



Part of the Picture

The National LGB Drug & Alcohol Database



YEAR 2 RESULTS England: 2009/10

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ACKNOWLEDGEMENTS & ABBREVIATIONS



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ABBREVIATIONS

BCS British Crime Survey

LGB(&T) Lesbian, gay, bisexual (and transgendered)

LGF The Lesbian & Gay Foundation, Manchester

POTP Part of the Picture

UCLan The University of Central Lancashire, Preston



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¹ Beddoes D, Sheikh S, Pralat R and Sloman J (2010) The Impact of Drugs on Different Minority Groups: A Review of the UK Literature – Part 2: Lesbian, Gay, Bisexual and Transgender (LGBT) Groups, United Kingdom Drug Policy Commission, London, July 2010

² Smith K and Flatley J (ed) (2011) Drug Misuse Declared: Findings from the 2010/11 British Crime Survey. Home Office Statistical Bulletin 12/11. London, Home Office.

³ The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) contains ten screening questions that are used to assess substance use and dependency.

These screening questions were used in the POTP questionnaire in order to generate data about the extent of dependency amongst respondents

Part of the Picture (POTP) aims to establish a national database of lesbian, gay and bisexual (LGB) people's drug and alcohol use; to use the database to inform local and national policy and practice in addressing the drug and alcohol use of LGB people; and to improve knowledge and understanding of the needs of LGB people amongst drug and alcohol agencies through dissemination of the research findings.

This report presents the findings from the first two years (2009-10) of POTP, a total sample of 3,049. The data so far show a high proportion of the sample reporting drug and alcohol use in the last month, high rates of substance dependency, and relatively low levels of concern about alcohol use. This suggests that there is the potential for hidden harm among LGB people, an issue which needs to be recognised by drug and alcohol services, LGB organisations and by LGB people.

Patterns of drug taking within the sample

Nearly two fifths (36%) of respondents said that they had used at least one substance (excluding alcohol) within the last month. The most commonly used substances are cannabis and poppers.

Drug taking is reported across all age groups. While cannabis use in the last month was reported by more young people aged 16-24 than anyone else, use of some drugs (for example cocaine powder and ketamine) was highest in the 25-30 and 36-40 age bands. Within the POTP sample, drug taking is clearly not confined to young people (for example those aged between 16 and 24).

Current use of all substances, apart from cannabis, is higher for gay and bisexual men than it is for lesbian, gay and bisexual women.

Comparisons with other research

Direct comparison with the findings of other research is difficult, mainly because of differences in methods and sampling frames. However the data from this study would appear to be broadly consistent with the most reliable findings from other studies into LGB(&T) drug use¹. Last month use of substances is considerably higher within the POTP sample than it is within studies of substance use in the general

population (for example as reported by the 2011 British Crime Survey²).

Alcohol use

Nine in ten (89%) respondents reported that they had drunk alcohol in the last month. Patterns of use appear broadly similar between men and women, although men appear to be slightly heavier drinkers. There are also few differences in last month use of alcohol among the different age groups in the sample.

Over a fifth (23%) of respondents reported binge drinking (defined as a woman drinking more than 6 units of alcohol and a man drinking more than 8 units on one occasion) once or twice a week. 10% reported binge drinking 4-5 times a week or daily/almost daily.

Dependency

The data suggests that a quarter of respondents (24%) may be showing signs of dependency in relation to the substance that they are using most or are most worried about³.

Help seeking behaviour

Despite 81% of respondents saying that they would seek information, help or advice if they felt that they needed it, only 29% of respondents had actually done so. The internet, and friends, family members and partners are the most common sources of support used across all age groups. Women were less likely than men to have actually used sources of support.

The top three reasons given by respondents who said that they would not seek advice, information or help even if they felt that they needed it were feeling shy, embarrassed, stupid, ashamed or worried about stigma; not knowing where to go for help; and feeling that they could sort any problems out on their own without support.

Summary

Taken together, the data suggests that drug use is relatively widespread across an extended age range, that there is a high level of alcohol use, and that a substantial number of people are showing signs of dependency. This, coupled with the relatively



low concern reported about alcohol, suggests that there is strong potential for hidden harm related to substance use within this sample.

Recommendations

The Equality Act 2010 places a legal obligation on drug and alcohol services to ensure that they do not treat LGB people less favourably than any other group. Public sector bodies have additional duties and need to have due regard to the needs of LGB people when carrying out their day to day work, eliminate discrimination against LGB people, advance equality of opportunity for LGB people and foster good relations between different groups including LGB people. Drug and alcohol services, including commissioners, can take a number of specific steps to ensure compliance with this legislation including:

1. Increased knowledge and engagement of policy makers and commissioners around LGB patterns of drug and alcohol use

The high numbers of substances used by this sample, and the sample's indicators of dependency, need to be acknowledged and addressed in service design and delivery by policy makers, commissioners and drug and alcohol services. There may be significant value in building links between LGB voluntary organisations and drug and alcohol treatment services and commissioners.

2. Recognition of the potential for hidden harm and the need to raise awareness

The potential for hidden harm should be recognised and concerted, targeted campaigns should be launched to raise the awareness of LGB people about the risks associated with substance use. The current data suggest that such campaigns should focus particularly on the risks associated with high levels of alcohol use and the risks of mixing and combining different substances (for example alcohol and cocaine). Campaigns should recognise the wide range of age groups involved and may need to target different age groups in different ways.

3. Improved monitoring and use of the data to improve existing services

Monitoring the sexual orientation of service users, and using the data to inform services, will help services to identify whether they are meeting the needs of LGB drug and alcohol users. Monitoring could be undertaken in a variety of contexts such as at referral, within the care pathway, and when leaving services.

4. Broader service provision

A wide range of substances are used and worried about by LGB people. Current services may not reflect the range of substances such as poppers, ecstasy and cannabis. Services with a broader appeal (perhaps using on-line information, given the popularity of the internet as a source of help and advice with respondents) need to be developed.



This report presents the findings from the first two years (2009-10) of Part of the Picture (POTP). POTP is a five year research project (2009-14), funded by the Big Lottery, and delivered as a partnership between The Lesbian & Gay Foundation (LGF) and the University of Central Lancashire (UCLan), Preston.

Evidence relating to substance use amongst lesbian, gay, bisexual and transgender (LGB&T) people is extremely limited and often of poor quality.⁴ POTP was devised after the findings from a small scale pilot study conducted during Manchester Pride in 2007 suggested that LGB people who attended had higher rates of drug and alcohol use than the general population.

POTP has three main aims:

- To establish a national (England) database of LGB people's drug and alcohol use;
- To use the database to inform local and national policy and practice in addressing the drug and alcohol use of LGB people;
- To improve knowledge and understanding of the needs of LGB drug and alcohol users among drug and alcohol agencies through dissemination of the research findings.

Project methods

A questionnaire⁵ was developed by UCLan in discussion with the LGF. Respondents were recruited using a variety of convenience strategies. LGB people were specifically targeted via events and organisations where LGB people were most likely to be easily accessed:

- Copies of the questionnaire were sent with a covering letter to LGB&T organisations across England who were asked to publicise the research to their service users and to encourage them to complete the survey and return it by post;
- Copies of the questionnaire were taken to Pride events across the country. They were distributed and collected back in via a stand that was staffed by workers from the LGF. Some of the questionnaires were self-completed by visitors to the stand; others were administered by a member of staff, depending on respondent preference;
- The questionnaire was also placed on the LGF web-site. Visitors to the site were encouraged to complete the questionnaire on-line. The organisations that were sent copies of the questionnaire for their users to complete were also alerted to the fact that the questionnaire was available on-line and advised that users could complete the survey in this way if they preferred.

Ethical governance was provided by the Ethics Committee at the International School for Communities, Rights and Inclusion (UCLan), who approved the project in February 2009.

Data from the survey was entered into SPSS database and analysed over two periods (January – March 2011: year 1 data and September – November 2011: year 1 and year 2 data). Analysis was conducted jointly by the LGF and UCLan.

⁴ UKDPC (2010) Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities – learning from the evidence, United Kingdom

Drug Policy Commission, London, July 2010

⁵ See appendix 1



SAMPLE CHARACTERISTICS

The total sample across the two years was 3049 (1748 in year 1 and 1301 in year 2). Table 1 shows how these were recruited.

● TABLE 1: Summary of sample and response methods (2009-10)

	YEAR 1	YEAR 2	COMBINED
On-line	354 (20%)	256 (20%)	610 (20%)
Postal	153 (9%)	34 (3%)	187 (6%)
Manchester Pride	492 (28%)	475 (37%)	967 (32%)
Birmingham Pride	192 (11%)	-	192 (6%)
Leeds Pride	92 (5%)	-	92 (3%)
London Pride	106 (6%)	-	106 (3%)
Newcastle Pride	162 (9%)	-	162 (5%)
Cornwall Pride	197 (11%)	-	197 (6%)
Suffolk Pride	-	122 (9%)	122 (4%)
Nottingham Pride	-	156 (12%)	156 (5%)
Brighton Pride	-	258 (20%)	258 (8%)
TOTAL	1748 (100%)	1301 (100%)	3049 (100%)

The sample in year 2 was smaller than the sample in year 1. In both years the proportion of on-line respondents remained consistent (20%), but the proportion of postal respondents fell by 6% across the two years, from 9% in year 1 to 3% in year 2. The proportion of Pride respondents increased from 70% in year 1 to 78% in year 2, although the actual number of Pride events at which questionnaires were distributed in each year fell from six in year 1 to four in

year 2. Manchester was the only Pride that recruited respondents in both years.

53% of the total sample was female and 47% were male. The proportion of male respondents fell from 51% in year 1 to 41% in year 2. By contrast the proportion of female respondents rose from 49% of respondents in year 1 to 59% in year 2 (see table 2).

● TABLE 2: Gender of respondents (2009-10)

	YEAR 1	YEAR 2	COMBINED
Male	870 (51%)	524 (41%)	1394 (47%)
Female	847 (49%)	754 (59%)	1601 (53%)
TOTAL	1717 (100%)⁶	1278 (100%)⁷	2995 (100%)⁸

⁶ Data is missing for 31 respondents
⁷ Data is missing for 23 respondents
⁸ Data is missing for 54 respondents

⁹ Data is missing for 27 respondents
¹⁰ Data is missing for 48 respondents
¹¹ Data is missing for 75 respondents

Table 3 shows how the respondents across the two years described their sexual orientation. 43% of respondents described themselves as gay (46% in year 1 and 38% in year 2); 40% described themselves as lesbian (39% in year 1 and 42% in year 2); and 17% described themselves as bisexual (15% in year 1 and 20% in year 2).

● TABLE 3: Sexual orientation of respondents (2009-10)

	YEAR 1	YEAR 2	COMBINED
Gay	797 (46%)	478 (38%)	1275 (43%)
Lesbian	671 (39%)	527 (42%)	1198 (40%)
Bisexual	253 (15%)	248 (20%)	501 (17%)
TOTAL	1721 (100%)⁹	1253 (100%)¹⁰	2974 (100%)¹¹



2% of respondents in year 1 and 3% of respondents in year 2 said their gender now is not the same as that assigned to them at birth (table 4).

● TABLE 4: Respondents reporting that their gender now is not the same as that assigned to them at birth (2009-10)

	YEAR 1	YEAR 2	COMBINED
No	33 (2%)	34 (3%)	67 (2%)
Yes	1688 (98%)	1245 (97%)	2933 (98%)
TOTAL	1721 (100%)¹²	1253 (100%)¹³	3000 (100%)¹⁴

Table 5 sets out the age profile of respondents across the two years. 61% of the total sample were aged between 16 and 35 (59% in year 1 and 63% in year 2) with young people aged 16-24 making up the largest single proportion of respondents in both years (28% in year 1 and 31% in year 2). Table 5 also contains age profile information for the population of England and Wales in 2009. Comparing the age profile of the POTP sample against this data is not straightforward as the age bandings in which data has been collected and is reported are not co-terminus. A 'best fit' analysis has therefore been used in order to make a comparison. Although this is somewhat unsatisfactory it is evident that the POTP sample contains a higher proportion of younger people: for example just 26% of the

population of England and Wales was aged 15-34 in 2009 and only 13% was aged 15-24.

As table 6 shows, most of the sample across the two years were white¹⁵. Only 5% of the sample in each year was from Black and minority ethnic backgrounds. This compares with a figure for England and Wales as a whole in 2009 of around 10.5%.¹⁶

13% of all respondents said that they had a disability (14% in year 1 and 13% in year 2), although the term was not defined in the questionnaire and respondents were not asked to give any further information about the nature of the disability that they declared (table 7).

● TABLE 5: Age profile of sample POTP respondents (2009-10) compared with the age profile of population of England and Wales in 2009¹⁷

England & Wales Population 2009	POTP Sample				
AGE BAND	%	AGE BAND	YEAR 1	YEAR 2	COMBINED
15-24	13	16-24	472 (28%)	389 (31%)	861 (29%)
25-29	7	25-30	345 (20%)	242 (19%)	587 (20%)
30-34	6	31-35	185 (11%)	170 (13%)	355 (12%)
35-39	7	36-40	226 (13%)	127 (10%)	353 (12%)
40-44	8	41-45	215 (13%)	131 (10%)	346 (12%)
45-49	7	46-50	110 (6%)	103 (8%)	213 (7%)
50-59	12	51-60	118 (7%)	80 (6%)	198 (7%)
60+	22	61+	35 (2%)	25 (2%)	60 (2%)
TOTAL	82		1706 (100%)¹⁸	1267 (100%)¹⁹	2973 (100%)²⁰

¹² Data is missing for 27 respondents

¹³ Data is missing for 22 respondents

¹⁴ Data is missing for 49 respondents

¹⁵ Including white British, white Irish and white other

¹⁶ <https://docs.google.com/spreadsheet/ccc?key=0AonYZs4MzIzbdfJ6OVF1U3ZTxEyYnFjb0k1cIJvOF&hl=en#gid=0> last accessed December 2nd 2012.

¹⁷ <https://docs.google.com/spreadsheet/ccc?key=0AonYZs4MzIzbdfJ6OVF1U3ZTxEyYnFjb0k1cIJvOF&hl=en#gid=0> last accessed December 2nd 2012.

¹⁸ Data is missing for 42 respondents

¹⁹ Data is missing for 34 respondents

²⁰ Data is missing for 76 respondents

● TABLE 6: Ethnic background of respondents (2009-10)

	YEAR 1	YEAR 2	COMBINED
White British, White Irish, Other White	1616 (94.2%)	1205 (94.7%)	2821 (94.4%)
Indian, Pakistani, Bangladeshi, Other Asian	24 (1.4%)	10 (0.8%)	34 (1.1%)
Black Caribbean, Black African, Other Black	19 (1.1%)	16 (1.3%)	35 (1.2%)
Chinese	4 (0.2%)	6 (0.5%)	10 (0.3%)
Mixed	46 (2.7%)	34 (2.7%)	80 (2.7%)
Other	7 (0.4%)	2 (0.2%)	9 (0.3%)
TOTAL	1716 (100%)²¹	1273 (100%)²²	2989 (100%)²³

● TABLE 7: Respondents who said that they had a disability (2009-10)

	YEAR 1	YEAR 2	COMBINED
Yes	219 (14%)	147 (13%)	366 (13%)
No	1391 (86%)	1028 (87%)	2419 (87%)
TOTAL	1610 (100%)²⁴	1175 (100%)²⁵	2785 (100%)²⁶

²¹ Data is missing for 32 respondents

²² Data is missing for 28 respondents

²³ Data is missing for 60 respondents

²⁴ Data is missing for 138 respondents

²⁵ Data is missing for 126 respondents

²⁶ Data is missing for 264 respondents

²⁷ The

Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) contains ten screening questions that are used to assess substance use and dependency.

These screening questions were used in the POTP questionnaire in order to generate data about the extent of dependency amongst respondents.

Respondents were recruited using a range of convenience methods that were thought most likely to generate responses from LGB people. The sample is therefore subject to bias. It cannot be described as random: respondents were self-selecting, opting in once they had been given information about the research. Nor can it be claimed that the sample is representative of the LGB population as a whole, not least because data about the make-up of the LGB population is not available. Data about substance use in the following sections should not therefore be interpreted as prevalence data for substance use amongst the LGB population as a whole.

Given the different structure and profile of the POTP sample when compared with the population of England and Wales as a whole (for example, a lower proportion of Black and minority ethnic people and a higher proportion of younger people were included in the study) care should also be taken when making comparisons of drug and alcohol use in the POTP sample with that for the population of England and Wales as a whole.

Finally, the changes in the sampling structure over the two years (for example the changes in gender profile, the different Pride events at which most of the data was gathered etc.) mean that it is not possible to interpret changes in drug and alcohol use that are reported across the two years as trends.

As the title of this project suggests the data that is presented in this report should be seen as representing only a part of the picture. Its usefulness is that it is a large sample ($n=3049$) and that it will be added to year on year. It begins to fill a void that is currently there, adding to what little is already known. Unlike many other studies which treat the LGB&T population as if they were all one group, this study does break drug and alcohol use down by age and gender. In year 3 some attempt will be made to map trends by conducting a separate analysis of the Manchester Pride sample. POTP is also unique in that respondents were asked questions about dependency using DSM IV classification²⁷.



PATTERNS OF DRUG TAKING WITHIN THE SAMPLE

Numbers of respondents reporting substance use in the last month

36% of respondents across the sample as a whole said that they had used at least one substance (excluding alcohol) in the last month. The figure was higher for

year 1 respondents (39%). For year 2, the figure was 33% (Table 8). As discussed earlier, the change across the two years should not be interpreted as a trend because the profile of the sample for the two years was very different.

● TABLE 8: Respondents who said that they had used at least one drug (excluding alcohol) in the last month (2009–10)

	YEAR 1	YEAR 2	COMBINED
Yes	663 (39%)	432 (33%)	1095 (36%)
No	1055 (61%)	861 (67%)	1916 (64%)
TOTAL	1718 (100%)²⁸	1293 (100%)²⁹	3011 (100%)³⁰

Table 9 shows the numbers of different substances (excluding alcohol) that respondents reported using in the last month. While 21% had used only one substance in the last month, 7% had used two substances, 3% had used three, 2% had used four and 3% had used 5 or more.

● TABLE 9: The numbers of different substances (excluding alcohol) respondents reported using in the last month (2009–10).

Number of substances used in last month	YEAR 1	YEAR 2	COMBINED
None	1055 (61%)	861 (67%)	1916 (64%)
1 only	383 (22%)	246 (19%)	629 (21%)
2	125 (7%)	93 (7%)	218 (7%)
3	57 (3%)	45 (3%)	102 (3%)
4	43 (3%)	19 (1%)	62 (2%)
5 or more	55 (3%)	29 (2%)	84 (3%)
TOTAL	1718 (100%)³¹	1293 (100%)³²	3011 (100%)³³

The most used substances were cannabis and poppers, followed by cocaine powder, ecstasy, ketamine and amphetamine (table 10). This is consistent with earlier research exploring drug use by LGBT populations: cannabis and poppers are usually reported as the two most commonly used drugs with prevalence varying between 15–30%.³⁴ Cocaine, ecstasy, ketamine, amphetamine and crystal meth are also substances

commonly reported by other studies on LGBT substance use.³⁵

Year 2 saw the mention of mephedrone for the first time as one of a number of substances named under the other category. 12 people (1%) mentioned using it in the last month in the year 2 sample.

²⁸ Data is missing for 30 respondents

²⁹ Data is missing for 8 respondents

³⁰ Data is missing for 38 respondents

³¹ Data is missing for 30 respondents

³² Data is missing for 8 respondents

³³ Data is missing for 38 respondents

³⁴ Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid.

³⁵ Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid.

● TABLE 10: Substances respondents reported using in the last month (2009 / 10)

	YEAR 1	YEAR 2	COMBINED
Cannabis	349 (20%)	254 (20%)	603 (20%)
Poppers	319 (19%)	199 (15%)	518 (17%)
Cocaine powder	138 (8%)	88 (7%)	226 (8%)
Ecstasy	146 (8%)	65 (5%)	211 (7%)
Ketamine	81 (5%)	46 (4%)	127 (4%)
Amphetamine	79 (5%)	45 (3%)	124 (4%)
Benzodiazepines (non-px)	44 (3%)	32 (2%)	76 (3%)
GHB	22 (1%)	24 (2%)	46 (2%)
Crystal meth	11 (1%)	15 (1%)	26 (1%)
LSD	15 (1%)	10 (1%)	25 (1%)
Steroids	10 (1%)	10 (1%)	20 (1%)
Crack Cocaine	11 (1%)	7 (1%)	18 (1%)
Heroin	14 (1%)	4 (0%)	18 (1%)
Other	86 (5%)	49 (4%)	135 (4%)
TOTAL	1718 (100%)³⁶	1293 (100%)³⁷	3011 (100%)³⁸

Comparisons with other research

Making comparison with other research looking at drug use among LGB(&T) populations is problematic. Much of the research has been conducted with smaller subgroups where little detail is given about project methods³⁹. Different studies have often adopted different variables to estimate prevalence and patterns of drug use (for example, lifetime use, use in last year and use in last month) and most of it has been carried out with gay men in London⁴⁰. Perhaps the most reliable information comes from an analysis of British Crime Survey data on prevalence of drug use and sexual orientation published by the Home Office⁴¹. This research⁴² indicated that respondents who identified themselves as LGB were about three times more likely to report having taken illicit drugs in the last year compared to heterosexual respondents: 33% compared to 10%. POTP data suggesting that 39% of respondents in year 1 and 33% of respondents in year 2 had used at least one substance in the previous month is broadly consistent with this.

Probably the most reliable source of information about drug use among the general population is the British Crime Survey (BCS)⁴³. This gives lifetime, last year and last month drug use figures for 16-59 year olds in England and Wales. The BCS is a general household population survey using a representative sample of 16-59 year olds. Making comparisons between the drug use reported by the POTP respondents and that reported by the general population is complicated for a number of reasons: the POTP sample is younger by comparison; POTP respondents were only asked about drug use in the last month; and the majority of respondents were surveyed at Pride events. The comparisons in table 11 therefore should be treated with caution. Table 11 compares figures for last month reported drug use by POTP respondents across both years for the seven most used drugs (cannabis, poppers, cocaine powder, ecstasy, ketamine and amphetamine), with those of the general population over lifetime, last year and last month as given by the BCS.

● TABLE 11: Substance use in last month reported by POTP sample compared with substance use reported in lifetime, last year and last month of BCS sample

	BCS	BCS	BCS	POTP
	Lifetime	Last year	Last month	Last month
Cannabis	30.7%	6.8%	3.8%	20%
Poppers	9.3%	1%	0.4%	17%
Cocaine powder	8.8%	2.1%	0.8%	7.5%
Ecstasy	8.3%	1.4%	0.4%	7%
Ketamine	2.2%	0.6%	0.3%	4.3%
Amphetamine	11.4%	1%	0.4%	4%
Benzodiazepines (non-px)	3%	0.4%	0.2%	2.5%

Last month use of all substances was considerably higher for the POTP respondents than it was for the BCS respondents.

Drug use reported by age

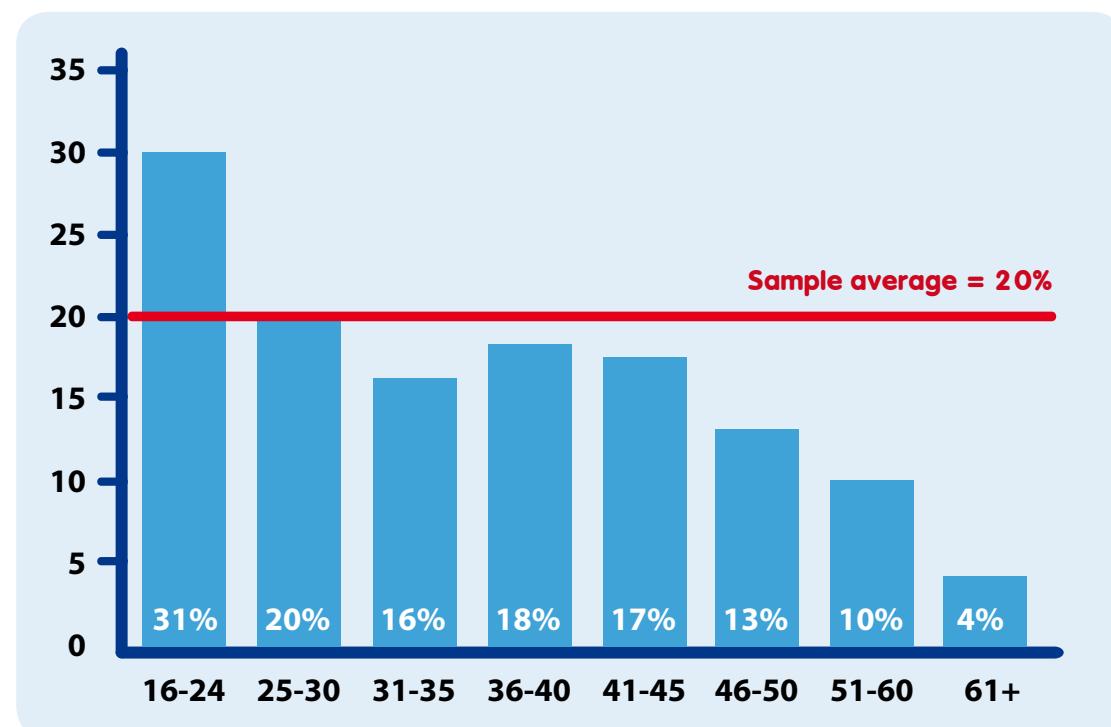
The year 1 and year 2 samples were combined in order to allow an analysis of drug use by age for the sample as a whole. Figures 1-7 below show the percentages of respondents in each age banding who reported using each of the seven most commonly used substances (cannabis, poppers, cocaine powder, ecstasy, ketamine, amphetamine and non-prescribed benzodiazepines) in the last month.

The picture that emerges is one of drug taking across all ages. While cannabis use in the last month was reported by more young people aged 16-24 (31%) than anyone else, all age groups under 50 reported use ranging between 13-20%. The use of poppers

was reported widely across all age groups (although men were three times more likely to report use than women) and use of some drugs (for example cocaine powder and ketamine) was highest in the 25-30 and 36-40 age bands. Within the POTP sample, drug taking is clearly not confined to young people aged between 16-24 or even 16-30. This is in contrast to studies into drug use among the general population which have tended to suggest that drug taking decreases with age⁴⁴.

Figure 1 shows the percentage of respondents in each age banding who reported having used cannabis in the last month. Although cannabis use was common across all age groups its use was most common amongst younger respondents with 31% of respondents aged 16-24 stating that they had used it in the last month.

● FIGURE 1: Percentage of respondents in each age group using cannabis



⁴⁴ Smith K and Flatley J (ed) (2011) ibid.



Figure 2 shows the percentage of respondents in each age banding who reported having used poppers in the last month. Although the use of poppers across the sample as a whole (17%) was less than for that of cannabis (20%) the use of poppers is spread more evenly across all ages.

● **FIGURE 2: Percentage of respondents in each age group using poppers**

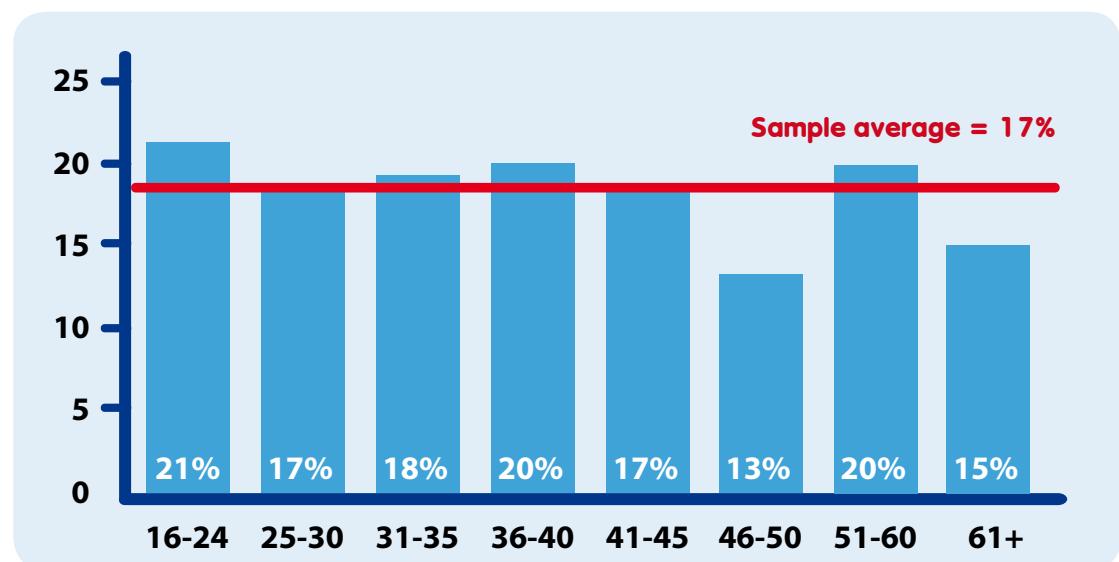


Figure 3 shows the percentage of respondents in each age banding who reported having used cocaine powder in the last month. Use was above the sample average (7.5%) for respondents in the 16-24, 25-30, 31-35 and 36-40 age categories.

● **FIGURE 3: Percentage of respondents in each age group using cocaine powder**

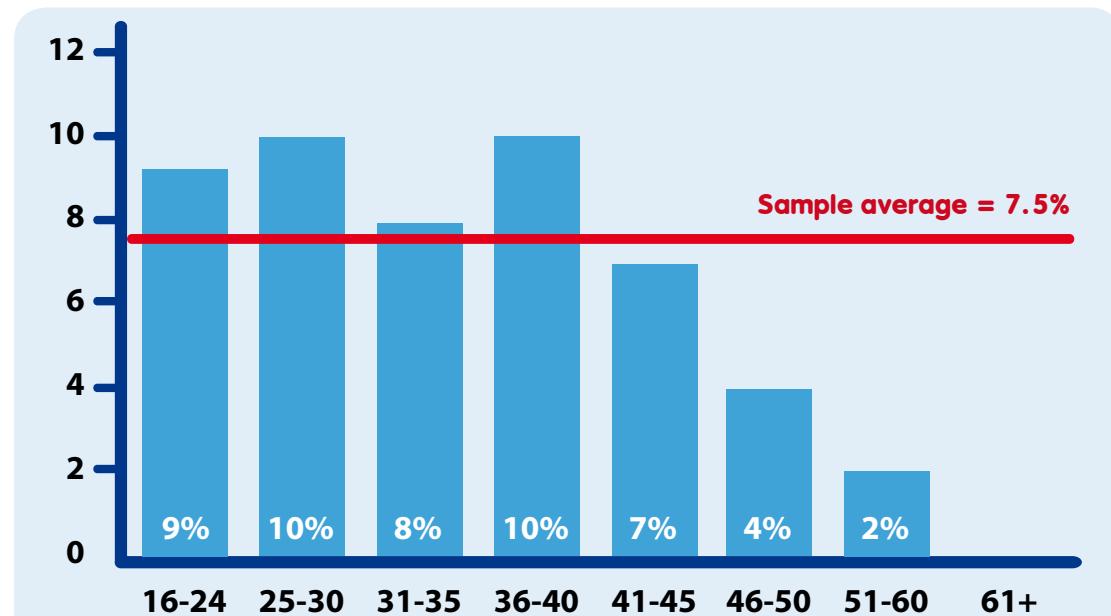


Figure 4 shows the percentage of respondents in each age banding who reported having used ecstasy in the last month. Ecstasy use was most common among 25-30 year olds and above the sample average (7%) in 16-24 year olds, 25-30 year olds and 36-40 year olds. 5% of those in the 46-50 year old age bracket had used ecstasy in the last month.

● **FIGURE 4: Percentage of respondents in each age group using ecstasy**

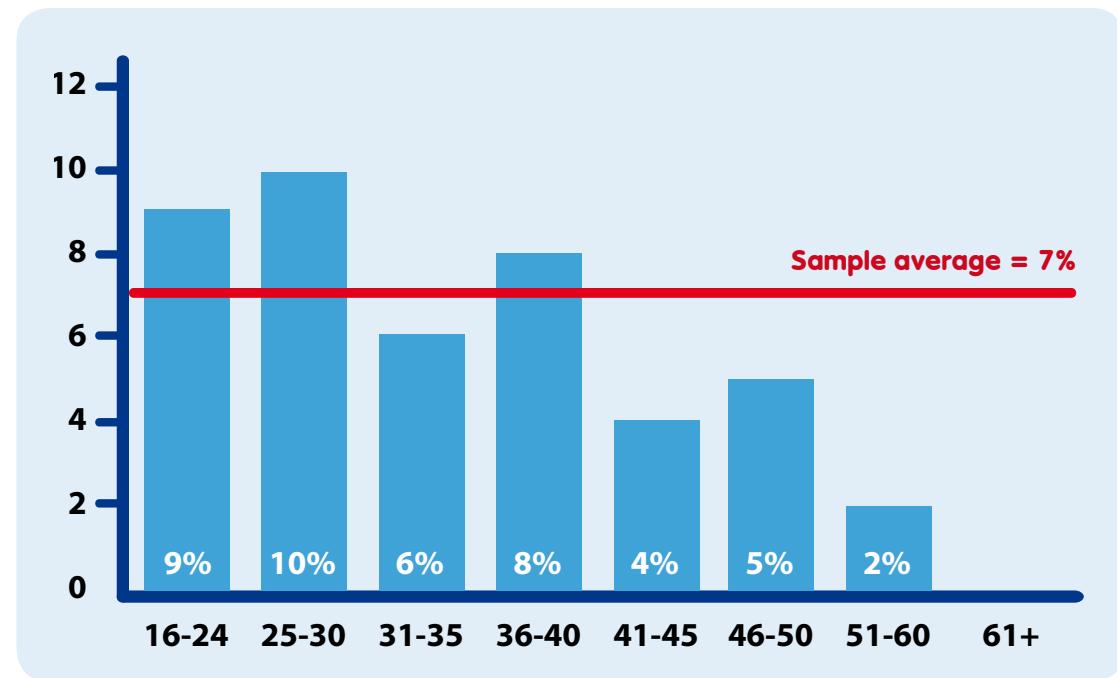


Figure 5 shows the percentage of respondents in each age banding who reported having used ketamine in the last month. Ketamine use was reported by around 4% of the sample as a whole, with above average use reported by people in the 25-30, 36-40 and 41-45 age brackets.

● **FIGURE 5: Percentage of respondents in each age group using ketamine.**

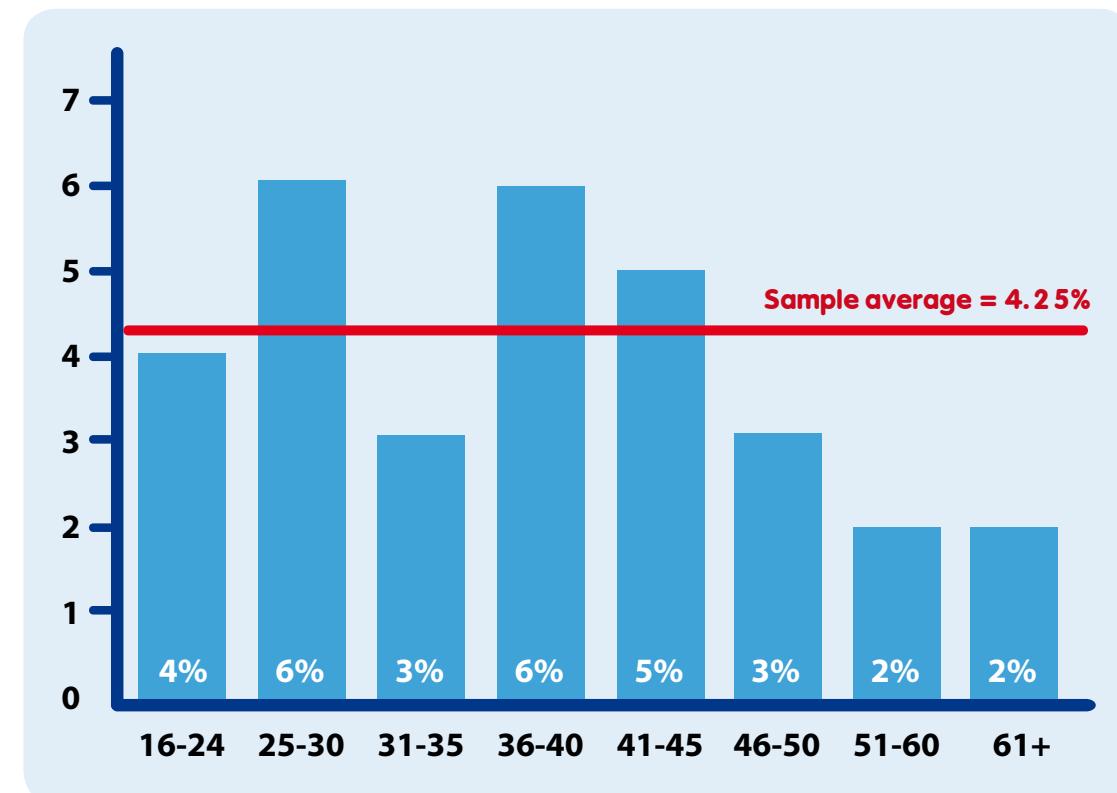




Figure 6 shows the percentage of respondents in each age banding who reported having used amphetamine in the last month. Amphetamine was used by people in all age bandings from 16-45 at rates that were equal to or above that of the average rate for the sample as a whole (4%).

● **FIGURE 6: Percentage of respondents in each age group using amphetamine**

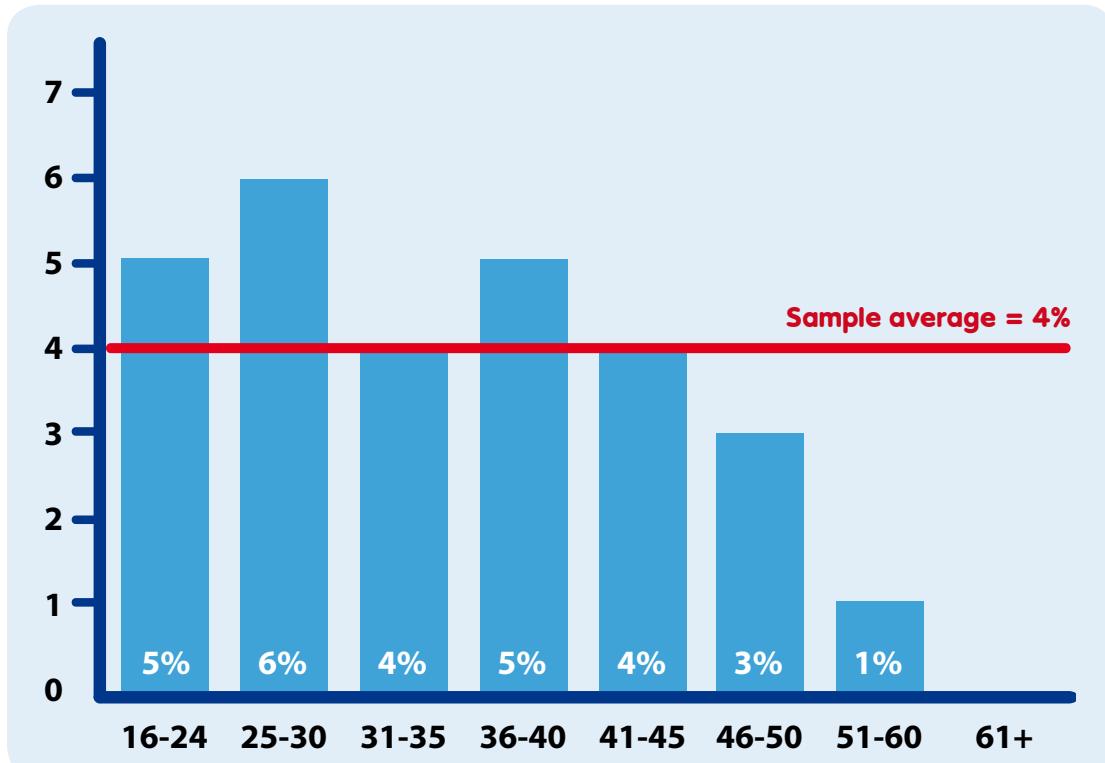
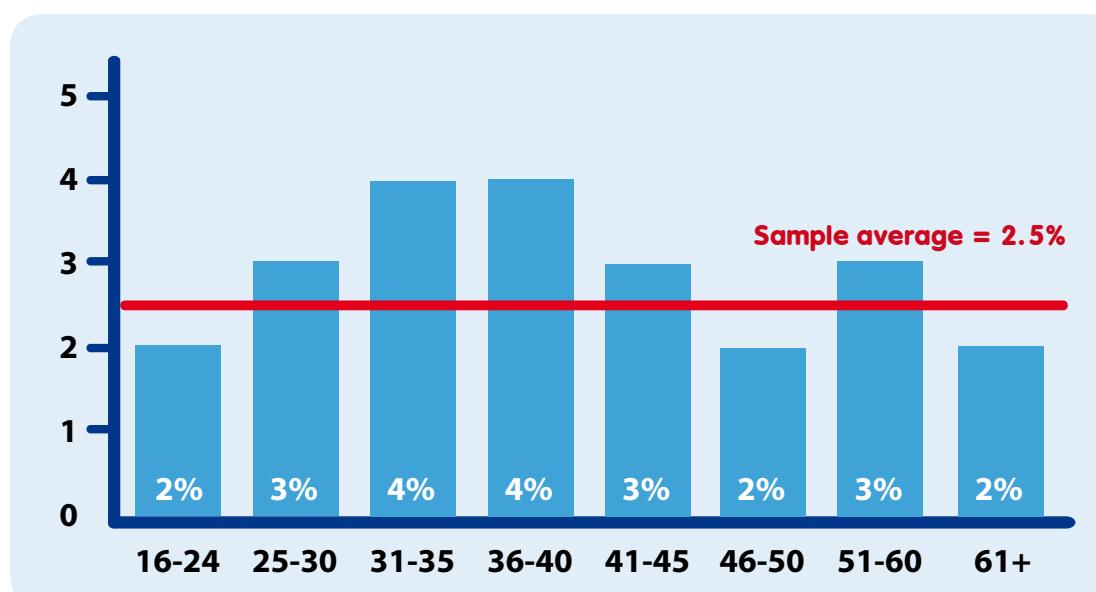


Figure 7 shows the percentage of respondents in each age banding who reported having used non-prescribed benzodiazepines in the last month. Use across all age groupings is around the average (2.5%) for all ages, apart from those aged 31-40 where use is slightly higher.

● **FIGURE 7: Percentage of respondents in each age group using non-prescribed benzodiazepines**





Heroin and crack cocaine use was low across the sample, with only 18 people reporting use of each drug in the last month. Use was concentrated in the 36-40 and 41-45 year age brackets with 61% of heroin users and 45% of crack cocaine users falling within these age brackets. The highest rates of GHB use were reported in the 36-40 year old age bracket (4%) and the highest rates of crystal meth use were reported by 46-50 year olds (3%). Steroid use was low across the sample with 1% of respondents in all categories reporting its use, apart from those aged 61+ where no use was reported. LSD use was low across the sample,

with only 1% of respondents in the 25-30, 31-35, 36-40 and 46-50 year old age groupings reporting its use and 2% of those aged 16-24 reporting its use.

Table 12 compares figures for last month reported drug use by POTP respondents aged 16-24 across both years for the seven most used drugs (cannabis, poppers, cocaine powder, ecstasy, ketamine, amphetamine and non-prescribed benzodiazepines), with those of the general population aged 16-24 over lifetime, the last year and the last month as given by the BCS⁴⁵.

● TABLE 12: Substance use in last month reported by POTP sample aged 16-24 compared with substance use reported in lifetime, last year and last month of BCS sample aged 16-24

	BCS Lifetime	BCS Last year	BCS Last month	POTP Last month
Cannabis	34.5%	17.1%	9.0%	31%
Poppers	10.7%	2.4%	0.9%	21%
Cocaine powder	10.0%	4.4%	1.6%	9%
Ecstasy	9.5%	2.8%	1.9%	9%
Ketamine	4.4%	2.1%	0.9%	4%
Amphetamine	8.7%	2.5%	0.9%	5%
Benzodiazepines (non-px)	2.3%	0.7%	0.3%	2%

Last month use of all substances was considerably higher for the POTP respondents aged 16-24 than it was for the BCS respondents of the same age.

⁴⁵ Smith K and Flatley J (ed) (2011) ibid.

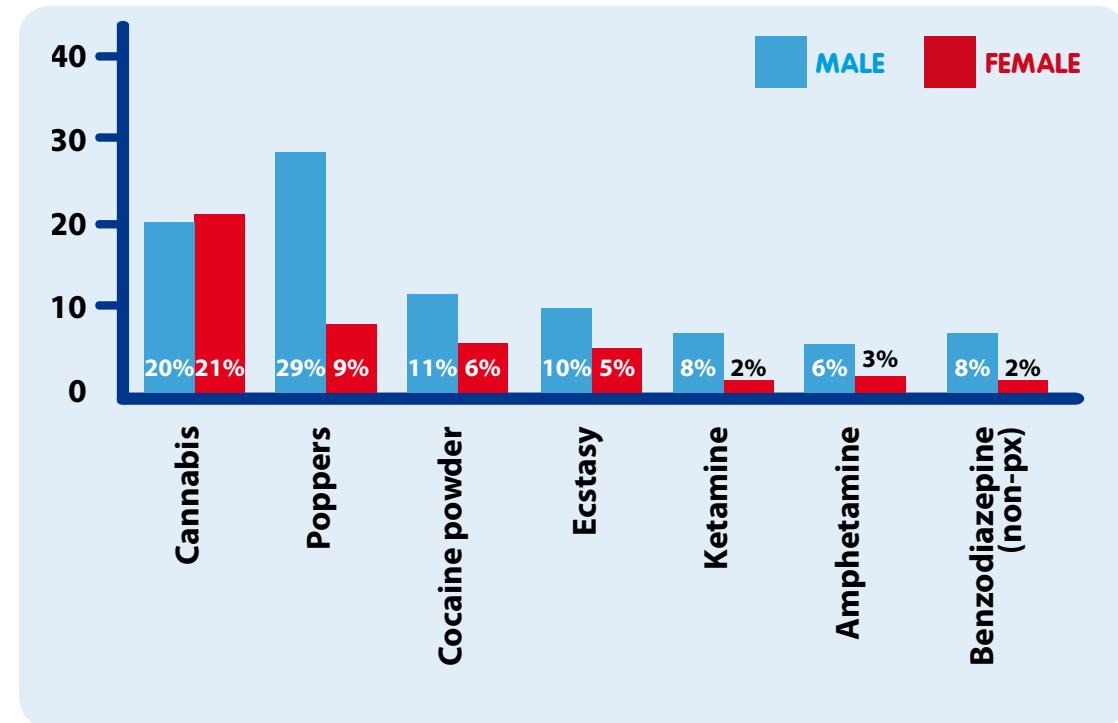
DRUG USE REPORTED BY GENDER

Most studies into substance use and LGBT people have focussed on use by gay men. Studies looking at substance use by lesbian women are fewer in number and do not provide a consistent picture⁴⁶. Such evidence as there is however suggests that lifetime prevalence among lesbian women may be higher than it is for gay men, but that current use (measured either by use in the last month or use in the last year) is higher among gay men than lesbian women⁴⁷.

POTP data for lesbian, gay and bisexual women was compared with data for gay and bisexual men. Figure 8 shows the percentages of men and women

who reported having used each of the seven most commonly used substances – cannabis, poppers, cocaine powder, ecstasy, ketamine, amphetamine and non-prescribed benzodiazepines. Current (last month) use of all substances, apart from cannabis, is higher for gay and bisexual men than it is for lesbian, gay and bisexual women. Gay and bisexual men were four times more likely to use ketamine (8% compared to 2%); three times more likely to use poppers (29% compared to 9%); and twice as likely to use cocaine powder, ecstasy and amphetamine (11% compared to 6%; 10 % compared to 5%; and 6% compared to 3% respectively).

● FIGURE 8: Substance use by drug and gender (percentages)



⁴⁶ Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid.

⁴⁷ Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid.

⁴⁸ Hickson F, Bonell C, Weatherburn P and Reid D (2009) Illicit

drug use among men who have sex with men in England and Wales. Addiction Research and Theory, 18 (1), pp14-22

⁴⁹ Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid.

⁵⁰ Data is missing for 382 respondents

⁵¹ Data is missing for 382 respondents

Combinations of drug use

Hickson et al⁴⁸ reported that only a small proportion of drug users from a sample of men who had sex with men used only one drug and that these were mainly exclusive users of either cannabis or poppers. Beddoes et al⁴⁹ conclude from their review of the literature that common combinations of drugs include cannabis and poppers, and cocaine, ecstasy and ketamine.

25% (n=675/2667⁵⁰) of respondents said that they used more than one substance in a 'typical' session such as a night out. Table 13 shows the most common combinations of substances used. The most common substance to be combined with any other was alcohol. 10% had combined alcohol and cannabis; 6% had combined alcohol and poppers; 5% had combined alcohol and cocaine powder; and 4% had combined alcohol and ecstasy.

● TABLE 13: Most common combinations of drugs used together in a typical night out

Combinations (in pairs)	COMBINED
Alcohol and cannabis	279 (10%)
Alcohol and poppers	153 (6%)
Alcohol and cocaine powder	135 (5%)
Alcohol and ecstasy	119 (4%)
Ecstasy and cocaine powder	81 (3%)
TOTAL	2 667 (100%)⁵¹



ALCOHOL USE

Across the two years as a whole, 89% of respondents reported that they had drunk alcohol in the last month, although the figure was slightly higher in year 1 than it was in year 2 (90% year 1; 88% year 2). This is shown in table 14 below.

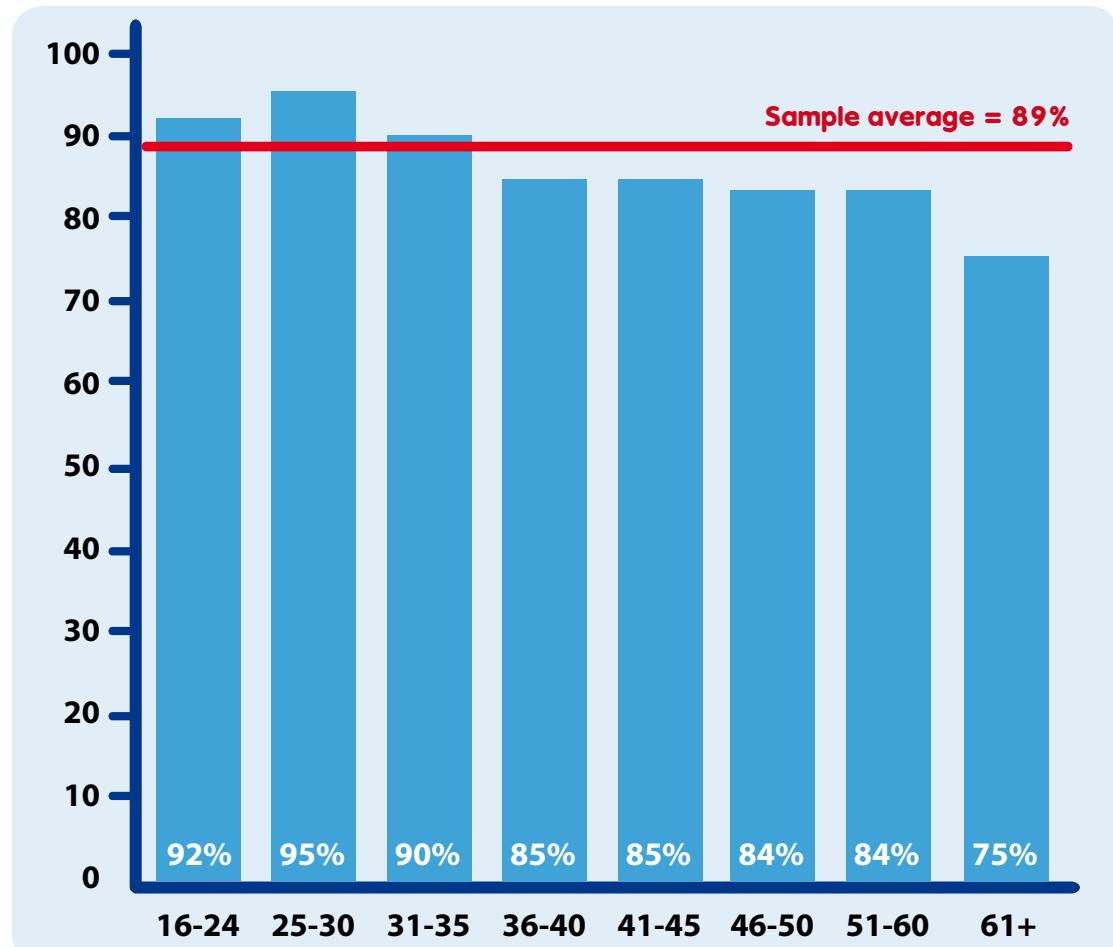
● TABLE 14: Number of respondents using alcohol in the last month (2009 / 10)

	YEAR 1	YEAR 2	COMBINED
Yes	1535 (90%)	1121 (88%)	2656 (89%)
No	162 (10%)	153 (12%)	315 (11%)
TOTAL	1697 (100%)⁵²	1274 (100%)⁵³	2971 (100%)

There were no real differences reported between males and females in regard to whether they had drunk alcohol in the last month – 91% of men had and 89% of women had.

Figure 9 shows the percentages of respondents in each age category who reported using alcohol in the last month. Last month use is high across all groups, but does appear to drop off gradually amongst older groups.

● FIGURE 9: Percentage of respondents in each age group using alcohol



⁵² Data is missing for 51 respondents

⁵³ Data is missing for 27 respondents

Table 15 shows the frequency with which respondents across the sample as a whole reported drinking more than 6 units of alcohol (if they were a woman) or more than 8 units (if they were a man) on one occasion,

within the last month. 23% of respondents reported binge drinking once or twice a week. 10% reported binge drinking 4-5 times a week or daily/almost daily.

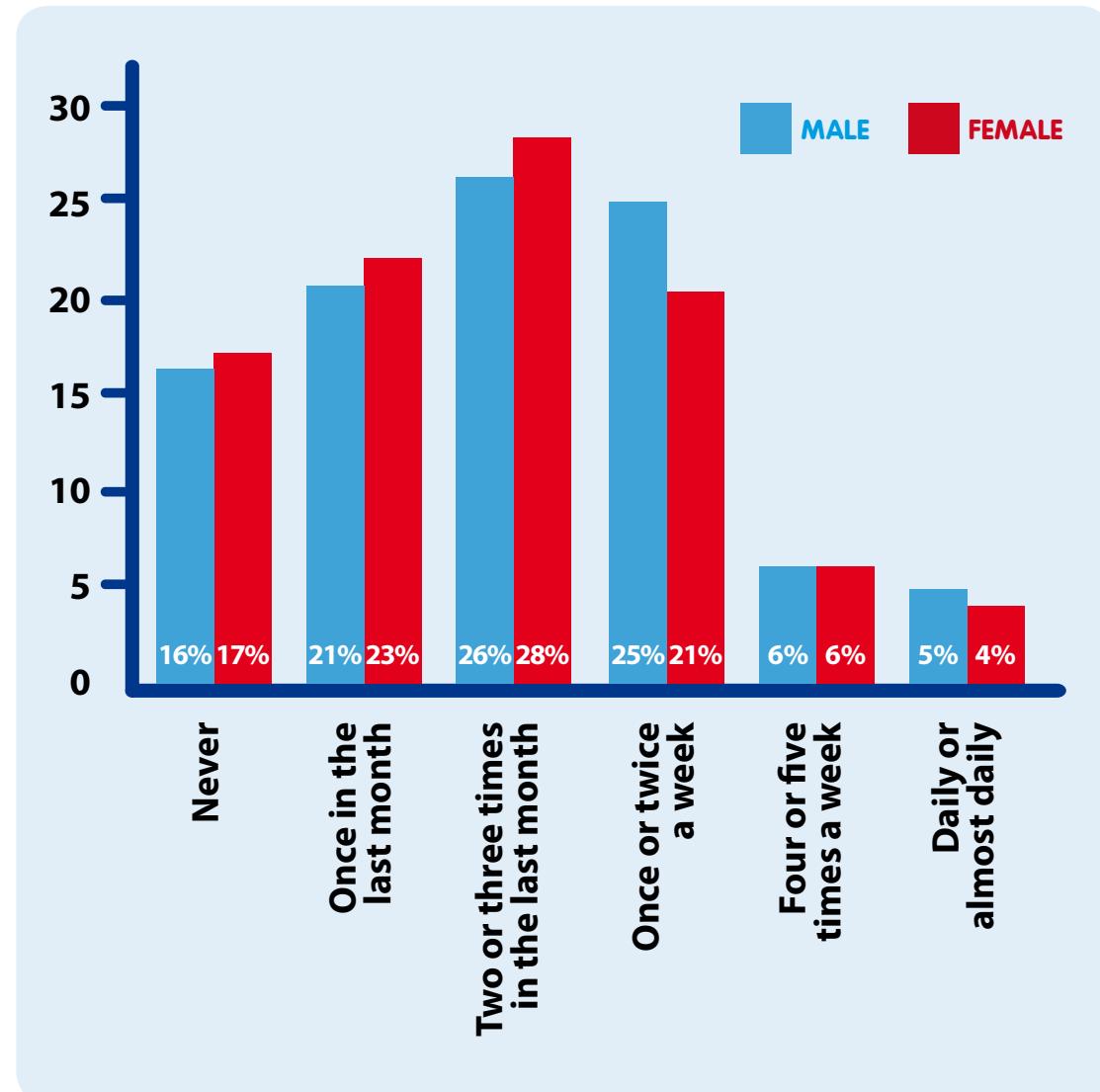
● **TABLE 15: Frequency with which respondents reported binge drinking within the last month**

FREQUENCY	
Never	453 (17%)
Once a month	595 (22%)
2-3 times a month	729 (27%)
Once or twice a week	614 (23%)
4-5 times a week	167 (6%)
Daily / almost daily	113 (4%)
TOTAL	2 671 (100%)⁵⁴

Figure 10 shows the frequency with which men and women reported binge drinking within the last month. Although the patterns of use appear broadly

similar, men appear to be slightly heavier drinkers: they are less likely never to binge and more likely to binge drink more frequently.

● **FIGURE 10: Number and frequency of men and women binge drinking within the last month (percentages)**

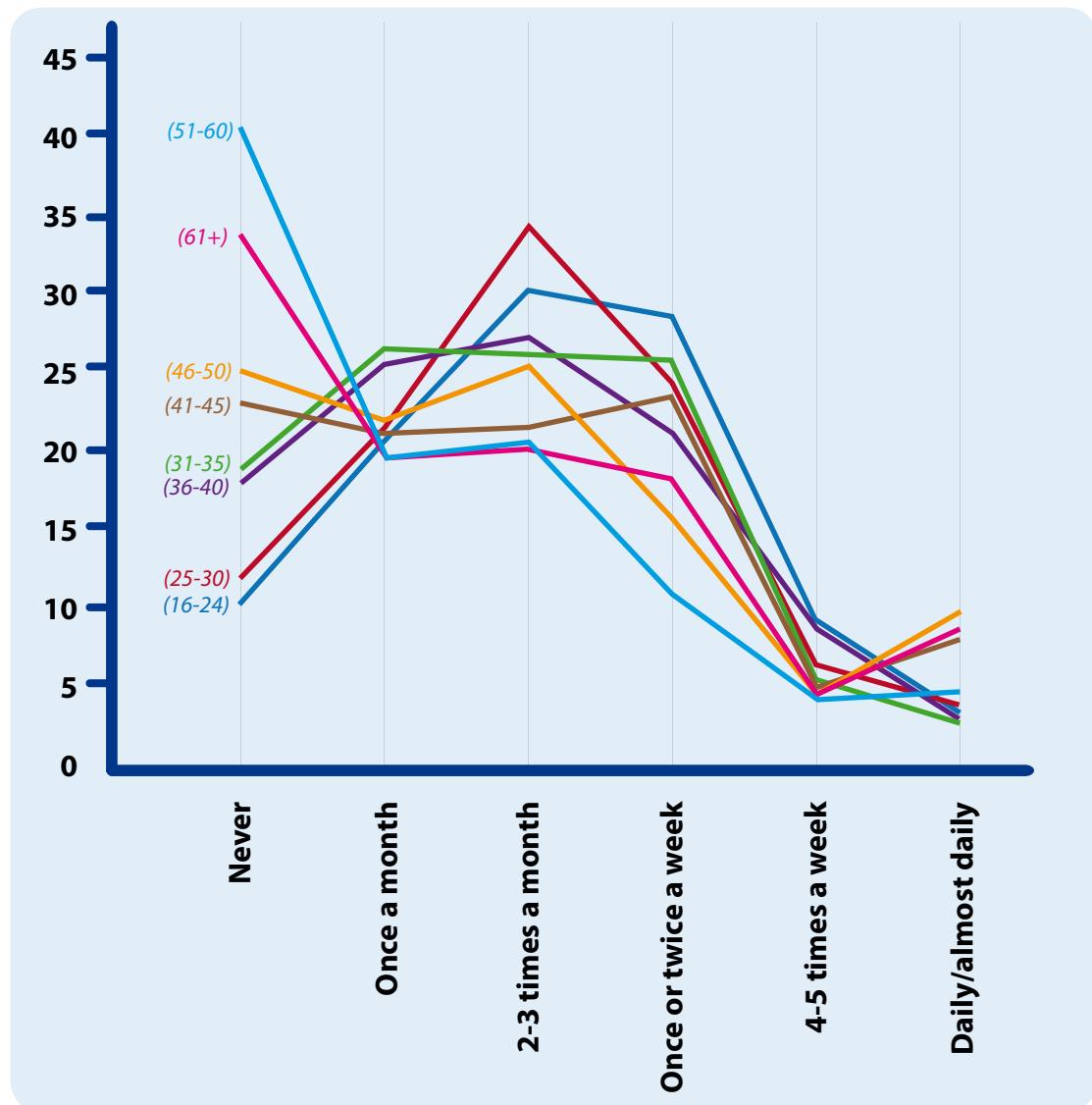


⁵⁴ Data is missing for 378 respondents

Figure 11 shows the frequency with which respondents in different age groups reported binge drinking within the last month. Respondents in age brackets of 41 or above were most likely either never to binge drink or to binge drink on a daily or almost daily basis. This is consistent with Figure 9 above, suggesting that as people get older a

proportion of them will cut down their drinking and perhaps stop drinking all together but that a small proportion of them may also be drinking at very high levels. 28% of 16-24 years olds, 24% of 25-30 year olds, 25% of 31-35 year olds, 21% of 36-40 year olds and 23% of 41-45 year olds reported binge drinking once or twice a week (table 16).

● FIGURE 11: The frequency with which respondents in different age groups reported binge drinking within the last month (reported as percentages)



● TABLE 16: Frequency with which respondents in each age banding reported binge drinking once or twice a week

AGE BANDING	
16-24	213 (28%)
25-30	131 (24%)
31-35	78 (25%)
36-40	63 (21%)
41-45	67 (23%)
46-50	28 (16%)
51-60	18 (11%)
61+	7 (17%)



SUBSTANCES GIVING CAUSE FOR CONCERN AND PROBLEMATIC USE

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV)⁵⁵ contains ten screening questions that are used to assess substance use and dependency. These screening questions were used in the POTP questionnaire in order to generate data about the extent of dependency amongst respondents.

Respondents were asked to think about the substance that they used most or were most worried about. They

were then asked to answer the DSM-IV screening questions with regard to the substance that they identified. Using these criteria 13% of respondents reported having one sign of dependency, 10% two signs of dependency and 24% three or more signs. Three or more signs is regarded by the DSM-IV criteria as being a sign of dependence. The results are set out in table 17 below.

● TABLE 17: Respondents reporting signs of dependency using DSM-IV criteria (2009 / 10)

NO. OF INDICATORS	
0	1395 (50%)
1	427 (15%)
2	274 (10%)
3 or more	670 (24%)
TOTAL	2766 (100%)⁵⁶

1999 respondents named the substance that they used most or were most worried about⁵⁷. The results are set out in table 18. Alcohol was the substance used most, but it was one of the least worried about. This is probably due to its social acceptability and the familiarity that users of it feel towards it. Although the numbers using LSD, crack cocaine and heroin were small, these substances were causing the most concern amongst those who answered the question.

Users of amphetamine, ecstasy, cocaine powder and crystal meth also demonstrated proportionally high levels of concern about their use, with between 53% and 70% of users of these substances saying that these were substances that they were most worried about. Nearly one third of those who cited cannabis or poppers as the substance that they used most or were most worried about said that it was the substance that they were most worried about.

⁵⁵ American Psychiatric Association (1994) The Diagnostic and Statistical Manual of Mental Health Disorders 4th edition, Washington DC, American Psychiatric Association

⁵⁶ Data is missing for 283 respondents
⁵⁷ Data is missing for 950 respondents

● TABLE 18: Substances respondents reported using most or being most worried about (2009 / 10)

	Most used or most worried about	Most used	Most worried about	Total
Alcohol	1618 (81%)	1177 (88%)	163 (12%)	1340 (100%) ⁵⁸
Cannabis	156 (8%)	96 (71%)	40 (29%)	136 (100%) ⁵⁹
Poppers	88 (4%)	49 (67%)	24 (33%)	73 (100%) ⁶⁰
Cocaine powder	52 (3%)	20 (47%)	23 (53%)	43 (100%) ⁶¹
Ecstasy	47 (2%)	13 (30%)	31 (70%)	44 (100%) ⁶²
Ketamine	29 (1%)	14 (56%)	11 (44%)	25 (100%) ⁶³
Amphetamine	22 (1%)	6 (30%)	14 (70%)	20 (100%) ⁶⁴
Heroin	17 (1%)	3 (20%)	12 (80%)	15 (100%) ⁶⁵
Benzodiazepines (non-px)	14 (1%)	5 (50%)	5 (50%)	10 (100%) ⁶⁶
Crystal meth	13 (1%)	3 (30%)	7 (70%)	10 (100%) ⁶⁷
LSD	3 (0%)	0 (0%)	3 (100%)	3 (100%)
Crack Cocaine	4 (0%)	0 (0%)	2 (100%)	2 (100%) ⁶⁸
Steroids	1 (0%)	1 (100%)	0 (0%)	1 (100%)
Other	30 (2%)	13 (48%)	14 (52%)	27 (100%) ⁶⁹
TOTAL	1999 (100%)⁷⁰			

⁵⁸ Data is missing for 278 respondents

⁵⁹ Data is missing for 20 respondents

⁶⁰ Data is missing for 15 respondents

⁶¹ Data is missing for 9 respondents

⁶² Data is missing for 3 respondents

⁶³ Data is missing for 4 respondents

⁶⁴ Data is missing for 2 respondents

⁶⁵ Data is missing for 2 respondents

⁶⁶ Data is missing for 4 respondents

⁶⁷ Data is missing for 3 respondents

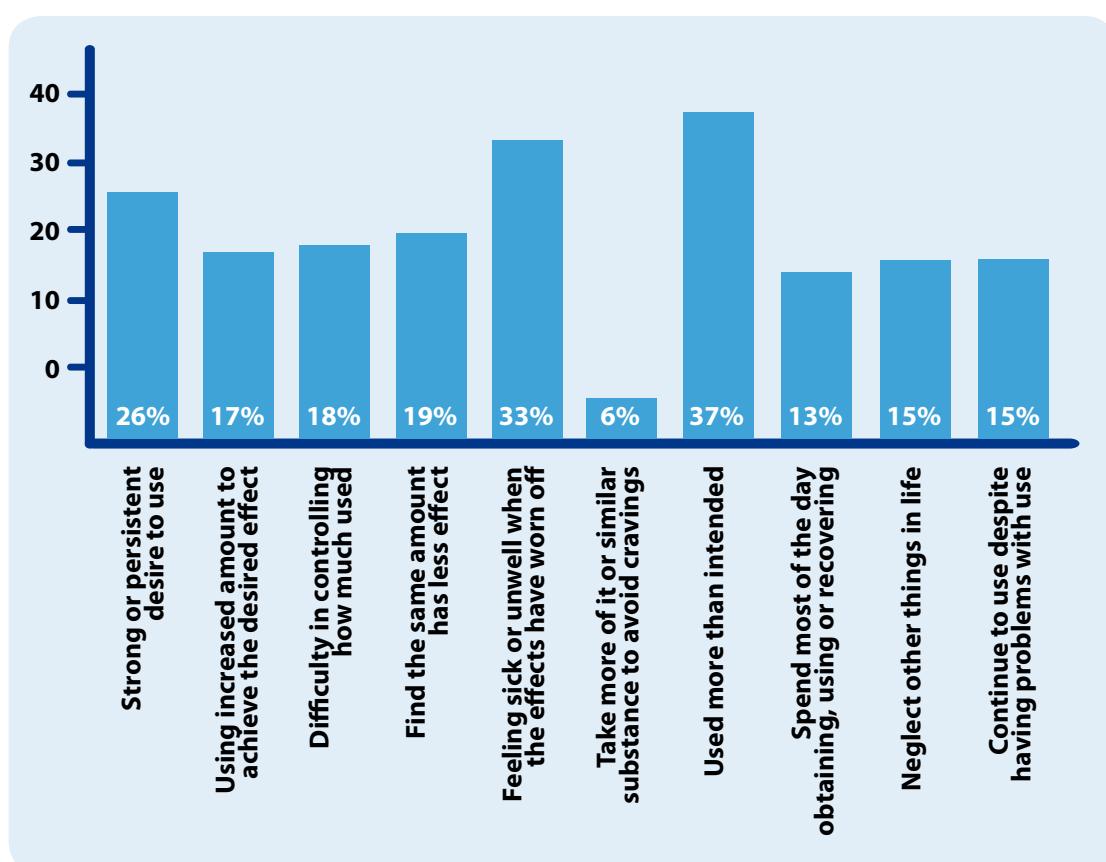
⁶⁸ Data is missing for 2 respondents

⁶⁹ Data is missing for 3 respondents

⁷⁰ Data is missing for 950 respondents

The specific nature of the dependency indicator(s) identified by respondents is set out in Figure 12.

● FIGURE 12: The numbers of respondents reporting each indicator of dependence using DSM-IV criteria (2009 / 10) (percentages)



The three most common indicators of dependency experienced by respondents were: using more than they had intended; feeling sick or unwell after the effects had worn off; and experiencing a strong or persistent desire to use.

The data suggests that around a quarter of respondents may be showing signs of dependency in relation to the substance that they are using most or are most worried about.

HELP SEEKING BEHAVIOUR

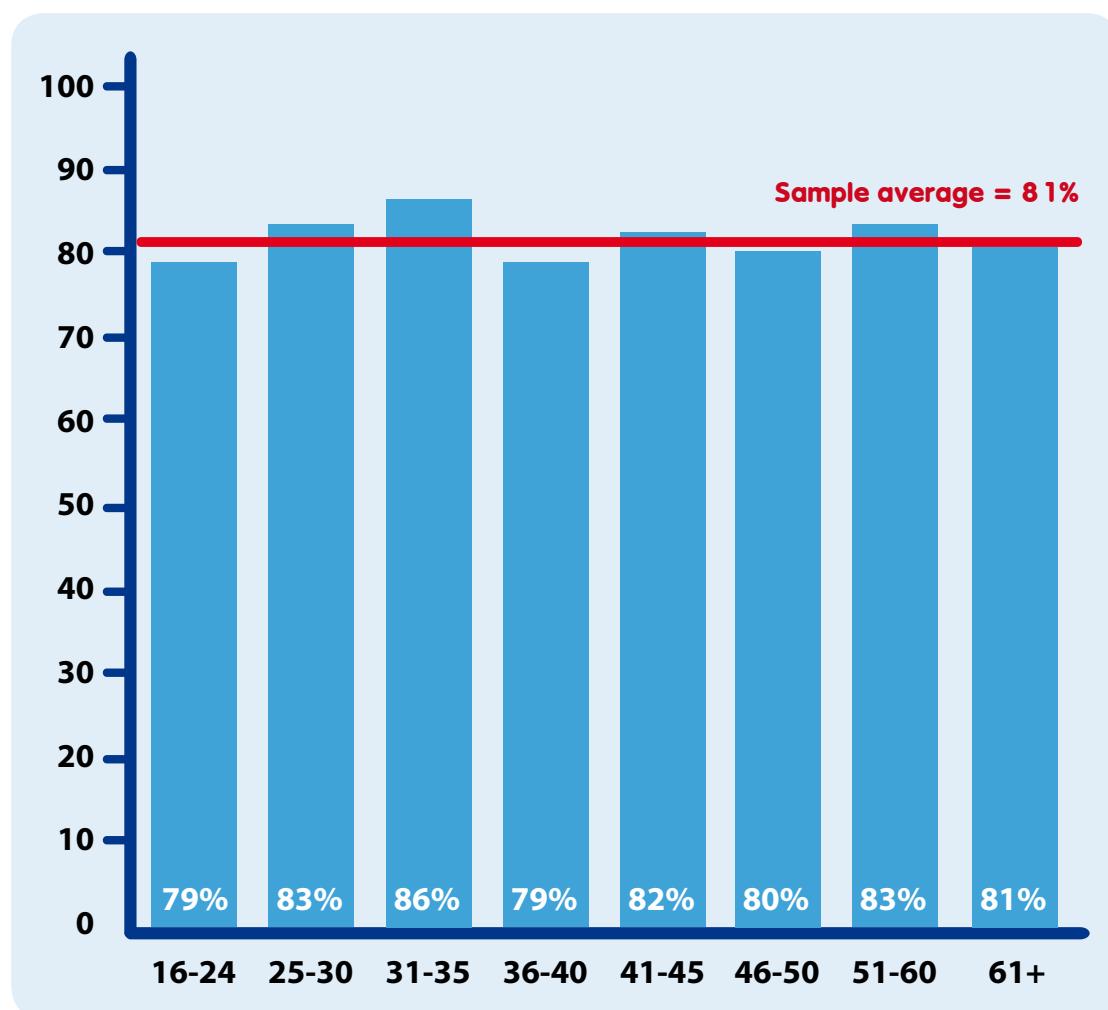
81% of respondents said that they would seek information, advice or help if they felt that they needed it. Women were slightly more likely to say that they would seek help than men (table 19).

● TABLE 19: Number of respondents saying that they would seek information, advice or help if they felt that they needed it by gender

	MALE	FEMALE
Yes	1099 (80%)	1281 (82%)
No	268 (20%)	284 (18%)
TOTAL	13 67 (100%)⁷¹	15 65 (100%)⁷²

There was no real difference in the percentages of respondents in each age bracket who said that they would seek information, advice or help if they felt that they needed it. All age groups were within 5% of the average for the sample (81%).

● FIGURE 13: Percentage of respondents in each age group who would seek information, advice or help if they needed it



⁷¹ Data is missing for 27 respondents

⁷² Data is missing for 37 respondents



Tables 20 and 21 below show the actual help seeking behaviour of respondents. Table 21 shows the number of sources of information, advice or help that respondents had used.

● TABLE 20: The number of sources of information, advice or help that respondents reported having used

Number of sources of information, advice or help respondents reported having used	
None	2151 (71%)
1	372 (12%)
2	234 (8%)
3	135 (4%)
4	92 (3%)
5 or more	64 (2%)
TOTAL	3048 (100%)⁷³

Despite 81% of respondents saying that they would seek information, help or advice if they felt that they needed it, only 29% of respondents had actually done so. Between them they had used 2007 sources of help. Table 21 shows the most commonly used sources. 22%

(n=573) of respondents had used the internet; 16% (n=414) had used friends, family members or partners; 11% (n=277) had used leaflets; and 9% (n=236) had used their GP.

● TABLE 21: The most common sources of information, advice or help respondents reported having used

Sources of information, advice or help	
Internet	573 (22%)
Friend, family, partner	414 (16%)
Leaflet	277 (11%)
GP	236 (9%)
Media	173 (7%)
LGBT organisation	99 (4%)
Alcohol service	63 (3%)
Drug service	63 (3%)
Telephone helpline	58 (2%)
AA or NA	51 (2%)

⁷³ Data is missing for 1 respondent

Figure 14 shows sources of help broken down by gender. Despite the data earlier (table 19) suggesting that women were as likely as men to seek out information, advice or help if they felt that they needed it, figure 14 shows that women are less

likely to actually use all sources of support. This may be, of course, because they don't feel that they need information, advice or help, or it could be for some other reason.

● FIGURE 14: Sources of information, advice and help used by gender (percentages)

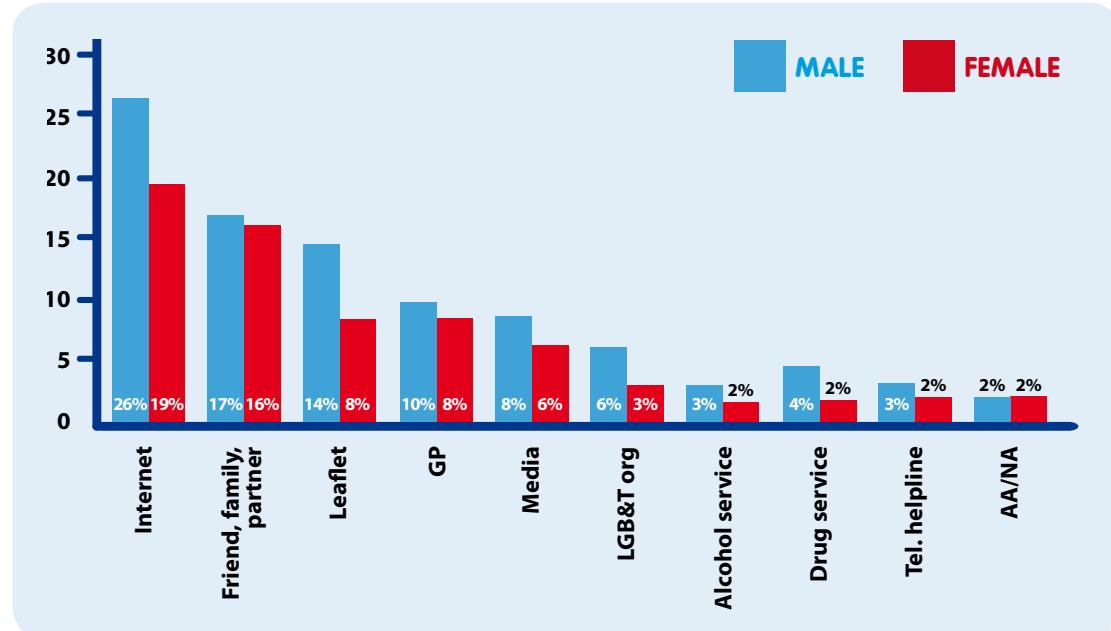
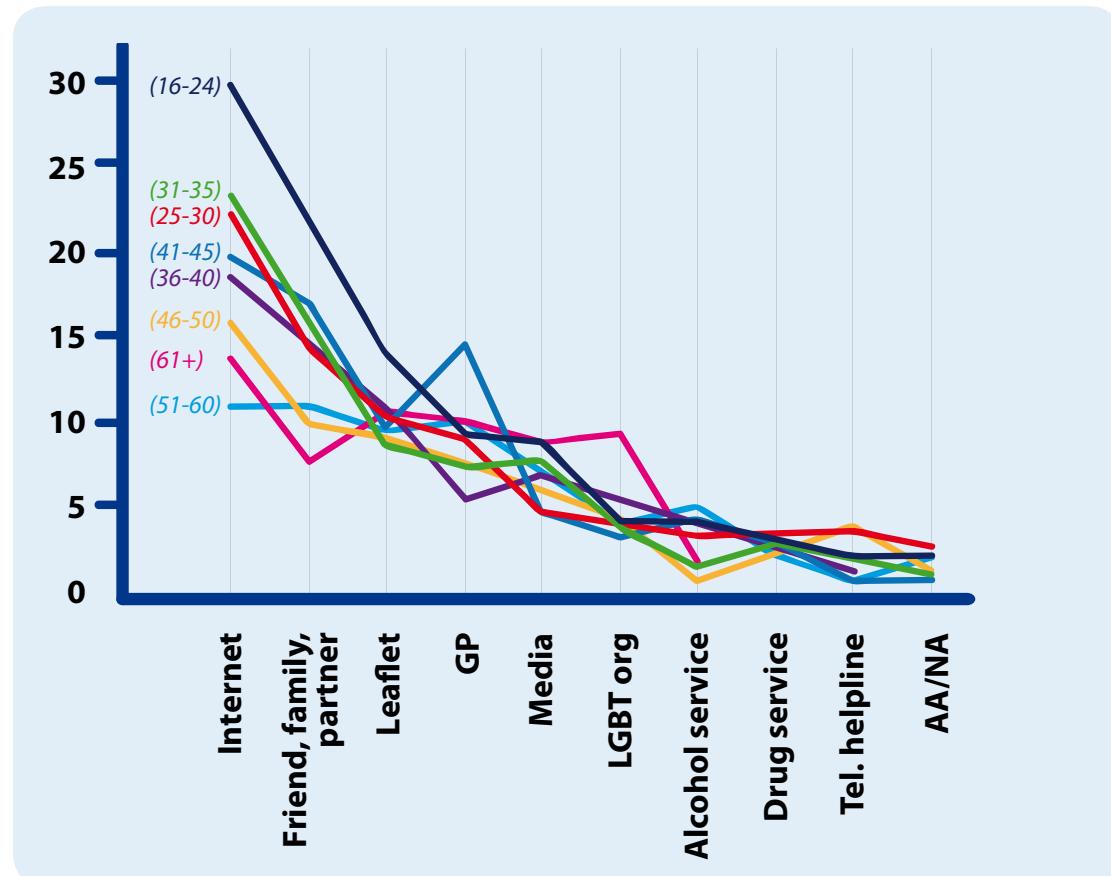


Figure 15 shows the sources of information, advice and help used across age groups. The internet; friends, family members and partners; leaflets; and GPs are the most common sources of support used across all age groups although young people (aged 16-24) are

more likely to use the internet and friends, families and partners for support than any other age group. The GP, the media and other organisations (whether LGB&T or substance misuse specific) appear to be more important to older groups.

● FIGURE 15: Sources of information, advice and help used by age group (percentages)



BARRIERS TO SEEKING HELP

Just under half (38%) of those respondents who said that they would not seek advice, information or help even if they felt that they needed it (n=211/552) provided some qualitative data explaining the reasons why they would not. The reasons given broke down into eight main categories of response. These included: feeling shy, embarrassed, stupid, ashamed or worried about stigma; not knowing where to go for help; feeling that they could sort any problems out on

their own without support; fears about confidentiality; either previous poor experiences of services or an expectation that services would be poor; fear of prejudice and discrimination; and a difficulty in being able to recognise that they had a problem. The frequency and percentages with which each of these reasons was given by those who provided such information is set out in table 22.

● TABLE 22: Reasons respondents gave for not seeking help

Reasons for not seeking help	
Shy, embarrassed, shame, stigma, stupid	78 (37%)
Not knowing where to go	55 (26%)
Sort it out on own	47 (22%)
Confidentiality / what happens to records	20 (9%)
Poor experience or expectation of service	13 (6%)
Prejudice / discrimination	13 (6%)
Difficulty recognising the problem	13 (6%)
Other	8 (4%)
	247 (100%)⁷⁴

In terms of not knowing where to go for help responses tended to break down into two main categories. The first was that category of respondents who didn't know where to go for help generally. The second was that type of respondent who didn't know where to go for something quite specific – for example, not knowing where to go for help with a specific substance such as cannabis, not knowing where to go as an older lesbian woman or not knowing where to go as a young person.

I am not sure where I would go as an older woman

I am not aware of any services for cannabis

Concerns about confidentiality were expressed particularly by people who worked within the health system or in other forms of employment where they feared the consequences of being found out (for example, teaching).

Issues around working in the health service which means that I would not be able to approach a service confidentially

Fear of ruining future employment opportunities

A number of respondents reported having already had poor experiences of services, with services either not

having been able to help or of them delivering services in a discriminatory way. Some respondents feared that they might be 'outed' as a result of using services while others feared that their sexual orientation would be seen as the cause of their drug use.

I don't feel I would get much help having been through the mental health system

If I got counselling or support my sexuality would come out. I would fear homophobia

They [services] always think they need to treat the gay, not the drink

They [services] are ignorant about the links between homophobia and substance misuse

A number of respondents said that the biggest barrier to them using services was likely to be their own inability to recognise that they had a problem.

If I had a problem I'm not sure I would recognise it

⁷⁴ Some respondents gave more than one reason, hence the number of responses (n=247) is more than the number of respondents (n=211)





Part of the Picture

The National LGB Drug & Alcohol Database

Nearly two fifths of the sample had used substances (excluding alcohol) within the last month. Although direct comparison with other research is difficult, mainly because of methodological and sampling problems, this data would appear to be broadly consistent with the most reliable findings from other studies into LGB(&T) drug use.⁷⁵

Last month use of all substances was considerably higher for the POTP respondents than it is for the general population as reported by the 2010/11 British Crime Survey.

The most commonly used substances reported by the sample are cannabis, poppers, cocaine powder, ecstasy, ketamine, amphetamine and non-prescribed benzodiazepines. Mephedrone was mentioned for the first time among the 2010 sample.

Although cannabis use is most common among young people aged 16-24, use of most substances appears to be equally common across all ages, at least until well into the 40s. This suggests that substance use among LGB people may well not be something that people simply grow out of as they take on wider responsibilities (such as partners, mortgages and employment) as has been suggested for the population generally, where use tends to fall with age.

Reported substance use is generally less common among female respondents than it is for males, although cannabis use was an exception to this. Men appear to be slightly heavier drinkers than women – they report being less likely never to binge drink and more likely to binge drink more often.

Across the sample as a whole, alcohol use is common with 89% of respondents reporting as current (last month) drinkers.

10% of the sample report binge drinking at least 4-5 times per week. 4% said they were doing so daily or almost daily. Although alcohol is the most widely used substance, and despite the levels of heavy drinking reported, it remains one of the least worried

about substances. Substances that are used less often are frequently worried about more.

Around a quarter of the sample (24%) reported signs of dependency on the substance that they used most or were most worried about, using DSM IV as the criteria for measuring this.

Taken together, data relating to levels of alcohol use, coupled with data relating to the number of dependency signs that the sample reported and the relatively low concerns that the sample reported about alcohol use, suggests that there is the potential for hidden harm.

29% of respondents had sought information, advice or help in relation to substance use, although this was most commonly from an anonymous and confidential source such as the internet or a leaflet. Only 9% had spoken to their GP, only 3% had seen a drug service and only 3% had seen an alcohol service.

The reasons that users do not seek help are often complex and inter-linked, but include factors such as not knowing where to go, not feeling that services can help and not recognising the existence of a problem or the need for help. They also include fears that services will not be LGB friendly, fears about confidentiality and past poor experiences of services.

Recommendations

The Equality Act 2010 places a legal obligation on drug and alcohol services to ensure that they do not treat LGB people less favourably than any other group. Public sector bodies have additional duties and need to have due regard to the needs of LGB people when carrying out their day to day work, eliminate discrimination against LGB people, advance equality of opportunity for LGB people and foster good relations between different groups including LGB people. Drug and alcohol services, including commissioners, can take a number of specific steps to ensure compliance with this legislation including:

⁷⁵ Beddoe D, Sheikh S, Pralat R and Sloman J (2010) ibid.



1. Increased knowledge and engagement of policy makers and commissioners around LGB patterns of drug and alcohol use

The high numbers of substances used by this sample, and the sample's indicators of dependency, need to be acknowledged and addressed in service design and delivery by policy makers, commissioners and drug and alcohol services. There may be significant value in building links between LGB voluntary organisations and drug and alcohol treatment services and commissioners.

2. Recognition of the potential for hidden harm and the need to raise awareness

The potential for hidden harm should be recognised and concerted, targeted campaigns should be launched to raise the awareness of LGB people about the risks associated with substance use. The current data suggest that such campaigns should focus particularly on the risks associated with high levels of alcohol use and the risks of mixing and combining different substances (for example alcohol

and cocaine). Campaigns should recognise the wide range of age groups involved and may need to target different age groups in different ways.

3. Improved monitoring and use of the data to improve existing services

Monitoring the sexual orientation of service users, and using the data to inform services, will help services to identify whether they are meeting the needs of LGB drug and alcohol users. Monitoring could be undertaken in a variety of contexts such as at referral, within the care pathway, and when leaving services.

4. Broader service provision

A wide range of substances are used and worried about by LGB people. Current services may not reflect this range of substances such as poppers, ecstasy and cannabis. Services with a broader appeal (perhaps using on-line information, given the popularity of the internet as a source of help and advice with respondents) need to be developed.



Please read these instructions before you begin

1. Please do NOT complete this questionnaire

if you have already completed it during a Pride event anywhere in the country this year

OR if you are straight/heterosexual.

2. The Lesbian and Gay Foundation (LGF) in Manchester and the University of Central Lancashire are conducting a study about drug and alcohol use and this questionnaire asks about your use of these. The major aim of the study is to use the findings to inform the development of services (including the provision of information) for lesbian, gay and bisexual people who use drugs and alcohol. The findings will be published in the form of a report, in academic journal papers, on the internet and in LGF's publications.

However, the questionnaire is completely confidential: we don't want you to put your name on it and no information that could identify you will be published nor passed on to anyone else. **You don't have to answer any of the questions you don't want to, but please answer where you can.**

3. If you have any questions about the study, please ask the person who gave you this questionnaire or contact the LGF. Contact details are attached.

4. You are welcome to contact the LGF if you think of further questions later, want to know the results of the study, or want to ask the LGF about anything else, including local substance use services.

5. Please write in below where you are completing this questionnaire (eg bar in Manchester, club in Birmingham, in the street in London, at home).

Consent form

Before proceeding, please read the following:

1. I understand the information that has been given to me about the research project on substance use among lesbian, gay and bisexual people.
2. I have had the opportunity to ask questions about the study and these have been answered to my satisfaction. I know where to go for more information.
3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
4. I agree to take part in the study.

Please complete the questionnaire **only** if you have agreed and ticked each of these.

A large print version of this questionnaire is available please ask an LGF worker.

- 1) Please give the first part of your postcode (eg BD21) or write in the city or town where you live (eg Leicester, Ealing), you will not be able to be identified from this.

.....(write in)

- 2) Are you male or female ? (tick)

- 3) Is your gender the same as you were assigned at birth?

yes no (tick)

- 4) Age last birthday(write in)

- 5) What is your religion or faith?

(tick)

None	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
other (write in which)	

- 6) Do you consider that you have a disability?

yes no (tick)

7) What is your ethnic group?

Choose ONE section from A,B,C,D and E, then tick the appropriate box in that section

A White

- British
- Irish
- Any other white background (*write in*).....

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (*write in*).....

C Asian or British Asian

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (*write in*).....

D Black or British Black

- Caribbean
- African
- Any other Black background (*write in*).....

E Chinese or other ethnic group

- Chinese
- Any other (*write in*).....

8) Which of the following MOST CLOSELY describes you?

lesbian gay bisexual (*tick*)

9) If you were worried about your alcohol and/or drug use,
would you go anywhere or ask anyone for information, advice
or treatment?

yes no (*tick*)

If no, why not? (write in)

.....
.....
.....
.....

If yes, where would you go or who would you ask? (write in)

.....
.....
.....
.....

10) Here are some questions about your drug use in the last month. Remember that your answers are completely confidential.

Have you used these in the last month?

(tick)

	Yes	No
Cannabis		
Ecstasy		
Cocaine powder		
Steroids that you have bought or been given, NOT those prescribed for you		
Amphetamines (speed)		
GHB		
Ketamine		
LSD		
Poppers		
Crystal meth		
Benzodiazepines (such as diazepam/Valium and temazepam) that were NOT prescribed for you		
Heroin		
Crack cocaine		
Other (<i>write in</i>)		
.....		

If you have not used any in the last month, go to question 11.

Complete this table **ONLY** if you have used the drug in the last month.

In the last month, have you used this drug during a session (such as a night out or when you're at home) when you've also been drinking alcohol? (*tick*)

	Yes	No
Cannabis		
Ecstasy		
Cocaine powder		
Steroids that you have bought or been given, NOT those prescribed for you		
Amphetamines (speed)		
GHB		
Ketamine		
LSD		
Poppers		
Crystal meth		
Benzodiazepines (such as diazepam/Valium and temazepam) that were NOT prescribed for you		
Heroin		
Crack cocaine		
Other (<i>write in</i>)		
.....		

Have you injected
this drug in the last
month? (tick)

In the last month, where have you usually used this drug? (eg in a bar, at home, in a club, at work, at friends' homes, outside) *(write in)*

11) Have you drunk alcohol in the last month?

yes no (*tick*)

If no, go to question 12

If yes, where do you **USUALLY** drink alcohol?

tick

at home	
in a bar/pub	
in a club	
at friends' homes	
outside	
at work	
other (<i>write in</i>).....	

The alcohol units chart on the right shows you the units in each drink.

IF YOU ARE FEMALE, how often did you drink **6 or more** units on one occasion in the last month?

IF YOU ARE MALE, how often did you drink **8 or more** units on one occasion in the last month?

(*tick one*)

- never
- once in the last month
- two or three times a month
- once or twice a week
- four or five times a week
- daily or almost daily

Alcohol units chart

Lager	
1 can strong lager 9% (eg Skol Superstrength)	4.5 units
1 pint premium lager 5.2% (eg Stella)	3 units
1 pint of regular lager 4% (eg Fosters)	2.3 units
Cider	
1 pint cider 4.5% (eg Strongbow)	2.6 units
3 litre bottle cider 7.5% (eg White Lightning)	22.5 units
Alcopops	
1 bottle alcopops 275ml 5% (eg Bacardi Breezer, Smirnoff Ice)	1.4 units
Wine	
large (250ml) glass wine 14%	3.5 units
bottle (750ml) of wine 12%	9 units
bottle (750 ml) wine 14%	10.5 units
Spirits (vodka, gin, whiskey, rum etc)	
single measure (35ml) spirits 40%	1.4 units
double measure (70ml) spirits 40%	2.8 units
bottle (700ml) spirits 40%	28 units
1 litre bottle spirits 40%	40 units

If you have not used any drugs or alcohol in the last month, go to question 14

12) You've already given details of the drugs and alcohol you've used during the last month in questions 10 and 11. During a typical session (such as a night out or when you're at home), have you used more than one?

yes no (tick)

If no, go to question 13

If yes, which have you used together during a typical session?

*tick ONLY those used together
during a typical session*

Alcohol	
Cannabis	
Ecstasy	
Cocaine powder	
Steroids that you have bought or been given, NOT those prescribed for you	
Amphetamines (speed)	
GHB	
Ketamine	
LSD	
Poppers	
Crystal meth	
Benzodiazepines (such as diazepam/Valium and temazepam) that were NOT prescribed for you	
Heroin	
Crack cocaine	
Other (write in).....	

13) Think about the drugs and alcohol you have used in the last month.

Please answer the following questions about the one you are most worried about using. If you are not worried about using any drug or alcohol, please answer the questions for the one you use most often.

Which substance is this?

tick **ONE** only

Alcohol	
Cannabis	
Ecstasy	
Cocaine powder	
Steroids that you have bought or been given, NOT those prescribed for you	
Amphetamines (speed)	
GHB	
Ketamine	
LSD	
Poppers	
Crystal meth	
Benzodiazepines (such as diazepam/Valium and temazepam) that were NOT prescribed for you	
Heroin	
Crack cocaine	
Other (write in).....	

Is this ... (*tick ONE only*)

the one you are most worried about using

OR

the one you use most often?

In the last month, how often have you used the substance you named? (*tick one*)

- once in the last month
- two or three times a month
- once or twice a week
- four or five times a week
- daily or almost daily

The following questions are also about the substance you named.

In the last month, did you:

*tick only
ONE column
on each line*

	Yes (tick)	No (tick)
Have a strong or persistent desire to use it?		
Have difficulty in controlling how much of it you used?		
Need to use an increased amount of it to achieve the effect you wanted?		
Find that when you continued to use the same amount of it, it had less of an effect?		
Feel sick or unwell when the effects of it had worn off?		
Take more of it or a similar substance to stop or avoid cravings or withdrawal symptoms?		
Use it more than you intended?		
Spend most of the day obtaining, using and recovering from the effects of it?		
Find that use of it led you to neglect other things in your life?		
Continue to use it despite having problems with your use?		

14) In the last year have you asked or used any of the following for information, advice or other help for your drug and/or alcohol use? (tick the yes or no column on each line)

	Yes	No
Your GP		
Internet		
Leaflet		
Freind, family or partner		
A drug service (<i>if yes, write in name of service</i>)		
An alcohol service (<i>if yes, write in name of service</i>)		
The media (newspapers, magazines, TV, etc)		
Telephone helpline (eg Frank, NHS Direct)		
Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)		
An LGBT organisation		
Anywhere else? (<i>write in</i>)		
.....		
.....		
.....		
.....		

15) Finally, have you heard of

.....?

yes

no (*tick*)

Many thanks for giving up your time to take part in this survey.

Please give your completed questionnaire back to an LGF worker or take it back to the LGF stall and you will be given details of our local partner organisation, sources of help for drug and alcohol issues and an 'I've been done' sticker. If you wear the sticker, you won't be approached by us again today.



Part of the Picture

The National LGB Drug & Alcohol Database

We believe in a fair and equal society where all lesbian, gay and bisexual people can achieve their full potential.

For a large print format of this report, please call 0845 3 30 30 30 or email: info@lgf.org.uk



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