

Sorted Out

Bristol Lesbian, Gay,
Bisexual and Trans
Drug & Alcohol Survey 2009

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October 2009



EXECUTIVE SUMMARY

This Executive Summary summarises the Bristol Lesbian, Gay, Bisexual and Trans Drug and Alcohol Report 2009, for the Bristol Drug Strategy Team (DST). The DST had objectives relating to the prevalence and patterns of drug use in the Bristol Lesbian, Gay, Bisexual & Trans (LGBT) communities, and the feasibility of monitoring sexual orientation of clients by services.

In March 2009, the DST commissioned Minotaur Communications, an independent management consultancy, to make recommendations on the monitoring of sexual orientation.

This report presents the findings relating to these objectives. To download a full copy of the report visit <http://www.minotaurcommunications.co.uk/>

Aims

- to map the patterns and prevalence of drugs and alcohol
- to find out about how LGBT people access information and services (with a focus on drug and alcohol services)
- to find out how LGBT people feel about monitoring questions on gender and sexuality identity
- to assess the need for specific LGBT-focussed services

Methodology

Ten interviews with LGBT individuals, ten interviews with workers and managers in services, five community-based focus groups (with groups ranging from two to sixteen participants), and seven agency-based focus group meetings were carried out (with groups ranging between six and thirty-five people). Twenty people completed paper surveys and ninety-five people responded to the online survey. In total over two hundred people contributed to the survey between March and September 2009.

Hypothesis – Substance Use

- Up to one in three LGBT people will suffer alcohol or drug addictions (*Addiction Today*, 2009; UK LGBT Health Summit, 2006).
- Heroin and crack cocaine use remains low amongst LGBT people (King et al. 2003).
- Dependence on recreational drugs and prescribed drugs high amongst LGBT people (King et al. 2003).
- Excessive alcohol use is high amongst lesbians (King et al. 2003).
- Recreational drug use high amongst gay and bisexual men, especially high amongst bisexual men (King et al. 2003).
- Gay and bisexual men are more likely to self-report perceived problematic substance use (Cochran et al. 2004).
- Lifetime substance use higher amongst gay and bisexual men, than men with opposite-sex partners (Cochran et al. 2004).
- Most research does not examine the cross-cutting or confounding factors of ethnicity, social class, age and relationship status (Bux 1996).

Hypothesis – Service Use

- LGBT users of substance treatment services present to the service with greater frequency of substance use than heterosexual service users.
- LGBT users of substance treatment services have a history of more mental health treatments.
- LGBT service users have higher rates of homelessness.
- They have greater likelihood of having being a victim of domestic violence.
- They have more physical problems than other users. (Cochran & Cauce 2005)

Survey Findings

Sexuality Identity

Of the respondents to the survey 45% identified as Lesbian, 34% as Gay, 7% as Bisexual, 7% Heterosexual, and 6% Other. The heterosexual respondents were removed from the data analysis.

Gender Identity

The majority of respondents, 58% felt they were able to discuss their gender identity with colleagues at work. 10% of respondents said they were unable to discuss their gender identity with anyone at work, and 23% said they were able to discuss with some people, but not all.

Ethnicity

The majority of respondents, 73% identified as White British, 1% Irish, 14% Other White, 1% White and Black Caribbean, 1% Other Mixed, 1% Other Black and 5% Other, including White Traveller, White Chinese, European, Black British and Spanish/Irish. The ethnicity fields were taken from the Bristol Start Assessment form used by services across Bristol.

Disability

Of the respondents 15% were disabled people, and 85% did not consider themselves disabled.

Drug and Alcohol Use

Whilst the majority of respondents, 89%, did not feel they had a history of problematic drug or alcohol use, 11% of respondents did. The survey asked a number of questions relating to problematic drug or alcohol use, including: which substances respondents felt they had a problem with; their history of drug and alcohol use; how their use affected their sexuality or gender identity; how their identity impacted upon use; the impact on relationships (partners, friends, family and co-workers); links to mental health, the 'commercial gay scene,' risk-taking, harm-reduction, and changes over the life course.

"As a teenager, I used to binge drink as often as I could. I have used cannabis, with a few short breaks, every day ever since I discovered it as a teenager. I used to think it was fun, but now I think of it as medicine, that I've got addicted to using — started off to stop me thinking/feeling too much, to numb pain and to treat stress and depression..."

Drug and Alcohol Services

The clear majority, 93%, had not used drug or alcohol services. 7% had used alcohol or drug treatment services. The services used included the Fellowship/AA/NA (8%), GP services (5%), addiction and recovery services (3%), and treatment services (3%). Respondents reported a range of experiences of using services from very positive experiences through to very negative, homophobic, and heterosexist experiences in services.

Developing LGBT Services

The majority of respondents, 78%, felt the development of targeted services for the LGBT communities could be developed, and having openly LGBT workers could improve access to services. Services including: counselling services, mentoring services, information services, legal advice, relationship advice, inheritance advice, sexual health info/testing and advice, alcohol and drugs advice and services, mental health, housing, youth groups, health and social care, meeting spaces, café, support networks, an LGBT CAB, parenting support, support for children of LGBT parents, relevant businesses, links to offending organisations, improved information in schools and colleges, healthy living advice, help for homeless LGBT people, domestic abuse support for same-sex couples, support re violence and abuse (intimate, non-intimate and stranger) and hate crime reporting were identified as areas for targeted and specific LGBT infrastructure development.

Monitoring Sexuality and Gender Identity

Most people taking part in the survey and focus groups, 81%, felt confident about being asked questions about their gender and sexuality identity. There is a need for both a clear rationale, and confidentiality, in questions about sexuality and gender identity.

Recommendations

The following recommendations are made to the Bristol Drug Strategy Team, Safer Bristol, Bristol City Council, and to all other service-providing organisations working in the city, based upon the review of evidence in this report.

Monitoring Sexuality and Gender Identity

- Include sexual orientation and trans identity as 'fields' in all surveys, research etc. carried out by the DST, Safer Bristol, Bristol City Council and other services.
- Monitor sexual orientation and trans identity in all staffing provision in order to comply with best practise Equalities Standards. This should include recruitment, training, promotion and exit interviews.
- Monitor sexual orientation and trans identity in all service provision in order to comply with best practise Equalities Standards. This should include monitoring access, examining ways to increase service uptake by LGBT people and consider appropriate service development.
- Equality and Diversity policies include LGBT people and are audited regularly.
- Ensure that all grants, service level agreements and commissioned services go to organisations that include LGBT people in their equality statement.
- LGBT issues should be included in staff induction, retention and development policies/training. This is urgently required, especially for front-line staff delivering council services to the public.

Drug and Alcohol Services

- Develop LGBT advocacy and mentoring project employing openly LGBT workers, providing: advocacy, buddy-ing, outreach, mentoring, training and support to the LGBT communities, and to drug and alcohol services.
- Develop drug and alcohol service user support group for the LGBT communities.
- Training to drug and alcohol services on LGBT communities, through induction to continuing professional development.
- Information and resources targeted at LGBT communities.

LGBT Voluntary & Community Sector Development

- Investment in development of a strong, vibrant and diverse LGBT voluntary and community sector in Bristol.
- Increase in social and support opportunities to compliment existing social and support structures.