

**An evidence based assessment on the
service needs of those who identify as
lesbian, gay, bisexual and or Trans
(LGBT) who use alcohol or drugs in
Brighton and Hove**

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Crime Reduction Initiatives**

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1. Executive Summary

1.1 Aim

To complete a needs analysis providing an evidence base insight to allow a strategy report to be developed which will inform commissioners of treatment services needs of those who identify as lesbian, gay, bisexual or Trans. It will outline which substances are being used among which groups and how often. It will also outline potential reasons for people choosing not to access services, as well as potential service users to suggest what they would like to see within a service. This could include a specialist LGBT service, specialist training, developing of existing services and drug specific services.

1.2 Overview of the survey

CRI and the PCT are committed to the development of services and it is a primary objective to widen the participation within services making them more accessible to underserved groups, including those who identify as LGBT. Warner et al 2004 state that 'studies from North America often based on community samples suggest that gay men and lesbians are more vulnerable to... substance misuse than heterosexuals'. There is currently little evidence based information regarding commonly used substances within the LGBT community in Brighton and Hove, partially because sexuality is not monitored within many surveys and assessments including substance misuse service assessments, the National Census form and the British Crime Statistics. LGBT people who use substances may not be accessing services but this is difficult to predict, given that sexual orientation is not monitored. This survey will aim to discover reasons why people may not access services and outline pointers that could increase the likelihood of using a service.

1.3 How the survey was conducted

A questionnaire consisting of 22 questions was given to a total of 131 respondents in various settings including specialist LGBT services, hostels, known 'cruising' sites, treatment services, pubs bars and clubs. The questionnaire was also 'snowballed' by respondents among their peers.

1.4 Areas of Recommendations (see page 33)

- Sexual identity Disclosure
- LGBT friendly services
- Awareness and Information
- Staff Training
- LGBT Specific Service
- Outreach workers

2. Introduction and Background

2.1 The LGBT community

The latest estimate suggests that the community of those identifying as LGBT in Brighton and Hove totals around 35,000. That amounts to approx 13% (www.Switchboard.com) just over the national average. Many LGBT groups report migrating to Brighton because of its reputation for being cosmopolitan, liberal and hosting a large gay community. In turn, Brighton has a well established LGBT community which hosts a large number of groups and activities, support groups and indeed pubs, bars and nightclubs. In 2000 a large-scale LGBT community survey, 'Count Me In', led to the development of a 'LGBT Community Strategy 2001-'06 for Brighton & Hove, supported by the City Council, Police and Primary Care Trust. 'Spectrum' developed from this process to work with local services and planners in implementing the strategy, and to provide infrastructure and community development support for the LGBT community. Spectrum has been pioneering in hearing the voice of the LGBT community in Brighton and Hove. The Count Me In Too survey was launched approximately 2 years ago and had over 800 responses. At the time of writing the Count Me In Too findings were launched which included interesting findings around drugs and alcohol.

2.2 Prevalence of substance misuse

Within the city of Brighton and Hove there is a definitive problem with substance misuse. Currently the main substances of concern are arguably opiates, crack-cocaine, alcohol and benzodiazepines. People currently in treatment can offer a snapshot of the current situations but this can only shed light on part of the substance use incidence; these are indeed people who are accessing services and so the figure does not speak for those who are not accessing services, for whatever reason.

There are obviously huge risk factors with substance misuse and this is not by any means exclusive to the LGBT community. There is a fatal risk of overdose with many substances. Attempts have been made to tackle this problem surrounding opiate use and overdose including publications and free and incentive driven first aid training, but with other drugs, inclusive of alcohol, this has not been tackled so widely.

Beyond the fatal risk of overdose there are clear problems surrounding effects of long term use of drugs, physically, mentally and socially. Furthermore the lack of inhibition that often goes hand in hand with drug and alcohol use can lead to risk taking behaviour sometimes leading to unsafe sex and offending. The lack of awareness, impaired judgement and indeed psychosis that some drugs can cause can lead to a high level of criminal activity with the user being both perpetrator and victim. When addiction is at its height it can lead to crime to support dependence on the substance. There is evidence that using a substance increases the likelihood of using another substance, (Consuming Passions 2005), which also raises concerns around poly-drug use and the

potential lethal combination of certain substances and indeed alcohol. Sigma research found that 29% of those surveyed had poly-used 'club drugs'. Club Drugs include ecstasy, ketamine, GHB, LSD, and amphetamines. In the Consuming Passions Report (GMSS 2005) it is reported that poly-drug use is 'the norm'. When considering the high number of pub, bars and club venues in the city of Brighton and Hove, it is important to bear in mind the possible substance use issues that may go hand in hand with this culture.

2.3 Services offered and speculation as to why they are not accessed

There are a number of substance misuse services available within Brighton and Hove, all operating an equal opportunities policy which welcomes those who identify as LGB or T. The services available in Brighton and Hove are predominantly based on opiate use. The kind of treatment someone receives after assessment is very much dependant upon the services that are available and the potential prescribing of both substitute and symptomatic drugs. On offer is substitute prescribing available including harm reduction programmes as well as maintenance scripts. Cognitive behavioural and solution focused therapy and counselling services are offered coupled with prescribing where appropriate. There are also a number of tier 4 (residential services) offering detox and rehabilitation. There are a number of drug intervention initiatives including working with prison releases, arrest referral and people who are insecurely housed. There are numerous meetings, following the 12 step programme e.g. AA, NA and CA meetings that occur all over the city on a daily basis as well as specialist projects for women and young people. There are groups specifically for Crack and Stimulant use and peer led support groups for people who have completed alcohol detox. Projects run in the cities most deprived areas aiming to intervene at the early stages of people's substance misuse. There are also a number of services that are aimed at supporting the families of those who use substances and users groups. Brighton and Hove also is host to a number of excellent service user involvement groups.

Past reports have predicted and outlined various reasons that those identifying as LGBT may not access substance misuse services (Noret and Rivers 2003). These include:

1. Not being aware that services exist
2. Not identifying their own drug use with a need for services (e.g. May not realise has a problem or feel that services are based around abstinence (opinion leader)
3. Negative feelings toward the service due to stigma of drug users
4. Insufficient services (e.g., nationwide lack of alcohol service, perhaps specialist LGBT service)

As stated above, there is a general issue with accessing services in the form of how a person views their substance use. It could be argued that many see their substance use as recreational and not problematic. The Opinion Leader Research (2004) investigated recreational drug use among the LGBT community nationally, they found that for the most part, LGBT groups did not perceive there to be a need for a specific LGBT service. The main problematic

drugs were cocaine and ketamine. Few drew any links between their sexuality and their drug use, although many had concerns surrounding safe sex and drug use. They also suggest that the reasons for a high prevalence of alcohol and tobacco use can be attributed to their own personal vulnerability or because of the 'scene', e.g. going out to LGBT pubs, bars and clubs. In this particular study, respondents were sometimes interviewed in pairs, sometimes alone and others in a group.

In our current survey, to avoid bias and influences from group behaviour dynamics, respondents will be asked to fill out a short questionnaire alone. Furthermore the criteria of the Opinion Leader research were that the participant identified as LGBT and had used illegal drugs; excluding cannabis and alcohol. It seems therefore the research may have missed an extremely valid group of people with issues around cannabis and or alcohol alone. In this particular survey, the criteria will be that the person has used any drug or alcohol in the past year.

2.4 The LGBT community and Substance Misuse

As part of the Spectrum Strategy (2001), they outline as part of their plan in health to 'reduce the harm caused by drug and alcohol, e.g. develop closer links with the SMS, extending the safer dancing project to LGBT venues (in Leeds this is classically around youth venues) and producing culturally appropriate harm reduction information.'

It is cited in data from the Gay Men Sex Survey (GMSS) [cited in sigma research] that in the British crime survey (BCS), 3% of the adult population took class a drugs in the last year. This is compared with 29% of LGBT community who stated had taken class A drugs in the last year. However, this figure is difficult to accurately gauge because BCS won't ask a sexuality question. The national Consuming Passions Survey (Gay Men's Sex Survey 2005) reported that 91.5% of all gay men survey drink alcohol, with drugs such as ecstasy, Viagra, cocaine and Ketamine being very common (17%). Warner et al 2004 state that lifetime use of drugs and hazardous drinking was higher among those who identified and lesbian or gay than those who identified as bisexual or Heterosexual.

In the now quite dated, but still very relevant project 'Opening Doors' (Simpson 1994), suggestions are made as to reasons why people identifying as lesbian, gay or bisexual may use or misuse substances. These include using to feel better about themselves and facilitate social interactions, because they have an increased risk of low self esteem, because they have disruptions of significant relationships and to help with the pressures of being different (Savin-Williams 1994, cited in Simpson 1994)

Dr Peter Keogh of Sigma research states that those identifying as LGBT take more substances and alcohol than any other group and this seems to be a greater lifetime use compared with the heterosexual population. He speculates the following possibilities for reasons why the prevalence of substance misuse is higher among these groups for the following reasons:

- Gender role confusion
- Internalised homophobia
- Structural reasons e.g. societal stigma and discrimination
- Social role setting. E.g. parenthood often leads adults to settle down. LGB or T people without children are therefore likely to have a higher disposable income than their heterosexual peers.

He also states that *problematic* drug use seems to be higher among LGBT groups. An interesting point the doctor makes is the home office drug strategy focuses on harm reduction and therefore very much centred on crime which, substance wise is usually associated with opiates. Their studies have found a comparatively low incidence of opiate use amongst LGBT groups

There are a large number of pubs bars and clubs in Brighton and Hove and a significant number of these are LGBT specific and or friendly. The Opinion Leader research outlines that community leaders state that there is little else to do for men who identify as homosexual. Further more; the Open Door project (Simpson 1994) states that much of the alcohol use among lesbian and gay adults identifies the importance of the 'gay bar' as a primary place to socialise. Although there are a number of specific LGBT activities and associations etc offered in Brighton and Hove, they are certainly outnumbered by the amount of alcohol based venues offered. These in turn will by default lead to a level of high alcohol intake and arguably exposure to the drug culture that is expected with visiting commercial venues such as pubs bars and clubs. Whilst many of the substance misuse services in Brighton and Hove offer services to opiate based users or alcohol issues, the club drugs are a separate issue. Many of the club drugs are indeed amphetamine based and are viewed as being consumed recreationally.

During a recent Service User Feedback Forum (Rick Cook, May 2007) service users reported that they felt there was a need for positive discrimination and individual care for those who identify as LGBT within the substance misuse services. When asked, the services users stated that they felt there was a definite link between sexuality and substance and alcohol use. As a final point it is worth noting that in the recent Count Me In Too survey, addressing drug an alcohol issues within the LGBT community was rated third on the list of priorities for improving health and wellbeing.

2.5 Aim

The primary aim of the report is to complete a needs analysis and a strategy report which will inform commissioners of treatment services needed. The survey conducted for the purpose of this report aims to provide a snapshot for the current substances commonly being used within the LGBT community. It also aims to get an initial idea of why people are not accessing services. The data will go toward evidence based recommendations on ways to develop the services, so that they are more accessible to those who identify as LGBT.

3. Methodology

In this needs analysis, a survey method was chosen, using a self report questionnaire as the basis. The questionnaire was completed by 131 people who identified as LGBT. This section will outline the sampling details, including basic characteristics of the population.

3.1 Sampling Methods used

Logistical problems arise with the fact that it is postulated that LGBT groups are not accessing services. Therefore careful thought went into a variety of sampling techniques that are both effective and practical.

The sampling frame could be described as whether a person identifies as lesbian gay, bisexual or transgender and at the very least the respondents drink alcohol. A number of sampling techniques were used for the needs analysis which included Cluster Sampling (accessing a naturally occurring group, e.g. those attending LGBT services), Opportunity Sampling (a sample of individuals that happen to be available e.g. those in a commercial venue), Volunteer Sampling (Selecting for research those people that put themselves forward e.g. within services) and Snowball Sampling (a participant introduces the researcher to further respondents.)

3.2 Sample Sources

- Clubs, Bars and Clubs.

To collect this data I attended outreach shifts with the Terrence Higgins Trust. I joined them whilst they promoted their latest campaign and spoke to potential respondents about the aims of the questionnaire and asked if they would be happy to complete a questionnaire. Some completed the questionnaire immediately and a small minority took a stamped addressed envelope to send it by post. The venues visited included a number of pubs and bars and one nightclub in the Kemp Town area of Brighton and Hove. (These are detailed in appendix d)

Two bars, also agreed to display posters with tear off slips (see appendix b) and have a number of questionnaires on sight (Brighton Rocks and Circus Circus).

- Specialist LGBT groups e.g. Allsorts, MindOut, Clare project etc.

A number of LGBT groups and forums were visited and were involved in various different ways. Posters were displayed at MindOut, Allsorts, THT and Hove YAC. Clients attending MindOut were informed of the study and how to get in touch if they wished to take part.

THT asked many clients attending their drop in's to complete the questionnaire.

Allsorts young peoples drop in was visited on a two occasions, one of which involved a focus group aimed at issues surrounding 'the morning after the night before'. Young people at the centre were asked on an individual and group level if they would be happy to complete a questionnaire.

The 'Clare Project drop in' was attended on a number of occasions to ensure the aims and objectives of the questionnaires could be explained to any newcomers. Most people attending the 'drop in' were happy to complete the questionnaire. The 'drop-in' was attended relatively frequently as often new people would join on a weekly basis.

Within these services some questionnaires were snowballed (i.e. respondents took additional questionnaires for their friends to complete with a stamped addressed envelope.)

- Hard to reach people

A number of the respondents could be deemed to be part of a 'hard to reach' group, i.e., street homeless, and those who do not access any services. A number of out of hours drop in's with the Street Outreach Services, targeting known cruising ground in Brighton. A small number of questionnaires were also received from people living in hostels or were insecurely housed.

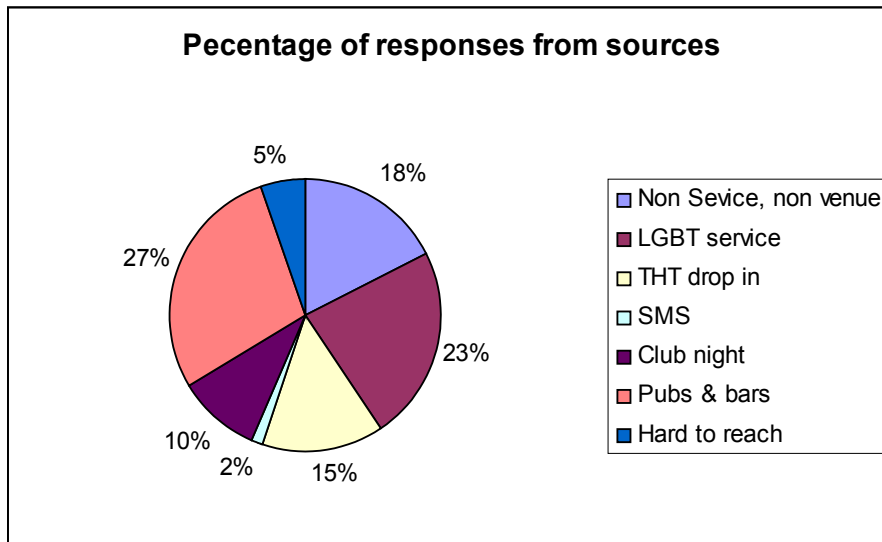
- Treatment Services

A small number of people currently using the treatment services completed the questionnaire (2%). Whilst providing rich data and information, this was not the main target group, because they are actually accessing services. Our target group is mainly those people who do not access services.

- Non Service, Non commercial Venues

A comparatively large number of the respondents (18%) were classed a non service, non commercial venues. These were generally collected using a 'snowballing method'. If a questionnaire was received by post without a sender identified (e.g. THT) then the questionnaire was put into this category.

Figure 1



3.3 Characteristics of the population

The age range was between 16 and 65. The most common age group was 16-25 with 37% falling into this age group, and the least common was 56-65 with only 2% of the sample falling into this category.

The sample was predominantly male (62%). Just under a third identified as female and 8% defined themselves as Trans. The very recent Count Me In Too survey suggested that lesbian women may constitute a 'hard to reach group'. A large proportion of the sample identified as gay (57%). There were considerably less people who identified as lesbian (27%) and a small number of people who identified as bisexual (12%). 4% of the sample stated they were 'unsure'.

Almost 2 thirds (64%) of the sample stated that they were employed with only 12% reporting unemployment. 15% reported that they were students with a small number reporting that they were signed off work, pensioners or carers (7%, 1% and 1%) A high proportion of the sample (34%) reported earning less than £10,000 per year. (This could be due to the high number of those aged between 16 and 25).

14% of the sample reported that they were a parent and 13% reported that they had been tested as HIV positive.

Figure 2, Distribution of age across the whole sample

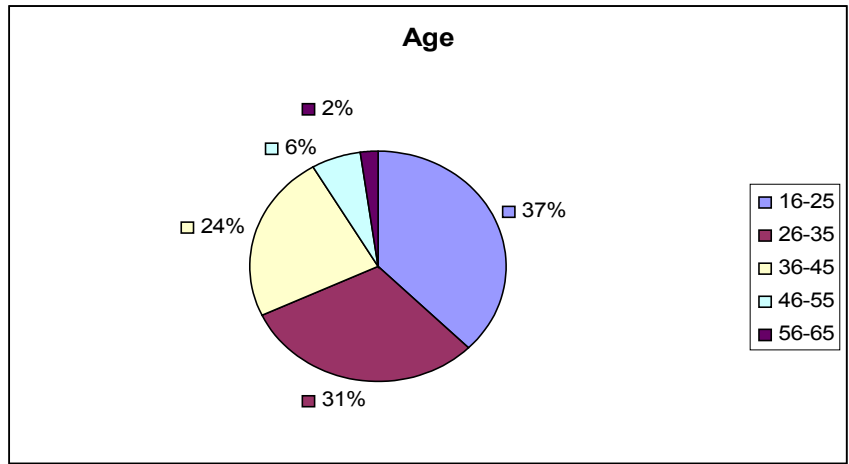


Figure 2.1, Distribution of gender identity across the whole sample.

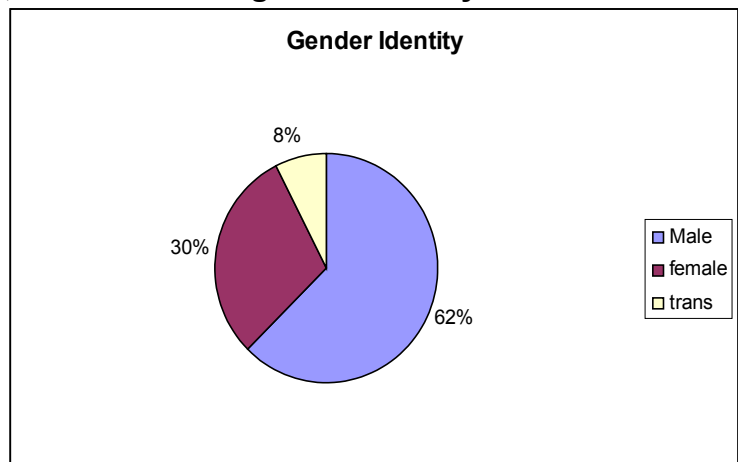


Figure 2.2, Distribution of sexual identity across the whole sample

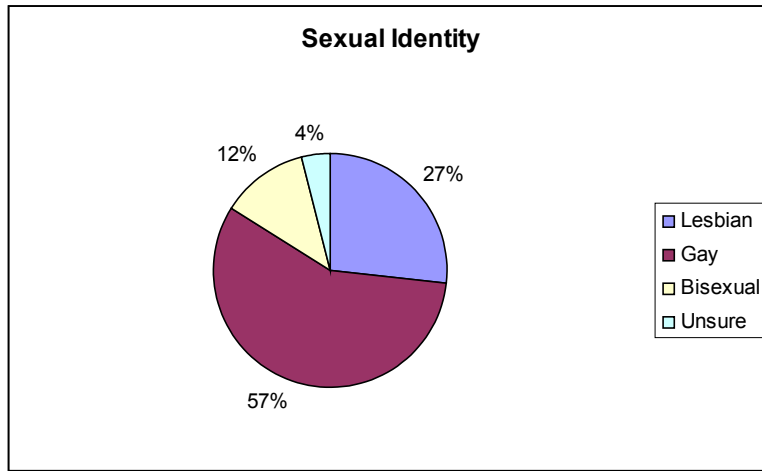


Figure 2.3, Distribution of employment status across the whole sample

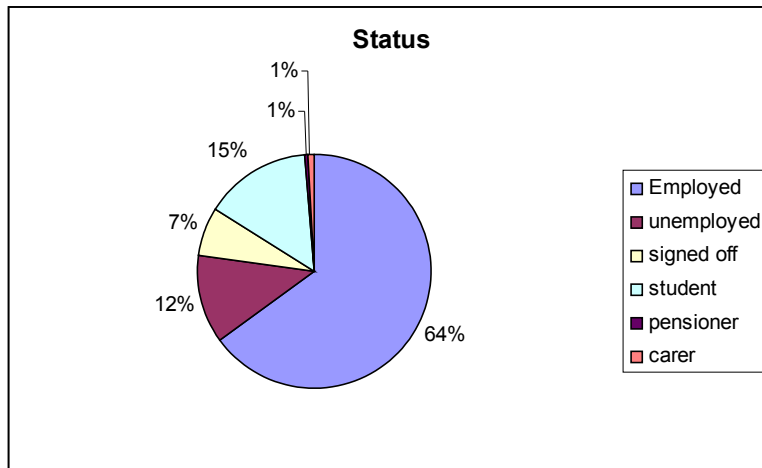


Figure 2.4, Distribution of approximate income across the whole sample

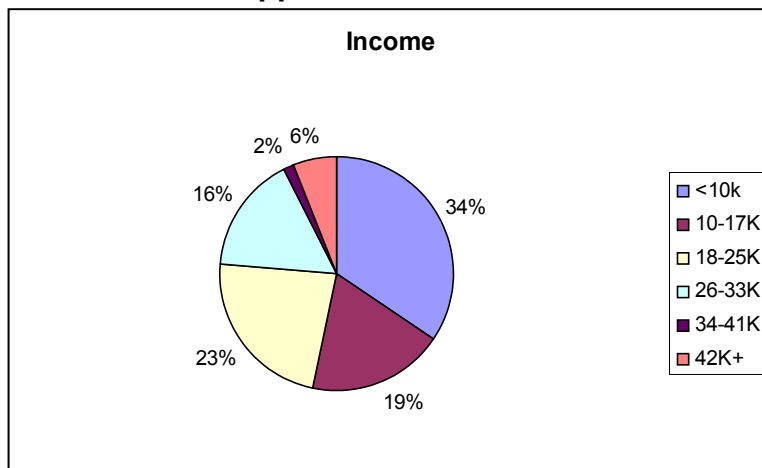


Figure 2.5, Distribution of parentage across the whole sample

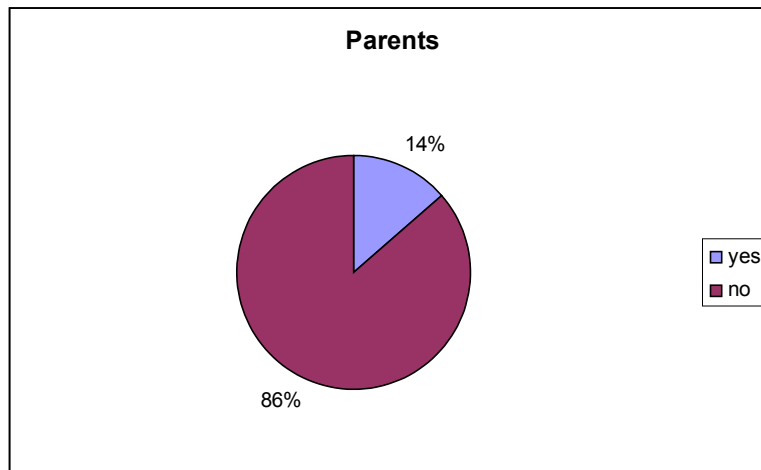
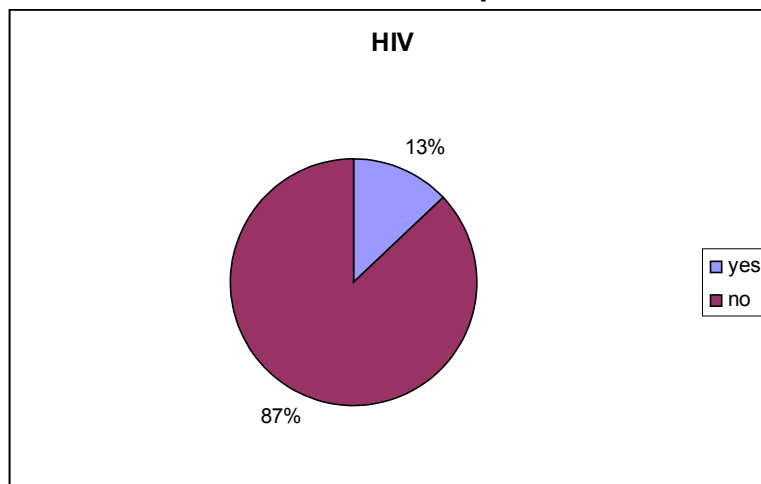


Figure 2.6, Distribution of those who had tested as HIV positive across the whole sample



3.4 Questionnaire Design

The questionnaire design was based on the objectives that were to be met for the strategy report, which was to provide evidence as to the service needs of underserved groups, including LGBT groups. Past report and designs were viewed and also external agencies were consulted. The questionnaire was amended a number of times after input from other agencies and the final questionnaire can be viewed in appendix a.

A heterosexual option added as some Trans people may regard themselves as heterosexual (question 3), although no respondents identified as heterosexual. Representatives at the Terrence Higgins Trust suggested having a HIV positive question. A fake drug was included to ensure people read the question adequately.

Given the sensitivity of the subject in hand, respondents were ensured that they questionnaire was completely anonymous and confidential. The respondents were also informed that they could withdraw at any time. The top

page of the questionnaire comprised information explaining the aims and objectives of the questionnaire, the researcher's contact details and a list of useful contacts on the back. This was for the respondent to tear off and keep.

4. Findings

In this section the main and substantial findings from the questionnaire and the possible implications of these will be discussed. Figure 3 shows the frequency of reported alcohol and substance use. The overall reported use is given as well as the reported frequency of use for each substance. The percentage is given **relative to those who use the substance**, with the actual number of respondents detailed in brackets.

Figure 3, Frequency of Use.

	Overall % used	Daily	<Once a Week	Once a week	< Once a Month	Once a Month	> Once a month	Not in the past year
Alcohol	97.0% 127	33.1% (42)	42.5% (54)	14.0% (19)	4.7% (6)	1.6% (2)	0.8% (1)	2.36% (3)
Alcohol to intoxication	77.1% 101	4.9% (5)	39.6% (40)	21.8% (22)	8.9% (9)	5.9% (6)	11.9% (12)	6.9% (7)
Cannabis	71.0% 93	16.1% (15)	8.6% (8)	9.7% (9)	11.8% (11)	10.8% (10)	19.8% (19)	22.6% (21)
Cocaine	62.5% 82	1.2% (1)	7.3% (6)	8.5% (7)	25.6% (21)	12.1% (10)	29.3% (24)	15.9% (13)

Crack	13.7% 18				11.1% (2)	5.5% (1)		83.3% (15)
Crystal Meths	13.0% 17						5.9% (1)	94.1% (16)
Ecstasy	63.4% 83		6.0% (5)	9.6% (8)	24.0% (20)	8.4% (7)	36.2% (30)	15.7% (13)
GHB	19.1% 25	4% (1)		4% (1)		4% (1)	24% (6)	64% (16)
Heroin	18.3% 24	17% (4)						83% (20)
Ketamine	45.0% 59	3.4% (2)	3.4% (2)	8.5% (5)	18.6% (11)	11.9% (7)	33.9% (20)	20.3% (12)
LSD/Acid	21.4% 28				7.1% (2)		14.3% (4)	78.6% (22)
Magic Mushrooms	28.2% 37					5.4% (2)	16.2% (6)	78.4% (29)
Poppers	55.7% 73	1.4% (1)	11% (8)	8.2% (6)	19.2% (14)	9.6% (7)	30.1% (22)	20.6% 15
Speed	37.4% 49		4.1% (2)	4.1% (2)	20.5% (10)	8.2% (4)	22.5% (11)	40.8% (20)
Steroids	8.3% 11							100% (11)
Solvent	6.1% 8						25% (2)	75% (6)
Semerion	5.34% 7							100% (7)
Valium	25.2% 33	12.1% (4)	12.1% (4)	3% (1)	18.2% (6)	3% (1)	27.3% (9)	24.2% (8)
Viagra	25.2% 33	3% (1)	9.1% (3)	6.1% (2)	9.1% (3)	6.1% (2)	33.3% (11)	33.3% (11)

Main points on figure 3

- Alcohol was most commonly used with 97% of all respondents reporting that they had used it. Around a third of those who reported using alcohol, reported using it daily (33.1%) whilst only 2.36% reported not using the substance in the past year. 77.1% of the sample reported using alcohol to intoxication and of this group, 39.6% reported using alcohol to intoxication more than once a week.
- A high proportion of respondents reported using cannabis (71%) Within those who reported using cannabis, the highest proportion (22.6%) reported not using it in the past year. However, approximately 16% of those who use cannabis reported using it daily.
- Cocaine was reported by 62.5% of respondents and the average use of this was once a month.
- 13.7% of the sample reported using crack-cocaine and only 2 of the respondents reported frequent use of the substance (more than once a month). Of those that reported using crack-cocaine 83.3% reported they had not used it in the past year.
- Crystal meths was used by 13% (n=17) of the sample, 94.1% of which reported that they had not used this in the past year.

4.1 Frequent Use of substances.

The overall use (indicated on the far left of figure 3) was narrowed down to a number of respondents who used the substances frequently. For the purposes of this assessment, it was deemed as 'frequent use' if respondents reported using the substance 'more than once a month', 'once a week', 'more than once a week' or 'daily'. Below shows the percentage of people who used each of the substances frequently (out of those who reported they had used a substance).

Figure 3.1, frequent use of substances

Substance	%	Actual No.
Alcohol	96.1%	122
Alcohol to Intoxication	74.3%	75
Cannabis	43%	40
Cocaine	42.7%	35
Crack	1.6%	2
Crystal Meths	-	-
Ecstasy	41%	34
GHB	8%	2
Heroin	16.7%	4
Ketamine	35.6	21
LSD	7.2%	2
Magic Mushrooms	-	-
Poppers	39.7%	29
Speed	28.6%	14
Steroids	-	-
Solvents	-	-
Valium	45.5%	15
Viagra	30.3%	10

Main Points on figure 3.1

- Of the 127 respondents who reported using alcohol, 96.1% of the population drunk alcohol once a month or more and 74.3% reported using alcohol to the point of intoxication more than once a month
- A high proportion of those who reported using cocaine and ecstasy reported using the substance frequently (42% and 41%)
- Around a third of those who reported using ketamine used the substance more than once a month.
- There was no reported frequent use of crystal meths, magic mushrooms, steroids or solvents or the fake drug.

The frequent use percentages were then broken down according to sexual identity, gender identity, how often a participant goes to a commercial venue, and how concerned they are about their alcohol and substance use. The five substances that had no evidence of frequent use were removed from the figures that follow.

Figure 3.2, Frequent Use Distribution with Sexual Identity

	Lesbian	Gay	Bisexual	Unsure
Alcohol	94.3% (33)	96% (72)	87.5% (14)	60% (3)
Alcohol to intoxication	65.7% (23)	53.3% (40)	56.3% (9)	60% (3)
Cannabis	37.1% (13)	25.3% (19)	9.3% (7)	20% (1)
Cocaine	34.3% (12)	25.3% (19)	18.8% (3)	20% (1)
Crack		2.7% (2)		
Ecstasy	14.3% (5)	34.7% (26)	18.8% (3)	
GHB	2.9% (1)			20% (1)
Heroin	2.9% (1)	4% (3)		
Ketamine	8.6% (3)	22.7% (17)	6.3% (1)	
LSD		1.3% (1)	6.3% (1)	
Poppers	20% (7)	25.3% (19)	6.3% (1)	40% (2)
Speed	11.4% (4)	12% (9)	6.3% (1)	
Valium	11.4% (4)	13.3% (10)	6.3% (1)	
Viagra	2.9% (1)	12% (9)		

Because the lesbian, gay bisexual and unsure ratio is not even, the percentages shown on figure 3.2 have been calculated according to what percentage of each sexual identity category used which substances. Therefore any differences across categories will be clear.

Main points on figure 3.2

- Frequent alcohol use ranged from 60% to 96% across sexual identity. 96% of those who identified as gay reported using alcohol frequently following closely by those who identified as lesbian (94.3%). Quite interestingly this does not reflect the response given with respect to alcohol to intoxication. Of those who identified as gay, 53.3% reported that they frequently used alcohol to intoxication. 65.7% of those who identified as lesbian reported using alcohol to intoxication frequently, over 10% more than the gay population.
- The reported frequent use of cannabis was considerably higher amongst those who identified as lesbian (37.1%) when compared to those who identified as gay (25.3%), bisexual (9.3%) or unsure (20%).

- The reported use of Cocaine was almost 10% higher in those who identified as lesbian compared to those who identify as gay.
- There was no reported crack use among those who identified as lesbian and a small percent of those who identified as gay (2.7)
- Frequent ecstasy and ketamine use was higher among those who identified as gay (e, 34.7% and k, 22.7%) than those who identified as lesbian (e, 14.3% and k, 8.6%) or bisexual (e, 18.8% and k, 6.3%).
- The reported use of speed was similar for those who identified as lesbian and gay (approximately 11.8%) and slightly lower among those who identified as bisexual.

Figure 3.3 shows the percentage of use of each substance relative to gender. The male, female and Trans ratio is not even and so the percentages have been calculated according to what percentage of each gender category used which substances. Then any differences across genders will be clear. For example, 95% of all male respondents reported that they used alcohol and 92% of female and 80% of Tran's respondents used alcohol.

Figure 3.3, Frequent Use Distribution with Gender identity

	Male (82)	Female (39)	Trans (10)
Alcohol	95.1% (78)	92.3% (36)	80% (8)
Alcohol to intoxication	54.9% (45)	69.2% (27)	30% (3)
Cannabis	24.4% (20)	41% (16)	40% (4)
Cocaine	24.4% (20)	33.3% (13)	20% (2)
Crack	2.4% (2)		
Ecstasy	32.9% (27)	12.8% (5)	20% (2)
GHB		2.6% (1)	10% (1)
Heroin	3.7% (3)	2.6% (1)	
Ketamine	20.7% (17)	7.7% (3)	10% (1)
LSD	2.4% (2)		
Poppers	24.4% (20)	15.4% (6)	30% (3)
Speed	10% (9)	10.3% (4)	10% (1)
Valium	12.2% (10)	7.7% (3)	20% (2)
Viagra	10%	2.6%	

	(9)	(1)	
--	-----	-----	--

Main points on figure 3.3

- The reported use of alcohol to intoxication, more than once month showed some interesting differences. Of all male respondents 54.9% reported using alcohol to intoxication frequently. This is compared to all female respondents, of which 69% reported using alcohol to intoxication, almost 15% difference.
- The reported frequent use of cannabis was much higher in the female and Tran's population (approximately 40%) when compared to the male population (24.4%)
- Reported frequent cocaine use was almost 10% higher in the female population (33.3%) than in the male population (24.4%).
- The reported use of ecstasy and Ketamine was considerably higher among the male (ecstasy 39% and Ketamine 20.7%) population than female population (ecstasy 12.8% and ketamine 7.7%). This may have been because a large number of male respondents who completed the questionnaire were recruited in a club environment. Ecstasy and ketamine could be described as popular club drugs.
- The reported frequent use of speed was approximately the same across gender.

Figure 3.4, Frequent Use Distribution with responses to the question, 'How often do you go out to a pub bar or club?'

	never	>1 month	1 month	>1 week	1 week	<1week
Alcohol	0.82% (1)	4.1% (5)	4.9% (6)	9% (11)	29.5% (36)	51.6% (63)
Alcohol to intoxication		4% (3)	1.3% (1)	6.7% (5)	30% (12)	72% (54)
Cannabis	2.5% (1)	7.5% (3)	5% (2)	12.5% (5)	30% (12)	42.5% (17)
Cocaine		2.9% (1)		2.9% (1)	22.9% (8)	71.4% (25)
Crack				50% (1)	50% (1)	
Ecstasy			8.8% (3)		29.4% (10)	61.8% (21)
GHB					50% (1)	50% (1)
Heroin		25% (1)		25% (1)	50% (2)	
Ketamine					23.8% (5)	76.2% (16)
LSD					50% (1)	50% (1)
Poppers		3.5%	3.5%	3.5%	27.6%	62.1%

		(1)	(1)	(1)	(8)	(18)
Speed			7.1% (1)		14.3% (2)	78.6% (11)
Valium		13.3% (2)	6.7% (1)	6.7% (1)	33.3% (5)	40% (6)
Viagra		10% (1)	20% (2)		30% (3)	40% (4)

The percentages on this graph demonstrate how much the respondent goes out in relation to the substances they use frequently.

Main points of figure 3.4

- Alcohol and cannabis were the only reported substances frequently used by those who stated they never go out. Although this was a small amount, alcohol 0.82% and cannabis 2.5%.
- Alcohol was reported to be used frequently by 51% of those who go out frequently. 72% of those who use alcohol to intoxication frequently, reported going out to a pub bar or club more than once a week
- A number of substances were frequently used by those who reported going out more that once a week. Of all those that use poppers frequently, 62% go out more than once a week. A similar figure can be seen with ecstasy use (61.8%). High numbers of respondents who reported going out more that once a week frequently uses cocaine (71.4%), ketamine (76.2%) and speed (78.6%)

Concern over alcohol and substance use were compared with the substances that were used frequently, demonstrated in figure 3.5

Figure 3.5, Concern

Concern	yes	no
Alcohol	56.6% (63)	43.4% (59)
Alcohol to intoxication	53.3% (40)	47.7% (35)
Cannabis	51% (21)	49% (19)
Cocaine	68.6% (24)	31.4% (11)
Crack	100% (2)	
Ecstasy	41.2% (14)	58.8% (20)

GHB	50% (1)	50% (1)
Heroin	100% (4)	
Ketamine	14.3% (3)	85.7% (18)
LSD		100% (2)
Poppers	48.5% (14)	51.5% (15)
Speed	57.1% (8)	42.9% (6)
Valium	73.3% (11)	26.7% (4)
Viagra	20% (2)	80% (8)

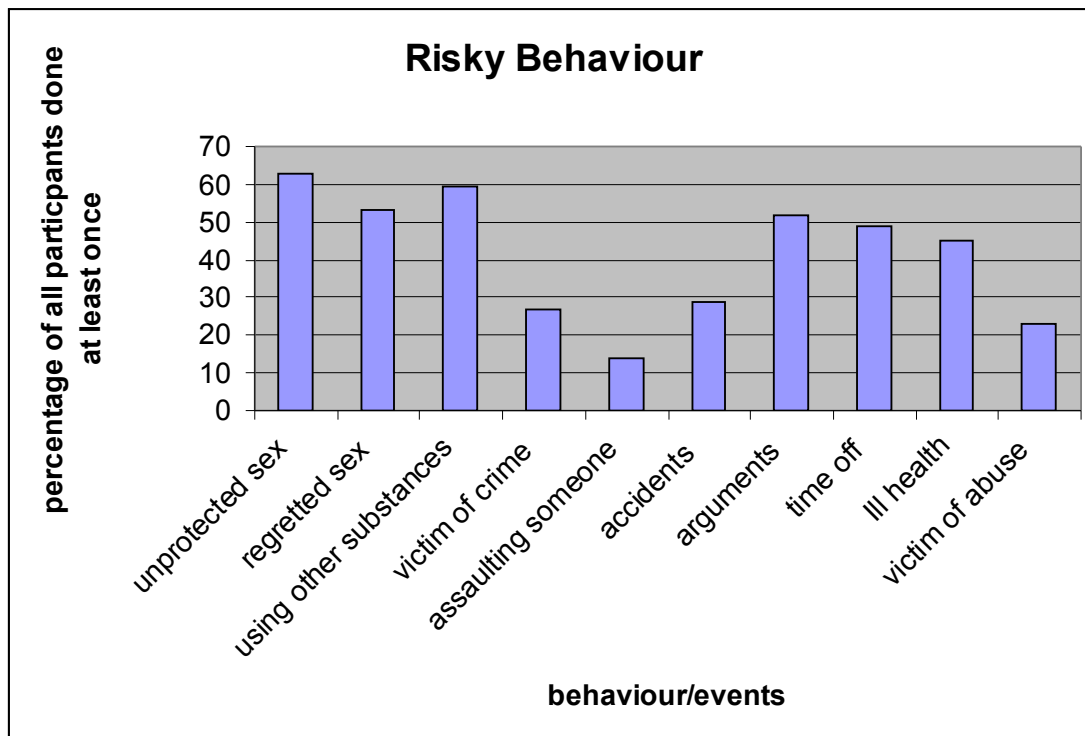
Main points on figure 3.5

- The general distribution of concern was relatively equal with some exceptions
- Of those that reported using cocaine frequently, 68.6% reported that they had either in the past or present been concerned with their alcohol or substance use. All of the respondents that reported using crack cocaine and heroin frequently reported they had concerns.
- Of the 34 respondents who reported using ecstasy frequently, 58.8% stated they had not or do not have any concerns around their alcohol or substance use. A much higher proportion of those who took ketamine reported no concerns (85.7%).

4.2 Risk Taking Behaviour.

The graph below focuses on risk taking behaviour. The respondents were asked if their drug or alcohol use had ever lead to a number of incidents. Figure 4 shows the percentage of all respondents (n 131) who had been involved in the mentioned incidents at least once.

Figure 4

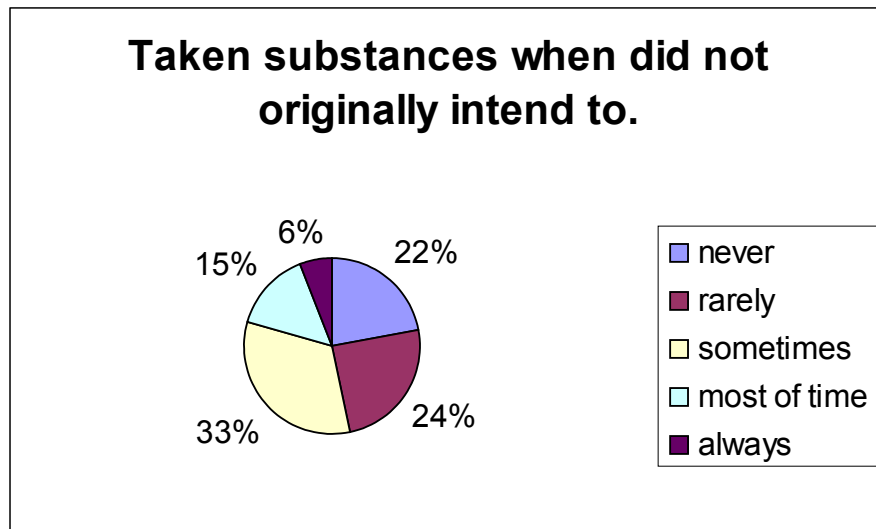


Main points on figure 4

- As you can see, there was a high percentage of respondents who had had unprotected sex at least once after using alcohol or substances (63%).
- The least common incident seemed to be assaulting someone; with only 14% reporting they had done this (at least once).
- Just fewer than 50% of respondents reported that they had taken days off work or education due to their alcohol and or substance use. This is a huge amount of the sample and obviously would have implications on the economy.

Figure 4.1 shows how respondents responded when asked if they had ever taken substances when they did not originally intend to.

Figure 4.1



Main points on figure 4.1

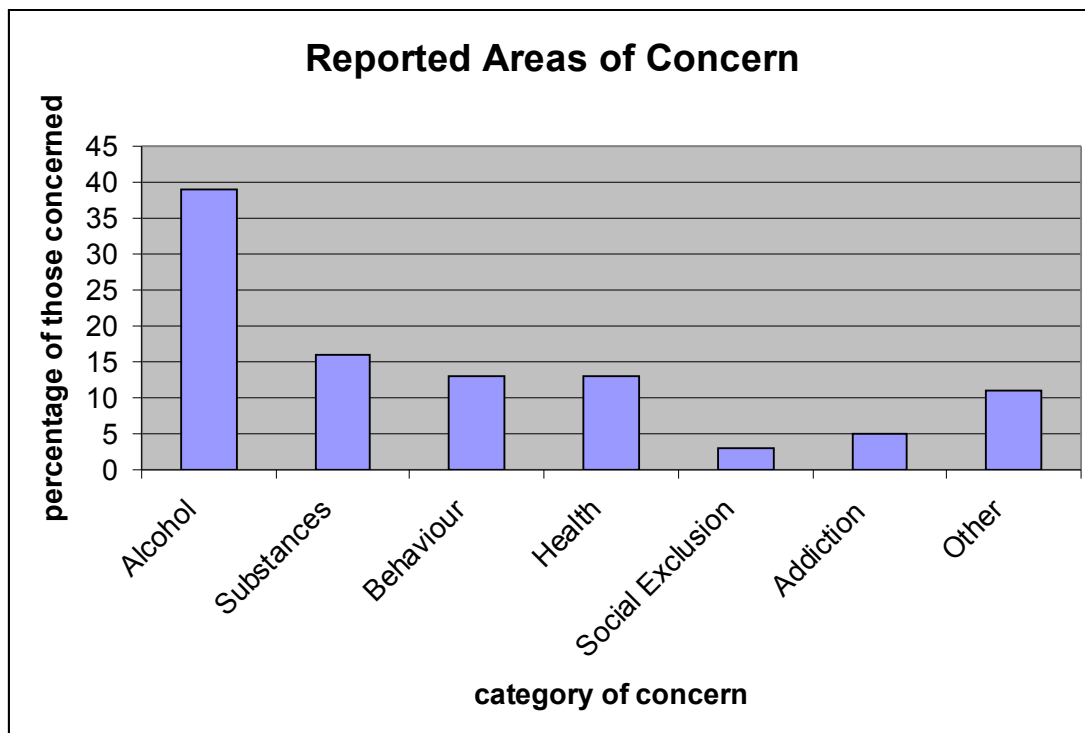
- Only 22% of all respondents reported that they never took substances when they did not originally intend to.
- 54% of the respondents reported that they sometimes (33%), most of the time (15%) or always (6%) took substances when they didn't originally intend to.
- This supports the past research that states using one drug will increase the likelihood of taking other substances.

4.3 Qualitative Responses.

A number of questions required the participant to give more information or to be more specific than their original yes or no answer.

Question 16 was 'Are you or have you ever been concerned about your alcohol and or substance use?' In response to this question, 47% (n=62) of the respondents responded yes. When asked to state what concerns them the most, a variety of responses were given. These have been categorised into the following; alcohol related concerns, substance related concerns, behaviour related concerns, health concerns, risk of social exclusion homelessness etc and concerns about 'addictions'. Figure 3 shows the distribution of these concerns

Figure 4.2



Main Points on figure 4.2

- The highest proportion of the respondents (39%) reported that they were concerned about their use of alcohol. This included references to binge drinking, drinking daily and finances.
- Specific substances were named such as Cocaine, Cannabis and Ecstasy.
- The category of 'behaviour' also included responses where a link was made with alcohol or substances, for example stating 'having arguments when I am drunk'

Below are some examples of the concerns raised by respondents to the question, are you or have you ever been concerned about your alcohol or substance use.

“Drinking too often and having aggressive arguments with girlfriend” (categorised as alcohol related behaviour concern)

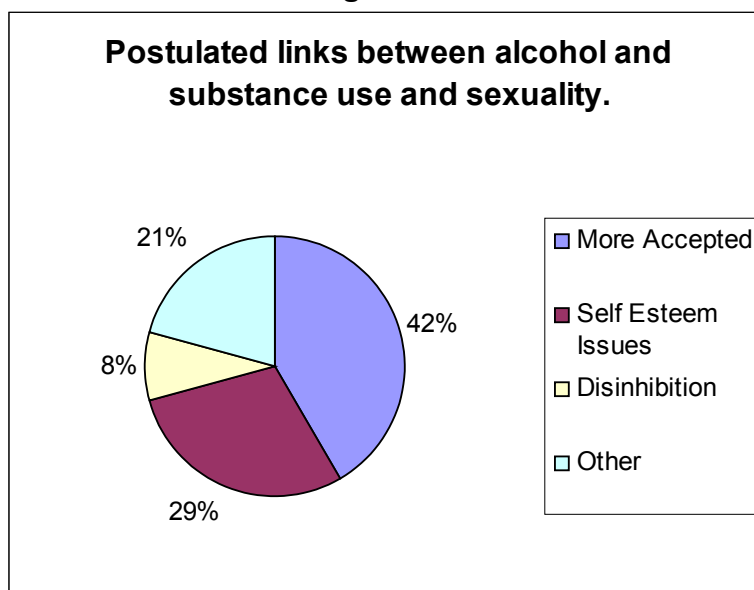
“Apathy, exclusion, loneliness, isolation, lack of ability to be sociable often.”

“Seeing my alcohol/substance usage overleaf is shocking”

“Over use. Not knowing where to turn”

A qualitative question was given on the questionnaire asking the respondent 'Do you believe there is any link between your sexuality and your alcohol and or substance use?' In response to this question, 16.8% (n=22) answered yes. They were asked to explain what they felt the link was. These were categorised by those who felt alcohol and substances were more acceptable and prolific in the LGBT community, internalised homophobia and low self esteem and finally dis-inhibition. Figure 3.1 illustrates how this was distributed across those who answered 'yes'.

Figure 4.3



Main points on figure 4.3

- Of the 22 respondents that answered yes to this question, 42% felt that it was because drug and alcohol use is more acceptable within the LGBT community.
- Just under a third of those answering yes, drew links with low self esteem, and issues around rejection and 'coming out'

Some examples of the comments made in response to this question can be seen below.

“Internalised homophobia and wanting to forget it and blank it out. I use alcohol as a social equalizer and it gives me confidence on the scene with boys and socially.”

“Drug use is normalised within gay culture as a means of escape, used to enhance sex and temporarily makes you feel confident”

“Possibly. I have been assaulted for my sexuality which has led to feelings of low self esteem and that increases my drug use”

At the end of the questionnaire the respondent was given an opportunity to voice 'any thing else they'd like to say on the subject matter and this raised some interesting points regarding sexuality and alcohol and substance use. Of all 36 comments, 9 (25%) could be viewed as drawing a more general link between sexuality and substance and or alcohol use. Here are some of the points raised.

“A general link between mental health, self esteem and substance use that is more prevalent in LGBT people”

“Only that several people I have come across take them to boost their confidence, self esteem etc in a new social situation and would maybe not otherwise feel the need to”

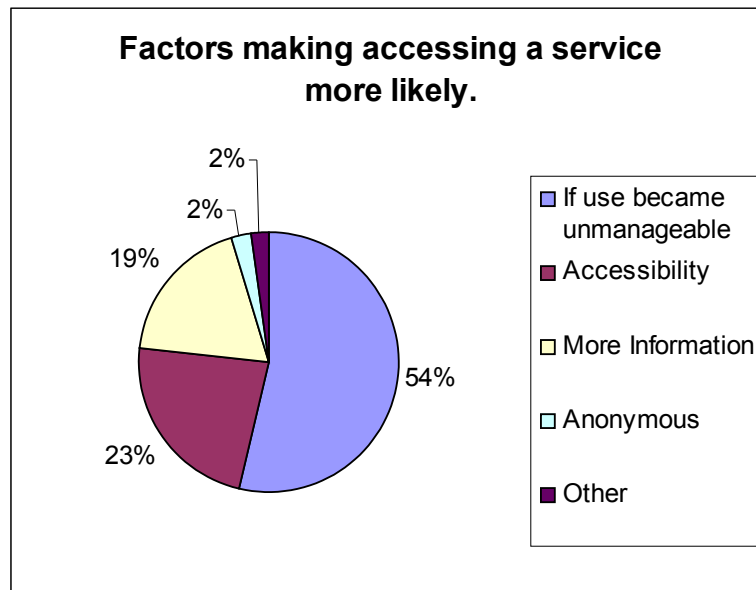
“I think especially for younger LGBT people, the pressure of coming out and society’s homophobia leads to substance misuse. As I’ve got older I have stopped taking things I would have when I was younger as I am now more confident and have learnt from my mistakes.”

The points may have been raised here because of the wording of question 19. The question puts emphasis on the participant drawing links between their own sexuality and alcohol or substance use. They may not draw a specific link to their own behaviour but may see it as a wider more general link.

.....

Question 20 of the questionnaire asked the respondent “Can you think of anything that would make you more likely to access a substance misuse service?” In response to this question 32.8% (n=43) answered yes and were asked to specify. This was categorised into the following subgroups; if the substance or alcohol use became unmanageable and they needed help, accessibility (e.g. LGBT specific, higher variety of drugs), more information and stigma diminishing. Figure 3.2 is a diagram of the distribution of these responses

Figure 4.4



Main points on figure 4.4

- Of the 43 respondents who answered yes to this question, 54% felt that they would be more likely to access a substance misuse service if the use became out of control. Many people reported that they felt their use was recreational.
- 23% stated that they would be more likely to access a service if they felt it was more accessible. This included out of hours services and suggestions of outreach work
- 19% felt that they would be more likely to access a service if they had more information on services. Some of the interesting responses are listed below.

“If I felt I could just go for information and harm reduction stuff rather than because I felt like I had a problem with my drug use then I’d be more likely to attend something. At the moment the services seem very geared toward misuse rather than use.”

“Making those services more widely known and trying to take the stigma away. I.e. bigger advertisement campaign.”

“More accessible to non hard drug users. LGBT specific. Availability of specific drug counselling service.”

“Knowing it was gay friendly and I would not suffer any abuse or lack of understanding about my chosen way of life.”

Responses from the final part of the questionnaire, which gave the participant free range could also be used to identify factors that may make it more likely

that a person would access services. 11% of the responses were related to accessing services. This could be for similar reasons as question 19, that is that they may see the question as introspective, but on the final question they can state their overall general opinion. Some of the responses given to question 22 that are relevant to accessing services are given below.

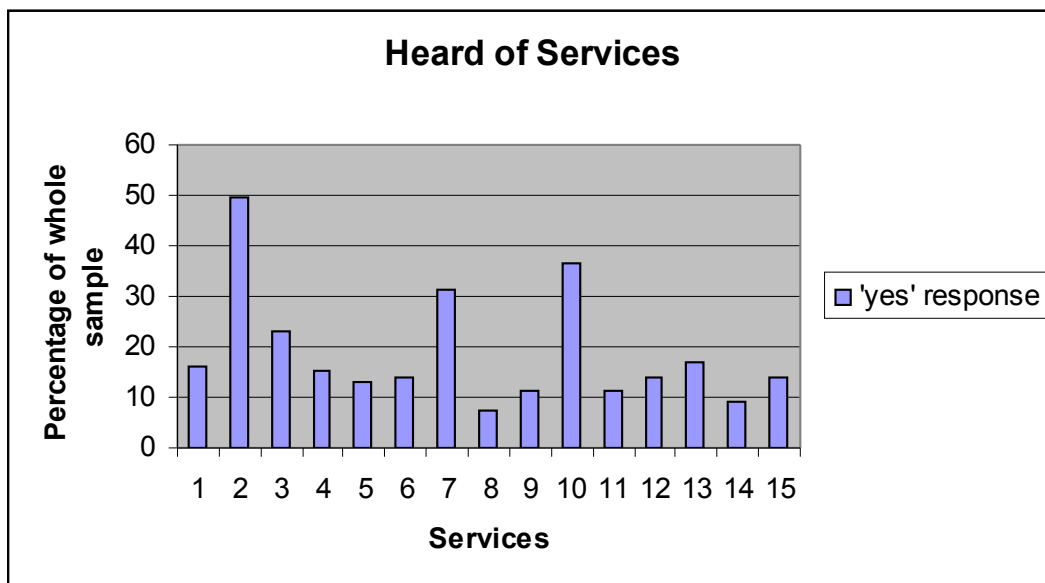
“I think perhaps if these services were made more aware people would take more advantage of them”

“The agencies should be more open about the effects of drugs so that when drugs like crystal meths appear, the agencies are believed when they say they are addictive and harmful – instead of trying to make us believe everything is addictive and leads to ruin”

4.4 Services

The respondents were given a list of services and asked to indicate whether or not they had heard of them. Figure 5 illustrates the percentage of all respondents that had heard of each service. A key is given below.

Figure 5



Services Key

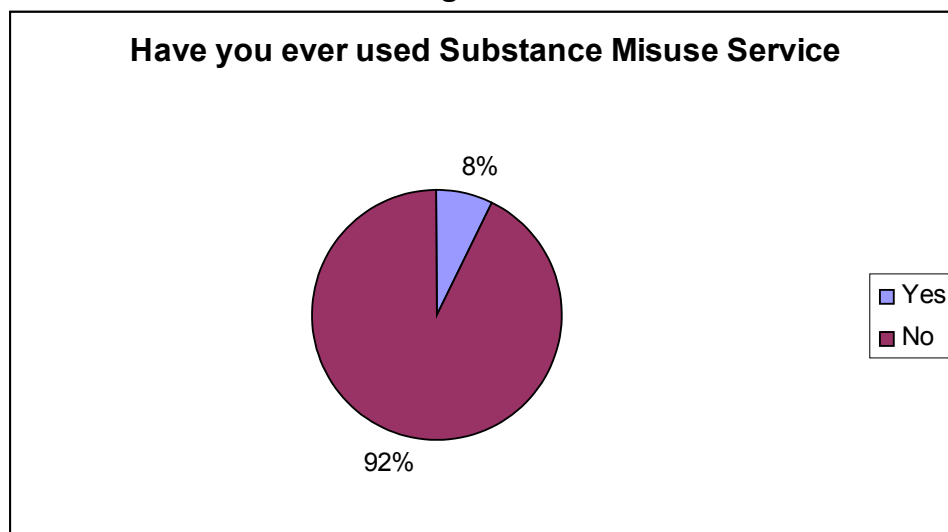
1	24/7 Drug intervention telephone advice line
---	--

2	Alcoholics Anonymous
3	Brighton Oasis Project
4	CRi and Equinox harm reduction service
5	CRi and Equinox treatment service
6	Detox Support Project (BHT)
7	Narcotics Anonymous
8	Patched
9	Phoenix House
1	The Priory Hospital
0	
1	Recovery Project
1	
1	r.u.ok?
2	
1	Sussex Partnership Trust substance misuse service
3	
1	CRi Crack Group
4	
1	GLAD
5	

The respondents were also asked if they had ever had a desire to give up alcohol or substances all together. This was then compared with whether they had heard of a service. **14.5% had not heard of any of the services, but reported that they did have a desire to give up.**

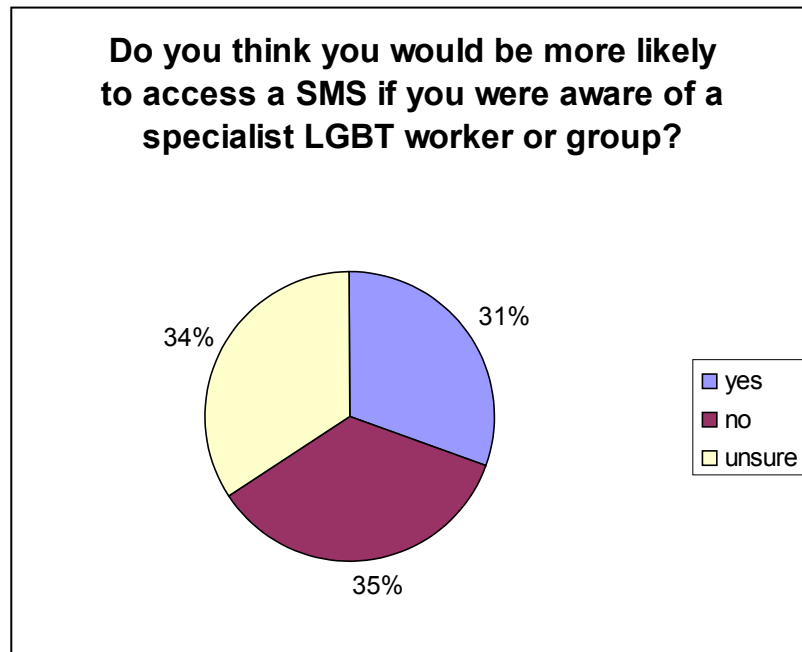
The respondents were asked if they had ever accessed a substance misuse service within Brighton and Hove. The responses of the whole sample are shown in figure 5.1

Figure 5.1



At the end of the questionnaire the respondents were asked if they felt they would be more likely to access a substance misuse service if they were aware of a specialist LGBT worker or group. They were able to answer yes, no or unsure. The distribution of responses was fairly even and can be seen in figure 5.2.

Figure 5.2



5. Conclusions

There are a number of interesting conclusions that can be drawn from the questionnaire. Alcohol use featured highly across the sample, which could highlight the needs for a more specialist alcohol service focusing drinking behaviour that is not necessarily classed as alcoholism. Cannabis also featured highly. Reported use of cocaine and ecstasy was over 60%. When comparing drug use among those who identify as lesbian or gay, it was interesting that ketamine and ecstasy use was higher amongst gay men than lesbian women. The frequent use of speed was similar for those who identify as lesbian, gay and bisexual.

The evidence seemed to suggest a relationship between going out and higher level of substance use. Going out to a pub bar or club venue increases the likelihood of a person using a substance, or indeed people that visit these venues are more likely to want to use substances. It would therefore seem logical to target these venues with regards to making services better known and advertising and distributing information.

It was also reported that one reason respondents may not access a substance misuse service could be because they do not view their use as problematic or define it as recreational. This could be a lack of information and perhaps factual non-judgemental information within clubs regarding the effects of substances, especially the combination of substances, may increase people awareness of the potential risks that they are taking. This could include the legal and fatal risks but also cover lesser known issues such as the dangers of combining certain drugs, harm minimisation information and information on risk taking behaviour. High levels of risk taking behaviour as a result of using alcohol or substances was reported, including taking substances without setting out to do so and unsafe sex. It may benefit future services to work alongside sexual health services that target the LGBT and raise awareness about alcohol and substance use issues, that way the 2 issues could be dealt with in relation to one another, and indeed compliment each other. For example, having unsafe sex may be a direct consequence of a person using substances and this can be highlighted in sexual health clinics and then passed to a substance use/misuse worker and vice versa.

There was evidence of a number of activities that could be classed as 'risk taking behaviour' as a result of using alcohol and or substances. Furthermore, a high number of respondents reported taking substances when they did not originally intend to as well as using other substances on top. The combination of substances can often cause unpleasant side effects that people may not be aware of. Information that targets people who use substances could include factual and clear information about the actual effects of specific combinations of substances.

When asked about their main concerns, a large number of respondents reported having alcohol related concerns which included behaviour they displayed whilst being intoxicated. Some reported concerns of not knowing what to do when under the influence and reacting badly. One respondents concern illustrates this point:

“When I have taken substances in a club and reacted badly I have just been thrown out of a club on my own. There wasn’t anywhere I felt I could go without being judged. My ecstasy use concerns me.”

One possible way of addressing this issue would be to have close and working links with commercial venues, which could possibly include outreach shifts to work alongside door staff in dealing with, and raising awareness of substance use issues. Opinion Leader also found that people wanted access to more quality information about drugs. They also state that a subtle approach is needed. Similar responses were given in the questionnaire, with people wanting information that is realistic and direct. One respondent stated:

“...Talking about drugs is good but places like that never acknowledge drug use isn’t as crazy and taboo as media portrays”

More information around drugs and alcohol may lead to more people accessing services. Indeed, 14.5% of all respondents reported being concerned about their drug and or alcohol use but had not heard of any of the listed services.

From the questionnaire, the postulated links between sexuality and alcohol and substance use support the previous findings outlined by the Opinion Leader research. To re-cap, they stated that those who identify as LGBT may be more vulnerable to using substances and alcohol because of ‘going out on the scene’ and it being more acceptable. Furthermore, the early study from Simpson (1994) proposed that LGB people use alcohol and substances because they have low self esteem and to facilitate social interactions.

When asked if there was anything that would make the person more likely to access a substance misuse service, responses were given that can be supported by the reasons given by Opinion Leader Research that outline why LGBT may not access services. They stated that it could be due to not recognising a problem, stigma attached to services and unaware of the services. This can be reflected in figure 4.4 with unmanageable use, accessibility and information.

Warner et al (2004) stated that lifetime use of alcohol and substances was higher amongst those who identify as LGBT. Furthermore general attitudes toward substances and alcohol need to be addressed. Because of this, it is imperative to minimise the harm associated with long term and frequent use of substance and alcohol. From the main conclusions, a variety of

recommendations can be made that could make the substance misuse services more accessible, inclusory and widely known.

6. Recommendations.

6.1 Sexual Identity Disclosure

- A sexual identity/orientation question to be asked in every social and medical and housing assessments, much like ethnicity is. This will provide data and evidence to inform service provision.
- Sexual orientation question to be included on monitoring and outcome forms.
- National surveys, statistics and assessment to include a sexual identity/orientation question.
- Staff training to ensure staff feel confident in asking this question and why it is asked.

6.2 LGBT Friendly Services

- Explicitly stating open to all and not assuming that it is implied.
- LGBT publications, magazines and reading materials available in waiting rooms.
- LGBT equalities policy to be explicit across all services.
- Clear and robust policies and procedures stating guidelines and actions taken on any prejudices demonstrated.
- Details of LGBT services and groups and events in waiting areas
- Posters and leaflets that depict images of people, to include images of members of the LGBT community.
- Displaying a rainbow sticker in the window

6.3 Awareness and Information

- Informative leaflets and posters around the legal situation of substances, for example, the police won't be called to a suspected overdose, so that people feel confident in calling for an ambulance if they are in need of help to be distributed by outreach workers.
- Regular adverts and posters in common places and venues such as shops, cafes and LGBT community magazines raising awareness of the services, enhancing the recognition of projects.
- Informative posters and leaflets in neutral places such as doctor's surgeries.
- Posters on poly drug use and the effects of the combinations of drugs to be displayed in toilets of commercial venues.

- Informative leaflets and wallet sized cards with drug and alcohol information and service contact details to be distributed to venues and groups across the city.
- All leaflets and publications to contain a recognisable symbol that people will remember, therefore enhancing credibility and trust among service users and stakeholders.
- Information leaflets and posters to focus on harm minimisation and keeping safe when using substances recreationally.

6.4 Staff Training

- Training to ensure staff feel confident in asking for sexual identity/orientation and understand why this is asked
- Raise awareness to staff within substance misuse services of the issues those who identify as LGBT may face and how this is related to substance use.
- Training to be delivered on what it means to be 'LGBT friendly'
- Training to cover 'heterosexism' and how this effects the LGBT community
- The training of a specific worker in each service specialise in LGBT issues
- Dissemination of all LGBT services that are available

6.5 LGBT Specific Service

- A substance misuse/use service offering support to those who identify as LGBT and need drug and alcohol treatment/advice and information.
- Counselling service with staff who are part of the LGBT community
- LGBT specific drop-in services
- LGBT specific groups and sessions
- A trial of LGBT specific groups and sessions to be piloted in within the existing substance misuse service

6.6 Outreach Workers

- Outreach workers to target specific commercial venues and give advice and information around alcohol and substance use (many respondents did not actively seek help for their drug and alcohol concerns).
- Workers to form distinct working relationships with commercial venues including pubs, bars and clubs.
- Focus to be on harm minimisation techniques, and prevention, with the main aim of reducing the harm caused by recreational use of alcohol and drugs.
- Raising awareness of existing services, and deal with signposting and if necessary, referrals.
- Link in with existing outreach that targets commercial venues such as THT.

- Link in with the street outreach service that visits known cruising grounds and attend outreach shifts alongside.
- To work alongside existing sexual health services and be a point of referral.
- Regular Visits to community projects that offer support to a range of LGBT community members (e.g., Allsorts, MindOut and The Clare Project.)
- The outreach workers to be in a team which is associated primarily with 'safer dancing projects'.
- To publicise and make known to commercial venues the benefit of partnership working, e.g. actively following the safer clubbing guidelines. (see appendix c).
- Workers to aim to diminish the attitude and perceptions that substance and alcohol is more common and acceptable in the LGBT community.
- Workers to use tools that make clients more aware of their substance use and how often they are using them (e.g. a drug and alcohol frequency table). These tools will then be used as a discussion points.
- Workers to aim to diminish and challenge stigma attached to substance misuse services.
- Some workers to be part of the LGBT community themselves, or to have a heightened awareness of potential issues that those who identify as LGBT and use alcohol or substances may face.
- Link in with existing safer dancing projects (e.g. D cubed in Leeds and Crew 2000 in Edinburgh)
- Workers to monitor information given out and topics that were discussed with clients.
- Outreach workers have an expertise around motivational interviewing and brief interventions, in order to provide an effective and high quality service
- Workers to recognise the inter-relationship between substance misuse, mental health and sexuality.

Appendix A

The Questionnaire

Dear Participant.

This page is for you to tear off and keep.

You have been asked to complete this questionnaire to help us outline if there is a need for specialist lesbian, gay, bisexual and transgender (LGBT) substance misuse services within Brighton and Hove. There are 22 questions, most of which require you to tick or circle a box, but some will ask you to answer in your own words.

Your help is greatly appreciated and please be assured that it is **completely anonymous and confidential** and you will not be asked any identifying questions. Please answer the questions as honestly as you can.

By October, this data will be compiled and presented to the Drug and Alcohol Action team, with a view to specialist services being developed if there is a need for it.

If you require any further information after completing this questionnaire you can contact me by telephone on 07747 536472 or by email on hayley.thrush@southdown.nhs.uk

Once again, thanks for your help.

Hayley

Useful Contacts

Brighton Oasis project.

Tel: 01273 604246.

A substance misuse treatment programme for women and their children.

CRI and Equinox Harm Reduction Service, Drop in.

Tel: 01273 607575

11 St Georges Place

Brighton

BN1 4GB

Drug and community based advice and treatment service. Also provides the main route of access into the treatment system within Brighton and Hove. Also hosts a number of Drug Intervention Programmes including working with prison releases, arrest referral and people who are insecurely housed.

Patched CRI

Free phone helpline: 0800 085 4450

Advice, information and support service for friends, families and carers of those misusing substances.

Mind Out

Tel: 01273 739847 (confidential 24 hour answer machine)

Free, independent, impartial and confidential information, guidance and representation for lesbians, gay men, bisexual and transgender people who have concerns about their mental health. Information on anything to do with mental wellbeing and help dealing with statutory services. We run a group work service with peer support and social opportunities.

Allsorts

Tel: 01273 721211

Offers support to young people under 26 who are lesbian, gay, bisexual, transgendered or unsure of their sexuality

Terrence Higgins Trust

Tel: 01273 764200

The UK's leading HIV and Sexual Health Charity, offering a wide range of services

r.u.o.k?

Tel: 01273 293966

Provide one to one support to young people who have drug and or alcohol concerns, and also their families and carers or other professionals involved in their care.

The GOAL Group

Tel: 07982 000558

Independent peer support for alcoholics in recovery.

LGBT Community Safety officer

Tel: 01273 294646

Part of the Community Safety Team

This is the start of the questionnaire you have been asked to complete.

Please read the questions carefully and answer as honestly as you can.

Remember that it is completely anonymous and confidential.

1. Which age bracket do you fall into?

Under 16	16-25	26-35	36-45	46-55	56-65	66-75	76+
----------	-------	-------	-------	-------	-------	-------	-----

2. How would you define your gender?

2a. Would you describe yourself as Trans?

Yes	No	Unsure
-----	----	--------

3. With which do you most identify

Lesbian	Gay	Bisexual	Unsure	heterosexual
---------	-----	----------	--------	--------------

4. Are you currently...

Employed	Unemployed	Signed off work	Student	Pensioner	Carer
----------	------------	-----------------	---------	-----------	-------

5. What is your average income before tax and any deductions?

Less than £10'000	£10'000-£17'000	£18'000-£25'000	£26'000-£33'000	£34'000-£41'000	£42'000+
-------------------	-----------------	-----------------	-----------------	-----------------	----------

6. Are you a parent? Yes No

7. Have you been tested as HIV positive? Yes No

8. Do you or have you ever used any of the LGBT services in Brighton and Hove? E.g. Allsorts, MindOut, Switchboard etc

Yes No

If yes, please specify.....

.....

.....

9. Please complete the table below indicating which substances you have taken (if any) and approximately how often, in the last year. If you have never used a particular substance leave the row blank. Please tick the method of administration that you prefer to use where appropriate.

	Daily	More than once a week	Once a week	More than once a month	Once a month	Less than once a month	Not in the past year	Method most often used.			
								Orally	Smoked	Injected	Snorted
Alcohol								11111111	111111	111111	
Alcohol to intoxication								11111111	111111	111111	
Cannabis									111111	111111	
Cocaine									11111111		
Crack								111111			111111
Crystal Meths											
Ecstasy									11111111	111111	111111
GHB/GBH									11111111	111111	111111
Heroin or other Opiates											
Ketamine									11111111		
LSD/Acid									11111111	111111	111111
Magic Mushrooms									11111111	111111	111111
Poppers								111111	11111111	111111	111111
Speed/Amphetamines											
Steroids									11111111		111111

Solvents								11111	1111111	11111	111111
Semerion								11111	1111111	11111	111111
Valium/Benzodiazepines									1111111		111111
Viagra									1111111	11111	111111
Other (please specify)											

10. How often do you go out to a pub, bar or club?

Never	Less than once a month	Once a month	Less than once a week	Once a week	More than once a week
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11. When you go out, have you ever taken substances other than alcohol even though you didn't originally intend to?

Never	Rarely	Sometimes	Most of the time	Always
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12. Has your alcohol or substance use ever lead to any of the following? If never, please leave blank.

	Once	More than Once	A number of times	Approx once a month	Regularly
Unprotected sex					
Having sex you regretted					
Using another, or a number of other substances					
Being a victim of a crime					
Assaulting someone					
Accidents					
Arguments with friends or family					
Time off work or education					
Ill Health					
Being a victim of abuse					

13. Do you or have you ever used any of the alcohol or drug support services in Brighton and Hove?

Yes No

If **yes**, please specify, if **no**, please state why not?.....

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14. Are you aware of or do you use any of the following services? If yes, please give brief detail of your knowledge of the service:

Service	Yes	No	Details
24/7 Drug intervention telephone advice line			
Alcoholics anonymous			
Brighton Oasis Project			
CRI and Equinox harm reduction service			
CRI and Equinox treatment service			
Detox Support Project (BHT)			
Narcotics anonymous			
Patched			
Phoenix House			
The Priory Hospital			
Recovery Project (BHT)			
r.u.ok?			
Sussex partnership trust substance misuse service			
CRI Crack Group			
GLAD			

15. Do you see any reason why you would not or do not use a substance misuse service?

Yes **No**

If yes, please give a reason for your answer.....

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16. Are you, or have you ever been concerned about your alcohol and or substance use?

Yes

No

If yes, please state what concerns you the most.....

.....

.....

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17. Have you ever had a desire to stop using alcohol or other substances all together?

Yes

No

If yes, please state what you would like to stop using.....

.....

.....

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18. Has a friend or relative ever expressed concern over your alcohol and or substance use?

Yes

No

19. Do you believe there is any link between your sexuality and your alcohol and or substance use?

Yes

No

If yes, please explain what you feel the link is.....

.....

.....
.....

20. Can you think of anything that would make you more likely to access a substance misuse service?

Yes **No**

If yes, please specify.....

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

21. Do you think you would be more likely to access a substance misuse service if you were aware of specialist LGBT group or worker?

Yes	No	Unsure
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22. Is there anything else that you would like to say regarding substance misuse among people who identify as LGB or T?

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Appendix B

Display Poster

**Lesbian, gay, bisexual or
transgender?
Drugs?
Take them??
Know anyone who does...??**

Crime Reduction Initiatives are currently looking to discover if there is a need for more specialist and specific substance misuse services within Brighton and Hove.

One of these services could include a specialist LGBT service.

If you feel you could help me to discover if a specialist service is needed, by completing a short questionnaire, please take my details and email me, or text me and I'll call you back.

[Contact number and email address provided in tear off strips]

Appendix C

Safer dancing guidelines

(<http://issues06.emcdda.europa.eu/en/elements/box07-en.html>)

Safer dancing guidelines

The 'Safer clubbing' guidelines (1), jointly developed by organisers, club owners, users' organisations and prevention agencies, aim above all to create a safe physical environment. Health hazards in recreational settings more often arise from how events are organised rather than directly from drug use (e.g. intoxication or unexpected effects). Above all, overcrowding, poor ventilation, lack of affordable drinking water, violence and accidents from broken glass are addressed. But guidelines also deal with drug dealing and the training of door supervisors to organise searches and supervise toilet areas. Training in first aid and early detection of drug-induced problems is included. Sometimes, 'amnesty bins', where club attendees can drop objects (including drugs) before being searched, are put next to entrances. Recommendations for drug prevention by distributing information and outreach teams are included.

The guidelines include aspects related to local communities, for example promoting liaison with local agencies and police officers to organise safe transport and ensure that people can get home safely.

These guidelines are being largely applied in Belgium, northern Italy and the United Kingdom.

(1) 'Safer clubbing' guidelines are available at <http://www.clubhealth.org.uk>.

References and Further Reading

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