

Appendix 3 - Drug Misuse and the LGBT Community

Submission to the Richmond upon Thames Drug Misuse Scrutiny Task Group – 31 January 2011

Introduction

The Richmond upon Thames Lesbian, Gay, Bisexual and Trans (LGBT) Forum is a voluntary community group providing a voice for LGBT people who live, work, study or visit in the borough. We were established in 2007 with support from the Community Safety Partnership. We now operate as an independent community group. We work collaboratively with statutory service providers such as Richmond upon Thames Council, Metropolitan Police Service, NHS Richmond and a wide range of voluntary and community groups. Our interests include health, community safety, domestic abuse, housing, homelessness, older people, youth and education. We actively participate in many local community engagement and strategic groups and engage with specialist LGBT organisations across London and nationally.

This submission has been prepared at quite short notice and is based upon member's knowledge, discussion with community members and service providers and review of published research.

The LGBT population of London is estimated at around 10% of the population¹. Nationally c.6% of the population is believed to be lesbian, gay, bisexual or trans, the figure for London reflects migration to London, both from elsewhere in the UK and abroad. We believe the LGBT population of Richmond upon Thames to be consistent with the London average of 10%, therefore equating to approximately 18,000 people.

Substance Misuse as a LGBT Health Inequality

It is widely understood from a number of studies that substance abuse (alcohol, drugs and tobacco) is significantly higher within the lesbian, gay, bisexual and trans communities than the mainstream population. Such behaviour arises from issues of isolation, low self esteem and experiences of homophobia and transphobia still experienced in mainstream society.

A Department of Health Briefing 'Healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people'² reports:

"Gay men and lesbians are more likely to have used a range of recreational drugs compared with heterosexuals. High levels of drug



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misuse may lead to risky sexual behaviour, including unprotected sex. Furthermore, there is evidence to suggest an increasing trend towards poly-drug use, for example poppers and Viagra, which may have significant side effects.

“Community surveys have found that bisexual men are as likely as gay men to use alcohol, poppers and gamma hydroxybutyrate (GHB). They are much more likely to have used all other drugs, including cannabis, acid, ecstasy, speed, cocaine and ketamine.

“Substance abuse is a concern among trans communities. Barriers to accessing treatment include a lack of sensitivity by service providers and gender segregation within programmes, which serves to exclude trans people.”

In 2007, having become aware of a series of deaths, serious physical and sexual assaults, and increases in theft and other crimes relating to drug and alcohol use in the LGBT community in London, the LGBT Independent Advisory Group to the Metropolitan Police (LGBT AG) established a review panel, led by Dr Justin Varney, a member of the LGBT AG and a consultant in public health medicine. The panel's report 'A Review of Drugs and Alcohol Use Amongst the Lesbian, Gay, Bisexual and Transgender Community in London' was published in April 2008.³

“The most commonly used drugs identified in the sample were cannabis, followed by cocaine, ecstasy and ketamine” page 17³

“Location of drug use is an important factor in considering the interventions used to address drug misuse... The sample identified that the most common location for taking drugs was in a club (35%) but the second most common location was at home (27%) or at a friends' house (21%)...use in a private setting presents a significantly higher chance of fatality because, should significant negative side effects occur, there might not be any witnesses or any opportunity for help and medical intervention” page 18³

“Participants were asked about whether they were worried about one or more friends' drug use and 32% said 'yes' or 'not sure'...when asked about drug use they saw when out in LGBT clubs, 41% said that they were worried and only 33% said they not worried.” page 19³

Recommendations from the LGBT AG review panel (pages 3-4, 26³) included:



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- The Metropolitan Police work with partners, such as London Ambulance Service and NHS London, to ensure that club venues are engaged with tackling drug misuse and alcohol abuse.
- The Metropolitan Police should request NHS London to undertake a systematic review and health needs assessment of London's LGBT communities to ensure that there is a regional network of services appropriate to need and an evidence base available to inform their drug and alcohol work.
- The Metropolitan Police should work with the National Treatment Agency to undertake a full equity audit of services to better understand the barriers to services and support experienced by LGBT individuals and systematically map accessible services in London to promote to the public.
- The Metropolitan Police lobby regional partners through the GLA partnership to ensure that London's LGBT communities needs are specifically addressed in regional drug and alcohol strategies.

We are not aware of any significant progress on the implementation of these recommendations by the Metropolitan Police's partners.

Sigma Research (www.sigmaresearch.org.uk) have conducted a lot of research about the LGBT community, this includes a large scale annual survey of gay and bisexual men. Their 2005 survey (16,426 men) included a specific focus on drug use.⁴

Men were asked how often in the last year they had used different drugs, page 37⁴ gives a good view of the type and frequency of drug use by gay and bisexual men:

Drug	Used once a week or more %	Used within past year %
Poppers / Amyl Nitrate	11.6%	39.4%
Marijuana / Cannabis / Grass	7.2%	27.7%
Ecstasy / E	2.5%	18.5%
Viagra / Cialis / Kamagra / Leveitra	3.4%	17.4%
Cocaine / Coke	2.0%	16.8%
Ketamine / K	1.4%	9.1%
Speed / Amphetamine	0.9%	7.2%
Tranquillisers / Benzodiazepines / Bennys	1.2%	4.1%



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Drug	Used once a week or more %	Used within past year %
GHB	0.5%	3.6%
Crystal / Methamphetimine / Tina	0.3%	2.8%
LSD / Acid	0.3%	2.8%
Crack cocaine	0.3%	1.4%
Heroin	0.3%	1.0%

Poly drug use was examined on page 39⁴ and the evidence showed that the majority of users of any one drug also took one or more other drugs in the last year.

A key finding from several studies is that drug use by LGBT people continues for longer and through a broader age range than for heterosexual peers. This significantly increases the risk of long-term harm and needs to be considered in planning and implementing interventions and support services.

Local LGBT Drug Use

Richmond upon Thames is in close proximity to, and has good transport links to, Central London. The borough only has one LGBT social venue, a 'gay bar'. Consequently many local LGBT people access social venues in neighbouring boroughs and in Central London. Many also travel for weekends away elsewhere in the UK and Europe.

The 'gay scene' in Central London, and elsewhere, contains many venues where drug use is prevalent and seen as 'normal'.

We have questioned some individuals with current personal knowledge of the Central London 'gay scene':

Gay man, aged 29

"Methodrone is very prolific out in Vauxhall at the moment and along with GHB and Cocaine. They are used often combined with Viagra in the sex clubs, dance clubs and saunas to increase their sex drive, sexual abilities and general horniness as well as the dance aspect. It's of course worrying with concerns of loss of inhibitions, more prolific sexual behaviour and more risk. I have definitely noticed a rise in "sex-related drugs" and have seen people neglecting protection because the combination makes them even more focused on just sexual achievement. The days after, as well as the come down, they have concerns of STIs, but often due to come down and guilt don't seek out treatments such as PEP. I have also observed other people feel guilt about what they have done and who they have



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done it with and that they feel they wouldn't have acted in a way without the drugs. Yet they repeat the cycle!

"I'm also personally quite aware of the impact drugs and alcohol also has on work. I know many people who have taken time off, lost jobs or unable to maintain a stable career as their gay scene drug/alcohol escape becomes the only priority they have."

Gay man, aged 27

"...LGBT people get locked into habits longer than our counterparts in the hetro community. The impact of drugs is pretty unique in terms of lgbt v majority of society... Other factors: costs of maintaining an active social life in the gay community - who can afford to go out and drink £4 - 8 anywhere between 2 and 7 nights a week when you consider the cost difference of taking 2 £2 e tabs that keep you going all night, from one club to the next. that's another factor - the drugs keep people going/partying - if there was less people taking would we have the clubs we have (the ones that go on till the NEXT afternoon!) ...is this the market i.e. the venues being there and the social pressures to attend, or is it the fact the market demands somewhere to go because everyone's off their faces already and have nowhere to go? chicken and egg that one...personally I disagree with the statement about healthier alternatives - of course there are, these don't have to be gay run services or places to go - people can see family, friends from school, go church/cinema/whatever....the point is when u are on these things u wanna always be on that high and so going to those places I mentioned don't appeal...."

"there's another factor in locking people in....when you are in a social group which takes e/coke/etc then its hard to wean yourself off a) from the drug b) from the social group itself thus making it even harder to achieve point a...."

These testimonials illustrate that there is a sub culture of recreational drug taking that draws young people in, and locks them in, whilst significantly increasing risks of long-term harm, including:

- Physical health
- Mental health and emotional well-being
- Sexual and physical assault
- Homophobic and transphobic hate crime
- Robbery
- Sexual health, including risk of HIV infection



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- Economic / employment under achievement

Diversity Works: Research project on Lesbian, Gay, Bisexual and Trans people who live, work, socialise, and/or use services in West London (Anna Roy, 2010)⁵ has examined and reported on drug use.

“The use of illicit drugs can provoke anxiety and depression, and increase criminal activity, overdose or unsafe behaviours such as needle sharing. International studies show that there is a relationship between self destructive behaviours, like alcohol drinking, smoking and using drugs, and the mental emotions linked with homophobia and transphobia” page 58⁵

“A third of the drinkers and drug users are concerned and less than one in five would like help. We then investigated to see how we could tackle prevention of these habits in the LGBT community and we were told by the participants of the focus group that certain behavioural habits are very complicated and need specific professional help. The participants explained that work needed to be carried out on the causes of the habits rather than on their symptoms. Our results show that LGBT specific services are not needed although general services should specifically address issues that cause LGBT people to drink, smoke and use drugs as they differ from general population... The fundamental reasons seem to be related to stress, social issues, homophobia and transphobia and overall social issues” page 59⁵

There are also many LGBT community members who believe that the informed and moderated use of some recreational drugs contributes positively to the user's quality of life, in much the same way as society views the responsible enjoyment of alcohol. These respondents also comment that the criminalisation of all recreational drug use masks and confuses messages about risk and harm reduction.

The credibility and acceptance of messages by LGBT people about the risk of drug use is impacted by the historical context of State and Society criminalising and discriminating against LGBT people. Homosexual acts decriminalised (1967), Section 28 (1988), Age of Consent reduced to 18 (1994), Equal Age of Consent (2000), Repeal of Section 28 (2003), Recognition of homophobic assault as a 'hate crime' (2004).⁶

Even this month credibility has been further damaged by a series State actions and inactions, including the appointment of a man with controversial and



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negative views on gay lifestyles to the Advisory Committee on the Misuse of Drugs (ACMD).^{7 8}

Services

There are no LGBT specific drug misuse treatment or support services in Richmond upon Thames and very few across London. Whilst most mainstream services claim to be inclusive of LGBT people, there is little confidence within the LGBT community that services really are inclusive, or that professionals have sufficient and relevant training to understand and support the complex underlying psychological and emotional issues that underpin substance abuse by LGBT people.

Turning Point's Hungerford Drug Project includes the Antidote LGBT Services⁹ says that:

"...research suggests that LGBT people may be more likely to access services specifically targeted towards them, than generic services. Previous experiences of homophobia or discrimination around changing gender can lead to the perception that 'mainstream' services will not meet their needs (whether this is true or not).

"Providing a safe, LGBT space allows clients to focus on their drug or alcohol issues free from any worry of prejudice due to their sexual orientation or gender."¹⁰

Many long-established pan-London LGBT community and voluntary services are currently under threat from funding cuts, including those from London Councils. These include services engaging with LGBT people with multiple and complex needs, including drug misuse. The existing network of LGBT services has worked to refer service users to the range of specific services that they need to address their issues. The loss of these services will make it even harder for LGBT community members to locate and access support and treatment that they need.

Young people are at particular risk of harm from drug misuse. It is important that our schools and young people's services adequately equip our young people with the skills and knowledge to make informed and responsible decisions about drug use. Furthermore there must be adequate and accessible resources to identify and sign post young people suffering harm from drug misuse to appropriate support and treatment services.

We would like to do further research on service provision and directly engage with local mainstream service providers to examine policies, procedures and



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training to ensure that mainstream services meet the diverse needs of the LGBT community.

Conclusions and Recommendations

1) Drug Misuse is a significant health inequality within the LGBT community and the types of drugs, duration of usage and underlying drivers differ significantly from the heterosexual community.

2) Information on drug use amongst gay, lesbian and bisexual women and trans people is much less prevalent than for gay and bisexual men, consequently more research is required to determine whether, or not, there are additional specific issues.

3) Drug Misuse within the LGBT community is closely associated with issues of isolation, low self esteem and experiences of homophobia and transphobia in mainstream society.

4) Recreational drug use by gay and bisexual men can lead to risky sexual behaviour and significantly increased risk of extremely expensive infections such as HIV.

5) Care must be taken to ensuring that all services are, and are perceived to be, inclusive of LGBT people. This includes training of staff and using inclusive words and images in all advertising and promotional materials.

6) LGBT people are more likely to access services specifically targeted towards them. Consideration should be given local provision of LGBT specific outreach and casework services to engage LGBT people and refer or sign post them to appropriate mainstream services. This is particularly important with the impending demise of the existing layer of pan-London LGBT support services.

7) Schools and young people's services should be trained and resourced to equip LGBT young people with the skills and knowledge to pursue healthy lifestyles and relationships and to avoid harmful behaviour.

8) All service providers and commissioners should explicitly recognise the existence and specific needs of the LGBT community (and all other diverse minorities) in all strategic and commissioning documents.

For more information please contact Richard Eason, Male Vice Chair, Richmond upon Thames LGBT Forum, email richard@richmonduponthames.org.uk, telephone 07956 863790, or visit our website www.richmondlgbtforum.org.uk.



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¹ The State of Equality in London. London Equalities Commission. Jan 2007. page 5.

² Department of Health: Reducing health inequalities for lesbian, gay, bisexual and trans people - briefings for health and social care staff. (Dr Julie Fish, 2007)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078347

³ A Review of Drugs and Alcohol Use Amongst the Lesbian, Gay, Bisexual and Transgender Community in London (Dr Justin Varney, Metropolitan Police LGBT Independent Advisory Group, April 2008)
www.lgbtag.org.uk/documents/drugsalcoholfinal.pdf

⁴ Consuming passions: findings from the United Kingdom Gay Men's Sex Survey 2005 (Sigma Research, 2007)
www.sigmaresearch.org.uk/files/report2007c.pdf

⁵ Diversity Works: Research project on Lesbian, Gay, Bisexual and Trans people who live, work, socialise, and/or use services in West London (Anna Roy, 2010)
www.ealingcvs.org.uk/documents/reports/diversity%20works%20final%20full%20report.pdf

⁶ Timeline of LGBT history courtesy of the Diversity Sexuality Group for Jobcentre Plus in the West Midlands Region
www.lgbthistorymonth.org.uk/documents/9631_GHW-A3FlagPoster.pdf

⁷ New government drug advisor linked 'destructive gay lifestyle' to paedophilia
www.pinknews.co.uk/2011/01/24/new-government-drug-advisor-linked-destructive-gay-lifestyle-to-paedophilia/

⁸ Government body appoint expert with controversial views on gay lifestyles
http://news.pinkpaper.com/NewsStory/4693/23/01/2011/government-body-appoint-expert-with-controversial-views-on-gay-lifestyles.aspx?xtra=email&dm_i=3XT,CLZY,1MB10I,ZTGN,1

⁹ Turning Point's Hungerford Drug Project, Antidote LGBT Services
www.thehungerford.org/antidote.asp