OUTing Notts:

A study into the substance misuse needs and experiences of LGBT people across Nottinghamshire

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Diversity

SNB Safer Nottinghamshire Board

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- Service providers who responded to a questionnaire

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Abbreviations used in this report

BME	Black and minority ethnic
ISCRI	The International School for Communities, Rights and Inclusion
LGB(T)	Lesbian, gay, bi-sexual (and trans-gendered)
UCLan	The University of Central Lancashire

Contents

Executive Summary

This study explored the drug and alcohol using patterns of lesbian, gay, bi-sexual and trans-gendered people in Nottinghamshire. It was undertaken by the International School for Communities, Rights and Inclusion at the University of Central Lancashire.

A variety of methods were used to gather data including: an on-line questionnaire targeted at LGBT people through known networks; a questionnaire that was given out to potential respondents in LGBT clubs and bars; three focus groups; and a questionnaire that was distributed to drug and alcohol services across Nottinghamshire.

122 people completed either an on-line questionnaire or a hard copy of the questionnaire in a bar or a club; 50 people took part in a focus group and 9 service providers returned the survey.

The on-line questionnaire proved a more effective method of engaging both older and female respondents. The questionnaire that was completed in bars and clubs proved better at engaging younger respondents.

The substances most often used (apart from tobacco and alcohol) were cannabis, poppers, amphetamine, ecstasy, cocaine powder and ketamine.

The report provides a detailed analysis of the reported drug use by response type, age and gender. 80% of respondents had used at least one substance, with 43% reporting that they had used more than one substance. Focus group participants expressed different views about whether drug use on the gay scene was any worse than it was on the straight scene.

Respondents aged 22 or over were more likely than those aged 21 or under to have used most drugs with the exception of cannabis. Lesbian and bi-sexual women were equally as likely to have used most drugs as gay and bi-sexual men.

40% of respondents reported that they had experienced problems as a result of their substance use with the most commonly reported problems being unprotected sex; time off work or education; having sex they regretted; ill health or arguments with family and friends.

84% of respondents had drunk alcohol in the last month, but younger respondents tended to report being heavier drinkers as measured by the number of occasions that they drank more than the recommended daily drinking allowance. 86% of respondents reported that they had experienced problems as a result of their alcohol use with similar problems being reported to those related to other substances and reported above. Focus group participants reported the widespread use of alcohol on the gay scene coupled with the availability of cheap alcohol at various promotion nights.

This study is unable to provide definitive data on whether there is a relationship between levels of substance use and coming out: respondents who expressed a view on this disagreed with most being unsure.

The gay scene itself was seen as both a positive and a negative influence on young LGBT people providing acceptance and building confidence on the one hand but exerting pressure to drink and take drugs on the other.

Despite the extent to which problems were reported to have been experienced as a result of drug and particularly alcohol use, few respondents (less than one fifth) actually perceived their drug or alcohol use to be problematic. Less still had ever thought about trying to get help. Some suggestions were made about what services might do to improve their attractiveness however and these included suggestions around the themes of confidence, non-judgmentalism, confidentiality, queer friendliness and pro-activeness. Focus group participants provided a range of suggestions for improving the provision of information about drugs and alcohol to LGBT people.

Monitoring of service uptake by sexuality across services is patchy. Around half of services report that they regularly asked clients about their sexuality but there is concern about whether and when it is appropriate to ask. Training and guidance may be necessary here. Most LGBT respondents who expressed a view on this issue seemed happy to be asked about their sexuality as long as this was done sensitively and there was no risk of people being ‘outed’.

Recommendations

1. **Monitoring:** drug and alcohol services should consistently collect, record and analyse data about the uptake of their services and the outcome of treatment interventions for LGBT clients. Currently there is no way of knowing whether the needs of LGBT clients are being met as it is not clear how many LGBT clients are accessing services.
2. **Staff development and training:** staff in alcohol and drug services will need to be trained in how to collect and record data about sexuality. Many staff will not understand why they need to ask clients about their sexuality and many staff will feel uncomfortable about being asked to collect this type of information.
3. **Substance misuse services to be more pro-active:** substance misuse services should do more to build relationships of trust with the LGBT community. This could range from taking small steps such as displaying gay friendly images and signs, through to developing strategies for outreach (e.g. in gay venues and at gay events) or developing programmes of joint work with LGBT organisations.
4. **Health prevention campaigns:** existing health prevention campaigns such as those run by the Health Shop should be supported and built upon. Information about the risks of unprotected sex, excessive alcohol use. Specific thought should be given to the needs of lesbian, bi-sexual and trans-gendered women.
5. **Sharing good practice:** there is a paucity of research nationally in to the substance related needs of LGBT people and this research should be shared and disseminated as widely as possible.
6. **Further research and on-going monitoring:** the Equality and Diversity Strategic Group should take a lead in monitoring the implementation of the recommendations and should consider commissioning further research in 18 months to 2 years as a means of assessing progress.

Background

In August 2008 Nottinghamshire County Drug and Alcohol Action Team, through its Equality and Diversity Strategic Group commissioned the International School for Communities, Rights and Inclusion (ISCRI) at the University of Central Lancashire (UCLan) to undertake a community engagement project to explore the nature of substance use and substance related education, prevention and treatment needs within the lesbian, gay, bi-sexual and trans-gendered (LGBT) communities of Nottinghamshire.

Historically, substance misuse services in Nottinghamshire have focused primarily on heroin users.

In the last financial year (2008/09) Nottinghamshire had:

- 2,385 heroin/crack users in effective treatment[1] (Nottingham City had 1545)[2]
- 2,799 adult (18+) drug users in effective treatment – which includes those above the above plus other stimulant users (Nottingham City had 1885)
- 499 young people accessing services for substance misuse (drugs or alcohol) (Nottingham had 260)
- 1,718 people accessing specialised alcohol treatment (Nottingham City had 685)

A broad range of services are commissioned in Nottinghamshire, including services for alcohol and stimulant users. Evidence collected through the annual needs assessments suggests that Nottinghamshire broadly meets the needs of its population, with an excellent coverage of services, particularly for heroin and crack cocaine users. Other clients have accessed treatment for stimulant, cannabis, ecstasy or alcohol use, but as a proportion of the treatment system the numbers remain small.

Although all services are encouraged to ensure that they be accessible to all those who may need them, sexuality has not been routinely monitored and it is therefore not possible to say with any degree of confidence whether the needs of LGBT drug users are being met.

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1 Effective treatment means either retained in treatment for 12 weeks, or having a planned exit from treatment during the first 12 weeks.

2 Note: figures for Nottingham City are additional to those for the county.

Concerns have been expressed that, compared to the general population, lesbian gay and bi-sexual (LGB) people may have specific needs in the areas of substance use and mental health and that they may display significantly higher rates of smoking, alcohol and illicit drug use[3 4 5]. Much of the evidence is anecdotal however, and gives little insight in to the specific needs of LGBT people in Nottinghamshire.

The first national research into LGB substance use is currently underway[6]. It is envisaged that this will help to shape the future provision of drug and alcohol services to ensure that they are inclusive of the needs of LGB people, as well as developing a national evidence base of drug and alcohol use amongst LGB communities. This is some way off reporting however and again is likely to lack a specific locality focus taking into account the particular nuances of a rural area such as Nottinghamshire.

Methods

The project was delivered by a small research team based at ISCRI, UCLan. It was guided by a steering group, which was pulled together by Safer Nottinghamshire Drug & Alcohol Action Team and the Equality & Diversity Strategic Group. This group met regularly between September 2008 and July 2009. Guidance was also provided by the ethics committee at ISCRI.

A questionnaire was developed which could be completed either on-line or in hard copy by LGBT people. The research team took responsibility for developing the questionnaire, but the steering group also had a major input. Several draft versions were developed before a near final version was agreed upon. This was piloted with a small sample of respondents before being refined in to a final version.

Hard copies were distributed to potential participants in venues where lesbian, gay, bi-sexual and trans-gendered people might be expected to gather (e.g. bars and nightclubs). Hard copies of the form were handed out and collected from potential participants along with information sheets about the project by members of the research team or by workers from LGBT organisations who had agreed to help gain access to the community.

The on-line version of the form (which was set up using Survey Monkey[7]) was publicised by circulating information about the project together with a link to the questionnaire through known LGBT networks. These networks were identified by steering group members.

In addition, three focus groups were held. These were facilitated by staff from UCLan, but the groups themselves were set up and organised in partnership with a number of community based LGBT organisations who took responsibility for identifying and inviting possible participants, organising venues and providing refreshments. Each organisation was paid a small amount of money in order to compensate them for the costs associated with doing this.

A brief postal-survey was also sent to drug and alcohol service providers by the Drug and Alcohol Action team.

On-line versions of the questionnaire were analysed using the computer package provided by Survey Monkey. Hard copies of the form were entered in to the same database so that they could be analysed using the same tool.

Contemporaneous notes from the focus groups were reviewed and organised according to themes.

The service providers survey was analysed manually using a tally system to collate statistical data. Qualitative data (where it was available) was organised and analysed thematically.

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3 Musingarimi, P (2008) Health Issues Affecting Older Gay, Lesbian and Bisexual People in the UK, The International Longevity Centre - UK (ILC-UK), London, **www.ilcuk.org.uk**

4 **http://www.theargus.co.uk/news/4560850.Concern_at_drug_use_in_Brighton_s_gay_community/**

5 Hunt, R and Minsky A (2006) Reducing health inequalities for lesbian, gay and bisexual people: evidence of health care needs, Stonewall, London **http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089826**

6 **http://www.lgf.org.uk/part-of-the-picture**

7 **http://www.surveymonkey.com/**

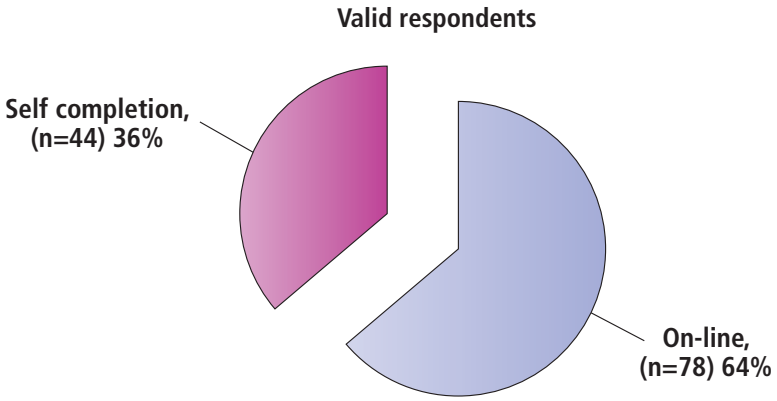
Findings

Part 1: Questionnaire Data

1. The sample

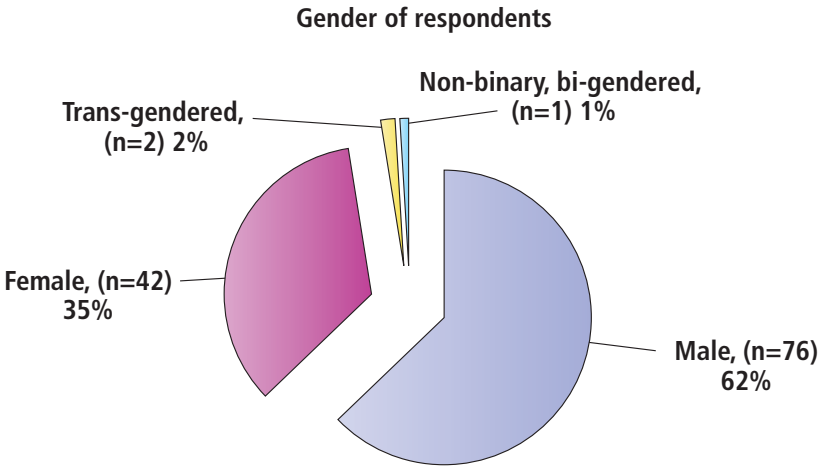
1.1 Valid respondents

138 people took part in the survey. 85 completed the survey on-line and 53 returned self-completed questionnaires. 16 responses had to be discarded (7 on-line and 9 self-completed questionnaires), either because respondents gave post code addresses outside Nottinghamshire or because they reported that they were heterosexual or straight. The total number of valid responses was therefore 122 (78 on-line and 44 self-completed questionnaires).



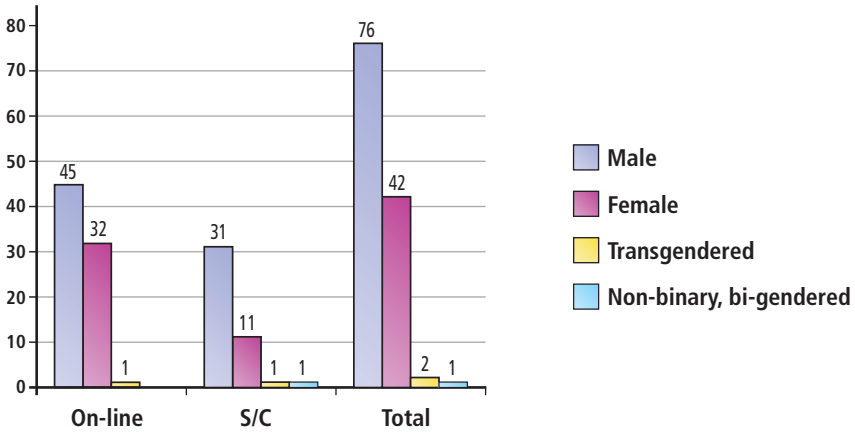
1.2 Gender of respondents

62% (n=76) of all respondents were male and 34% (n=42) were female. 2% (n=2) described themselves as trans-gendered and 1% (n=1) as non-binary, bi-gendered.



The gender split across those who completed on-line and self-completed questionnaires was different however, with proportionally more women completing on-line questionnaires. 41% (n=32) of those who completed on-line questionnaires were women, as opposed to only 25% (n=11) of those who returned self-completion questionnaires.

Gender of respondents by response type



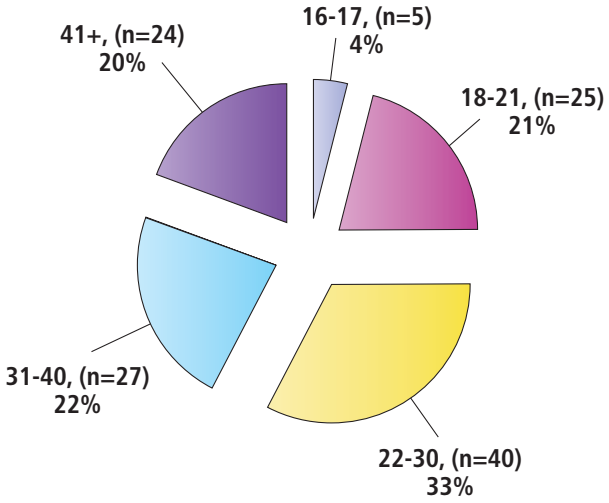
1.3 Age of respondents

Across the sample as a whole, 24% (n=30) were aged under 21. 33% (n=40) were aged between 22 and 30.

Age of respondents

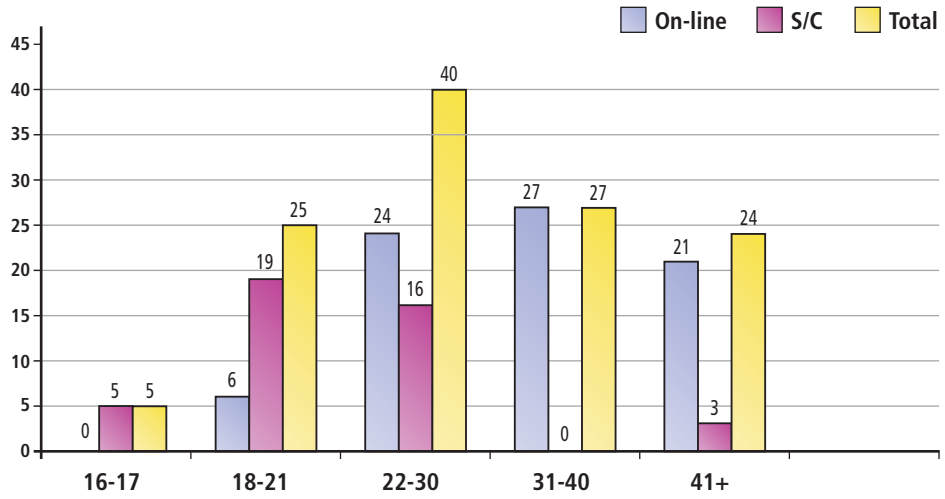
	O/L n=78	SC n=44	Total n=122
16-17	0	5 (11%)	5 (4%)
18-21	6 (8%)	19 (43%)	25 (20%)
22-30	24 (31%)	16 (36%)	40 (33%)
31-40	27 (35%)	0	27 (22%)
41+	21 (27%)	3 (7%)	24 (20%)
Did not answer	0 (0%)	1 (2%)	1 (1%)

Age of respondents - all



Again however, there were differences between the age make up of those who completed on-line questionnaires vis-à-vis those who returned self completion questionnaires, with the former being a slightly older age group.

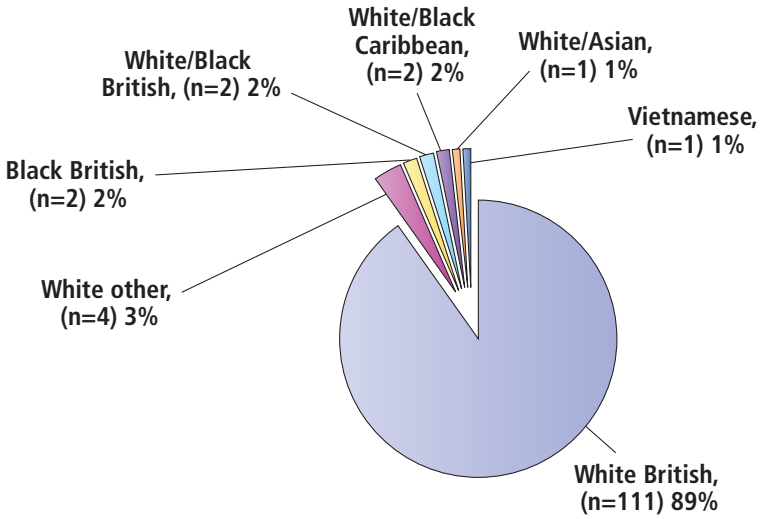
Age of respondents by response type



1.4 Ethnicity of respondents

91% (n=111) of respondents were White British; 3% (n=4) were White other; 2% (n=2) were Black British; 2% (n=2) were mixed (White/Black Caribbean); 1% (n=1) was mixed (White/Asian) and 1% (n=1 was Vietnamese).

Ethnicity of respondents

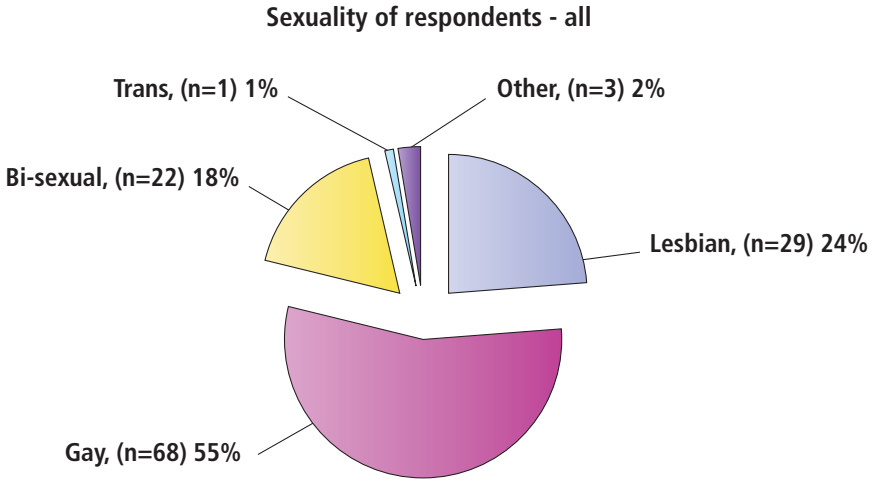


1.5 Sexuality of respondents

Just over half of the respondents (56%: n=68) described themselves as gay. Nearly a quarter (24%; n=29) said they were lesbians and nearly one fifth (18%; n=22) said they were bi-sexual.

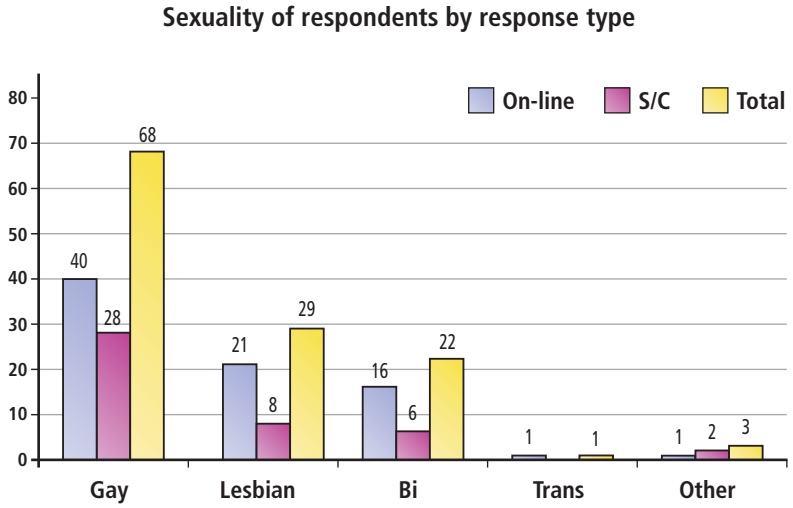
Sexuality of respondents

	O/L n=79[6]	SC n=44	Total
Lesbian	21 (27%)	8 (18%)	29 (24%)
Gay	40 (51%)	28 (64%)	68 (56%)
Bi-sexual	16 (21%)	6 (14%)	22 (18%)
Trans	1 (1%)	0	1 (1%)
Other	1 (1%)	2 (5%)	3 (2%)



Of the 22 bi-sexual respondents, 68% (n=15) were female.

The on-line questionnaire appears to have been more successful at attracting responses from lesbian women. 27% (n=21) of on-line responses were from lesbian women whereas only 18% (n=8) of self completion questionnaires were completed by lesbian women.

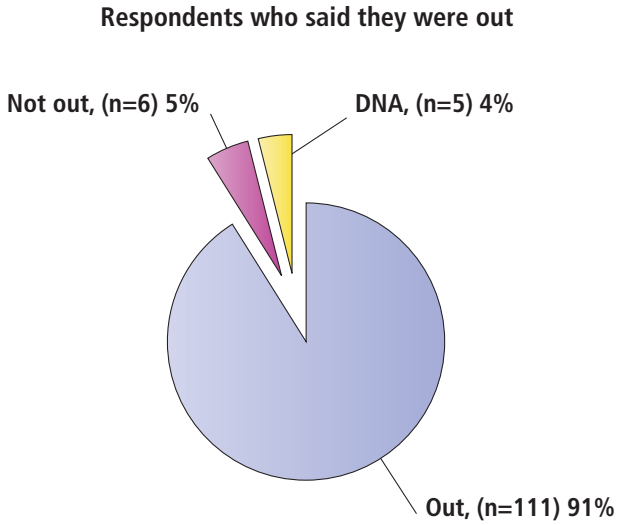


1.6 'Out' Status

Most (91%: n=111) described themselves as 'out', although 4% (n=5) respondents did not answer the question. There were not significant differences between the numbers of on-line or self-completion participants who said that they were out (the percentages for both were 91% and 90% respectively).

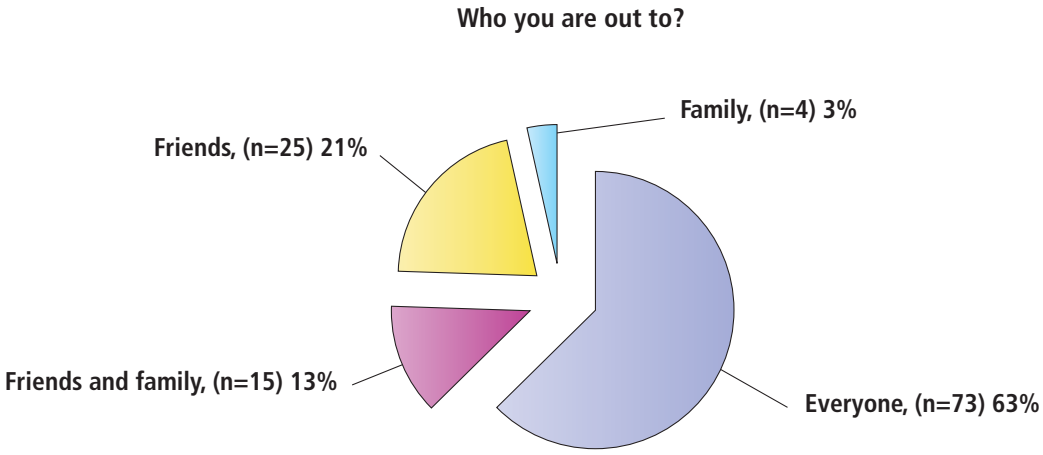
8 Note: the numbers in this column do not add up to 78 because one respondent selected lesbian woman and other as responses.

Only 5% (n=6) of the total sample said that they were not out, but whereas 6% (n=5) of on-line respondents said that they were not out only 2% (n=1) of self completion respondents said that they were not out.



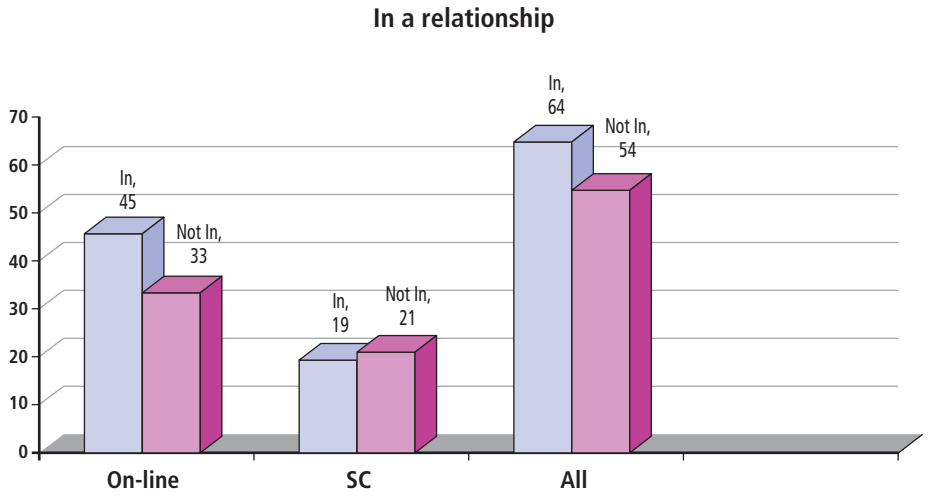
60% (n=73) of the sample said that they were generally out to everyone, although the percentage of those out to everyone was higher for on-line respondents (62%: n=49) than it was for those who returned self-completion forms (55%; n=24).

Those who returned self-completion questionnaires were more likely to be out to friends only (28%; n=12) than those completed the on-line survey (17%; n=13).

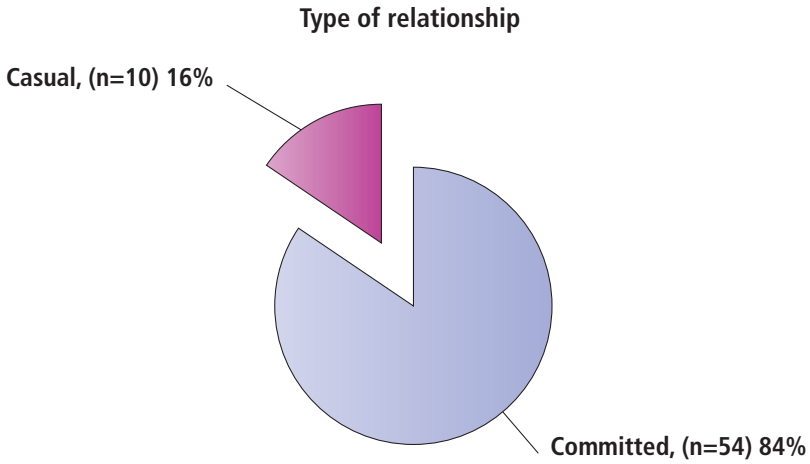


1.7 Relationship Status

52% (n=64) of all respondents reported that they were in a relationship, although the proportion of people who completed the on-line questionnaire who said that they were in a relationship (58%, n=45) was higher than for those who returned self-completion questionnaires (43%, n=19).

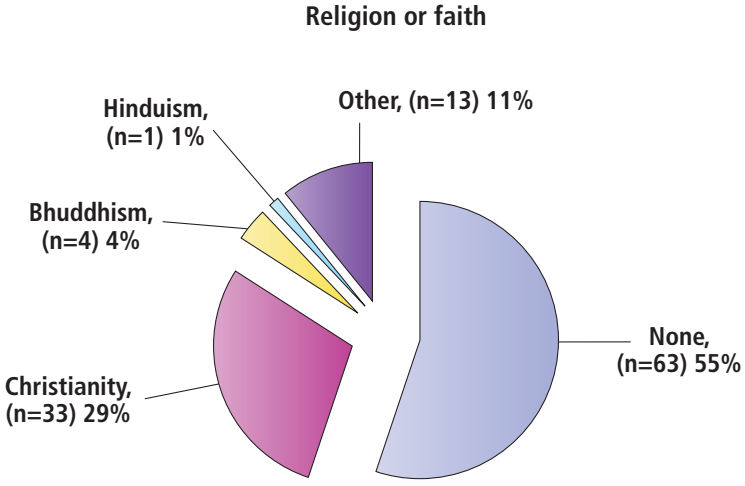


Of those who said they were in a relationship (n = 64) most (84%, n = 54) described their relationship as a committed one. The proportion of respondents who completed the on-line questionnaire who said that they were in a committed relationship was higher than the proportion of respondents who returned self-completion questionnaires (89% as against 74%).



1.8 Religion and faith

Just over half of the sample (n=63; 52%) said that they did not subscribe to any religion or faith. 33 (27%) described themselves as Christians.



1.9 Disability

10% (n=12) of respondents said that they had a disability. Disabilities declared included:

- Blood clotting disorder
- Broken neck injury – wheelchair user
- Mental illness
- Dyslexia
- Agoraphobia
- Arthritis
- Diabetes
- ME/Fibromyalgia
- Heart problems
- Motorcycle accident, multiple fractures
- Developmental dyspraxia
- Can't read

1.10 Summary

There were 122 valid responses to questionnaires – 78 were completed on-line and 44 were returned as self completion questionnaires. Nearly two thirds of respondents were male. The profile of on-line and self completion questionnaires differ significantly in terms of their age and gender profile. The on-line sample contained proportionately more women and was older.

Just over half of the respondents (56%: n=68) described themselves as gay. Nearly a quarter (24%; n=29) said they were lesbians and nearly one fifth (18%; n=22) said they were bi. Nearly all respondents said they were out to someone, with nearly two thirds being generally out to everyone. Just over half were in a relationship.

2. Substance use (excluding alcohol)

2.1 Summary

80% (n=98) of respondents had used at least one substance (including tobacco but excluding alcohol) on at least one occasion. This was the same for both on-line and self completion questionnaire respondents.

43% (n=53) of respondents said they had used more than one substance (including tobacco but excluding alcohol). This figure was higher for on-line respondents (47%; n=37) than it was for self completion respondents however (36%; n=16).

Across respondents as a whole, the most prevalent drugs in terms of lifetime[9] and current (last month) use are almost identical.

Lifetime use		**Current use**	
Tobacco	66%	Tobacco	32%
Cannabis	54%	Cannabis	16%
Poppers	43%	Poppers	16%
Ecstasy	30%	Ecstasy	7%
Amphetamine	30%	Amphetamine	5%
Cocaine Powder	26%	Cocaine Powder	4%
Ketamine	23%	Ketamine	4%

Prevalence of lifetime use across all substances is higher for the on-line respondents than it is for those who returned self-completion questionnaires however. The on-line respondents have also used a wider range of substances than those who returned self completion questionnaires. Thus while the on-line respondents had used

9 Lifetime use means that the respondent has used at least once in their life.

tobacco, cannabis, amphetamine, cocaine powder, crack cocaine, poppers, heroin, crystal meth, ecstasy, ketamine, GHB, Viagra, LSD, tranquilisers and anabolic steroids those who returned self-completion questionnaires reported no use of heroin, crystal meth or steroids. In terms of current (last month) use, the on-line respondents reported higher rates of use of tobacco, cocaine powder, ketamine, Viagra, LSD and tranquilisers, but lower rates of use of cannabis, amphetamine, poppers and ecstasy.

There are a number of possible explanations for the differences between the reported drug using patterns of on-line respondents and self-completion respondents. It is possible that there is something about the methods themselves – on-line respondents may have felt more secure completing the questionnaire in the privacy of their own homes than those who returned self-completion questionnaires and this may have resulted in greater honesty and openness. Conversely, those completing the on-line questionnaire may have been blaze and over-reported their use.

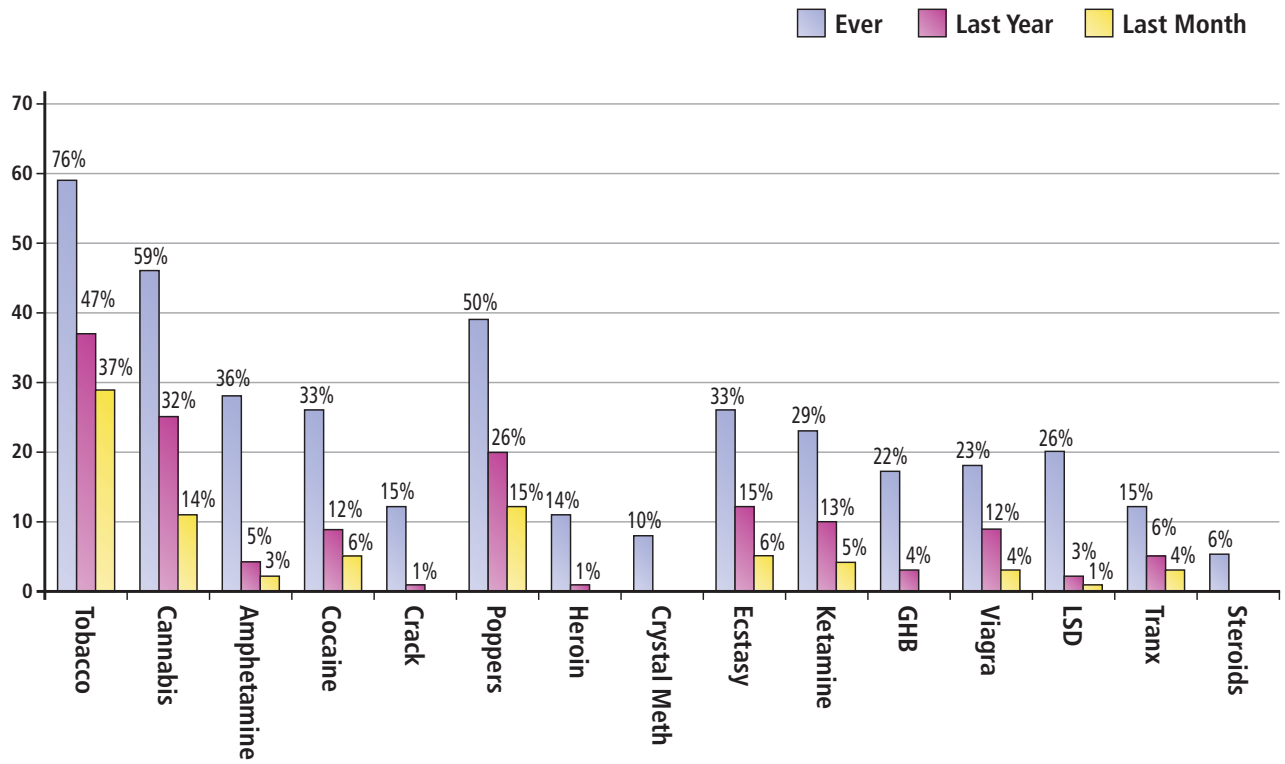
An alternative explanation may be the make up of the samples themselves however. Those who completed the on-line survey differed from those who returned self-completion questionnaires in two main respects. Firstly they were older and secondly there were proportionally more women.

Further analysis of drug use by age suggests that age is a significant factor. 31-40 year olds were the most likely group of respondents who have ever used any substance with the exception of cannabis, with the probability of ever having used ranging from 85% for tobacco to 11% for steroids. For most substances there was a 40-60% chance that respondents in the 31-40 year old age category had used it at some point. The 16-17 year olds respondents were the most likely to be either lifetime (80%) or current (last year 60%, last month 20%) users of cannabis, but both they and the 18-21 years olds were the least likely groups to have used nearly every other substance, including tobacco, amphetamine, cocaine powder, crack cocaine, poppers, heroin, crystal meth, ecstasy, ketamine, GHB, LSD, tranquilisers and steroids.

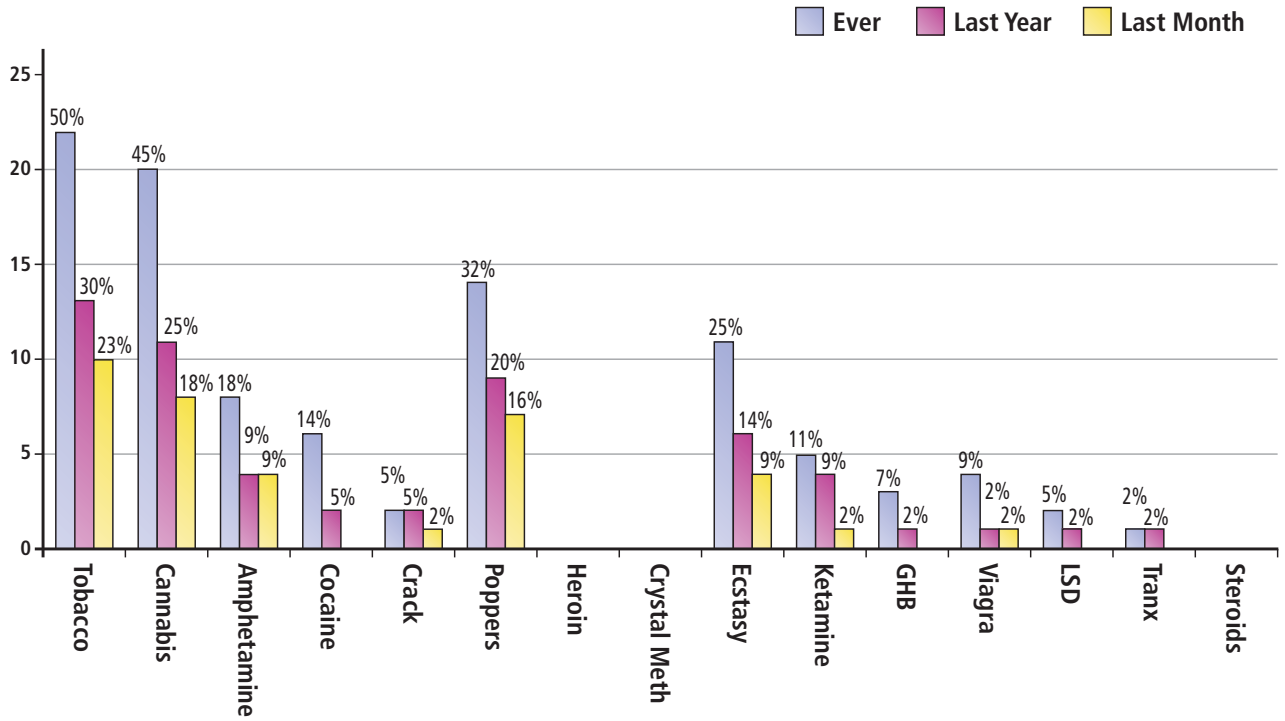
Analysis of drug use by gender suggests that this is not a significant factor in explaining why the on-line sample generally reported higher levels of drugs use. Male and female respondents reported generally equal levels of drug use across most substances (including tobacco, cannabis, amphetamine, cocaine powder, crack cocaine, crystal meth, ecstasy, GHB and steroids). Male respondents reported higher levels of drug use only in relation to poppers, ketamine and viagra, with females reporting higher levels of drug use in relation to heroin, LSD and tranquilisers. This finding is in itself significant however. Intuitively one might expect the levels of drug use reported by males to be higher than that reported by females as this has been the trend amongst general population surveys[10] consistently. Furthermore, while it may not be surprising that more men are reporting use of viagra it is surprising that women are using it at all. It is also interesting that female respondents reported higher levels of use of heroin, LSD and tranquilisers.

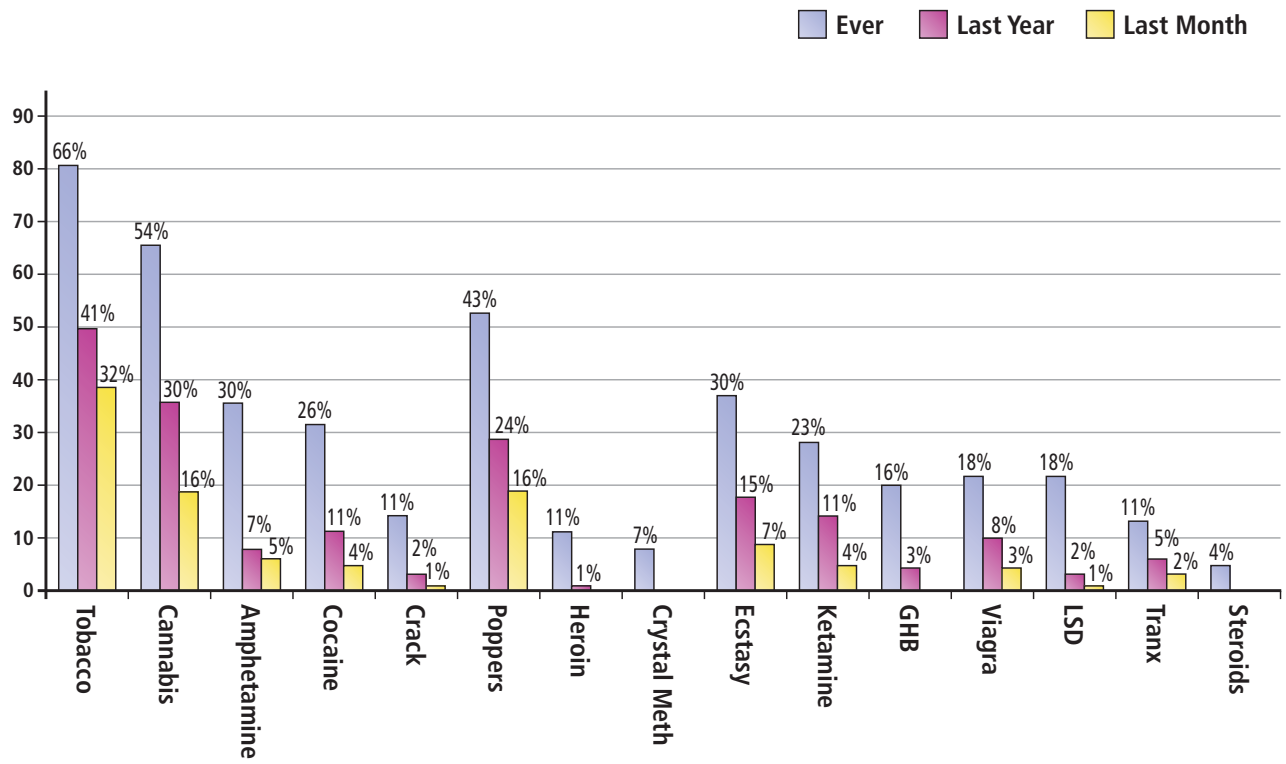
10 Murphy R and Roe S (2007) Drug Misuse Declared: Findings from the 2006/07 British Crime Survey, London, Home Office **http://www.homeoffice.gov.uk/rds/pdfs07/hosb1807.pdf**

Drugs used - on-line respondents

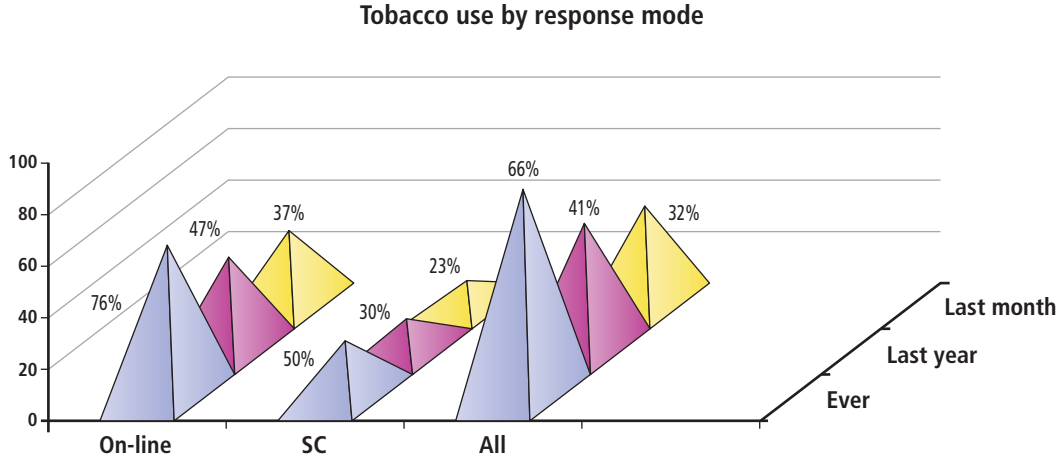


Drugs used - SC respondents





2.2 Tobacco



About two thirds of respondents had used tobacco, but the figures were significantly different for on-line and self-completion respondents. Three quarters of on-line respondents (n=59) had used tobacco compared with only half (n=22) of self-completion respondents. Just over one third (n=29) of on-line respondents were current (last month) smokers, compared with about a quarter (n=10) of self-completion respondents.

Although tobacco use amongst all age groups was high, those in the 31-40 age groups were the most likely users. 85% (n=23) of respondents in this age group had used tobacco.

Tobacco use by age

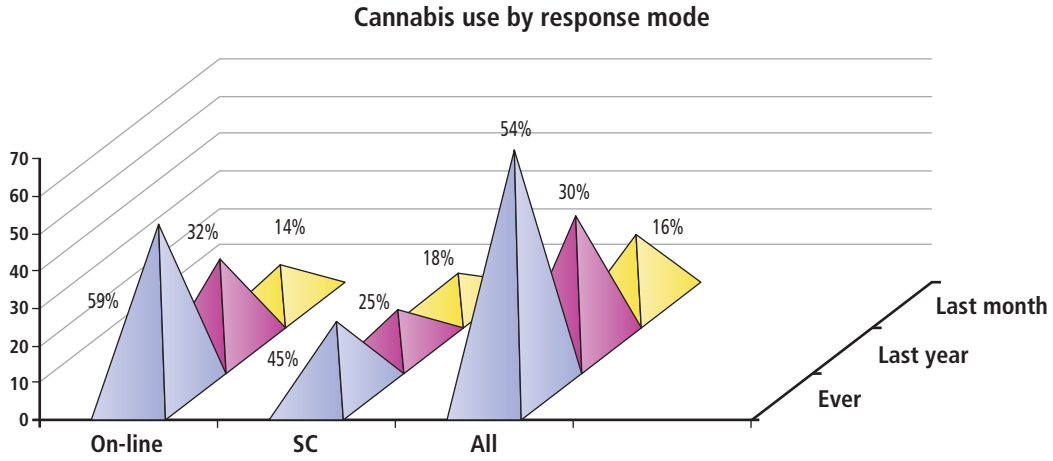
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	60 (n=3)	40 (n= 2)	20 (n=1)
18-21 (n=25)	52 (n=13)	28 (n=7)	24 (n=6)
22-30 (n=40)	70 (n=28)	42 (n=17)	33 (n=13)
31-40 (n=27)	85 (n=23)	52 (n=14)	41 (n=11)
41+ (n=24) 6	3 (n=15)	42 (n=10)	33 (n=8)

Levels of tobacco use by male and female respondents were fairly consistent, with slightly less females reporting current use.

Tobacco use by gender

Age group	% of ever use	% of use in last year	% of use in last month
Male (n=76)	68 (n=52)	45 (n=34)	34 (n=26)
Female (n=42)	67 (n=28)	36 (n=15)	29 (n=12)

2.3 Cannabis



Just over half of all respondents had ever used cannabis, but lifetime prevalence was higher for on-line respondents (59%; n=46) than it was for self completion respondents (45%; n=20). Self-completion respondents were slightly more likely (18% as opposed to 14%) to be current (last month) users.

Cannabis use occurred widely across all age groups but was most likely to occur amongst the youngest respondents. 80% (n=4) of those aged 16-17 had used cannabis.

Cannabis use by age

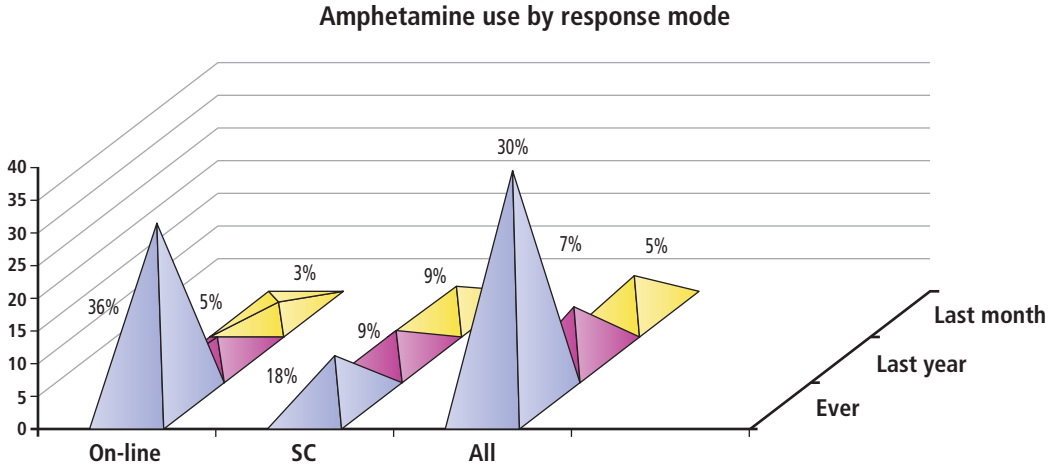
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	80 (n=4)	60 (n=3)	20 (n=1)
18-21 (n=25)	40 (n= 10)	20 (n=5)	20 (n=5)
22-30 (n=40)	50 (n= 20)	28 (n= 11)	13 (n=5)
31-40 (n=27)	62 (n= 17)	30 (n= 8)	15 (n= 4)
41+ (n=24)	58 (n= 15)	38 (n= 9)	17 (n=4)

Rates of use were fairly similar across male and female respondents, with slightly more males being users in the last month, but slightly more females being users in the last year.

Cannabis use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	55 (n=42)	26 (n=20)	17 (n=13)
Female (n=42)	52 (n=22)	33 (n=14)	12 (n=5)

2.4 Amphetamine



Just under one third of all respondents (30%; n=36) had ever used amphetamine. On-line respondents were twice as likely to have ever used the drug (36% as opposed to 18%) as self completion respondents, but self completion respondents were three times more likely (9% as opposed to 3%) to be current (last month) users.

No one in the 16-17 year old age bracket reported ever having used amphetamine. Lifetime users were most likely to be aged between 31-40 with current (last month) users most likely to be aged between 22-30.

Amphetamine use by age

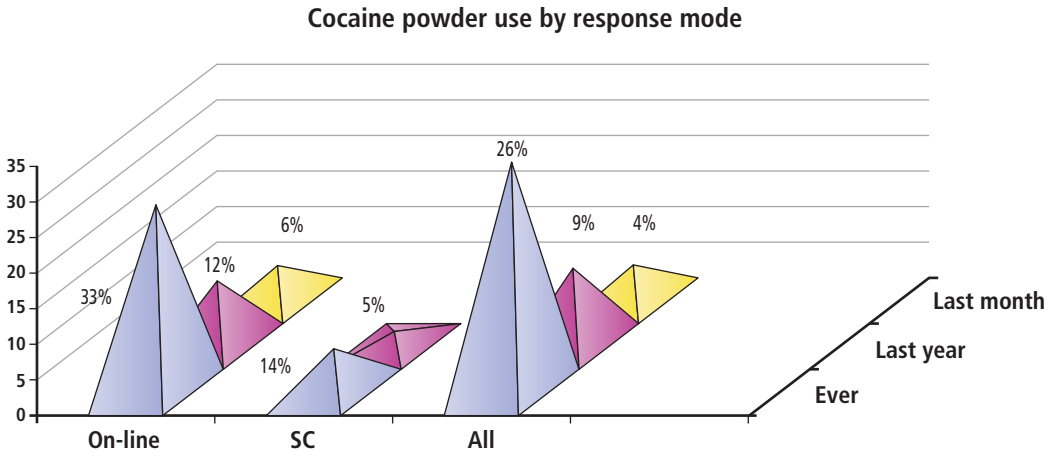
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	12 (n=3)	4 (n=1)	4 (n=1)
22-30 (n=40)	30 (n=12)	15 (n=6)	8 (n=3)
31-40 (n=27)	60 (n=16)	0 (n=0)	0 (n=0)
41+ (n=24)	21 (n=5)	4 (n=1)	4 (n=1)

Rates of use were fairly similar across male and female respondents.

Amphetamine use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	29 (n=22)	7 (n=5)	4 (n=3)
Female (n=42)	31 (n=13)	7 (n=3)	5 (n=2)

2.5 Cocaine Powder



Lifetime use of cocaine powder was reported by just over a quarter of respondents (26%; n=32), but lifetime prevalence was significantly higher amongst on-line respondents (33%; n=26) than it was for self completion respondents (14%; n=6) and none of the self-completion respondents reported using the drug in the last month.

Respondents aged between 31-40 were most likely to be cocaine powder users. Younger respondents, especially those aged 16-17 were the least likely to be cocaine powder users.

Cocaine powder use by age

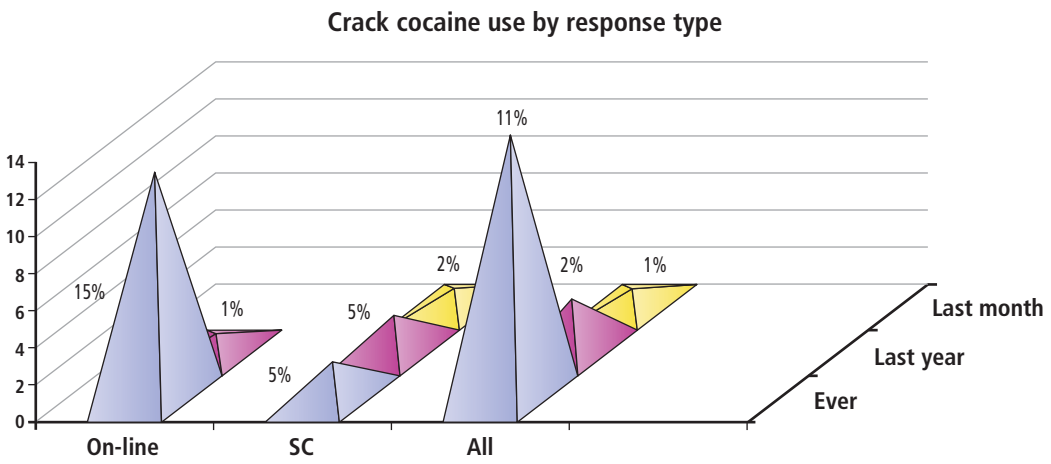
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	12 (n=3)	0 (n=0)	0 (n=0)
22-30 (n=40)	23 (n=9)	10 (n=4)	3 (n=1)
31-40 (n=27)	56 (n=15)	22 (n=6)	15 (n=4)
41+ (n=24)	0 (n=5)	4 (n=1)	0 (n=0)

Rates of use were fairly similar across male and female respondents, but again slightly more males reported use in the last month and slightly more females reported use in the last year.

Cocaine powder use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	27 (n=21)	8 (n=6)	5 (n=4)
Female (n=42)	26 (n=11)	12 (n=5)	2 (n=1)

2.6 Crack Cocaine



11% (n=14) of the total sample reported lifetime use of crack cocaine. On-line respondents were more likely to have used the drug ever (15% as opposed to 5%), but were less likely to be current (last month) users.

Lifetime crack cocaine users were most likely to be aged between 31-40, but those aged 22-30 were most likely to be current users. None of those aged 21 or under or aged 41 or over had ever used.

Crack cocaine use by age

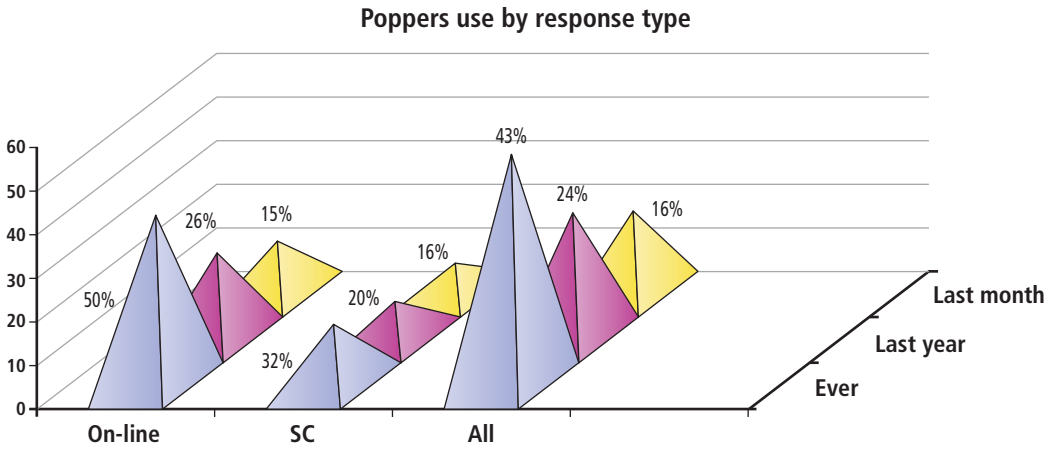
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	0 (n=0)	0 (n=0)	0 (n=0)
22-30 (n=40)	13 (n=5)	5 (n=2)	3 (n=1)
31-40 (n=27)	41 (n=11)	3 (n=1)	0 (n=0)
41+ (n=24)	0 (n=0)	0 (n=0)	0 (n=0)

Similar levels of crack cocaine use were reported by male and female respondents.

Crack cocaine use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	12 (n=9)	3 (n=2)	1 (n=1)
Female (n=42)	12 (n=5)	2 (n=1)	0 (n=0)

2.7 Poppers



43% (n=53) of all respondents had ever used poppers but although on-line respondents were more likely to have used poppers at some time (50%; n=39) than self completion respondents (32%; n=14), both groups of respondents were equally likely to be current (last month) users.

Lifetime use of poppers was most commonly reported by respondents in the 31-40 age bracket, but lifetime use was fairly common across all ages. Current use was most likely in the 18-21 and 22-30 age brackets and least likely in the 16-17 year olds.

Poppers use by age

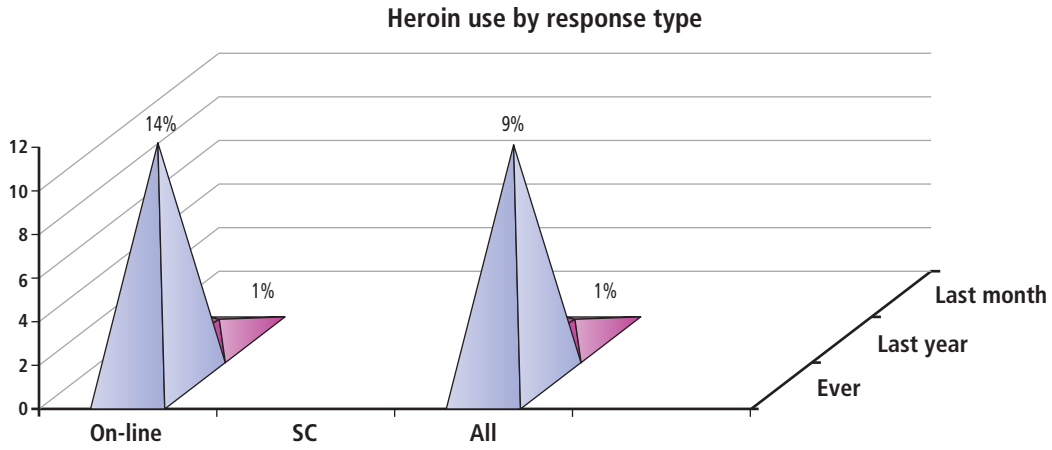
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	40 (n=2)	0 (n=0)	0 (n=0)
18-21 (n=25)	29 (n=7)	25 (n=6)	20 (n=5)
22-30 (n=40)	43 (n=17)	33 (n=13)	18 (n=7)
31-40 (n=27)	59 (n=16)	15 (n=4)	11 (n=3)
41+ (n=24)	46 (n=11)	25 (n=6)	17 (n=4)

Perhaps unsurprisingly men were more likely to use of poppers than women.

Poppers use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	53 (n=40)	32 (n=24)	21 (n=16)
Female (n=42)	29 (n=12)	12 (n=5)	7 (n=3)

2.8 Heroin



None of the respondents were current heroin users. 9% (n=11) of respondents had ever used heroin, but these were all on-line respondents.

Heroin had only been used by respondents aged 22 or over. Those between the ages of 13-40 were most likely to have used.

Heroin use by age

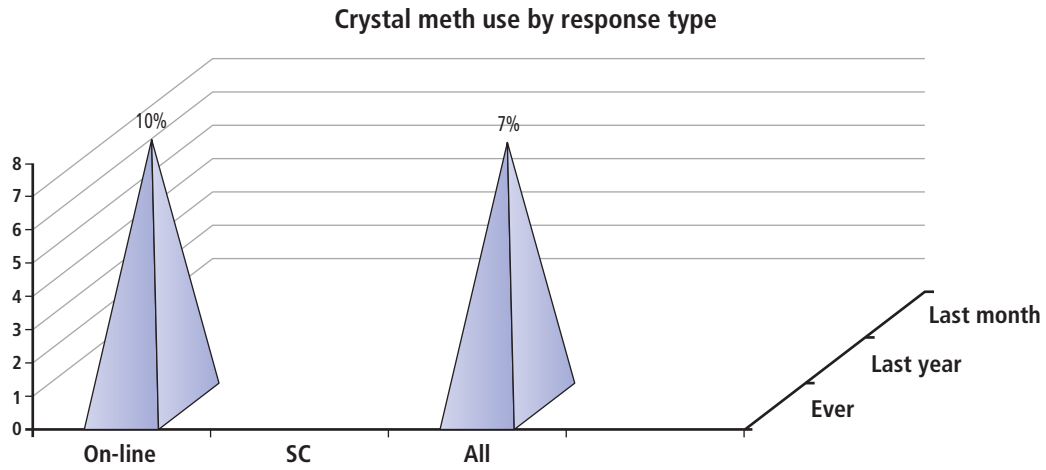
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	0 (n=0)	0 (n=0)	0 (n=0)
22-30 (n=40)	8 (n=3)	0 (n=0)	0 (n=0)
31-40 (n=27)	19 (n=5)	4 (n=1)	0 (n=0)
41+ (n=24)	13 (n=3)	0 (n=0)	0 (n=0)

A greater proportion of women than men reported having used heroin at some point.

Heroin use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	7 (n=5)	1 (n=1)	0 (n=0)
Female (n=42)	12 (n=5)	0 (n=0)	0 (n=0)

2.9 Crystal meth



Lifetime use of crystal meth use was reported by 10% (n=8) of on-line respondents, making up 7% of the total sample. None of the self completion respondents reported ever using the drug and no-one reported using the drug in the last year.

Most of those who reported ever having used were aged 31-40.

Crystal meth use by age

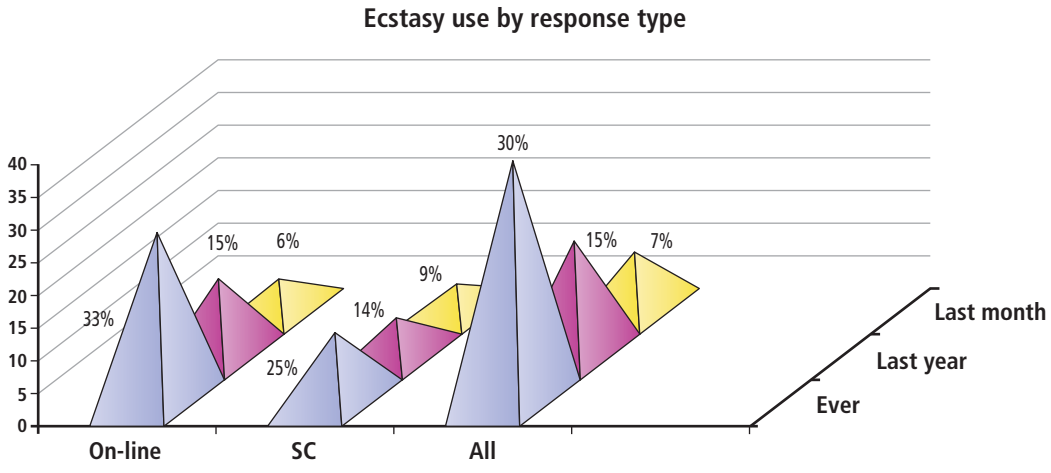
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	0 (n=0)	0 (n=0)	0 (n=0)
22-30 (n=40)	3 (n=1)	0 (n=0)	0 (n=0)
31-40 (n=27)	22 (n=6)	0 (n=0)	0 (n=0)
41+ (n=24)	4 (n=1)	0 (n=0)	0 (n=0)

More men than women reported having used crystal meth at some point, but no current use was reported by either men or women.

Crystal meth use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	8 (n=6)	0 (n=0)	0 (n=0)
Female (n=42)	5 (n=2)	0 (n=0)	0 (n=0)

2.10 Ecstasy



One third (33%; n=26) of on-line respondents reported ever having used ecstasy compared with one quarter (25%; n=11) of self completion respondents. Self completion respondents were slightly more likely to be current users however (9%; n=4 as opposed to 6%; n=5).

Those aged 21 or under were the least likely to report ecstasy use, with aged16-17 reporting no use at all. Those aged between 31-40 were the most likely to be users of ecstasy.

Ecstasy use by age

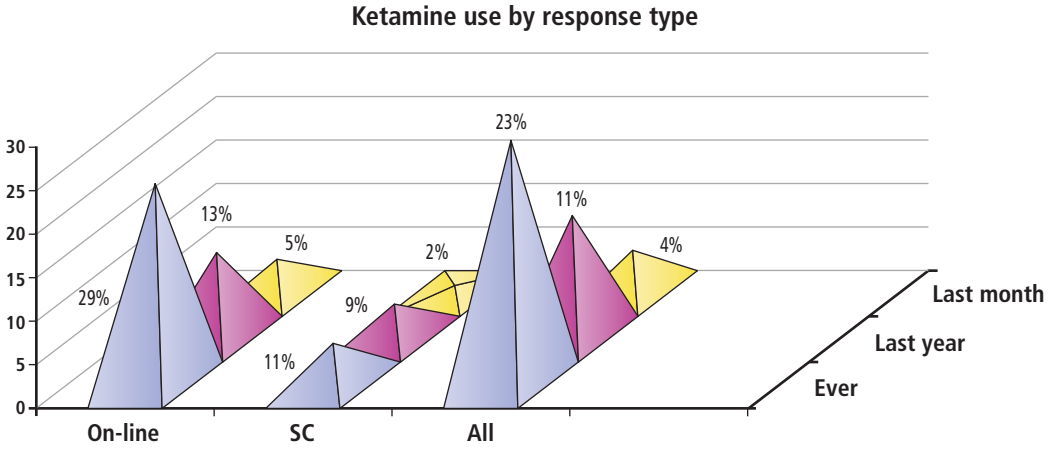
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	16 (n=4)	4 (n=1)	4 (n=1)
22-30 (n=40)	33 (n=13)	20 (n=8)	10 (n=4
31-40 (n=27)	52 (n=14)	22 (n=6)	11 (n=3)
41+ (n=24)	25 (n=6)	13 (n=3)	4 (n=1)

Levels of ecstasy use by male and female respondents were fairly similar.

Ecstasy use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	32 (n=24)	14 (n=11)	8 (n=6)
Female (n=42)	29 (n=12)	14 (n=6)	7 (n=3)

2.11 Ketamine



Just under a quarter (23%; n=28) of all respondents reported ever having used ketamine, but lifetime prevalence for on-line respondents (29%; n=23) was significantly higher than for self completion respondents (11%; n=5). 4% (n=5) of respondents reported having used ketamine in the last month.

Those aged 31-40 were most likely to be lifetime users of ketamine, with those aged 22-30 being most likely to be current (last month) users. No one aged under 21 had ever used ketamine.

Ketamine use by age

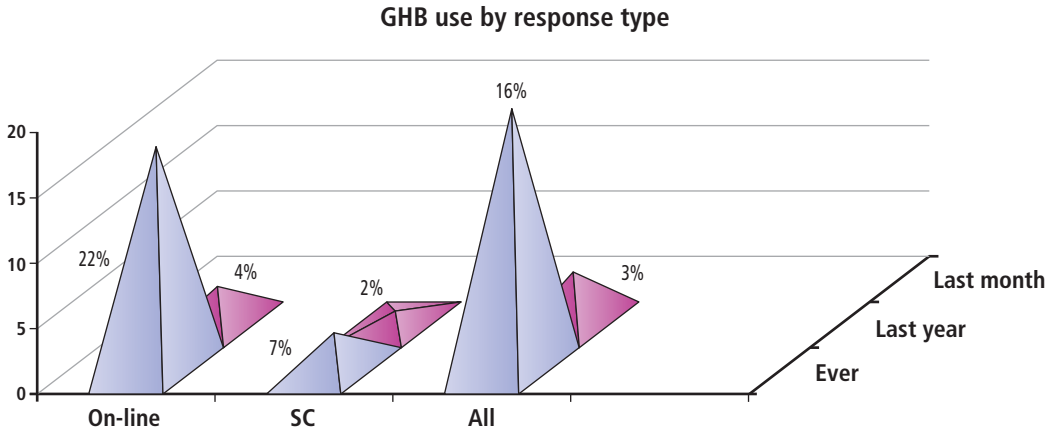
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	0 (n=0)	0 (n=0)	0 (n=0)
22-30 (n=40)	30 (n=12)	18 (n=7)	8 (n=3)
31-40 (n=27)	44 (n=12)	22 (n=6)	4 (n=1)
41+ (n=24)	10 (n=4)	5 (n=2)	5 (n=2)

Ketamine was more likely to be used by men than women.

Ketamine use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	26 (n=20)	13 (n=10)	5 (n=4)
Female (n=42)	17 (n=7)	10 (n=4)	2 (n=1)

2.12 GHB



None of the respondents reported having used GHB in the last month, although 3% (n=4) reported having used it in the last year. 16% (n=20) of all respondents reported having used it at some point, but most of these (17 of the 20) were on-line respondents.

GHB users were most likely to be aged between 31-40.

GHB use by age

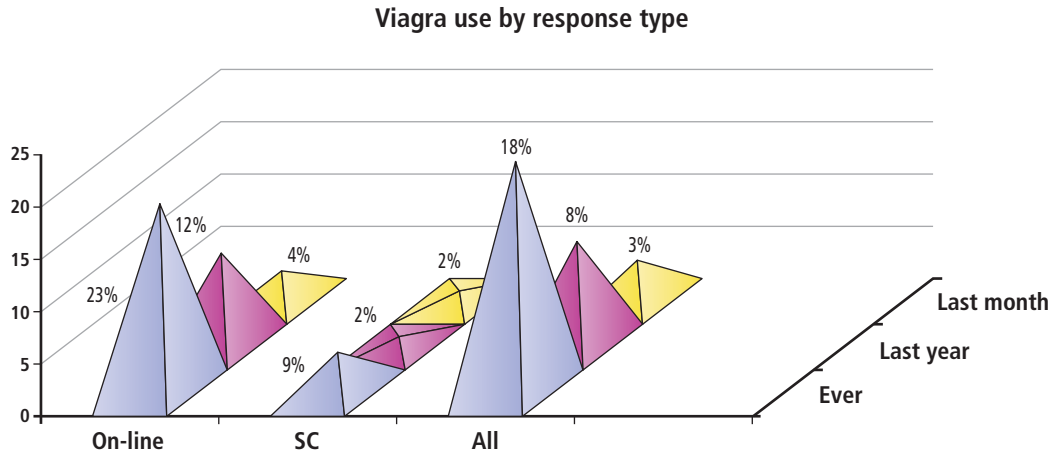
Age group	% of ever use	% of use in last year	% of use in last month
16-17	0 (n=0)	0 (n=0)	0 (n=0)
18-21	0 (n=0)	0 (n=0	0 (n=0)
22-30	13 (n=5)	5 (n=2)	0 (n=0)
31-40	44 (n=12)	7 (n=2)	0 (n=0)
41+	13 (n=3)	0 (n=0)	0 (n=0)

Although no one reported having used GHB in the last year, women were more likely to report use in the last year.

GHB use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	17 (n=13)	1 (n=1)	0 (n=0)
Female (n=42)	14 (n=6)	7 (n=3)	0 (n=0)

2.13 Viagra



Lifetime use of Viagra was reported by 23% (n=18) of on-line respondents and 9% (n=4) of self completion respondents. Current (last month) use was reported by 3% (n=4) of all respondents.

Viagra is the only drug for which users are most likely to be 41 or over. That said, it is clear that younger users have also tried it. 16% of those aged between 18-21 reported having tried it.

Viagra use by age

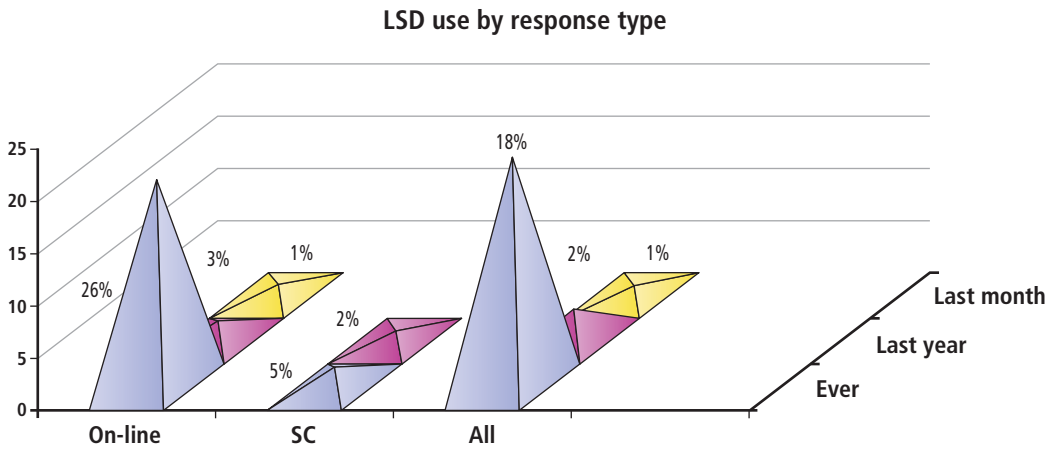
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	16 (n=4)	0 (n=0)	0 (n=0)
22-30 (n=40)	8 (n=3)	3 (n=1)	0 (n=0)
31-40 (n=27)	37 (n=10)	15 (n=4)	0 (n=0)
41+ (n=24)	21 (n=5)	21 (n=5)	17 (n=4)

Perhaps unsurprisingly more men reported using Viagra than women, but 12% of women (n=5) reported having used it at some time.

Viagra use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	22 (n=17)	11 (n=8)	5 (n=4)
Female (n=42)	12 (n=5)	5 (n=2)	0 (n=0)

2.14 LSD



On-line respondents (26%; n= 20) were significantly more likely to have used LSD than self completion respondents (5%; n=2). Only 1% (n=1) of respondents reported current use.

Lifetime use of LSD is most common in those aged over 31 with those aged 31-40 being the most likely group to report lifetime use. Younger users aged 21 or under (and especially those aged under 18) were the least likely to report LSD use.

LSD use by age

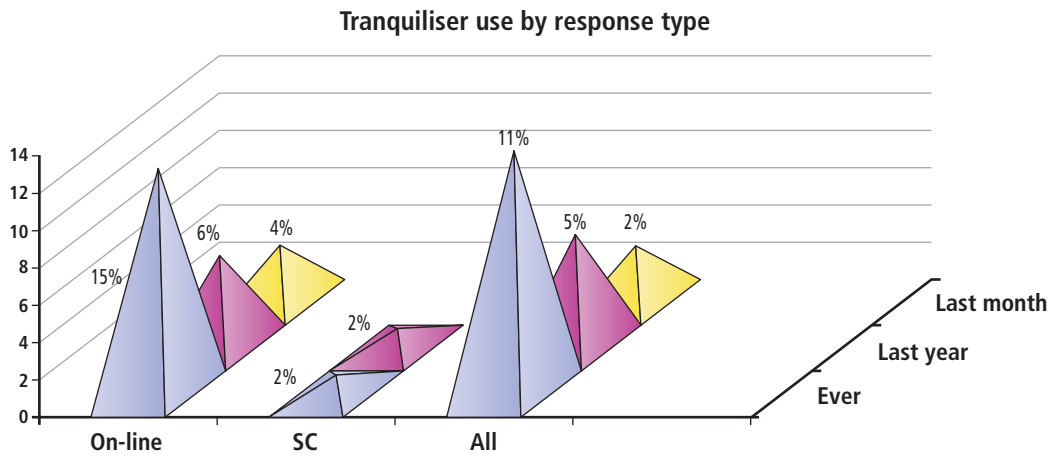
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	4 (n=1)	0 (n=0)	0 (n=0)
22-30 (n=40)	10 (n=4)	5 (n=2)	0 (n=0)
31-40 (n=27)	41 (n=11)	4 (n=1)	4 (n=1)
41+ (n=24)	25 (n=6)	0 (n=0)	0 (n=0)

Women reported higher lifetime rates of LSD use than men.

LSD use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	16 (n=12)	1 (n=1)	1 (n=1)
Female (n=42)	21 (n=9)	5 (n=2)	0 (n=0)

2.15 Tranquilisers



Tranquiliser use was reported more widely by on-line respondents at all levels (i.e. lifetime use, past year and past month). 11% (n=13) of the total sample had ever used tranquilisers.

Users aged over 21 were more likely to report tranquiliser use with those aged between 31-40 being the most likely to report both lifetime and current use.

Tranquiliser use by age

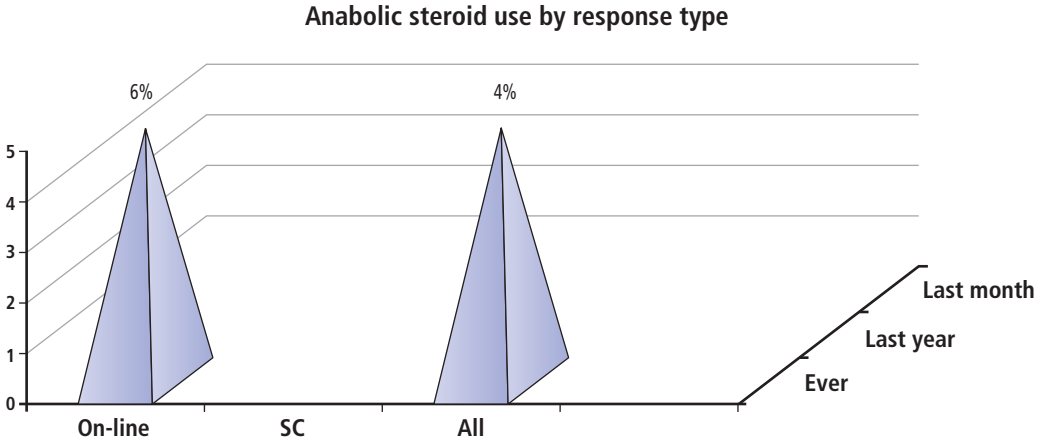
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	0 (n=0)	0 (n=0)	0 (n=0)
22-30 (n=40)	8 (n=3)	5 (n=2)	3 (n=1)
31-40 (n=27)	30 (n=8)	7 (n=2)	4 (n=1)
41+ (n=24)	8 (n=2)	4 (n=1)	0 (n=0)

Female respondents reported higher rates of use of tranquilisers.

Tranquiliser use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	8 (n=6)	3 (n=2)	1 (n=1)
Female (n=42)	14 (n=6)	7 (n=3)	5 (n=2)

2.16 Anabolic Steroids



Only 4% (n=5) of the total sample reported ever having used anabolic steroids and all of these were on-line respondents. No one reported having used anabolic steroids in the last year.

Those aged between 31-40 were the most likely users.

Anabolic steroid use by age

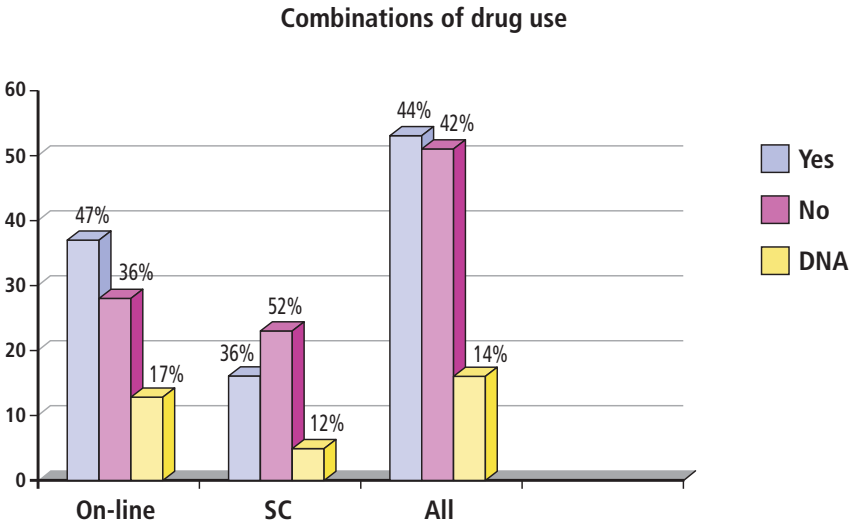
Age group	% of ever use	% of use in last year	% of use in last month
16-17 (n=5)	0 (n=0)	0 (n=0)	0 (n=0)
18-21 (n=25)	0 (n=0)	0 (n=0)	0 (n=0)
22-30 (n=40)	3 (n=1)	0 (n=0)	0 (n=0)
31-40 (n=27)	11 (n=3)	0 (n=0)	0 (n=0)
41+ (n=24)	4 (n=1)	0 (n=0)	0 (n=0)

There was little anabolic steroid use by either men or women.

Anabolic steroid use by gender

	% of ever use	% of use in last year	% of use in last month
Male (n=76)	4 (n=3)	0 (n=0)	0 (n=0)
Female (n=42)	5 (n=2)	0 (n=0)	0 (n=0)

2.17 Combinations of drug use



44% (n=53) of all respondents reported that they had used more than one substance during a typical session during the last month. The percentage of on-line respondents who said that they had used more than one substance during a typical session during the last month (47%; n=37) was higher than the corresponding figure for self-completion respondents (36%; n=16).

In all but one case where cannabis was used in conjunction with another substance, alcohol was used also.

In all but one case where cocaine powder was used in conjunction with another substance, alcohol was used also.

Ketamine was always used with alcohol.

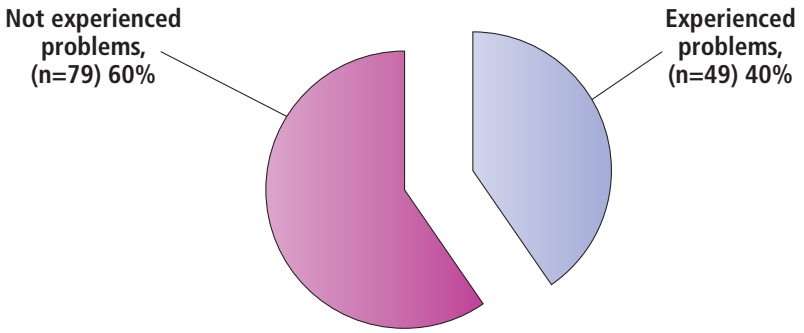
Some respondents reported using several substances together. The most common combinations were:

- Alcohol, tobacco, cannabis and poppers.
- Alcohol, cocaine powder, tobacco, ecstasy and ketamine, sometimes with cannabis too.
- One respondent reported using alcohol, tobacco, cannabis, amphetamine, cocaine, ecstasy, ketamine and Viagra together in one session.

2.18 Problems experienced as a result of substance use (excluding alcohol)

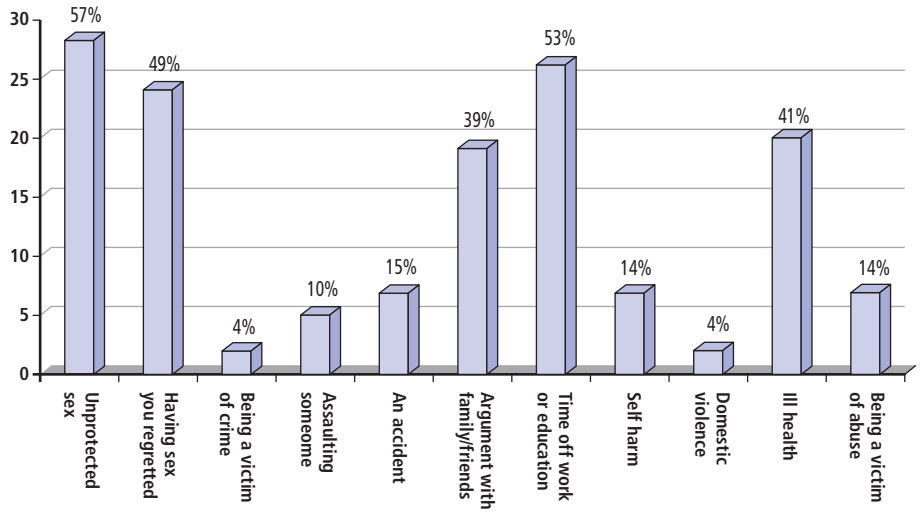
40% of respondents (n=49) said that they had experienced problems as a result of their substance use (excluding alcohol).

Respondents who have experienced problems as a result of substance use (excluding alcohol)



Those who returned self completion questionnaires were more likely to report problems however (50%; n=22 as opposed to 22%; n=27). For those who reported having experienced problems (n=49) the most commonly reported problems were unprotected sex (57%; n=28), time off work/education (53%; n=26), having sex they had regretted (49%; n=24), ill health (41%; n=20) and argument with family or friends (39%; n=19).

Types of problems respondents experienced as a result of substance use (exc. alcohol)

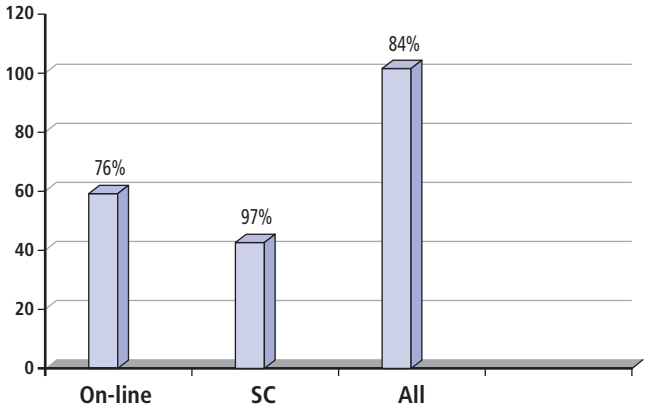


3 Alcohol use

3.1 Current Use

84% (n=102) respondents said that they had drunk alcohol within the last month, although this figure was higher for those who returned self completion questionnaires (97%; n=43) than it was for those who completed the on-line survey (76%; n=59).

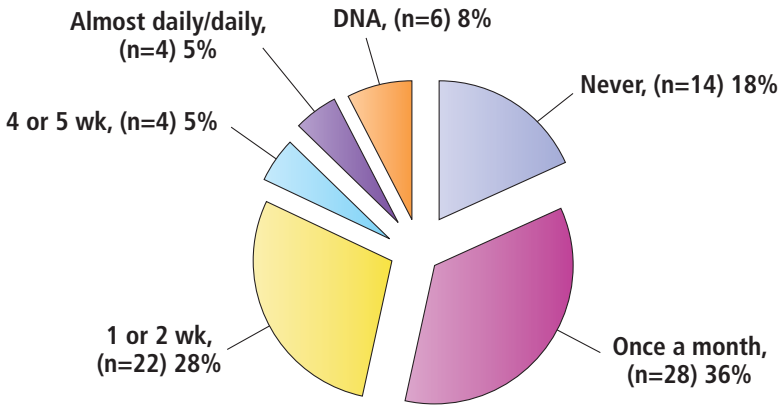
Respondents who have drunk alcohol in last month



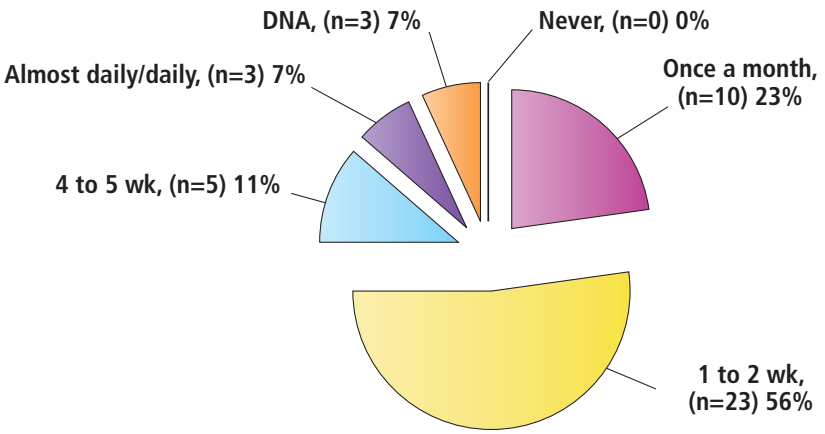
Those who returned self-completed questionnaires also appear to drink more heavily. 16% (n=14) of those who completed the on-line questionnaire said that they never drank more than 6 (for women) or 8 (for men) units of alcohol on one occasion. None of those who returned self completion questionnaires said this. 36% (n=28) of on-line respondents said that they drank more than the recommended daily drinking allowance about once a month, but only 23% (n=10) of those who returned self completion questionnaires said this.

By contrast, 56% (n=23) of those who returned self completion questionnaires said that they drank more than recommended daily guidance amounts once or twice a week, and 11% (n=5) said that they did so 4 or 5 times a week. The corresponding figures for on-line respondents was much lower at 28% (n=22) for one or twice a week and 5% (n=4) for 4 or 5 times a week.

On-line respondents drinking above recommended drinking allowances



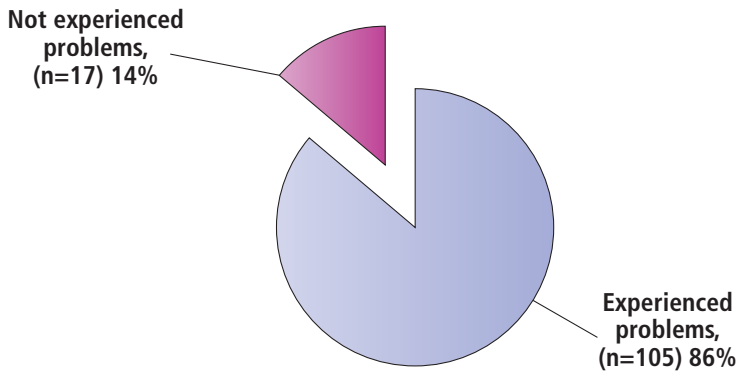
Self completion respondents drinking above recommended drinking allowances



3.2 Problems experienced

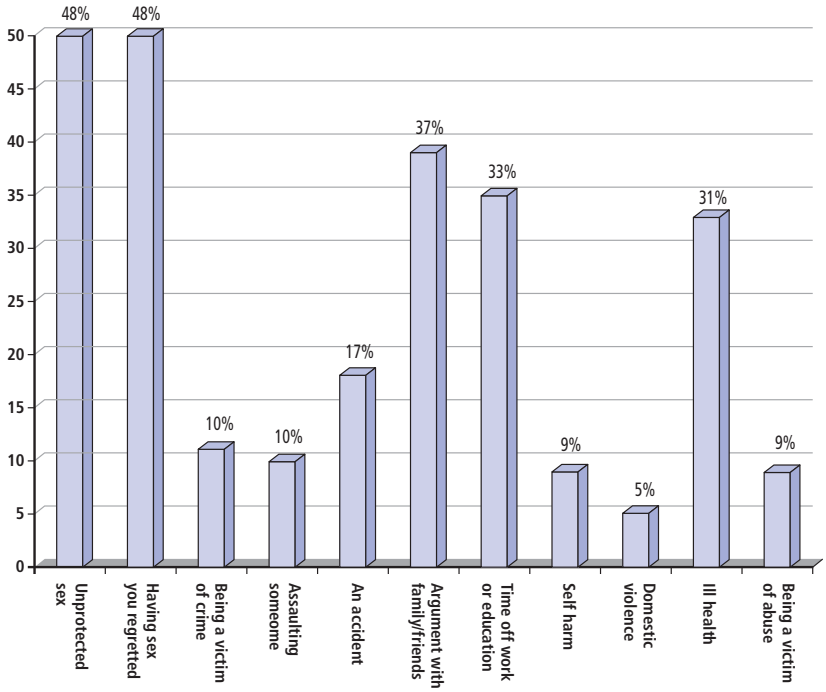
86% (n=105) respondents said that they had experienced some sort of a problem as a result of their alcohol use.

Respondents who have experienced problems as a result of alcohol use



For those who reported having experienced problems as a result of their alcohol use (n=105) the most commonly reported were unprotected sex (48%; n=50), having sex they regretted (48%, n=50), arguments with family or friends (37%; n=39), time off work or education (37%; n=39) or ill health (31%; n=33).

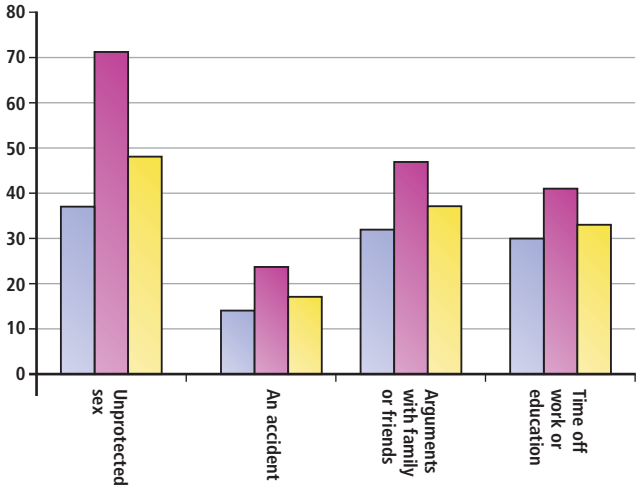
Types of problems respondents had experienced as a result of alcohol



* no data was collected from self completion questionnaires

Where respondents did report problems as a result of alcohol use (86%; n=105), there were considerable differences between the proportions of on-line and self completion respondents who reported certain kinds of problems. For example, 71% (n=24) of self completion respondents reported having had unprotected sex as a problem, compared with 37% (n=26) of on-line respondents and 48% (n=50) of the sample as a whole. 24% (n=8) of self completion respondents said that they had had an accident as compared with 14% (n=10) of on-line respondents and 17% (n=18) of respondents as a whole. 47% (n=16) of self completion respondents said that they had had arguments with family or friends compared with 32% (n=23) of on-line respondents and 37% (n=39) of respondents as a whole. 41% (n=14) of self completion respondents said that they had had time off work or education compared with 30% (n=21) of on-line respondents and 33% (n=35) of respondents as a whole.

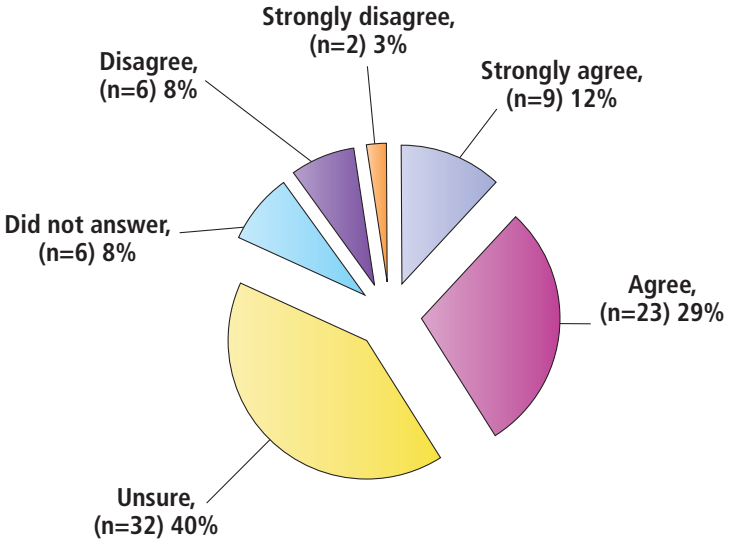
Main areas where % of respondents who reported problems differed



4. Relationship between substance use and 'coming out'

On-line respondents were asked whether they thought substance use was likely to increase at a time when people were thinking about coming out. Of those who responded (n=72) most (44%; n=32) were unsure. 12% (n=9) strongly agreed and 32% (n=23) agreed. 8% (n=6) disagreed, 3% (n=2) strongly disagreed and 8% (n=6) did not answer.

Respondents who think that substance use increases when coming out (on-line only)

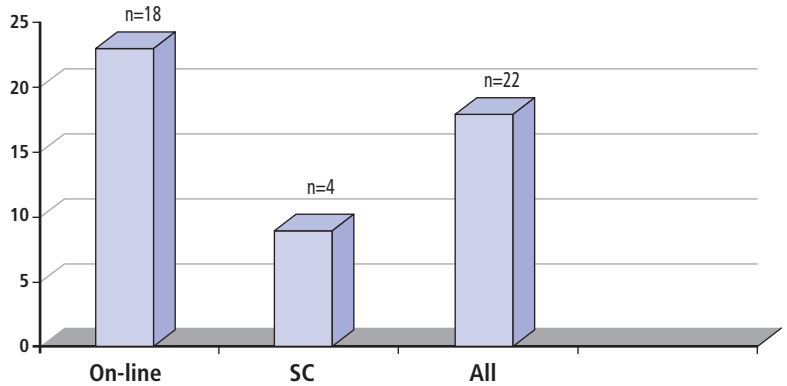


5 Problematic use and treatment

5.1 Respondents who perceived themselves to have ever had a drug or alcohol problem

Despite the number of respondents who reported having experienced one or more problems as a result of their drug or alcohol use, only 18% (n=22) perceived themselves to have ever had a drug or alcohol problem. More on line respondents (23%; n=18) reported that they thought that they had had a drug or alcohol problem at some time than did self completion respondents (9%; n=4). This tends to suggest that when respondents think about the concept of a drug or alcohol problem they frame this within a narrower definition of addiction or dependence as opposed to a wider definition that might define problematic use as any use that results in a problem, be that health, social or legal related.

Percentage of respondents who thought they had ever had a drug or alcohol problem



5.2 Help seeking behaviour

Given the low numbers of respondents who thought that they had ever had a drug or alcohol problem it is perhaps not surprising that few respondents had ever sought (6%; n=7) or thought about (3%; n=4) seeking help. That said the 10 respondents who had either sought or thought about seeking help did represent 50% of those who said that they thought that they had had a problem (n=21).

6 respondents offered information about what they thought drug and alcohol services could do to make it more likely that LGBT people who needed help might access them.

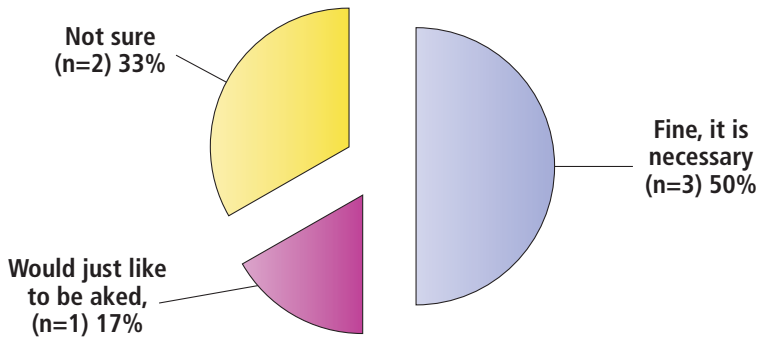
These respondents suggested a number of inter-related ideas around the themes of confidence, non-judgmentalism, confidentiality, queer friendliness and pro-activeness.

> *'I would need to feel confident that my views would be taken seriously and treated with confidentiality.'*
>
> *'Not currently relevant as I've barely drunk for 25 years but in general, non-judgmentalism, queer-friendliness, lack of assumptions.'*
>
> *'If they advertised that they specifically work with LGBT clients, and if I was confident that they understood what LGBT people face in the general community. I think sometimes services such as NHS, have statements saying they will not discriminate but then they can't offer you the correct support as they don't understand your situation.'*

5.3 Perceptions of whether questions about sexuality are appropriate as part of treatment

Only 6 respondents answered a question about how they would feel if they were asked a question about their sexuality by a drug or alcohol treatment provider. Of these, 50% (n=3) said that they would feel fine and that they regarded it as necessary in terms of their treatment; 1 respondent said that they would just like to be asked; and 2 said that they were unsure.

How respondents would feel if they were asked about their sexuality by a drug or alcohol treatment provider



Part 2: Focus Group Data

Three focus groups were held with three discrete target groups.

Gay men (25 participants)
Lesbian women (10 participants)
Lesbian, gay and bi-sexual young people (15 participants)

Focus groups were organised by LGBT community based organisations who booked venues, arranged dates and invited participants from within their own existing contacts and networks. The focus groups were facilitated by the University of Central Lancashire, who kept notes of the events and subsequently analysed these by theme.

The following themes emerged:

- Drugs, alcohol and the gay scene.
- Coming out
- Young people and coming out
- Drug and alcohol information needs
- Services
- Domestic violence
- LGBT people from Black and minority ethnic backgrounds
- Harm reduction and prevention for lesbian women

1.1 Drugs, alcohol and the gay scene

There was consensus across the groups that historically gay life revolved around bars and clubs. The gay scene is often the first place that new drugs appear. The gay mens group in particular were keen to stress that there is not a 'typical scene' as everyone thinks. Drug and alcohol use varies amongst different groups within the gay community and also in geographical terms. This would tend to bear out the finding from the questionnaire responses in part 1, where differences were found between the younger self-completion respondents and the older on-line respondents. To try to define a 'typical scene' may risk stereotyping.

There was disagreement about whether substance use was any better or worse in the gay community than it was in the straight population. Some thought it was a *'big problem'*, but others thought that *'drugs in the gay scene were not as endemic as they were in the straight scene'*. All the gay men thought that *'straights drink just as much if not more.'*

That said, alcohol was generally seen as the biggest problem, along with tobacco. The availability of cheap alcohol was seen as a major factor in excessive alcohol use with some clubs charging £15 for entry where the customer can drink as much as they like. The young people reported going to *'pink pound nights'* where drinks were available for £1. The gay men's groups suggested that smoking legislation had led to the new phenomena of smoking areas which had become promenades for gay men.

The gay scene was seen as both a positive and a negative influence on young people. On the one hand it was seen as *'confidence building'* and *'not just about drugs but about a sense of belonging'.* On the other hand it was seen as a *'terrible influence'*, with *'lots of pressure'* on younger gay men especially to take drugs. The young peoples group thought that *'being LGBT made it more likely that a young person would be put in contact with drugs.'*

The lesbian women suggested that, *'compared with 10-15 years ago drugs in the gay scene had calmed down'*. Cannabis was thought to be the most widely used illicit drug. Ecstasy and speed were still easy to get hold off but the gay men suggested that *'ecstasy use was decreasing'*. This would be consistent with recent suggestions about levels of ecstasy use in the general population[11]. Both the gay men and the young people thought that cocaine use

11 Murphy R and Roe S (2007) ibid.

had shot up and saw this as related to its falling price. The young people reported that *'a line of cocaine was available for £1.'* Poppers and GHB remained popular.

There was concern that drugs were often taken in combination and that drugs were often taken experimentally by users who did not know what the effects might be. Sexual enhancement was seen as a motivating factor for some drug use, especially poppers, cocaine, Viagra and ecstasy by gay men.

1.2 Coming out

There was lots of debate about whether or not there was a relationship between substance use and coming out.

Participants were concerned not to stereotype people or their experiences of coming out. The gay men's group noted that any increase in drug use amongst young people who were coming out could just as easily be about experimentation as it is to do with anything else. The lesbian women's groups suggested that stress was a risk factor for increased drug or alcohol use and that this was true for both gay and straight people alike. The young people suggested that whether someone who was coming out was more likely to use drugs or alcohol would *'depend on who the person was hanging around with at the time and whether they were supportive or discriminatory'*, as well as on the personality of the individual and their own values and attitudes towards drugs.

That said, participants agreed that coming out was likely to be a stressful period for most people and there were various push and pull factors which might lead to increased drug or alcohol use. Non-acceptance by family, fear of being disowned and homophobia could all push people towards increased substance use as a means of coping with stress, anxiety or depression. At the same time, inclusion in a new welcoming environment where drug use was prevalent could act as a pull factor:

> *'You do drugs because your friends do it, even if you start out being anti.'*
>
> *'I came out in my early 20's. I met a bunch of lesbians who smoked weed all the time.'*

1.3 Young people and coming out

There was concern that the lack of LGBT youth groups meant that young people were more likely to meet in pubs and clubs where drugs and alcohol were being used. This could lead to pressure to behave like adults and use drugs or excessive alcohol.

All groups were critical of the level of support available for young LGBT people. LGBT issues were seen as poorly addressed by sex education and there was concern about how well equipped school nurses were to deal with LGBT young people.

One participant reported having been punished at school for looking at non-explicit gay web-sites and complained that no support had been given.

1.4 Drug and alcohol information needs

Some participants in the gay men's group complained that too much information was aimed at them and that *'overkill meant that the message was diluted'*. This was the only group where this was raised as an issue however.

Generally participants thought that there was a need for carefully targeted drugs information. They complained that information was not available from mainstream services:

> *'There are no posters or information in A&E.'*
>
> *'Connexions is closing its doors unless queries are education or careers based.'*
>
> *'You would only know where to go if 'you're in the know'. There should be more information similar to the FRANK campaign but LGBT specific.'*

Some GP's were criticised for the way that they approached the subject of drugs:

> *'GP's rarely give appropriate advice when it comes to drugs and alcohol. They are often moralistic about drugs.'*

The groups came up with a range of suggestions for targeting information at LGBT people including:

- Gay pubs and clubs
- Metro news
- The internet/facebook/on-line forums
- Nottingham Gay Pride
- Wristbands with web address/phone number
- Gaydar girls
- Flash adverts up at concerts/gigs
- Trent FM
- Ice stadium
- Video screen advertising
- Broadway cinema
- Bar staff wearing t-shirts
- Shag packs (for men) – containing condoms, lube etc and information and phone numbers. Need to think of an equivalent way for targeting women.

1.5 Services

It was noted that it is *'hard enough for straight people to get help with a drug problem'* and that LGBT people faced additional barriers. Particular problems were noted around accessing services across the county as opposed to in the City of Nottingham itself. On the one hand coming in to the City was seen as a good thing as it helped to preserve anonymity, but on the other hand it meant that people had to travel which could be a problem.

> *'It is 13 miles for me to get to this support group.'*

> *'In the smaller towns around Nottingham anonymity is a really difficult issue because everyone knows each other.'*

Existing drug services were perceived by some to offer condom and needle exchange only. One participant raised concerns about child protection saying that she had a daughter and was concerned that her child might be taken from her if she accessed help.

There was agreement that LGBT people should be able to access mainstream services for help and should not have to rely on LGBT specific services. LGBT specific services *'would only be useful for people who were out'*. There was concern that mainstream services would not be well equipped to respond to the needs of LGBT people as they did not *'know the scene'*. There was also concern that LGBT services were not adequately supported.

Participants suggested that they could *'tell within the first 5 minutes of a conversation with staff whether a service is LGBT friendly or not'*. Mainstream services should advertise that they are LGBT friendly. Rainbow stickers in windows would help together with a visible commitment to tackling homophobia.

The most important thing was for services to build a relationship of trust with the LGBT community. This could be built by developing partnerships with LGBT organisations or by developing clear access points for LGBT users.

Staff should be well trained and demonstrate *'knowledge and acceptance of LGBT issues'*. Services need to provide *'a safe environment'*, where LGBT users *'do not need to worry about judgementalism and homophobia from other users or staff'*. Concern was raised about confidentiality, both around disclosure of substance use, but also around being outed by services: *'the last thing we want is to be outed if we seek help'*.

Services should frame questions about relationships in a way that indicated an openness and acceptance of same sex partnerships, rather than assuming that hetero-sexuality was the norm.

Commissioners should collect statistics regarding outcomes for LGBT people.

1.6 Domestic violence

Two of the groups (the gay men's and the lesbian women's groups) expressed concerns about domestic violence and substance misuse. There was concern both that excessive alcohol use could lead to violence and that being a victim of domestic abuse could lead to increased substance use as a means of coping.

The young people's groups did not express concerns about domestic violence, but did express concerns about self-harm. They were worried that self-harm could be an outlet for young people who are under pressure and that *'issues around sexuality could be an added pressure on top of GCSE's'*. These concerns were echoed by the gay men's group who worried that *'self harm may be a release for some gay people who are feeling persecuted or the pressure of coming out.'*

1.7 LGBT people from Black and minority ethnic backgrounds

All the groups acknowledged that the gay scene in Nottingham is 'still mostly white' despite the fact that Nottingham itself is very multi-cultural. It was felt that it was harder for Black people to come out because of *'family and cultural taboos'* and *'harder to be relaxed on the scene for fear of being recognised'*. There was concern that this added pressure may put BME LGBT people at greater risk of substance misuse. There was no acknowledgement of the fact that there may be prejudice or racism within the gay scene itself however.

1.8 Harm reduction and prevention for lesbian women

The lesbian women's groups highlighted the fact that harm reduction packs (e.g. shag packs with condoms, lube and information) had been developed for gay men, but that no equivalent had been developed for lesbian women. Concern was also expressed about the lack of 'chill-out' rooms for lesbian women.

> *'I have a big concern about lesbian women who have collapsed in the toilets of clubs who are just thrown out on to the street in many cases.'*

It was suggested that clubs should have an area where women could sober up before they were turfed out and the Birmingham scene was sited as an example of good practice.

Part 3: Service Provider Data

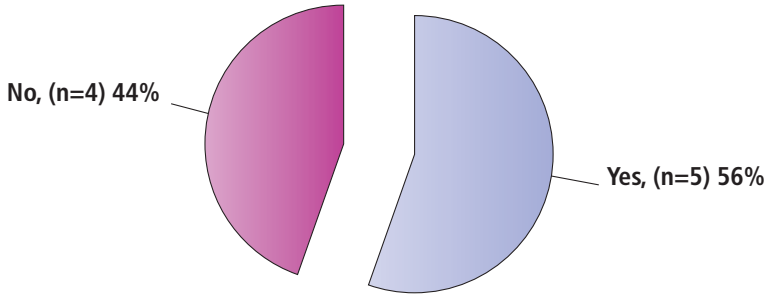
9 service providers responded to a postal survey distributed by Safer Nottinghamshire Drug & Alcohol Action Team. They were asked a series of questions around the following themes:

- Monitoring of client sexuality
- Equal Opportunities policies
- LGBT resources
- LGBT friendly images
- Staff training
- Training needs
- Areas for further investigation
- Specific referral mechanisms or pathways for LGBT people

3.1 Monitoring of client sexuality

5 services said that they routinely asked service users about their sexuality.

Services who routinely ask clients about sexuality



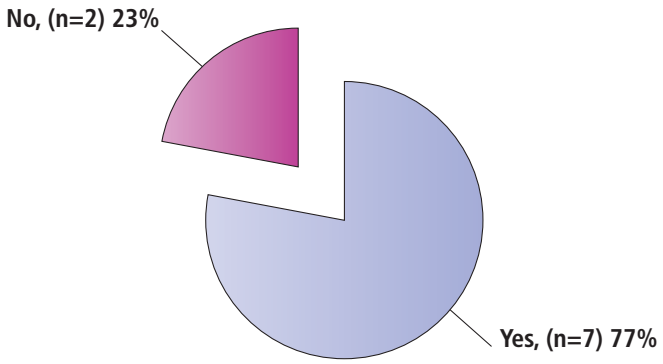
All 5 of these services said that they routinely recorded this information also.

Some of those services who did not routinely collect and record data about sexuality said that they did not do so because they were concerned about whether it was appropriate to do so.

3.2 Equal Opportunities policies

7 services said that they had equal opportunities policies that made specific reference to LGBT people, but in some instances these polices were not service specific: rather they were over-arching polices that belonged to a PCT or a Trust. One provider said that LGBT issues were picked up regularly in supervision and appraisals.

Services with Equal Opportunities policies that specifically cover LGBT people



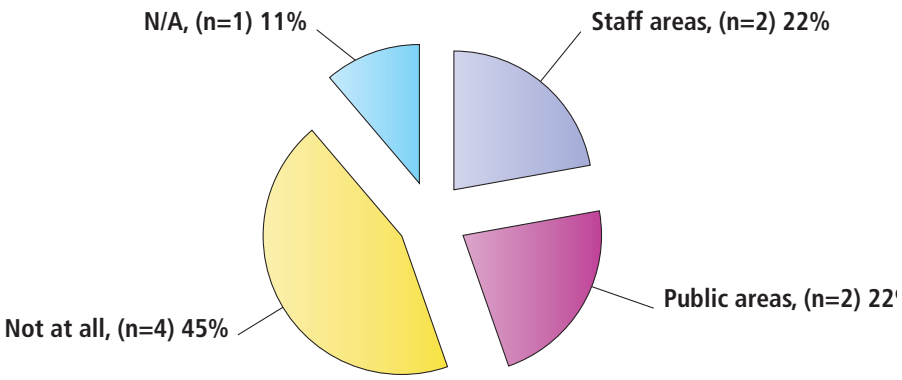
3.3 LGBT resources

All services said that they had access to specific resources that were designed and tailored for LGBT people, although only one service had a dedicated worker. It is clear that most of the services interpreted this question fairly broadly saying that they could access resources (e.g. via the internet or directories) if they needed them. The extent to which services had actually needed to use these resources is not clear.

3.4 LGBT friendly images

4 services said that they displayed LGBT friendly images such as posters. 4 said that they did not. Of those who did display LGBT friendly images, only half had them on display in areas to which clients had access. One said that they did not have premises which were open to the public, so this question was not applicable.

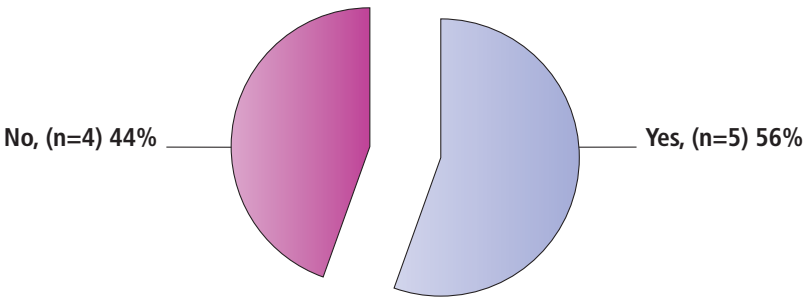
Services who displayed LGBT friendly images



3.5 Staff training

5 services reported that their staff had attended specific training in LGBT issues in the last year. However, it would appear from some of the comments that were made that this was actually generic training around equality and diversity and may not have been specific to LGBT issues. The remaining 4 services did have staff who had attended training, but not in the last year.

Services reporting that staff had attended LGBT training in the last year



3.6 Training needs

The following specific training needs were identified by three services:

- Training around recording of data about sexuality
- Refresher training around LGBT issues
- More of it (identified by two organisations)

A training programme entitled *'That's so gay'*, was highlighted as excellent by one service.

3.7 Areas for further investigation

Services also highlighted the following issues as in need of further exploration or research:

- Whether the needs of LGBT users are being met (two services)
- Models of good practice in how to work with and engage with LGBT drug users
- Summary of existing evidence regarding drug use by LGBT people
- The relationship between same sex relationships and abuse
- Discussion about whether and when it is appropriate to ask clients for information about their sexuality

3.8 Specific referral mechanisms or pathways for LGBT people

Only one service reported that it had any specific referral mechanisms in place between it and LGBT specific services.

Discussion

This research is the first of its kind in Nottinghamshire. Although the sample is relatively small it does provide some evidence of the nature and extent of substance misuse and substance misuse related problems amongst a hitherto unstudied population.

The research has demonstrated the importance of using different methods to reach different population groups: the on-line survey proved far more successful at engaging both women and older people. Face to face surveys conducted in bars and clubs used by LGBT people proved more successful at engaging younger people.

It is unlikely that the research would have reached as many people as it did but for the fact that so many LGBT organisations were willing to engage with the process and to assist with organising events and gaining access to potential respondents.

The use of stimulant and so called recreational drugs such as cannabis, poppers, ecstasy, amphetamine, cocaine powder and ketamine appears to be the most common pattern of illicit drug taking. Although figures for lifetime use suggest that between a quarter and a half of LGBT people may use these drugs at some point, figures for current (last month) use are much lower, with only around one sixth of respondents reporting current cannabis use and fewer than one twentieth reporting current use of cocaine powder. Overall these figures suggest that we should probably be no more concerned about illicit drug use within the LGBT community than we should be for the population as a whole. That said, the extent of drug taking reported by female respondents in this study would appear to support anecdotal evidence that substance misuse amongst lesbian, bi-sexual and trans-gendered women might be higher than for women in the general population. This may have significance when thinking about the development of specific service responses or harm reduction and information campaigns. Also of concern is the pattern of combination drug taking, with some users reporting mixing a number of drugs together, often with alcohol.

The levels of reported alcohol consumption, particularly by younger respondents, gives rise to particular concern, especially when combined with the data about the nature of the problems that the sample reported having encountered as a result of their alcohol use. The fact that most respondents seemed also to define both problematic drug and alcohol use in fairly narrow terms may also be a concern, as this perception may be a barrier to any effective intervention. Thus while many respondents reported that they had experienced a range of problems as a result of their alcohol or drug use, few actually saw themselves as having a drug or alcohol related problem. The fact that many respondents reported having had unprotected sex after drug or alcohol use remains a cause for concern.

The differing patterns of drug taking amongst different population groups (e.g. different ages and gender etc) suggest that a sophisticated response may be necessary, with different messages and different responses required for different groups. This study provides plenty of evidence to suggest that LGBT people of all ages use drugs and some evidence to suggest that users aged between 31-40 may be the heaviest users of a number of drugs.

While it is difficult to define exactly what a good substance misuse service for LGBT clients might look like as a result of this work, the establishment of a LGBT specific service is unlikely to be the answer, particularly for clients who are not out. It would appear that mainstream services could develop stronger links with the LGBT community and with LGBT organisations and the establishment of specific and clearer referral pathways may be a way forward. A focus on prevention and harm reduction around the promotion of safer drinking and drug taking behaviours (i.e. a less is more approach) might be a realistic approach for services to take.

Staff within mainstream organisations clearly need to feel comfortable working with LGBT clients and the issues which they may bring with them. Greater consistency could be achieved with respect to monitoring around sexuality and clear examples of good practice could be developed and shared.

The fact that so few BME LGBT people engaged with this study is disappointing but perhaps not surprising. LGBT community organisations may like to think about what they can do to build relationships with the BME population.

Recommendations

1. **Monitoring:** drug and alcohol services should consistently collect, record and analyse data about the uptake of their services and the outcome of treatment interventions for LGBT clients. Currently there is no way of knowing whether the needs of LGBT clients are being met as it is not clear how many LGBT clients are accessing services.

2. **Staff development and training:** staff in alcohol and drug services will need to be trained in how to collect and record data about sexuality. Many staff will not understand why they need to ask clients about their sexuality and many staff will feel uncomfortable about being asked to collect this type of information.

3. **Substance misuse services to be more pro-active:** substance misuse services should do more to build relationships of trust with the LGBT community. This could range from taking small steps such as displaying gay friendly images and signs, through to developing strategies for outreach (e.g. in gay venues and at gay events) or developing programmes of joint work with LGBT organisations.

4. **Health prevention campaigns:** existing health promotion campaigns such as those run by the Health Shop should be supported and built upon, more information about the risks of unprotected sex and excessive alcohol use should be made available. Specific thought should be given to the needs of lesbian, bi-sexual and trans-gendered women.

5. **Sharing good practice:** there is a paucity of research nationally in to the substance related needs of LGBT people and this research should be shared and disseminated as widely as possible.

6. **Further research and on-going monitoring:** the Equality and Diversity Strategic Group should take a lead in monitoring the implementation of the recommendations and should consider commissioning further research in 18 months to 2 years as a means of assessing progress.

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