positive attributes of alcohol consumption (pleasure, social connection, form of self-care etc).
- Indeed, alcohol consumption was universally recognised as a social activity, and there were concerns about the impact that reducing alcohol might have on social networks. While potentially outside the scope of a health/education campaign, this highlights the need for a cultural shift in the acceptability of alcohol-free events/activities.
- Because alcohol is perceived to be intrinsically tied to pleasure, the emotions of social connection/relations, and the body, it might be advantageous for a campaign to touch on these aspects in some way. Acknowledging the perceived pleasures of drinking and the way it often facilitates social engagement could help prevent a campaign being perceived by some as moralising (e.g., you are being ‘bad’ if you drink because of these health risks). The concept of ‘listening to the body’ could also be a good way of bringing the body into focus and encouraging people to critically reflect on how alcohol affects their health and well-being.

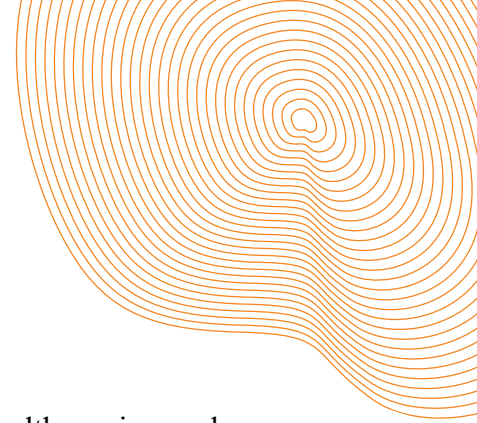


- Many participants reported either helping care for intoxicated friends or being motivated by concerns from friends/partner to reduce/change their alcohol use. This highlights an opportunity for campaigns to promote conversations among social networks about concerns around alcohol consumption/help-seeking.
- For many participants, seeking out self-support services and health information online was their first line of help-seeking for alcohol use. They were after easy-to-read pieces of information that described what constituted as safe alcohol consumption (i.e., the recommended limit of units of alcohol per week), the different health issues that can arise from unsafe levels of drinking, and how to prevent or manage these health issues.
- Participants had high levels of engagement with GPs, highlighting this is as an alternative entry point for those wanting to seek help for their alcohol use.
- Participants described how some of the safer sex campaigns that targeted queer people they had seen over the years could be an effective template/guide for future potential alcohol campaigns. This was largely due to credible queer representation and a focus on harm reduction, rather than ‘guilting’ someone to change their behaviour.



References

1. Yuen WS, Walsberger S, Sutherland R, et al. *Alcohol-related behaviours, beliefs, and knowledge regarding cancer risk related to alcohol in the New South Wales LGBTQ+ community*. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2023.
2. Australian Institute of Health and Welfare. *Alcohol, tobacco & other drugs in Australia*. Canberra: AIHW; 2022.
3. Polek C, Hardie T. Cancer Screening and Prevention in Lesbian, Gay, Bisexual, and Transgendered Community and Asian Lesbian, Gay, Bisexual, and Transgendered Members. *Asia Pac J Oncol Nurs* 2020; **7**: 6-11.
4. Tracy JK, Schluterman NH, Greenberg DR. Understanding cervical cancer screening among lesbians: a national survey. *BMC Public Health* 2013; **13**: 442.
5. Cancer Institute NSW. *NSW Cancer Plan 2022–2027*. Sydney: Cancer Institute NSW; 2022.
6. Rumgay H, Shield K, Charvat H, et al. Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. *The Lancet Oncology* 2021; **22**: 1071-80.
7. Roswall N, Weiderpass E. Alcohol as a risk factor for cancer: existing evidence in a global perspective. *J Prev Med Public Health* 2015; **48**: 1-9.
8. Sarich P, Canfell K, Egger S, et al. Alcohol consumption, drinking patterns and cancer incidence in an Australian cohort of 226,162 participants aged 45 years and over. *Br J Cancer* 2021; **124**: 513-23.
9. Cotaina M, Peraire M, Bosca M, Echeverria I, Benito A, Haro G. Substance Use in the Transgender Population: A Meta-Analysis. *Brain Sci* 2022; **12**.
10. Green KE, Feinstein BA. Substance use in lesbian, gay, and bisexual populations: an update on empirical research and implications for treatment. *Psychol Addict Behav* 2012; **26**: 265-78.
11. Medley G., Lipari RN, Bose J, Cribb D, Kroutil LA, McHenry G. *Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health*: SAMHSA; 2016.
12. Hughes TL, Wilsnack S, Kantor LW. The Influence of Gender and Sexual Orientation on Alcohol Use and Alcohol-Related Problems: Toward a Global Perspective. *Alcohol Res* 2016; **38**: 121-32.
13. Felner JK, Wisdom JP, Williams T, et al. Stress, Coping, and Context: Examining Substance Use Among LGBTQ Young Adults With Probable Substance Use Disorders. *Psychiatr Serv* 2020; **71**: 112-20.
14. Spivey JD, Lee JGL, Smallwood SW. Tobacco Policies and Alcohol Sponsorship at Lesbian, Gay, Bisexual, and Transgender Pride Festivals: Time for Intervention. *Am J Public Health* 2018; **108**: 187-8.
15. Dimova ED, O'Brien R, Elliott L, Frankis J, Emslie C. Exploring the experiences of alcohol service use among LGBTQ+ people in Scotland: A qualitative study. *Int J Drug Policy* 2022; **109**: 103859.
16. Allen JL, Mowbray O. Sexual orientation, treatment utilization, and barriers for alcohol related problems: Findings from a nationally representative sample. *Drug Alcohol Depend* 2016; **161**: 323-30.



17. McNair R, Pennay A, Hughes TL, Love S, Valpied J, Lubman DI. Health service use by same-sex attracted Australian women for alcohol and mental health issues: a cross-sectional study. *BJGP Open* 2018; **2**: bjgpopen18X101565.
18. Tabaac AR, Sutter ME, Wall CSJ, Baker KE. Gender Identity Disparities in Cancer Screening Behaviors. *Am J Prev Med* 2018; **54**: 385-93.
19. Haviland KS, Swette S, Kelechi T, Mueller M. Barriers and Facilitators to Cancer Screening Among LGBTQ Individuals With Cancer. *Oncol Nurs Forum* 2020; **47**: 44-55.
20. Cancer Institute NSW. *Community knowledge of behaviours that impact cancer risk: a NSW population survey*. 2020 [cited 23/03/2023]; Available from: <https://www.cancer.nsw.gov.au/About-cancer/Document-library/Community-knowledge-of-behaviours-that-impact-canc>
21. Calvert CM, Toomey T, Jones-Webb R. Are people aware of the link between alcohol and different types of Cancer? *BMC Public Health* 2021; **21**: 734.