Part of the Picture
The National LGB Drug & Alcohol Database

Part of the Picture:
Lesbian, gay and bisexual people's alcohol and drug use in England (2009–2011)

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Executive Summary

Part of the Picture provides clear evidence on substance use issues among lesbian, gay and bisexual (LGB) populations based on a large sample of over 4000 people. The data so far show four distinct findings:

Across all age groups LGB people are much more likely to use drugs compared to the general population

35% of respondents had taken at least one substance (excluding alcohol) in the last month. Drug use is common across all age groups, especially up to the age of 40. Comparison with data from the British Crime Survey (2010/11) suggests that **the use of any drug in the last month is 7 times higher across all LGB adults compared to the general population,** and among LGB people aged 16-24 use of any drug in the last month is more than 2.5 times higher. Use of all drugs by LGB people is much higher than the general population and **current use of all substances, apart from cannabis, is significantly higher amongst males than females.** However, drug use in the last month is still far more common amongst lesbian and bisexual females than amongst females in the wider population.

Problematic patterns of drinking are much more common among LGB people

Binge drinking is high across all genders, sexual orientations and age groups, with 34% of males and 29% of females reporting binge drinking at least once or twice a week. Available comparable data suggests that binge drinking is more than twice as common in gay and bisexual males, and almost twice as common in lesbian, gay and bisexual females, when compared to males and females in the wider population.

LGB people demonstrate a higher likelihood of being substance dependent and show high levels of substance-dependency

Over a fifth of the sample scored as dependent on a substance, and a further quarter showed at least one indicator of dependency[1]. This included 16% of all alcohol users in the sample, and between 4 to 13% of users of the most commonly used drugs. Gay and bisexual males and bisexual females were the groups who were most likely to score as dependent. **LGB people are not only more likely to take drugs and/or binge drink alcohol compared to the wider population; they seem more likely to be dependent on these substances.**

Significant barriers exist to seeking information, advice or help among LGB people

Almost a third of respondents had sought information, advice or help about their substance use. The internet was the most popular source of information for LGB people, so web sites must have the best quality of LGB-relevant information possible. The reasons given for not having sought information, advice or help indicate that LGB people are experiencing barriers both in relation to recognising they may have a substance problem which needs attention, and in accessing services where they feel comfortable and confident in the services provided.

[1] The POTP questionnaire used the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) and the International Classification of Diseases (ICD-10) compatible screening questionnaire for harmful substance use and dependence

Interim Conclusions

These findings show significant problematic substance use amongst LGB people, which is likely to be higher than in the wider population; with high levels of substance dependency; and perceptual and structural barriers to accessing information, advice or help on substance use. **Problematic usage and dependency amongst LGB people is currently not widely acknowledged or addressed in the substance use field, and as a consequence there is substantial hidden harm among LGB populations.**

Next Steps

The Lesbian & Gay Foundation and the University of Central Lancashire will present these findings to key stakeholders in the substance use field, including policy-makers, commissioners, service providers and the LGB&T voluntary and community sector. Responses to the data, combined with an understanding of the experiences of those working in the substance use field will offer a context to this report's conclusions. This additional qualitative research will inform an action plan, outlining how the various stakeholders could work together to tackle the problematic substance use of LGB people. The action plan will be published in Autumn 2012.

Background

This report presents the findings from the first three years (2009-11) of Part of the Picture (POTP). POTP is a five year research project (2009-14), funded by the Big Lottery, and delivered as a partnership between The Lesbian & Gay Foundation (LGF) and the University of Central Lancashire (UCLan), Preston.

Evidence relating to substance use amongst lesbian, gay and bisexual (LGB) people is extremely limited and often of poor quality[2]. POTP was devised after the findings from a small scale pilot study conducted during Manchester Pride in 2007 suggested that LGB people who attended had higher rates of drug and alcohol use than the general population.

POTP has three main aims:

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

[2] UKDPC (2010) *Drugs and Diversity: Lesbian, gay, bisexual and transsexual (LGBT) communities – learning from the evidence,* United Kingdom Drug Policy Commission, London, July 2010 http://www.ukdpc.org.uk/resources/lgbt_policy_briefing.pdf last accessed December 2nd 2011

Methodology

A questionnaire[3] was developed by UCLan in discussion with the LGF. Respondents were recruited using a variety of convenience strategies. LGB people were specifically targeted via events and organisations where they were most likely to be easily accessed:

- Copies of the questionnaire were sent with a covering letter to LGB organisations across England who were asked to publicise the research to their service users and to encourage them to complete the survey and return it by post.
- Copies of the questionnaire were taken to Pride events across England. Most major English towns and cities host annual Pride events which entertain and celebrate LGB&T lives and communities. Pride events were chosen as they have a high concentration of LGB people and often have 'community/market stall' areas that tend to be less focused on drinking and drugs than other LGB specific spaces such as clubs and bars. Questionnaires were distributed and collected back via a stall staffed by the LGF. Most questionnaires were self-completed by respondents; others were administered by a member of staff, depending on respondent preference.
- The questionnaire was also available on the LGF website. Visitors to the site are encouraged to complete the questionnaire online. Organisations that were sent copies of the questionnaire for their service users to complete were also alerted to the fact that the questionnaire was available on-line and advised that their service users could complete the survey in this way if they preferred.

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

Data from the survey were entered in to an SPSS database and analysed over three periods: January – March 2011 (year 1 data); September – November 2011 (year 1 and year 2 data); and March – May 2012 (year 1, 2 and 3 data). Analysis was conducted jointly by the LGF and UCLan. The POTP Board was established to discuss the findings and assist with interpretation of the emergent data.

A number of questionnaires contained little data beyond basic demographic information. These responses were removed from the sample. Self-completion of questionnaires is by definition unsupervised, and, as will be shown, means that some data are missing.

In a number of the questions about substance use and dependency indicators, respondents were asked to tick 'yes' or 'no' to each possible answer. In some cases, respondents had ticked the yes/no boxes of some substances or indicators, but had left others blank. In order to overcome this, respondents who had ticked 'yes' or 'no' to some options but left others blank were treated as if they had said no, rather than as missing data. This is likely to have had the effect of under-estimating both the number of people who may have used any substance and those who may have been experiencing indicators of dependency.

[3] See Appendix 1

Sample Characteristics

The total sample across the three years was 4206. Respondents were asked not to complete the questionnaire if they had already done so that year, but some respondents may have completed the survey in more than one year. The sample was largest in year 1 (1748), 42% of the total sample across the three years. In year 2, the sample was 1301 (31% of the total) and in year 3 the sample was 1157 (28% of the total) (table 1).

Table 1: The sample size across the three years (2009-11)

Year	Sample size (proportion of total sample)
Year 1 (2009)	1748 (42%)
Year 2 (2010)	1301 (31%)
Year 3 (2011)	1157 (28%)
Total	**4206 (100%)**

Table 2 shows how respondents were recruited.

Table 2: Recruitment methods (2009-11)

	Year 1	Year 2	Year 3	All respondents
Online	354 (20%)	256 (20%)	18 (2%)	628 (14%)
Postal	153 (9%)	34 (3%)	33 (3%)	220 (5%)
Manchester Pride	492 (28%)	475 (37%)	631 (55%)	1598 (38%)
Birmingham Pride	192 (11%)	-	-	192 (5%)
Leeds Pride	92 (5%)	-	-	92 (2%)
London Pride	106 (6%)	-	-	106 (3%)
Newcastle Pride	162 (9%)	-	-	162 (4%)
Cornwall Pride	197 (11%)	-	-	197 (5%)
Suffolk Pride	-	122 (9%)	-	122 (3%)
Nottingham Pride	-	156 (12%)	-	156 (4%)
Brighton Pride	-	258 (20%)	-	258 (6%)
Bradford Pride	-	-	115 (10%)	115 (3%)
Bristol Pride	-	-	241 (21%)	241 (6%)
Leicester Pride	-	-	110 (10%	110 (3%)
Manchester CHAPS[4]	-	-	9 (1%)	9 (0%)
Total	**1748 (100%)**	**1301 (100%)**	**1157 (100%)**	**4206 (100%)**

The proportion of Pride respondents is 81% across the three years. Manchester was the only Pride that recruited respondents in all three years. Manchester Pride respondents made up 38% of all respondents across the three years.

Table 3 shows the gender of respondents. Over the three years, 2% of respondents did not identify with the gender that was assigned to them at birth. This number of respondents is too small for meaningful analysis, but future reports will analyse the substance use of trans respondents specifically.

[4] CHAPS is an England wide, collaborative programme of HIV health promotion for gay, bisexual and other males who have sex with males. Questionnaires were distributed at their 2011 conference held in Manchester

Table 3: Gender of respondents (2009-11)

	%
Males	1868 (45%)
Females	2274 (55%)
Total	**4142 (100%)[5]**

Table 4 shows how respondents identified their sexual orientation. Of the 42% of respondents who described themselves as gay, 65 (4%) were females who identified as gay rather than lesbian.

Table 4: Sexual orientation of respondents (2009-11)

	%
Gay	1719 (42%)
Lesbian	1646 (40%)
Bisexual	740 (18%)
Total	**4105 (100%)[6]**

Of those respondents who described themselves as bisexual, most (74%) were females (table 5).

Table 5: Gender of bisexual respondents (2009-11)

	%
Males	189 (26%)
Females	538 (74%)
Total	**727 (100%)[7]**

Where possible in the report, analysis of bisexual respondents is presented. Because lesbians and gay people are groups of one gender and the bisexual group is made of both genders, it is problematic to make comparisons between the three groups. Comparing lesbians with bisexual females, or comparing gay males with bisexual males is a better way of identifying the specific experiences of bisexual people, but small sample sizes (for example, once the sample is broken down by drug used) have often made this impractical.

Table 6 sets out the age profile of respondents across the three years, compared to the age profile of England, as estimated by the experimental population estimates for 2009[8]. Comparing the age profile of the POTP sample against this dataset is not straightforward due to differing age categories used by the two surveys; a 'best fit' analysis has therefore been used in order to make a comparison. The POTP sample contains a higher proportion of younger people. Given that POTP sought to survey those who identify as lesbian, gay or bisexual it is expected that the sample will have a younger age distribution than the wider population. In other major surveys, such as the Integrated Household Survey[9], those who identify as lesbian, gay or bisexual had a younger age distribution than heterosexual, potentially reflecting differing attitudes to sexual orientation between older and younger people. This suggests that surveys aimed at those prepared to declare their sexual orientation as lesbian, gay or bisexual would result in samples with a younger age distribution.

[5] Data is missing for 64 respondents

[6] Data is missing for 101 respondents

[7] Data is missing for 13 respondents

[8] https://docs.google.com/spreadsheet/ccc?key=0AonYZs4MzlZbdFJ6OVF1U3JZTXEyYnFjb0k1clJvOFE&hl=en#gid=0 last accessed December 2nd 2011.

[9] http://www.ons.gov.uk/ons/guide-method/measuring-equality/equality/sexual-identity-project/measuring-sexual-identity--an-evaluation-report.pdf last accessed 28 June 2012

Table 6: Age profile of POTP respondents (2009-11) compared with the age profile of population of England 2009[10]

England Population 2009		Part of the Picture	
Age band	**%**	**Age band**	**%**
15-24	13%	16-24	1202 (29%)
25-29	7%	25-30	784 (19%)
30-34	6%	31-35	489 (12%)
35-39	7%	36-40	478 (12%)
40-44	8%	41-45	470 (11%)
45-49	7%	46-50	313 (8%)
50-59	12%	51-60	274 (7%)
60+	22%	61+	80 (2%)
Total	**82%**		**4090 (100%)[11]**

As table 7 shows, most of the sample across the three years were white[12]. 5% of the sample in each year were from black and minority ethnic backgrounds. This compares with a 2009 figure for the population of England and Wales of around 10.5%[13].

Table 7: Ethnic background of respondents (2009-11)

	%
White British, White Irish, Other White	3897 (94.4%)
Indian, Pakistani, Bangladeshi, Other Asian	51 (1.2%)
Black Caribbean, Black African, Other Black	41 (1%)
Chinese	19 (0.4%)
Mixed	105 (2.5%)
Other	16 (0.4%)
Total	**4129 (100%) [14]**

In other major surveys, such as the Integrated Household Survey[15], those who identify as lesbian, gay or bisexual were less likely to declare a non-white ethnic background potentially reflecting differing attitudes to sexual orientation between these communities. This suggests that surveys aimed at those prepared to declare their sexual orientation as lesbian, gay or bisexual would result in samples with a higher proportion of white respondents, compared to the whole population.

Table 8: Respondents who identified as disabled.

	%
Yes	498 (13%)
No	3347 (87%)
Total	**3845 (100%)[16]**

Respondents were recruited using a range of convenience methods that were thought most likely to generate responses from LGB people. The sample cannot be described as random as respondents were self-selecting, opting in once they had been given information about the research. As the largest ever sample of LGB people asked about their drug and alcohol use, the data represents the best available estimate of drug and alcohol use of LGB people in England as a whole.

[10] https://docs.google.com/spreadsheet/ccc?key=0AonYZs4MzlZbdFJ6OVF1U3JZTXEyYnFjb0k1clJvOFE&hl=en#gid=0 last accessed December 2nd 2011

[11] Data is missing for 114 respondents

[12] Including white British, white Irish and white Other

[13] https://docs.google.com/spreadsheet/ccc?key=0AonYZs4MzlZbdFJ6OVF1U3JZTXEyYnFjb0k1clJvOFE&hl=en#gid=0 last accessed December 2nd 2011

[14] Data is missing for 77 respondents

[15] http://www.ons.gov.uk/ons/guide-method/measuring-equality/equality/sexual-identity-project/measuring-sexual-identity--an-evaluation-report.pdf last accessed 28 June 2012

[16] Data is missing for 361 respondents

The POTP sample has a different structure and profile when compared with the population of England and Wales as whole: for example, a lower proportion of black and minority ethnic people and a higher proportion of younger people, although this is not unexpected given that the survey is aimed at those prepared to declare their sexual orientation as lesbian, gay or bisexual. Care therefore needs to be taken when making comparisons between drug and alcohol use in the POTP sample and that for the population of England as whole.

The sampling structure has been subject to some changes over the three years mainly due to the different Pride events at which data were gathered, and the increased proportion of respondents who were recruited at Pride events compared to online and postal responses. An analysis of substance use in the last month has been undertaken comparing Pride and online/postal respondents in order to understand the effect that these sampling changes might have had on the results.

The main value of this study is that it provides a clear picture of the substance use issues of LGB populations based on a large sample (4206), thus allowing analysis by age, gender and sexual orientation. POTP is also unique in that respondents were asked questions about dependency using the DSM-IV[17] and ICD-10[18] compatible screening questionnaire for harmful substance use and dependence.

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

[18] International Classification of Diseases http://www.who.int/classifications/icd/en/ last accessed 21 June 2012

Patterns of drug use in the last month

35% of respondents had used at least one illicit drug in the last month (excluding alcohol).

Table 9 shows the numbers of different drugs that respondents reported using in the last month. 21% of respondents reported using one substance in the last month, while 15% reported using two or more.

Table 9: Number of different drugs used in the last month (2009-11)

Number of drugs used	%
None	2705 (65%)
1 only	867 (21%)
2	282 (7%)
3	125 (3%)
4	79 (2%)
5 or more	107 (3%)
Total	**4165 (100%)[19]**

The most commonly used drugs

The most commonly used drugs were cannabis and poppers[20], followed by cocaine powder, ecstasy, ketamine and amphetamine (table 10). This is consistent with earlier research exploring drug use by LGB populations; cannabis and poppers are usually reported as the two most commonly used drugs with prevalence varying between 15-30%[21]. Cocaine, ecstasy, ketamine, amphetamine and crystal meth (crystal methamphetamine) are also substances commonly reported in other studies into substance use amongst LGB populations.[22]

A range of drugs were named in the 'other' category, including mephedrone for the first time in 2010 when 12 people had used it in the last month and 11 people in 2011.

Table 10: Drugs used in the last month (2009/11)

	%
Cannabis	798 (20%)[23]
Poppers	686 (18%)[24]
Cocaine powder	300 (8%)[25]
Ecstasy	268 (7%)[26]
Ketamine	158 (4%)[27]
Amphetamine	152 (4%)[28]
Benzodiazepines (non-prescribed)	101 (3%)[29]
GHB	62 (2%)[30]
LSD	38 (1%)[31]
Crystal meth	34 (1%)[32]
Crack cocaine	30 (1%)[33]
Steroids	27 (1%)[34]
Heroin	27 (1%)[35]
Other	181 (5%)[36]

[19] Data is missing for 41 respondents

[20] 'Poppers' is the most widely recognised term for a group of nitrites including alkyl, amyl, butyl and isobutyl nitrites

[21] Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid

[22] Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid

[23] Data is missing for 216 respondents

[24] Data is missing for 335 respondents

[25] Data is missing for 363 respondents

[26] Data is missing for 365 respondents

[27] Data is missing for 402 respondents

[28] Data is missing for 391 respondents

[29] Data is missing for 419 respondents

[30] Data is missing for 414 respondents

[31] Data is missing for 420 respondents

[32] Data is missing for 427 respondents

[33] Data is missing for 424 respondents

[34] Data is missing for 418 respondents

[35] Data is missing for 417 respondents

[36] Data is missing for 457 respondents

The standard source of information about drug use among the general population is the British Crime Survey (BCS)[37]. The BCS is a general household population survey using a representative sample of 16-59 year olds. Making comparisons between the drug use reported by the POTP respondents and that reported by the general population is not straightforward because the POTP sample is younger by comparison. Table 11 compares last month reported drug use by POTP respondents of the seven most used drugs (cannabis, poppers, cocaine powder, ecstasy, ketamine and amphetamine), with those of the general population in the last month as reported by the BCS for 2010/11.

Table 11: Last month illicit drug use: POTP and BCS samples

	BCS (2010/11)	POTP (2009-2011)	% greater incidence of drug use in the last month in the POTP sample compared to the BCS
Cannabis	3.80%	20%	526%
Poppers	0.40%	18%	4500%
Cocaine Powder	0.80%	8%	1000%
Ecstasy	0.40%	7%	1750%
Ketamine	0.30%	4%	1333%
Amphetamine	0.40%	4%	1000%
Benzodiazepines (non-prescribed)	0.20%	3%	1500%
Any illicit drug	**4.80%**	**35%**	**729%**

Across all illicit drugs, LGB people were seven times as likely to have used an illicit drug in the last month compared to the wider population. Cannabis use is still much higher for LGB people (five times higher) than the wider population, but has the lowest multiplier of any of the commonly used drugs. From these data, the LGB population is ten times as likely to have used cocaine powder in the last month compared to the wider population, and more than 13 times as likely to have used ketamine in the last month. This demonstrates the scale of substance use in LGB communities. Cocaine and ketamine each have significant levels of harm associated with their use, and their use is much more common in LGB communities.

Reported heroin, crack cocaine, steroid, LSD and crystal meth use was relatively low across the sample compared with other drugs, with 27 people reporting heroin or steroid use, 30 reporting crack cocaine or crystal meth use and 38 reporting LSD use. In addition 62 people reported using GHB.

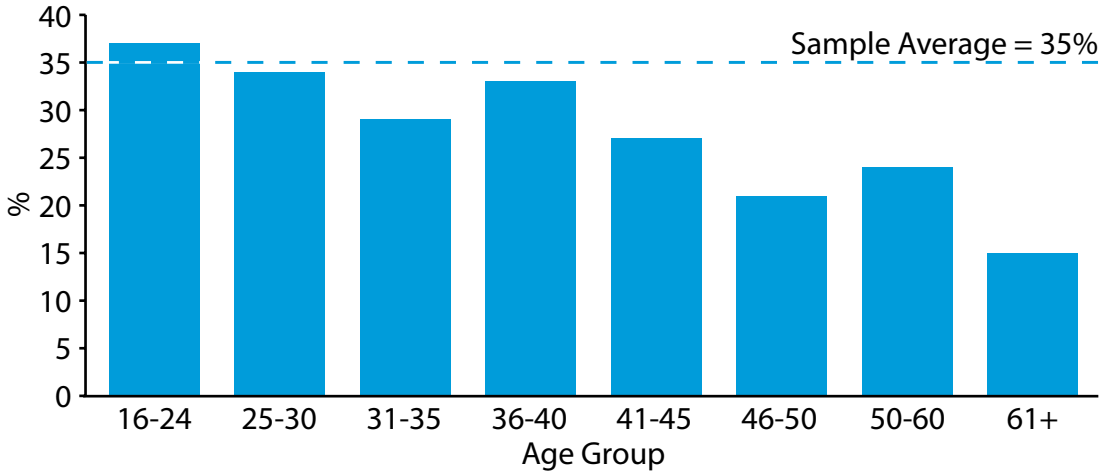
The National Treatment Agency for Substance Misuse (NTA) estimates that heroin use in the general population is 7.7 people per thousand people[38] which is similar to the POTP figure of 7.1 heroin users per thousand people. This shows LGB people are just as likely to be heroin users compared to the wider population. The NTA also estimates 5.4 crack users per thousand people which is significantly lower than the POTP figure of 7.9 crack users per thousand people, demonstrating that LGB people are significantly more likely to be crack cocaine users, compared to the wider population.

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

[38] http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/virtuallibrary/OpiateCocaineprevalencestats2009-10.pdf last accessed 10 July 2012

Drug use by age

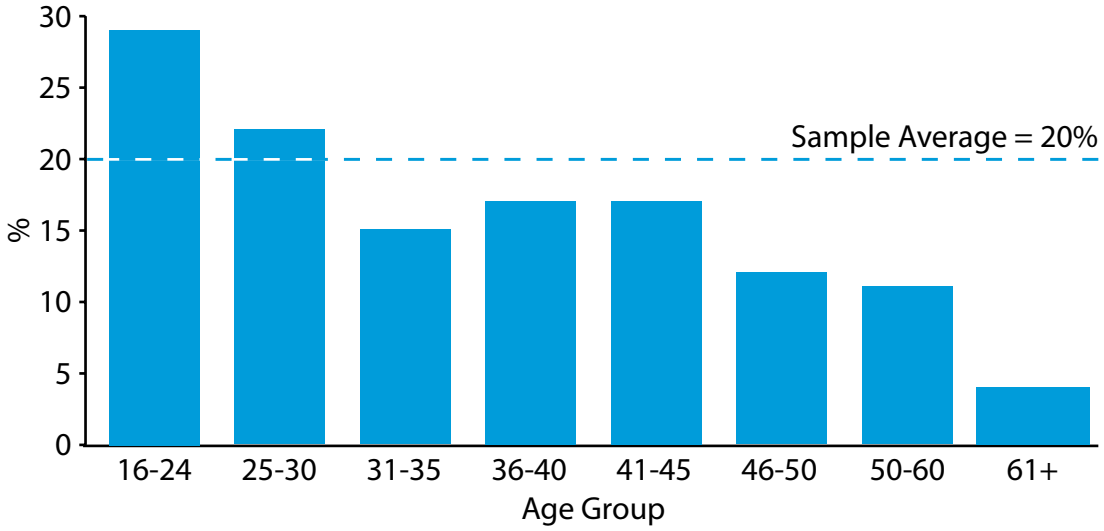
Figure 1: Drug use (any drug excl. alcohol) in the last month by age group (%) (Sample size = 3568)



As expected, the youngest respondents were more likely to have used a drug in the last month. Drug use by age does not, however, decrease in line with age for all age groups, notably 36-40 (Fig. 1). 15% of respondents aged 61+ reported taking at least one drug in the last month, although the figures for the 61+ age group must be treated with caution as they represent a relatively small number of individuals (sample = 67, frequency = 10).

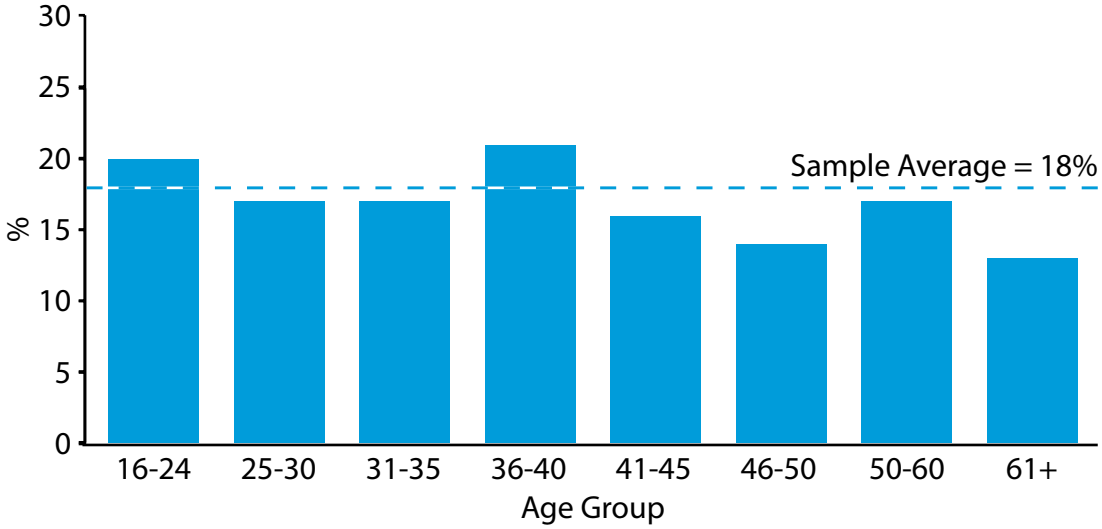
Figures 2-8 show the percentages of respondents in each age group who reported using each of the sample's seven most commonly used drugs (cannabis, poppers, cocaine powder, ecstasy, ketamine, amphetamine and non-prescribed benzodiazepines) in the last month. The average percentage across the sample as whole (i.e. not within each age group) is shown by the dashed line.

Figure 2: Used cannabis in the last month by age group (%) (Sample size = 3990)



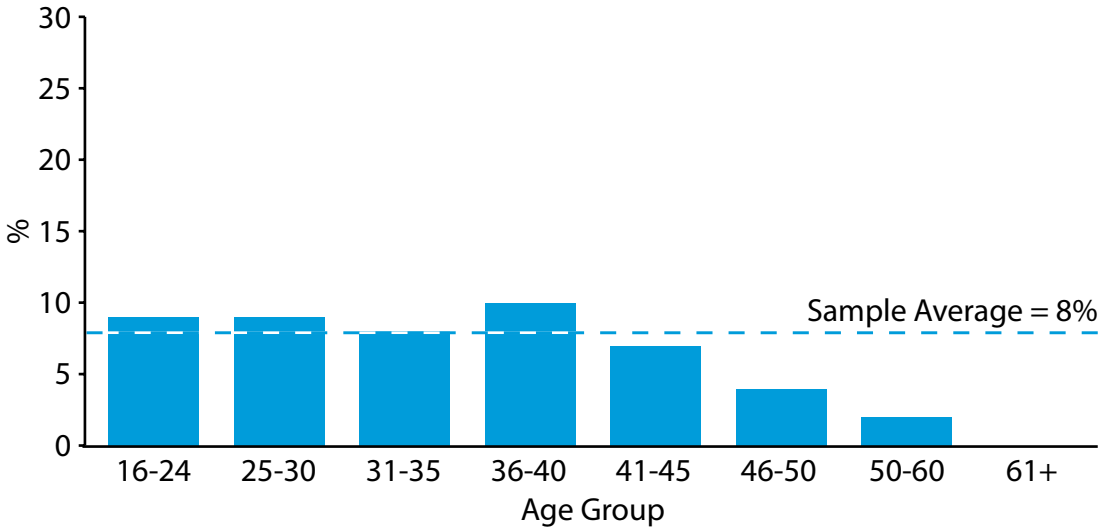
Cannabis use was common across all age groups. Although use was most common amongst younger respondents with 29% of the 16-24 age group reporting use in the last month, all age groups under 45 reported use at or above 15% (range 15-22%).

Figure 3: Used poppers in the last month by age group (%) (Sample size = 3871)



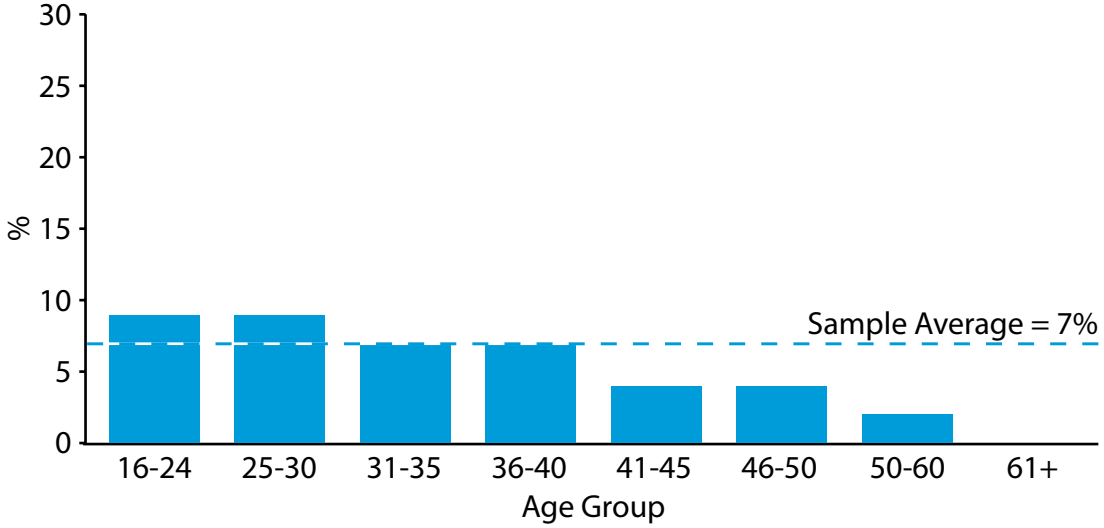
The use of poppers in the last month was reported widely across all age groups with all ages apart from those in the 46-50 and 61+ age groups reporting use by more than 15% of respondents.

Figure 4: Used cocaine powder in the last month by age group (%) (Sample size = 3843)



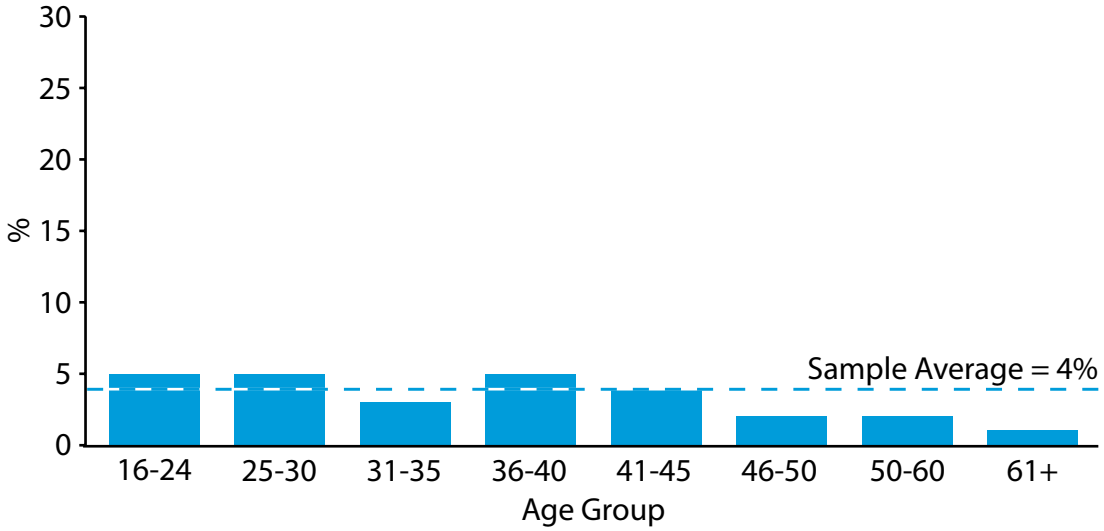
Use of cocaine powder was at or above the sample average (8%) for respondents in the 16-24, 25-30, 31-35 and 36-40 age groups. Last month use of cocaine powder was most widely reported by people aged 36-40.

Figure 5: Used ecstasy in the last month by age group (Sample size = 3841)



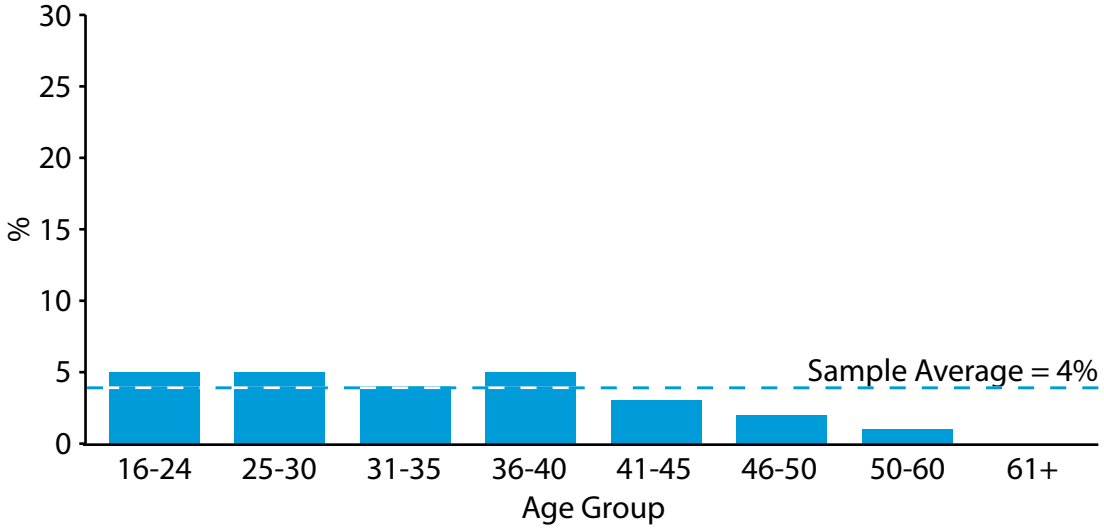
Ecstasy use was reported by 7% or more (the sample average) of all respondents aged up to 40 and 4% of those aged 41-50 also reported that they had used ecstasy in the last month.

Figure 6: Used ketamine in the last month by age group (Sample size = 3804)



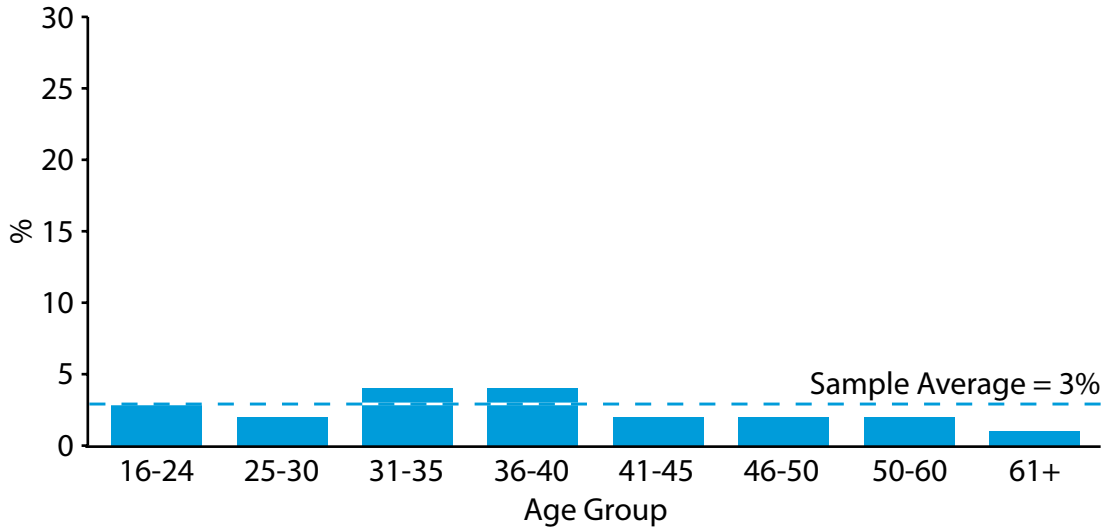
Ketamine use was reported by 4% or more (the sample average) of all respondents aged up to 45 with the exception of the 31-35 age group.

Figure 7: Used amphetamine in the last month by age group (Sample size = 3815)



Amphetamine was used by 4% or more (the sample average) of people aged 40 or less.

Figure 8: Used non-prescribed benzodiazepines in the last month by age group (Sample size = 3787)



Use of non-prescribed benzodiazepines was most common among those aged 31 - 40.

Drug use by younger LGB people 16–24

Table 12 compares last month reported drug use by POTP respondents aged 16-24 across the three years for the seven most used drugs (cannabis, poppers, cocaine powder, ecstasy, ketamine and amphetamine), with those of the general population aged 16-24 over the last month as given by the BCS for 2010/11[39].

Table 12: Last month reported drug use by POTP sample aged 16-24 compared with last month reported drug use of BCS sample aged 16-24

	BCS (2010/11)	POTP (2009-2011)	% greater incidence of drug use in the last month in the POTP sample compared to the BCS (16-24 age group)
Cannabis	9.00%	29%	322%
Poppers	0.90%	20%	2222%
Cocaine Powder	1.60%	9%	563%
Ecstasy	1.30%	9%	692%
Ketamine	0.90%	5%	556%
Amphetamine	0.90%	5%	556%
Benzodiazepines (non-prescribed)	0.30%	3%	1000%
Any illicit drug	**10.90%**	**29%**	**266%**

These data show that LGB young people's illicit drug use is over two and half times more common than amongst young people from the wider population. Anecdotally, LGB&T voluntary and community sector organisations report seeing more severe drug dependence in LGB people in their late 20s and 30s that began as more 'recreational' use while in the 16-24 age group[40].

[39] Smith K and Flatley J (ed) (2011) ibid

[40] Club Drug Clinic Open Day 1st June 2012

Drug use by LGB people aged 25+

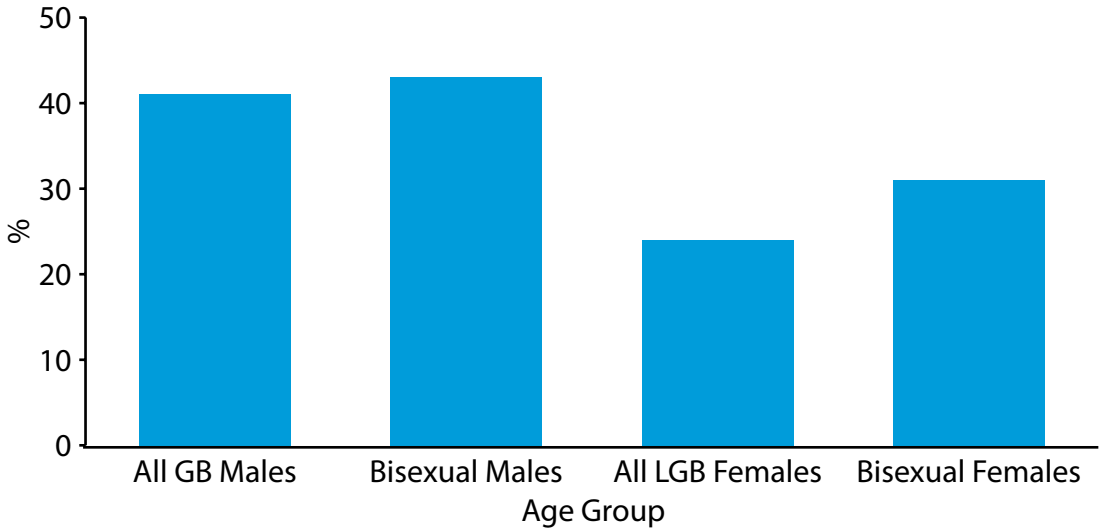
The picture that emerges is one of drug use across all ages, especially up to the age of 40. Within the POTP sample, drug taking is clearly not confined to young people aged between 16-24 or even 16-30. This is in contrast to studies into drug use among the general population which have tended to suggest that drug taking decreases with age[41]. One of the reasons behind this continued use may be because same sex couples, and LGB single people, are less likely to have children than heterosexual people, especially when they are younger. This is due to the practical difficulties for same sex couples to have children, and related extra cost and time implications when compared to most opposite sex couples. The analysis of the LGB respondents to the BCS (2007/8 and 2008/9) also found higher drug use in the last year amongst LGB adults even after they had controlled for the younger age distribution of the LGB sample[42].

Drug use by gender and sexual orientation

Most studies into substance use by LGB&T people have focussed on use by gay males. Studies looking at substance use by lesbian and bisexual females are fewer in number and do not provide a consistent picture[43].

In the POTP sample, current (last month) use of all substances, apart from cannabis, is higher for males than for females. While females were equally as likely to have used cannabis in the last month (20% for each), males were four times more likely to have used poppers (29% compared to 7%), three and a half times more likely to use ketamine (7% compared to 2%), nearly twice as likely to use cocaine powder (10% compared to 6%), ecstasy (9% compared to 5%) and amphetamines (5% compared to 3%) and one a half times more likely to have used non-prescribed benzodiazepines (3% compared to 2%). GHB was almost exclusively used by males.

Figure 9: Use of any drug in the last month by gender and sexual orientation (%)



The figure above shows that while bisexual males appear to be slightly more likely to have taken a drug in the last month compared to gay and bisexual males in general, bisexual females are far more likely to have taken a drug in the last month compared to LGB females generally. The main drug this difference relates to is cannabis; respondents identifying as bisexual (both sexes) were far more likely to report cannabis use in the last month compared to the sample average (32% compared to 20%). This could indicate a need to do some specific work around cannabis with bisexual communities, especially bisexual

[41] Smith K and Flatley J (ed) (2011) ibid

[42] Hoare, J., 'Nationally representative estimates of illicit drug use by self-reported sexual orientation, 2007/08 and 2008/09 BCS' in Hoare, J. and Moon, D. ed. (2010) , Drug Misuse Declared: Findings from the 2009/10 British Crime Survey

[43] Beddoes D, Sheikh S, Pralat R and Sloman J (2010) ibid

females. Other significant differences in drug use according to sexual orientation are the same as those already discussed in terms of gender.

Drug use by recruitment method

Table 13 compares self reported drug use in the last month by postal, on-line and Pride respondents. This suggests that the high rate of reported last month drug taking amongst the sample as a whole (35%) cannot be explained by convenience sampling strategy and the large number of users recruited via Pride events. Pride respondents were no more likely to have taken any drug in the last month than any other group of respondents and for some substances they were the least likely.

Table 13: Self-reported drug taking in the last month by recruitment method

Drug	Postal respondents[44]	On-line respondents[45]	Pride respondents[46]	All respondents[47]
Cannabis	43 (20%)	124 (20%)	628 (20%)	798 (20%)
Poppers	49 (24%)	95 (15%)	540 (18%)	686 (18%)
Cocaine Powder	15 (7%)	70 (11%)	211 (7%)	300 (8%)
Ecstasy	9 (5%)	62 (10%)	195 (7%)	268 (7%)
Ketamine	9 (4%)	43 (7%)	106 (4%)	158 (4%)
Amphetamine	8 (4%)	28 (5%)	115 (4%)	152 (4%)
Benzodiazepines (non-prescribed)	5 (3%)	22 (4%)	72 (2%)	101 (3%)
GHB	5 (3%)	17 (3%)	39 (1%)	62 (2%)
LSD	1 (1%)	6 (1%)	31 (1%)	38 (1%)
Crystal meth	3 (2%)	11 (2%)	20 (1%)	34 (1%)
Crack cocaine	2 (1%)	6 (1%)	22 (1%)	30 (1%)
Steroids	2 (1%)	6 (1%)	19 (1%)	27 (1%)
Heroin	2 (1%)	6 (1%)	19 (1%)	27 (1%)
Other	16 (8%)	40 (7%)	122 (4%)	181 (5%)

Conclusions on drug use

Drug use is common in the POTP sample across all age groups up to 40. Although making comparison with research on drug use among the wider population needs to be approached carefully, comparison with 2010/11 BCS data suggests that the use of any drug is 7 times higher across all LGB adults than in the general population, and among LGB people aged 16-24 it is more than 2.5 times higher.

While the use of drugs such as GHB, crystal meth, crack cocaine and heroin in the POTP sample is relatively low compared to other drugs, their use is still more common than in the wider population (as shown in the BCS figures). The harm due to these drugs can be very severe, and their use appears to be more common in the LGB population compared to the wider population.

Although use amongst gay and bisexual males may present the most cause for concern in terms of the pressing need for drugs misuse information and interventions, drug use in the last month for lesbian and bisexual females is still far more common than that of the wider population and may also require targeted information and interventions.

[44] Sample Size is 220 – data is missing for between 8 and 21 respondents for each drug

[45] Sample Size is 638 - data is missing for between 8 and 14 respondents for each drug

[46] Sample Size is 3349 - data is missing for between 197 and 428 respondents for each drug

[47] Sample Size is 4197 - data is missing for between 213 and 463 respondents for each drug

The reasons behind this relatively high incidence of drugs use are likely to be complex, and the project will be seeking to examine these issues in greater depth through qualitative research in years four and five of the project. Analysis conducted on the 2009/10 BCS data[48] for all adults found that:

- There is a clear relationship between nightclub and pub visits and illicit drug use; levels of drug use increased with increasing frequency of visits to a nightclub or pub.
- Any illicit drug use in the last year increased as frequency of alcohol consumption increased.
- Levels of use of any illicit drug or Class A drug were highest in areas that are classified as 'Urban Prosperity' compared with all other areas
- Single adults had higher levels of any drug or Class A drug use in the last year in comparison with all other marital groups

Gay or LGB bars and venues remain important social spaces, especially for gay males. The Lesbian & Gay Foundation has undertaken a number of short surveys of the people in the venues in Manchester's 'gay village' area in 2010 and 2011[49]. From this, we know gay males are more likely than other LGB&T groups to use these LGB/gay spaces, and this has been anecdotally observed across the UK's major cities. It is unclear whether gay and bisexual males' greater use of the bar/club scene is driving their drug use, or vice versa. Such greater use of the 'gay scene' will also contribute to a greater frequency of alcohol consumed, and we know from a survey of over 600,000 adults by the Department of Health that LGB people are far more likely to live in urban rather than rural environments[50]. Data on whether LGB people are more likely to be single is incomplete, but research carried out by Stonewall suggests that older LGB people are much more likely to be single. Older gay and bisexual males are almost three times more likely to be single than heterosexual males, 40% compared to 15%[51].

There are a range of complex and inter-related factors which contribute to an individual's use of drugs. It appears that LGB people are more likely than heterosexual people to experience one or more of these factors.

[48] Britton A, 'Extent and trends in drug use by personal, household and lifestyle factors' in Hoare, J. and Moon, D. ed. (2010) , Drug Misuse Declared: Findings from the 2009/10 British Crime Survey

[49] Village Census – The Lesbian & Gay Foundation 2010-2011 (unpublished data)

[50] Department of Health, GP Patient Survey, 2011 http://www.gp-patient.co.uk last accessed 30th June 2012

[51] http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf last accessed 30th June 2012

Patterns of alcohol use

89% (3667) of the total sample reported that they had used alcohol in the last month. Alcohol use in the last month is consistently high at between 8 or 9 in 10 respondents for all sexes, sexual orientations and age groups. The next section will look at binge drinking to examine the scale of problematic alcohol use.

Binge drinking

The NHS defines binge drinking as drinking heavily in a short space of time to get drunk or to feel the effects of alcohol. For males, this is defined as drinking more than 8 units of alcohol in a single session and for females this is defined as drinking more than 6 units of alcohol in a single session[52]. POTP respondents were asked how many times they drank 8 (for males) or 6 (for females) units of alcohol in a single session in the last month. They were also given a table showing the amount of units for various sizes and strengths of lager, cider, pre-mixed drinks ('alcopops'), wine and spirits.

22% (794) of the whole sample reported binge drinking once or twice a week; 6% (219) four or five times a week; and 4% (147) daily or almost daily (table 14).

Table 14: Number of times respondents reported binge drinking in the last month

	%
Never	613 (17%)
Once in the last month	847 (23%)
Two or three times a month	1054 (29%)
Once or twice a week	794 (22%)
Four or five times a week	219 (6%)
Daily or almost daily	147 (4%)
Total	**3667 (100%)[53]**

Binge drinking by gender and sexual orientation

Table 15: Cumulative binge drinking by gender

	Males	Females
At least once or twice a week	585 (34%)	565 (29%)
At least four or five times a week	181 (11%)	179 (9%)
Daily or almost daily	75 (4%)	69 (4%)
Total	**1711 100%[54]**	**1963 100%[55]**

Table 15 shows that 34% of males and 29% of females reported binge drinking at least once or twice a week in the last month. In terms of binge drinking at least once a week in the last month, lesbians were as likely to binge drink as bisexual females (27% of bisexual females binge drank at least once in the past week). Gay males were also just as likely to binge drink as bisexual males (33% of bisexual females binge drank at least once in the past week).

[52] http://www.drinkaware.co.uk/facts/binge-drinking - last accessed 30th May 2012

[53] Data is missing for 529 respondents

[54] Data is missing for 106 respondents

[55] Data is missing for 262 respondents

Binge drinking by age

Figure 10: Cumulative binge drinking by age group

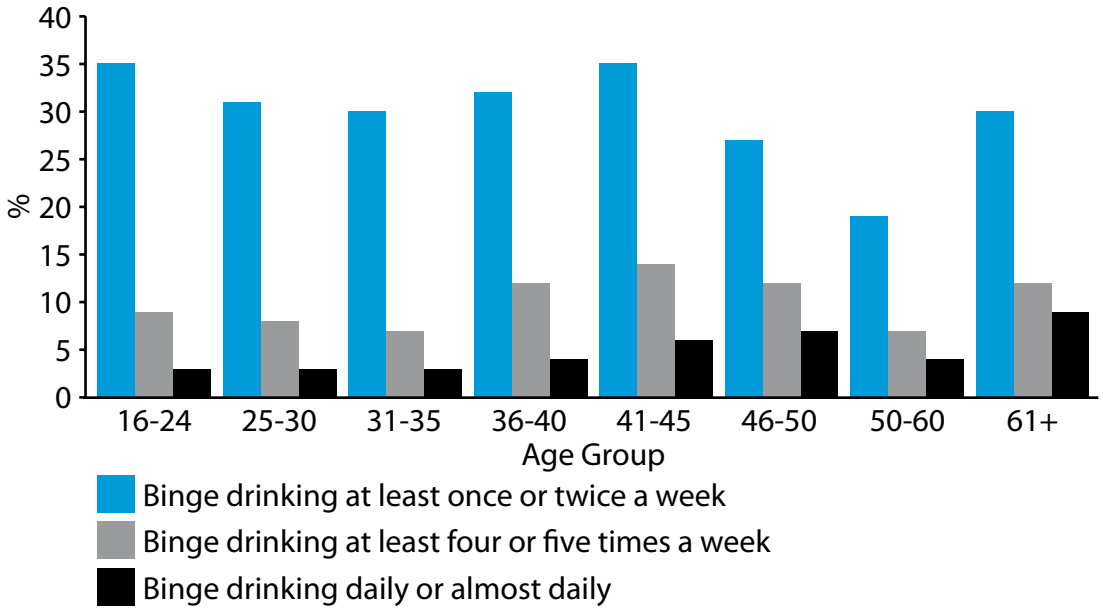


Figure 10 demonstrates the scale of binge drinking across all age groups. It also shows two main 'peak' age groups for binge drinking at least once a week: 16-24 and 41-45. The difference is that at 41-45 the incidence of very problematic drinking (binge drinking at least four or five times a week) is much higher than at 16-24 (14% compared to 9%).

Conclusions on alcohol use

Data from the ONS General Lifestyle Survey 2010 shows that in the wider population, 19% of males drank more than 8 units on their heaviest drinking day in the last week and 15% of females drank more than 6 units on their heaviest drinking day in the last week[56]. In the POTP sample, 34% of males and 29% of females reported binge drinking at least once or twice a week. This indicates that binge drinking at least once a week is more than twice as common in gay and bisexual males as compared to males in the wider population, and almost twice as common in lesbian, gay and bisexual females as compared to females in the wider population. Because no comparable figure for the heterosexual population exists, the difference between heterosexual and LGB people is likely to be even greater (because LGB people are included in the wider population drinking estimates).

Problematic alcohol use in the form of frequent binge drinking has some potentially serious implications for the wellbeing of the LGB communities. Established risks for excessive alcohol consumption include:[57]

- Accidents and falls are common because being drunk affects balance and co-ordination. Binge drinking has also been linked to self-harm.
- In extreme cases overdosing on alcohol can lead to death.
- Binge drinking can affect mood and memory and in the longer term can lead to serious mental health problems.

More commonly, binge drinking can lead to anti-social, aggressive and violent behaviour.

[56] http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2010/general-lifestyle-survey-overview-report-2010.pdf last accessed 28 June 2012

[57] http://www.drinkaware.co.uk/facts/binge-drinking last accessed 28 June 2012

Alcohol is also factor in:

- One in three (30%) sexual offences
- One in three (33%) burglaries
- One in two (50%) street crimes.

This means that LGB people may be disproportionately likely to incur costs to themselves and to the state in terms of urgent care costs, mental health costs and criminal justice costs. Greater alcohol use has also been linked to greater consumption of drugs[58].

[58] Britton A, 'Extent and trends in drug use by personal, household and lifestyle factors' in Hoare, J. and Moon, D. ed. (2010) , Drug Misuse Declared: Findings from the 2009/10 British Crime Survey

Combinations of drug and alcohol use in a single session

841 (20%) respondents reported using more than one substance (including alcohol) during a single session (such as a night out). 664 (16%) gave details of the substances that they had used together[59]. A full breakdown of all the combinations reported is given in Appendix 2.

Understanding the ways in which people combine substances is complex, not least because POTP respondents reported 118 unique combinations of substances. The largest number of substances reported as used together during a single session was nine. Table 16 shows how common combinations of two, three, and four or more substances were across the whole sample.

Table 16: Number of substances used together during a single session

Combinations of	number	% of all respondents[60]
Two	410	10%
Three	149	4%
Four or more	62	5%

The most frequently mentioned pairs of substances were: alcohol and cannabis; alcohol and poppers; alcohol and cocaine; alcohol and ecstasy; cocaine and ecstasy; cannabis and cocaine; and cannabis and ecstasy. Use of different drug combinations will be explored in future reports. Table 17 focuses on drugs used in combination with alcohol.

Table 17: Selected drugs used with alcohol in a single typical session

Drugs used with alcohol in a single typical session	number	Of all users of each drug, the proportion who used that drug with alcohol
Cannabis	359	45%
Poppers	180	26%
Cocaine	165	55%
Ecstasy	155	58%
Amphetamine	49	32%

Conclusions on poly-substance use

20% of the sample reported using more than one substance together in a single session. The use of drugs and alcohol together is common among those who are mixing substances. This has implications in terms of increased danger to users during their drug and alcohol sessions, but also in the longer term due to health risks from specific combinations. For example, when cocaine and alcohol are taken together they combine to form cocaethylene, which has been linked to a significantly increased risk of heart attack, other possible health effects and other social harms such as an increased propensity to violence amongst users[61].

[59] Data is missing for 177 respondents

[60] Data is missing for 177 respondents

[61] http://ranzetta.typepad.com/files/cocaethylene_academy-briefing-paper-april-2010-8.pdf last accessed 30 June 2012

Dependency indicators for drugs and alcohol

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV)[62] and International Classification of Diseases (ICD-10)[63] compatible screening questionnaire for harmful substance use and dependence contains ten screening questions that are used to assess substance use and dependency. These screening questions were used in the POTP questionnaire in order to assess the extent of respondents' dependency on a substance.

In order to maximise responses to the dependency questions, respondents were asked to name the substance that they used most often OR were most worried about. They were then asked to answer the screening questions in relation to the substance they had identified.

Using these criteria 15% (598) of respondents reported one indicator of dependency, 10% (348) two indicators and 22% (851) three or more indicators. Three or more indicators are regarded by the DSM-IV criteria as demonstrating dependency. This means over a fifth of the sample were scored as dependent and a further quarter showed at least one indicator of dependency.

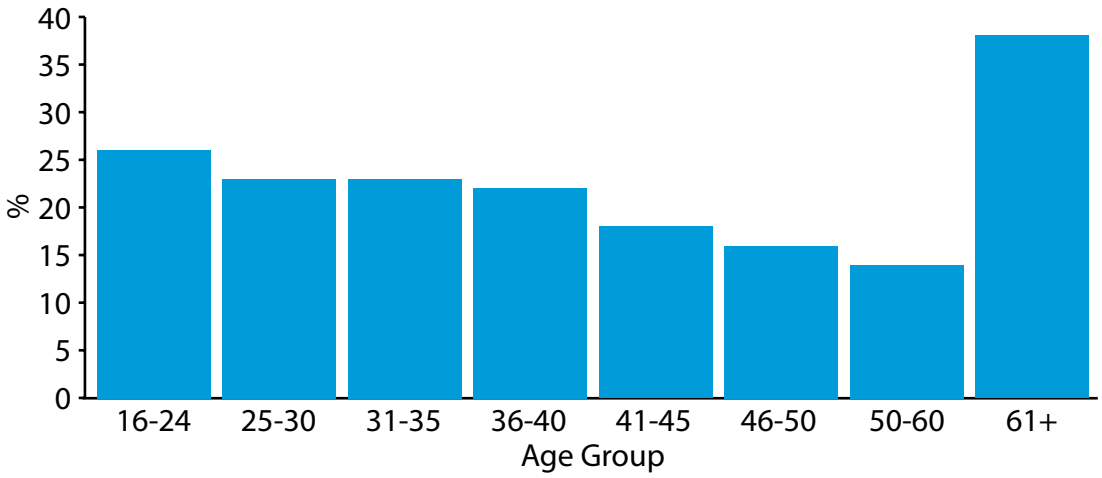
Table 18

	Respondents with 3 or more indicators of dependency	Total users	%
Alcohol	588	3623	16%
Cannabis	62	798	8%
Poppers	28	686	4%
Cocaine powder	25	300	8%
Ketamine	21	158	13%
Ecstasy	15	268	6%
Amphetamine	8	152	5%

For POTP respondents, alcohol is the substance with the highest rate of dependent use (table 18). This contributes to the information already discussed about the prevalence of binge drinking amongst LGB populations. Cocaine, cannabis and to a greater extent, ketamine, also have high levels of dependency associated with their use.

Dependency by age

Figure 11: Respondents reporting three or more indicators of dependency by age group (%) (sample size = 3828)



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

[63] http://www.who.int/classifications/icd/en/ last accessed 21 June 2012

Dependency in the POTP sample declines with age (Fig. 11). The figures for the 61+ age group must be treated with caution as they represent a relatively small number of individuals (sample size = 69, frequency = 26).

Dependency by gender and sexual orientation

Gay and bisexual (GB) males were more likely to report experiencing three or more indicators of dependency in relation to the substance they were using most often or were most worried about. 25% of GB males (434) and 19% of LGB females (407) reported three or more indicators of dependency. This is not unexpected as GB males are more likely to use drugs and/or binge drink alcohol.

Interestingly, females identifying as bisexual (23%, frequency = 117) were more likely than females identifying as lesbian (18%, frequency = 279) to report three or more indicators of dependency and almost as likely as male respondents overall (25%, frequency = 434) and those identifying as gay (24%, frequency = 396). This may mean that bisexual females have particular issues relating to substance dependency.

Conclusions on dependency

Overall 22% of LGB people in the sample showed signs of being dependent on a substance, including 16% of all alcohol users in the sample and between 4 and 13% for the most commonly used drugs. Two studies from the USA on the wider adult population used the same dependency questions as POTP. They found the prevalence of alcohol dependency[64] in the last 12 months to be 3.8% and the prevalence of illicit drug dependency in the last 12 months[65] to be 0.6%. LGB people are not only more likely to take drugs and/or binge drink alcohol compared to the wider population; they also seem more likely to be dependent on these substances.

[64] Hasin, D.S. et al, Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Alcohol Abuse and Dependence in the United States, Archives of General Psychiatry, 830-842, 2007

[65] Compton et al, Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Drug Abuse and Dependence in the United States: Results From the National Epidemiologic Survey on Alcohol and Related Conditions, Archives of General Psychiatry, 566-576, 2007

Respondent intentions around seeking help for their substance use

Just over 80% of the total sample said that they would seek information, advice or treatment if they were worried about their drug or alcohol use. There were no significant differences between different age groups, genders or sexual orientations.

Respondent behaviour

In total 29% of respondents had actually sought information, advice or help. Table 19 shows the sources of information, advice or help that respondents had actually accessed, as a proportion of those who had sought help. Good quality internet information on substance use and misuse (relevant for LGB people) is clearly important, given its popularity as a source of help, advice or information. Using existing social networks to disseminate information on substance use might also be an effective method. Good quality information is also important for both statutory and LGB&T voluntary and community sector services, given these sources were also relatively well used.

Table 19: Sources of advice, information or help used

	Number	% of respondents who reported accessing help, advice or information
Internet	775	65%
Friend, family, partner	555	47%
Leaflet	376	32%
GP	339	29%
Media	224	19%
LGBT organisation	126	11%
Alcohol service	82	7%
Drug service	80	7%
Telephone helpline	75	6%
AA or NA	69	6%
Other	56	5%

Further analysis of sources of help accessed by gender, by age group and by those experiencing dependency will be looked at in more detail in future reports. Reasons given by respondents for not seeking help.

562 respondents gave reasons for why they would not seek help. 184 of these were provided by respondents who scored as dependent on the DSM-IV[66] and ICD-10 compatible screening questionnaire. The responses that were given by those who were experiencing three or more indicators of dependency were analysed thematically and are presented the table 20[67].

Table 20: Reasons given by dependent respondents for not seeking help

	Frequency
Shame /stigma/embarrassed	35
Deal with on own	28
Not knowing where to go	26
Don't have a problem	25
Low expectation of services	15
Confidentiality	15
Frightened/scared	8
Homophobia/prejudice	8
Inability to recognise problem in self	7
Prefer anonymity of internet	7
Other	41

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

[67] Respondents were able to give more than one reason

Comments representative of the six most common themes are reported in table 21, in order of frequency:

Table 21: Quotes given from respondents who scored as dependent as to why they would not go anywhere or ask anyone for information, advice or treatment

Reason	Quotes
Stigma, shame or embarrassment	*I am scared of the stigma that usually comes with admitting the problem*
	Too embarrassed
	Too embarrassed – there usually holds a stigma
Could/should deal with the situation on their own	*Because I can deal with it myself*
	Too private, would sort it myself
	The only person that can fix it is myself
Not knowing where to go for help/perceived gaps in services	*Because I wouldn't know where to go for help*
	Not enough for younger people
	Cannabis doesn't seem to have much support services
	I lived in a small city where provision was very limited
Do not feel that they had a problem	*I understand my limits*
	Because I can control my intake
	I do not consider my drinking to be a problem
Low expectations (or previous bad experience) of services	*I do not trust services*
	Don't feel I'd get much help having been through the mental health system
	Most NHS staff I've encountered consider drug/alcohol abuse to be self-inflicted and have unrealistic attitudes
	I know I drink too much – I don't need telling
	I already know the theory – it's the practice that's the problem
Fears about confidentiality	*They would tell the doctor –therefore the information is not confidential*
	How can I be sure that it would not get back to the family?
	I wouldn't want it on my records
	Fear of ruining employment opportunities – I want to be a teacher
	Because I'm a doctor and it would affect my employment

A full list of reasons given for not seeking help is included as Appendix 3.

Conclusions on help-seeking behaviour

Almost a third of respondents had sought information, advice or help about their substance use. The internet is the most popular source of information for LGB people, so web sites must have the best quality of LGB-relevant information possible. The reasons given for not having sought information, advice or help indicate that LGB people are experiencing barriers both in relation to recognising that they may have a substance use problem which needs attention, and in accessing services where they feel comfortable and confident in the service provision. Barriers to accessing information, advice or help, along with barriers related to gender and age will be explored in future reports.

Interim Conclusions

The data so far show four distinct findings:

- Across all age groups LGB people are much more likely to use drugs compared to the general population.
- Problematic patterns of drinking are much more common among LGB people.
- LGB people demonstrate a greater likelihood of being dependent and high levels of substance-dependency compared to the general population.
- Significant perceptual and structural barriers exist to seeking information, advice or help among LGB people.

Amongst the POTP sample, drug use is common across all age groups up to age 40, and even among those aged 61+ (although we note that the sample size for this age group is small). Comparison with data from the British Crime Survey (2010/11) suggests that the use of any drug is 7 times higher across all LGB adults than in the general population, and among LGB people aged 16-24 it is more than 2.5 times higher.

The most commonly used drugs were cannabis and poppers, followed by cocaine powder, ecstasy, ketamine and amphetamine. While the use of drugs such as GHB, crystal meth, crack cocaine and heroin in our sample is relatively low compared to other drugs, their use is still far more common than in the wider population, as shown by the BCS figures.

Current use of all substances, apart from cannabis, is higher for males than for females. Although use amongst gay and bisexual males may present the most cause for concern in terms of the pressing need for drugs misuse information and interventions, drug use in the last month for lesbian and bisexual females is still far more common than amongst females in the wider population and may also require targeted information and interventions.

Alcohol use in the last month is consistently high at between 8 or 9 in 10 respondents for all genders, sexual orientations and age groups. Binge drinking is also commonly reported by the sample. Data from the ONS General Lifestyle Survey 2010 shows that in the wider population, 19% of males drank more than 8 units on their heaviest drinking day in the last week and 15% of females drank more than 6 units on their heaviest drinking day in the last week[68]. In the POTP sample, 34% of males and 29% of females reported binge drinking at least once or twice a week. This indicates that binge drinking at least once a week may be more than twice as common in gay and bisexual males, and almost twice as common in lesbian, gay and bisexual females, when compared to males and females in the wider population.

A fifth of the sample reported using more than one substance together in a single session. The use of drugs and alcohol together is particularly common amongst those who are mixing substances. Some combinations (e.g. alcohol and cocaine) are known to increase the short and long term health risks to users. The issue of combined use will be looked at in more detail in future reports.

LGB people are more likely to take drugs and/or binge drink, and are more likely to be dependent when compared to the general population sample. Over a fifth of the sample scored as dependent on a substance, and a further quarter showed some indication of problematic substance use. This included 16% of all alcohol users in the sample, and between 4 and 13% of users of the most commonly used drugs. Dependency in the sample declines with age. Gay and bisexual males were more likely to be scored as dependent than lesbian, gay and bisexual females, which is consistent with their higher substance use. However, females identifying as bisexual were more likely than females identifying

[68] http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2010/general-lifestyle-survey-overview-report-2010.pdf last accessed 28 June 2012

as lesbian and almost as likely as male respondents overall, to be scored as dependent. Comparative data available from two studies in the USA using the same dependency questions as POTP suggests a higher prevalence of substance dependency scores among the POTP sample than in the wider population.

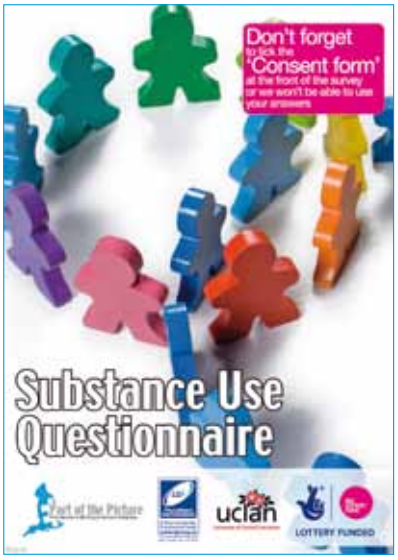
Almost a third of respondents had sought information, advice or help about their substance use. The internet is the most popular source of information for LGB people, so web sites must have the best quality of LGB-relevant information possible. The reasons given for not having sought information, advice or help indicate that LGB people are experiencing barriers both in relation to recognising they may have a substance problem which needs attention, and in accessing services where they feel comfortable and confident in the services provided. These barriers will be explored through qualitative research and presented in future reports.

These findings show significant problematic substance use among LGB people, and that substance misuse is more common in LGB communities compared to the wider population. The findings also show high levels of dependency among LGB people. Such problematic use and dependency by LGB people is currently not widely acknowledged amongst LGB populations, thus resulting in a pattern of hidden harm. It is also poorly recognised and addressed in the substance misuse field, which makes it harder for people to access relevant support and intervention as shown by the barriers to seeking support or information about substance use that LGB people reported. The potential harms related to the use of alcohol and drugs can be very severe, and their impact on the lives of LGB users, and their cost to the state, must not be underestimated.

The POTP report findings will be presented to key stakeholders in the substance use field, including policy-makers and commissioners, service providers and the LGB&T voluntary and community sector. Responses from these sectors will then inform an action plan outlining how the various stakeholders will work together to tackle problematic substance use of LGB people. The action plan will be published in Autumn 2012.

Appendix 1

The Part of the Picture Questionnaire



Please read these instructions before you begin

1. **Please do NOT complete this questionnaire**
   if you have already completed it once this year - including online
   OR if you are straight/heterosexual.
2. The Lesbian and Gay Foundation (LGF) in Manchester and the University of Central Lancashire are conducting a study about drug and alcohol use and this questionnaire asks about your use of these. The major aim of the study is to use the findings to inform the development of services (including the provision of information) for lesbian, gay and bisexual people who use drugs and alcohol. The findings will be published in the form of a report, in academic journal papers, on the internet, in LGF's publications and disseminated at conferences.
   However, the questionnaire is completely confidential: we don't want you to put your name on it and no information that could identify you will be published nor passed on to anyone else. **You don't have to answer any of the questions you don't want to, but please answer where you can.**
3. If you have any questions about the study, please ask the person who gave you this questionnaire or contact the LGF. Contact details are attached.
4. You are welcome to contact the LGF if you think of further questions later, want to know the results of the study, or want to ask the LGF about anything else, including local substance use services.
5. **Please write in below** where you are completing this questionnaire (eg. bar in Manchester, club in Birmingham, in the street in London, at home).

.....

Consent form

Before proceeding, please read the following:

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

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

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

The Lesbian & Gay Foundation,
Number 5, Richmond Street, Manchester M1 3HF.
0845 3 30 30 30 partofthepicture@lgf.org.uk

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

.....*(write in)*

2) Are you male ☐ or female ☐? *(tick)*

3) Is your gender the same as you were assigned at birth?
yes ☐ no ☐ *(tick)*

4) Age last birthday .....*(write in)*

5) What is your religion or faith?

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

6) Do you consider that you have a disability?
yes ☐ no ☐ *(tick)*

7) What is your ethnic group?

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

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

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

C Asian or British Asian
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background *(write in)*.....

D Black or British Black
- ☐ Caribbean
- ☐ African
- ☐ Any other Black background *(write in)*.....

E Chinese or other ethnic group
- ☐ Chinese
- ☐ Any other *(write in)*.....

8) Which of the following MOST CLOSELY describes you?
lesbian ☐ gay ☐ bisexual ☐ *(tick)*

9) If you were worried about your alcohol and/or drug use, would you go anywhere or ask anyone for information, advice or treatment?
yes ☐ no ☐ *(tick)*

If no, why not? *(write in)*

.....

.....

.....

.....

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

.....

.....

.....

.....

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

Have you used these in the last month?

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

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

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

	In the last month, have you used this drug during a session (such as a night out or when you're at home) when you've also been drinking alcohol? *(tick)*		Have you injected this drug in the last month? *(tick)*		In the last month, where have you usually used this drug? (eg. in a bar, at home, in a club, at work, at friends' homes, outside) *(write in)*
	Yes	No	Yes	No	
Cannabis					
Ecstasy					
Cocaine powder					
Steroids that you have bought or been given, NOT those prescribed for you					
Amphetamines (speed)					
GHB					
Ketamine					
LSD					
Poppers					
Crystal meth					
Benzodiazepines (such as diazepam/ Valium and temazepam) that were NOT prescribed for you					
Heroin					
Crack cocaine					
Other *(write in)*					
.....					

11) Have you drunk alcohol in the last month?

yes ☐ no ☐ *(tick)*

If no, go to question 12. **If you have not used any drugs or alcohol in the last month, go to question 14**

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

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

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

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

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

(tick one)

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

Alcohol units chart

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

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

yes ☐ no ☐ *(tick)*

If no, go to question 13
If yes, which have you used together during a typical session?

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

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

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

Which substance is this?

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

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

☐ the one you are most worried about using

OR

☐ the one you use most often?

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

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

The following questions are also about the substance you named.

In the last month, did you:

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

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

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

15) Finally, have you heard of

.....?

yes ☐ no ☐ *(tick)*

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

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

Appendix 2

Combinations of substances reported as used together in a single session

Substances used in pairs	Yr 1	Yr 2	Yr 3	Total	%
Alcohol and amphetamine	5			5	-
Alcohol and benzos	1		1	2	-
Alcohol and cannabis	91	62	55	208	5
Alcohol and cocaine	12	11	4	27	1
Alcohol and crack	1			1	-
Alcohol and ecstasy	11	8	5	24	1
Alcohol and heroin	1			1	-
Alcohol and ketamine	3	2	1	6	-
Alcohol and LSD		2	1	3	-
Alcohol and poppers	58	21	13	92	2
Amphetamine and ecstasy	1	2	1	4	-
Amphetamine and poppers	2			2	-
Benzos and ketamine		1		1	-
Cannabis and cocaine	2		1	3	-
Cannabis and ecstasy		1	1	2	-
Cannabis and ketamine	2			2	-
Cannabis and poppers	1	2	1	4	-
Cocaine and ecstasy	4	2	1	7	-
Cocaine and ghb			1	1	-
Cocaine and ketamine		1		1	-
Cocaine and poppers	1			1	-
Crack and heron	1			1	-
Ecstasy and ketamine	3			3	-
Ecstasy and LSD	1			1	-
Ecstasy and poppers	2	1		3	-
GHB and ketamine			1	1	-
Ketamine and poppers		4		4	-
Total numbers using substances in pairs				**410**	**10**
Substances used in threes	**Yr 1**	**Yr 2**	**Yr 3**	**Total**	**%**
Alcohol, amphetamine, cannabis		1	1	2	-
Alcohol, amphetamine, cocaine	1	1		2	-
Alcohol, amphetamine, ecstasy		1	2	3	-
Alcohol, amphetamine, ketamine			1	1	-
Alcohol, amphetamine, poppers	1	1		2	-
Alcohol, benzos, cannabis		3		3	-
Alcohol, benzos, cocaine	1			1	-
Alcohol, benzos, poppers	1			1	-
Alcohol, cannabis, cocaine	6	15	4	25	1

Alcohol, cannabis, ecstasy	8	3	3	14	-
Alcohol, cannabis, ketamine	2	3		5	-
Alcohol, cannabis, poppers	12	12	10	34	1
Alcohol, cocaine, ecstasy	23	4	4	31	1
Alcohol, cocaine, ketamine	4			4	-
Alcohol, cocaine, poppers	1			1	-
Alcohol, crystal meth, poppers		1		1	-
Alcohol, ecstasy, ketamine	1		1	2	-
Alcohol, ecstasy, lsd		1		1	-
Alcohol, ecstasy, poppers	1	2		3	-
Alcohol, ketamine, poppers	2			2	-
Alcohol, LSD, poppers	1			1	-
Amphetamine, cocaine, ecstasy	1			1	-
Amphetamine, ecstasy, ketamine		1		1	-
Cannabis, ecstasy, ghb	1	1		2	-
Cannabis, ecstasy, poppers			1	1	-
Cocaine, ecstasy, crystal meth		1		1	-
Cocaine, ecstasy, ghb			1	1	-
Cocaine, ecstasy, ketamine	1	1		2	-
Cocaine, ghb, poppers	1			1	-
Ecstasy, ghb, ketamine			1	1	-
Total numbers using substances in threes				**149**	**4**
Substances used in fours	**Yr 1**	**Yr 2**	**Yr 3**	**Total**	**%**
Alcohol, amphetamine, cannabis, cocaine	2		1	3	-
Alcohol, amphetamine, cannabis, ecstasy	1		1	2	-
Alcohol, amphetamine, cannabis, poppers	1			1	-
Alcohol, amphetamine, cocaine, ecstasy	2			2	-
Alcohol, amphetamine, cocaine, ketamine		1		1	-
Alcohol, amphetamine, ecstasy, ketamine	1			1	-
Alcohol, amphetamine, ecstasy, poppers	1			1	-
Alcohol, amphetamine, benzos, ecstasy	1			1	-
Alcohol, benzodiazepnes, cocaine, ketamine		1	1	2	-
Alcohol, cannabis, cocaine, ecstasy	12	6	2	20	0.5
Alcohol, cannabis, cocaine, poppers	2	2	1	5	-
Alcohol, cannabis, ecstasy, ketamine	1			1	-
Alcohol, cannabis, ecstasy, ghb	1			1	-
Alcohol, cannabis, ecstasy, poppers	2		1	3	-
Alcohol, cannabis, ketamine, poppers		1		1	-
Alcohol, cocaine, crystal meth, ecstasy		1		1	-
Alcohol, cocaine, ecstasy, ghb	1			1	-
Alcohol, cocaine, ecstasy, ketamine	1			1	-
Alcohol, cocaine, ecstasy, lsd		1		1	-

Alcohol, cocaine, ecstasy, poppers	5			5	-
Alcohol, cocaine, ecstasy, steroids		1		1	-
Amphetamine, cannabis, cocaine, ghb	1			1	-
Cannabis, cocaine, ecstasy, poppers			1	1	-
Cocaine, crystal meth, ghb, ketamine		1		1	-
Cocaine, ecstasy, lsd, poppers	1			1	-
Cocaine, ghb, ketamine, lsd		1		1	-
Cocaine, ghb, ketamine, poppers		1		1	-
Crystal meth, ghb, ketamine, poppers		1		1	-
Total numbers using substances in fours				**62**	**2**
Substances used in fives	**Yr 1**	**Yr 2**	**Yr 3**	**Total**	**%**
Alcohol, amphetamine, benzodiazepines, ketamine, poppers		1		1	-
Alcohol, amphetamine, cannabis, cocaine, ecstasy	3			3	-
Alcohol, amphetamine, cannabis, ecstasy, heroin	1			1	-
Alcohol, amphetamine, cannabis, ecstasy, poppers	3			3	-
Alcohol, amphetamine, cocaine, ecstasy, poppers		1		1	-
Alcohol, benzodiazepines, cannabis, cocaine, ecstasy	1			1	-
Alcohol, cannabis, cocaine, ecstasy, ketamine	3	1		4	-
Alcohol, cannabis, cocaine, ecstasy, poppers			1	1	-
Alcohol, cannabis, cocaine, ghb, ketamine		1		1	-
Alcohol, cannabis, cocaine, ketamine, poppers	1			1	-
Alcohol, cocaine, ecstasy, ketamine, poppers	1	1		2	-
Total numbers using substances in fives				**19**	**0.5**
Substances used in sixes	**Yr 1**	**Yr 2**	**Yr 3**	**Total**	**%**
Alcohol, amphetamine, benzodiazepines, cocaine, ecstasy, poppers			1	1	-
Alcohol, amphetamine, cannabis, ecstasy, ketamine, poppers	2			2	-
Alcohol, amphetamine, cocaine, ecstasy, ketamine, poppers	1			1	-
Alcohol, amphetamine, ecstasy, ghb, ketamine, poppers	1			1	-
Alcohol, benzodiazepines, cannabis, cocaine, crack, ecstasy			1	1	-
Alcohol, cannabis, cocaine, ecstasy, ghb, ketamine		1		1	-

Alcohol, cannabis, cocaine, ecstasy, ketamine, poppers		1	1	2	-
Alcohol, cannabis, cocaine, ecstasy, ghb, poppers	1			1	-
Alcohol, cannabis, cocaine, ghb, ketamine, poppers	1			1	-
Amphetamine, cocaine, ecstasy, ghb, ketamine, steroids	1			1	-
Benzodiazepines, cocaine, ecstasy, ghb, ketamine, poppers	1			1	-
Cannabis, cocaine, ghb, ketamine, lsd, poppers	1			1	-
Total numbers using substances in sixes				**14**	**-**
Substances used in sevens	**Yr 1**	**Yr 2**	**Yr 3**	**Total**	**%**
Alcohol, amphetamine, cannabis, cocaine, ecstasy, ghb, ketamine			1	1	-
Alcohol, amphetamine, cannabis, cocaine, ecstasy, ketamine, poppers			1	1	-
Alcohol, amphetamine, cannabis, cocaine, ecstasy, ketamine, poppers	1			1	-
Alcohol, amphetamine, cocaine, ecstasy, ketamine, lsd, poppers	1			1	-
Alcohol, cocaine, crystal meth, ecstasy, ghb, ketamine, poppers	1			1	-
Total numbers using substances in sevens				**5**	**-**
Substances used in eights	**Yr 1**	**Yr 2**	**Yr 3**	**Total**	**%**
Alcohol, amphetamine, benzodiazepines, cannabis, cocaine, ecstasy, ketamine, poppers			1	1	-
Alcohol, amphetamine, cannabis, cocaine, ecstasy, ketamine, lsd, poppers	1			1	-
Alcohol, amphetamine, cannabis, cocaine, ecstasy, ketamine, lsd, poppers	1			1	-
Alcohol, benzodiazepines, cannabis, cocaine, ecstasy, ketamine, ghb, poppers			1	1	-
Total numbers using substances in eights				**4**	**-**
Substances used in nines	**Yr 1**	**Yr 2**	**Yr 3**	**Total**	**%**
Alcohol, amphetamine, cannabis, cocaine, crack, crystal meth, ecstasy, lsd, poppers		1		1	-
Total numbers using substances in nines				**1**	**-**

Appendix 3

Additional reasons given for not seeking advice help or information

Being frightened or scared

Scared I would get into trouble

It's scary

Nervous

Concerns about homophobia or prejudice

Negative experiences of health services around being gay

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

No LGBT targeted services and lack of understanding of LGBT community amongst particularly religiously led support programmes and projects

Not being able to recognise the fact that they had a problem

Because I would be unlikely to acknowledge the depth and gravity of the problem

Don't think I would know I had a problem

Prefer anonymity of internet

I'd be afraid of the consequences of asking somebody I knew and I don't feel comfortable speaking to a doctor. I'd most likely search the internet, but then I'd worry myself by being told I'm going to die or something – you know how exaggerated the internet can be

Wouldn't want to admit it. I'd use the internet instead.

Fear of being labelled

I would be worried in case I was judged and looked down upon

Whether they would judge me

Lack of confidence/shy

I know I am dependent on alcohol but don't feel confident enough to get help.

Too timid

I know what I need to know

I'm old and possibly wise enough to know what I'm doing, why and the risks involved

I have a very good understanding of drugs and their uses, the effects on the body etc.

Never thought about it

Never thought about it

Too lazy

Can't be arsed

Because I am lazy

It's my own fault

Because it's my own fault

I know it's my responsibility

Having links to the medical profession

It is not clear whether these comments mean that respondents did not feel that they needed to seek help because they had access to professional help through existing connections, or whether these respondents were concerned about confidentiality:

Because I'm a nurse

Bother is a GP

Pride

Pride

Too proud

Family will help

A great husband to help

Manage it with friends

Feel silly

Because I would feel silly

I'd feel like a fool

Do not like to ask for help

I wouldn't like to ask for help

Not comfortable

It is not possible to tell from this type of comment exactly why the respondents felt uncomfortable – for example, it could have been to do feeling uncomfortable because of concerns about stigma, homophobia, confidentiality etc. or it could have been to do with some other reason.

I don't feel comfortable

Other

A further set of explanations were difficult to classify or theme and so are set out separately, but include comments such as:

Do not wish to disclose for professional reasons

Because I'm special

I've done a detox before and I don't intend to go back there

Part of the Picture
The National LGB Drug & Alcohol Database

LGF
The Lesbian & Gay Foundation
Ending Homophobia, Empowering People
www.lgf.org.uk
Reg. Charity No. 1070904

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