

LGBTQ+ Youth Substance Use Risk Factors: What to Know and How to Help

NATIONAL
COUNCIL
for Mental
Wellbeing

A guide for youth-serving organizations in the fields of education, health care and community building.



Key terms used in this brief:

LGBTQ+ – Lesbian, gay, bisexual, transgender, queer and other individuals. This acronym generally refers to individuals who identify as not heterosexual and/or not fitting within the gender or sex binary. This can include individuals who are attracted to more than one gender, individuals who do not experience sexual attraction, individuals who were assigned intersex at birth and individuals who identify as a gender other than their sex assigned at birth.

Gender-nonconforming – This term can encompass a wide spectrum of people within the LGBTQ+ community who do not present themselves in ways that align with gender expectations, including transgender and genderfluid people.

Youth-serving organizations – This term is used in this brief to encompass individuals and organizations that support youth mental and physical wellness and development, including mental healthcare providers, educators, primary care providers and social workers.

For more information about LGBTQ+ language and terms, please explore the [LGBTQ+ Community Dictionary](#) released by the University of Connecticut Rainbow Center, or the Center of Excellence on LGBTQ+ Behavioral Health Equity's [language guidance](#).

INTRODUCTION

Gender and sexual minorities, including lesbian, gay, bisexual, transgender, queer and other communities (LGBTQ+), often experience stigma around their identity. According to a 2023 national survey of more than 28,000 LGBTQ+ youth, 60% of respondents reported having experienced discrimination based on their sexual orientation or gender identity in the past year, and 24% of respondents reported having been physically threatened or harmed in the past year due to their sexual orientation or gender identity.¹

The unique stressors LGBTQ+ young people face may put them at risk for engaging in substance use as a coping mechanism. The Centers for Disease Control and Prevention's (CDC) 2021 National Youth Risk Behavior Survey found that LGBTQ+ adolescents were more likely to have used alcohol, marijuana or illicit drugs than heterosexual adolescents.²

Beyond the inherent risks of substance use, substance use among LGBTQ+ youth in particular may reflect broader concerns. Among LGBTQ+ youth, there is a strong correlation between substance use and suicidal thoughts.³ Consistent prescription drug misuse among LGBTQ+ adolescents is correlated with a more-than-double likelihood of attempting suicide compared LGBTQ+ peers who do not regularly misuse prescriptions.⁴ LGBTQ+ youth who regularly consume marijuana or alcohol report almost a 50% greater risk of suicide attempts than LGBTQ+ youth who do not consume marijuana or alcohol.⁴

It is important for youth-serving organizations to understand the potential risk factors that LGBTQ+ youth face while navigating society so they are better equipped to create health-promoting environments and prevent or lessen potential substance use. The following outlines a non-exhaustive list of potential substance use risk factors for LGBTQ+ youth, as well as strategies to address and limit their impact.



SUBSTANCE USE RISK FACTORS FOR LGBTQ+ YOUTH

Interpersonal Risk Factors

Rejection from family

Adult family members have a large impact on youth, and this is especially true for LGBTQ+ teens. LGBTQ+ youth who experience acceptance from their family are less likely to report substance use than those who face rejection.⁵ **Conversely, LGBTQ+ youth experiencing high levels of rejection from family are 3.4 times more likely to use illegal substances than LGBTQ+ youth experiencing acceptance or low levels of rejection.**⁶ Further concerning is 30% fewer LGBTQ+ youth report being comfortable relying on an adult relative in their lives than their non-LGBTQ+ peers.⁷

In some scenarios, LGBTQ+ youth may experience **housing insecurity** resulting from being kicked out by their family or running away due to feeling unsafe at home. This puts LGBTQ+ youth at a higher risk for personal health and safety concerns, including an increased risk of substance use, than their non-LGBTQ+ peers.⁸

Peer pressure

Alcohol and drug use among peers can have a large influence on all young people's habits and age of initiation.⁹ Among LGBTQ+ youth, perception of community can play a large role in substance use; the belief that it is easy to find something to do in the LGBTQ+ community that isn't related to using drugs is associated with a somewhat lower likelihood of substance use among young people.¹⁰ Similarly, **LGBTQ+ youth cite social pressure/a desire to fit in as one of the main reasons for choosing to vape or smoke cigarettes.**¹¹

Bullying from peers

LGBTQ+ teens experience bullying, such as alienation, verbal insults, cyberharassment or physical attacks, at twice the rate of non-LGBTQ+ teens.¹² Regularly experiencing bullying places LGBTQ+ youth at a higher risk of substance use,^{13,14} since they may seek out ways to feel good or achieve a sense of belonging to cope with their struggles.⁴

Bullying related to not adhering to gender stereotypes

Gender-nonconforming individuals face heightened stigma that their peers with more widely accepted forms of gender expression do not. This stigma can manifest as lack of safety – transgender individuals are four times more likely to experience violence than cisgender individuals.¹⁵ For trans youth, experiencing enacted stigma (e.g., bullying, threats of violence, sexual exploitation) is associated with increased substance use.¹⁶ Additionally, the compounding effect of sexual assault among trans youth can make them more likely to practice heavy drinking than their trans peers who did not experience assault.¹⁷



Societal Risk Factors

Health care challenges

LGBTQ+ youth often experience barriers in health care, including lack of LGBTQ+ competent health care providers and discrimination, which may make it difficult to find medical and mental health support.¹ Discrimination could include misgendering, refusal to provide care or prescribe medication or use of harsh language. Additionally, provider attitudes toward LGBTQ+ people may impact individuals' experience of care. Stress due to stigmatizing or harmful behavior, including from providers, may lead LGBTQ+ individuals to use alcohol or drugs to cope.¹⁸ Provider discrimination may also prevent LGBTQ+ individuals from seeking treatment, given limited offerings of LGBTQ+ affirming substance use disorder care.¹⁹

Conversion therapy

Conversion therapy, also known as sexual orientation gender identity (SOGI) change efforts or sexual orientation change efforts (SOCE), includes methods that “aim to change a person’s same-sex sexual orientation to other-sex, regardless of whether mental health professionals or [lay individuals] are involved.” Peer-reviewed studies on conversion therapy indicate that there is little evidence supporting its effectiveness and that some individuals experience harm from these practices. Both the American Psychological Association and American Psychiatric Association have made statements opposing conversion therapy practices since 2022 and 1997, respectively. Despite this, approximately 57,000 youth ages 13-17 in the United States will be subjected to conversion therapy before turning 18.²⁰ **Youth who experience conversion therapy are 25% more likely to use alcohol or marijuana than LGBTQ+ youth who do not.**⁴

Intersectional identities

Holding more than one historically marginalized identity can increase the challenges individuals – especially young people – face. LGBTQ+ individuals in the Black, Indigenous and people of color (BIPOC) communities often deal with discrimination intensified by their race/ethnicity. For instance, Native and Middle Eastern/North African LGBTQ+ youth were more likely than white LGBTQ+ youth to report discrimination based on sexual orientation and were more likely to have been physically threatened or harmed due to their gender identity or sexual orientation.¹ As a result of these challenges, **LGBTQ+ youth who hold other**

oppressed identities may be at greater risk for mental health challenges and substance use. Non-White LGBTQ+ youth were up to 11% more likely than their White peers to have attempted suicide in the past year.¹ Compounding these effects, BIPOC LGBTQ+ youth experience barriers in accessing desired mental health care resources at higher rates than their White LGBTQ+ peers, which may intensify risk of self-medication through substance use (see Health Care Challenges).²¹

Media portrayals

In addition to interpersonal harassment, risk of substance use can be exacerbated by media portrayals normalizing LGBTQ+ youth using substances. **Media representation of adolescents and young adults partaking in substances like alcohol or marijuana can increase youth substance use rates.**²² This is especially concerning given more recent media glamorization of youth substance use, particularly among BIPOC individuals.

Anti-LGBTQ+ policies

In a 2022 poll, 94% of the LGBTQ+ youth surveyed stated that recent politics had a negative impact on their mental health, with 71% of LGBTQ+ youth and 86% of trans youth in particular indicating that state laws restricting the rights of LGBTQ+ youth had negatively impacted their mental health.²³ Anti-LGBTQ+ policies that may mandate or encourage discrimination and harmful practices in areas of daily life include:

- Forcing public school employees to “out” suspected-LGBTQ+ students.
- Prohibiting transgender and gender-nonconforming youth from using public bathroom facilities that align with their gender.
- Preventing schools or districts from adding LGBTQ+-specific protections to anti-bullying policies.^{24,25}

These **anti-LGBTQ+ policies create hostile and unwelcoming environments for LGBTQ+ teens and can lead to increased rates of substance use.**²⁶ LGBTQ+ youth living in the least LGBTQ+ affirming states are 27% more likely to engage in binge drinking than their peers in states reported to be the most LGBTQ+ affirming.²⁶

PREVENTIVE ACTION

Limiting the aforementioned risk factors and reinforcing protective factors are essential for substance use prevention among LGBTQ+ youth. Youth-serving organizations can play a vital support role in these preventive actions by creating welcoming environments and connecting youth to professional help where appropriate.

Creating Safer Spaces

Since LGBTQ+ youth may be lacking a strong support network due to prejudice from peers and relatives, it is important that LGBTQ+ students know where they can go to **access support**. Interactions with **trustworthy adults** who do not condone anti-LGBTQ+ harassment or alienation help create conditions where youth can have an open dialogue with peers and mentors. This provides opportunities for **honest conversations**, which are essential when discussing substance use with adolescents.²⁷

Youth-serving organizations and schools specifically can implement infrastructure and train staff to create welcoming, affirming spaces for LGBTQ+ youth to exist and express themselves, especially with the help of supportive educators. Many resources and training opportunities are available to educators and youth-serving organizations, including:

- The Trevor Project's [LGBTQ+ Ally Training Programs for Educators](#)
- The National Council for Mental Wellbeing's [Six Recommendations to Create Safer Spaces for Young People, along with its Trauma-informed, Resilience-oriented, Equity-focused Systems; Motivational Interviewing; Bullying Prevention; and Mental Health First Aid trainings.](#)

Along with being better prepared to support young people, these organizations and schools can share additional resources for LGBTQ+ youth, such as:

- [LGBTQ+ community centers.](#)
- [Genders and Sexualities Alliances.](#)
- [Support groups.](#)
- Local organizations as needed.



Responding to Interpersonal Risk Factors

By clearly expressing that they do not condone anti-LGBTQ+ harassment, youth-serving organizations contribute to creating safer spaces that allow youth to share more about their experiences. In addition to offering visual safer space indicators, such as pride flags or staff wearing pronoun pins, youth-serving organizations can offer resources to youth, including the [If You Are A Target](#) flyer from Pacer Center. Organizations with frequent parent and guardian interactions can encourage them to have consistent conversations with their youth about bullying and share resources like [Stomp Out Bullying](#). Youth-serving providers can also be on the lookout for [signs that a young person may be experiencing bullying](#), as noted by the American Academy of Child and Adolescent Psychiatry, such as missing items, trying to stay home from school or a drop in grades. Schools are particularly important spaces for focusing on bullying prevention. One way to do this is incorporating social emotional learning into curriculum.²⁸ Other organizations can support bullying prevention by advocating for helpful policies and legislation, starting with Committee for Children's [Advocacy Across the Nation](#) opportunities.



Connecting to Professional Support

Youth-serving organizations can play a supportive role by continuing to invest in training and being a **trusted bridge to school and community mental health services**. In a 2023 national survey, more than 50% of LGBTQ youth reported a desire for help from a mental health professional within the past year, but were unable to access one.¹ Organizations that do not offer mental health services can help meet the needs of LGBTQ+ youth by promoting, calling or texting LGBTQ+ affirming helplines such as [The Trevor Project's crisis counselors](#), [988 Suicide & Crisis Lifeline](#) and [LGBT National Hotline](#). Youth-serving organizations can support LGBTQ+ youth in finding LGBTQ+ affirming providers, including primary care physicians and mental healthcare providers, using the National Council's [guide to finding affirming care for LGBTQ+ youth](#). For more information about preventing substance use in teens, please check out the [Human Rights Campaign Foundation and Partnership for Drug-Free Kids issue brief](#).

While it may not be possible to prevent or respond to every risk factor listed in this brief, the techniques described offer some ways to mitigate the impacts. Ultimately, the most important way to help LGBTQ+ youth is to recognize their challenges and offer a supportive, caring environment.

This resource was originally conceptualized by Seblework Alemu, Getting Candid Youth Ambassador. To hear more youth perspectives, please visit [Youth Voice](#).

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This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,500,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS or the U.S. Government.