Drugs & Alcohol

Additional Findings Report
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Count Me In Too

LGBT Lives in Brighton & Hove

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Synopsis of key findings

This Additional Findings report focuses on Lesbian, Gay, Bisexual and Trans people's use of alcohol and illegal drugs or legal drugs without prescription/medical advice. The report is an in-depth analysis of a questionnaire that was completed by 819 people and focus groups comprising 69 people. This report explicitly focuses on LGBT people with regard to drugs and alcohol, and recognises that the methodology used means that it is likely that this survey undercounts the problematic use of drug and alcohol users amongst LGBT people. Nonetheless, the report finds that drugs and alcohol are key issues for LGBT people, and that sexual/gender identities play important roles in understanding the use of drugs and alcohol. These need to be taken into account when designing mainstream or LGBT specific drug and alcohol harm reduction messages and treatment services.

The vast majority of LGBT people in this sample drink alcohol, and half have taken illegal drugs or legal drugs without prescription in the past five years. The use of these substances is spread across LGBT communities with lesbians, bisexual and queer people, women, trans people and older LGBT people also using drugs and drinking alcohol, to varying degrees. Those who identify as of no/another gender are more likely than men and women to have used cocaine and more likely than women to have used ecstasy and poppers/amyl nitrite. The report notes that the binary gender system of examining drug use across male/female categories is unhelpful when examining LGBT people. It may not account for trans people and does not deal with those with no gender or a gender other than male/female.

Not only are young LGBT people far more likely than the general population of young people in the British Crime Survey to have used all the drugs listed (Nicholas et al 2007), those in every age group of LGBT people are more likely to use the drugs listed when compared to the general population. Indeed, those aged 26-35 are more likely to have used cocaine in the past 12 months (30%, n.71) than those aged 16-25 (28%, n.33) and those aged 36+ (18%, n.82), yet only 6% of young people in the British Crime Survey used cocaine in the past year (Nicholas et al 2007). Figures for young LGBT people's use of drugs in the year prior to answering the questionnaire contrasts with figures for all young people: cannabis use is 52%, n.62 of young LGBT people in this research compared to 21% of all young people, cocaine (28%, n. 33, compared to 6%), ecstasy (35%, n.42, compared to >5%), poppers/amyl nitrite (35%, n.42, compared to 4% of all young people) speed/amphetamine (17%, n. 20, compared to 3%), magic

mushrooms (12%, n. 14, compared to 3%), LSD/acid (5%, n. 6, compared to 1%), heroin (4%, n. 5, compared to less than 1%), ketamine (19%, n. 23, compared to less than 1%). Figures for taking illegal drugs or legal drugs without prescription progressively reduce for older age groups. However, as LGBT young people have much higher levels of use, across all age groups it is likely that far more LGBT people taken illegal drugs or legal drugs without prescription in the past 12 months than the general population. Using the general population figures for 16-59 year olds, LGBT are people far more likely to have taken illegal drugs or legal drugs without prescription in the past 12 months than the general population – in particular, cannabis (33%, n. 268 of LGBT people in this research compared to 8.7% in the general population), ecstasy (24%, n. 195 compared to 1.6%), cocaine (22%, n. 184 compared to 2.4%), poppers/amyl nitrite (22%, n. 178 compared to 1.2%), speed/amphetamine (7%, n. 57 compared to 1.3%), magic mushrooms (6%, n. 51 compared to 1%), heroin/methadone (3%, n, 21 compared to 0.2%), LSD/acid (3%, n. 21 compared to 0.3%), crack (3.7%, n. 15 compared to 0.2%), steroids (2%, n. 8 compared to 0.1%) and glues/aerosols (1%, n. 4 compared to 0.1%). Moreover, the British Crime Survey does not examine the usage of crystal meth or GHB, indicating that there are gaps in 'mainstream' drug research.

19% (n. 156) of LGBT people are 'binge drinkers'. This matches the estimated percentage of binge drinkers in the general population in 2005. 21% (n.169) of all LGBT people are hazardous drinkers and 5% (n.43) of the whole sample are harmful drinkers (compared to 24% and 6% that is estimated for the Brighton & Hove population in the Brighton & Hove City Council Population Projections for 2008). 67% (n.451) of LGBT people who drink alcohol do so within or close to the recommended guidelines. Whilst general population estimates can account for those who are chaotic and in treatment programmes, this is likely to be an undercount of dangerous drinking practices amongst LGBT people. This is because of the way in which the data was collected, which is explained in the introduction.

Very few of the sample (2%, n. 9) have ever accessed drug or alcohol help or advice services. 58% (n. 340) of LGBT respondents who currently do not use an alcohol service were unaware of a service that could help them should they need it. There was a desire by 58% (n. 336) of respondents for an LGBT-specific alcohol service. This figure rises to 59% (n. 99) of hazardous drinkers, 63% (n. 98) of binge drinkers, and 65% (n. 28) of harmful drinkers. This indicates an aspiration for LGBT specific alcohol service to cater for hazardous and harmful drinkers as well as those who are binge drinking. More than half (57%, n.284) of those who drink alcohol have at some point been concerned by their alcohol consumption, while only 10% (n.41) of those who have used illegal drugs/legal drugs without prescription would like more control over their drug usage (with 10%, n. 38, unsure). More than a third (38%, n.216) of LGBT alcohol drinkers would reduce their alcohol consumption if they had health concerns.

Many who have taken illegal drugs or legal drugs without prescription said that it was not necessary for them to reduce their drug usage as they did not have a drug 'problem'. Respondents highlighted positive experiences of taking illegal drugs or legal drugs without prescription, and others described the beneficial social effects of drinking alcohol to 'fit in' with the LGBT scene. The qualitative data indicates that LGBT people who do drink or use drugs may have access to certain ways of LGBT belonging and/or coping with marginalisation. The quantitative data indicated that the scene

provided more than a place to 'get drunk', pointing to a range of functions that these venues and events provide.

Those who use drugs and drink alcohol were found to be at risk of issues beyond specific health concerns. Those who have used illegal drugs or legal drugs without prescription are more likely to have difficulties surrounding suicidal thoughts and actual suicide attempts, smoking, and housing and homelessness compared to those who have not used drugs. By way of contrast, those LGBT people who do **not** drink alcohol were found to be more frequently affected by difficulties relating to hate crimes and safety fears, domestic violence and abuse, avoidance behaviours, suicidal thoughts, physical health, housing and lack of support and family relationships. Similarly, those who have used illegal drugs/legal drugs without prescription are more likely to have support from friends and a supportive family of origin than those who have not.

This report shows the high levels of drug use and comparable levels of alcohol use relative to the general population, and indicates that there is a need for provision for LGBT people in this area. This includes: inclusive mainstream, and LGBT specific, education and awareness campaigns; and the provision of inclusive, and LGBT specific, drug and alcohol services. The findings also show the need for more research into LGBT people's lives with regard to drugs and alcohol use that explores the potential benefits of engaging in these activities.

Executive Summary

LGBT people and drug and alcohol use

- Half of respondents (50% n.406) had taken illegal drugs or legal drugs without prescription/medical advice. Certain groups were more likely to have taken drugs in the past 5 years. 85% (n.669) of respondents drink alcohol. Certain groups were more likely to drink alcohol.

- Queer respondents are the most likely group (by sexual identity) to have taken drugs (85%, n. 23), followed by bisexual respondents (62%, n. 29), gay respondents (51%, n. 217) and lesbian respondents (45%, n. 125). Queer (89%, n. 24) and gay respondents (89%, n. 372) are equally the most likely to drink alcohol, followed by lesbian (81%, n. 220) and then bisexual respondents (79%, n. 34).

- Drug and alcohol usage progressively decreases for older age groups, though significant numbers of those older than 26 do use drugs and alcohol.

- The majority of respondents across all gender identities drink alcohol. Those who identify as male are more likely to drink alcohol (89%, n. 386), followed by those who identify as female (81%, n. 260), and then those who identify as of no/another gender (77%, n. 20).

- The majority of trans respondents drink alcohol (63%, n. 25), but they are less likely to drink alcohol than non-trans respondents (86%, n. 633).

- Those who feel isolated are more likely to say they do not drink alcohol (21%, n. 55) than those who do not feel isolated (12%, n. 60). There was no significant relationship between drug use and feelings of isolation.

- White respondents (86%, n.634) are more likely to drink alcohol than the rest of the population.78% (n.14) of BME respondents drink alcohol. Only 61% (n.17) of traveller/other respondents drink alcohol.

- Those who identify as disabled/long-term health impaired are significantly less likely to drink alcohol (59%, n. 65) than those who do not (90%, n. 591).

- Alcohol consumption increases with income, though the majority of respondents in all income brackets drink alcohol.

- There is no difference between those who drink/do not drink alcohol and debt. However, those who have used illegal drugs or taken legal drugs without a prescription in the past five years are more likely to be in debt (59%, n. 244) than those who have not (42%, n. 173).

- Parents, guardians and those closely related to a child/young person are less likely to drink alcohol (78%, n. 95) than those who are not (87%, n. 558).

There is no significant relationship between such people and the level of their concern over their alcohol use. There is no significant relationship between parents, guardians and those closely related to a child/young person and illegal drug use.

LGBT use and consumption of drugs and alcohol

- Two thirds of those who have used illegal drugs or legal drugs without prescription/medical advice in the past 5 years have taken cannabis. Just under half have taken ecstasy, cocaine and poppers/amyl nitrite.

  Less than 10% of the sample have used crystal meth, GHB, acid, crack, steroids or glue/aerosol.

- Within the LGBT population:
  - 15% frequently use cannabis
  - 13% frequently use poppers (amyl nitrite)
  - 9% frequently use E/Ecstacy/MDMA
  - 7% frequently use cocaine
  - 5% frequently use ketamine/K/Special K
  - 4% frequently use Viagra
  - 2% frequently use speed/ amphetamine
  - 2% frequently use valium or tamazepan
  - 1% frequently use crystal meth
  - 1% frequently use GHB
  - 1% frequently use Heroin/methadone/DFs/DF116 dihydrocodeine

  This is likely to be an undercount problematic drug users for reasons outlined in the introduction.

- All LGBT people in this research have taken more drugs in the past 12 months when compared to the British Crime Survey 16-59 age group. In the year prior to answering the questionnaire all LGBT people, compared to the 16-59 age group, were:
  - Over eighteen times more likely to use poppers/amyl nitrite (22%, n.178, compared to 1.2% of people in the general population)
  - Over fifteen times more likely to use ecstasy (24%, n.390, compared to 1.6%)
  - Over nine times more likely to use cocaine (22%, n. 184, compared to 2.4%)
  - Over six times more likely to use magic mushrooms (6%, n. 51, compared to 1%)
  - Over five times more likely to use speed/amphetamine (7%, n. 57, compared to 1.3%)
  - Over four times as likely to use cannabis (33%, n.268 compared to 8.7% of the general population)
  - Over twice times more likely to use LSD/acid (3%, n. 21, compared to >1%)

- Over three times more likely to use heroin/methadone (3%, n. 21, compared to >1%)
- Over twice as likely to use steroids (2%, n. 8, compared to >1%)

- Just over a third of respondents aged 16-25 have not used any drugs. 16-25 year olds are more likely, when compared to other LGBT people, to have used cannabis, crystal meth, ecstasy, ketamine and poppers/amyl nitrite in the past twelve months.

- All LGBT people in this research have taken more drugs in the past 12 months when compared to young people in the British Crime Survey. This comparison is most reliable when comparing young LGBT people with young people in the general population from the British Crime Survey (Nicholas et al 2007). In the year prior to answering the questionnaire young LGBT people, compared to young people in the general population, were:
  - Over twice as likely to use cannabis (52%, n.62 compared to 21% of all young people)
  - Over eight times more likely to use poppers/amyl nitrite (35%, n.42, compared to 4% of all young people)
  - Over seven times more likely to use ecstasy (35%, n.42, compared to >5%)
  - Over four times more likely to use cocaine (28%, n. 33, compared to 6%)
  - Over 19 times more likely ketamine (19%, n. 23, compared to >1%).
  - Over five times more likely to use speed/amphetamine (17%, n. 20, compared to 3%)
  - Over four times more likely to use magic mushrooms (12%, n. 14, compared to 3%)
  - Over five times more likely to use LSD/acid (5%, n. 6, compared to 1%)
  - Over four times more likely to use heroin (4%, n. 5, compared to >1%)
  - Over twice as likely to use steroids (2%, n. 2, compared to >1%)
  - Over twice as likely to use glue/aerosol (2%, n. 2, compared to >1%)

- Just over a third of respondents aged 16-25 have not used any drugs (34%, n. 41). 16-25 year olds are more likely, when compared to other LGBT people, to have used cannabis, crystal meth, ecstasy, ketamine and poppers/amyl nitrite in the past twelve months.

- This research also reveals that LGBT people use a variety of drugs not recorded by the British Crime Survey (Nicholas et al 2007), including crystal meth (4.9%, n. 40) and GHB (3.4%, n. 28).The use of cannabis, crystal meth, ecstasy, ketamine and poppers/amyl nitrite decreases in older age groups, but is still apparent across LGBT age groups, most of which have higher usage than the general population figures for young people. However,

respondents aged 26-35 are more likely to have used cocaine than those aged 16-25 or 36+. Moreover, drug use continues beyond the age of 36.

- Men in this research are more likely to have used drugs compared to women. LGBT men are more likely to have used ketamine, GHB, crystal meth, ecstasy and poppers/amyl nitrite than women. Men and women are equally as likely to have used cocaine.

- Those who identify as of no/another gender (20%, n. 5) are more likely than men (16%, n. 129) and women (16%, n. 52) to have used cocaine and more likely than women to have used ecstasy (20%, n. 5 compared to 18%, n. 61) and poppers/amyl nitrite (20%, n. 5 compared to 9%, n. 31), indicating a group not covered in official data sets but who may have specific issues.

- This research shows that those who identify as queer are the most likely to say they have used drugs (85%, n. 23), followed by those who identify as bisexual (62%, n.29), then gay men (51%, n. 217), lesbians (45%, n. 125) and finally those who are otherwise coded outside of these categories (41%, n. 12).

- More than half of all respondents (53%, n. 350) drink alcohol at least once every two days in an average week.

- 19% (n.156) of LGBT people are 'binge drinkers', this is the same figure as the estimated level for the general population[1].

- 21% (n.169) of all LGBT people are hazardous drinkers, this is slightly less than the estimated general population prevalence which, according to the Brighton & Hove City Council Population Projections for 2008, stands at 24%[1].

- 5% (n. 43) of the entire sample are harmful drinkers. According to the Brighton & Hove City Council Population Projections for 2008 this is almost the same as the estimated proportion of harmful drinkers the general population in Brighton & Hove, which stands at 6%[1].

- 67% (n. 156) of LGBT people who drink alcohol do so within or close to the recommended guidelines[1].

LGBT venues and events and drug and alcohol use

- The data indicates a relationship between enjoyment of the scene and use of drugs. LGBT respondents who drink alcohol (77%, n. 510) and those who have taken illegal drugs or legal drugs without prescription/medical advice (82%, n. 330) are more likely to enjoy using the LGBT scene in Brighton & Hove.

[1] Due to the way this survey has been undertaken, the levels of alcohol consumption is likely to undercount the actual prevalence of these forms of drinking behaviours amongst LGBT people. This sampling and the research techniques which account for this are outlined in the introduction.

- Those who have not used drugs are more likely (19%, n. 74) than those who have (6%, n. 25) to say they do not use/go to LGBT venues/events in Brighton & Hove.

- Those who have used ecstasy (84%, n. 164), cocaine (86%, n. 159), poppers/amyl nitrite 89%, n. 157), crystal meth (90%, n. 34), ketamine (89%, n. 95) or GHB (92%, n. 26) in the past 12 months are more likely than those who have not, to say they enjoy LGBT venues/events.

- LGBT respondents who have used cannabis in the past 12 months are less likely (79%, n. 212) to say they enjoy LGBT venues/events than those who have not (88%, n. 120).

- Those who are concerned about their alcohol use are slightly more likely to enjoy using/going to LGBT venues and events (79%, n.310) than those who are never concerned about their alcohol use (72%, n.213). Those who say they are never concerned are more likely to say that they do not use LGBT venues and events (13%, n.39) compared to those who are at times concerned (8.2%, n.32).

- Those who seek to have more control over their drug use are more likely to say that they do not use the scene (14%, n. 6), compared to those who do not know or do not want more control (6%, n. 21). No one who wants control over their drug use disagrees with the statement 'I enjoy using/going to LGBT venues and events in Brighton & Hove'.

- The qualitative data indicates that alcohol and drugs can be a 'coping mechanism' in response to discrimination, as well as an aid to belonging as part of the gay scene.

- Those who drink alcohol are more likely (23%, n. 115) to say that getting drunk attracts them to the LGBT scene than those who do not drink alcohol (3%, n. 2).

- Those who have taken illegal drugs or legal drugs without prescription / medical advice are more likely to say that music (33%, n. 118 compared to 19%, n. 47), getting drunk (26%, n. 87 compared to 12%, n. 31) and taking drugs (8%, n. 26 compared to 0%, n. 0) attracts them to the LGBT scene than those who have not.

- Qualitative data indicated that using the scene was central to social opportunities and networks

- LGBT people in this research who have taken drugs have attended Pride more frequently than those who have not. There is no difference between those who drink and those who do not in relation to the number of times they have attended Pride in Brighton & Hove.

Concern and control regarding alcohol and drug use

- 57% (n.384) of respondents have at some point been concerned about how much they drink.

- 10% (n.41) of those who have used illegal drugs or legal drugs without prescription/medical advice would like more control over their drug use, and 10% (n.38) are unsure.
- In line with other research, respondents who have used cocaine are more likely (14%, n. 26) to want more control over their drug use than those who have used drugs other than cocaine (7%, n. 15).
- More than a third of respondents who drink alcohol say that this has led to arguments with family and friends.
- 28% (n. 187) said that drinking alcohol had lead to unprotected sex.
- Only a third of respondents said that drinking alcohol has never led to any of the negative consequences listed.

Reduction and information regarding drugs and alcohol

- 38% (n.216) of the sample said that concerns about their health would influence them to reduce/stop drinking.
- 28% (n. 155) said that relationships/partnerships would influence them to reduce/stop drinking. This recognises the place of relationships in influencing alcohol use.
- 48% (n.196) of respondents have used friends to get information about drugs.
- Around a third (33%, n.133) have used the internet (excluding drug/LGBT organisations' websites), magazines, and leaflets/information from drug organisations.
- 57% (n.225) of those who have used illegal drugs or used legal drugs without a prescription say that there should be LGBT drug campaigns in Brighton & Hove.
- When asked about what these campaigns should contain, the qualitative data indicated that LGBT people wanted campaigns to focus on the effects and risks of drug use, followed by harm and risk reduction, health risks, and information about specific drugs.
- Respondents were aware of the negative impacts of drug use and sought the dissemination of information that would ensure the safety of LGBT people who use drugs
- Whilst the messages of harm minimisation and the effects of drugs could be considered universal, these need to be set within an LGBT context, such that communicating to LGBT people not only includes requires a representation of LGBT people in generic campaigns, but also requires specific drug campaigns that are targeted at LGBT people.

- Within the qualitative data, participants indicated that the escape offered by drug use and the specificities of LGBT people's lives were important messages that needs to be understood and reflected in drug awareness campaigns

LGBT drug and alcohol service use

- Only 2% (n.9) of respondents who have used illegal drugs or legal drugs without prescription/medical advice have ever used drug services in Brighton & Hove.
- When asked what would encourage respondents to use drug and alcohol services, the most popular qualitative responses were: having a 'real' drug problem, and: nothing/no need for such services.
- Only 2% (n.12) of respondents who drink alcohol use an alcohol help/advice service.
- 58% (n. 340) of who do not currently use alcohol services are **not** aware of a service that could help them should they need it.
- Respondents who knew of alcohol services that could help them named Alcoholics Anonymous (n. 98) and then Addaction (n. 28). This is despite the fact that Addaction did not exist at the time of the research.
- 58% (n.336) of respondents who drink alcohol would use an LGBT-specific alcohol help/advice service.
- 63% (n. 98) of binge drinkers say that they would use an LGBT-specific alcohol service, along with 59% (n. 99) of hazardous drinkers and 65% (n. 28) of harmful drinkers.
- Most LGBT people in this research want a LGBT-specific healthy living centre.

Experiences of Drug Use

- The qualitative data regarding drug use highlights both the positive and negative effects, experiences and motivations.
- 42 responses detailed positive experiences of drug use (the most common highlight enjoyment, pleasure, fun and freedom).
- 47 spoke of negative experiences (the most common of which talked about health problems, mental health difficulties and the feeling of coming down).
- The qualitative data pointed to the limits of services that only deal with addictions and do not cater for drugs that LGBT people may use, including GHB.

- 12 responses suggest that these respondents have had no bad experiences.

Safety

- LGBT people who do and do not drink alcohol experience similar levels of hate crime.
- LGBT respondents who take illegal drugs or legal drugs without prescription are more likely to have experienced a hate crime in the last five years due to their sexuality or gender identity (81%, n. 330) than those who do not use drugs (66%, n. 44).
- LGBT respondents who do and do not use drugs are equally likely to experience domestic violence and abuse.
- LGBT people who do **not** drink alcohol are more likely to have experienced domestic violence and abuse at some point in their lifetime (41%, n. 46), compared to those who do drink (29%, n. 190).
- Those who drink alcohol are more likely to feel safe in Brighton & Hove at home (96%, n. 612) than those who do not drink alcohol (86%, n. 95), and more likely to feel safe outside than those who do not, both during the day (90%, n. 594 compared to 69%, n. 79) and at night (41%, n. 273 compared to 22%, n. 25).
- Those who use drugs are more likely to feel safe outside than those who do not, both during the day (91%, n. 368 compared to 82%, n. 322) and at night (44% n. 178 compared to 33% n. 131). Those who do and do not use drugs have similar levels of feeling safe in their homes.
- Those who drink alcohol are less likely to engage in certain avoidance behaviours. They are less likely to always/often avoid, and more likely to never avoid, the following – going out at night; neighbourhood events and activities; using public transport; attending education or training; using a public service; going to work; going home to where one lives; using the LGBT scene; and attending an LGBT group or event than those who do not.
- Those who use drugs are less likely to engage in certain avoidance behaviours. They are less likely to always, often or sometimes avoid the following – public displays of affection; going out at night; using the LGBT scene; and attending an LGBT group or event than those who do not.

Health & wellbeing

- Those who experience mental health difficulties are more likely not to drink alcohol (18%, n. 97) than those who have not experienced mental health difficulties in the past five years (9%, n. 22).

- Those who experience mental health difficulties are more likely to have used illegal drugs or legal drugs without prescription/medical advice in the past 5 years (56%, n. 304) than those who have not experienced mental health difficulties in the past five years (38%, n. 96, respectively).

- Those with mental health difficulties are more likely than those without to be concerned about the amount they drink.

- Anxiety and addictions/dependencies are the mental health difficulties most predictive of concern about alcohol consumption.

- Those who do not drink alcohol are more likely to have attempted suicide (10%, n. 12) than alcohol drinkers (6%, n.37). They are also more likely to have serious thoughts of suicide but not attempted suicide (24%, n. 28) than those who do drink alcohol (6%, n. 37).

- Conversely, those who have used drugs are more likely to have had serious thoughts of suicide (21%, n. 84) than those who haven't (14%, n. 54) and to have attempted suicide (7%, n. 29) compared to those who have not taken drugs (6%, n. 22).

- The use of certain drugs – cannabis, GHB, crystal meth and ketamine – increases the chance of a respondent having had serious suicidal thoughts in the past 5 years.

- Those who drink alcohol are more likely to describe their physical health over the past 12 months as good or very good (79%, n. 526) than those who do not (57%, n. 67), and less likely to describe their physical health as neither good nor poor, poor or very poor (21%, n. 140) than those who do not drink alcohol (43%, n. 51).

- Those who use illegal drugs or use legal drugs without a prescription have similar experiences of physical health in the past 12 months as those who do not use drugs.

- LGBT people in this research who drink alcohol have similar numbers of sexual partners in the last 12 months to those who do not.

- LGBT respondents who use drugs are more likely to have had sex with between 6 and 10 people (13%, n. 52, compared to 6%, n. 20) and with more than 26 people (11%, n. 42, compared to 5%, n. 18) in the past twelve months than those who have not taken drugs in the past five years.

- There is no difference in drug and alcohol use amongst LGBT respondents who are living with HIV and those who are not. However, given the generally high levels of drug and alcohol use by LGBT respondents, the drug and alcohol usage of those living with HIV remains high.

- Those who use illegal drugs or legal drugs without a prescription are more likely to smoke (44%, n. 178) than those who do not (22%, n. 89).

Housing

- Those who do and do not take drugs are equally likely to experience problems getting accommodation in Brighton & Hove.
- LGBT respondents who drink alcohol are less likely (24%, n. 150) to have had problems getting accommodation in Brighton and Hove than those who do not drink alcohol (34%, n. 36).
- Those who drink alcohol are more likely to live in privately owned (50%, n. 330) or rented accommodation (32%, n. 208) and less likely to live in rented council accommodation (3%, n. 17) than those who do not use alcohol (39%, n. 45, 22%, n. 26 and 15%, n. 18, respectively). LGBT people in this research who use drugs are less likely (43%, n. 173) to live in privately owned accommodation than those who do not use drugs (53%, n. 211), but are more likely to live in privately rented accommodation (34%, n. 137, compared to 27%, n. 106 for those who don't use drugs).
- LGBT respondents who drink alcohol are less likely to have ever experienced homelessness (21%, n. 135) compared to those who do not drink alcohol (30%, n. 34).
- LGBT respondents who use illegal drugs or legal drugs without prescription/medical advice are more likely to have experienced homelessness (26%, n. 106) than those who do not use drugs (16%, n. 62).
- Those who are frequently concerned about their alcohol use are more likely to have been homeless (34%, n. 21) compared to 19% of those who are never concerned, n. 55, and 19% of those who are only sometimes concerned, n. 61.
- Those who use alcohol or drugs are as likely to have had or offered sex for somewhere to stay as those that who do not use alcohol or drugs.

Relationships and Support

- LGBT people in this research who do not drink alcohol are more likely to say that no one supports them on a regular basis (18%, n. 92) compared to 11%, n. 72 of those who drink alcohol.
- Those who do not use drugs are more likely to say that no one supports them on a regular basis (14%, n. 53) compared to those who do use drugs (10%, n. 38).
- LGBT respondents who drink alcohol have a better relationship with their families of origin that those who do not drink alcohol. Those who do not drink alcohol are less likely to be accepted by their families of origin and are less likely to be out to their family.
- In this sample, there are no significant difference with regards to relationship with family of origin when comparing those who take drugs and those who do not. Yet, those who use drugs are more likely to say that they are 'out' to

their family of origin and that their family 'accepts it' (48%, n.195) than those who do not use drugs (39%, n.147).

- LGBT respondents who drink alcohol are more likely to be supported by both LGBT friends (68%, n. 447 compared to 52%, n. 59) and straight friends (60%, n. 391 compared to 45%, n. 51) than those who do not drink alcohol.

- Those who use drugs are more likely to be supported by lovers (8%, n. 30) than those who do not (2%, n. 59), and are also more likely to be supported by LGBT friends (70%, n. 283) compared to those who don't take drugs (61%, n. 235).

Monitoring and consultation

- The majority (85%, n. 661) of LGBT people are happy to give information about their gender/sexual identities if they believe the service is LGBT friendly and the data is confidential and anonymous.

- Monitoring gender variance and trans identity should be undertaken in line with policies that support trans people.

- 61% (n. 500) of respondents would like to see consultations undertaken by questionnaire, 47% (n. 388) in open public meetings, 38% (n. 312) LGBT community forums, 38% (n. 311) community events and 36% (n. 294) LGBT focus groups. The citizen's panel was the least popular option (24%, n. 194).

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1. Introduction

1.1. Introduction

Brighton & Hove has a reputation for being a city that offers a LGBT friendly environment and appropriate services for LGBT people. Therefore it offers an important and suitable context in which to investigate LGBT people and their drug and alcohol use. Count Me In Too has already released two reports that deal with mental health (Browne and Lim, 2008b) and general health (Browne and Lim, 2008c). This report augments these interventions, completing the reporting for the Count Me In Too 'health' areas. Across these reports it is recognised that health interacts with a range of other factors that are specific for LGBT people, including safety issues regarding hate crime based on gender/sexual identities. This indicates that gender and sexual identities continue to matter and inform the lives of LGBT people. Moreover, the research points to how LGBT people are a heterogeneous grouping with various needs that require investigation.

Throughout the research comparing LGBT and 'heterosexual' populations have been less important that establishing a picture of LGBT people's lives and how LGBT needs can be better catered for. This has drawn on the presumption that LGBT people are an important population sector that are likely to require specific services and resources. For this report, the researchers, guided by the analysis group, which included individuals from services and organisations concerned with drug and alcohol use, have sought demonstrate the existence of a 'need' particularly by comparing 'heterosexual' and LGBT people or the 'general' population and 'LGBT people[1]. Noting the dubious distinctions between these categories, where data for the general population is available this is used. However, it should be noted that the general population includes LGBT people. Moving from this position, this report offers insights into how resources and provision can be targeted by exploring LGBT people in relation to each other, offering insights into differences within this grouping. This questions dubious heterosexual/LGBT distinctions and also challenges services to consider the diversity of LGBT populations rather than assuming this to be a homogenous grouping. Finally, this form of reporting recognises that not all LGBT people drink alcohol or use illegal drugs or legal drugs without a prescription. These people are often excluded from research that investigates the effects and impacts of alcohol and drugs.

This chapter will firstly look at the Count Me In Too research which informs this report. Count Me In Too allows us to understand the diversity and complexity of the LGBT communities in greater depth and detail than ever before. The chapter will then explore key terms used in this report and outline the structure of the remainder of the report.

[1] Which are in themselves flawed assertions, as trans people can also be heterosexual and the 'general population' includes LGBT people.

1.2. Count Me In Too: background, research methods & analysis notes

In 2000, the award winning Count Me In survey was developed from the grassroots of the then predominantly lesbian and gay communities, with backing from the East Sussex Brighton and Hove Health Authority. This research was used to form the LGBT community strategy for Brighton & Hove 2000-2006. Count Me In Too was initiated in 2005 as a joint venture between Spectrum[1] and the University of Brighton. It is a community led action research project that seeks to advance progressive social change in the city.

The research phase ran from January 2006 to October 2006. The research consisted of a large scale questionnaire with 819 respondents and 20 focus groups that had 69 participants. The questionnaire offers both qualitative and quantitative data. The questionnaire was routed, such that not all respondents answered every question. This is relevant for this report as respondents who said that they drink alcohol or that they had taken legal or illegal drugs in the past five years were asked additional questions about their consumption and experiences. The quantitative data has been analysed in SPSS software and we have used a significance level of $p<.05$. Where data is compared within the Count Me In Too data only data that is statistically significant is included. For ease of understanding where statistical difference is found the terms more/less likely are used to describe the data. Where no statistical difference is found the groups are said to be 'equally likely'. Where counts are too low and the data is reported this is made clear.

The survey required a certain level of literacy, as well as interest and time commitment, and probably therefore excluded many potential respondents with problematic substance/alcohol use issues. The project design was drawn up in conjunction with a steering group of local LGBT people, many of whom connected with specific identity groups within the collective. Again, this arrangement may have reduced the likelihood of those with direct and ongoing experience of substance and alcohol misuse informing exploration of these issues. The research was advertised across venues in Brighton, as well as in local and mainstream press. It was also distributed through LGBT and mainstream services using email and postal lists, as well as collecting data during their drop-ins or other support sessions. Where this occurred, support was given to those who may otherwise have been omitted from the research. However, although there was involvement from health professionals and others who worked in relevant services, the survey was not targeted specifically at those in or known to drug or alcohol treatment programmes. Due to the partnerships in place at that time, to our knowledge, the questionnaire was not distributed through local drug/alcohol services. In addition, no specific drug/alcohol focus group was undertaken with those who are classed as 'problematic users' as this was not an identity put forward for exploration by

[1] Spectrum is Brighton & Hove's Lesbian, Gay, Bisexual & Transgender Community Forum established in 2002 to provide infrastructure and community development support to LGBT communities and promote partnership work and community engagement in the planning of services and policy. www.spectrum-lgbt.org

the steering group. Further research in this area should fully utilise the partnerships developed through the analysis process that produced this report.

This data was analysed in depth with the help of an analysis group that consisted of representatives from a range of statutory services and voluntary groups. During the analysis, the group advised on the information that would be most relevant to the analysis and that would progress positive social change for LGBT people. The report was drafted by Dr. Kath Browne, with assistance from Nick McGlynn and Dr. Jason Lim, who then sent these drafts to analysis groups for revision and comment. The final report was approved by the analysis group. The recommendations are written and owned by the analysis group drawing on this data and their expertise in this area.

Further details regarding the Count Me In Too research can be found in the initial findings reports located at www.countmeintoo.co.uk.

1.3. Key terms

There are a number of terms used in this analysis that are unique to the questionnaire or that require some understanding at the outset. Table 1.3a outlines these terms.

Table 1.3a **Categories and definitions**

Category	Definition
Sexual identity	The question used as the basis of this category asked for the sexual identity with which the respondent most closely identified. Those who defined as gay and female were recoded into the lesbian / gay woman category.
LGBT- Lesbian, Gay, Bisexual and Trans	The term LGBT is used for ease of understanding and to ensure that the diversity within these communities are at least partially acknowledged. The authors recognise the difficulties of categorising sexual and gender identities in this way. The term includes those who are questioning, unsure or do not identify with particular sexual or gender identities.
Trans	These were respondents who identified as being trans. Two of those who answered 'yes' to the question 'Do you identify yourself as being trans or have you ever questioned your gender identity?' were removed from this category as they argued in comments sections that they were not trans but had questioned their gender identity.
Ethnicity	The question used for this category asked for ethnicities with which respondents most closely identified. Respondents were given four choices: White, BME (Black and Minority Ethnic), gypsy traveller and other

Deaf, hard of hearing, deafened or deaf-blind	The question used as the basis of this category was 'Are you or do you identify yourself as being deaf, hard of hearing, deafened or deaf-blind?
Disability	This category includes those who answered 'yes' to the question: 'are you or do you identify as having a long term health impairment or a physical disability?' This category is not limited to physical disability and cannot be disaggregated by physical, sensory or mental disabilities or long term health impairments.
Age	Respondents were given a choice of age-range intervals (16 - 25, 26 - 35 etc). Derived from these intervals, the following categories are used in the report: 'young people' were defined as those under 26 and 'older people' defined as those over 55.
Income	Income levels were measured in categories that asked for income before deductions.
Isolation	Isolation was measured by those who answered 'yes' or 'sometimes' to the question 'Do you feel isolated in Brighton & Hove?' The figure was broken down into Yes/sometimes and No (the small category unsure (1.9%) was removed to ensure statistical significance). This captured current perception and therefore was chosen over the question that asked about 'isolation' under mental health difficulties experienced in the past 5 years.
Mental Health	The 'mental health' category in this report refers only to those who ticked that they had difficulties with any of the following: depression, anxiety, significant emotional distress, suicidal thoughts, panic attacks, problem eating / distress, fears / phobias, addictions / dependencies, anger management and self harm. The question also asked about stress, insomnia, confidence / self esteem and isolation but these categories were excluded because they included large proportions of the sample. Moreover, comments were written in the questionnaires such as "sometimes not being able to sleep or getting stressed does not mean one has mental health difficulties" (questionnaire 74). These suggested that this question was read as 'have you ever experienced', rather than 'have you ever experienced difficulties'. These issues caused the action group to rethink the category of 'mental health difficulties' for the purposes of the initial findings report, and particularly in the cross tabulating with other identity categories. This category may be reconsidered in further analyses but a robust category was thought to be most appropriate for this report.
HIV positive	This category was comprised of those who answered that their most recent HIV test result had been positive.

Domestic violence and abuse	This is defined as those who have experienced harassment, violence and/or abuse from a family member or someone close to the person (see Browne, 2007a)
Neighbourhood area	17% of our sample lived in St. James Street and Kemptown. 26% lived in 'areas of potential deprivation'; these are: North Portslade, Hangleton & Knoll, Brunswick (East), Hollingbury, Hollingdean, Saunders Park, St Peters, Tarner (South Hanover), Bristol Estate, Bevendean, Moulsecoomb, Whitehawk & Manor Farm, Queens Park & Craven Vale. 57% do not live in any of these areas and are categorised as living in 'none of the areas listed'.
Tenure	Those who lived in privately owned accommodation made up the largest single proportion of the sample (47%). Just under a third (30%) lived in rented accommodation, and 7% lived in Council housing. A small number (5 people) lived in sheltered and supported accommodation. In order to describe the sample and undertake statistical tests, the tenure categories have been grouped into those that are meaningful for the data and housing services. Throughout this report social housing (9% of the sample) will be used to describe everyone who lives in rented Council housing, rented association, sheltered and supported housing, temporary accommodation or who is homeless. This will be compared to those who privately rent, those who own their own homes and those who exist in another of these categories.

1.4. Outline of the report

This report addresses prevalence of drug and alcohol use across the LGBT communities, and moves on to explore the place of the LGBT scene when understanding LGBT use of drugs and alcohol. The report then looks at issues of reduction, information and service provision before investigating the specific experiences of drug use documented in the qualitative data. The final section of the report addresses areas of risk that may be implicated by drug and alcohol use or result in drug and alcohol use. Specifically it details: issues of safety (including hate crime); domestic violence and abuse; fear of crime and avoidance behaviours; mental health and suicidal distress; physical health, sex, HIV and smoking in relation to alcohol consumption and drug use; housing and homelessness; and relationships and support. The final chapter examines monitoring and consultation, offering insights into how LGBT monitoring may be received and evidence regarding consultation.

2. LGBT people and drug and alcohol use

2.1. Introduction

This chapter will outline the prevalence of the use of alcohol and illegal drugs or legal drugs without prescription by respondents throughout the sample. It will further examine the use of alcohol and drugs by respondents according to the categories of sexual identity, age, gender, gender identity, isolation, ethnicity, disability/long-term health impairment, income, debt and parenting. In this way, the chapter sets the context of the report, giving the sample which is used for the remaining sections of the report.

Drinking alcohol and using illegal drugs or using drugs without a prescription prevalence of use amongst LGBT people

Half of respondents (50% n.406) had taken illegal drugs or legal drugs without prescription/medical advice, answering yes to the question 'In the last five years have you taken illegal drugs or used legal drugs without prescription/relevant medical advice? Please remember this question is anonymous and you cannot be identified'. Throughout this report, the distinction between those who have taken drugs and those who have not is based on this question.

85% (n.669) of respondents drink alcohol, answering yes to the question 'Do you drink alcohol?' Throughout the report the differences between LGBT people on the basis of alcohol use is judged by comparing those who answered yes with those who answered no to this question.

The remainder of the chapter details the differences within the LGBT grouping in relation to drug and alcohol use. In summary:

Those who described themselves as queer, bisexuals, younger people and those with mental health difficulties were more likely to have taken drugs in the past five years when compared to other groups. There is not a significant relationship between trans identity, ethnicity, deaf identity, disability, income isolation and HIV status and taking illegal drugs and/or using legal drugs without a prescription. Therefore, LGBT people across these categories are equally as likely to take illegal drugs and/or use legal drugs without a prescription.

Drinking alcohol differs by sexual identity, trans, ethnicity, disability/long term health impairment, age income, isolation and mental health. Those who are gay, queer, non-trans, white, not disabled/long term health impaired, younger, earn more, who are not isolated, and who do not have mental health difficulties are more likely to drink alcohol. There is not a significant relationship between deaf identity or living with HIV and alcohol consumption.

2.2. Sexual identity

Queer respondents are the most likely group (by sexual identity) to have taken illegal drugs or legal drugs without prescription/medical advice, followed by bisexual respondents, gay respondents and lesbian respondents. Queer and gay respondents are equally the most likely to drink alcohol, followed by lesbian and then bisexual respondents.

2.2.1. Drug use

As can be seen in table 2.2a, half of the respondents said that they had taken illegal drugs or legal drugs without prescription/medical advice, but those who described themselves as queer are more likely to take illegal drugs or use legal drugs without a prescription (85%, n.23) than any other group. Bisexual people were also slightly more likely to do so at 62% (n.29). Lesbians (45%, n.125) and those who are otherwise coded (41%, n.12) were less likely to do so (p=.001). Although these categories still have significant levels of drug use.

Table 2.2a: **In the past 5 years have you taken illegal drugs or legal drugs without prescription? by sexual identity**

		Lesbian	Gay	Bisexual	Queer	Otherwise coded	Total
Yes	No.	125	217	29	23	12	406
	%	**45**	**51.1**	**61.7**	**85.2**	**41.4**	**50.4**
No	No.	153	208	18	4	17	400
	%	**55**	**48.9**	**38.3**	**14.8**	**58.6**	**49.6**
Total	No.	278	425	47	27	29	806
	%	100	100	100	100	100	100

2.2.2. Alcohol use

Alcohol use differs on the basis of sexual identity (p=.001). Table 2.2b shows that nearly 90% of those who are gay (n.372) and those who are queer (n.24) drink alcohol, along with about 80% of those who are lesbian (n.220) and bisexual (n.34, p=.001). Only two thirds (n.19) of those who are otherwise coded drink alcohol (see table 2.2b).

Table 2.2b: **Do you drink alcohol? by sexual identity**

		Lesbian	Gay	Bisexual	Queer	Otherwise coded	Total
Yes	No.	220	372	34	24	19	669
	%	81.2	89	79.1	88.9	65.5	84.9
No	No.	51	46	9	3	10	119
	%	18.8	11	20.9	11.1	34.5	15.1
Total	No.	271	418	43	27	29	788
	%	100	100	100	100	100	100

2.3. Age

Drug and alcohol usage progressively decreases for older age groups, though significant numbers of older respondents do use drugs and alcohol.

2.3.1. Drug use

Table 2.3a demonstrates that about two thirds of those under thirty-five have taken drugs in the last five years, and only a quarter of those aged over forty-five (p=.0005).

Table 2.3a: **In the past 5 years have you taken illegal drugs or legal drugs without prescription? by age**

		<26	26-35	36-45	46-55	Over 55	Total
Yes	No.	79	146	131	32	18	406
	%	65.8	61.3	53	25.4	24	50.4
No	No.	41	92	116	94	57	400
	%	34.2	38.7	47	74.6	76	49.6
Total	No.	120	238	247	126	75	806
	%	100	100	100	100	100	100

2.3.2. Alcohol use

Table 2.3b: **Do you drink alcohol? by age**

		<26	26-35	36-45	46-55	Over 55	Total
Yes	No.	108	205	215	90	50	668
	%	93.9	87.6	88.8	75	65.8	84.9
No	No.	7	29	27	30	26	119
	%	6.1	12.4	11.2	25	34.2	15.1
Total	No.	115	234	242	120	76	787
	%	100	100	100	100	100	100

Nearly all those aged less than 26 (94%, n.108) drink alcohol, and the consumption reduces steadily to two thirds of those aged over 55 (n.50, p=.0005). This can be seen in table 2.3b.

2.4. Gender

Those who identify as male are more likely to drink alcohol, followed by those who identify as women, and then those who identify as of no/another gender. The majority of respondents of all gender identities drink alcohol. There is no significant relationship between gender and the use of drugs.

2.4.1. Drug use

There was no significant relationship between gender and drug use. Men, women, and those who said they have no gender and those identifying as other in this research, are equally likely to have taken drugs in the past five years.

2.4.2. Alcohol use

However men (89%, n. 386) are more likely to drink alcohol than those of no gender/other (77%, n.20) and women (81%, n. 260, p=0.008, see table 2.4a).

Table 2.4a: **Do you drink alcohol? By gender**

		Male	Female	No gender / other	Total
Yes	No.	386	260	20	666
	%	**88.5**	**81**	**76.9**	**85.1**
No	No.	50	61	6	117
	%	**11.5**	**19**	**23.1**	**14.9**
Total	No.	436	321	26	783
	%	100	100	100	100

2.5. Trans identity

The majority of trans respondents drink alcohol, but they are less likely to drink alcohol than non-trans respondents. Trans and non-trans respondents are equally likely to have taken drugs in the past five years.

Table 2.5a: **Do you drink alcohol? by trans identity**

		Trans identity	Not trans	Total
Yes	No.	25	633	658
	%	**62.5**	**86.2**	**85**
No	No.	15	101	116
	%	**37.5**	**13.8**	**15**
Total	No.	40	734	774
	%	100	100	100

p =.0005 hence there is a significant relationship between trans identity and alcohol consumption.

Those respondents who identified themselves as trans are less likely to drink alcohol than others. Two thirds of trans respondents drink alcohol, compared to 85% (n.669) (p. = .0005, see table 2.5a). Given that many LGBT venues centre around the consumption of alcohol, if trans people are less likely to engage in such drinking cultures, this may contribute to higher rates of isolation among trans people than among other LGBT people (see Browne and Lim, 2008 e).

2.6. Isolation

Those who feel isolated are more likely to say they do not drink than those who do not feel isolated. There was no significant relationship between drug use and feelings of isolation.

Table 2.6a shows that just over a fifth (21%, n.55) of those who feel isolated did not drink alcohol, compared with just over a tenth (11.8%, n.60, p=.001) of those who do not feel isolated.

Table 2.6a: **Do you drink alcohol? by feeling isolated**

		Yes/Sometimes	No	Total
Yes	No.	203	447	650
	%	**78.7**	**88.2**	**85**
No	No.	55	60	115
	%	**21.3**	**11.8**	**15**
Total	No.	258	507	765
	%	100	100	100

There was no significant relationship between drug use and isolation.

2.7. Ethnicity

Whilst there is not a difference between those of different ethnic identities and drug use, white respondents are more likely to drink alcohol than the rest of the sample.

Table 2.7a: **Do you drink alcohol? by ethnicity**

		White	BME	Traveller/Other	Total
Yes	No.	634	14	17	665
	%	**85.9**	**77.8**	**60.7**	**84.8**
No	No.	104	4	11	119
	%	**14.1**	**22.2**	**39.3**	**15.2**
Total	No.	738	18	28	784
	%	100	100	100	100

Table 2.7a shows that there is a significant relationship between drinking alcohol and ethnicity (p= .001). 86% (n.634) of white respondents drink alcohol this compares to only three quarters (78%, n.14) of BME respondents and three fifths (61%, n.17) of traveller or other groups drink alcohol.

2.8. Disability/long term health impairment

Those who identify as disabled/long-term health impaired are significantly less likely to drink alcohol than those who do not. There is no difference in relation to drug use.

As can be seen in table 2.8a, fewer than three fifths of those with a disability (58.6%, n.65) drank alcohol, compared with nearly ninety per cent (89.7%, n.591, p. = .0005) of those with no disability.

Table 2.8a: **Do you drink alcohol? by disability**

		Disability	No disability	Total
Yes	No.	65	591	656
	%	**58.6**	**89.7**	**85.2**
No	No.	46	68	114
	%	**41.4**	**10.3**	**14.8**
Total	No.	111	659	770
	%	100	100	100

2.9. Income

Alcohol consumption increases with income, though the majority of respondents in all income brackets drink alcohol. There is no difference in relation to drug use.

Table 2.9a: **Do you drink alcohol? by income**

		> 10k	10-20k	20-40k	40k+	Total
Yes	No.	115	198	266	82	661
	%	**76.2**	**83.5**	**89**	**89.1**	**84.9**
No	No.	36	39	33	10	118
	%	**23.8**	**16.5**	**11**	**10.9**	**15.1**
Total	No.	151	237	299	92	779
	%	100	100	100	100	100

Alcohol consumption increases for higher income categories (p=.002). This is demonstrated by table 2.9a. Of those earning more than £20,000 a year, nearly nine tenths (89%, n.266) drink alcohol. About three quarters (76%, n.115) of those earning less than £10,000 drink alcohol. 84% (n.198) of those in the intermediate group drink alcohol

2.10. Debt

There is no difference between those who drink/do not drink alcohol and debt. However, those who used illegal drugs or taken legal drugs without a prescription in the past five years are more likely to be in debt.

Whilst there is no significant relationship between alcohol use and debt, table 2.10a shows that those who have not used illegal drugs or taken legal drugs without a prescription in the past five years are less likely to be in debt (58%, n.223), than those who have (42%, n.160 p <.0001).

Table 2.10a: **In the past 5 years have you taken illegal drugs or legal drugs without prescription? By, debt**

		In debt	Not in debt	Total
Yes	No.	244	160	404
	%	**58.5**	**41.8**	**50.5**
No	No.	173	223	396
	%	**41.5**	**58.2**	**49.5**
Total	No.	417	383	800
	%	100	100	100

2.11. Parenting

There is no significant relationship between parents, guardians and those closely related to a child/young person and drug use. Respondents who are a parent or guardian or who are closely related to a child or young person are less likely (78%, n. 95) to drink alcohol than those who are not (87%, n. 558) ($p = .014$) (see table 2.11a).

Table 2.11a: **Are you parent, guardian or closely related to a child or young person? By, alcohol use**

		Are you parent, guardian or closely related to a child or young person?		
		Yes	No	Total
Yes	No.	95	558	653
	%	**77.9**	**86.5**	**85.1**
	%	**14.5**	**85.5**	**100**
No	No.	14.5	85.5	100
	%	**27**	**87**	**114**
	%	**23.7**	**76.3**	**100**
Total	No.	22.1	13.5	14.9
	%	100	100	100
	%	15.9	84.1	100

There is no statistical relationship between being a parent, a guardian or closely related to a child or young person and the level of concern respondents have regarding how much they drink or their alcohol use.

There is no statistical relationship between being a parent, a guardian or closely related to a child or young person and the likelihood of using illegal drugs or drugs without prescription.

2.12. Conclusions

Most LGBT people drink alcohol and almost half of the sample have used illegal drugs or legal drugs without prescription. There are variations between LGBT people in relation to drug and alcohol use.

2.12.1. Alcohol

The vast majority (85%, n.669) of LGBT people in this research drink alcohol. However, certain groups within the LGBT collective are more likely to drink alcohol. These groups include: gay male respondents; queer respondents; white respondents; young respondents; and those who earn more. On the other hand, certain groups are less likely to drink alcohol. The groups less likely to drink alcohol at times are similar to those who have

been identified in other Count Me In Too reports experiencing multiple marginalisation (see Browne, 2007; Browne and Lim 2008a; b; c; d; e) and include: trans respondents; those who identify as disabled/long-term health impaired; those who say they are isolated; those who have mental health difficulties; and those who are parents/guardians or close to a child/young person. Alcohol use reduces progressively for older age groups, and increases with higher earning income categories. Nonetheless, alcohol use remains high across all categories of LGBT people.

2.12.2. Drugs

Almost half of the sample have used illegal drugs or legal drugs without prescription in the five years prior to the research. Certain groups within the LGBT community are more likely to have used drugs. These groups include: queer respondents; bisexual respondents; young LGBT people; those in debt; and those with mental health difficulties. However, there was no difference in drug use by trans identify, deaf identity, income, isolation and living with HIV. In other words, trans and non trans respondents, deaf and non-deaf respondents, those who are disabled/long term health impaired and those who are not disability, those on various incomes, those who are isolated and those who are not and those are living with HIV and those who are not, are equally likely to have taken illegal drugs and/or using legal drugs without a prescription.

3. Use and consumption of drugs and alcohol

3.1. Introduction

The previous chapter demonstrated that the use and consumption of illegal drugs/legal drugs without prescription/relevant medical advice and alcohol is widespread amongst LGBT people who took part in this research. This chapter outlines the extent of drug and alcohol use across LGBT communities and then breaks down this usage by a range of social differences. This chapter demonstrates that LGBT people have specific needs that could be addressed by drug and alcohol initiatives.

It will do this by firstly explain both the frequency and amount of drug use. The chapter goes on to explore which specific drugs are the most likely to be used by the whole sample and using available information compares this with the general population (the latter of course includes LGBT people). This offers insights the use specific drugs such as cannabis, ecstasy, cocaine, poppers/amyl nitrite, GHB, crystal meth and ketamine. Breaking down the use of these drugs down by age, gender and sexuality highlights specific sections of the population that are more likely to use these drugs, whilst recognising that usage is high across the entire sample.

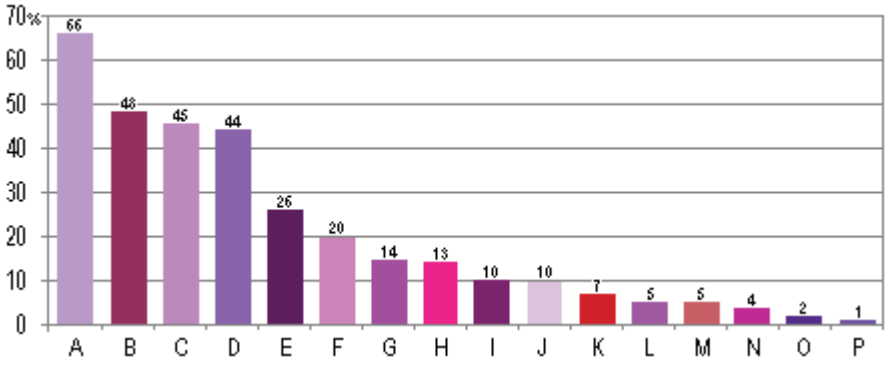
The chapter then looks at alcohol use in relation to binge drinking and hazardous and harmful drinking. Comparing these figures with local population estimates offers some insights into the levels of drinking amongst LGBT people, although these figures are not directly comparable due to the survey method used for this research.

3.2. Use of illegal drugs or using legal drugs with a prescription/medical advice

Two thirds of those who have used drugs in the past 5 years have taken cannabis. Just under half have taken ecstasy, cocaine and poppers/amyl nitrite. Less than 10% have used crystal meth, GHB, acid, crack, steroids or glue/aerosol.

Figure 3.2a shows that almost two thirds of those who have taken illegal drugs or used legal drugs without prescription have taken cannabis with glue/aerosol only being used by 1% of this sample.

Figure 3.2a: **Drugs taken (percentages represent those who have taken illegal drugs or used legal drugs without a prescription/relevant medical advice in the last five years)**



A = Cannabis
B = Ecstasy/e/mdma
C =Cocaine
E = Poppers (amyl nitrate)
F = Ketamine/K/special K
G = Viagra
H = Speed/amphetamine
I = Magic mushroom
J = Valium or temazepam
K = Crystal Meth
J = GHB
L = Heroin/methadone/DFs/DF118
M =LSD/Acid
N = Crack
O = Steroids
P = Glue/aerosol

Table 11.5 d shows the frequencies with which people take the substances listed. Across all the substances, the highest proportion of respondents have taken these less than 11 times in the past 12 months. The British Crime Survey 2006/2007 describes 'frequent illegal drug use' as the use of such drugs more than once per month (Nicholas et al 2007). Table 3.2a shows the frequency of each drug use in the past 12 months, both by those who have used drugs and the general sample proportion. This is likely to be an undercount for reasons outlined in the introduction. As table 3.2a shows within the LGBT population:

- 15% frequently use cannabis
- 13% frequently use poppers (amyl nitrite)
- 9% frequently use E/Ecstacy/MDMA
- 7% frequently use cocaine
- 5% frequently use ketamine/K/Special K
- 4% frequently use Viagra
- 2% frequently use speed/ amphetamine
- 2% frequently use valium or tamazepan
- 1% frequently use crystal meth
- 1% frequently use GHB
- 1% frequently use Heroin/methadone/DFs/DF116 dihydrocodeine
- 0.4% frequently use LSD/acid
- 0.4% frequently use magic mushrooms

Table 3.2a: **How many times have you taken/used the following drugs listed in the past 12 months?** (% of those who have taken drugs)

		No.	%
Cannabis	More than twice a week	48	11.8
	Once or twice a week	18	4.4
	Once or twice a month	53	13.1
	Less than 11 times in past 12 months	149	36.7
	Total in past five years	268	66
Cocaine	More than twice a week	5	1.2
	Once or twice a week	10	2.5
	Once or twice a month	41	10.1
	Less than 11 times in past 12 months	128	31.5
	Total in past five years	184	45.3
Crystal meth / Crystal	More than twice a week	1	.2
	Once or twice a week	2	.5
	Once or twice a month	5	1.2
	Less than 11 times in past 12 months	32	7.9
	Total in past five years	40	9.8
Ecstasy / E / MDMA	More than twice a week	4	1.0
	Once or twice a week	15	3.7
	Once or twice a month	55	13.5
	Less than 11 times in past 12 months	121	29.8
	Total in past five years	195	48
GHB	More than twice a week	2	.5
	Once or twice a week	0	.0
	Once or twice a month	4	1.0
	Less than 11 times in past 12 months	21	5.2
	Total in past five years	27	6.7
Glue or aerosol	More than twice a week	1	.2
	Once or twice a week	0	.0
	Once or twice a month	0	.0
	Less than 11 times in past 12 months	3	.7
	Total in past five years	4	0.9
Heroin / methadone / DFs / DF118 (dehydrocodeine)	More than twice a week	5	1.2
	Once or twice a week	1	.2
	Once or twice a month	4	1.0
	Less than 11 times in past 12 months	11	2.7
	Total in past five years	21	3.1
Ketamine / K / Special K	More than twice a week	8	2.0
	Once or twice a week	5	1.2
	Once or twice a month	31	7.6
	Less than 11 times in past 12 months	61	15.0
	Total in past five years	105	25.8

LSD / Acid	More than twice a week	1	.2
	Once or twice a week	0	.0
	Once or twice a month	2	.5
	Less than 11 times in past 12 months	18	4.4
	Total in past five years	21	5.1
Magic mushrooms	More than twice a week	0	.0
	Once or twice a week	2	.5
	Once or twice a month	6	1.5
	Less than 11 times in past 12 months	43	10.6
	Total in past five years	51	12.6
Poppers (Amyl Nitrite)	More than twice a week	20	4.9
	Once or twice a week	40	9.9
	Once or twice a month	49	12.1
	Less than 11 times in past 12 months	69	17.0
	Total in past five years	178	43.9
Speed/ amphetamine	More than twice a week	2	.5
	Once or twice a week	4	1.0
	Once or twice a month	14	3.4
	Less than 11 times in past 12 months	37	9.1
	Total in past five years	57	14
Steroids	More than twice a week	2	.5
	Once or twice a week	1	.2
	Once or twice a month	2	.5
	Less than 11 times in past 12 months	3	.7
	Total in past five years	8	1.9
Valium or tamazepam	More than twice a week	5	1.2
	Once or twice a week	4	1.0
	Once or twice a month	9	2.2
	Less than 11 times in past 12 months	24	5.9
	Total in past five years	42	10.3
Viagra	More than twice a week	1	.2
	Once or twice a week	7	1.7
	Once or twice a month	25	6.2
	Less than 11 times in past 12 months	47	11.6
	Total in past five years	80	19.7

Table 3.2b: **Frequency of drug use**

Drug used	Less than 11 times in the past 12 months	Frequent users
Cannabis		
n.	149	119
% of those using drugs in past 5 years	36.7	29.3
% of entire sample	18.2	14.5
E/Ecstacy/MDMA		
n.	121	74
% of those using drugs in past 5 years	29.8	18.2
% of entire sample	14.8	9
Cocaine		
n.	128	56
% of those using drugs in past 5 years	31.5	13.8
% of entire sample	15.6	6.8
Poppers (Amyl Nitrite)		
n.	69	109
% of those using drugs in past 5 years	17	26.9
% of entire sample	8.4	13.3
Ketamine / K / Special K		
n.	61	44
% of those using drugs in past 5 years	15	10.8
% of entire sample	7.5	5.3
Viagra		
n.	47	33
% of those using drugs in past 5 years	12	8.1
% of entire sample	5.7	4
Speed/ amphetamine		
n.	37	20
% of those using drugs in past 5 years	9.1	4.9
% of entire sample	4.5	2.4
Magic Mushrooms		
n.	43	3
% of those using drugs in past 5 years	11	0.7
% of entire sample	5.3	0.4
Valium or tamazepam		
n.	24	18
% of those using drugs in past 5 years	6	4.4
% of entire sample	2.9	2.2
Crystal Meth		
n.	32	8
% of those using drugs in past 5 years	7.9	2
% of entire sample	3.9	1
GHB		
n.	21	6

% of those using drugs in past 5 years	5.2	1.5
% of entire sample	2.6	0.7
LSD/Acid		
n.	18	3
% of those using drugs in past 5 years	4%	0.7
% of entire sample	2.2	0.4
Heroin / methadone / DFs / DF118 (dihydrocodeine)		
n.	11	10
% of those using drugs in past 5 years	2.7	2.5
% of entire sample	1.3	1.2

3.3. Drugs use: LGBT and general population comparisons

For comparisons with 'general populations, the most comparable figures are between drug use amongst LGBT people in Count Me In Too (aged 16-55+) and drug use amongst 16-59 year olds in the 2006/2007 British Crime Survey (Nicholas et al 2007).

Table 3.3a: **Drug usage comparison between LGBT people in this research and general population**

	Use amongst LGBT people in this research aged 16-55+ in the past 12 months %	Use amongst general population aged 16-59 from BCS %
Cannabis	33 (n. 268)	8.7
Ecstasy	24 (n. 195)	1.6
Cocaine	22 (184)	2.4
Poppers / Amyl Nitrite	22 (n. 178)	1.2
Ketamine	13 (n. 105)	0.3
Viagra	10 (n. 80)	Not recorded
Speed / amphetamine	7 (n. 57)	1.3
Magic mushrooms	6 (n. 51)	1
Valium / tamazepam	5 (n. 42)	Not recorded
Crystal Meth	5 (n. 40)	Not recorded
GHB	3 (n. 27)	Not recorded
LSD/acid	3 (n. 21)	0.2
Heroin / methadone / DFs / DF118	3 (n. 21)	0.3
Steroids	2 (n. 15)	0.2
Glue/aerosol	1 (n. 8)	0.1

Table 3.3a indicates that drug use is considerably more prevalent amongst LGBT people than in the general population. LGBT people are more likely

than those of the general population to use cannabis, ecstasy, cocaine, poppers/amyl nitrite (compared with the British Crime Survey's (BCS) category of amyl nitrite), speed/amphetamine (compared with the BCS' category of amphetamines), magic mushrooms, heroin/methadone (combining the BCS' separate categories of heroin and methadone), LSD/acid, crack cocaine, steroids and glue/aerosol (compared with the BCS' category of glues). Additionally, it can be seen from table 3.3a that the BCS does not track the usage of Viagra, valium/tamazepam (except through the category of 'tranquillisers' which is too loose to make a valid comparison), crystal meth or GHB. It only began tracking the usage of ketamine in the period 2006/2007 – the comparison in table 3.3a is made with this time period.

When direct comparisons are made between the LGBT participants in Count Me In Too and participants in the BCS, the difference is pronounced. In the year prior to answering the questionnaire LGBT people, compared to people in the general population, were (these are not statistically significant differences):

- Over eighteen times more likely to use poppers/amyl nitrite (22%, n.178, compared to 1.2% of people in the general population)
- Over fifteen times more likely to use ecstasy (24%, n.390, compared to 1.6%)
- Over nine times more likely to use cocaine (22%, n. 184, compared to 2.4%)
- Over six times more likely to use magic mushrooms (6%, n. 51, compared to 1%)
- Over five times more likely to use speed/amphetamine (7%, n. 57, compared to 1.3%)
- Over four times as likely to use cannabis (33%, n.268 compared to 8.7% of the general population)
- Over twice times more likely to use LSD/acid (3%, n. 21, compared to >1%)
- Over three times more likely to use heroin/methadone (3%, n. 21, compared to >1%)
- Over twice as likely to use steroids (2%, n. 8, compared to >1%)

3.4. Age and LGBT drug use

The British Crime Survey further breaks down drug use by age, but reports only for the 16-24 age category which has higher use than the general population. Comparisons between the BCS' young people's category and this research's 16-25 age category are made below. When direct comparisons are made between the LGBT participants in Count Me In Too and the BCS, the difference is pronounced (see table 3.4a).

Table 3.4a: **Drug usage comparison between LGBT young people and young people from the general population**

	LGBT people aged 16-25 in this research (past 12 months) %	general population aged 16-24 from BCS %
Cannabis	51.7	21.4
Ecstasy	35	4.3
Cocaine	27.5	5.9
Poppers / Amyl Nitrite	35	3.9
Ketamine	19.2	0.8
Viagra	8.3	Not recorded
Speed / amphetamine	16.7	3.3
Magic mushrooms	11.7	3
Valium / tamazepam	5.8	Not recorded
Crystal Meth	7	Not recorded
GHB	4.2	Not recorded
LSD/acid	5	0.9
Heroin / methadone / DFs / DF118	4.2	0.2
Steroids	1.7	0.3
Glue/aerosol	1.7	0.5

In the year prior to answering the questionnaire young LGBT people, compared to young people in the general population were (these are not statistically significant differences):

- Over 19 times more likely ketamine (19%, n. 23, compared to >1%).
- Over eight times more likely to use poppers/amyl nitrite (35%, n.42, compared to 4% of all young people)
- Over seven times more likely to use Ecstasy (35%, n.42, compared to >5%)
- Over five times more likely to use speed/amphetamine (17%, n. 20, compared to 3%)
- Over five times more likely to use LSD/acid (5%, n. 6, compared to 1%)
- Over four times more likely to use Cocaine (28%, n. 33, compared to 6%)
- Over four times more likely to use magic mushrooms (12%, n. 14, compared to 3%)
- Over four times more likely to use heroin (4%, n. 5, compared to >1%)
- Over twice as likely to use Cannabis (52%, n.62 compared to 21% of all young people)

- Over twice as likely to use steroids (2%, n. 2, compared to >1%)
- Over twice as likely to use glue/aerosol (2%, n. 2, compared to >1%)

This research shows that the use of cannabis, crystal meth, ecstasy, ketamine and poppers/amyl nitrite reduces for older age categories. Those who are aged 16-25 are more likely to use cannabis, crystal meth, ecstasy, ketamine and poppers/amyl nitrite. Those who are aged 26-35 are more likely to have used cocaine. However, respondents aged 26-35 are more likely to have used cocaine than those aged 16-25 or 36+. Moreover, drug use occurs beyond the age of 36.

3.4.1. Cannabis

Table 3.4b: **Cannabis use in the past 12 months by, age**

		Used cannabis in past 12 mths	Used drugs in past 5 yrs but not cannabis in past 12 mths	Not used drugs in past 5 yrs	Total
16-25	No.	62	17	41	120
	%	**51.7**	**14.2**	**34.2**	**100**
26-35	No.	94	54	92	240
	%	**39.2**	**22.5**	**38.3**	**100**
36+	No.	115	67	267	449
	%	**25.6**	**14.9**	**59.5**	**100**
Total	No.	271	138	400	809
	%	33.5	17.1	49.4	100

More than half (52%, n.62) of respondents aged between 16 and 25 years old have used cannabis, and only 34% (n.41) have not used any drugs. This is considerably higher than the almost 21% of 16-24 year olds reporting having used cannabis from 2005-2006 according to the 2006/2007 British Crime Survey (Nicholas et al 2007). The use of cannabis decreases with age, so that 40% (n.94) of those aged 26-35, and 26% (n.115) of those aged 36+ have used cannabis in the past twelve months (see table 3.4b, $p<.0001$). However, the research clearly shows that cannabis is not only used by young people.

3.4.2. Ecstasy

A quarter (n.197) of respondents have used ecstasy, with more than a third of those aged 16-25 (35%, n.42, see table 3.4b). As with other drugs, this is a much larger proportion than the 4% of 16-24 year olds reporting having used ecstasy from 2005-2006 according to the 2006/2007 British Crime Survey (Nicholas et al 2007). Almost a third of those aged 26-35 (31%, n.75) have used ecstasy at some point. 18% (n.80) of those aged 36+ have used ecstasy (see table 3.4c, $p<.0001$).

Table 3.4c: **Ecstasy use by, age**

		Used ecstasy in past 12 mths	Used drugs in past 5 yrs but not ecstasy in past 12 mths	Not used drugs in past 5 yrs	Total
16-25	No.	42	37	41	120
	%	**35**	**30.8**	**34.2**	**100**
26-35	No.	75	72	92	239
	%	**31.4**	**30.1**	**38.5**	**100**
36+	No.	80	102	267	449
	%	**17.8**	**22.7**	**59.5**	**100**
Total	No.	197	211	400	808
	%	24.4	26.1	49.5	100

3.4.3. Cocaine

Table 3.4d shows that 23% (n.186) of respondents have used cocaine, with almost a third (30%, n.71) of those aged 26-35 having used cocaine in the past year. 28% (n.33) of those aged 16-25 have used cocaine - this is considerably higher than just under 6% of 16-24 year olds who reported having used cocaine from 2005-2006 in the 2006/2007 British Crime Survey (Nicholas et al 2007). Furthermore, 18% (n.82) of those aged 36+ also used cocaine in the last year (see table 3.4c, $p<.0001$).

Table 3.4d: **Cocaine use by, age**

		Used cocaine in past 12 mths	Used drugs in past 5 yrs but not cocaine in past 12 mths	Not used drugs in past 5 yrs	Total
16-25	No.	33	46	41	120
	%	**27.5**	**38.3**	**34.2**	**100**
26-35	No.	71	77	92	240
	%	**29.6**	**32.1**	**38.3**	**100**
36+	No.	82	100	267	449
	%	**18.3**	**22.3**	**59.5**	**100**
Total	No.	186	223	400	809
	%	23	27.6	49.4	100

3.4.4. Poppers/amyl nitrite

22% (n.178) of respondents have used poppers (amyl nitrate), with more than a third (35%, n.42) of those aged 16-25 having used poppers at some point. While the British Crime Survey 2006/2007 does not offer data regarding poppers specifically, it does show that just 4% of 16-24 year olds in the general population reported using amyl nitrite in the years 2005-2006 (Nicholas et al 2007). Amyl nitrite is one of several chemical forms that poppers can take and is often synonymous with poppers. Although poppers use in the past year reduces in relation to age, 27% (n.65) of those

LGBT people aged 26-35, and 16% (n.71) of those aged 36+ used this drug in the past 12 months (see table 3.4e, p<.0001).

Table 3.4e: **Poppers/amyl nitrite used by, age**

		Used poppers in past 12 mths	Used drugs in past 5 yrs but not poppers in past 12 mths	Not used drugs in past 5 yrs	Total
16-25	No.	42	37	41	120
	%	**35**	**30.8**	**34.2**	**100**
26-35	No.	65	82	92	239
	%	**27.2**	**34.3**	**38.5**	**100**
36+	No.	71	110	267	448
	%	**15.8**	**24.6**	**59.6**	**100**
Total	No.	178	229	400	807
	%	22.1	28.4	49.6	100

3.4.5. Ketamine

13% (n.107) of respondents have used ketamine in the past 12 months. 19% (n.23) of those aged 16-25 have used ketamine at some point in the past 12 months. The British Crime Survey 2006/2007 does not examine ketamine usage in the years 2005-2006, but it reports less than 1% of 16-24 year olds using ketamine in the years 2006-2007 (Nicholas et al 2007). In addition, 17% (n.41) of those aged 26-35, and 10% (n.43) of those aged 36+ used ketamine in the past year (see table 3.4f, p<.0001).

Table 3.4f: **Ketamine use by, age**

		Used ketamine in past 12 mths	Used drugs in past 5 yrs but not ketamine in past 12 mths	Not used drugs in past 5 yrs	Total
16-25	No.	23	56	41	120
	%	**19.2**	**46.7**	**34.2**	**100**
26-35	No.	41	106	92	239
	%	**17.2**	**44.4**	**38.5**	**100**
36+	No.	43	139	267	449
	%	**9.6**	**31**	**59.5**	**100**
Total	No.	107	301	400	808
	%	13.2	37.3	49.5	100

3.4.6. Crystal Meth

5% (n.39) of respondents have used crystal meth. 7% (n.8) of respondents aged 16-25 have used crystal meth, falling to 6% (n.14) of those aged 26-35, and 4% (n.17) of those aged 36+ (see table 3.4g, p<.0001). Crystal meth is not accounted for in the British Crime Survey.

Table 3.4g: **Crystal meth use by, age**

		Used crystal meth in past 12 mths	Used drugs in past 5 yrs but not crystal meth in past 12 mths	Not used drugs in past 5 yrs	Total
16-25	No.	8	71	41	120
	%	**6.7**	**59.2**	**34.2**	**100**
26-35	No.	14	132	92	238
	%	**5.9**	**55.5**	**38.7**	**100**
36+	No.	17	165	267	449
	%	**3.8**	**36.7**	**59.5**	**100**
Total	No.	39	368	400	807
	%	4.8	45.6	49.6	100

3.5. Gender and drugs used in the previous five years

Although women (52%, n. 172) in this research are slightly more likely than men (48%, n, 213) not to have used drugs, drug use is not limited to men[1].

Men in this research are more likely to have used drugs in the past five years compared to women in this survey. Men are more likely to have used ketamine, GHB, crystal meth, ecstasy and poppers/amyl nitrite than any other gender. Men and women are equally as likely to have used cocaine. Those who identify as of no/another gender are more likely than men and women to have used cocaine and more likely than women to have used ecstasy and poppers/amyl nitrite.

3.5.1. Ecstasy

Table 3.5a: **Ecstasy use by, gender**

		Used ecstasy in past 12 mths	Used drugs in past 5 yrs but not ecstasy in past 12 mths	Not used drugs in past 5 yrs	Total
Male	No.	131	103	213	447
	%	**29.3**	**23**	**47.7**	**100**
Female	No.	61	99	172	332
	%	**18.4**	**29.8**	**51.8**	**100**
No gender/ other	No.	5	8	12	25
	%	**20**	**32**	**48**	**100**
Total	No.	197	210	397	804
	%	24.5	26.1	49.4	100

[1] Note where tests are not valid with the category of no/another gender due to expected counts of <5, this category is excluded from the analysis

29% (n.131) of male respondents have used ecstasy, while 18% (n.61) of women have done so (see table 3.5a, p=.008). 20% (n.5) of those who identify as having another or no gender have used ecstasy in the past five years.

3.5.2. Cocaine

Table 3.5b shows that an equal percentage (16%) of male respondents (n.129) and female respondents (n.52) have used cocaine in the past five years, whilst 20% (n.5) of those who identify as having another or no gender have done so (p<.0001).

Table 3.5b: **Cocaine use by, gender**

		Used cocaine in past 12 mths	Used drugs in past 5 yrs but not cocaine in past 12 mths	Not used drugs in past 5 yrs	Total
Male	No.	129	106	213	448
	%	**15.7**	**32.5**	**51.8**	**100**
Female	No.	52	108	172	332
	%	**15.7**	**32.5**	**51.8**	**100**
No gender/ other	No.	5	8	12	25
	%	**20**	**32**	**48**	**100**
Total	No.	186	222	397	805
	%	23.1	27.6	49.3	100

3.5.3. Poppers/amyl nitrite

32% (n.142) of male respondents have used poppers, while 9% (n.31) of women have done so (see table 3.5c, p<.0001). 20% (n.5) of those who identify as having another or no gender have used poppers/amyl nitrite in the past five years.

Table 3.5c: **Poppers/amyl nitrite use by, gender**

		Used poppers in past 12 mths	Used drugs in past 5 yrs but not poppers in past 12 mths	Not used drugs in past 5 yrs	Total
Male	No.	142	91	213	446
	%	**31.8**	**20.4**	**47.8**	**100**
Female	No.	31	129	172	332
	%	**9.3**	**38.9**	**51.8**	**100**
No gender/ other	No.	5	8	12	25
	%	**20**	**32**	**48**	**100**
Total	No.	178	228	397	803
	%	22.2	28.4	49.4	100

3.5.4. Ketamine

Table 3.5d shows that 19% (n.85) of male respondents have used ketamine in the past five years, while only 5% (n.18) of women have done so ($p<0.0001$).

Table 3.5d: **Ketamine use by, gender**

		Used ketamine in past 12 mths	Used drugs in past 5 yrs but not ketamine in past 12 mths	Not used drugs in past 5 yrs	Total
Male	No.	85	149	213	447
	%	**19**	**33.3**	**47.7**	**100**
Female	No.	18	142	172	332
	%	**5.4**	**42.8**	**51.8**	**100**
Total	No.	103	291	385	779
	%	13.2	37.4	49.4	100

3.5.5. Crystal Meth

7% (n.29) of male respondents have used crystal meth in the past five years, while only 3% (n.9) of women have done so ($p=0.044$ see table 3.5e).

Table 3.5e: **Crystal meth use by, gender**

		Used crystal meth in past 12 mths	Used drugs in past 5 yrs but not crystal meth in past 12 mths	Not used drugs in past 5 yrs	Total
Male	No.	29	204	213	446
	%	**6.5**	**45.7**	**47.8**	**100**
Female	No.	9	151	172	332
	%	**2.7**	**45.5**	**51.8**	**100**
Total	No.	38	355	385	778
	%	4.9	45.6	49.5	100

3.5.6. GHB

Table 3.5f: **GHB use by, gender**

		Used GHB in past 12 mths	Used drugs in past 5 yrs but not GHB in past 12 mths	Not used drugs in past 5 yrs	Total
Male	No.	26	208	213	447
	%	**5.8**	**46.5**	**47.7**	**100**
Female	No.	1	159	172	332
	%	**0.3**	**47.9**	**51.8**	**100**
Total	No.	27	367	385	779
	%	3.5	47.1	49.4	100

In table 3.5f, it can be seen that 6% (n.26) of male respondents have used GHB in the past five years, while only one woman (0.3%, n.1) has done so ($p<0.0001$).

3.6. Sexuality and drugs use in the previous five years

As was seen in chapter 2, bisexual people, gay men and those of another sexuality are more likely to have taken illegal drugs and/or legal drugs without a prescription when compared to lesbians. However, 45% of lesbians (n. 125) have used illegal drugs and/or used legal drugs without a prescription in the past five years. Those who identified as other than gay or lesbian are most likely to have used cannabis. Gay men are most likely to have used GHB, ketamine, ecstasy and poppers/amyl nitrite, and those who identified as queer are most likely to have used cocaine. Gay men and those who identified as other than gay or lesbian are together the most likely to have used crystal meth. While gay men are less likely to say they have not used drugs than lesbians, the research clearly shows that drug use is by no means limited to gay men, nor are they the most likely group by sexual identity to have used all drugs.

3.6.1. Cannabis

33% (n.140) of gay respondents have used cannabis, while 31% (n.85) of lesbians have done so. However, 45% (n.46) of those who are otherwise coded have used cannabis in the past 12 months See table 3.6a, $p=0.026$).

Table 3.6a: **Cannabis use by, sexuality**

		Used cannabis in past 12 mths	Used drugs in past 5 yrs but not cannabis in past 12 mths	Not used drugs in past 5 yrs	Total
Lesbian	No.	85	40	153	278
	%	**30.6**	**14.4**	**55**	**100**
Gay	No.	140	80	208	428
	%	**32.7**	**18.7**	**48.6**	**100**
Other	No.	46	18	39	103
	%	**44.7**	**17.5**	**37.9**	**100**
Total	No.	271	138	400	809
	%	33.5	17.1	49.4	100

3.6.2. Ecstasy

Table 3.6b shows that 41% (n.11) of queer respondents have used ecstasy in the past 12 months, as have 32% (n.15) of bisexuals. 29% (n.122) of gay

men, 17% (n.46) of lesbians and 10% (n.3) of those who are otherwise coded have used ecstasy (p<0.0001).

Table 3.6b: **Ecstasy use by, sexuality**

		Used ecstasy in past 12 mths	Used drugs in past 5 yrs but not ecstasy in past 12 mths	Not used drugs in past 5 yrs	Total
Lesbian	No.	46	79	153	278
	%	**16.5**	**28.4**	**55**	**100**
Gay	No.	122	97	208	472
	%	**28.6**	**22.7**	**48.7**	**100**
Bisexual	No.	15	14	18	47
	%	**31.9**	**29.8**	**38.3**	**100**
Queer	No.	11	12	4	27
	%	40.7	44.4	14.8	100
Other	No.	**3**	**9**	**17**	**29**
	%	10.3	31	58.6	100
Total	No.	197	211	400	808
	%	24.4	26.1	49.5	100

3.6.3. Cocaine

37% of queer respondents (n.10) have used cocaine in the past 12 months, as have 29% (n.122) of gay men, 23% (n.11) of bisexuals, 14% (n.40) of lesbians and 10% (n.3) of those who are otherwise coded See table 3.6c, p<0.0001).

Table 3.6c: **Cocaine use by, sexuality**

		Used cocaine in past 12 mths	Used drugs in past 5 yrs but not cocaine in past 12 mths	Not used drugs in past 5 yrs	Total
Lesbian	No.	40	85	153	278
	%	**14.4**	**30.6**	**55**	**100**
Gay	No.	122	98	208	428
	%	**28.5**	**22.9**	**48.6**	**100**
Bisexual	No.	11	18	18	47
	%	**23.4**	**38.3**	**38.3**	**100**
Queer	No.	10	13	4	27
	%	**37**	**48.1**	**14.8**	**100**
Other	No.	3	9	17	29
	%	**10.3**	**31**	**58.6**	**100**
Total	No.	186	223	400	809
	%	23	27.6	49.4	100

P<0.0001 hence there is a significant relationship between cocaine use and sexuality.

3.6.4. Poppers / amyl nitrite

Table 3.6d: **Poppers/amyl nitrite use by, sexuality**

		Used poppers in past 12 mths	Used drugs in past 5 yrs but not poppers in past 12 mths	Not used drugs in past 5 yrs	Total
Lesbian	No.	24	101	153	278
	%	**8.6**	**36.3**	**55**	**100**
Gay	No.	134	84	208	426
	%	**31.5**	**19.7**	**48.8**	**100**
Bisexual	No.	11	18	18	47
	%	**23.4**	**38.3**	**38.3**	**100**
Queer	No.	7	16	4	27
	%	**25.9**	**59.3**	**14.8**	**100**
Other	No.	2	10	17	29
	%	**6.9**	**34.5**	**58.6**	**100**
Total	No.	178	229	400	807
	%	22.1	28.4	49.6	100

32% (n.134) of gay respondents have used poppers in the past 12 months, as have 26% (n.7) of queer people, 23% (n.11) of bisexual people (see table 3.6d). Only 9% (n.24) of lesbians and 7% (n.2) of those who are otherwise coded have used poppers ($p<0.0001$).

3.6.5. Ketamine

Table 3.6e shows that 19% of gay respondents (n.81) have used ketamine in the past 12 months, while 15% (n.15) of those who are otherwise coded and only 4% (n.11) of lesbians have done so (<0.0001).

Table 3.6e: **Ketamine use by, sexuality**

		Used ketamine in past 12 mths	Used drugs in past 5 yrs but not ketamine in past 12 mths	Not used drugs in past 5 yrs	Total
Lesbian	No.	11	114	153	278
	%	**4**	**41**	**55**	**100**
Gay	No.	81	138	208	427
	%	**19**	**32.3**	**48.7**	**100**
Other	No.	15	49	39	103
	%	**14.6**	**47.6**	**37.9**	**100**
Total	No.	107	301	400	808
	%	13.2	37.3	49.5	100

3.6.6. Crystal Meth

6% of gay respondents (n.26) and of those who are otherwise coded (n.6) have used crystal meth in the past 12 months, while only 3% (n.7) of lesbians have done so. However, the expected counts are too small in some cells for the significance test to be valid.

3.6.7. GHB

6% (n.26) of gay respondents and 2% (n.2) of those who are otherwise coded have used GHB in the past 12 months, while no lesbians (n.0) have done so. Due to these small figures, the expected counts are too small in some cells for the significance test to be valid.

3.7. Alcohol Consumption: Binge, Hazardous and Harmful Drinking

More than half of all respondents drink alcohol at least once every two days in an average week (53%, n. 350). 24% (n.156) of LGBT people who drink alcohol are 'binge drinkers' (19% of the entire sample), 21% (n.169) of all LGBT people are hazardous drinkers and 5% (n.43) are harmful drinkers (see below for definitions). 67% (n.451) of LGBT people who drink alcohol do so within or close to the recommended guidelines. These are likely to be undercounting the actual prevalence of these forms of drinking behaviours, for reasons explained in the introduction.

Table 3.7a shows that 42% (n.281) of those who consume alcohol do so 1-2 days in an average week, with 11% (n.74) drinking alcohol on a daily basis. 5% (n. 35) of people do not consume alcohol on a weekly basis.

Table 3.7a: **In an average week, how many days do you drink alcohol?**

	Frequency	Percent	Valid %
Daily	74	11.1	**11.1**
5 - 6 days	93	13.9	**14.0**
3 - 4 days	183	27.4	**27.5**
1 - 2 days	281	42.0	**42.2**
Nothing	35	5.2	**5.3**
Total	666	99.6	100.0
missing	3	.4	
total	669	100.0	

2% (15 people) of those who drink alcohol consume 20 units or more per drinking session. 48% drink between 1-6 units (see table 3.7b). Binge drinking is defined as the consumption of at least twice the recommended

daily amount of alcohol in a single drinking session. If the governments recommended allowance is between 3 for women and 4 for men, it can be seen that 24% (n. 156, 19% of the entire sample) drink 8 units or more in an average drinking session and are thus defined as 'binge drinkers'. In the general population a mid-2005 synthetic estimate of binge drinkers (over 6 units for women and 8 units for men) is 19% (North West Public Health Observatory, 2003, estimates originally produced by the Department of Health).

The UK government recommends that men should not regularly drink more than 21 units of alcohol per week, and that women should not regularly drink more than 14 units of alcohol per week. The split between men and women is problematic for this population, as it does not account for trans people nor those who define as 'other' than male or female.

Using a long questionnaire to collect data may have mitigated against those with severe drinking issues participating in this research. Thus, the figures here should be read as lower than probable prevalence and a significant underestimate of treatment needs at the severe ends of these scales. General population estimates are not affected by this skewing due to the ability to normalise the estimates in relation to treatment figures and other sources of data regarding 'problematic drinkers'

Table 3.7b: **In an average drinking session, how many units do you drink?**

	Frequency	Percent	Valid %
1 - 2	133	19.9	**20.0**
3 - 4	186	27.8	**28.0**
5 - 6	112	16.7	**16.9**
6 - 7	77	11.5	**11.6**
8 - 9	57	8.5	**8.6**
10 - 14	60	9.0	**9.0**
15 - 19	24	3.6	**3.6**
20 +	15	2.2	**2.3**
Total	664	99.3	100.0
missing	5	.7	
total	669	100.0	

67% (n. 451) of those who drink alcohol do so within or around the government's recommended limits (between 1-28 units per week). This constitutes 55% of the entire sample (table 3.7c below).

Table 3.7c: **Units consumed by weekly days drinking**
(only those who drink alcohol are included in this table)

		On an average week, how many days do you drink alcohol?					
Units		**Daily**	**5-6 days**	**3-4 days**	**1-2 days**	**Nothing**	**Total**
1-4	No.	32	42	77	141	26	318
	%	**43.2**	**45.7**	**42.3**	**50.2**	**76.5**	**48.0**
	%	**10.1**	**13.2**	**24.2**	**44.3**	**8.2**	**100**
Total weekly units		7-28	5-24	3-16	1-8	0	
5-7	No.	18	31	60	77	3	189
	%	**24.3**	**33.7**	**33.0**	**27.4**	**8.8**	**28.5**
	%	**9.5**	**16.4**	**31.7**	**40.7**	**1.6**	**100**
Total weekly units		35-49	25-42	15-28	5-14	0	
8-14	No.	17	13	37	48	2	117
	%	**23.0**	**14.1**	**20.3**	**17.1**	**5.9**	**17.6**
	%	**14.5**	**11.1**	**31.6**	**41.0**	**1.7**	**100**
Total Weekly units		56-98	40-84	24-56	8-28	0	
15+	No.	7	6	8	15	3	39
	%	**9.5**	**6.5**	**4.4**	**5.3**	**8.8**	**5.9**
	%	**17.9**	**15.4**	**20.5**	**38.5**	**7.7**	**100**
Total Weekly units		105+	75+	45+	15+	0	
Total	No.	74	92	182	281	34	663
	%	100	100	100	100	100	100
	%	11.2	13.9	27.5	42.4	5.1	100

government's recommended limits Hazardous drinking Harmful drinking

The 2004 Alcohol Needs Assessment Research Project (ANARP) (Drummond et al 2004) further defines categories of dangerous alcohol consumption. Hazardous drinking is a pattern of heavy alcohol consumption which carries a high risk of future damage to the health of the drinker, and is defined as around 22-50 units per week for men, and 15-35 units per week for women. Those who drink between 15 and 45+ units a week, make up a quarter (25%) of those who drink alcohol in this research (n. 169, 21% of the entire sample). Based on Brighton & Hove City Council Population Projections for 2008, it is estimated that 24% of the general population are hazardous drinkers.

Harmful drinking is a pattern of heavy alcohol consumption already resulting in physical or mental harm to the user. ANARP defines it as more than 50 units per week for men, and more than 35 units per week for women (Drummond et al 2004). 6% (n.43) of those who drink alcohol can be defined as harmful drinkers consuming between 40-105+ units weekly (5% of the sample). This compares to 6% of the general population in Brighton & Hove, according to estimates of the Brighton & Hove City Council Population Projections for 2008. Unlike the British Crime Survey, these figures are estimates and therefore can take account of those within alcohol services.

Table 3.7d: **Alcohol use comparison between LGBT sample and general population**

Drinking category		Gen. pop. estimates in Brighton & Hove	LGBT	Men	Women	No/other gender
Within gov. guidelines	No.	n/a	451	240	193	15
	%	n/a	55	53	57	55
Hazardous drinker	No.	n/a	169	111	54	3
	%	24	21	25	16	11
Harmful drinker	No.	n/a	43	32	11	1
	%	6	5	7	3	3

Notes

1. Due to the way this data was collected this is likely to be a significant undercount of the most 'problematic' drinkers, see introduction. General population estimates are not affected by this skewing due to the ability to normalise the estimates in relation to treatment figures and other sources of data regarding 'problematic drinkers'
2. The categories of hazardous and harmful drinkers differ for men and women. However, there is no accounting for those who do not fit into the categories of male/female. When reworking these categories for men and women, to account for differences in government guidelines based on male/female differentiations, required one change, namely for women 35-49 units becomes harmful rather than hazardous.
3. In the absence of guidelines for those of no/other gender, the generic categories used in table 3.7c above are used for this grouping.

While it is clear from these figures that whilst the majority of LGBT people drink within government guidelines, there are a significant minority that may require support and awareness raising regarding alcohol consumption in the light of government recommended guidelines. These are, at least similar levels to the general population and therefore need comparable levels of interventions that are representative of LGBT people and targeted at the needs of this population.

3.8. Men: Hazardous and Harmful drinkers

As the previous section states, men should not regularly drink more than 21 units of alcohol per week. In this research 53% (n. 240) of men were within these guidelines. 22-50 units per week for men is considered hazardous- 25% (n. 111) of GBT men are in this category. 7% n. 32 of men in this sample are harmful drinkers, this means that they consume over 50 units per week.

Table 3.8a: **Units consumed by weekly days drinking (men)**
(only those who drink alcohol are included in this table)

		On an average week, how many days do you drink alcohol?					
Units		**Daily**	**5-6 days**	**3-4 days**	**1-2 days**	**Nothing**	**Total**
1-4	No.	26	21	40	70	5	162
	%	**42.6**	**40.4**	**37.4**	**45.8**	**50.0**	**42.3**
	%	**16.0**	**13.0**	**24.7**	**43.2**	**3.1**	**100**
Total weekly units		7-28	5-24	3-16	1-8	0	
5-7	No.	17	17	35	42	2	113
	%	**27.9**	**32.7**	**32.7**	**27.5**	**20.0**	**29.5**
	%	**15.0**	**15.0**	**31.0**	**37.2**	**1.8**	**100**
Total weekly units		35-49	25-42	15-28	5-14	0	
8-14	No.	14	9	27	31	2	83
	%	**23.0**	**17.3**	**25.2**	**20.3**	**20.0**	**21.7**
	%	**16.9**	**10.8**	**32.5**	**37.3**	**2.4**	**100**
Total Weekly units		56-98	40-84	24-56	8-28	0	
15+	No.	4	5	5	10	1	25
	%	**6.6**	**9.6**	**4.7**	**6.5**	**10.0**	**6.5**
	%	**16.0**	**20.0**	**20.0**	**40.0**	**4.0**	**100**
Total Weekly units		105+	75+	45+	15+	0	
Total	No.	61	52	107	153	10	383
	%	100	100	100	100	100	100
	%	15.9	13.6	27.9	39.9	2.6	100

government's recommended limits Hazardous drinking Harmful drinking

3.9. Women: Hazardous and Harmful drinkers

Government guidelines as above suggest that women should not regularly drink more than 14 units of alcohol per week. Table 3.9a shows that 57% (n. 193) of LGBT women drink within recommended daily guidelines. 16%, (n.54) of those who identified as female are hazardous drinkers (15-35 units per week). Harmful drinkers which for women is defined as those who drink more than 35 units per week, make up 3% (n. 11) of the female LGBT sample.

Table 3.9a: **Units consumed by weekly days drinking (women)**
(only those who drink alcohol are included in this table)

		On an average week, how many days do you drink alcohol?					
Units		**Daily**	**5-6 days**	**3-4 days**	**1-2 days**	**Nothing**	**Total**
1-4	No.	6	21	31	66	21	145
	%	**50.0**	**52.5**	**46.3**	**57.4**	**87.5**	**56.2**
	%	**4.1**	**14.5**	**21.4**	**45.5**	**14.5**	**100**
Total weekly units		7-28	5-24	3-16	1-8	0	
5-7	No.	1	14	25	31	1	72
	%	**8.3**	**35.0**	**37.3**	**27.0**	**4.2**	**27.9**
	%	**1.4**	**19.4**	**34.7**	**43.1**	**1.4**	**100**
Total weekly units		35-49	25-42	15-28	5-14	0	
8-14	No.	3	4	8	14	0	29
	%	**25.0**	**10.0**	**11.9**	**12.2**	**0.0**	**11.2**
	%	**10.3**	**13.8**	**27.6**	**48.3**	**0.0**	**100**
Total Weekly units		56-98	40-84	24-56	8-28	0	
15+	No.	2	1	3	4	2	12
	%	**16.7**	**2.5**	**4.5**	**3.5**	**8.3**	**4.7**
	%	**16.7**	**8.3**	**25**	**33.3**	**16.7**	**100**
Total Weekly units		105+	75+	45+	15+	0	
Total	No.	12	40	67	115	24	258
	%	100	100	100	100	100	100
	%	4.7	15.5	26.0	44.6	9.3	100

government's recommended limits Hazardous drinking Harmful drinking

3.10. No/other Gender

While official government guidelines and mainstream research such as ANARP (Drummond et al 2004) divides people strictly according to two fixed genders (male and female), this binary division ignores the existence of those who do not fit into traditional gender categories. This means that health-related advice and promotion based taken for granted existence within one of these two gender categories might not be relevant or appropriate. The categories used here are the categories outlined for the entire sample above.

Table 3.10a details the total weekly alcohol consumption of those who identified as of 'no gender' or 'other gender'. 55% (n. 15) drink within recommended daily allowances. 11% drink hazardously (n. 3) and one person drank harmfully (3%). These numbers are low and further health research that can understand the risks for this grouping is needed alongside prevalence figures.

Table 3.10a: **Units consumed by weekly days drinking (no/other gender).** (only those who drink alcohol are included in this table)

		On an average week, how many days do you drink alcohol?					
Units		**Daily**	**5-6 days**	**3-4 days**	**1-2 days**	**Nothing**	**Total**
1-4	No.	0	0	5	5	0	10
	%	**0**	**0**	**71.4**	**45.5**	**0**	**52.6**
	%	**0**	**0**	**50**	**50**	**0**	**100**
Total weekly units		7-28	5-24	3-16	1-8	0	
5-7	No.	0	0	0	3	0	3
	%	**0**	**0**	**0**	**27.3**	**0**	**15.8**
	%	**0**	**0**	**0**	**100**	**0**	**100**
Total weekly units		35-49	25-42	15-28	5-14	0	
8-14	No.	0	0	2	2	0	4
	%	**0**	**0**	**28.6**	**18.2**	**0**	**21.1**
	%	**0**	**0**	**50**	**50**	**0**	**100**
Total Weekly units		56-98	40-84	24-56	8-28	0	
15+	No.	1	0	0	1	0	2
	%	**100**	**0**	**0**	**9.1**	**0**	**10.5**
	%	**50**	**0**	**0**	**50**	**0**	**100**
Total Weekly units		105+	75+	45+	15+	0	
Total	No.	1	0	7	11	0	19
	%	100	0	100	100	0	100
	%	5.3	0	36.8	57.9	0	100

government's recommended limits Hazardous drinking Harmful drinking

3.11. Conclusions

This chapter explores the use of drugs and alcohol consumptions across the LGBT sample in Count Me In Too. It compares these figures for LGBT people in this research with figures for the 'general' population. Whilst drug use amongst LGBT people is significantly higher than comparable figures for the general population, alcohol use is at similar (high) levels. Arguably both of these figures are undercounts, in that the survey method used means that those LGBT people who have problematic drug and alcohol issues may not have been accounted for here (see introduction). Thus, these figures should be taken as indicative of the amount of work that needs to be done in this area and with LGBT communities.

3.11.1. Drugs

The most commonly used drug is cannabis – of those LGBT people who have taken illegal drugs or legal drugs without prescription/medical advice, two thirds (n.268) have used cannabis. The other most commonly used drugs are ecstasy (48%, n.195), cocaine (45%, n.184), poppers/amyl nitrite (44%, n.178), ketamine (26%, n.105). When compared with the British Crime Survey (Nicholas et al 2007) LGBT people across all age ranges are more likely to have used illegal drugs or use legal drugs with a prescription or proper medical advice when compared to young people in the general population. This indicates that whilst most drug use reduces progressively amongst older age groups, the levels are considerably higher for LGBT people.

Drug and alcohol consumption is typically broken down by gender, looking at male/female. This is problematic, particularly considering that those who identify as a gender other than male or female were found to show some differences in drug use: they are more likely than men and women to have used cocaine (20%, n.5). In this research, men are more likely to have used poppers/amyl nitrite (32%, n.142), ecstasy (29%, n.131), ketamine (19%, n.85), crystal meth (7%, n.29) and GHB (6%, n.26), while men and women are equally likely to have used cocaine (16%, n.129 and n.52, respectively).

The research shows that those who identify as queer are the most likely to say they have used drugs (85%, n. 23),), followed by those who identify as bisexual (62%, n.29), then gay men (51%, n. 217), lesbians (45%, n. 125) and finally those who are otherwise coded outside of these categories (41%, n. 12). This indicates that all sexualities within the LGBT collective need to be accounted for when addressing drug use by LGBT people. Gay men are more likely than other LGBT people to have used poppers/amyl nitrite (32%, n.135), ketamine (19%, n.81), ecstasy (29%, n.122) and GHB (6%, n.26). Those who identify as queer are the most likely to have used cocaine (37%, n.10).

3.11.2. Alcohol

42% of respondents who drink say that in an average week they drink alcohol once every two days. 19% of LGBT people are 'binge drinkers' (n. 156). 21% (n.169) of all LGBT people are hazardous drinkers and 55% (n.43) are harmful drinkers. 67% (n.451) of LGBT people who drink alcohol do so within or close to the recommended guidelines. Therefore, LGBT people may require support and awareness raising regarding harmful and hazardous drinking in line with government priorities. Due to the way this survey has been undertaken and the use of conservative categories for the definition of hazardous and harmful drinking, these figures are likely to be an undercount (see introduction). Moreover, the binary splitting of gender into male/female is unhelpful for this population.

4. LGBT venues and events, and drug and alcohol use

4.1. Introduction

This chapter discusses the research findings about drug and alcohol use in connection with the enjoyment/use of LGBT venues and events in Brighton & Hove. The chapter offers insights into the use of certain specific drugs, looking at how they relate to the enjoyment of LGBT venues and events. The chapter then considers respondents' motivations for using and attraction to LGBT venues and events and what focus groups said about not using the scene or not drinking whilst on the scene. Finally, it explores respondents' attendance of the annual Pride event in Brighton & Hove.

4.2. Drug and alcohol use and use of the scene

Those who drink alcohol and those who have taken illegal drugs or legal drugs without prescription/medical advice are more likely to enjoy using the LGBT scene in Brighton & Hove. Those who have not used drugs are more likely than those who have, to say they do not use/go to LGBT venues/events in Brighton & Hove. Those who have used ecstasy, cocaine, poppers/amyl nitrite, crystal meth, ketamine or GHB in the past 12 months are more likely than those who have not, to say they enjoy LGBT venues/events. Those who have used cannabis in the past 12 months are less likely than those who have not to say they enjoy LGBT venues/events.

4.2.1. Alcohol use

Those who drink alcohol and those who have taken illegal drugs or used legal drugs without a prescription are more likely to enjoy using the LGBT scene in Brighton & Hove ($p < .001$ in each case). Table 4.2a shows that 77% (n. 510) of those who drink alcohol are more likely to agree with the statement 'I enjoy using/going to the LGBT commercial venues and events ... in Brighton and Hove' than those who do not drink alcohol (50%, n. 59). Those who do not drink alcohol are more likely to disagree with the statement (13%, n. 15, compared to 6%, n. 38 of those who do drink alcohol) or to say they do not use LGBT events and venues in Brighton and Hove (26%, n. 31, compared to 10%, n. 68 of those who do drink alcohol, see table 4.2a).

Table 4.2a: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by alcohol use**

		I enjoy using/going to LGBT events and venues in Brighton and Hove				
		Agree	Disagree	I don't use	Unsure	Total
Drink alcohol	No.	510	38	68	50	666
	%	**76.6**	**5.7**	**10.2**	**7.5**	**100**
Don't drink alcohol	No.	59	15	31	13	118
	%	**50**	**12.7**	**26.3**	**11**	**100**
Total	No.	569	53	99	63	784
	%	72.6	6.8	12.6	8	100

4.2.2. Drug use

82%, (n. 330) of those who have used illegal drugs or legal drugs without a prescription or medical advice agree with the statement 'I enjoy using/going to the LGBT commercial venues and events ... in Brighton and Hove'. They are more likely to do so than those who have not taken illegal drugs or used legal drugs without a prescription or medical advice (63%, n. 253, see table 4.2b, $p<.05$). Those who have not taken illegal drugs or used legal drugs without a prescription or medical advice are more likely than those who have done so to say they do not use commercial venues or events in Brighton and Hove (19%, n. 74, compared to 6%, n. 25).

Table 4.2b: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by use of illegal drugs or legal drugs without prescription or medical advice**

		Agree	Disagree	I don't use	Unsure	Total
Use drugs	No.	330	27	25	21	403
	%	**81.9**	**6.7**	**6.2**	**5.2**	**100**
Don't use drugs	No.	253	29	74	43	399
	%	**63.4**	**7.3**	**18.5**	**10.8**	**100**
Total	No.	583	56	99	64	802
	%	72.7	7	12.3	8	100

Enjoyment and use of the LGBT scene in Brighton and Hove also varies by the use (within the past twelve months) of different kinds of drugs, specifically cannabis, ecstasy, cocaine, poppers/amyl nitrite, crystal meth, ketamine and GHB. For each of these drugs, the analyses shows the variability of enjoyment and use of the LGBT scene by whether over the past twelve months respondents have used the drug in question, have not used the drug in question but have used other drugs, or have not used drugs at all.

4.2.3. Cannabis

At 88%, (n. 120) those who have not used cannabis in the past twelve months are more likely to agree that they enjoy using or going to LGBT venues or events in Brighton and Hove than those who do use cannabis but have used other drugs (79%, n. 212, see table 4.2c). Those who have not used any illegal drugs or legal drugs without a prescription or medical advice in the past five years are least likely to enjoy using the LGBT scene (63%, n. 253) ($p < .001$). Respondents who have not used any drugs in the past five years are the most likely group to say they do not use the LGBT scene in Brighton and Hove (19%, n. 74), compared to 8% (n. 22) of those who have used cannabis and 3% (n. 4) of those who have not used cannabis but have used other drugs in the past twelve months.

Table 4.2c: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by cannabis use**

		Agree	Disagree	I don't use	Unsure	Total
Used cannabis in last 12 months	No.	212	19	22	16	269
	%	**78.8**	**7.1**	**8.2**	**5.9**	**100**
Not used cannabis in last 12 mths but used drugs in past 5 years	No.	120	8	4	5	137
	%	**87.6**	**5.8**	**2.9**	**3.6**	**100**
No drugs used in the past five years	No.	253	29	74	43	399
	%	**63.4**	**7.3**	**18.5**	**10.8**	**100**
Total	No.	585	56	100	64	805
	%	72.7	7	12.4	8	100

4.2.4. Ecstasy

Table 4.2d shows that those who have used ecstasy in the past twelve months are more likely (84%, n. 164) to agree that they enjoy using or going to LGBT commercial venues or events in Brighton and Hove compared to those who have not used ecstasy but have used other drugs in that time period (80%, n. 168), and those who have not used any drugs over the past five years (63%, n. 253) ($p < .001$).

Those who have not used any illegal drugs (or legal drugs without a prescription or medical advice) in the past five years are the most likely group to say that they do not use Brighton and Hove's LGBT scene (19%, n. 74), compared to 10% (n. 20) of those who have used other drugs than

ecstasy in the past twelve months and to 3% (n. 5) of those who have used ecstasy in the past twelve months (see table 4.2d).

Table 4.2d: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by ecstasy/e/MDMA**

		Agree	Disagree	I don't use	Unsure	Total
Used ecstasy/e/MDMA in last 12 months	No.	164	16	5	10	195
	%	**84.1**	**8.2**	**2.6**	**5.1**	**100**
Not used ecstasy /e/mdma in last 12 mths but used drugs in past 5 yrs	No.	168	11	20	11	210
	%	**80**	**5.2**	**9.5**	**5.2**	**100**
No drugs used in the past five years	No.	253	29	74	43	399
	%	**63.4**	**7.3**	**18.5**	**10.8**	**100**
Total	No.	585	56	99	64	804
	%	72.8	7	12.3	8	100

4.2.5. Cocaine

Those who have used cocaine in the past twelve months are more likely (86%, n. 159) to enjoy using the LGBT scene in Brighton and Hove than those who did not take cocaine but did take other illegal drugs or legal drugs without a prescription (79%, n. 174) or those who have not taken any drugs in the past five years (63%, n. 253) ($p < .001$). Those who have used cocaine are less likely (4%, n. 8) than those who have used other illegal drugs or drugs without a prescription or medical advice (8%, n. 17) or those who have not taken any drugs (19%, n. 74) to say they do not use the LGBT scene in Brighton and Hove (see table 4.2e).

Table 4.2e: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by cocaine**

		Agree	Disagree	I don't use	Unsure	Total
Used cocaine in last 12 months	No.	159	11	8	7	185
	%	**85.9**	**5.9**	**4.3**	**3.8**	**100**
Not used cocaine in last 12 mths but used drugs in past 5 yrs	No.	174	16	17	14	221
	%	**78.7**	**7.2**	**7.7**	**6.3**	**100**
No drugs used in the past five years	No.	253	29	74	43	399
	%	**63.4**	**7.3**	**18.5**	**10.8**	**100**
Total	No.	586	56	99	64	805
	%	72.8	7	12.3	8	100

4.2.6. Poppers/amyl nitrite

Those who have used poppers in the past twelve months are more likely (89%, n. 157) to enjoy using the LGBT scene in Brighton and Hove than those who did not take poppers but did take other illegal drugs or legal drugs without a prescription (77%, n. 174) or those who have not taken any drugs in the past five years (63%, n. 253) ($p < .001$). Those who have used poppers are less likely (2%, n. 4) than those who have used other illegal drugs or drugs without a prescription or medical advice (9%, n. 21) or those who have not taken any drugs (19%, n. 74) to say they do not use the LGBT scene in Brighton and Hove (see table 4.2f).

Table 4.2f: **Enjoyment of using/going to LGBT commercial venues / events in Brighton & Hove, by poppers (amyl nitrite)**

		Agree	Disagree	I don't use	Unsure	Total
Used poppers in last 12 months	No.	157	10	4	6	177
	%	**88.7**	**5.6**	**2.3**	**3.4**	**100**
Not used poppers in last 12 mths but used drugs in past 5 yrs	No.	174	17	21	15	227
	%	**76.7**	**7.5**	**9.3**	**6.6**	**100**
No drugs used in the past five yrs	No.	253	29	74	43	399
	%	63.4	7.3	18.5	10.8	100
Total	No.	584	56	99	64	803
	%	72.7	7	12.3	8	100

4.2.7. Ketamine

Table 4.2g: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by ketamine**

		Agree	Disagree	I don't use	Unsure	Total
Used ketamine in last 12 months	No.	95	9	2	1	107
	%	**88.8**	**8.4**	**1.9**	**.9**	**100**
Not used ketamine in last 12 mths but used drugs in past 5 yrs	No.	237	18	23	20	298
	%	**79.5**	**6**	**7.7**	**6.7**	**100**
No drugs used in the past five years	No.	253	29	74	43	399
	%	**63.4**	**7.3**	**18.5**	**10.8**	**100**
Total	No.	585	56	99	64	804
	%	72.8	7	12.3	8	100

89%, (n. 95) of those who have used ketamine in the past twelve months are enjoy using the LGBT scene in Brighton and Hove. This compares to

80% (n.237) of those who did not take ketamine but did take other illegal drugs or legal drugs without a prescription and 63% (n. 253) of those who have not taken any illegal drugs or drugs without a prescription or medical advice in the past five years ($p < .001$). Those who have used ketamine are less likely (2%, n. 2) than those who have used other illegal drugs or drugs without a prescription or medical advice (8%, n. 23) or those who have not taken any drugs (19%, n. 74) to say they do not use the LGBT scene in Brighton and Hove (see table 4.2g).

4.2.8. Crystal Meth

Table 4.2h shows that those who have used crystal meth in the past twelve months are more likely (90%, n. 34) to agree that they enjoy using or going to LGBT commercial venues or events in Brighton and Hove than those who have not used crystal meth but have used other illegal drugs or legal drugs without prescription/medical advice (81%, n. 297) and those who have not used any illegal drugs or legal drugs without prescription/medical advice in the past five years (63%, n. 253) ($p < .001$). Those who have not used any illegal drugs or legal drugs without a prescription or medical advice in the past five years are the most likely group to say that they do not use Brighton and Hove's LGBT scene (19%, n. 74), compared to 7% (n. 25) of those who have used other drugs but not crystal meth. No-one who has used crystal meth over the past twelve months says they do not use the LGBT scene in Brighton and Hove.

Table 4.2h: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by crystal meth**

		Agree	Disagree	I don't use	Unsure	Total
Used crystal meth in last 12 months	No.	34	3	0	1	38
	%	**89.5**	**7.9**	**0**	**2.6**	**100**
Not used crystal meth in last 12 mths but used drugs in past 5 yrs	No.	297	24	25	20	366
	%	**81.1**	**6.6**	**6.8**	**5.5**	**100**
No drugs used in the past five years	No.	253	29	74	43	399
	%	**63.4**	**7.3**	**18.5**	**10.8**	**100**
Total	No.	584	56	99	64	803
	%	72.7	7	12.3	8	100

4.2.9. GHB

92% (n. 26) of those who have used GHB in the past twelve months say they enjoy using the LGBT scene in Brighton and Hove, making them more likely to do so than those who did not take GHB but did take other illegal drugs or legal drugs without a prescription (81%, n. 306) or those who have not taken any drugs in the past five years (63%, n. 253) ($p < .001$). Those

who have used GHB are less likely (4%, n. 1) than those who have used other illegal drugs or drugs without a prescription or medical advice (6%, n. 24) or those who have not taken any drugs (19%, n. 74) to say they do not use the LGBT scene in Brighton and Hove (see table 4.2i).

Table 4.2i: **Enjoyment of using/going to LGBT commercial venues/events in Brighton & Hove, by GHB**

		Agree	Disagree	I don't use	Unsure	Total
Used GHB in last 12 months	No.	26	1	1	0	28
	%	92.9	3.6	3.6	0	100
Not used GHB in last 12 mths but used drugs in past 5 yrs	No.	306	26	24	21	377
	%	81.2	6.9	6.4	5.6	100
No drugs used in the past five years	No.	253	29	74	43	399
	%	63.4	7.3	18.5	10.8	100
Total	No.	585	56	99	64	804
	%	72.8	7	12.3	8	100

4.2.10. Concern regarding alcohol use

79% (n.310) of those who are at times concerned about their alcohol enjoy using/going to LGBT venues and events. This is more than those who say they are never concerned about their alcohol use (72%, n.213, p= 0.025). Those who say they are never concerned are more likely to say that they do not use LGBT venues and events (13%, n.39) compared to those who are at times concerned (8%, n.32) (see table 4.2j).

Table 4.2j: **'I enjoy using/going to LGBT events and venues in Brighton and Hove' by, concern of alcohol use (Q35c);**

		Agree	Disagree	I don't use	Unsure	Total
Never	No.	213	23	39	19	294
	%	72.4	7.8	13.3	6.5	100
Frequently / sometimes	No.	310	17	32	32	391
	%	79.3	4.3	8.2	82	100
Total	No.	523	40	71	51	685
	%	76.4	5.8	10.4	7.4	100

4.2.11. Control over drug use

No one who wants control over their drug use disagrees with the statement 'I enjoy using/going to LGBT venues and events in Brighton & Hove'. This may indicate a link between enjoyment of the scene and drug use.

Table 4.2k: **'I enjoy using/going to LGBT events and venues in Brighton and Hove' By, wanting more control over drug use (Q37u)**

		Agree	Disagree	I don't use	Unsure	Total
Yes	No.	35	0	6	1	42
	%	**83.3**	**0**	**14.3**	**2.4**	**100**
No/Don't know	No.	289	25	21	20	355
	%	**81.4**	**7**	**5.9**	**5.6**	**100**
Total	No.	324	25	27	21	397
	%	81.6	6.3	6.8	5.3	100

Yet those who want to have more control over their drug use are more likely to say that they do not use the scene (14%, n. 6), compared to those who don't know or do not want more control (6%, n. 21). It is possible that people who seek to have more control over their drug use may move away from the scene in order to achieve this. Services would therefore need to offer support off the scene as well as on the scene (see table 4.2k, p=0.055).

4.3. Motivations for using the LGBT scene

Alcohol and drugs can be a 'coping mechanism' in response to discrimination, as well as an aid to belonging as part of the gay scene. Within the focus groups it was argued that alcohol as well as drugs can be used as a coping mechanism for discrimination as well as helping people to 'feel more comfortable' and 'fit into the gay scene'.

Hazel: **I just got really drunk and like stoned in order to, kind of, like feel comfortable with myself, and I think maybe that's something that a lot of people do. I put myself in this state where I don't have to deal with it**

(Young People's Focus group)

Frank: **I think a lot of people go out and get hammered at weekends and stuff because it's the only way that gay men can meet each other, and drink does loosen you up, doesn't it, and makes you feel a bit more relaxed so you can, you know, take that step to go and be rebuffed or not rebuffed or whatever**

(General focus group 1)

Hazel and Frank point to the role that drug and alcohol use can play in 'loosening up', and addressing particular reservations and fears. For some,

this form of drug use can be problematic and associated with using the 'scene', meeting sexual partners and 'fitting in' (see also chapter 6):

Mark: **I think stress certainly as a deaf person can build up over years and years and years of sort of knocks and feeling of oppression. It's like being in a rock and hard place really, as a deaf LBGT person, and I think alcohol is the place that people go to help resolve some of those problems. I think it's deaf-gay identity where there's oppression or a sense of discrimination from the hearing world and also from the straight community.**

(Deaf focus group)

Stories of oppressions and the use of alcohol and other substances to cope with discrimination were recounted in most focus groups. As Mark argues, alcohol can be used to cope not just with being LGBT, but also with isolation and a lack of support. Feelings that alcohol can 'resolve problems' or at least enable people to use venues and events is held up by this research that points to issues of isolation and other risk factors associated with not drinking (see chapters 9, 10, 11 & 12). Further explorations of the use of, and experiences with, drugs will be outlined in chapter 8.

4.3.1. Attraction to the LGBT scene

Those who drink alcohol are more likely than those who do not to say that getting drunk attracts them to the LGBT scene. Those who have taken illegal drugs or legal drugs without prescription/medical advice are more likely than those who have not to say that music, getting drunk and taking drugs attracts them to the LGBT scene.

Those who agreed that they enjoy using LGBT events in Brighton & Hove were asked what attracted them most to LGBT commercial venues and events. Those who drank alcohol were more likely to say that getting drunk attracted them to venues and events than those who did not drink. Whilst music equally attracted those who drink alcohol and those who do not, those who have taken illegal drugs or used legal drugs without a prescription are more likely to say that music attracts them to LGBT venues and events. Those who have taken illegal drugs or used legal drugs without a prescription are also more likely to be attracted LGBT venues and events to get drunk and to take drugs. It should be noted that the vast majority (92%, n. 306) of those who take illegal drugs or legal drugs without a prescription are not attracted to LGBT venues or events for the purposes of taking drugs.

There is no significant difference between those who drink alcohol and those who do not drink alcohol and being attracted to the scene: as a safe place; for meeting friends; for having sex/meeting people to have sex; for meeting people to have relationships with; for making friends; for meeting people who share aspects of their identity.

Those who take drugs and those who do not, are attracted to the scene in similar proportions: as a safe place; for meeting friends; for having sex/meeting people to have sex; for meeting people to have relationships

with; to LGBT venues and events for making friends; for meeting people who share aspects of their identity.

4.3.2. Getting drunk

Drinking alcohol is associated with being attracted to LGBT venues and events for the purposes of getting drunk ($p = .001$). Table 4.3a shows that 23% (n. 115) of those who drink alcohol say they are attracted to LGBT venues and events for the purposes of getting drunk, compared to 3% (n. 2) of those who say they do not drink alcohol. They may have taken the question regarding whether they drink alcohol to be about whether they drink 'to excess', or they may be attracted to LGBT venues and events for getting drunk, but may, at the time of completing the questionnaire, have been temporarily abstaining from drinking.

Table 4.3a: **Attraction to LGBT venues and events for getting drunk by alcohol use**

		No	Yes	Total
Drink alcohol	No.	397	115	512
	%	**77.5**	**22.5**	**100**
Don't drink alcohol	No.	57	2	59
	%	**96.6**	**3.4**	**100**
Total	No.	454	117	571
	%	79.5	20.5	100

Table 4.3b shows that those who take illegal drugs or legal drugs without a prescription or medical advice are more likely (26%, n. 87) to be attracted to LGBT venues and events in order to get drunk than are those who do not take drugs (12%, n. 31) ($p < .001$).

Table 4.3b: **Attraction to LGBT venues and events for getting drunk by drug use**

		No	Yes	Total
Use drugs	No.	245	87	332
	%	**73.8**	**26.2**	**100**
Don't use drugs	No.	222	31	253
	%	**87.7**	**12.3**	**100**
Total	No.	467	118	585
	%	79.8	20.2	100

4.3.3. Taking drugs

Table 4.3c shows that those who take illegal drugs or legal drugs without a prescription or medical advice are more likely (8%, n. 26) to be attracted to LGBT venues and events in order to take drugs than those who do not take drugs ($p < .001$). No respondents who say they do not take drugs are attracted to LGBT venues or events for taking drugs. However, it should be

noted that the vast majority (92%, n. 306) of those who take illegal drugs or legal drugs without a prescription are not attracted to LGBT venues or events for the purposes of taking drugs.

Table 4.3c: **Attraction to LGBT venues and events for taking drugs by drug use**

		No	Yes	Total
Use drugs	No.	306	26	332
	%	**92.2**	**7.8**	**100**
Don't use drugs	No.	253	0	253
	%	**100**	**0**	**100**
Total	No.	559	26	585
	%	95.6	4.4	100

4.3.4. Music

Those who take illegal drugs or legal drugs without a prescription or medical advice are more likely (33%, n. 108) to be attracted to LGBT venues and events because of the music played in such venues and events, compared to those who do not take drugs (19%, n. 47) ($p < .001$, see table 4.3d).

Table 4.3d: **Attraction to LGBT venues and events for music, by drug use**

		No	Yes	Total
Use drugs	No.	224	108	332
	%	**67.5**	**32.5**	**100**
Don't use drugs	No.	206	47	253
	%	**81.4**	**18.6**	**100**
Total	No.	430	155	585
	%	73.5	26.5	100

4.3.5. Attending Pride

Table 4.3e: **Attendance at Pride in Brighton and Hove by drug use**

		every year	2-4 times	once	not been yet	not been + don't want to	Total
Use drugs	No.	196	140	37	27	3	403
	%	**48.6**	**34.7**	**9.2**	**6.7**	**.7**	**100**
Don't use drugs	No.	160	141	40	41	13	395
	%	**40.5**	**35.7**	**10.1**	**10.4**	**3.3**	**100**
Total	No.	356	281	77	68	16	798
	%	44.6	35.2	9.6	8.5	2	100

There is no difference between those who drink and those who do not in relation to the amount of times they have attended Pride in Brighton & Hove. However, amongst LGBT people in this research there is a difference between who take illegal drugs or use legal drugs without a prescription and those who do not. Those who have taken drugs have attended Pride more frequently than those who have not.

Although there is not a significant relationship between attending Pride and alcohol use, there is a slight difference between those who take illegal drugs or use legal drugs without a prescription and those who do not ($p = .012$). Table 4.3e shows that those who take illegal drugs or use legal drugs without a prescription are more likely (49%, n. 196) than those who do not (41%, n. 160) to have attended Pride in Brighton and Hove every year. Comparing figures for those who take drugs and those who do not, there is little difference in likelihood of having attended Pride once, or between two and four times, and the likelihood of having not yet been to Pride or having not been and never wanting to. However, those who say they have not yet been to Pride (60%, n. 41) or who have not been and never plan to go to Pride (81%, n. 13) are more likely not to take illegal drugs or legal drugs without a prescription than those who have attended Pride every year (45%, n. 160), between two or four times (50%, n. 141) or once (52%, n. 40, see table 4.3e, $p=0.012$).

4.4. Implications of not using the scene/drinking

As Chapter 2 noted those who say they feel isolated in Brighton & Hove are more likely to say that they do not drink. Not drinking alcohol has implications for LGBT social networks and opportunities:

Maria: **I don't drink, although I do go to pubs and have no problem with it, I don't kind of go on the scene clubbing or anything like that and I'm trying to sort of increase my circle of friends. It's sort of, you know, how do you meet people?**

(Pilot focus group)

Maria notes the difficulties with creating social networks and expanding friendship circles if you do not drink or go clubbing on the scene. This was particularly the case for young people who may not have developed alternative social networks and those new to Brighton & Hove. It was also noted for those who have recently come out of long terms relationships.

Robbie: **sometimes when you go out and about and say "Can I have an orange and soda or even anything else that is non-alcoholic" they kind of look at you as if to**

say "What?" [LAUGHTER] You're out on a Saturday night... a lot of places seem to think that if you go out you must drink and I think a lot of people don't understand that some people don't drink and... I always find it very awkward

David: **Yeah, it's an unusual stigma with not drinking and it's really bizarre to me because in my world I'd be praised for not doing something which is potentially harmful**

(Young people's focus group 2)

David notes the stigma, strange looks and sense of awkwardness associated with not drinking whilst using the scene. The irony of these reactions in relation to an activity that could be potentially harmful points to problematic pressures and social norms. This form of LGBT culture may not only be exclusionary, it can also cause damage:

Stephen: **[A] culture based on alcohol and money and drugs in a culture which doesn't have any other opportunities or rarely has a very limited opportunity for community, for LGBT people is actually quite harmful.**

(General focus group 1)

Stephen points to the lack of other opportunities for the creation of LGBT cultures. As we will see from the quantitative data in chapters 9-12, there are also risk indicators associated with not drinking. These may be related to not using the scene and a subsequent absence of support networks and socialising avenues. It should be noted that Brighton & Hove does not have any LGBT specific social venues that are outside the scene.

4.5. Conclusion

This chapter has clear implications, not only for understanding the research relating to those who do not drink or take drugs and vulnerabilities that will be addressed in later chapters, but also because it highlights the place of LGBT scenes in the lives of those who use drugs and/or alcohol. It also offers some insights for those seeking to work with LGBT people regarding concern and control when it comes to drugs and alcohol.

There are considerable differences between LGBT respondents' enjoyment and use of LGBT venues and events and drug and alcohol use. Respondents who said that they drink alcohol (77%, n.510) and who have taken drugs (82%, n.330) are far more likely to enjoy using such venues and events than those who do not drink (50%, n.59) and those who have not taken drugs (63%, n.253). Conversely, those who do not drink alcohol (26%, n.31) or take drugs (19%, n.74) are considerably more likely to say that they

do not use LGBT venues or events, compared to those who do drink alcohol (10%, n.68) and those who use drugs (6%, n.25). Particular drugs were also significant in the enjoyment of the scene. Those who have used GHB (93%, n.26), crystal meth (90%, n.34), poppers/amyl nitrite (89%, n.157), ketamine (89%, n.95), cocaine (86%, n.159) or ecstasy (84%, n.164) in the past 12 months are more likely to enjoy LGBT venues and events than those who have not. However, users of cannabis are *less* likely (79%, n.212) than those who have used other drugs aside from cannabis (88%, n.120) to say that they enjoy using LGBT venues and events.

Use and enjoyment of the LGBT commercial scene can be linked with concern with alcohol use and a desire for control over drug use. Concern over alcohol use may not necessarily deter LGBT people who drink alcohol from using LGBT venues and events. On the contrary, those who are frequently or sometimes concerned about their alcohol consumption are *more likely* (79%, n. 310) to say they enjoy using these events and venues compared to those who are never concerned (72%, n. 213). Similarly, 83% (n. 35) of those who want more control over their use of illegal drugs/legal drugs without a prescription say that they enjoy using LGBT venues and events. On the other hand, between those who take drugs - those who want more control over their drug use are slightly more likely (14%, n. 6) to say that they do not use LGBT venues or events, compared to 6% (n. 21) of those who do not or who do not know.

Respondents in focus groups indicated that alcohol and other substances can be used to 'fit in' with the LGBT scene and provide a sense of comfort and belonging. Similarly, they can also be used by LGBT people to deal with experiences of discrimination, and address isolation and provide support. This indicates that LGBT people who do not drink or use drugs may not have access to certain ways of LGBT belonging or coping with marginalisation. This may in part explain other findings in that emerge later in this report.

Respondents who drink/take drugs and those who do not shared many common motivations for using LGBT venues and events: as a safe place; for meeting friends; for having sex/meeting people to have sex; for meeting people to have relationships with; for making friends; and for meeting people who share aspects of their identity. However, for some respondents who drink alcohol, getting drunk is a main attraction of the LGBT commercial scene (23%, n. 115). Respondents who have used illegal drugs or legal drugs without prescription are also more likely to use LGBT venues and events to get drunk (26%, n. 87) than those who have not used drugs (12%, n. 31). Despite this, the majority of alcohol drinkers (78%, n. 397) said that getting drunk is not a reason for them to use such venues and events. This indicates that use of the scene is for more than simply getting drunk/taking drugs and the scene provides many functions including those listed here.

This research showed that there is no significant relationship between alcohol use and attending Pride in Brighton & Hove. In other words, those who drink and those who do not drink alcohol are equally likely to attend Pride in Brighton & Hove. On the other hand, those who use drugs are slightly more likely to have attended Pride every single year (49%, n. 196) than those who have not (41%, n. 160). Those who have not taken drugs have visited Pride less frequently than those who have taken drugs.

5. Concern and control regarding alcohol and drug use

5.1. Introduction

This chapter focuses on concern about use of alcohol and control over drug use. The chapter examines differences between LGBT people with regard to their concern about their alcohol use, and the control they would like to have over their drug use. This chapter in its final section investigates some potential consequences of alcohol consumption and how these are important to LGBT people.

5.2. Concern regarding alcohol consumption

Table 5.2a shows that over 57% (n. 384) of the sample who drink alcohol are concerned, at times, about how much they drink. This includes 9% (n. 61) who are frequently concerned.

Table 5.2a: **Have you ever been concerned about the amount you drink or your use of alcohol?**

	Frequency	Percent	Valid %
Never	278	41.6	**42.0**
Sometimes	323	48.3	**48.8**
Frequently	61	9.1	**9.2**
Total	662	99.0	100.0
missing	7	1.0	
total	669	100.0	

5.3. Concern regarding drug use

10% (n.41) of those who have taken illegal drugs or used legal drugs without a prescription would like more control over their drug use. A further 10% (n.38) are unsure.

Table 5.3a: **Would you like more control over your drug use?**

	Frequency	Percent	Valid %
Yes	41	10.1	**10.4**
No	315	77.6	**79.9**
Unsure	38	9.4	**9.6**
Total	394	97.0	100.0
missing	12	3.0	
total	406	100.0	

There is no significant relationship between wanting more control over drug use and age, gender or sexuality.

5.3.1. Would you like more control over your drug use?

Those who use cocaine are more likely to want control over drug use. There is no significant difference between wanting more control over drug use and the use of cannabis, ecstasy, ketamine and GHB.

Respondents who have used cocaine are more likely (14%, n.26) than those who have not used cocaine (7%, n.15) to want more control over their drug use (see table 5.3b, p =0.021). Furthermore, of those who want more control over their drug use, the majority (63%, n.26) have used cocaine at some point. This is line with previous research that points to the addictiveness of cocaine (see Gerada and Ashworth, 1997)

Table 5.3b: **Would you like more control over your drug use? By, cocaine use**

		Yes	No/Don't know	Total
Used cocaine	No.	224	108	332
	%	**26**	**158**	**184**
	%	**63.4**	**44.4**	**46.3**
Not used cocaine	No.	14.1	85.9	100
	%	**15**	**198**	**213**
	%	**36.6**	**55.6**	**53.7**
Total	No.	7	93	100
	%	41	356	397
	%	100	100	100

5.3.2. Alcohol related issues

Alcohol use has more repercussions than that directly associated with the health implications of drinking. 35% (n. 231) of the respondents who drank alcohol said that this lead to arguments with family and friends, less than a third said that alcohol had never lead to any of the consequences listed in table 5.3c. 28% (n. 187) said that drinking alcohol had lead to unprotected sex.

Table 5.3c: **Has your use of alcohol ever led to any of the following?**

	Frequency	Percent
Arguments with friends/family	231	34.5
No	219	32.7
Unprotected sex	187	28.0
Time off work, university or college	174	26.0
Ill health for more than 24 hours	88	13.2
Accidents in the home	76	11.4
Being assaulted	58	8.7
Drink driving	54	8.1
Accidents elsewhere	53	7.9
Being a victim of crime	42	6.3
Assaulting someone	30	4.5
Other	14	2.1
Accidents at work	5	.7

The findings outlined in table 5.3d may be considered particularly significant due to the potential negative consequences of these situations on those who may already be vulnerable due to their gender and/or sexual identity.

Table 5.3d shows a breakdown of the 'Other' responses to the question 'Has your use of alcohol ever led to any of the following?' Various mental health difficulties when categorised together come out as the most frequent answer.

Table 5.3d: **Major categories of response: 'Has you use of alcohol ever led to any of the following? Other (please specify)'**

Categories		No. of responses
Mental health difficulties		5
Of Which:	Anxiety	2
	Depression	1
	Paranoia	1
	Poor self esteem	1
	Sleep disturbance	1
Injuries from accidents		3
Accidents elsewhere		3
Drugs use		2

Alcohol hasn't led me to any of these for some time	2
Avoidance of alcohol	2
Hangover	2
Accidents at home	1
Boredom	1
Memory loss (of night before)	1
Being less mindful	1
Having sex with someone would not normally do so with	1
Drunk cycling	1
Miscellaneous uninhibited, unsafe behaviour	1
Problems relationships	1

Notes:

Where responses fall into more than one category they are counted as many times as categories they fall into.

Subsets of a major category (marked by 'Of Which') enumerate responses where respondents have specified a kind or type of the major category.

Subsets of a major category (marked by 'Of Which') are not mutually exclusive with respect to other subsets of the same major category: a single response (counted only once under the major category) may fall into more than one subset of the major category.

The total of the subsets (marked by 'Of Which') for any major category do not necessarily enumerate the total number of responses for that major category.

5.4. Conclusions

5.4.1. Alcohol use

More than half (57%, n.384) of respondents who drink alcohol say that they have been concerned about their alcohol consumption at some point. 42% (n.278) say that they are never concerned about their alcohol consumption. More than a third (n.231) said their alcohol consumption has led to arguments with friends and family. 26% (n.174) also said that it has led to time off of work, college or university. However, of those who drink alcohol, a third (n.219) say that drinking has never led to any of the potentially negative consequences listed in the questionnaire.

5.4.2. Drug use

Of those who have used illegal drugs or legal drugs without prescription/medical advice, only 10% (n.41) say that they would like more control over their drug use, and just under 10% (n.38) say they are unsure. Similar to other data with regard to people who use cocaine, those who have used cocaine are more likely than those who have not to want more control. The research found no significant relationship between age, gender or sexuality and wanting more control over drug use, meaning that within these categories, people are equally likely to want control over their drug use. This points to the need for services and campaigns to address the broad range of LGBT people, not only younger gay men.

6. Reduction and information regarding drugs and alcohol

6.1. Introduction

From chapter 5, it is clear that the majority of those who drink are concerned about their alcohol consumption. This chapter looks at what respondents said might influence them to reduce or stop them drinking. This chapter will explore the kinds of information respondents accessed to get information about drugs. Finally, it reveals what respondents said about LGBT-specific drug information campaigns, and what issues respondents suggested such campaigns should address.

6.2. Reducing/stopping drinking

Table 6.2a: **Which one of the following would influence you to reduce/stop drinking?**

	Frequency	Percent	Valid %
Concerns about your health	216	32.3	38.1
Relationship	78	11.7	13.8
Partner	77	11.5	13.6
Not going out as much	63	9.4	11.1
Financial cost	59	8.8	10.4
Pregnancy	31	4.6	5.5
Other	30	4.5	5.3
Help with alcohol addiction / dependency	13	1.9	2.3
Total	567	84.8	100.0
missing	102	15.2	
total	669	100.0	

Table 6.2a shows that 38% (n.216) of the sample said that concerns about their health would influence them to reduce/stop drinking, with only 2% (n. 13) saying that help with alcohol addiction would do this. Relationships and partners were important for LGBT respondents, with over 28% (n. 155) indicating that this would influence them to reduce/stop drinking. This points to the ways that interventions aimed at reducing alcohol consumption should not be solely targeted at individuals. It may also indicate that seeking a partner on the LGBT scene may entail using alcohol (see chapter 5).

11% of those who drank alcohol suggested that 'not going out as much' would reduce their alcohol consumption. The connections between the scene and smoking, drug and alcohol use was recognised by participants. For this respondent not going out was key to a different quality of life:

> **Within the last year I have made a conscious decision not to use anything, I have even quit smoking and I drink far less. Seeing the same people in the same fucked-out states of being has made me realise I want more than that. Subsequently I'm going out less and less on the commercial scene, as it seems to revolve mainly around drugs, alcohol and sex. I love alcohol, and I love sex, I've never been a druggy person. I want more quality in my life now. Relationships and the quality of those mean more to me now. Particularly the relationship with myself**
>
> (Questionnaire 706)

Moving outside the 'commercial scene' for this respondent meant they cut down on drugs, alcohol and gave up smoking. Interestingly respondent 706's contention that you learn from people who have done it, was also important here. Seeing other people in 'fucked out states' made this respondent want 'more quality in my life' (see chapter 8). This for them necessitated a move out of the scene which revolves around drugs, alcohol and sex. Whilst sex and alcohol may still be 'loved', drugs are something that defines your identity as a 'druggy person' and this is not something they seek to be. However, as the later chapters in this report imply a movement away from the scene and drinking cultures can have negative effects in terms of housing, safety and health.

Table 6.2b shows a breakdown of the 'Other' responses to the question 'Which one of the following would influence you to reduce/stop drinking?' The most frequent answers (7 people) indicate that either nothing would help respondents to reduce the amount they drink, and/or that they do not feel they have a problem with alcohol consumption.

Table 6.2b: **Major categories or response: 'Which one of the following would influence you to reduce/stop drinking? Other (please specify)'**

Categories		No. of responses
Nothing/none		7
I am not worried by my alcohol consumption/I don't feel I have to reduce/stop drinking		6
I am not a heavy drinker/I don't drink excessively/too often		6
Health		4
Of which:	Weight	2
	Fitness	1
	Problems with HIV drugs	1
I do not wish to reduce/stop drinking/I enjoy drinking		3
More social opportunities not focused on alcohol		2
Of which:	for meeting lesbians	1
I am a heavy drinker, but not an alcoholic		1
Help from GP		1
Work		1
Friends		1
Improvements in housing		1
I don't drink much any more		1
Having more satisfaction in life		1
Sperm donation		1
Deepening spiritual practice		1

Notes:

1. Where responses fall into more than one category they are counted as many times as categories they fall into.

2. Where a response falls into one or more category and contains a comment that does not fall into one of the major categories, the response is counted within the major categories it falls into and is listed under 'Other responses'.

3. Subsets of a major category (marked by 'Of Which') enumerate responses where respondents have specified a kind or type of the major category.

4. Subsets of a major category (marked by 'Of Which') are not mutually exclusive with respect to other subsets of the same major category: a single response (counted only once under the major category) may fall into more than one subset of the major category.

5. The total of the subsets (marked by 'Of Which') for any major category do not necessarily enumerate the total number of responses for that major category.

6.3. Sources of information regarding drug use

18% (n.73) of people who have used drugs in the past 5 years said that they haven't found any information about drugs. The majority of those who have found information (48%, n. 196) have used friends, with the internet

offering another significant source (33%, n. 133). Additionally, 11% (n. 43) have used their dealer to find out information about drugs (see table 6.3a). This indicates that there is a reliance on informal support networks, with a significant percentage not accessing any information at all.

Table 6.3a: **What sources have you used to find out information about drugs?**

	Frequency	Percent
Friends	196	48.3
Internet - not drug and LGBT organisations	133	32.8
Magazines	126	31.0
Leaflets/information from drug organisations	123	30.3
I haven't found any information	73	18.0
Information from the government	59	14.5
Posters/flyers in clubs and venues	57	14.0
Leaflets/information from LGBT organisations	56	13.8
Dealers	43	10.6
Other	18	4.4
Family	16	3.9

The qualitative data also pointed to a reliance on informal networks and a distrust of particular forms of advertising:

> **I think all that TV advert drug advice is wank. If you wanna know stuff about it, ask someone who's done it and been there. You'll soon fucking learn when you have a bad trip never to do it again. If you don't die that is. That would be unfortunate**
>
> (Questionnaire 56)

The learning from friends and 'a bad trip' is seen here as more relevant and important than the TV drug advertising.

6.4. LGBT Drug campaigns

57% (n.225) of those who used illegal drugs or taken legal drugs without a prescription in the past five years agreed that there should be LGBT campaigns and information in Brighton & Hove about drug use. This indicates that generic health information surrounding drug use should be supplemented by LGBT specific campaigns and information.

Table 6.4a: **Should there be LGBT campaigns and information in Brighton & Hove about drug use?**

	Frequency	Percent	Valid %
Yes	225	55.4	**57.0**
No	40	9.9	**10.1**
Unsure	130	32.0	**32.9**
Total	395	97.3	100.0
missing	11	2.7	
total	406	100.0	

Before this chapter addresses the forms of drug campaigns that were desired by the majority of LGBT people who had used drugs in the past five years, it is important to note that 10% of LGBT people who took drugs in the past 5 years did not support such a campaign:

> **There already is, I don't think we should spend too much time worrying about what people do recreationally. I have taken illegal drugs for around 12 years of my life. I have always paid my way, had a decent job and having completed my degree,[I] feel that drugs are demonised too much. It think it would be so much better to deal with safe use, we will never stop people taking drugs, and believe it is not for anyone else to tell me what to do or not to [do] in my life. I do not drink much at all and do not take in the binge culture we have which is mostly full of straight beer gutted idiots. I like to go to clubs in this city were there seems to be people taking drugs as these places always have nicer atmospheres, because not so much alcohol or little alcohol is present. It is a waste of resources, when what needs to happen is to make people aware of the damage alcohol does to them and our society.**
>
> (Questionnaire 28)

This respondent points to the impossibility of stopping drug use, clearly reading information campaigns as aiming to do this. They argue that the 'demonization' of drugs in advertising, conversely enhances their appeal. Moreover, they say that 'it is not for anyone else to tell me what to do or not to do with my life'. Conversely they note the place of alcohol and the 'binge culture' and suggests that resources are deployed to address alcohol use in place of campaigns that demonise drug use.

6.5. What should LGBT drug campaigns address?

The qualitative data pointed to the specific issues that should be addressed in these campaigns, the most prominent being the effects and risks of drug use, harm reduction, health, specific types of drugs, and LGBT scenes and identities. These will be discussed in depth, addressing the key considerations apparent in the qualitative data. It is clear from the qualitative data that respondents are aware of the positive and negative effects that drug use can have, and that information is required.

The answers given regarding drug campaigns offer insights into the experiences and use of drugs that will also be addressed, as these are important to understand when creating these campaigns.

Table 6.5a: **Qualitative responses: Should there be LGBT campaigns and information in Brighton and Hove about drug use? If yes, what would they address?**

Categories		No. of responses
Effects and risks of drug use		**51**
Of which:	Miscellaneous dangers	13
	Miscellaneous effects and side-effects	8
	Long term effects	8
	Addiction/dependency	6
	Quality/purity of drugs	4
	Effects on behaviour	3
	Mixing drugs	1
Harm reduction or minimisation/safer use (rather than stopping)		**25**
Of which:	What to do when things go wrong	3
Health risks and effects of drug use		**23**
Of which:	Risk of death	3
	Risks of sharing equipment (e.g. snorting tubes)	2
	Risks of smoking	1
	Effects of poppers on body	1
	Crystal meth	1
	Ketamine/K	1
	Effects on brain	1
Information about specific drugs and mixtures		**20**
Of which:	Crystal meth	6
	GHB	6
	Ketamine/K	4
	Cocaine	4
	Alcohol and other drugs	4
	Poppers	2

	Ecstasy	1
	Ketamine and alcohol	1
	Recreational drugs and prescribed medicines	1
Drug use in LGBT scene/communities		17
Drug use and LGBT identities		15
Of which:	Gay men's use	3
	Dealing with difficulties re: identities, coming out etc	2
	Dealing with homophobia	2
Drug use and sex		14
Of which:	Unsafe sex	5
	Safer sex	4
	Bad decisions	3
Support		14
Of which:	LGBT specific support	3
	Helplines	3
Drug use and mental health		12
Of which:	Self esteem	5
Club culture		8
Miscellaneous information about drugs		8
Social causes and effects of drug use		7
Of which:	Social isolation	2
	Peer pressure/fitting in	2
Misuse/abuse/overuse/target heavy users		7
Miscellaneous safety and risks		6
People can take drugs responsibly		6
Miscellaneous informed choices and knowledge		5
Drug use and young people		4
Crime associated with drugs		3
How to control drug use		2
How to stop drug use		2
Warning signs		2
Should not lecture or dictate		2
Other miscellaneous health knowledge		2

Notes:

1. Where responses fall into more than one category they are counted as many times as categories they fall into.

2. Where a response falls into one or more category and contains a comment that does not fall into one of the major categories, the response is counted within the major categories it falls into and is listed under 'Other responses'.

3. Subsets of a major category (marked by 'Of which') enumerate responses where respondents have specified a kind or type of the major category.

4. Subsets of a major category (marked by 'Of which') are not mutually exclusive with respect to other subsets of the same major category: a single response (counted only once under the major category) may fall into more than one subset of the major category.

5. The total of the subsets (marked by 'Of which') for any major category do not necessarily enumerate the total number of responses for that major category.

6. Responses enumerated under 'Effects and risks of drug use' do not necessarily make reference to health risks and effects, while responses enumerated under 'Health risks and effects of drug use' do make specific reference to health risks and effects. 'Effects and risks of drug use' may be considered more broadly – their social and personal consequences. Some responses are counted under both major categories because they make specific reference to both health risks and effects and other kinds of risks and effects.

6.5.1. Effects and risk of drug use

There were a significant proportion of respondents who wanted to see information on the effects and risk of drug use included in an LGBT campaign. Some saw this as including 'the negative':

> **Awareness and consequences of drug taking. Cases of how people are more likely to take risks and act out of character when on drugs. Effects on body/health/others**
>
> (Questionnaire 235)

This respondent points to the risks of drug taking and 'out of character' behaviours that should be addressed in LGBT drug information campaigns. Most respondents sought balance in addressing issues of drug use:

> **the pros as well as the cons of drug use**
>
> (Questionnaire 660)

> **Real risks, also relative risks about alcohol and smoking**
>
> (Questionnaire 671)

The comparisons between drug use, and the effects of alcohol use and smoking are intended to give perspective to the 'effects' of taking drugs. Such messages may not solely focus on drugs, but could encompass a range of risks.

The effects and risk of drug use pertained not simply the effects of drugs themselves. Respondents suggested messages that considered the dangers in how these drugs are used, to ensure that other consequences are avoided:

> **Spread of Hepatitis C through snorting tubes being shared**
>
> (Questionnaire 015a)

This respondent highlights the links between drug use and health risks, particularly through the use of shared equipment. Others pointed to the overlapping risks associated with drug use:

> **Dangers of Crystal Meth use leading to making unsafe choices about sexual activities and partners**
>
> (Questionnaire 297)

Questionnaire 297 emphasises the need not just to address the drugs themselves but also the broader effects these can have on lives, choices, in this case regarding sex.

It was also important for respondents that 'realism' was a part of campaigns and that key specific information was given:

> **Dangers in a realistic way, what to do when things go wrong**
>
> (Questionnaire 15)

> **Giving clear information about what the drug is, its effects, including negatives, health implications, how to use safely i.e. where/what not to buy, what not to do, what to do in case of problems**
>
> (Questionnaire 599)

Questionnaires 15 and 599 point to the importance of safety messages including information that addresses ways of dealing with things that 'go wrong' and what/where to buy and not buy drugs. Neither of these respondents negate the potential for negative harm, however, both recognise a need for more than negative messages. Such effects and risks offer a different understanding and one that often overlaps with discussions of harm minimisation.

6.6. Harm reduction and information on specific mixtures

Although some spoke just of effects and risk of drug use, most respondents combined this with a broader engagement with other issues- including harm reduction, that was related to information on specific mixtures of drugs.

> **Harm reduction rather than just say no campaigns**
>
> (Questionnaire 2)

The emphasis on harm reduction rather than 'just say no' was clear throughout the data. The key for 'harm reduction' was the safe use of drugs, that can effect more than the specific (health) implications of drug use. In other words, broader harm reduction messages are needed, not just those that speak to the effects of drugs:

> **Young people, risky sexual practice, plus testing the quality of drugs e.g. E. if people going to use then should be as safe as possible**
>
> (Questionnaire 722)

For this respondent, safety is key. This includes, but is not limited to, the 'quality of drugs' used. They point to young people as a significant group, however as this research has shown, such messages need to be targeted to not only young people but also take into account drug use by older age groups as well..

This research also noted the absence of data regarding particular drugs used by LGBT people, including crystal meth and GHB.

> **Dangers of Crystal Meth use leading to making unsafe choices about sexual activities and partners**
>
> (Questionnaire 297)

Crystal meth was one of the key drugs that were mentioned. This respondent points to how it is not simply the physiological effects that need to be addressed, messages regarding the broader risks and consequences need to be included in these campaigns. The importance of addressing 'key' drugs that are seen to be causing specific issues within the LGBT scene should be taken into account, but should not be the sole focus on a LGBT drugs information campaign.

14 people mentioned drug use and sex with 12 specifically discussing drug use and mental health issues. Here the relationships between drug use and broader risk factors and consequences are clear. This indicates that campaigns should not simply address what effects drugs have on long term health or immediate negative/positive consequences of taking drugs on the body, but also consider the implications for broader issues such as sexual health, safety and other dangers.

6.7. LGBT lives, scenes and identities

In chapter 4, the relationships between enjoyment of LGBT scenes, and drug use, and alcohol use was addressed. This pointed to the ways that LGBT scenes provide support and feelings of belonging that may not be experienced in other places. Drugs can also be used to escape discrimination and marginalisation in ways that are specific to LGBT people. LGBT identities are also important when considering drug (and alcohol) campaigns. Thus, whilst the messages of harm minimisation and the effects of drugs could be considered universal, these need to be set within an LGBT context, such that addressing LGBT people not only includes

recognition and representation in generic campaigns, but also specific campaigns that target issues of LGBT people.

For many respondents, the escape of drug use and the specificities of LGBT people's lives was an important message that needs to be understood and reflected in campaigns:

> **All substance use is about escape. Let's address the issue that makes one want to escape so much....**
>
> (Questionnaire 706)

> **the significance of drugs in the lgbt community and why their use is so prevalent**
>
> (Questionnaire 605)

These responses are asking for far more than simple harm reduction or 'stop taking drugs' messages, they are asking for an understanding of the need for escape and the prevalence of drug use that is communicated to LGBT people. Other people spoke of the use of drugs to self-medicate in order to escape. Such messages are complex and need to account for multiple causes, emotions, support networks and relationships:

> **harm reduction and questions like why are we all doing this - shouldn't we look at the root causes that gay culture is so escapist - like where is the real sense of community, so many LGBT people live in Brighton, who looks after them when they're ill, where's the real support - party mates can only offer so much**
>
> (Questionnaire 690)

Questionnaire 690 asks questions about 'sense of community', support networks that are important in questions of harm reduction. 'Party' friends can only 'offer so much' and messages that relay where support networks can be sought and found (and of course building these support networks would need to be an initial step) are key here.

The place of the scene in drug taking also needs to be addressed in LGBT specific campaigns, including offering alternative ways of 'fitting in' (see also chapters 4 & 10):

> **the fact that everyone thinks it's cool to take drugs and people feel they have to do it in order to fit into the scene**
>
> (Questionnaire 196)

It is clear that the clubbing scene was an important space that was mentioned in terms of campaigns that address LGBT drug taking (and this is supported by the quantitative data). What is clear from this data is that

rather than simply using these spaces to target drug use, campaigns also need to incorporate messages about the scene itself. These should not only target gay men, but recognise the diversity of LGBT people who use drugs.

Alongside messages that recognise the place of the scene, LGBT communities and support networks are/do not have to be solely located on the scene:

> **More education. Need LGBT group/self groups, etc. Easier access to drugs counselling, to deal with underlying issues**
>
> (Questionnaire 241)

> **link between homelessness, highlight LGBT friendly services**
>
> (Questionnaire 641)

These respondents are looking for LGBT friendliness ain services and understanding of LGBT lives and 'underlying issues. Such messages should give more education and information about self help groups and LGBT friendly services. Moreover, cross service awareness is clearly needed and should link up (see chapter 11 for a discussion of housing and drug and alcohol use amongst LGBT people). However, LGBT groups/self help groups must first exist and, as will be shown in chapter 7, respondents presumed that they did already exist. This points to the desire for means that can address LGBT drug use, beyond campaigns or information, as well as how information and education messages need to be supported by appropriate and friendly services.

6.8. Conclusions

This chapter has pointed to the complexity of LGBT lives when considering reducing/stopping alcohol consumption and drug campaigns that specifically target LGBT people. It points to the place of LGBT relationships, as well as identities and scenes, in reducing alcohol use, and creating drug campaigns.

6.8.1. Alcohol use

The most common incentive that would make LGBT respondents consider reducing/stopping their alcohol drinking are: concerns about health (33%, n. 216). 28% (n. 78) spoke of a relationship or a partner, indicating that individual interventions may need to be considered alongside those that deal with forming and maintaining healthy LGBT relationships. In addition, 11% (n. 63) said that not going out as much would influence them to reduce/stop their drinking.

6.8.2. Drug use

When getting information about drugs, almost half of the respondents said that they used friends to get this information (48%, n. 193). 18% (n. 73) said that they had not found any information about drugs. The other most common sources of this information were the internet (33%, n. 133) – though not from drug or LGBT organisations' online presences - magazines (31%, n. 126) and leaflets/information from drug organisations (30%, n. 123).

The majority (57%, n. 225)) of those who have used illegal drugs/legal drugs without a prescription in the past 5 years say that there should be LGBT-specific campaigns and information in Brighton & Hove. A wide variety of suggestions were made as to what sort of issues should be covered by such campaigns. The most common broad categories of response were, the effects and risks of drug use (n.51); harm reduction and safer use (rather than stopping) (n.25); health risks and the effects of drug use (n.23); information about specific drugs/mixtures (n.20); drug use in the LGBT scene/communities (n. 17); drug use and LGBT identities (n.17); drug use and sex (n.14); and drug use and mental health (n.12). The qualitative data gave insights into how drug use is perceived, and the implications this has in relation to the usefulness and effectiveness of campaigns and information for LGBT people. These also lead to insights regarding the need for support groups, the desire for information that addresses all aspects of drug use (including representing positive aspects) and the extent of the knowledge already held by LGBT people who take illegal drugs or use legal drugs without a prescription. Further insights can be gained from chapter 8, regarding the experiences of drug use.

7. LGBT drug and alcohol service use

7.1. Introduction

This report has shown that LGBT people have diverse range of needs with regard to drug and alcohol use that are not necessarily catered for in current service provision and campaigns. This chapter explores respondents' awareness, and opinions, of services for drugs and alcohol in Brighton & Hove. It outlines respondents' desire for LGBT-specific drug and alcohol services.

The analysis group noted that: local drug treatment services will work with anyone who uses drugs problematically (regardless of substance used); however resources are focused towards prioritising those at most risk of drug-related harm and death; this would include prioritising those with co-morbidity (mental and physical health problems), parents, pregnant users, and homeless people. Local treatment services also prioritise prolific offenders as they are likely to cause most harm to the community. Evidence clearly shows that heroin and crack use present the most risk of harm to individuals, families and communities.

7.2. Services for drugs

Only 2% (n.9) of respondents who have used illegal drugs or legal drugs without prescription/medical advice have ever used drug services in Brighton & Hove. The most popular responses when asked what would encourage respondents to use these services were having a 'real' drug problem, and nothing/no need.

Only 2% (n. 9, table 7.2a) of those who have taken illegal drugs or taken legal drugs without a prescription have used drug services in Brighton & Hove, despite the fact that a number of participants are 'frequent drug users' (see chapter 3). As noted in the introduction, this is likely to be an undercount of those whose drug use might mitigate against their completing an extensive survey such as Count Me In Too.

The qualitative data in this chapter points to the limits of services that only deal with addictions and do not cater for drugs that LGBT people may use, including GHB. More work is needed to identify whether LGBT people are willing to use mainstream drugs services and their experiences of these services. It is recommended that this research would be qualitative and exploratory to understand the diverse needs of LGBT people. It would also extend beyond those in services, to address why LGBT people may not use drug services.

Table 7.2a: **Have you ever used drug services in Brighton & Hove?**

	Frequency	Percent	Valid %
Yes	9	2.2	2.3
No	386	95.1	97.5
Unsure	1	.2	.3
Total	396	97.5	100.0
missing	10	2.5	
total	406	100.0	

The questionnaire asked respondents to identify what would encourage them to use drug services in Brighton & Hove. As can be seen from table 7.2b, the majority of these responses discussed their 'need' for such services and the frequency with which they take drugs. The absence of a 'drug' problem for many respondents emphasises their perception that their drug usage is not a problem for them. This points to the way that people can use drugs in ways that are perceived to be non-detrimental, that mean they do not think that they require services or support for this 'recreational use' (see chapter 6).

Table 7.2b: **Qualitative responses: What, if anything, would encourage you to use drug services in Brighton and Hove?**

Categories	No. of responses
If I had a ('real') drug 'problem'/If I was 'abusing' drugs/If I was concerned about my use etc.	33
Nothing/no need	19
I only take drugs occasionally/a little	18
Of which: If I became more than an occasional user	5
If I had an addiction	11
I don't have a drug 'problem'	5
(Desperate) need	3
If a friend had a drug 'problem'	3
Advertising	3
Relapse	2
Anonymity	2
LGBT specific service	2
Better LGBT inclusivity	2
If service advised on safer drug use	2

If service provided appropriate support to those who use	2
I am in control of my drug use	2
Friendly/approachable service	2
Ill health	2
Difficulties 'staying clean'	1
More information on scene	1
Better BME inclusivity	1
I can solve/have solved problems myself	1
Support group	1
Peer pressure	1
Easing of symptoms (with respect to medicines)	1
I take medicinal drugs (prescribed)	1
I take medicinal drugs (no mention of prescription)	1
I experience mental health difficulties	1
Improvements in my mental health	1
Improvements in my physical health	1
Making 'herbal highs' illegal	1
If service advised on where to get drugs	1
I don't want to be lectured/dictated to	1
Pregnancy	1

Notes:

1. Where responses fall into more than one category they are counted as many times as categories they fall into.

2. Where a response falls into one or more category and contains a comment that does not fall into one of the major categories, the response is counted within the major categories it falls into and is listed under 'Other responses'.

3. Subsets of a major category (marked by 'Of Which') enumerate responses where respondents have specified a kind or type of the major category.

7.3. Services for alcohol

Only 2% (n. 12) of the sample who drink alcohol use an alcohol help and advice service.

Table 7.3a: **Do you use an alcohol help and advice service?**

	Frequency	Percent	Valid %
Yes	12	1.8	1.9
No	629	94.0	98.1
Total	641	95.8	100.0
missing	28	4.2	
total	669	100.0	

More than half (58%, n.340) of those respondents who do not use such a service are not aware of current services that could help them (table 7.3b). Thus, there is a dearth of knowledge regarding available services.

Table 7.3b: **If 'no', are you aware of any current services that could help if you are/become concerned about your drinking or use of alcohol?**

	Frequency	Percent	Valid %
Yes	247	39.3	42.1
No	340	54.1	57.9
Total	587	93.3	100.0
missing	42	6.7	
total	629	100.0	

Note: this table only includes those who do not use an alcohol help and advice service.

When respondents were asked about services they knew of (for those who answered yes to the question 'are you aware of any current services that could help?') Alcoholics Anonymous was the most well known service (n. 98), perhaps because of its national and international profile. Addaction was the next well known service (n. 28), yet this service no longer exists. This shows a dearth of knowledge regarding available support services in Brighton & Hove. Table 7.3c shows categorisation of respondents' answers outlining the services that offer help and advice around alcohol consumption and the reduction of drinking that respondents know of.

Table 7.3c: **Major categories of response: 'If 'Yes' or you use an alcohol service at the moment please list the ones you know or use'**

Categories	No. of responses
Alcoholics Anonymous	98
Of which: lesbian and gay groups	3
Addaction	28
GP	10
CRI	6
Equinox	6
Mental health services/counselling/psychotherapists (incl private)	5
Sussex PCT Substance Misuse Service	3
Drug and Alcohol Action Team (DAAT)	3
Al Anon	3
Alcohol Advisory Service	2
Alcohol Concern	2
Oasis project	2
Miscellaneous 12 Step programmes	2
Action for Change	1
Alcohol CMHT	1

Drinkline	1
Sussex Alcohol & Substance Use Service	1
Community Alcohol Team	1
Sussed	1
Drink aware	1
Unisex	1
Drug and Alcohol Information Service (DAIS)	1
Addiction Recovery Agency/Advice and Counselling on Alcohol and Drugs	1
Priory	1
Narcotics Anonymous	1
Of which: LGBT groups	1
Other/Miscellaneous NHS services	1
Miscellaneous self-help groups	1
Miscellaneous helplines	1

Notes:

1. Where responses fall into more than one category they are counted as many times as categories they fall into.

2. Where a response falls into one or more category and contains a comment that does not fall into one of the major categories, the response is counted within the major categories it falls into and is listed under 'Other responses'.

3. Subsets of a major category (marked by 'Of Which') enumerate responses where respondents have specified a kind or type of the major category.

In interrogating the qualitative data for this questionnaire, a worrying trend was identified, where some respondents did not know of any service. However, some presumed that such services exist, and would be available and accessible to them:

> **But if I needed help I would find out**
>
> (Questionnaire 047a)

> **[I] don't know their names.. but with google/ NHS/ GP counselling etc.. it's not that hard to find out**
>
> (Questionnaire 87)

With the expansion of the internet and health-related information services, these respondents feel that suitable services (and information) will be available by these means. This shows the need for available information that is accurate and reliable and easily accessible when it is sought.

Where services were used, one person indicated that these were not adequate:

> **My former partner (now deceased) was an alcoholic and we lived in B&H and later Lewes we found the services completely inadequate. No crisis care was provided by which I mean in a dedicated detox clinic**

within 48-72 hrs. We only got "oh come back in three weeks". He was a binge alcoholic and if he slipped up he would not stop drinking until he was unconscious... this was not going to last three weeks... as I was proved right. We lived in Lewes and had problems with inter district cooperation between health services as we socialised in B&H but lived in Lewes

(Questionnaire 217)

Particular forms of alcohol use can necessitate immediate help and quick responses. Whilst this may not be LGBT specific, it points to the assumptions that services are available and can cater for LGBT people should they need their help. The need for co-ordinated and 'joined up' services is also evident from this participant's experience. Given that Brighton and Hove's LGBT social scene attracts people who live and work outside the city, there is a requirement for services to co-ordinate and work together beyond geographical boundaries.

7.4. LGBT Specific Alcohol Service

Almost 60% (n. 336) of the respondents who drink alcohol said that they would use an alcohol service that was specifically for LGBT people (see table 7.4a). 63% (n. 98) of binge drinkers would use an LGBT-specific alcohol service, as would 59% of hazardous drinkers and 65% of harmful drinkers.

Table 7.4a: **Would you use an alcohol service which specifically was for LGBT people?**

	Frequency	Percent	Valid %
Yes	336	50.2	**58.4**
No	239	35.7	**41.6**
Total	575	85.9	100.0
missing	94	14.1	
total	669	100.0	

7.4.1. Binge drinking and LGBT specific alcohol service

Those who drink 8-9 units, 10-14 units, 15-19 units and 20+ units are defined as binge drinkers according to government guidelines (see chapter 2). Chapter 2 records that 24% (n. 156) of respondents who drink alcohol are binge drinkers. Using this figure, it can be seen that the majority of those in this sample defined as binge drinkers would use an alcohol service that was specifically for LGBT people (63%, n. 98, see table 7.4b).

Table 7.4b: **Would you use an alcohol service which specifically was for LGBT people? By, average units drunk per drinking session**

		No	Yes	Total
1-2	No.	56	43	99
	%	**56.6**	**43.4**	**100**
3-4	No.	74	88	162
	%	**45.7**	**54.3**	**100**
5-6	No.	71	33	104
	%	**68.3**	**31.7**	**100**
6-7	No.	45	26	71
	%	**63.4**	**36.6**	**100**
8-9	No.	34	21	55
	%	**61.8**	**38.2**	**100**
10-14	No.	41	20	61
	%	**67.2**	**32.8**	**100**
15-19	No.	15	9	24
	%	**62.5**	**37.5**	**100**
20+	No.	8	6	14
	%	**57.1**	**42.9**	**100**
Total	No.	344	246	590
	%	58.3	41.7	100

Binge drinkers

7.4.2. Hazardous and harmful drinkers, and LGBT specific alcohol service

The desire for an LGBT-specific alcohol service can also be examined by the categories of hazardous drinker and harmful drinker that were explained in chapter 2. The data presented in chapter 2 demonstrates that 25% (n. 169) of those respondents who drink alcohol are hazardous drinkers, while an additional 6% (n. 43) are harmful drinkers. Table 7.4c shows that 59% (n. 99) of hazardous drinkers and 65% (n. 28) of harmful drinkers would use an alcohol service specifically for LGBT people.

Table 7.4c: **Yes to use an alcohol service which specifically was for LGBT people by, amount of alcohol drunk in an average drinking session, and average number of drinking days per week.**

		On an average week, how many days do you drink alcohol?					
Units		Daily	5-6 days	3-4 days	1-2 days	Nothing	Total
1-4	No.	14	19	30	58	8	129
	%	33.3	40.4	32.3	41.4	61.5	38.5
	%	10.9	14.7	23.3	45.0	6.2	100
Total weekly units		7-28	5-24	3-16	1-8	0	
5-7	No.	12	16	33	49	3	113
	%	28.6	34.0	35.5	35.0	23.1	33.7
	%	10.6	14.2	29.2	43.4	2.7	100
Total weekly units		35-49	25-42	15-28	5-14	0	
8-14	No.	9	10	25	25	1	70
	%	21.4	21.3	26.9	17.9	7.7	20.9
	%	12.9	14.3	35.7	35.7	1.4	100
Total Weekly units		56-98	40-84	24-56	8-28	0	
15+	No.	7	2	5	8	1	23
	%	16.7	4.3	5.4	5.7	7.7	6.9
	%	30.4	8.7	21.7	34.8	4.3	100
Total Weekly units		105+	75+	45+	15+	0	
Total	No.	42	47	93	140	13	335
	%	100	100	100	100	100	100
	%	9.3	15.7	26.7	42.8	5.5	100

government's recommended limits Hazardous drinking Harmful drinking

7.5. LGBT healthy living centre

Most LGBT people want an LGBT-specific health living centre

The questionnaire asked respondents whether they would like a LGBT healthy living centre providing a range of LGBT health and community services. Most LGBT people (91%, n.697), irrespective of whether or not they drink alcohol or take illegal drugs/legal drugs without prescription, want a LGBT healthy living centre. Such a centre could provide LGBT specific drug and alcohol services. However, see Browne and Lim (2008c) for a full discussion of the LGBT healthy living centre

7.6. Conclusions

Only 2% (n.9) of LGBT people who have used illegal drugs or used legal drugs without a prescription have used drug services in Brighton & Hove, and equally few who drink alcohol have used alcohol services (2%, n.12). 58% (n. 340) of those who drink alcohol did not know of services that they could use should they need help. However, there is a perception that services are available, should they need them. This is problematic where, in the case of alcohol services, not only is the use of alcohol services low, many of those who do not use such a service say that they are aware of alcohol services which no longer exist.

The research suggests that very few of the respondents in this research believe themselves to be in need of drug services. When asked what would encourage them to use drug services, the most popular responses were developing a 'real' drug problem, and that there was no need.

When asked about the possibility of an alcohol help/advice service specifically for LGBT people, the majority of respondents (58%, n.366) said that they would use such a service. This rises to 59% (n. 99) of hazardous drinkers, 63% (n. 98) of those who fall into the category of binge drinker, and 65% (n. 28) of harmful drinkers. Additionally, the majority of LGBT respondents say that they want a healthy living centre providing a range of services for LGBT people.

8. Experiences of using drugs and getting help, advice and support

8.1. Introduction

This chapter details respondents' experiences of the use of illegal drugs/legal drugs without prescription. Although these experiences relate to engagements with services and experiences of getting help, advice and support, they also extend beyond the desire for such interventions and support.

8.2. Experiences

Respondents who have used illegal drugs or use legal drugs without a prescription were asked about their positive and negative experiences of drug use and accessing help, advice and support.

The qualitative data regarding drug use highlights the positive and negative effects, experiences and motivations. Respondents acknowledged the negative consequences of taking drugs, and these were recorded alongside their positive experiences. There are 42 responses detailing positive experiences of drug use (the most common highlight enjoyment, pleasure, fun and freedom), and 47 detailing negative experiences (the most common of which talked about health problems, mental health difficulties and the feeling of coming down). 12 responses indicate respondents have had no bad experiences (see table 8.2a).

Table 8.2a: **Please tell us about your positive and negative experiences of using drugs and getting help, advice and support *Major categories***

Categories		No. of responses
Positive experiences		
Enjoyment, pleasure, fun, freedom		42
Of which:	Good night out	9
	Happy, laugh	3
	Sexual experiences	2
	Temporary freedom	1
	Losing control	1
	Break from usual life	1
	Enjoyment of danger	1
Helps/helped me control anxiety		2
Helps/helped me socialise more easily		2
Helps/helped me relax		1
Helps/helped me feel better generally		1
Helps/helped me stop worrying about appearance		1
Helps/helped me function when I would otherwise have broken down		1
Cheaper than alcohol		1
Miscellaneous positive experience		1
No bad experiences		12
No hangover/bad experiences of kind had with alcohol		2
Drug use does not affect my work		1
Drug use does not affect my broader personal life		1
Bad experiences:		
Health 'problems'		8
Of which:	Hospitalisation/A&E/ITU	3
	Feeling sick	3
	Respiratory problems	1
	Problems with skin, hair etc	1
	Dental/oral health problems	1
Mental health difficulties		7
Of which:	Depression	3
	Paranoia	3
	Anxiety	1
	Insomnia	1
	Panic attack	1
	Bad mood	1
	Anger management	1
Coming down is bad		6
Drugs are expensive/drug use associated with debt/financial difficulties		4
Undesirable changes in behaviour		3

Of which:	violence	1
Wastes/takes up too much time		3
Habit/addiction/dependency		2
Of which:	Poppers	1
	Caused financial difficulties	1
Interferes with work life		2
Friend(s) take/took too much		2
Poor sexual decisions:		1
Of which:	Risky/unsafe/unprotected sex	1
'Bad trip'		1
Taking drugs prevented me addressing problems in life		1
Memory loss		1
Used drugs from childhood/youth		1
Drug use associated with sex work		1
Drug use associated with homelessness		1
Don't enjoy it		1
Fear of getting caught		1
Taking drugs because of depression after being date raped after (drink?) spiked with rohypnol		1
Services:		
Miscellaneous service was unhelpful		2
Of which:	Service was not appropriate to my needs	1
Miscellaneous service was helpful		2
Miscellaneous service was understanding		1
GP not knowledgeable about drugs		1
Of which:	Ketamine	1
Psychiatrist not knowledgeable about drugs		1
Of which:	Ketamine	1
Medical professionals not interested in how my use of drugs might have contributed to my health problems		1
Medical professionals not interested in drug use unless it is an addiction		1
More support and information is needed		1
Counselling in Australia was non-judgemental and did not overly focus on excessive drug use		1
Named services:		
Narcotics Anonymous (groups)		1
Of which:	Helpful	1
Addaction		1
Of which:	Helpful	1
Unisex (Sussex University)		1
Of which:	Helpful – leaflets and books	1
Erowid (www.erowid.org/)		1
Counselling		1
Of which:	Helpful	1
Frank website		1

Of which:	Helpful – up to date, accurate, informative	1
G Scene		1
Of which:	Helpful – up to date, accurate, informative	1
Drugs used:		
Cannabis		14
Miscellaneous 'recreational' drugs		6
Of which:	I use 'sensibly'/ Are enjoyable if used 'sensibly'	2
Cocaine		4
Speed		3
Of which:	To lose weight	1
	Long parties	1
Ecstasy		3
Of which:	Helped with getting over sexual inhibitions	1
LSD		3
Magic mushrooms		2
Medicinal drugs		2
Poppers		1
Of which:	For masturbation	1
Herbal highs		1
Of which:	Provides energy	1
Ketamine		1
GHB		1
Other comments		
I take drugs only occasionally/a little		16
Used drugs in the past/stopped taking drugs		14
I control/have reduced my drug use		9
Social use of drugs		9
I haven't looked for advice/support		6
Take drugs to fit in on commercial LGBT/clubbing scene		5
Of which:	Gay male scene	1
Taking drugs is ok/safer when with knowledgeable friends you trust		5
I am not worried about my drug use		4
Nothing/none/n/a		3
Have reduced drug use because of health concerns		2
Of which:	Mental health	2
I am well informed about drugs		2
Taking drugs is ok if used 'sensibly'		2
I tend to binge		1
Stopped socialising with people who use drugs		1
Official drugs information is poor		1
Best drugs information is from other users		1

Notes:

1. Due to the complexity of the data, this table is divided into thematic sections, with the categories within each section appearing in descending order of frequency of response.

2. Where responses fall into more than one category they are counted as many times as categories they fall into.

3. Where a response falls into one or more category and contains a comment that does not fall into one of the major categories, the response is counted within the major categories it falls into and is listed under 'Other responses'.

4. Subsets of a major category (marked by 'Of which') enumerate responses where respondents have specified a kind or type of the major category.

5. Subsets of a major category (marked by 'Of which') are not mutually exclusive with respect to other subsets of the same major category: a single response (counted only once under the major category) may fall into more than one subset of the major category.

6. The total of the subsets (marked by 'Of which') for any major category do not necessarily enumerate the total number of responses for that major category.

8.3. Enjoyment, pleasure, fun?

> **E's great… but seriously, it's your own body, it's up to you what you put in it, but honest, not usually government, information is vital**
>
> (Questionnaire 19)

Respondents spoke of good nights out, enjoying the experiences, having better sexual experiences and being happy whilst using drugs. Questionnaire 19 highlights the issue of control and choice, where they emphasise that good and 'honest' information is what is needed (see also chapter 6). They believe that this information is not usually found in governments sources, perhaps explaining why informal sources of information are relied upon (see chapter 6).

Respondents offered insights into personal responsibilities and motivations in dictating good experiences with drugs.

> **I have had one bad experience with drugs in London and that was because people with me and my friend took too much. If people are sensible and most are, drugs, that is the recreational ones I have listed as using, can be great fun. There is little left to say. My nights that have been drug induced have been my greatest and as I was not drunk remember everything that happened and did not wake up embarrassed about what I said or did the night before**
>
> (Questionnaire 28)

Questionnaire 28 argues that there is a need to be sensible when using drugs, and this for them has meant better nights than when using alcohol.

Nights when this respondent used drugs have been the 'greatest' and devoid of the negative effects that they are left with when drinking alcohol.

Experiencing one bad night out or a negative experience was common amongst a generally affirmative narrative of positive engagements with drugs:

> **I've had some great nights out and these have been helped by coke but I have also ended up once in a risky situation (unprotected sex) because I was a bit too out of it**
>
> (Questionnaire 336)

Questionnaire 336 speaks of one 'risky situation' relating to unprotected sex. This relates to the argument that messages regarding drug use need to expand beyond the physiological effects, and also account for the 'risky situations' that can result from drug use. From this narrative it is clear that other 'great nights out' have been 'helped by coke'.

Others were also aware of different experiences with drugs that could vary by individual and the need that they had for using drugs:

> **there are two types of drug users: those that take drugs to enhance the good feelings they're already experiencing and those who take drugs to block out whatever's going on in their lives. I subscribe to the former, once you pass over into the latter, then i regard it as having a problem. Once you start increasing whatever you're taking, in the hope of regaining the initial high, then you're on a downward spiral**
>
> (Questionnaire 296)

This respondent identifies a 'downward spiral' that can be 'crossed into'. They argue that if the 'initial high' not chased through increasing drug use, then drugs can be used to 'enhance good feelings'.

Control was unsurprisingly a key theme in this material and 'special occasions' were noted for drug taking experiences:

> **I only use Speed if I am going to a party likely to last all night or weekend, or to a concert or something like Pride weekend, never on a regular basis nor every time I go out. therefore I know I am controlling my intake because I can have Speed in the house and not have an urge to take it regularly.**
>
> (Questionnaire 317)

Questionnaire 317 points to their occasional use of speed, which means that they do not take it 'regularly' and in this way 'control' their intake.

Concerts, parties and Pride weekends are named, and point to the importance of these events in targeting promotional information.

It is apparent from these quotes that there is a recognition of the 'dangers' of drug use alongside the possibilities of good social occasions and encounters. This awareness, alongside the positive experiences of drug use needs to be taken into account in any health promotion work.

8.4. Services and Health Issues

Negative experiences of drugs were often intermingled with the fun, enjoyment and pleasure narratives in the previous section. Similarly very 'negative' experiences, were intertwined with the ways that drugs were understood as helping in particular situations:

> **Positives: Drugs helped me function in situations where otherwise I would have broken down Getting help (not in Sussex) was hard but useful - I was scripted fairly quickly, had a lot of support during my in-patient detox and felt really positive about the future.**

> **Negatives: I was using from an early age (12/13) and spent a whole lot of years getting into dangerous situations (prostitution/homelessless/debts) Moving down to Brighton so soon after my detox was probably a bad move as the support I received from services here was unhelpful and didn't fit my needs at the time.**

(Questionnaire 566)

For questionnaire 566, drugs had both positive and negative effects and associated experiences. This related to services, coping 'in situations where otherwise I would have broken down'. Whilst their experiences of services and 'getting scripted' outside of Sussex and Brighton were good, they discuss the problems with Sussex services as well as many years of 'dangerous situations' (see chapter 7). Further research would be useful to explore how Sussex services engage with LGBT people specifically, and here it is clear that gathering data regarding (in this case better) experiences elsewhere may be informative.

The association between drug use and addiction can be problematic in addressing wider health concerns:

> **none of the medical professionals I have seen seem to be that interested in my use of drugs & how that**

may have contributed to my health problems, maybe because i am not an 'addict' of anything

(Questionnaire 471)

Whilst health 'problems' may not arise from drug use, it is clear that there may be an impact. This can include wider issues with risk taking behaviours and, as respondent 471 notes other areas of health concerns. In this context treating and dealing with drugs only in terms of addiction is limiting and can be potentially harmful.

Other issues pertaining to LGBT drug use that may remain unacknowledged are the use of particular drugs that are not accounted for by mainstream drug services. As noted in chapter 3, GHB is not recorded on the British Crime Survey. For this respondent their use of GHB had clear implications:

I've ended up in hospital 3 times using GHB

(Questionnaire 522)

8.5. Conclusions

Respondents who have used illegal drugs or legal drugs without prescription/medical advice discussed their experiences using these substances. Respondents recorded the potential consequences of their use and 'negative' experiences were often intertwined with a narrative of otherwise positive experiences of drug use. There were clear issues in relation to the ways that health interventions can rely on specific conceptualisations of addiction, and the place of drugs used by LGBT people such as GHB needs revisiting.

9. Safety

9.1. Introduction

The Count Me In Too safety report examined LGBT people's experiences of safety and hate crimes (see Browne and Lim, 2008a). This chapter discusses issues of safety with regard to those LGBT people who drink alcohol and/or who use illegal drugs or legal drugs without a prescription. It not only focuses on experiences of hate crime but also on other aspects of LGBT people's safety, including safety at home (domestic violence and abuse), the prevalence and impact of avoidance behaviours, and additionally respondents' fears and feelings of a lack of safety. The latter has a significant impact on LGBT people's quality of life.

9.2. Hate crime

LGBT people who do and do not drink alcohol experience similar levels of hate crime. However, those who take illegal drugs or legal drugs without prescription are more likely to have experienced a hate crime in the last five years (81%, n. 330) due to their sexuality or gender identity than those who do not use drugs (66%, n. 44)(see table 9.2a $p < .001$).

Table 9.2a: **Experience of hate crime in the last 5 years due to sexual orientation or gender identity, by drug use**

		Yes	No	Total
Used drugs	No.	330	76	406
	%	**56**	**35.8**	**50.7**
	%	**81.3**	**18.7**	**100**
Not used drugs	No.	259	136	395
	%	**44**	**64.2**	**49.3**
	%	**65.6**	**34.4**	**100**
Total	No.	589	212	801
	%	100	100	100
	%	73..5	26.5	100

9.3. Domestic violence and abuse

Respondents who do not drink alcohol are more likely to have experienced domestic violence and abuse (41%, n. 46) at some point in their lifetime, compared to those who do drink alcohol (29%, n. 190, see table 9.3a, p =.012). There is no statistical relationship between drug use and the likelihood of experiencing abuse, violence or harassment from a family member or someone close.

Table 9.3a: **Experience of abuse, violence or harassment from a family member or someone close to respondent, by alcohol use**

		Yes	No	Total
Drink alcohol	No.	190	460	650
	%	80.5	87.5	85.3
	%	29.2	70.8	100
Don't drink alcohol	No.	46	66	112
	%	19.5	12.5	14.7
	%	41.1	58.9	100
Total	No.	236	526	762
	%	100	100	100
	%	31	69	100

9.4. Safety fears

Table 9.4a: **Are there any places, services or facilities in Brighton & Hove where you do not feel safe? By alcohol use**

		Yes	No	Unsure	Total
Drink alcohol	No.	306	231	117	654
	%	84.3	90.6	78	85.2
	%	46.8	35.3	17.9	100
Don't drink alcohol	No.	57	24	33	114
	%	15.7	9.4	22	14.8
	%	50	21.1	28.9	100
Total	No.	363	255	150	768
	%	100	100	100	100
	%	47.3	33.2	19.5	100

Feelings of safety have implications for quality of life, use of public space and isolation (see Browne and Lim, 2008a). Those who use drugs have similar feelings of safety in places, services or facilities in Brighton & Hove to those who do not. Those who drink alcohol are more likely than those who do not to say that there is nowhere in Brighton & Hove they do not feel

safe (35%, n. 231 compared to 21%, n. 24*)*. Those who drink alcohol are more likely (35%, n. 231) to say there are not any places, services or facilities in Brighton and Hove where they do not feel safe than those who do not drink alcohol (21%, n. 24, p = .002). Therefore those who do not drink alcohol are less likely to feel safe compared to those who do.

9.5. Feelings of safety at home, outside during the day, and outside at night

Those drink alcohol are more likely to feel safe in their homes (96%, n. 612) than those who do not drink alcohol (86%, n. 95). They are also more likely to feel safe outside in Brighton and Hove during the day (90%, n. 594 compared to 69%, n. 79) and at night (41%, n. 273 compared to 22%, n. 25).

While data regarding hate crime shows that those who take drugs are more likely to experience hate crime, those who use illegal drugs or legal drugs without a prescription or medical advice are more likely than those who do not, to feel safe outside in Brighton and Hove during the day (91%, n. 368 compared to 82%, n. 322) and at night (44% n. 178 compared to 33% n. 131). This should be read in line with the data regarding hate crime that shows that those who take drugs are more likely to experience hate crime.

9.6. Home

Table 9.6a: **How safe do you feel currently in your home? By alcohol use**

		Safe	Neither	Unsafe	Total
Drink alcohol	No.	612	23	5	640
	%	**86.6**	**67.6**	**50**	**85.2**
	%	**95.6**	**3.6**	**.8**	**100**
Don't drink alcohol	No.	95	11	5	111
	%	**13.4**	**32.4**	**50**	**14.8**
	%	**85.6**	**9.9**	**4.5**	**100**
Total	No.	707	34	10	751
	%	100	100	100	100
	%	94.1	4.5	1.3	100

96% (n. 612) of those who drink alcohol feel safe in their homes, compared to 86% (n. 95) of those who do not drink alcohol. 5% (n. 5) of those who do

not drink alcohol feel unsafe at home, compared with 1% (n. 5) of those who drink alcohol ($p < .001$, see table 9.6a).

9.7. Outside during the day

Those who drink alcohol are more likely (90%, n. 594) to feel safe outside in Brighton and Hove during the day than those who do not (69%, n. 79, $p. < .001$). Conversely, those who do not drink alcohol are more likely to feel unsafe outside during the day than those who do drink alcohol (10%, n. 11, compared to 1%, n. 8) (see table 9.7a).

Table 9.7a: **How safe do you currently feel in Brighton & Hove outside during the day? By alcohol use**

		Safe	Neither	Unsafe	Total
Drink alcohol	No.	594	61	8	663
	%	88.3	71.8	42.1	85.3
	%	89.6	9.2	1.2	100
Don't drink alcohol	No.	79	24	11	114
	%	11.7	28.2	57.9	14.7
	%	69.3	21.1	9.6	100
Total	No.	673	85	19	777
	%	100	100	100	100
	%	86.6	10.9	2.4	100

91% (n. 368) of those who use illegal drugs or legal drugs without a prescription feel safe outside in Brighton and Hove during the day, making them more likely to do so than the 82% (n. 322) of those who do not take drugs ($p < .001$, see table 9.7b).

Table 9.7b: **How safe do you currently feel in Brighton &Hove outside during the day? By drug use**

		Safe	Neither	Unsafe	Total
Use drugs	No.	368	32	3	403
	%	53.3	37.2	15.8	50.7
	%	91.3	7.9	.7	100
Don't use drugs	No.	322	54	16	392
	%	46.7	62.8	84.2	49.3
	%	82.1	13.8	4.1	100
Total	No.	690	86	19	795
	%	100	100	100	100
	%	86.8	10.8	2.4	100

9.8. Outside at Night

Those who drink alcohol are more likely (41%, n. 273) to feel safe outside in Brighton and Hove during the night than those who do not drink alcohol (22%, n. 25, $p < .001$). Conversely, those who do not drink alcohol are more likely to feel unsafe outside at night than those who do drink alcohol (24%, n. 27, compared to 13%, n. 83) (see table 9.8a).

Table 9.8a: **How safe do you currently feel in Brighton & Hove outside at night? By alcohol use**

		Very safe	Safe	Neither	Unsafe	Very unsafe	Total
Drink alcohol	No.	55	273	239	83	13	663
	%	87.3	91.6	85.4	75.5	50	85.3
	%	8.3	41.2	36	12.5	2	100
Don't drink alcohol	No.	8	25	41	27	13	114
	%	12.7	8.4	14.6	24.5	50	14.7
	%	7	21.9	36	23.7	11.4	100
Total	No.	63	298	280	110	26	777
	%	100	100	100	100	100	100
	%	8.1	38.4	36	14.2	3.3	100

Table 9.8b shows that those who take illegal drugs or legal drugs without a prescription are also more likely (44%, n. 178) to feel safe outside in Brighton and Hove at night than those who do not (33%, n. 131, $p < .001$). They are also less likely to feel unsafe (12%, n. 48, compared to 16%, n. 63) or very unsafe (2%, n. 6, compared to 6%, n. 22) outside in Brighton and Hove at night, compared to those who do not take illegal drugs or legal drugs without a prescription.

Table 9.8b: **How safe do you currently feel in Brighton &Hove outside at night? By drug use**

		Very safe	Safe	Neither	Unsafe	Very unsafe	Total
Use drugs	No.	38	178	133	48	6	403
	%	59.4	57.6	47	43.2	21.4	50.7
	%	9.4	44.2	33	11.9	1.5	100
Don't use drugs	No.	26	131	150	63	22	392
	%	40.6	42.4	53	56.8	78.6	49.3
	%	6.6	33.4	38.3	16.1	5.6	100
Total	No.	64	309	283	111	28	795
	%	100	100	100	100	100	100
	%	8.1	38.9	35.6	14	3.5	100

9.9. Avoidance behaviours because of safety concerns

Respondents were asked whether, in the last 5 years, safety concerns had lead them to avoid specific activities and situations. Both those who drink alcohol and those who use drugs are less likely to engage in avoidance behaviours as well as being less likely to fear crime when compared to those who do not drink or take drugs. Avoidance behaviours can lead to quality of life issues and isolation. This section discusses the behaviours and places that respondents avoid because of safety concerns.

Those who drink alcohol are less likely, to always/often avoid, the following – going out at night; neighbourhood events and activities; using public transport; attending education or training; using a public service; going to work; going home to where one lives; using the LGBT scene; and attending an LGBT group or event than those who do not drink alcohol. They are also more likely to never avoid these, compared to those who do not.

Those who use drugs are less likely than those who do not, to always, often or sometimes avoid the following – public displays of affection; going out at night; using the LGBT scene; and attending an LGBT group or event.

9.10. Public displays of affection

Table 9.10a: **Avoiding public displays of affection due to safety concerns, by drug use**

		Always	Often	Sometimes	Hardly	Never	Total
Use drugs	No.	37	108	150	56	51	402
	%	**33**	**52.9**	**57.3**	**56.6**	**46.4**	**51.1**
	%	**9.2**	**26.9**	**37.3**	**13.9**	**12.7**	**100**
Don't use drugs	No.	75	96	112	43	59	385
	%	**67**	**47.1**	**42.7**	**43.4**	**53.6**	**48.9**
	%	**19.5**	**24.9**	**29.1**	**11.2**	**15.3**	**100**
Total	No.	112	204	262	99	110	787
	%	100	100	100	100	100	100
	%	14.2	25.9	33.3	12.6	14	100

There is no significant relationship between whether respondents drink alcohol and the extent to which they avoid public displays of affection. Those who use illegal drugs or legal drugs without a prescription, however, are less likely than those who do not use drugs to always avoid public displays of affection (9%, n. 37, compared to 20%, n. 75), but are more likely to sometimes avoid public displays of affection (37%, n. 150, compared to 29%, n. 112) ($p < .001$, see table 9.10a). The likelihoods of

often, hardly or never avoiding public displays of affection are similar for both those who use illegal drugs/legal drugs without prescription and those who do not.

9.11. Going out at night

Those who drink alcohol are less likely than those who do not to always or often avoid going out at night (6%, n. 38, compared to 29%, n. 32), while they are more likely to hardly ever (29%, n. 187, compared to 18%, n. 20) or never (47%, n. 304, compared to 31%, n. 34) avoid going out at night ($p < .001$, see table 9.11a).

Table 9.11a: **Avoiding going out at night due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	38	125	187	304	654
	%	54.3	83.3	90.3	89.9	85.5
	%	5.8	19.1	28.6	46.5	100
Don't drink alcohol	No.	32	25	20	34	111
	%	45.7	16.7	9.7	10.1	14.5
	%	28.8	22.5	18	30.6	100
Total	No.	70	150	207	338	768
	%	100	100	100	100	100
	%	9.2	19.6	27.1	44.2	100

Those who use illegal drugs or legal drugs without a prescription are less likely (3%, n. 12) to often avoid going out at night than those who do not use drugs (11%, n. 41), and more likely to never avoid going out at night (48%, n. 190, compared to 40%, n. 156) ($p < .001$) (see table 9.11b).

Table 9.11b: **Avoiding going out at night due to safety concerns, by drug use**

		Always/Often	Sometimes	Hardly	Never	Total
Use drugs	No.	5	12	75	114	190
	%	27.8	22.6	48.4	54	54.9
	%	1.3	3	18.9	28.8	48
Don't use drugs	No.	13	41	80	97	156
	%	72.2	77.4	51.6	46	45.1
	%	3.4	10.6	20.7	25.1	40.3
Total	No.	18	53	155	211	346
	%	100	100	100	100	100
	%	2.3	6.8	19.8	26.9	44.2

9.12. Neighbourhood events/activities

Those who drink alcohol are less likely to always/often (5%, n. 34, compared to 18%, n. 19) or sometimes (12%, n. 76, compared to 20%, n. 21) avoid going to neighbourhood events or activities than those who do not drink alcohol ($p < .001$). Those who drink alcohol are more likely to say they never avoid going to neighbourhood events or activities than those who do not drink alcohol (60%, n. 380, compared to 43%, n. 45, see table 9.12a).

Table 9.12a: **Avoiding going to neighbourhood events or activities due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	34	76	149	380	639
	%	64.2	78.4	88.2	89.4	85.9
	%	5.3	11.9	23.3	59.5	100
Don't drink alcohol	No.	19	21	20	45	105
	%	35.8	21.6	11.8	10.6	14.1
	%	18.1	20	19	42.9	100
Total	No.	53	97	169	425	744
	%	100	100	100	100	100
	%	7.1	13	22.7	57.1	100

There is no significant relationship, however, between the use of illegal drugs or legal drugs without a prescription and the avoidance of neighbourhood events or activities.

9.13. Using public transport/taxi

Table 9.13a: **Avoiding using public transport or taxis due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	27	97	125	404	653
	%	57.4	83.6	84.5	89	85.4
	%	4.1	14.9	19.1	61.9	100
Don't drink alcohol	No.	20	19	23	50	112
	%	42.6	16.4	15.5	11	14.6
	%	17.9	17	20.5	44.6	100
Total	No.	47	116	148	454	765
	%	100	100	100	100	100
	%	6.1	15.2	19.3	59.3	100

While there is no significant relationship between the use of illegal drugs or legal drugs without a prescription and avoiding using public transport or taxis, there is a relationship between alcohol use and such avoidance. Those who drink alcohol are less likely to always or often avoid using public transport or taxis than those who do not drink alcohol (4%, n. 27, compared to 18%, n. 20), and more likely to never avoid using public transport or taxis (62%, n. 404, compared to 45%, n. 50, $p < .001$, see table 9.13a).

9.14. Attending education/training

There is no significant relationship between using illegal drugs or legal drugs without a prescription and avoiding attending education and training. However, there is a significant relationship between alcohol use and avoiding attending education and training ($p < .001$, see table 9.14a). 2% (n. 10) of those who drink alcohol always or often avoid attending education or training, compared to 13% (n. 13) of those who do not drink alcohol. Those who drink alcohol are more likely (79%, n. 501) to never avoid attending education or training than those who do drink alcohol (63%, n. 64).

Table 9.14a: **Avoiding attending education or training due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	10	24	99	501	634
	%	**43.5**	**77.4**	**84.6**	**88.7**	**86.1**
	%	**1.6**	**3.8**	**15.6**	**79**	**100**
Don't drink alcohol	No.	13	7	18	64	102
	%	**56.5**	**22.6**	**15.4**	**11.3**	**13.9**
	%	**12.7**	**6.9**	**17.6**	**62.7**	**100**
Total	No.	23	31	117	565	736
	%	100	100	100	100	100
	%	3.1	4.2	15.9	76.8	100

9.15. Using a public service

There is no significant relationship between using illegal drugs or legal drugs without a prescription and avoiding using public services. However, those who drink alcohol are less likely to always or often (2%, n. 12, compared to 13%, n. 13) or sometimes (8%, n. 49, compared to 21%, n. 22) avoid using a public service than those who do not drink alcohol. They are also more likely to hardly ever (18%, n. 118, compared to 11%, n. 11) or

never (72%, n. 461, compared to 56%, n. 58) avoid using a public service than those who do not drink alcohol ($p < .001$, see table 9.15a).

Table 9.15a: **Avoiding using a public service due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	12	49	118	461	640
	%	48	69	91.5	88.8	86
	%	1.9	7.7	18.4	72	100
Don't drink alcohol	No.	13	22	11	58	104
	%	52	31	8.5	11.2	14
	%	12.5	21.2	10.6	55.8	100
Total	No.	25	71	129	519	744
	%	100	100	100	100	100
	%	3.4	9.5	17.3	69.8	100

9.16. Going to work

While there is no significant relationship between using illegal drugs or legal drugs without prescription/medical advice and avoiding going to work, those who drink alcohol are less likely than those who do not to always or often (2%, n. 15, compared to 8%, n. 8) or sometimes (5%, n. 32, compared to 9%, n. 9) avoid going to work ($p = .003$). They are also more likely to never avoid going to work than those who do not drink alcohol (81%, n. 514, compared to 68%, n. 68).

Table 9.16a: **Avoiding going to work due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	15	32	75	514	636
	%	65.2	78	83.3	88.3	86.4
	%	2.4	5	11.8	80.8	100
Don't drink alcohol	No.	8	9	15	68	100
	%	34.8	22	16.7	11.7	13.6
	%	8	9	15	68	100
Total	No.	23	41	90	582	736
	%	100	100	100	100	100
	%	3.1	5.6	12.2	79.1	100

9.17. Going home to where you live

Table 9.17a: **Avoiding going home to where one lives due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	24	74	80	468	646
	%	**60**	**81.3**	**86**	**88.3**	**85.7**
	%	**3.7**	**11.5**	**12.4**	**72.4**	**100**
Don't drink alcohol	No.	16	17	13	62	108
	%	**40**	**18.7**	**14**	**11.7**	**14.3**
	%	**14.8**	**15.7**	**12**	**57.4**	**100**
Total	No.	40	91	93	530	754
	%	100	100	100	100	100
	%	5.3	12.1	12.3	70.3	100

There is no significant relationship between using illegal drugs or legal drugs without a prescription and avoiding going home to where one lives. However, those who drink alcohol are less likely than those who do not drink alcohol to always or often avoid going home to where they live (4%, n. 24, compared to 15%, n. 16), and more likely to never avoid going home to where they live (72%, n. 468, compared to 57%, n. 62) ($p < .001$).

9.18. Using the LGBT scene

Table 9.18a: **Avoiding using the LGBT scene due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	24	71	147	403	645
	%	**54.5**	**78.9**	**93.6**	**87**	**85.5**
	%	**3.7**	**11**	**22.8**	**62.5**	**100**
Don't drink alcohol	No.	20	19	10	60	109
	%	**45.5**	**21.1**	**6.4**	**13**	**14.5**
	%	**18.3**	**17.4**	**9.2**	**55**	**100**
Total	No.	44	90	157	463	754
	%	100	100	100	100	100
	%	5.8	11.9	20.8	61.4	100

There is a significant relationship between avoiding using the LGBT scene and both drug use and alcohol use. With respect to alcohol use, table 9.18a shows that those who drink alcohol are less likely than those who do not

drink alcohol to always or often (4%, n. 24, compared o 18%, n. 20) or sometimes (11%, n. 71, compared to 17%, n. 19) avoid using the LGBT scene because of safety concerns ($p < .001$). Those who drink alcohol are more likely than those who do not drink alcohol to hardly ever (23%, n. 147, compared to 9%, n. 10) or never (63%, n. 403, compared to 55%, n. 60) avoid using the LGBT scene.

Table 9.18a: **Avoiding using the LGBT scene due to safety concerns, by drug use**

		Always/Often	Sometimes	Hardly	Never	Total
Use drugs	No.	14	38	87	260	399
	%	32.6	39.6	54.7	54.9	51.7
	%	3.5	9.5	21.8	65.2	100
Don't use drugs	No.	29	58	72	214	373
	%	67.4	60.4	45.3	45.1	48.3
	%	7.8	15.5	19.3	57.4	100
Total	No.	43	96	159	474	772
	%	100	100	100	100	100
	%	5.6	12.4	20.6	61.4	100

Those who use illegal drugs or legal drugs without a prescription are also less likely than those who do not use drugs to always or often (4%, n. 14, compared to 8%, n. 29) or sometimes (10%, n. 38, compared to 16%, n. 58) avoid using the LGBT scene because of safety concerns ($p = .002$, see table 9.18a). Those who use illegal drugs or legal drugs without a prescription are more likely than those who do not use drugs to never avoid using the LGBT scene (65%, n. 260, compared to 57%, n. 214).

9.19. Attending an LGBT group or event

Table 9.19a: **Avoiding attending an LGBT group or event due to safety concerns, by alcohol use**

		Always/Often	Sometimes	Hardly	Never	Total
Drink alcohol	No.	19	55	138	429	641
	%	61.3	69.6	95.2	87	85.7
	%	3	8.6	21.5	66.9	100
Don't drink alcohol	No.	12	24	7	64	107
	%	38.7	30.4	4.8	13	14.3
	%	11.2	22.4	6.5	59.8	100
Total	No.	31	79	145	493	748
	%	100	100	100	100	100
	%	4.1	10.6	19.4	65.9	100

There is a significant relationship between avoiding attending an LGBT group or event and both alcohol use and drug use. With regard to alcohol use, those who drink alcohol are less likely than those who do not drink alcohol to always or often (3%, n. 19, compared to 11%, n. 12) or sometimes (9%, n. 55, compared to 22%, n. 24) avoid attending an LGBT group or event for safety reasons ($p < .001$). They are more likely than those who do not drink alcohol to hardly ever (22%, n. 138, compared to 7%, n. 7) or never (67%, n. 429, compared to 60%, n. 64) avoid attending an LGBT group or event.

Table 9.19b: **Avoiding attending an LGBT group or event due to safety concerns, by drug use**

		Always/Often	Sometimes	Hardly	Never	Total
Use drugs	No.	9	32	80	274	395
	%	**30**	**39**	**53.3**	**54.4**	**51.6**
	%	**2.3**	**8.1**	**20.3**	**69.4**	**100**
Don't use drugs	No.	21	50	70	230	371
	%	**70**	**61**	**46.7**	**45.6**	**48.4**
	%	**5.7**	**13.5**	**18.9**	**62**	**100**
Total	No.	30	82	150	504	766
	%	100	100	100	100	100
	%	3.9	10.7	19.6	65.8	100

Those who use illegal drugs or legal drugs without a prescription are less likely than those who do not use drugs to always or often (2%, n. 9, compared to 6%, n. 21) or sometimes (8%, n. 32, compared to 14%, n. 50) avoid attending an LGBT group or event for safety reasons ($p = .006$). They are more likely than those who do not use illegal drugs or legal drugs without prescription/medical advice to never avoid attending an LGBT group or event (69%, n. 274, compared to 62%, n. 230).

9.20. Conclusions

9.20.1. Alcohol

Respondents who drink alcohol are as likely to experience hate crime as those who do not. However, those who do not drink alcohol are more likely (41%, n.46) than those who do drink alcohol (29%, n.190) to have experienced abuse, violence or harassment from a family member or someone close to them. On the other hand, those who drink alcohol are less likely to have safety fears and exhibit avoidance behaviours than those who do not drink. Respondents who drink alcohol are more likely to say that there is no place in Brighton & Hove where they do not feel safe, that they feel safe in their home, and that they feel safe outside during day and night. Furthermore, those who do not drink alcohol are more likely to avoid going out at night, neighbourhood events/activities, public transport,

education/training, public services, going to work, going home, the LGBT scene and LGBT groups/events. This could have particular consequences for LGBT people, increasing isolation and reducing access to services.

9.20.2. Drugs

Respondents who use illegal drugs/legal drugs without prescription are more likely to experience hate crime: respondents who use drugs (81%, n.330) are considerably more likely than those who haven't used drugs in the past five years (66%, n.259) to have experienced a sexuality- or gender-related hate crime in the past five years. However, they are more likely (91%, n.368) than those who do not use drugs (82%, n.322) to feel safe outside during day and night, and less likely to avoid public displays of affection, going out at night, using the LGBT scene and attending LGBT groups/events.

9.20.3. LGBT venues and events

The use of drugs and alcohol at LGBT venues and events has been discussed in chapters 4 and 6. These findings point to safety fears that those who do not drink or use drugs may have regarding LGBT scenes. Therefore, in terms of safety fears, domestic violence and avoidance behaviour, those who do not drink alcohol are more vulnerable and may be more isolated than those who do.

9.20.4. Those who do not drink/take drugs

The research shows that those who use drugs are more likely to experience LGBT hate crime. However, it is those who do not drink alcohol who have more safety fears and issues, rather than those who do. Furthermore, regarding avoidance behaviour and feelings of safety outside in Brighton & Hove, those who do not use illegal drugs/legal drugs without prescription more widely use avoidance behaviours, which has implications for quality of life and isolation. In order to address the wellbeing of LGBT people, more research is needed on the experiences of LGBT people who do not drink alcohol and who do not use drugs, as well as on the benefits for those who do drink alcohol and use drugs.

10. Health and well-being

10.1. Introduction

Count Me In Too has found that mental health is a key area for LGBT people (Browne and Lim, 2008 b) and that general health can be influenced sexual/gender difference (see Browne and Lim, 2008c). Whilst drugs and alcohol can be seen as health concerns, this report has indicated that the implications of drug and alcohol use extend far beyond health issues. In this chapter we return to health to address specific areas of interest including mental health and suicidal distress, physical health, sex, HIV and smoking. This chapter examines the differences between those who drink alcohol and those who do not, and those who have taken drugs and those who have not in the past five years, in relation to these issues.

10.2. Mental Health

Those who have used illegal drugs or legal drugs without a prescription in the past five years are more likely to experience mental health difficulties that those who have not. In contrast, those who drink alcohol are less likely to have issues with their mental health compared with those that do not. Those with mental health difficulties are more likely than those without to be concerned about the amount they drink. Anxiety and addictions/dependencies are the mental health difficulties most predictive of concern regarding alcohol consumption.Those with mental health difficulties are more likely to want greater control over their drug use than other LGBT people who use drugs. Those who have suicidal thoughts and addictions /dependencies are more likely to want greater control over their drug use.

Table 10.2a outlines that those who have used illegal drugs or legal drugs without a prescription in the past five years are more likely to experience mental health difficulties that those who have not (76%, n. 304 compared to 61%, n. 236) ($p < .001$).

Table 10.2a: **Use of illegal drugs or legal drugs without a prescription in the past five years, by mental health difficulties (recoded)**

		Yes	No	Total
Mental health difficulties	No.	304	236	540
	%	**56.3**	**43.7**	**100.0**
	%	**76.0**	**60.5**	**68.4**
No mental health difficulties	No.	96	154	250
	%	**38.4**	**61.6**	**100.0**
	%	**24.0**	**39.5**	**31.6**
Total	No.	400	390	790
	%	50.6	49.4	100.0
	%	100.0	100.0	100.0

Those who drink alcohol are less likely to have issues with their mental health compared with those that do not (66%, n. 430, compared to 82%, n. 97) ($p = .001$).

Table 10.2b: **Alcohol use by mental health difficulties (recoded)**

		Yes	No	Total
Mental health difficulties	No.	430	97	527
	%	**81.6**	**18.4**	**100.0**
	%	**65.7**	**81.5**	**68.2**
No mental health difficulties	No.	224	22	246
	%	**91.1**	**8.9**	**100.0**
	%	**34.3**	**18.5**	**31.8**
Total	No.	654	119	773
	%	84.6	15.4	100.0
	%	100.0	100.0	100.0

10.2.1. Alcohol concern

Those with mental health difficulties are more likely to be concerned with the amount of alcohol they drink than other LGBT people. When figures are broken down for different mental health difficulties, it is (perhaps unsurprisingly) anxiety and addictions/dependencies that can predict a concern regarding alcohol use.

Simple regression analysis was used to test whether mental health difficulties are a predictor of concern with the amount of alcohol consumed. This analysis shows that respondents who experience mental health difficulties (see definition above) are significantly more frequently concerned with the amount of alcohol they drink ($\beta = .23$, $p < .0001$).

Multiple regression analysis tests each different kind of mental health difficulty as a potential predictor of concern about the amount of alcohol consumed. Only anxiety ($\beta = .12$, $p = .015$) and addictions/dependencies

($\beta = .24$, $p < .0001$) significantly predict concern with alcohol use; none of the other variables (the other mental health difficulties) is significantly associated with concern with alcohol use.

10.2.2. Wanting control over drug use

A simple regression analysis shows that respondents who experience mental health difficulties (difficulties with significant emotional distress; depression; anxiety; anger management; fears/phobias; problem eating/eating distress; panic attacks; self harm; addictions/dependencies; or suicidal thoughts) are 3.5 times more likely to want more control over their drug use compared to those who do not have mental health difficulties ($\beta = 1.26$, $p < .0001$).

Multiple regression analysis tests each different kind of mental health difficulty as a potential predictor of wanting greater control over drug use. For the simplicity of interpretation, respondents who answered 'I don't know' have been excluded from the analysis. Those who have suicidal thoughts ($\beta = 1.54$, $p = .002$) are 4.7 times more likely to want greater control over their drug use compared to people who do not experience suicidal thoughts. Those who indicate that they experience addictions/dependencies ($\beta = 1.73$, $p < .0001$) are 5.6 times more likely to want greater control over their drug use compared to people who do not say that they experience addictions or dependencies.

10.2.3. Suicidal Thoughts

Those who do not drink alcohol (35%, n. 40) are more likely to have had serious thoughts of suicide in the past 5 years than those who drink alcohol (22%, n. 145). Additionally, respondents who drink alcohol and are concerned about the amount they drink, are more likely to have had serious thoughts of suicide in the past 5 years (65%, n. 96) than those who are never concerned about their alcohol consumption (19%, n. 52).

Those who use illegal drugs or legal drugs without prescription/medical advice (28%, n. 113) are more likely than those who do not (20%, n. 76) to have had serious thoughts of suicide in the past 5 years. Additionally, those who would like greater control over their drug use (60%, n. 25) are more likely than those who would not (24%, n. 76) to have had serious thoughts of suicide in the past 5 years. The use of certain drugs – cannabis, GHB, crystal meth and ketamine – also increases the likelihood of a respondent having serious suicidal thoughts.

There are significant relationships between serious thoughts of suicide and alcohol and drug use, as well as issues of concern and control. When looking at differences between those who use drugs and alcohol and those who do not, people who use alcohol are less likely to have had serious thoughts of suicide in the last five years, while people who use illegal drugs/legal drugs without prescription or appropriate medical advice are more likely to have had serious thoughts of suicide within the last five years.

Those who are concerned about their alcohol consumption are more likely to have had serious thoughts of suicide within the last five years than those who are not concerned about their alcohol consumption.

Those who use alcohol are less likely (22%, n. 145) than those who do not use alcohol (35%, n. 40) to have had serious thoughts of suicide within the last five years (p = .002).

Table 10.2c: **Have you had serious thoughts of suicide within the last 5 years? By alcohol use**

		Yes	No	No MH difficulties in past 5 years	Total
Drink alcohol	No.	145	371	128	644
	%	78.4	85.1	92.8	84.8
	%	22.5	57.6	19.9	100
Don't drink alcohol	No.	40	65	10	115
	%	21.6	14.9	7.2	15.2
	%	34.8	56.5	8.7	100
Total	No.	185	436	138	759
	%	100	100	100	100
	%	24.4	57.4	18.2	100

Serious thoughts of suicide within the last 5 years rise with the frequency of concern regarding alcohol consumption. Those who are frequently concerned about their alcohol use are more likely (34%, n. 21) than those who are sometimes concerned about their alcohol use (24%, n. 75) or never concerned about their alcohol use (19%, n. 52) to have had serious thoughts of suicide within the last five years (p = .001).

Table 10.2d: **Have you had serious thoughts of suicide within the last 5 years? By alcohol concern**

		Yes	No	No MH difficulties in past 5 years	Total
Never had alcohol concern	No.	52	157	71	280
	%	35.1	40.9	55.5	42.4
	%	18.6	56.1	25.4	100
Sometimes had alcohol concern	No.	75	190	53	318
	%	50.7	49.5	41.4	48.2
	%	23.6	59.7	16.7	100
Frequently had alcohol concern	No.	21	37	4	62
	%	14.2	9.6	3.1	9.4
	%	33.9	59.7	6.5	100
Total	No.	148	384	128	660
	%	100	100	100	100
	%	22.4	58.2	19.4	100

Those who take illegal drugs or legal drugs without a prescription are more likely (28%, n. 113) to have had serious thoughts of suicide within the last

five years than those who do not take illegal drugs or legal drugs without a prescription (20%, n. 76) ($p = .001$).

Table 10.2e: **Have you had serious thoughts of suicide within the last 5 years? By drug use**

		Yes	No	No MH difficulties in past 5 years	Total
Use drugs	No.	113	234	53	400
	%	**59.8**	**52.2**	**38.4**	**51.6**
	%	**28.2**	**58.5**	**13.2**	**100**
Don't use drugs	No.	76	214	85	375
	%	**40.2**	**47.8**	**61.6**	**48.4**
	%	**20.3**	**57.1**	**22.7**	**100**
Total	No.	189	448	138	775
	%	100	100	100	100
	%	24.4	57.8	17.8	100

Among those who take illegal drugs or legal drugs without a prescription, those who would like more control over their drug use are more likely (60%, n. 25) than those who do not want greater control (24%, n. 76) or those who answered 'don't know' (29%, n. 11) to have had serious thoughts of suicide within the last five years ($p < .001$).

Table 10.2f: **Have you had serious thoughts of suicide within the last 5 years? By wanting more control of drug use**

		Yes	No	No MH difficulties in past 5 years	Total
Want more control of drug use	No.	25	15	2	42
	%	**22.3**	**6.6**	**3.8**	**10.7**
	%	**59.5**	**35.7**	**4.8**	**100**
Don't want more control of drug use	No.	76	195	43	314
	%	**67.9**	**85.2**	**81.1**	**79.7**
	%	**24.2**	**62.1**	**13.7**	**100**
Don't know	No.	11	19	8	38
	%	**9.8**	**8.3**	**15.1**	**9.6**
	%	**28.9**	**50**	**21.1**	**100**
Total	No.	112	229	53	394
	%	100	100	100	100
	%	28.4	58.1	13.5	100

Having had serious thoughts of suicide within the last five years also varies by certain specific drugs used – cannabis, GHB, crystal meth and ketamine.

Those who have used cannabis are more likely (28%, n. 75) than those who have not used any illegal drugs or legal drugs without prescription/medical advice (20%, n. 76) to have had serious thoughts of suicide within the last

five years (p = .004). However, they are not more likely to have had such suicidal thoughts within the last five years than those who have taken drugs, but not cannabis (29%, n. 39).

Table 10.2g: **Have you had serious thoughts of suicide within the last 5 years? By cannabis use**

		Yes	No	No MH difficulties in past 5 years	Total
Used cannabis	No.	75	154	36	265
	%	39.5	34.3	26.1	34.1
	%	28.3	58.1	13.6	100
Used drugs but not cannabis	No.	39	81	17	137
	%	20.5	18	12.3	17.6
	%	28.5	59.1	12.4	100
No drugs used	No.	76	214	85	375
	%	40	47.7	61.6	48.3
	%	20.3	57.1	22.7	100
Total	No.	190	449	138	777
	%	100	100	100	100
	%	24.5	57.8	17.8	100

While there is no significant relationship between GHB use and having had suicidal thoughts within the last five years, if those without mental health difficulties are included in the statistical analysis then there is a significant relationship between GHB use and suicidal thoughts within the last five year (p = .029). Those who have used GHB are more likely (35%, n. 9) than those who have used other illegal drugs/legal drugs without prescription but not used GHB (28%, n. 104) and those who have not used drugs (20%, n. 76) to have had serious thoughts of suicide in the last five years (see table 10.2h).

Table 10.2h: **Have you had serious thoughts of suicide within the last 5 years? By GHB use**

		Yes	No	No MH difficulties in past 5 years	Total
Used GHB	No.	9	17	26	9
	%	4.8	2.9	3.4	4.8
	%	34.6	65.4	100	34.6
Used drugs but not GHB	No.	104	271	375	104
	%	55	46.2	48.3	55
	%	27.7	72.3	100	27.7
No drugs used	No.	76	299	375	76
	%	40.2	50.9	48.3	40.2
	%	20.3	79.7	100	20.3
Total	No.	189	587	776	189
	%	100	100	100	100
	%	24.4	75.6	100	24.4

Those who use crystal meth are more likely (33%, n. 13) to have had serious thoughts of suicide in the last five years than those who have used illegal drugs or legal drugs without prescription other than crystal meth (28%, n. 100) and those who have not used any drugs (20%, n. 76) ($p = .002$).

Table 10.2i: **Have you had serious thoughts of suicide within the last 5 years? By crystal meth use**

		Yes	No	No MH difficulties in past 5 years	Total
Used crystal meth	No.	13	24	2	39
	%	6.9	5.3	1.4	5
	%	33.3	61.5	5.1	100
Used drugs but not crystal meth	No.	100	211	51	362
	%	52.9	47	37	46.6
	%	27.6	58.3	14.1	100
No drugs used	No.	76	214	85	375
	%	40.2	47.7	61.6	48.3
	%	20.3	57.1	22.7	100
Total	No.	189	449	138	776
	%	100	100	100	100
	%	24.4	57.9	17.8	100

Those who use ketamine are more likely (34%, n. 36) to have had serious thoughts of suicide in the last five years than those who have used illegal drugs or legal drugs without prescription other than ketamine (26%, n. 77) and those who have not used any drugs (20%, n. 76) ($p = .001$).

Table 10.2j: **Have you had serious thoughts of suicide within the last 5 years? By ketamine use**

		Yes	No	No MH difficulties in past 5 years	Total
Used ketamine	No.	36	58	11	105
	%	19	12.9	8	13.5
	%	34.3	55.2	10.5	100
Used drugs but not ketamine	No.	77	177	42	296
	%	40.7	39.4	30.4	38.1
	%	26	59.8	14.2	100
No drugs used	No.	76	214	85	375
	%	40.2	47.7	61.6	48.3
	%	20.3	57.1	22.7	100
Total	No.	189	449	138	776
	%	100	100	100	100
	%	24.4	57.9	17.8	100

10.3. Suicide attempts, and drug and alcohol use

Those who do not drink alcohol are more likely to have attempted suicide (10%, n. 12) than alcohol drinkers (6%, n.37). They are also more likely to have serious thoughts of suicide but not attempted suicide (24%, n. 28) than those who do not (6%, n. 37). Conversely, those who have used drugs are more likely to have had serious thoughts of suicide (21%, n. 84) than those who haven't (14%, n. 54) and are more likely to have attempted suicide (7%, n. 29) compared to those who have not taken drugs (6%, n. 22).

10.3.1. Alcohol

Table 10.3a shows that those who do not drink alcohol are more likely to have attempted suicide (10%, n. 12) than alcohol drinkers (6%, n.37, p= 0.004, see table 10.3a). They are also more likely to have thought of suicide but not attempted it. 16% (n.108) of alcohol drinkers have had serious thoughts of suicide but have not attempted it, 24% (n.28) of those who do not drink alcohol have had such thoughts but not attempted suicide. 59% (n.392) of those who drink alcohol, and 58% (n.69) of those who do not, have experienced mental health difficulties but have had no serious thoughts of suicide.

Table 10.3a: **Mental health difficulties and suicide by, alcohol use**

		No MH difficulties	MH difficulties but no suicidal thoughts	Suicidal thoughts but not attempted	Suicidal thoughts + attempted	Total
Yes	No.	128	392	108	37	665
	%	**19.2**	**58.9**	**16.2**	**5.6**	**100**
No	No.	10	69	28	12	119
	%	**8.4**	**58**	**23.5**	**10.1**	**100**
Total	No.	138	461	136	49	784
	%	17.6	58.8	17.3	6.2	100

This data cannot ascertain whether thoughts and attempts of suicide have lead to not drinking, or whether not drinking has lead to thoughts and attempts of suicide or indeed whether other factors are involved.

10.3.2. Drug use

Those who use drugs are more likely to have thought about suicide but not attempted it (21%, n. 84) compared to those who have not used drugs in the past five years (14%, n. 54). They are also more likely to have

attempted suicide (7%, n. 29) compared to those who have not taken drugs (6%, n. 22) (see table 10.3b, p =0.002).

Table 10.3b: **Mental health difficulties and suicide by, drug use**

		No MH difficulties	MH difficulties but no suicidal thoughts	Suicidal thoughts but not attempted	Suicidal thoughts + attempted	Total
Yes	No.	53	240	84	29	406
	%	13.1	59.1	20.7	7.1	100
No	No.	85	235	54	22	396
	%	21.5	59.3	13.6	5.6	100
Total	No.	138	475	138	51	802
	%	17.2	59.2	17.2	6.4	100

The data cannot ascertain whether thoughts and attempts of suicide have lead to taking illegal drugs or using legal drugs without a prescription, or whether taking these drugs has lead to thoughts and attempts of suicide.

10.4. Physical health

Those who drink alcohol are more likely to describe their physical health over the past 12 months as good or very good (79%, n. 526) than those who do not (57%, n. 67), and less likely to describe their physical health as neither good nor poor, poor or very poor (21%, n. 140) than those who do not (43%, n. 51).

There is no significant relationship between illegal drug use and physical health over the past 12 months.

Table 10.4a: **How would you describe your physical health over the last 12 months? By alcohol use**

		Very good	Good	Neither good nor poor	Poor	Very poor	Total
Yes	No.	213	313	96	38	6	666
	%	89.1	88.4	80.7	64.4	46.2	84.9
	%	32	47	14.4	5.7	.9	100
No	No.	26	41	23	21	7	118
	%	10.9	11.6	19.3	35.6	53.8	15.1
	%	22	34.7	19.5	17.8	5.9	100
Total	No.	239	354	119	59	13	784
	%	100	100	100	100	100	100
	%	30.5	45.2	15.2	7.5	1.7	100

Those who drink alcohol are more likely than those who do not drink alcohol to describe their physical health over the last twelve months as very good (32%, n. 213, compared to 22%, n. 26) or good (47%, n. 313, compared to 35%, n. 41, $p < .001$). Those who drink are less likely than those who do not drink alcohol to describe their physical health as neither good nor poor (14%, n. 96, compared to 20%, n. 23), poor (6%, n. 38, compared to 18%, n. 21) or very poor (1%, n. 6, compared to 6%, n. 7, see table 10.4a).

10.5. Sex

10.5.1. Sexual partners

There is not a significant relationship between how many people respondents have had sex with, and alcohol use. There is, however, a significant relationship between how many people respondents have had sex with, and drug use. Those who use illegal drugs or legal drugs without prescription are more likely than those who do not use drugs to have had sex with more than six people in the last twelve months.

Among the different interval categories used in the questionnaire, table 10.5a shows the notable differences between those who use drugs and those who do not. They are as follows: those who use drugs are more likely to have had sex with between 6 and 10 people (13%, n. 52, compared to 6%, n. 20) and with more than 26 people (11%, n. 42, compared to 5%, n. 18) in the past twelve months than those who have not used drugs in the past five years. Those who take illegal drugs or legal drugs without prescription are less likely to have had sex with one person (39%, n. 151, compared to 51%, n. 184) or with between 2 and 5 people (23%, n. 90, compared to 26%, n. 93) in the past twelve months compared to those who have not taken drugs in the five years prior to this research ($p < .001$).

Table 10.5a: **How many people have you had sex with in the last 12 months, by drug use**

		1	2-5	6-10	11-15	16-20	21-25	26+	None	Total
Yes	No.	151	90	52	23	17	11	42	6	392
	%	**38.5**	**23**	**13.3**	**5.9**	**60.7**	**68.8**	**70**	**25**	**52.1**
	%	**38.5**	**23**	**13.3**	**5.9**	**4.3**	**2.8**	**10.7**	**1.5**	**100**
No	No.	184	93	20	11	11	5	18	18	360
	%	**54.9**	**50.8**	**27.8**	**32.4**	**39.3**	**31.2**	**30**	**75**	**47.9**
	%	**51.1**	**25.8**	**5.6**	**3.1**	**3.1**	**1.4**	**5**	**5**	**100**
Total	No.	335	183	72	34	28	16	60	24	752
	%	100	100	100	100	100	100	100	100	100
	%	44.5	24.3	9.6	4.5	3.7	2.1	8	3.2	100

10.5.2. Sexual health check up

Those who drink alcohol are less likely than those who do not to say they last had a sexual health check up within the last six months (20%, n. 129, compared to 22%, n. 26). They are more likely than those who do not drink alcohol to say they last had a sexual health check up more than a year ago but less than five years ago (26%, n. 170, compared to 14%, n. 17) (p = .039, see table 10.5b). Those who drink alcohol are also more likely (25%, n. 167) to say they have never had a sexual health check up than those who do not drink alcohol (23%, n. 27). However, they are less likely to say that they last had a sexual health check up more than five years ago (11%, n. 70, compared to 16%, n. 19) or to say that they do not need a sexual health check up (6%, n. 38, compared to 10%, n. 12).

Table 10.5b: **When did you last have a sexual health check up? By alcohol use**

		In last 6 mths	In last 7-12 mths	Between 1-5 years ago	5+ years ago	don't need SH check up	Never	Total
Yes	No.	129	89	170	70	38	167	663
	%	83.2	84	90.9	78.7	76	86.1	84.9
	%	19.5	13.4	25.6	10.6	5.7	25.2	100
No	No.	26	17	17	19	12	27	118
	%	16.8	16	9.1	21.3	24	13.9	15.1
	%	22	14.4	14.4	16.1	10.2	22.9	100
Total	No.	155	106	187	89	50	194	781
	%	100	100	100	100	100	100	100
	%	19.8	13.6	23.9	11.4	6.4	24.8	100

Table 10.5c: **When did you last have a sexual health check up? By drug use**

		In last 6 mths	In last 7-12 mths	Between 1-5 years ago	5+ years ago	don't need SH check up	Never	Total
Yes	No.	100	59	96	41	12	96	404
	%	62.9	55.7	50.3	44.1	22.6	48.5	50.5
	%	24.8	14.6	23.8	10.1	3	23.8	100
No	No.	59	47	95	52	41	102	396
	%	37.1	44.3	49.7	55.9	77.4	51.5	49.5
	%	14.9	11.9	24	13.1	10.4	25.8	100
Total	No.	159	106	191	93	53	198	800
	%	100	100	100	100	100	100	100
	%	19.9	13.2	23.9	11.6	6.6	24.8	100

The variation of time of last sexual health check up by drug use differs noticeably from the variation by alcohol use. Those who use illegal drugs or legal drugs without a prescription are more likely (25%, n. 100) to say they

last had a sexual health check up within the last six months than those who do not use drugs (15%, n. 59) ($p < .001$). They are also more likely to say they last had a sexual health check up within the last 7-12 months (15%, n. 59, compared to 12%, n. 47), while they are less likely to say they do not need a sexual health check up (3%, n. 12, compared to 10%, n. 41), or that their last sexual health check up was more than five years ago (10%, n. 41, compared to 13%, n. 52, see table 10.5c).

10.5.3. HIV

Those who take drugs and consume alcohol are as likely as those who do not to be living with HIV. The high levels of drug and alcohol use across the sample: half of those living with HIV have taken illegal drugs or using legal drugs without a prescription, and over 80% drink alcohol.

10.6. Smoking

Those who use illegal drugs or legal drugs without a prescription are more likely to smoke (44%, n. 178) than those who do not (22%, n. 89).

Although there is not a significant relationship between smoking cigarettes and alcohol use, there is a relationship between smoking cigarettes and drug use. Those who use illegal drugs or legal drugs without a prescription are more likely (44%, n. 178) to smoke cigarettes than those who do not take drugs (22%, n. 89) ($p < .001$).

Table 10.6a: **Do you smoke cigarettes, by drug use**

		Yes	No	Total
Use drugs	No.	178	227	405
	%	**66.7**	**42.3**	**50.4**
	%	**44**	**56**	**100**
Don't use drugs	No.	89	310	399
	%	**33.3**	**57.7**	**49.6**
	%	**22.3**	**77.7**	**100**
Total	No.	267	537	804
	%	100	100	100
	%	33.4	66.8	100

10.7. Conclusion

Whilst drugs and alcohol are read here as being more than health concerns, this chapter has pointed to the areas where the use of drugs and

alcohol can impact upon LGBT health and wellbeing. However, drinking alcohol and taking drugs have different associations to health and wellbeing, when looking at mental health, suicide, physical health and other health issues. From this chapter it is clear that LGBT people who use illegal drugs/legal drugs without prescription and those who do not drink alcohol may experience particular issues with regard to health and wellbeing.

LGBT people who do not drink alcohol and those who have used illegal drugs/legal drugs without prescription are more likely to have experienced mental health difficulties (including significant emotional distress, depression, anxiety, anger management, fears/phobias, problem eating, panic attacks, self-harm, addictions/dependences and suicidal thoughts) than those do not. The research found that respondents who have experienced mental health difficulties are considerably more frequently concerned with their alcohol consumption. Anxiety and addictions/dependencies significantly predict concern with alcohol consumption - in other words, those who experience anxiety and addictions/dependencies are more likely to be concerned about their alcohol consumption. The desire for more control over the use of illegal drugs/legal drugs without prescription is related to suicidal thoughts and addictions/dependencies. These mental health difficulties significantly predict an individual's desire for more control over their drug use. Those who have had suicidal thoughts are 4.7 times more likely than those who have not to want more control over their drug use. Those who have addictions/dependencies are 5.6 times more likely than those who have not to want more control over their drug use.

The research revealed differences between experiences of suicide attempts and serious suicidal thoughts and drug use and alcohol use. Those who drink alcohol are less likely (22%, n.145) than those who do not (35%, n.40) to have had serious thoughts of suicide, and they are also less likely (6%, n.37) to actually have attempted suicide than those who do not drink alcohol (10%, n.12). This may indicate that LGBT people who do not drink alcohol may not have access to important 'coping mechanisms' available to LGBT people who do drink. More research is needed to assess further the potential implications of not drinking for LGBT people. However, those who are concerned about the amount they drink are more likely (34%, n.21) than those who are not concerned (19%, n.52) to say that they have experienced suicidal thoughts in the past five years. Conversely, those who have used illegal drugs or used legal drugs without a prescription/appropriate medical advice are more likely (28%, n.113) to say they have had serious suicidal thoughts in the past five years than those who have not (20%, n.76). They are also more likely (57%, n.29) to have attempted suicide in the past five years than those who have not used drugs (43%, n.22).

The research found no significant relationship between the use of illegal drugs/legal drugs without prescription and physical health over the past twelve months. Those who drink alcohol are more likely to describe their physical health as 'good' or 'very good' than those who do not drink alcohol. They are also less likely to describe their physical health as 'poor' or 'very poor'. Therefore, in addition to feelings of safety, the research has found that it is those LGBT people who do not drink alcohol who are more likely to be at risk in terms of their physical, as well as mental, health.

People in this research who have used illegal drugs/legal drugs without prescription are more likely than those who have not to have had more than six sexual partners in the last twelve months. There is no difference in relation to alcohol use. Similarly, this research found no relationship between alcohol consumption and smoking cigarettes. However, it did find a significant relationship between drug use and smoking cigarettes. Those who use illegal drugs/legal drugs without prescription are considerably more likely (44%, n.178) to smoke than those who do not (22%, n.89).

11. Housing

11.1. Introduction

Housing is a key issue that has a huge significance in relation to quality of life. LGBT people and their housing issues have been covered in the Count Me In Too Housing report (see Browne and Davis, 2008). This chapter examines LGBT drug and alcohol use with regard to housing. It investigates drug and alcohol use amongst LGBT people and different types of housing, experiences of getting accommodation, and also looks at occurrences of homelessness amongst LGBT people.

11.2. Housing

Respondents who drink alcohol (24%, n. 150) are less likely than those who don't (34%, n. 36) to have experienced difficulty in getting accommodation.

Although those who do and do not take drugs are equally likely to experience problems getting accommodation in Brighton & Hove, those who drink alcohol are less likely (24%, n. 150) to have had problems getting accommodation in Brighton and Hove than those who do not drink alcohol (34%, n. 36) ($p = .026$, see table 11.2a).

Table 11.2a: **Have you had problems getting accommodation in Brighton and Hove? By alcohol use**

		Yes	No	Total
Drink alcohol	No.	150	487	637
	%	**80.6**	**87.3**	**85.6**
	%	**23.5**	**76.5**	**100**
Don't drink alcohol	No.	36	71	107
	%	**19.4**	**12.7**	**14.4**
	%	**33.6**	**66.4**	**100**
Total	No.	186	558	744
	%	100	100	100
	%	25	75	100

11.3. Tenure

Those who drink alcohol are more likely to live in privately owned (50%, n. 330) or rented accommodation (32%, n. 208) and less likely to live in rented council accommodation (3%, n. 17) than those who do not use alcohol (39%, n. 45, 22%, n. 26 and 15%, n. 18, respectively). Those who use drugs are less likely (43%, n. 173) to live in privately owned accommodation than those who do not use drugs (53%, n. 211), but are more likely to live in privately rented accommodation (34%, n. 137, compared to 27%, n. 106 for those who don't use drugs).

11.3.1. Alcohol use

Those who use alcohol are more likely than those who do not drink alcohol to live in privately owned accommodation (50%, n. 330, compared to 39%, n. 45) or private rented accommodation (31%, n. 208, compared to 22%, n. 26). They are less likely than those who do not drink alcohol to live in council housing (3%, n. 17, compared to 15%, n. 18) or in other kinds of accommodation (17%, n. 111, compared to 24%, n. 27) ($p < .001$, see table 11.3a).

Table 11.3a: **Which one of the following best describes the type of accommodation you live in now? By alcohol use**

		Privately owned	Council housing	Private landlord	Other	Total
Drink alcohol	No.	330	17	208	111	666
	%	**88**	**46.6**	**88.9**	**80.4**	**85.2**
	%	**49.5**	**2.6**	**31.2**	**16.7**	**100**
Don't drink alcohol	No.	45	18	26	27	116
	%	**12**	**51.4**	**11.1**	**19.6**	**14.8**
	%	**38.8**	**15.5**	**22.4**	**23.3**	**100**
Total	No.	375	35	234	138	782
	%	100	100	100	100	100
	%	48	4.5	29.9	17.6	100

11.3.2. Drug use

Those who use illegal drugs or legal drugs without a prescription are less likely than those who do not use drugs to live in privately owned accommodation (43%, n. 173, compared to 53%, n. 211). They are more likely than those who do not use drugs to live in private rented accommodation (34%, n. 137, compared to 27%, n. 106) or to have other kinds of housing tenure (20%, n. 79, compared to 14%, n. 57, $p = .006$, see table 11.3b).

Table 11.3b: **Which one of the following best describes the type of accommodation you live in now? By drug use**

		Privately owned	Council housing	Private landlord	Other	Total
Use drugs	No.	173	15	137	79	404
	%	**45.1**	**40.5**	**56.4**	**58.1**	**50.5**
	%	**42.8**	**3.7**	**33.9**	**19.6**	**100**
Don't use drugs	No.	211	22	106	57	396
	%	**54.9**	**59.5**	**43.6**	**41.9**	**49.5**
	%	**53.3**	**5.6**	**26.8**	**14.4**	**100**
Total	No.	384	37	243	136	800
	%	100	100	100	100	100
	%	48	4.6	30.4	17	100

11.3.3. Homelessness

Those who do not drink alcohol are more likely to have experienced homelessness (30%, n. 34) compared to those who do drink (21%, n. 135). Those who use drugs are more likely (26%, n. 106) than those who do not use drugs (16%, n. 62) to have been homeless.

Those who drink alcohol are less likely (21%, n. 135) than those who do not drink alcohol (30%, n. 34) to have ever been homeless (p = .023, see table 11.3c).

Table 11.3c: **Have you ever been homeless? By alcohol use**

		Yes	No	Total
Drink alcohol	No.	135	524	659
	%	**20.5**	**79.5**	**100**
Don't drink alcohol	No.	34	79	113
	%	**30.1**	**69.9**	**100**
Total	No.	169	603	772
	%	100	100	100
	%	21.9	78.1	100

Table 11.3d: **Have you ever been homeless? By drug use**

		Yes	No	Total
Use drugs	No.	106	296	402
	%	**63.1**	**47.6**	**50.9**
Don't use drugs	No.	26.4	73.6	100
	%	**62**	**326**	**388**
Total	No.	36.9	52.4	49.1
	%	16	84	100
	%	168	622	790

Conversely, those who use illegal drugs or legal drugs without a prescription are more likely (26%, n. 106) to have ever been homeless than those who do not take drugs (16%, n. 62, $p < .001$, see table 11.3d).

There is no significant relationship between wanting greater control over drug use and having ever been homeless. However, 34% (n. 21) of those who are frequently concerned about their alcohol use have been homeless at some point, making them more likely to have been so than those who are sometimes concerned about their alcohol use (19%, n. 61) or those who are never concerned about their alcohol use (19%, n. 55, $p = .015$, see table 11.3e).

Table 11.3e: **Have you ever been homeless? By concern about alcohol use**

		Yes	No	Total
Never	No.	55	234	289
	%	**40.1**	**43.3**	**42.7**
	%	**19**	**81**	**100**
Sometimes	No.	61	266	327
	%	**44.5**	**49.3**	**48.3**
	%	**18.7**	**81.3**	**100**
Frequently	No.	21	40	61
	%	**15.3**	**7.4**	**9**
	%	**34.4**	**65.6**	**100**
Total	No.	137	540	677
	%	100	100	100
	%	20.2	79.8	100

11.3.4. Sex for somewhere to stay

There is no significant relationship between having sex for somewhere to stay and the use of alcohol or illegal drugs/legal drugs without prescription. This means that those who use alcohol and drugs are just as likely as those who do not to have had sex or made themselves available to have sex in order to have somewhere to stay, than those who do not.

11.4. Conclusions

Alongside health and safety, housing is an area that differs between LGBT people and has a relationship with use of drugs and alcohol. However, this chapter shows that LGBT people who use alcohol and drugs, and those who do not, do not present a uniform picture regarding their needs. There is a need to pay attention to those who do not drink/take drugs, to understand their needs alongside those who do take drugs/drink alcohol.

11.4.1. Drug use

Though the research found that there is no relationship between drug use and difficulty in getting accommodation, there is a significant relationship between drug use and tenure. LGBT people who have used illegal drugs/legal drugs without prescription are less likely to live in privately owned accommodation (43%, n.173) than those who have not (53%, n.211), and more likely to live in privately rented accommodation (34%, n.137) and other types of accommodation (20%, n.79) than those who have not (14%, n.57 and 14%, n.57, respectively). In addition, drug use is related to homelessness – those who have used illegal drugs or used legal drugs without a prescription are more likely than those who have not to have been homeless.

11.4.2. Alcohol use

LGBT respondents who do not drink alcohol are more likely (34%, n.36) to have had such difficulties finding accommodation than those who do drink alcohol (24%, n.150). LGBT people who drink alcohol are considerably less likely to live in council housing (3%, n.17) than those who do not drink (15%, n.18). They are also more likely to live in privately owned accommodation (50%, n.330) and privately rented accommodation (31%, n.208) compared to those who do not drink alcohol (39%, n.45 and 22%, n.26, respectively). LGBT respondents who drink alcohol are less likely to have ever been homeless (21%, n.135) than those who do not drink alcohol (30%, n.34).

12. Relationships and support

12.1. Introduction

For those who are within marginalised groups who experience discrimination, prejudice and abuse, relationships and support networks can be particularly important. LGBT people may access diverse support networks, as well as relying on families of origin. Therefore, relationships and support networks could be LGBT or straight friends, lovers or family, and formal or informal. In this chapter, the report discusses how LGBT people's use of drugs and alcohol statistically relates to relationships and support. It looks at respondents' current relationships with their families of origin, informal support and friends. Informal support can come in various forms – as seen in chapter 5, people receive information on drug use from friends, dealers and other informal networks. Therefore it is important to examine how these networks support individuals.

12.2. Support systems

Those who do not drink alcohol are more likely to say that no one supports them on a regular basis (18%, n. 92) compared to 11%, n. 72) of those who drink alcohol. Those who do not use illegal drugs or legal drugs without prescription/medical advice are also more likely to say that no one supports them on a regular basis (14%, n. 53) compared to those who do use drugs (10%, n. 38).

While 11% (n.72) of alcohol drinkers say that no-one supports them, this rises to 18% (n.92) for those who do not drink alcohol (see table below).

Table 12.2a: **Who supports you on a regular basis? By, alcohol use**

		No answer	No one	Total
Drink alcohol	No.	579	72	651
	%	**88.9**	**11.1**	**100**
Don't drink alcohol	No.	89	20	109
	%	**81.7**	**18.3**	**100**
Total	No.	668	92	760
	%	87.9	12.1	100

P=0.031 hence there is a significant relationship between no one supporting respondents on a regular basis and alcohol use.

Of those respondents who use drugs, 10% (n.38) say that no-one supports them, compared to 14% (n.53) of people who do not use drugs.

Table 12.2b: **Who supports you on a regular basis By, drug use**

		No answer	No one	Total
Use drugs	No.	361	38	399
	%	**90.5**	**9.5**	**100**
Don't use drugs	No.	324	53	377
	%	**85.9**	**14.1**	**100**
Total	No.	685	91	776
	%	88.3	11.7	100

P=0.050 hence there is a significant relationship between no one supporting respondents on a regular basis and drug use.

12.3. Family of origin

Those who drink alcohol have a better relationship with their families of origin than those who do not drink. Those who do not drink are less likely to be accepted by their families of origin and are less likely to be out to their family. Conversely, those who use drugs are actually more likely to say that they are 'out' to their family of origin and that their family 'accepts it' (48%, n.195) than those who do not use drugs (39%, n.147).

12.3.1. Alcohol

Those who drink alcohol are more likely (42%, n. 276) than those who do not drink alcohol (30%, n. 32) to say their relationship with their family of origin is very good ($p < .001$, see table 12.3a). They are also more likely to say their relationship with their family of origin is good (34%, n. 226, compared to 29%, n. 31). They are less likely than those who do not drink alcohol to say their relationship with their family of origin is very poor (5%, n. 34, compared to 14%, n. 15).

Table 12.3a: **How would you describe your current relationship with members of your family of origin? By alcohol use**

		Very good	Good	Neither good nor poor	Poor	Very poor	Total
Drink alcohol	No.	276	226	81	42	34	659
	%	**89.6**	**87.9**	**77.9**	**87.5**	**69.4**	**86**
	%	**41.9**	**34.3**	**12.3**	**6.4**	**5.2**	**100**
Don't drink alcohol	No.	32	31	23	6	15	107
	%	**10.4**	**12.1**	**22.1**	**12.5**	**30.6**	**14**
	%	**29.9**	**29**	**21.5**	**5.6**	**14**	**100**
Total	No.	308	257	104	48	49	766
	%	100	100	100	100	100	100
	%	40.2	33.6	13.6	6.3	6.4	100

There is not a difference between the type of relationships respondents have with their family of origin and those who are and who are not concerned about their alcohol use. There is also not a difference between these relationships and seeking greater control over drug use.

Those who do not drink alcohol are less likely to be supported by their family of origin. The research reveals that while 50% (n.328) of those who drink alcohol are supported by their family of origin, this figure falls to 35% (n.39) for those who do not drink alcohol (see table 12.3b, p. = 0.003).

Table 12.3b: **Who supports you on a regular basis? – Family of origin by, alcohol use**

		Not family of origin	Family of origin	Total
Drink alcohol	No.	326	328	654
	%	**81.9**	**89.4**	**85.5**
	%	**49.8**	**50.2**	**100**
Don't drink alcohol	No.	72	39	111
	%	**18.1**	**10.6**	**14.5**
	%	**64.9**	**35.1**	**100**
Total	No.	398	367	765
	%	100	100	100
	%	52	48	100

However, those who drink alcohol and those who do not differ in relation to receiving regular support from families of origin. There is not a significant relationship between being 'out' to family of origin and them being very supportive, and alcohol use.

Those who do not drink alcohol are less likely to say that they are 'out' to their family of origin and that their family accepts it. The research reveals that while 46% of those who drink alcohol are 'out' to an accepting family of origin, only 32% of those who do not drink alcohol are in this situation (see table 12.3c, p =0.007).

Table 12.3c: **Are you 'out' to your family of origin about your sexual orientation/gender identity? – Yes, they accept it by, alcohol use**

		Not yes they accept it	Yes , they accept it	Total
Drink alcohol	No.	358	302	660
	%	**54.2**	**45.8**	**100**
Don't drink alcohol	No.	73	34	107
	%	**68.2**	**31.8**	**100**
Total	No.	431	336	767
	%	56.2	43.8	100

12.3.2. Drug use

There is no significant difference between current relationships with family of origin and drug use. There is no significant relationship between being 'out' to a 'very supportive' family of origin and drug use. On the other hand, there is a significant relationship between being 'out' to an 'accepting' family of origin and drug use. The research reveals that those who use drugs are more likely to say that they are 'out' to their family of origin and that their family 'accepts it' (48%, n.195) than those who do not use drugs (39%, n.147, p= 0.005, see table 12.3d).

Table 12.3d: **Are you 'out' to your family of origin about your sexual orientation/gender identity? -– Yes, they accept it by, drug use**

		Not yes they accept it	Yes , they accept it	Total
Use drugs	No.	358	302	660
	%	**54.2**	**45.8**	**100**
Don't use drugs	No.	73	34	107
	%	**68.2**	**31.8**	**100**
Total	No.	431	336	767
	%	56.2	43.8	100

12.4. Friends

LGBT respondents who drink alcohol are more likely than those who do not to be supported by both LGBT friends (68%, n. 447 compared to 52%, n. 59) and straight friends (60%, n. 391 compared to 45%, n. 51). On the other hand, those who use drugs are more likely to be supported by lovers (8%, n. 30) than those who do not (2%, n. 59), and are also more likely to be supported by LGBT friends (70%, n. 283) compared to those who don't take drugs (61%, n. 235).

68% (n.447) of those who drink alcohol say that LGBT friends support them on a regular basis, compared to 52% (n.59) of those who do not drink alcohol (p=0.001, see table 12.4a).

Table 12.4a: **Who supports you on a regular basis? – LGBT friends by, alcohol use**

		Not LGBT friends	LGBT friends	Total
Drink alcohol	No.	210	447	657
	%	**32**	**68**	**100**
Don't drink alcohol	No.	54	59	113
	%	**47.8**	**52.2**	**100**
Total	No.	264	506	770
	%	34.3	65.7	100

As table 12.4b shows 60% (n.391) of those who drink alcohol say that straight friends support them on a regular basis, compared to 45% (n.51) of those who do not drink alcohol (p=0.004).

Table 12.4b: **Who supports you on a regular basis? - Straight friends by, alcohol use**

		Not straight friends	Straight friends	Total
Drink alcohol	No.	265	391	656
	%	**40.4**	**59.6**	**100**
Don't drink alcohol	No.	62	51	113
	%	**54.9**	**45.1**	**100**
Total	No.	327	442	769
	%	42.5	57.5	100

8% (n.30) of those who use drugs say that lovers support them on a regular basis, compared to only 2% (n.59) of those who do not use drugs (see table 12.4c, p=0.001).

Table 12.4c: **Who supports you on a regular basis? – Lovers by, drug use**

		Not lovers	Lovers	Total
Use drugs	No.	369	30	399
	%	**92.5**	**7.5**	**100**
Don't use drugs	No.	368	9	377
	%	**97.6**	**2.4**	**100**
Total	No.	737	39	776
	%	95	5.0	100

Table 12.4d shows that 70% (n.283) of those who use drugs say that LGBT friends support them on a regular basis, compared to 61% (n.235) of those who do not use drugs (p=0.006).

Table 12.4d: **Who supports you on a regular basis? – LGBT friends by, drug use**

		Not LGBT friends	LGBT friends	Total
Use drugs	No.	119	283	402
	%	**29.6**	**70.4**	**100**
Don't use drugs	No.	150	235	385
	%	**39**	**61**	**100**
Total	No.	269	518	787
	%	34.2	65.8	100

12.5. Control over drug use

LGBT respondents who say they want more control over their drug use are more likely (32%, n. 13) to say that their relationship with their family of origin is very poor, compared to those who don't want more control (12%, n. 41). They are also less likely (10%, n. 15) to be supported by a live-in partner than those who don't want more control (42%, n. 132). This may indicate an area of support that is needed when seeking control over drug use.

Table 12.5a: **Relationship with family of origin and control over drug use**

		Very good	Neither good nor poor	Very poor	Total
Want control over drug use	No.	23	5	13	41
	%	**8.1**	**8.8**	**24.1**	**10.4**
	%	**56.1**	**12.2**	**31.7**	**100**
No / don't know	No.	261	52	41	354
	%	**91.9**	**91.2**	**75.9**	**89.6**
	%	**73.7**	**14.7**	**11.6**	**100**
Total	No.	284	57	54	395
	%	100	100	100	100
	%	71.9	14.4	13.7	100

As seen earlier in this chapter, there is no significant difference between those who use drugs and those who do not in terms of their current relationships with their families of origin. However, respondents who want control over their drug use are considerably more likely to describe their relationship with their family of origin as very poor (32%, n. 13) than those who do not want control over their drug use (12%, n.41). They are also less likely to rate this relationship as very good (56%, n.23) than those who do

not want control over their drug use (74%, n.261). Of those who use drugs and have a very poor relationship with their family of origin, 24% (n. 13) want control over their drug use (p =0.002, see table 12.5a).

The research shows that respondents who want more control over their drug use are far less likely to by supported by a partner living with them, than those who do not want more control over their drug use. Whereas 42% (n. 132) of those who do not want more control over their drug use are supported by a partner who lives with them, this support is only available for 10% (n.15) of those who do want control over drug use.

Table 12.5b: **Who supports you on a regular basis? – Partner who lives with you by, wanting more control over drug use**

		Not partner who lives with you	Partner who lives with you	Total
Want more control over drug use	No.	26	15	41
	%	**63.4**	**36.6**	**100**
	%	**10.9**	**9.7**	**10.4**
Don't want more control over drug use	No.	182	132	314
	%	**76.5**	**85.2**	**79.9**
	%	**58**	**42**	**100**
Don't know	No.	30	8	38
	%	**12.6**	**5.2**	**9.7**
	%	**78.9**	**21.1**	**100**
Total	No.	238	155	393
	%	100	100	100
	%	60.6	39.4	100

P=0.041 hence there is a significant relationship between respondents supported by partners who live with them and wanting more control of drug use.

12.6. Conclusion

This chapter indicates that there are differences in relation to drugs and alcohol and relationships and support. These point to areas of need for those who do not drink alcohol as well as those who do not take drugs. However, there is also an issue of gaps in support networks with people who seek to have further control over their drug use. This evidence points to the place of support networks within LGBT communities and their potential relationships with alcohol and drug use, which needs further exploration.

12.6.1. Alcohol use

Those who drink alcohol are more likely to have a good relationship with their families of origin compared to those who do not drink alcohol. This can be linked to the finding that while 50% (n.328) of those who drink alcohol

are supported by their families of origin, only 35% (n.39) of those who do not drink are. Those who do not drink alcohol are also less likely to be 'out' to an accepting family of origin. Furthermore, aside from families, LGBT respondents who do not drink alcohol are less likely to say they are supported by both LGBT and straight friends. Compounding this finding, they are more likely than those who drink alcohol to say that no-one supports them on a regular basis. This links back to other chapters regarding housing, safety and health (see chapters 9, 10 & 11). However, it also relates to chapter 2 which found that those who are in vulnerable groups (such as trans people and those who are isolated) are less likely to drink compared to other LGBT people. These findings thus indicate that multiple marginalisation and those who do not drink need further exploration.

12.6.2. Drug use

Unlike with alcohol, the research found no significant relationship between respondents' use of illegal drugs/legal drugs without prescription/medical advice and relationships with their families of origin. Similar to alcohol however, those who use drugs are less likely (10%, n.38) to say that no-one supports them on a regular basis than those who do not use drugs (14%, n.53). In a similar vein, respondents who have used illegal drugs/legal drugs without prescription are more likely (48%, n.195) to say they are 'out' to an accepting family of origin than those who do not use drugs (39%, n.147), and they are also more likely to say that they are supported by lovers and by LGBT friends. These findings challenge assertions that the use of drugs by LGBT people necessarily breaks down relationships. However, it should be noted that respondents who say they want greater control over their drug use are more likely to say that they have a 'very poor' relationship with their family of origin than those who do not desire greater control, and they are also less likely to say that their relationship is 'very good'.

13. Monitoring & consultation

13.1. Introduction

Monitoring is seen as an important tool in ensuring the equity of service provision and enabling services to find where gaps exist in relation to their provision for the diverse communities of Brighton & Hove. Although census data is not available regarding sexual or gender identities to offer what are often seen as 'base level' statistics, monitoring can still be an important tool in drawing attention to equity issues. Sexual and gender identities are often perceived to be 'too personal' to monitor. This results in an absence of sexuality/gender identity data and thus no understanding of how these communities use or interact with particular services. This chapter will address whether LGBT people are happy to be asked about their gender/sexual identities and the geographical variations in this data collection. The data regarding local government duties to consult with the diverse populations within their communities are then addressed using the sample responses to the questions around how they feel consultations should occur.

13.2. Monitoring

The majority (85%, see table 13.2a, p=.007) of LGBT people are happy to give information about their gender/sexual identities if they believe the service is LGBT friendly and the data is confidential and anonymous (Browne, 2007a).

Table 13.2a: **Are you willing to give information about your sexual orientation / gender identity when using or accessing services for monitoring purposes?**

		Total
Yes, always	No.	311
	%	40.1
Yes, if the information was anonymous and confidential	No.	152
	%	19.6
It would depend on how LGBT friendly I thought the service was	No.	198
	%	25.5
Sometimes	No.	76
	%	9.8
Never	No.	15
	%	1.9
Don't know	No.	16
	%	2.1
Other (please specify)	No.	8
	%	1.0
Total	No.	776
	%	100.0

13.3. Modes of consultation

61% of respondents would like to see consultations by the police, Council and NHS undertaken by questionnaire, perhaps unsurprising as this was the tool used to collect this data. A smaller proportion would like to have open public meetings (47%), LGBT community forums (38%), community events (38%) and LGBT focus groups (36% see table 13.3a). The citizens panel was the least popular option (24%), although a citizens panel may be a means of recruitment rather than a mode of consultation.

Table 13.3a: **How would you like service providers to consult with you?**

	Frequency	Percent
Questionnaires	500	61.1
Open public meetings	388	47.4
LGBT community forums	312	38.1
Community events	311	38.0
LGBT focus groups	294	35.9
Citizens panel	194	23.7
Don't know	87	10.6
Other	18	2.2

However, the qualitative data on the questionnaire also suggested internet chat rooms, surveys (this, again, may reflect the techniques use for Count Me In Too) and emailed surveys from LGBT groups would be positively viewed. There was a mention of the need for these 'consultations' to be co-operative such that authorities take 'proper notice of LGBT desires and wishes' (questionnaire 168).

13.4. Conclusion

LGBT people are willing to engage with statutory services in their efforts to monitor in order to improve their services. However, these monitoring procedures need to ensure the confidentiality of the information, in addition to services being LGBT friendly. Data on preferences regarding consultation suggests that consultations should use a variety of different measures in order to explore the views and needs of the LGBT populations in Brighton & Hove.

14. Conclusion

14.1. Introduction

This report identified a number of issues that were particular to LGBT people and related to their use of drugs and alcohol, as well as support with regard to drug/alcohol use. This conclusion will draw out the main points from across the report. It is broken down into key issues and areas of concern. The chapter will firstly explore levels of drug use and alcohol use; service need use and provision; LGBT scenes and the implications for LGBT people of taking drugs /drinking alcohol. This paints a powerful picture of the data regarding LGBT people and drug and alcohol use[1].

14.2. Levels of alcohol and drug use amongst LGBT people

This research shows that there are at least comparable levels of alcohol use amongst LGBT people when compared to an estimate of use amongst the local population. It also found a huge difference in drug use amongst LGBT people when compared with the available figures for the general population (it should be noted that the general population includes LGBT people so these categories are not mutually exclusive).

The report also noted that while official government guidelines and mainstream research such as ANARP (Drummond et al 2004) divides people strictly according to two fixed genders (male and female), this binary division ignores the existence of those who do not fit into traditional gender categories. This means that health-related advice that is based on a fixed understanding of male/female may not account for trans people or those who may not exist within male/female categories.

14.2.1. Alcohol

The vast majority (85%, n.669) of LGBT people in this research drink alcohol. However, certain groups within the LGBT community are more likely to drink alcohol. These groups include: gay male respondents; queer

[1] It is noted in the introduction that this research does not adequately account for those who may be 'dependant' or 'problematic' in terms of their alcohol/drug use.

respondents; white respondents; young respondents; and those who earn more. Nonetheless, alcohol use remains high across all categories of LGBT people. More than half of respondents who drink say that in an average week they drink alcohol once every two days. 19% of LGBT people are 'binge drinkers' (n. 156). 21% (n.169) of all LGBT people are hazardous drinkers and 5% (n.43) are harmful drinkers. 67% (n.451) of LGBT people who drink alcohol do so within or close to the recommended guidelines. Therefore, LGBT people need alcohol services and awareness-raising regarding harmful and hazardous drinking, in line with government priorities. Due to the way this survey has been undertaken and the use of conservative categories for the definition of hazardous and harmful drinking, these figures are likely to be an undercount (see introduction).

14.2.2. Drugs

Almost half of the sample has used illegal drugs or legal drugs without prescription. As with the consumption of alcohol, certain groups within the LGBT community are more likely to have used drugs. These groups include: queer respondents; bisexual respondents; young LGBT people; those in debt; and those with mental health difficulties. The most commonly used drug is cannabis – of those LGBT people who have taken illegal drugs or legal drugs without prescription/medical advice, two thirds (n.268) have used cannabis. This is followed by ecstasy (48%, n.195), cocaine (45%, n.184), poppers/amyl nitrite (44%, n.178), and ketamine (26%, n.105). When compared with the British Crime Survey (Nicholas et al 2007) LGBT people across all age ranges are more likely to have used illegal drugs or use legal drugs with a prescription or proper medical advice when compared to the general population 16-59 year olds. This indicates that whilst most drug use progressively decreased amongst older age groups, levels of drug use are higher for all LGBT people, compared to the general population. Drug and alcohol consumption is often broken down by gender in ways that only account for male/female. This is problematic, particularly considering that those who identify as a gender other than male or female are more likely than men and women to have used cocaine (20%, n.5). In this research, men are more likely to have used poppers/amyl nitrite (32%, n.142), ecstasy (29%, n.131), ketamine (19%, n.85), crystal meth (7%, n.29) and GHB (6%, n.26), while men and women are equally likely to have used cocaine (16%, n.129 and n.52, respectively).

The research shows that those who identify as queer are the most likely to say they have used drugs (85%, n. 23), followed by those who identify as bisexual (62%, n.29), then gay men (51%, n. 217), lesbians (45%, n. 125) and finally those who are otherwise coded outside of these categories (41%, n. 12). This indicates that all sexualities within the LGBT spectrum need to be accounted for when addressing LGBT drug use. Gay men are more likely than other LGBT people to have used poppers/amyl nitrite (32%, n.135), ketamine (19%, n.81), ecstasy (29%, n.122) and GHB (6%, n.26). Those who identify as queer are the most likely to have used cocaine (37%, n.10).

These figures are arguably undercounts due to reasons outlined in the introduction. Thus, these should be taken as indicative of the amount of work that needs to be done in this area and with LGBT communities.

Respondents who have used illegal drugs or legal drugs without prescription/medical advice discussed their experiences using these substances. They recorded the consequences of their use and 'negative' experiences were often intertwined with a narrative of otherwise positive experiences of drug use.

14.3. Service Need, Use and Provision for LGBT Respondents

This research found that LGBT respondents did not use mainstream treatment services targeted at dependent users of opiates and crack, and many were unaware of the services that exist. This might be expected, given that of those who use drugs only a minority sought further control of their drug use. In contrast, most of the people who drink alcohol were sometimes/frequently concerned about their drinking. Local drug treatment services will and do work with anyone who uses drugs problematically (regardless of substance used); however resources are necessarily focused towards prioritising those at most risk of drug-related harm and death; this would include prioritising those with co-morbidity (mental and physical health problems), parents, pregnant users and homeless people. Services also prioritise prolific offenders as they are likely to cause most harm to the community. Evidence clearly shows that heroin and crack use present the most risk of harm to individuals, families and communities.

14.3.1. Alcohol

Few of the respondents who drink alcohol (2%, n.12) have used alcohol services. 58% (n. 340) of those who drank alcohol did not know of services that they could use should they need help. However, there is a perception that services are available to LGBT people should they need them. This is problematic where, in the case of alcohol services, not only is the use of alcohol services low, many of those who do not use such a service, name alcohol services which no longer exist.

More than half (57%, n.384) of respondents who drink alcohol say that they have been concerned about their alcohol consumption at some point. 42% (n.278) say that they are never concerned about their alcohol consumption. The most common incentive that would make LGBT respondents consider reducing/stopping their alcohol drinking are: concerns about health (33%, n. 216). 28% (n. 78) spoke of a relationship or a partner, indicating that individual interventions may need to be considered alongside those that deal with finding and maintaining healthy LGBT relationships. In addition, 11% (n. 63) said that not going out as much would influence them to reduce/stop their drinking.

14.3.2. Drugs

Only 2% (n.9) of LGBT people who have used illegal drugs or used legal drugs without a prescription have used drug services in Brighton & Hove.

Respondents in the qualitative data identified issues with the ways that health interventions can rely on specific conceptualisations of addiction and the place of drugs used by LGBT people such as GHB needs revisiting. Yet, the research suggests that very few of the respondents in this research believe themselves to be in need of drug services. When asked what would encourage them to use drug services, the most popular responses were developing a 'real' drug problem, and that there was no need. This needs further exploration, particularly with those who are defined as 'dependant' and 'problematic'.

Of those who have used illegal drugs or legal drugs without prescription/medical advice, 10% (n.41) say that they would like more control over their drug use, with another 10% (n.38) saying that they are unsure. Similar to other research regarding cocaine, those who have used cocaine are more likely than those who have not to want more control. The research found no significant relationship between age, gender or sexuality and wanting more control over drug use, meaning that within these categories, people are equally likely to want control over their drug use. This points to the need for services and campaigns to address the broad range of LGBT people.

When getting information about drugs, almost half of the respondents said that they used friends to get this information (48%, n. 193). 18% (n. 73) said that they had not found any information about drugs. The qualitative data indicated that current campaigns were rejected as portraying an unrealistic picture of drug use that failed to give the information respondents wanted or to address the positive effects of drug use.

Respondents who say they want greater control over their drug use are more likely to say that they have a 'very poor' relationship with their family of origin than those who do not desire greater control, and they are also less likely to say that their relationship is 'very good'. This indicates particular support needs for LGBT people who may seek support to control their drug use.

14.4. LGBT specific provision

The majority of LGBT respondents say that they want a healthy living centre providing a range of services for LGBT people. Alongside this there was a desire for LGBT specific drug and alcohol provision.

14.4.1. Alcohol

When asked about the possibility of an alcohol help/advice service specifically for LGBT people, the majority of respondents (58%, n.366) said that they would use such a service. This rises to 59% (n. 99) of hazardous drinkers, 63% (n. 98) of those who fall into the category of binge drinker, and 65% (n. 28) of harmful drinkers.

14.4.2. Drugs

The majority (57%, n. 225) of those who have used illegal drugs/legal drugs without a prescription in the past 5 years say that there should be LGBT-specific campaigns and information in Brighton & Hove. A wide variety of suggestions were made as to what sort of issues should be covered by such campaigns. The most common broad categories of response were, the effects and risks of drug use (n.51); harm reduction and safer use (rather than stopping) (n.25); health risks and the effects of drug use (n.23); information about specific drugs/mixtures (n.20); drug use in the LGBT scene/communities (n. 17); drug use and LGBT identities (n.17); drug use and sex (n.14); and drug use and mental health (n.12). The qualitative data gave insights into how drug use is perceived, and the implications this has in order for campaigns and information to be effective and useful for LGBT people. These also lead to insights regarding the need for support groups, the desire for information that addresses all aspects of drug use (including representing positive aspects) and the extent of the knowledge that LGBT people who take illegal drugs or use legal drugs without a prescription already have.

14.5. LGBT Scenes

Respondents in focus groups indicated that alcohol and other substances can be used to 'fit in' with the LGBT scene and provide a sense of comfort and belonging. Similarly, they can also be used by LGBT people to deal with experiences of discrimination, and address isolation and provide support.

This was supported by the quantitative data where respondents who said that they drink alcohol (77%, n.510) are far more likely to enjoy using LGBT venues and events than those who do not drink (50%, n.59) and conversely, those who do not drink alcohol (26%, n.31) are considerably more likely to say that they do not use LGBT venues or events, compared to those who do drink alcohol (10%, n.68). Similarly, those who have taken drugs (82%, n.330) are far more likely to enjoy using LGBT venues and events than those who have not taken drugs (63%, n.253). Equally, those who do not take drugs (19%, n.74) are considerably more likely to say that they do not use LGBT venues or events compared to those who use drugs (6%, n.25). Particular drugs were significant in the enjoyment of the scene. Those who have used GHB (93%, n.26), crystal meth (90%, n.34), poppers/amyl nitrite (89%, n.157), ketamine (89%, n.95), cocaine (86%, n.159) or ecstasy (84%, n.164) in the past 12 months are more likely to enjoy LGBT venues and events than those who have not. However, those who have used cannabis in the five years before this research are in fact *less* likely (79%, n.212) than those who have used other drugs aside from cannabis (88%, n.120) to say that they enjoy using LGBT venues and events. Those who use drugs are slightly more likely to have attended Pride every single year (49%, n. 196) than those who have not (41%, n. 160). Those who have not taken drugs have attended Pride less frequently than those who have taken drugs.

Moreover, concern over alcohol use does not necessarily deter LGBT people who drink alcohol from using LGBT venues and events. On the contrary, those who are frequently or sometimes concerned about their alcohol consumption are *more likely* (79%, n. 310) to say they enjoy using these events and venues compared to those who are never concerned (72%, n. 213). This is not the same for those who seek to have more control over their drug use. Those who want more control over their drug use are slightly more likely (14%, n. 6) to say that they do not use LGBT venues or events, compared to 6% (n. 21) of those who do not or who do not know. However, 83% (n. 35) of those who want more control over their use of illegal drugs/legal drugs without a prescription say that they enjoy using LGBT venues and events.

For some respondents who drink alcohol, getting drunk is a main attraction of the LGBT commercial scene (23%, n. 115). Despite this the majority of alcohol drinkers (78%, n. 397) said that getting drunk is not a reason for them to use such venues and events. Respondents who have used illegal drugs or legal drugs without prescription are also more likely to use LGBT venues and events to get drunk (26%, n. 87) than those who have not used drugs (12%, n. 31). However, respondents who drink/take drugs and those who do not shared many common motivations for using LGBT venues and events: as a safe place; for meeting friends; for having sex/meeting people to have sex; for meeting people to have relationships with and drinking alcohol; for making friends and drinking alcohol; and for meeting people who share aspects of their identity. This indicates that use of the scene is for more than simply getting drunk/taking drugs and the scene provides many functions including those listed here. Thus, these roles need to be accounted for when addressing alcohol/drug use amongst LGBT people.

14.6. Implications of drinking/taking drugs for LGBT respondents

Understanding that the consequences of drinking/taking drugs may be social, cultural, personal, as well as health related, this research ran numerous tests across these areas. Because drugs and alcohol can be used by LGBT people to deal with experiences of discrimination, and scene spaces are important sites of networking, socialising and developing belonging, LGBT people who do not drink or use drugs may not have access to certain ways of LGBT belonging or coping with marginalisation. Consequently the research found significant issues for LGBT respondents who do not drink, and some areas of concern for those who do not take drugs. In relation to service provision that explicitly addresses mental health, the need for provision that supports LGBT people is clear from the figures for suicide and mental health.

14.6.1. Alcohol use

More than a third (n.231) said their alcohol consumption has led to arguments with friends and family. 26% (n.174) also said that it has led to

time off of work, college or university. However, of those who drink alcohol, a third (n.219) say that drinking has never led to any of the potentially negative consequences listed in the questionnaire.

14.6.2. Drug use

LGBT people who use illegal drugs/legal drugs without prescription are more likely to experience hate crime, but LGBT people who use drugs (81%, n.330) are considerably more likely than those who haven't used drugs in the past five years (66%, n.259) to have experienced a sexuality- or gender-related hate crime in the past five years. However, they are more likely (91%, n.368) than those who do not use drugs (82%, n.322) to feel safe outside during day and night, and less likely to avoid public displays of affection, going out at night, using the LGBT scene and attending LGBT groups/events.

Those who have used illegal drugs/legal drugs without prescription are more likely to have experienced mental health difficulties (including significant emotional distress, depression, anxiety, anger management, fears/phobias, problem eating, panic attacks, self-harm, addictions/dependences and suicidal thoughts) than those do not. Those who have used illegal drugs or used legal drugs without a prescription/appropriate medical advice are more likely (28%, n.113) to say they have had serious suicidal thoughts in the past five years than those who have not (20%, n.76). They are also more likely (57%, n.29) to have attempted suicide in the past five years than those who have not used drugs (43%, n.22). The research found that respondents who have experienced mental health difficulties are considerably more frequently concerned with their alcohol consumption. Anxiety and addictions/dependencies significantly predict concern with alcohol consumption - in other words, those who experience anxiety and addictions/dependencies are more likely to be concerned about their alcohol consumption. The desire for more control over the use of illegal drugs/legal drugs without prescription is related to suicidal thoughts and addictions/dependencies. These mental health difficulties significantly predict an individual's desire for more control over their drug use. Those who have had suicidal thoughts are 4.7 times more likely than those who have not to want more control over their drug use. Those who have addictions/dependencies are 5.6 times more likely than those who have not to want more control over their drug use.

People who have used illegal drugs/legal drugs without prescription are more likely than those who have not to have had more than six sexual partners in the last twelve months. Those who use illegal drugs/legal drugs without prescription are considerably more likely (44%, n.178) to smoke than those who do not (22%, n.89).

Though the research found that there is no relationship between drug use and difficulty in getting accommodation, it found that there is a significant relationship between drug use and tenure. LGBT people who have used illegal drugs/legal drugs without prescription are less likely to live in privately owned accommodation (43%, n.173) than those who have not (53%, n.211), and more likely to live in privately rented accommodation (34%, n.137) and other types of accommodation (20%, n.79) than those who have not (14%, n.57 and 14%, n.57, respectively). In addition, drug use is related to

homelessness – those who have used illegal drugs or used legal drugs without a prescription are more likely than those who have not to have been homeless.

14.6.3. LGBT respondents who do not take drugs

Those who use drugs are less likely (10%, n.38) to say that no-one supports them on a regular basis than those who do not use drugs (14%, n.53). In a similar vein, respondents who have used illegal drugs/legal drugs without prescription are more likely (48%, n.195) to say they are 'out' to an accepting family of origin than those who do not use drugs (39%, n.147), and they are also more likely to say that they are supported by lovers and by LGBT friends. These findings challenge assertions that the use of drugs by LGBT people necessarily breaks down relationships.

Furthermore, regarding avoidance behaviour and feelings of safety outside in Brighton & Hove, those who do not use illegal drugs/legal drugs without prescription are the group that reports more avoidance behaviours, which has implications for quality of life and isolation.

14.6.4. LGBT respondents who do not drink

Certain groups are less likely to drink alcohol. The groups less likely to drink alcohol mirror those who have been identified in other Count Me In Too reports as vulnerable (see Browne, 2007; Browne and Lim 2008a; b; c; d; e) and include: trans respondents; those who identify as disabled/long-term health impaired; those who say they are isolated; those who have mental health difficulties; and those who are parents/guardians or close to a child/young person. Whilst for these as for the findings that follow it cannot be established if not drinking alcohol lead to these experiences, perceptions and difficulties or if these experiences, perceptions and difficulties lead to not drinking alcohol.

Respondents who drink alcohol are as likely to experience hate crime as those who do not. However, those who do not drink alcohol are more likely (41%, n.46) than those who do drink alcohol (29%, n.190) to have experienced abuse, violence or harassment from a family member or someone close to them. In addition, those who do not drink alcohol are more likely to have safety fears and exhibit avoidance behaviours than those who do drink. LGBT respondents who drink alcohol are more likely to say that there is no place in Brighton & Hove where they do not feel safe, that they feel safe in their home, and that they feel safe outside during day and night. Furthermore, those who do not drink alcohol are more likely to avoid going out at night, neighbourhood events/activities, public transport, education/training, public services, going to work, going home, the LGBT scene and LGBT groups/events. The safety fears of those who do not drink regarding LGBT scenes, groups or events, could result in isolation and issues regarding belonging to the LGBT communities.

LGBT people who do not drink alcohol are more likely to have experienced mental health difficulties (including significant emotional distress, depression, anxiety, anger management, fears/phobias, problem eating, panic attacks, self-harm, addictions/dependences and suicidal thoughts) than those do not. Those who drink alcohol are less likely (22%, n.145) than

those who do not (35%, n.40) to have had serious thoughts of suicide, and they are also less likely (6%, n.37) to actually have attempted suicide than those who do not drink alcohol (10%, n.12). This indicates that those LGBT people who do not drink alcohol may not have access to important 'coping mechanisms' available to LGBT people who do drink. More research is needed to assess further the potential impacts of this.

Those who drink alcohol are more likely to describe their physical health as 'good' or 'very good' than those who do not drink alcohol. They are also less likely to describe their physical health as 'poor' or 'very poor'. Therefore, in addition to feelings of safety, the research has found that it is those LGBT people who do not drink alcohol who are more likely to experience difficulties in terms of their physical, as well as mental, health.

LGBT respondents who do not drink alcohol are more likely (34%, n.36) to have had difficulties finding accommodation than those who do drink alcohol (24%, n.150). LGBT people who drink alcohol are considerably less likely to live in council housing (3%, n.17) than those who do not drink (15%, n.18). They are also more likely to live in privately owned accommodation (50%, n.330) and privately rented accommodation (31%, n.208) compared to those who do not drink alcohol (39%, n.45 and 22%, n.26, respectively). LGBT respondents who drink alcohol are less likely to have ever been homeless (21%, n.135) than those who do not drink alcohol (30%, n.34).

Those who drink alcohol are more likely to have a good relationship with their families of origin compared to those who do not drink alcohol. This can be linked to the finding that while 50% (n.328) of those who drink alcohol are supported by their families of origin, only 35% (n.39) of those who do not drink are. Those who do not drink alcohol are also less likely to be 'out' to an accepting family of origin. Furthermore, aside from families, LGBT respondents who do not drink alcohol are less likely to say they are supported by both LGBT and straight friends. They are more likely than those who drink alcohol to say that no-one supports them on a regular basis. This is associated with problems with housing, safety and health. Therefore, these findings thus indicate issues of multiple marginalisation and those who do not drink needs further exploration.

14.7. Conclusion

This research has shown the extent of LGBT drug and alcohol use in this sample, outlining some of the specific issues that LGBT people face in relation to use of these substances. It has found that mainstream services are not well used by respondents and that there is a desire for LGBT specific provision. Further research is needed to explore LGBT dependent drug or alcohol users who may not have engaged with the data collection methods used in this research. Moreover, in order to address the wellbeing of LGBT people, more research is needed on the experiences of LGBT people who do not drink alcohol and who do not use drugs, as well as on the benefits for those who do drink alcohol and use drugs.

15. Recommendations

In implementing these recommendations, it is important that account is taken of:

- Drug and alcohol use across the LGBT community - this needs to recognise and include:
  - queer and bi people – not just lesbians and gay men.
  - Trans people and those of no or another gender
  - younger LGBT people, but not limit services, support or campaigns to this age category
- The type of drug use that is prevalent amongst LGBT people - these are not just 'class A drugs'
- The current targeting of treatment resources to those whose drug use presents the greatest risk of harm to themselves, their families and the community (with priority therefore given to problematic opiate or crack use) may have the effect of excluding many, including those from the LGBT community, who may be in need of support for their drug use.

15.1. LGBT Young People (aged up to 26)

It is recommended that the high level of drug use amongst LGBT younger people is urgently addressed. This needs to consider how:

- Treatment services should be provided for young people, including LGBT young people, up to the age of 26, and further services should be provided beyond that age corresponding with the recommendations below.
- Current discussions around the re-shaping of support for young adults in "transition" (aged 18-25 years) should incorporate the needs of young LGBT people and their use of drugs and alcohol as evidenced here.
- Education and awareness campaigns are developed for LGBT young people in line with the recommendations below.

15.2. Reduction of LGBT drug and alcohol use

It is recommended that:

- In addressing harmful/hazardous drinking amongst LGBT people, consideration is given to social and support systems that may be reliant on taking drugs/drinking alcohol.
- Drug/alcohol-free places are created for LGBT people where they can socialise, network and access support.
- The LGBT scene is recognised for the important support, socialising and inclusion function that it offers. Any initiative to promote responsible consumption needs to consider the social implications of such an initiative.
- Appropriate interventions are established to support the reduction of LGBT binge drinking.

15.3. Service provision

It is recommended that:

- Service providers should audit the extent to which they meet the recommendations contained within this report and that of Thrush, 2007.
- Mainstream alcohol services are made more accessible and welcoming to LGBT people.
- Work is undertaken with the LGBT population to raise awareness of the key alcohol services available across the city. This should not only target LGBT venues, as also recommended with regard to health promotion below.
- Funding from relevant sources, including the voluntary sector, is secured to create bespoke alcohol services for LGBT people that address a range of drinking behaviours. This should also establish LGBT service users' support needs.
- Mainstream drug services are made more accessible and welcoming to LGBT people.
- Funding from relevant sources, including the voluntary sector, is secured to create a LGBT specific drug service that caters for the different types of drugs used by LGBT people.

- Cross-service working between treatment providers, commissioners, statutory, community and voluntary services and organisations is established that promotes healthy messages to all LGBT people, including LGBT young people. This should encompass mainstream and LGBT organisations.
- In the development of new posts that deal with drugs and alcohol, the provision of an LGBT-specific post should be considered, alongside LGBT representation amongst mainstream posts.
- In the development of any new or existing alcohol service, LGBT-specific elements are considered as well as ensuring LGBT representation in mainstream provisions as appropriate (this will include the provision of posts, the training received and the targeting of specific resources).
- All drug and alcohol services that are developed for LGBT people cater for bisexual, queer and trans people, as well as lesbians and gay men.
- Trans people and/or those who identify with genders beyond male/female (including intersexed people) are acknowledged within, and catered for by, drug and alcohol services.
- Cross-service working between treatment providers, commissioners, statutory, community and voluntary services and organisations is undertaken to address issues of suicide, mental health and housing and how these relate to drug and alcohol use. This work should include housing services, mental health services, health services, drug and alcohol services and other relevant providers and should encompass mainstream and LGBT organisations.
- Work is undertaken to understand drug and alcohol issues for LGBT people amongst services that cater for LGBT people.
- All drug and alcohol services continue to ensure all staff receive training in LGBT issues.

15.4. Health promotion

It is recommended that:

- LGBT specific education and awareness campaigns are developed that understand and reflect the specificities of LGBT people's lives, and address:
  - the effects and risks of drug use, harm and risk reduction, health risks, information about specific drugs;
  - risks associated with drug and alcohol use beyond health risks, including, for example, safety, sexual health.

- Health-promotion services adopt LGBT-friendly, -inclusive and -specific practices and messages.
- Generic health promotion materials reflect LGBT identities and lives.
- Health promotion campaigns are developed that target LGBT young people.
- LGBT venues and events are used for health promotion messages.
- LGBT health promotion messages are circulated broadly (beyond LGBT specific spaces) to communicate to a range of LGBT people.

15.5. Monitoring

It is recommended that:

- A review is undertaken that investigates the uptake of Specialist Treatment Services by members of the LGBT community in order to assess LGBT representation in these services and their experiences of using these services.
- All alcohol and drug services put support structures in place and create a safe environment in which to monitor sexual/gender identities. This should aim to ensure that LGBT people feel safe and comfortable reporting their sexual/gender identities.
- All alcohol and drug services continue to undertake regular monitoring of the sexual/gender identities of their client group. Drug and alcohol services continue to work to improve the quality and completeness of their monitoring.
- Monitoring is regularly reported to LGBT communities in consultation with the LGBT Drug and Alcohol Working Group, and further advice sought on these figures and how services can support this sector of the population.

15.6. Further research

It is recommended that further research is undertaken:

- To explore LGBT people's lives with regard to their use of drugs and consumption of alcohol and the potential benefits of engaging in these activities.

- To understand the support needs of those who do not drink or use drugs, including mental health and safety.
- To explore the relationship between substance use and social isolation within the LGBT community.
- To comprehend the support needed for LGBT people to reduce/stop dangerous drinking and drug-taking behaviours.
- To develop bespoke alcohol and drug services for LGBT people.
- To investigate the progression of drug use by younger LGBT people and potential movement into 'problematic drug use'.
- To explore the barriers to accessing services for LGBT people, including addressing:
    - LGBT-friendliness;
    - Whether or not there a need for such services;
    - Whether or not there a desire for such services;
    - Different types of drug use and the use of different types of drugs.
    - That specifically addresses the health-related effects of drug and alcohol use for trans people, those of no gender and those of a gender other than male/female (this should include intersexed people).

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your feedback

We welcome any comments and suggestions.
Please email your feedback to us at:

comments@countmeintoo.co.uk

or by post to:
Kath Browne, School of the Environment, Cockcroft Building, University of Brighton, Lewes Road, Brighton BN2 4GJ. or Count Me In Too, c/o Spectrum, 6 Bartholomews, Brighton BN1 1HG

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Downloadable copies of this and other resources are available from the Count Me In Too website including a directory of local LGBT support organisations and groups.