

Drug-related deaths in LGBTQ+ populations



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Background

- Individuals from sexual and gender minorities (LGBTQ+) are at an increased risk of experiencing drug-related harms when compared to the general population
- Few jurisdictions routinely collect or report drug-related deaths by gender identity or sexual orientation
- Substantial concerns have been raised about the emergence of specific drug-related harms, particularly among men who have sex with men (MSM), in the context of sexualised drug use or 'chemsex'
- If specific case characteristics or drug use profiles are associated with these fatalities this could lead to targeted interventions or harm reduction advice

Aims

Among people in the UK identified as LGBTQ+ and dying due to a drug-related cause we aimed to determine the:

- 1) Case characteristics
- 2) Circumstances of death
- 3) Number and type of drugs implicated in death
- 4) Any differences in deaths occurring in the context of sexualised drug use compared to those not occurring in this context



Methods

Design: Retrospective cohort study using coronial records from 1997 - 2024 in the UK

Data source: The National Programme on Substance Use Mortality (NPSUM)

Voluntarily submitted coronial data on any death related to a psychoactive drug*

*other than nicotine, caffeine or where the sole substance implicated was alcohol

Measurements: Decedent sociodemographics, cause/s of death and the number and type of drugs implicated in death

Cases: n=83 decedents identified as LGBTQ+ in coronial documentation

Results: Sociodemographics

46 cis men (55%); 4 trans men (5%); 2 cis women (2%) and 31 trans women (37%)
 44 gay men (53%); 1 gay woman (1%) and 3 people identified as bisexual (4%)

Mean age at death was 38 years (SD 12; Range 16 - 84)

		n (%)
All	All	83 (100)
Sex assigned at birth	Male	77 (93)
	Female	6 (7)
Ethnicity	White	68 (82)
	Black	2 (2)
	Indian	1 (1)
	Unknown/Not Recorded	12 (15)
Occupation	Employed (Manual)	14 (17)
	Employed (Non-Manual)	20 (24)
	Self-Employed	4 (5)
	Student	3 (4)
	Unemployed	27 (33)
	Retired	3 (4)
	Unknown	12 (15)

		n (%)
All	All	83 (100.0)
Year of Death	1997 - 2002	12 (15)
	2003 - 2007	19 (23)
	2008 - 2012	26 (31)
	2013 - 2017	10 (12)
	2018 - 2024	16 (19)
Place of death	Own place of residence	50 (60)
	Other residential address	6 (7)
	Hostel	2 (2)
	Hospital	13 (16)
	Sauna	3 (4)
	Not reported	9 (10)

Sociodemographics largely typical of UK drug-related deaths with higher rates of employment, particularly in non-manual professions

Results: Characteristics of Death

54 deemed of accidental intent (67%)

12 deemed of undetermined intent (14%)

16 deemed intentional (20%)

Poisoning was the main disease or condition that was certified as the direct cause of death in 46 cases (55%)

Mental Health: A third of all decedents had a history of any mental health condition (n=29/78, 37%)

The most common mental health condition was a depressive disorder

Substance Dependence: Over half of decedents had a history of substance dependence (n=41/66, 62%)

A fifth had a history of injecting

Considerably fewer decedents with physical comorbidities contributory to death compared to all UK drug-related deaths

Results: Implicated Drugs

Median number of drugs implicated in death was 2 (IQR 1, 2; Range 1 - 5)
Multiple drug toxicity was implicated in the majority of cases (n=42, 50.5%)

Implicated Drug Groups	n (%)
All decedents	83 (100)
Any opioid	31 (31)
Any benzodiazepine	13 (16)
Any antidepressant	17 (20)

Implicated Drugs	n (%)
All decedents	83 (100)
Heroin	15 (18)
GHB/GBL	14 (17)
Alcohol*	13 (16)
Cocaine	12 (15)
MDMA	9 (11)
Methadone	7 (8)
Diazepam	6 (7)

Compared to the general population opioids, and in particular heroin, are underrepresented with GHB/GBL and MDMA overrepresented

Results: Sexualised Drug Use

21 cases (25%) contained reports death occurred in the context of sexualised drug use
The majority of these decedents (n=18) were identified as gay men

The only significant differences among people identified as LGBTQ+ dying in the context of sexualised drug use compared to non-sexualised drug use were:

- Decedents were significantly older (44 years vs. 36 years, $p=0.006$)
- Significantly fewer decedents identified as transgender (10 % vs. 53%, $p<0.005$)
- A significantly different overall drug profile implicated in death ($p<0.001$) including fewer decedents with
 - Any opioid implicated (5% vs. 34%, $p=0.009$)
 - Any benzodiazepine implicated (0% vs. 21%, $p=0.02$)
 - Any antidepressant implicated (5% vs 26%, $p=0.04$)

Strengths and Limitations

- Large studied time frame studied with granular ability to examine multiple implicated substances
- Incomplete coverage of the UK coronial system with variability of toxicological examination in all cases
- Coroners do not routinely record sexual orientation or trans status. In order to identify LGBTQ+ individuals and deaths occurring in the context of sexualised drug use, the study relied on documentation submitted to the coroner to both contain this information, and for it to be accurate
- Overall numbers reported are significantly conservative



Discussion

- Substantially higher rates of employment and substantially reduced number of fatalities with opioids implicated with GBL/GHB and MDMA overrepresented
 - Current UK treatment services typically operate within working hours and often orientated towards problematic alcohol/opioid use
- A minority of deaths occurred in the context of sexualised drug use
 - LGBTQ+ drug-related deaths are not restricted to 'chemsex' contexts. While sexualised drug use pathways remain vital, practitioners should not assume all individuals require 'chemsex'-related interventions
- Substantially higher numbers of deaths due to intentional poisoning
 - Adequate exploration of mental health and suicidality during drug service and wider healthcare assessments is warranted
- High numbers of deaths identified among trans women



Take Home Messages

- Despite non-routine reporting of sexual orientation or trans status it was possible to identify drug-related deaths where decedents were LGBTQ+
- Routine monitoring and reporting of sexual orientation and trans status within official death registration statistics and other databases monitoring drug-related harms would develop understanding of these trends
- Meaningful inclusion in treatment, policy and service design should be a priority for LGBTQ+ individuals given their unique drug treatment needs and barriers to treatment access



References

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