

Part of the Picture:

Lesbian, gay and bisexual people's alcohol and drug use in England

Substance Dependency and Help-Seeking Behaviour (2012)

Jez Buffin, Dr Alastair Roy, Heather Williams and Dr Caroline Yorston

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Executive Summary

Part of the Picture provides clear evidence on substance use issues among lesbian, gay and bisexual (LGB) populations. A report published at the end of the third year of the study showed four distinct findings in relation to higher likelihood of drug use and binge drinking, higher likelihood of substance dependency and barriers to help-seeking in relation to substance use among LGB people.¹ This report further explores problematic and dependent drug and alcohol use and help seeking behaviour, particularly among those who indicated substance dependency. The report presents five key messages:

Last month drug use and frequency of binge drinking remain at relatively high proportions when compared with the general population

Consistent with previous findings, nearly 3 in 10 respondents had used at least one drug (excluding alcohol) in the last month, and 3 in 10 respondents reported binge drinking at least once or twice a week.

Over a quarter of respondents scored as substance dependent²

Findings in relation to substance dependency indicate high levels of potentially problematic drug and alcohol use among LGB people.

Poly substance users are most likely to indicate substance dependency

Respondents who reported combining two or more substances in a typical session were more than twice as likely to score as dependent compared with those who typically used only one substance.

Those scoring as substance dependent are more likely to seek help, although from informal sources rather than specialist services

Respondents who scored as dependent were more than two and a half times more likely to have sought information, advice or other help than those who did not. However, those who had sought help were more likely to access informal sources such as the internet, friends, family and partners, leaflets and the media, rather than more formal or professional services.

A third of respondents who scored as substance dependent would not seek information, advice or treatment, even if they were worried about their drug or alcohol use.

Fears around confidentiality and feelings of shame and embarrassment prevent some people from seeking help, and may prevent those who do seek help from making use of mainstream or specialist substance use services.

These findings, read in conjunction with those presented in the 2009-2011³ report, show significant problematic substance use among LGB people which is likely to be higher than in the wider population; along with high levels of substance dependency; and barriers to accessing information, advice or other help on substance use. The increased likelihood of problematic use and dependency among LGB people is currently not widely acknowledged or addressed in the substance use field and as a consequence, there is substantial risk of hidden harm among LGB populations.

¹ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__134_7531966_10584_POTP_Year_3_ReportFINALL.pdf

² DSM IV criteria has been used to establish dependency. Those who indicated three or more DSM IV criteria for dependency were classified as substance dependent. See American Psychiatric Association (1994) The Diagnostic and Statistical Manual of Mental Health Disorders 4th edition, Washington DC, American Psychiatric Association.

³ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__134_7531966_10584_POTP_Year_3_ReportFINALL.pdf

This is the penultimate year of the POTP study, and in 2014 we plan to publish comprehensive recommendations for commissioners and policy makers, drug and alcohol service providers, the LGB&T voluntary and community sector, and LGB communities themselves. At present, we recommend implementation of the actions outlined in the Action Plan that was developed with key stakeholders in the substance use field following the launch of the 2009-11 report.⁴

An accompanying report presents case studies based on the lived experiences of three LGB people with a history of substance use and/or current substance use. These three cases offer a useful contrast to the survey data, providing important biographical detail about the life processes and issues that inform decisions and actions around substance use.

⁴ The Lesbian & Gay Foundation (2012) Part of the Picture: lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) Action Plan <http://www.lgf.org.uk/policy-research/part-of-the-picture/part-of-the-picture-2009-11-report-key-points-and-action-plan/>

Part of the Picture (POTP) is a five year study exploring drug and alcohol use among lesbian, gay and bisexual (LGB) people in England. It is delivered in partnership between The Lesbian & Gay Foundation (LGF) and the University of Central Lancashire (UCLan). A report published at the end of the third year of the study, based on a sample of more than 4000 responses collected between January 2009 and December 2011, showed four distinct findings.⁵

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

Drug use is common across all age groups, especially up to the age of 40. 35% of respondents had taken at least one illicit drug in the last month. Comparison with data from the British Crime Survey (2010/11) suggests that the use of any drug in the last month is 7 times higher across all LGB adults compared to the general population, and among LGB people aged 16-24 use of any drug in the last month is more than 2.5 times higher.

Problematic patterns of drinking are much more common among LGB people

Binge drinking is high across all genders, sexual orientations and age groups, with 34% of males and 29% of females reporting binge drinking at least once or twice a week. Available comparable data suggest that LGB people are approximately twice as likely to binge drink at least once a week, compared with the general population.

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

LGB people are not only more likely to take drugs and/or binge drink alcohol compared with the general population; available comparable data indicate that they seem more likely to be dependent on these substances. Over a fifth of the sample scored as dependent on a substance and a further quarter showed at least one indicator of dependency.

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

Almost a third of respondents had sought information, advice or help about their substance use. The reasons given for not having sought information, advice or help indicate that LGB people are experiencing barriers both in relation to recognising they may have a substance use problem which needs attention, and in accessing services where they feel comfortable and confident in the services provided.

Having established these key findings, this report further explores problematic and dependent drug and alcohol use and help seeking behaviour, particularly among those who indicated substance dependency.

An accompanying report⁶ presents case studies based on the lived experiences of three LGB people with a history of substance use and/or current substance use. These three cases offer a useful contrast to the survey data, providing important biographical detail about the life processes and issues that inform decisions and actions around substance use.

⁵ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__1347531966_10584_POTP_Year_3_ReportFINALL.pdf

⁶ Buffin, J., Roy, A., Williams, H. and Yorston, C. Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England. Case Studies <http://www.lgf.org.uk/potp12>

A questionnaire was developed by UCLan in discussion with the LGF.⁷ Respondents were recruited using a variety of convenience strategies. LGB people were specifically targeted via events and organisations where they were most likely to be easily accessed:

- Copies of the questionnaire were sent with a covering letter to LGB organisations across England who were asked to publicise the research to their service users and to encourage them to complete it and return it by post.
- Copies of the questionnaire were also taken to four Pride events, at which questionnaires were distributed and collected back via a stall staffed by the LGF. Most questionnaires were self-completed by respondents, but some were administered by a member of staff, depending on respondent preference.
- The questionnaire was also available on the LGF website. Organisations that were sent copies of the questionnaire for their service users to complete were also alerted to the online questionnaire and advised that their service users could complete the survey in this way if they preferred. Advertisements for the online survey were also placed in a number of LGB magazines, and the online questionnaire was promoted on LGB blogs and websites.

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

Data from the survey were entered in to an SPSS database and analysed by UCLan staff. The POTP Board was established to discuss the findings and assist with interpretation of the emergent data.

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

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

⁷ See appendix 1

Sample Characteristics

The total sample in 2012 was 2,058.⁸ Table 1 shows how the sample was recruited: 32% completed a questionnaire online, 2% returned the questionnaire by post, and 66% completed the questionnaire at a Pride event.

Table 1: Recruitment methods

Method	Count	Percentage
Online	659	32
Postal	44	2.1
Birmingham Pride 2012	201	9.8
Newcastle Pride 2012	207	10.1
Manchester Pride 2012	628	30.5
Brighton Pride 2012	319	15.5
Total	2058	100

Just over half of the respondents were female, as shown in Table 2 below. Almost 2% (36) stated that they did not identify with the gender that they were assigned at birth. This number of respondents is too small for meaningful analysis.

Table 2: Gender of respondents

Gender	Count	Percentage
Female	1049	53.9
Male	890	46.1
Total	1930	100⁹

Table 3 shows how respondents identified their sexual orientation by gender. Equal numbers of respondents identified as lesbians or gay men. Of those who identified as bisexual, the majority were women.

Table 3: Gender and sexual orientation of respondents

Sexual orientation/gender	Count	Percentage
Lesbian ¹⁰	796	41.2
Gay man ¹¹	796	41.2
Bisexual woman	243	12.6
Bisexual man	95	4.9
Total	1930	100¹²

Where possible in the report, analysis of bisexual respondents is presented. It is problematic to compare bisexual people of both genders with lesbians and gay men, because gender is such a large influencing factor in alcohol and drug use.¹³ Comparing gay men with bisexual men, and lesbians with bisexual women, is a better way of identifying the specific experiences of bisexual people, but small sample sizes (for example, once the data are analysed by drug used) have often made this impractical.

⁸ Respondents were asked not to complete the questionnaire if they had already done so that year.

⁹ Data is missing for 128 respondents.

¹⁰ 33 women who identified as gay were re-classified as lesbian.

¹¹ 6 men who identified as lesbian were re-classified as gay.

¹² Data is missing for 126 respondents.

¹³ Anderson, Tammy L. (2001). Drug Use and Gender. Encyclopedia of Criminology and Deviant Behavior, Volume IV: Self-Destructive Behavior and Devalued Identity. Faupel and Roman (eds.), Philadelphia: Taylor & Francis Publishers, pp. 286-289 <http://www.udel.edu/soc/tammya/pdfs/Drug%20Use%20and%20Gender.pdf> and Obot, I.S. and Room, R. (eds.) (2005) Alcohol, Gender and Drinking Problems. World Health Organisation, Geneva http://www.who.int/substance_abuse/publications/alcohol_gender_drinking_problems.pdf

Table 4 shows the age profile of respondents. Those aged 16-24 made up the largest proportion of respondents.

Table 4: Age profile of respondents

Age band	Count	Percentage
16-24	578	29.9
25-30	358	18.5
31-35	245	12.7
36-40	220	11.4
41-45	191	9.9
46-50	159	8.2
51-60	141	7.3
61+	40	2.1
Total	1932	100¹⁴

The majority of respondents (87%) identified their ethnicity as White British, and 96% overall identified as white (including White British, White Irish and White Other).¹⁵ Over half of respondents (56%) did not identify with any religion, and nearly a third (33%) identified as Christian.¹⁶ Less than 1 in 10 (8%) identified that they had a disability.

These sample characteristics are similar to those found in the previous years of the study, presented in the 2009-2011 report, which also compares the POTP sample with the demographic profile of England's population.¹⁷

¹⁴ Data is missing for 126 respondents.

¹⁵ Data is missing for 141 respondents.

¹⁶ Data is missing for 135 respondents.

¹⁷ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__1347531966_10584_POTP_Year_3_ReportFINAL.pdf

Last Month Substance Use

Nearly 3 in 10 respondents had used at least one substance (excluding alcohol) in the last month. Over 8 in 10 respondents had drunk alcohol. The most commonly used drugs were cannabis, poppers, cocaine powder and ecstasy, as shown in Table 4 below. These were also the four most widely used drugs reported by respondents in the 2009-2011 report.¹⁸

Table 5: Last month substance use¹⁹

Substance	Count (n)	Percentage
Any substance (excluding alcohol)	590 (2052)	28.8
Alcohol	1678 (2018)	83.2
Cannabis	300 (1965)	15.3
Poppers	293 (1918)	15.3
Cocaine powder	122 (1908)	6.4
Ecstasy	98 (1916)	5.1
Amphetamine	58 (1886)	3.1
Ketamine	56 (1886)	2.9
Non-prescribed benzodiazepines	45 (1873)	2.3
GHB	30 (1885)	1.6
LSD	24 (1877)	1.3
Steroids	16 (1875)	0.9
Crack cocaine	15 (1858)	0.8
Heroin	11 (1872)	0.6
Crystal methamphetamine	11 (1873)	0.6

Findings in relation to drug use across the sample were similar to those presented in the 2009-2011 report, which also compared last month drug use to the general population using data from the British Crime Survey. It showed that LGB people used stimulant drugs to a greater extent and used opiate drugs to a similar extent compared with people in the general population.²⁰

Respondents were asked how many times they drank more than 8 units of alcohol (for men) or 6 units of alcohol (for women) in a single session in the last month, which follows the NHS' definition of binge drinking.²¹ Table 6 shows the frequency of binge drinking across a range of periods.

Table 6: Frequency of binge drinking

Frequency of binge drinking	Count (n)	Percentage
Once or twice a week	352 (1672)	21.1
Four or five times a week	108 (1672)	6.5
Daily or almost daily	49 (1672)	2.9
At least once or twice a week	509 (1672)	30.5

Three in ten respondents reported binge drinking at least once or twice a week. This is consistent with findings from the 2009-2011 report, where 32% of respondents reported binge drinking at least once or twice a week.²² That report also compared binge drinking to the general population using data from the ONS General Lifestyle Survey and found that binge drinking was around twice as common among LGB people compared with the general population.

Key message

Last month drug use and frequency of binge drinking remain at relatively high proportions when compared with the general population. Consistent with previous findings, nearly 3 in 10 respondents had used at least one drug (excluding alcohol) in the last month, and 3 in 10 respondents reported binge drinking at least once or twice a week.

¹⁸ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__134_7531966_10584_POTP_Year_3_ReportFINALL.pdf

¹⁹ Data is missing for 6 respondents in relation to 'any drug'; 40 respondents in relation to alcohol; 93 for cannabis; 140 for poppers; 150 for cocaine powder; 142 for ecstasy; 172 for amphetamine and ketamine; 185 for non-prescribed benzodiazepines; 173 for GHB; 181 for LSD; 183 for steroids; 200 for crack cocaine respondents; and 186 for crystal methamphetamine.

²⁰ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__134_7531966_10584_POTP_Year_3_ReportFINALL.pdf

²¹ <http://www.drinkaware.co.uk/facts/binge-drinking> - last accessed 30th May 2012.

²² Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__134_7531966_10584_POTP_Year_3_ReportFINALL.pdf

Dependency Indicators

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) and International Classification of Diseases (ICD-10) compatible screening questionnaire for harmful substance use and dependence contains ten screening questions that are used to assess substance use and dependency.^{23 24} These screening questions were used in the POTP questionnaire in order to assess the extent of respondents' dependency on a substance.

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

Just over a quarter (27%²⁵) of respondents reported three or more dependency indicators in relation to the substance that they were using the most or were most worried about, thus scoring as substance dependent according to DSM-IV.

Table 7 below shows respondents who scored as dependent by substance. This included 64% of all heroin users, 14% of all alcohol users, 13% of all crack cocaine users and 12% of all cannabis users.

Table 7: Respondents reporting 3 or more dependency indicators by substance²⁶

Substance	Count (n)	% of all respondents using that substance
On heroin	7 (11)	63.6
On alcohol	234 (1678)	13.9
On crack cocaine	2 (15)	13.3
On cannabis	36 (300)	12.0
On cocaine powder	12 (122)	9.8
On crystal methamphetamine	1 (11)	9.1
On ketamine	5 (56)	8.9
On GHB	2 (30)	6.7
On amphetamine	3 (58)	5.2
On non-prescribed benzodiazepines	2 (45)	4.4
On ecstasy	4 (98)	4.1
On poppers	5 (293)	1.7

²³ American Psychiatric Association (1994) The Diagnostic and Statistical Manual of Mental Health Disorders 4th edition, Washington DC, American Psychiatric Association.

²⁴ <http://www.who.int/classifications/icd/en/> last accessed 21 June 2012.

²⁵ 342 respondents out of a sample of 1262. Data was missing for 796 respondents.

²⁶ Note that the total count in Table 7 does not add up to the 342 respondents who reported three or more dependency indicators in relation to a substance referred to above. This is because 29 respondents who reported three or more dependency indicators did not state the substance that they were using the most or were most worried about.

Dependency Indicators

Of those respondents scored as substance dependent, 38% (130) were lesbians, 43% (140) were gay men, 13% (45) were bisexual women and 4% (15) were bisexual men. These proportions are broadly in line and consistent with reported sexual orientation of the total sample, as shown in Figure 1.

Figure 1: The percentage difference for respondents scored as substance dependent compared with the total sample by sexual orientation

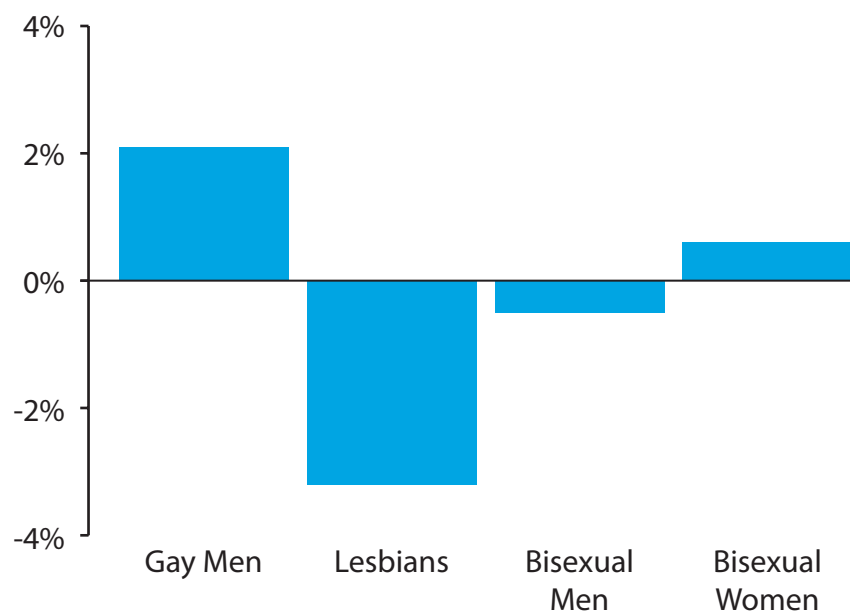


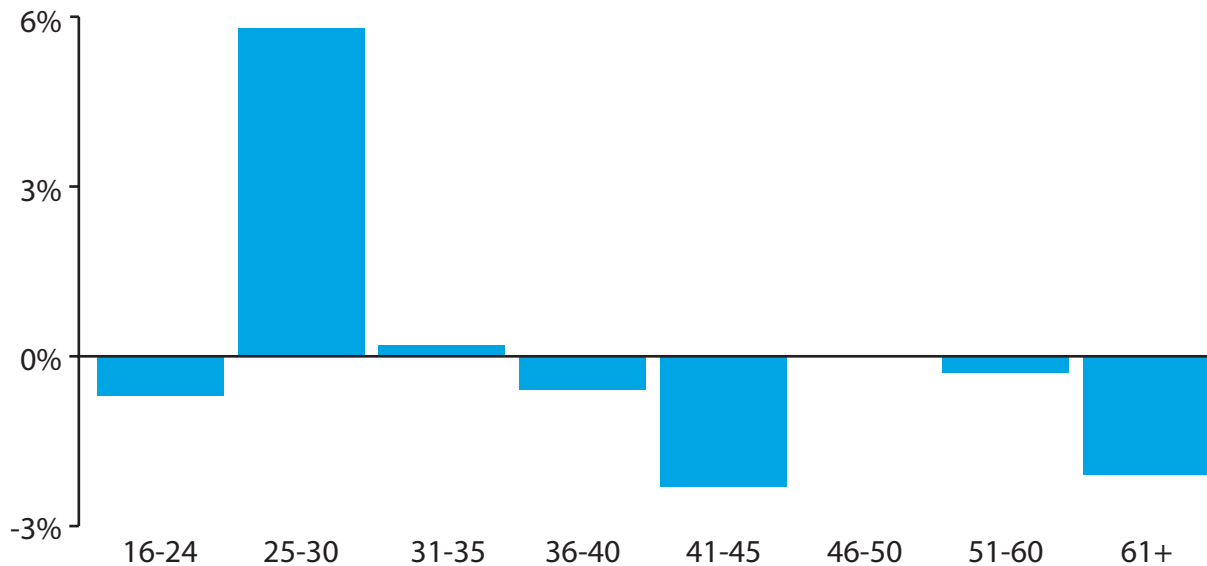
Table 8 shows the age profile of respondents scored as substance dependent.

Table 8: Respondents reporting 3 or more dependency indicators by age

Age band	Count	Percentage
16-24	100	29.2
25-30	83	24.3
31-35	44	12.9
36-40	37	10.8
41-45	26	7.6
46-50	28	8.2
51-60	24	7.0
61+	0	0.0
Total	342	100

Again, these proportions are broadly in line and consistent with the age profile of the whole sample, as shown in Figure 2.

Figure 2: The percentage difference for respondents scored as substance dependent compared with the total sample by age



Findings from the 2009-2011 report showed that LGB people seem more likely to be substance dependent compared with the general population.²⁷ The data presented above show no indication that likelihood of substance dependency is reliant on the factors of age group or sexual orientation group; i.e. bisexual men are as likely to be substance dependent as bisexual women, and those aged 51-60 are as likely to be substance dependent as 16-24 year olds. Further research is needed to compare likelihood of substance dependency among LGB people with the general population.

Key message

Over a quarter of respondents scored as substance dependent, indicating high levels of potentially problematic drug and alcohol use among LGB people.

²⁷ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT_134_7531966_10584_POTP_Year_3_ReportFINALL.pdf

Poly-Substance Use

Those respondents who scored as substance dependent (38%²⁸) were more than twice as likely to report that they used more than one substance during a typical session than those who reported fewer than three dependency indicators (i.e. did not score as substance dependent) (15%²⁹).

Just over half (54%) of these reported combining two substances together; 20% reported combining three; 17% reported combining four; and 9% reported combining five or more.³⁰

Alcohol featured as one of the combined substances in 91% of cases. Typically, alcohol was combined with one or more of the following: cannabis, cocaine, ecstasy, amphetamine, poppers, or ketamine. Alcohol was combined with cannabis (either on its own or in combination with other substances) in 53% of cases, and with poppers (either on its own or in combination with other substances) in 38% of cases.³¹

Key message

Poly-substance use is positively correlated with dependency.

²⁸ Data is missing for 11 respondents.

²⁹ Data is missing for 56 respondents.

³⁰ All figures from a sample of 333 respondents.

³¹ All figures from a sample of 333 respondents.

Help-Seeking Behaviour

Seven in ten respondents who scored as substance dependent said that they would ask for information, advice or treatment if they were worried about their drug or alcohol use, as shown in Table 9 below.

Table 9 Respondents scored as substance dependent who *would* seek information, advice or treatment if they were worried about their drug or alcohol use.

Would seek help	Count	Percentage
Yes	235	69.5
No	106	30.5
Total	341	100

Nearly six in ten of those who scored as substance dependent (58%³²) had in fact sought information, advice or treatment in the last year with 34% having accessed more than one source, as shown in Table 10 below.

Table 10: Number of sources that respondents scored as substance dependent had sought information advice or help from in connection with their drug or alcohol use

Number	Count	Percentage
0	145	42.5
1	80	23.5
>1	116	34.0
Total	341	100³³

By contrast, although 86%³⁴ of those who reported less than three dependency indicators (i.e. did not score as substance dependent) said that they would ask for information, advice or treatment if they were worried about their drug or alcohol use, only 21%³⁵ had actually done so. Therefore, those who scored as substance dependent were less likely to say that they would seek help, but were more likely to actually do so.

Table 11 below shows the different sources accessed by respondents who scored as substance dependent and who had sought information, advice or other help in the last year. The most popular source was the internet, chosen by seven in ten respondents. This was followed by friends, families or partners, their GP, and an information leaflet.

Table 11: Sources accessed by respondents scored as substance dependent and who had sought information, advice or help³⁶

Source	Count	Percentage
The internet	140	71.4
Friend, family or partner	97	49.5
GP	58	29.6
Leaflet	47	24.0
Media	34	17.3
Alcohol service	13	6.6
LGBT organisation	12	6.1
Drug service	10	5.1
AA/NA	9	4.6
Telephone helpline	7	3.6

³² 196 respondents from a sample of 341.

³³ Data is missing for 1 respondent.

³⁴ From a sample of 916 respondents.

³⁵ From a sample of 632 respondents. Data is missing for 157 respondents.

³⁶ N.B. respondents could choose more than one option. Percentages are calculated as a proportion of those respondents who had accessed at least one source of information, advice or other help.

Help-Seeking Behaviour

The gap between respondents who scored as substance dependent who said that they would ask for information, advice or treatment if they were worried about their drug or alcohol use and those who had actually done so is relatively small.³⁷ However, it is clear that those who are seeking information, advice or other help are doing so mainly from informal sources such as the internet, friends, family and partners, leaflets and the media. Few are making use of specialist services, or services that require interaction with professionals, with the exception of GPs.

Key message

Help-seeking is positively correlated with the number of dependency indicators reported. However, those who had sought help were more likely to access informal sources such as the internet, friends, family and partners, leaflets and the media, rather than more formal or professional services.

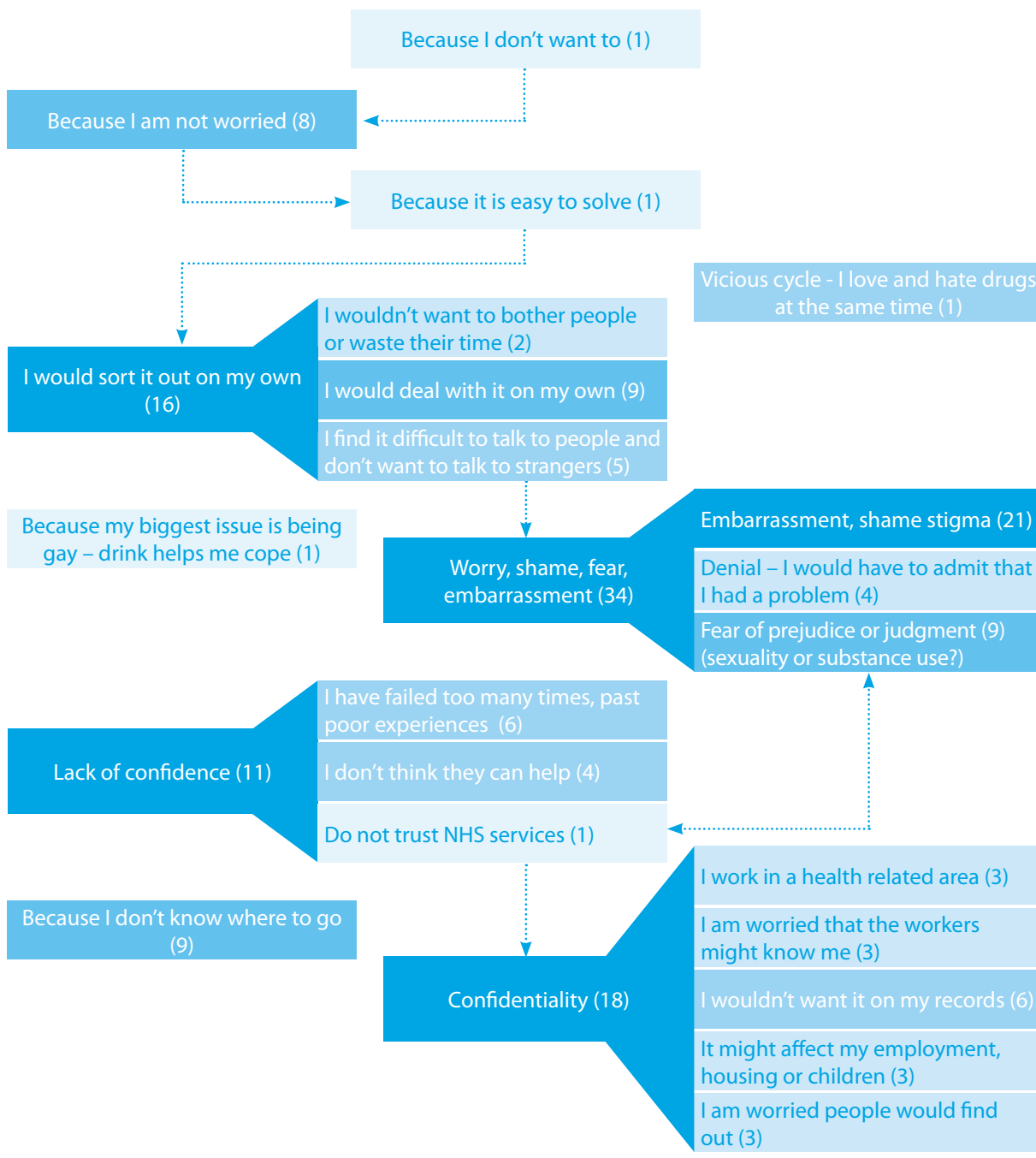
³⁷ 235 respondents who scored as substance dependent said they would ask for information, advice or treatment and 196 had actually done so, a difference of 39 respondents.

Barriers to Help-Seeking

31%³⁸ of respondents who scored as substance dependent said that they would not seek information, advice or treatment, even if they were worried about their drug or alcohol use. The reasons given by respondents are often complex and overlap. Figure 3 maps these discretely whilst at the same time showing the relationships between the different reasons. The three most common reasons given were:

- worry, shame, fear or embarrassment;
- fears about confidentiality; and
- wanting to deal with the problem on their own.

Figure 3 Reasons people gave for saying that they would not seek information, advice or treatment (count)



Key: More popular reason > > > Less popular reason

..... Possible links between these reasons

³⁸ From a sample of 341 respondents.

Barriers to Help-Seeking

A large number of respondents referred to the worry, shame, fear and embarrassment that they felt in connection with their substance use.

Fears around confidentiality extended to fears about having something on record that might affect employment prospects, access to housing or capability to look after children. Respondents who worked in health related areas had particular concerns about confidentiality, as did respondents who were worried that the staff within the substance use service they approached might know them.

Respondents who preferred to deal with the problem on their own gave a range of reasons for this, including: their problems were not too complex and could thus be dealt with without seeking help; they would not want to bother other people with their problems; and they would find it difficult to talk to someone.

Key message

A third of respondents who scored as substance dependent would not seek information, advice or treatment, even if they were worried about their drug or alcohol use. Fears around confidentiality and feelings of shame and embarrassment prevent some people from seeking help, and may prevent those who do so from making use of mainstream or specialist substance use services.

The data presented in this report show five key messages:

Last month drug use and frequency of binge drinking remain at relatively high proportions when compared with the general population

Consistent with previous findings, nearly 3 in 10 respondents had used at least one drug (excluding alcohol) in the last month, and 3 in 10 respondents reported binge drinking at least once or twice a week.

Over a quarter of respondents scored as substance dependent³⁹

Findings in relation to substance dependency indicate high levels of potentially problematic drug and alcohol use among LGB people.

Poly substance users are most likely to indicate substance dependency

Respondents who reported combining two or more substances in a typical session were more than twice as likely to score as dependent compared with those who typically used only one substance.

Those scoring as substance dependent are more likely to seek help, although from informal sources rather than specialist services

Respondents who scored as dependent were more than two and a half times more likely to have sought information, advice or other help than those who did not. However, those who had sought help were more likely to access informal sources such as the internet, friends, family and partners, leaflets and the media, rather than more formal or professional services.

A third of respondents who scored as substance dependent would not seek information, advice or treatment, even if they were worried about their drug or alcohol use

Fears around confidentiality and feelings of shame and embarrassment prevent some people from seeking help, and may prevent those who do seek help from making use of mainstream or specialist substance use services.

These findings, read in conjunction with those presented in the 2009-2011 report,⁴⁰ show significant problematic substance use among LGB people in the sample which is likely to be higher than in the wider population; along with high levels of substance dependency; and barriers to accessing information, advice or other help relating to substance use from more formal or professional services.

This suggests a picture of hidden harm among LGB people of problematic substance use and dependency. LGB people seem to be more likely to use stimulant drugs to a greater extent and to use opiate drugs to a similar extent compared with people in the general population. Regular binge drinking also appears to be more common among LGB people. While the data show no indication that likelihood of substance dependency is reliant on the factors of age group or sexual orientation group (i.e. bisexual men are as likely to be substance dependent as bisexual women, and those aged 51-60 are as likely to be substance dependent as 16-24 year olds), the data do suggest that LGB people seem more

³⁹ DSM IV criteria has been used to establish dependency. Those who indicated three or more DSM IV criteria for dependency were classified as substance dependent. See American Psychiatric Association (1994) The Diagnostic and Statistical Manual of Mental Health Disorders 4th edition, Washington DC, American Psychiatric Association.

⁴⁰ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__134_7531966_10584_POTP_Year_3_ReportFINAL.pdf

⁴¹ Buffin J., Roy, A., Williams, H., and Winter, A. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) http://www.lgf.org.uk/documents/sep_12/FENT__134_7531966_10584_POTP_Year_3_ReportFINAL.pdf

likely to be substance dependent compared with the general population.⁴¹ Propensity to seek help seems to increase with likely substance dependency, but those who are accessing help are more likely to access informal sources rather than specialist services that can offer tailored support. Barriers to help-seeking exist for those who score as substance dependent, and may be related to accessing mainstream or specialist substance use services.

This picture is currently not widely acknowledged or addressed in the substance use field and as a consequence, there is substantial risk of continued hidden harm among LGB populations. The potential harms related to the use of alcohol and drugs can be very severe, and their impact on the lives of LGB users, and the cost to the state, must not be underestimated.

This is the penultimate year of the POTP study, and in 2014 we plan to publish comprehensive recommendations for commissioners and policy makers, drug and alcohol service providers, the LGB&T voluntary and community sector, and LGB communities themselves. Following the publication of the 2009-2011 report, an action plan was developed with key stakeholders in the substance use field.⁴² At present, we recommend implementation of these actions, which centre on using an awareness of the report's findings to begin to tackle the problematic drug and alcohol use of LGB people.

⁴² The Lesbian & Gay Foundation (2012) Part of the Picture: lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011) Action Plan <http://www.lgf.org.uk/policy-research/part-of-the-picture/part-of-the-picture-2009-11-report-key-points-and-action-plan/>

These recommendations for action have been developed with key stakeholders in the drug and alcohol use field, including policy-makers, commissioners, service providers and the LGB&T voluntary and community sector. Actions for individual stakeholders centre on using an awareness of the *Part of the Picture* report findings to begin to tackle the problematic drug and alcohol use of LGB people.

Commissioners and policy makers

Under the Equality Act 2010, services must be designed and commissioned to take account of LGB people's specific needs. Commissioners and policy makers should therefore:

- Include a requirement to meet specific LGB needs in drug and alcohol commissioning strategies and procurement plans;
- Mandate that commissioned service providers monitor the sexual orientation of their service users, in order to better understand LGB people's need.

Drug and alcohol service providers

While the Part of the Picture data shows that LGB people are more likely to be using drugs and alcohol than the general population, rates of access to drug and alcohol treatment services are currently unknown. Drug and alcohol service providers should therefore:

- Monitor the sexual orientation of service users and use the data to establish if LGB people are using their service(s) and if they rate the service(s) as highly as heterosexual people;
- Ensure services are accessible to LGB people and are meeting their specific needs. For example, does the service have an LGB specialist worker, or does it provide services for substances popular among LGB people such as cannabis?

LGB&T voluntary and community sector

Information expertise is available from The Lesbian & Gay Foundation on up-to-date research on LGB drug and alcohol use, and advice on using this in funding bids and to influence services locally. The LGB&T voluntary and community sector should therefore:

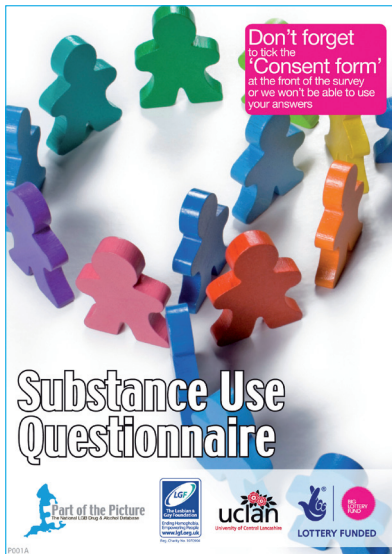
- Ensure staff and volunteers are aware of potential drug and/or alcohol misuse issues for service users;
- Use the Part of the Picture data to talk to commissioners and service providers locally, to get LGB people's needs on important strategic documents (such as regional drug and alcohol strategies, the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies).

Part of the Picture project team

We will continue to research LGB alcohol and drug use and to disseminate our findings to stakeholders in the drug and alcohol use field, and among the LGB&T voluntary and community sector.

- Conduct qualitative research to explore LGB people's experiences of accessing substance use services;
- Produce a final project report to be launched in Spring 2014.

The Part of the Picture Questionnaire



Please read these instructions before you begin

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

Consent form

Before proceeding, please read the following:

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

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

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

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

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

- Are you male or female ? (tick)

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

- Age last birthday(write in)

- What is your religion or faith? (tick)

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

- Do you consider that you have a disability?
yes no (tick)

- 7) What is your ethnic group?

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

A White
<input type="checkbox"/> British
<input type="checkbox"/> Irish
<input type="checkbox"/> Any other white background (write in).....
B Mixed
<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other mixed background (write in).....
C Asian or British Asian
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background (write in).....
D Black or British Black
<input type="checkbox"/> Caribbean
<input type="checkbox"/> African
<input type="checkbox"/> Any other Black background (write in).....
E Chinese or other ethnic group
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other (write in).....

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

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

If no, why not? (write in)

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

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

Have you used these in the last month?

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

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

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

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

11) Have you drunk alcohol in the last month?
 yes no (tick)

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

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

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

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

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

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

(tick one)

never

once in the last month

two or three times a month

once or twice a week

four or five times a week

daily or almost daily

Alcohol units chart

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

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

yes no (tick)

If no, go to question 13

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

tick ONLY those used together during a typical session

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

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

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

Which substance is this? *tick ONE only*

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

Is this ... (tick ONE only)

the one you are most worried about using

OR

the one you use most often?

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

once in the last month

two or three times a month

once or twice a week

four or five times a week

daily or almost daily

The following questions are also about the substance you named.

In the last month, did you:

tick only ONE column on each line

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

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

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

15) Have you heard of.....?

Yes No

16) And finally, not including this year, how many times have you completed this survey? (tick one)

0 1 2 3

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



Reg. Charity No. 1070904

