Sorted Out

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

Report written by
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for Bristol Drugs Strategy Team, Safer Bristol
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Safer Bristol
Crime and Drugs Partnership

MINOTAUR COMMUNICATIONS

Contents

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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, buddying, 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.

1. Introduction

Bristol Drug Strategy Team (henceforth the DST) had objectives relating to prevalence and patterns of drug use in the Bristol Lesbian, Gay, Bisexual & Trans (henceforth LGBT) communities, and about the feasibility of monitoring sexual orientation of clients by services.

The Treatment Plan objectives were:

To establish prevalence and patterns of drug use in the LGBT community

- proactively engage with appropriate community groups, in conjunction with UFO, Bristol LGB Forum and relevant drug treatment services to establish methodology and process for gaining local information about the prevalence and patterns of drug use
- deliver the agreed methodology to establish prevalence and patterns of drug use
- report on findings and implications for future service delivery

To report on the feasibility of monitoring sexual orientation of clients accessing drug treatment

- gain clarity about future recording of client sexual orientation
- agree appropriate methods of recording sexual orientation by consulting with providers and appropriate city wide forums
- report on work involved, training needs and an action plan

In March 2009 the DST commissioned Minotaur Communications to identify the prevalence and patterns of drug use amongst Bristol's LGBT communities, and to make recommendations on the monitoring of sexual orientation.

This report presents the findings relating to these objectives, and aims to contribute to the development of improved access to services for LGBT communities.

Between March and September 2009, interviews, focus groups, community meetings, a paper survey and an online survey were carried out within Bristol's LGBT communities, individuals and groups. This was supported by interviews with staff and team meetings with drug and alcohol agencies, and other agencies and services across Bristol.

The project aims were:

- 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

2. Methodologies

Methodologies of the project included: interviews, focus groups, a paper and online survey. During the first part of the project a set of questions (see Appendix A) was developed and tested in both interviews and focus groups. This set of questions was further developed into the paper and online survey which was available online from 1 July 2009 for two months at http://www.lgbtbristol.co.uk/

Ten interviews were carried out with LGBT individuals, ten interviews were carried out with workers and managers in services, five community-based focus groups were carried out (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.

3. Size of the LGBT population

Little is known of the size and diversity of the LGBT population; little data is available on actual population size in relation to LGBT people and identities. Where data has been collected on same-sex partnerships, for example, through the Labour Force Survey in the UK and the Census in the USA, a small population has been counted.

This data only counts those people in same-sex partnerships living with their partner. It does not count single LGBT people, bisexual people in opposite sex relationships or partnerships, lesbians and gay men in relationships not living with their partner, trans people living with someone of the opposite gender, and a significant number—especially of young people and some older people—who feel unable to confide this aspect of their sexuality (or their 'sexual orientation') or gender identity.

The Office for National Statistics' National Census omits sexual orientation as a category and it is important to note that most researchers ask questions about sexual behaviour and not about sexual orientation or gender identity. The data that is available gives a very conservative estimate of the actual LGBT population.

Estimates vary considerably for the number of trans people in the population, from as few as 1 in 100, to 1 in 20 (Whittle et al. 2007).

The current UK government estimate is that between 5 and 7 per cent of the population is LGB (based upon a review of eleven population surveys conducted across the USA and Europe). This estimate was developed to estimate the financial impact of the Civil Partnerships Act 2004, and indicates a total population of between 2.1 and 2.95 million LGB people in England and Wales (http://www.dti.gov.uk/files/file23829.pdf).

The conclusion of most researchers in the field is an estimated 5–7% of the population is LGB, rising to 10% in major cities. This latter figure is the one accepted by the Greater London Authority in 2006 (GLA 2006).

According to the Greater London Authority's Sexual Orientation Equality Scheme, the lack of comprehensive data means that "services cannot plan strategically to promote equality or best practice or provide equal protection to LGB people." (GLA 2006). This sentiment is echoed by the TUC who advocate "sensitively handled monitoring" (ibid.)

The estimate of the size of the LGB population in the city of Bristol (5–7%) is a range of between 21,065 to 29,491. (ONS 2008).

4. Alcohol and Drug Use amongst the UK LGBT Population

According to Antidote, LGBT Drug & Alcohol Project, up to one in three LGBT people will suffer alcohol or drug addictions. (*Addiction Today*, 2009; UK LGBT Health Summit, 2006). However, this is attributed to social and psychological causes such as homophobia, low self-esteem, HIV, lifestyle and lack of support. Most public services are not tailored to LGBT people and they, therefore, tend to be infrequent users of non-commercial meeting places such as community, voluntary and mainstream statutory services. Since a third of people hide their sexuality at work, this also limits their social opportunities through the workplace (Bartovic et al. 2007).

Contemporary "gay" culture has, therefore, seen the creation of a large and diverse "commercial gay scene", usually involving alcohol and drugs, where a number of LGBT people feel safe to meet and socialise. As this is the most visible manifestation of the LGBT community, emphasis on recreational drugs and the social consumption of alcohol has tended to obscure the issues surrounding lone substance abuse on the basis of stress or mental health issues.

A report by the mental health charity Mind found that:

> "Gay men and lesbians reported more psychological distress than heterosexuals, despite similar levels of social support and quality of physical health as heterosexual men and women. Levels of substance use disorders were higher among gay men and lesbians, who reported that they were more likely than their heterosexual counterparts to have used recreational drugs. Lesbians were more likely than heterosexual women to drink alcohol excessively. Results showed that bisexual men were more likely than gay men to have recently used recreational drugs." (King et al. 2003)

Additionally, research by the Drug and Alcohol Service for London, reported at Alcohol Concern's 2001 Lesbian, Gay Men and Alcohol Conference, showed that there were only 17 alcohol services in the whole of England and Wales that made specific provision for LGBT people. Without facilities, there is limited information available about alcohol use among LGBT people, and where research is available (through HIV and sexual health funding), it is likely to be about gay and bisexual men only. The samples are often quite small, and the research is often carried out in (gay) bars and clubs, where people are more likely to be using alcohol. However, where there is some information which is not 'bar-based' the isolation and stress factors are significant. The Healthcare with Pride Conference in 2006 found that 50% of isolated lesbian or bisexual women have serious alcohol-related problems and that alcohol use is likely to be high amongst young LGBT people.

When it comes to drug use, similar factors have to be taken into account;

> "Drug use (especially amongst gay men) … is perceived to be a significant aspect of the LGBT scene and community… Research suggests that drug use amongst gay men is significantly higher than heterosexual men. This, again, is because many aspects of the LGBT community revolve around club and pub culture. It is also suggested that increased drug use is an established part of gay culture, and that it is difficult to avoid if you are a gay man who frequents the 'scene'." (Stonewall 2007)

The 2005 UK Gay Men's Sex Survey, with a sample of 14,447 men, found that 26% of gay and bisexual men in England had used Class A and other listed drugs (Reid 2006).

> "A lot of suppressed mood requires a lot of mood enhancement. Gay and bisexual men are adept at self-medication with alcohol and drugs. There is an ever expanding market in the supply of drugs on the gay scene with new letters being added frequently. The sexual marketplace is commercially dependent on them and taking them is normative. Anxiety at being in the sexual marketplace is a major driver of alcohol and drug consumption. Substance use is what might be called a second-tier HIV risk behaviour. You cannot get or pass on HIV by drinking, eating or smoking drugs, no matter how much you consume. However, substance use can undermine (HIV) prevention needs. Substances disinhibit and our culture excuses risk-taking under the influence, so whether causal or not, drink and drugs often precede risk. At the sharp end, people not in control of the substance use are not in control of their risk behaviours." (Hickson 2009)

Most of the information that is published about tobacco use comes from Canada and the USA. Studies there tend to suggest that members of the LGBT community are twice as likely to smoke tobacco as members of the general population. Additionally, the National Longitudinal Study of Adolescent Health found that 45% of young underage women with same-sex attractions and 35% of young underage men with same-sex attraction smoked. They concluded that LGB young people may be up to 60% more likely to smoke than heterosexual young people (Easton et al. 2003).

However, in the UK, the picture appears different. The UK Gay Men's Sex Survey (2005) with a sample of 14,447 men found that 65% of gay and bisexual men (in England) did not smoke; 12% smoked less than 10 cigarettes per day; and 23% smoked 10 or more cigarettes per day (Reid 2006).

Alcohol and drug health promotion interventions are often aimed at the general population only and are, therefore, less influential with LGBT people.

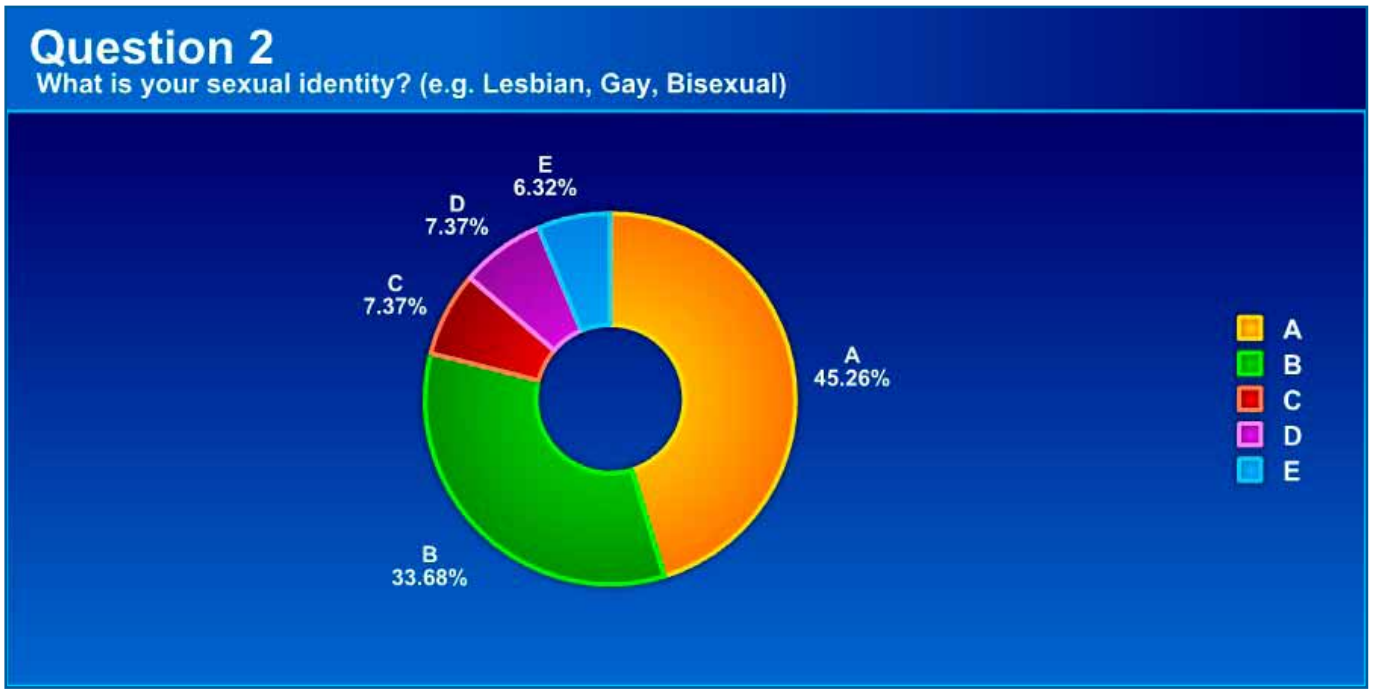
5. Survey Findings

5.1 Age

The age range of respondents was 18 to 59; the median age was 37.

5.2. Sexuality Identity

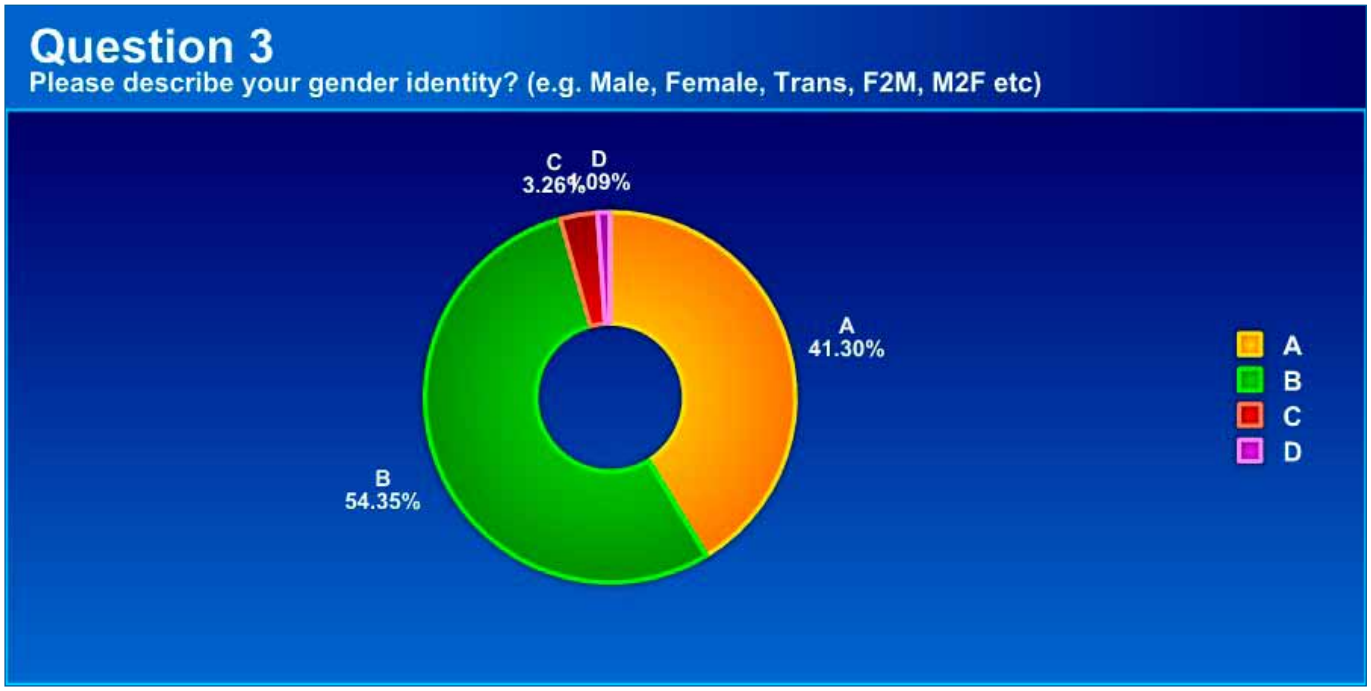
The majority of respondents to the online survey identified as Lesbian (45%) or Gay (34%), Bisexual (7%), Heterosexual (7%), and Other (6%). Heterosexual respondents were removed from the data analysis.



A Lesbian; B Gay; C Bisexual; D Heterosexual; E Other

5.3 Gender Identity

The majority of respondents to the survey responded Female (54%), Male (41%), Trans (3%) and Other (1%).



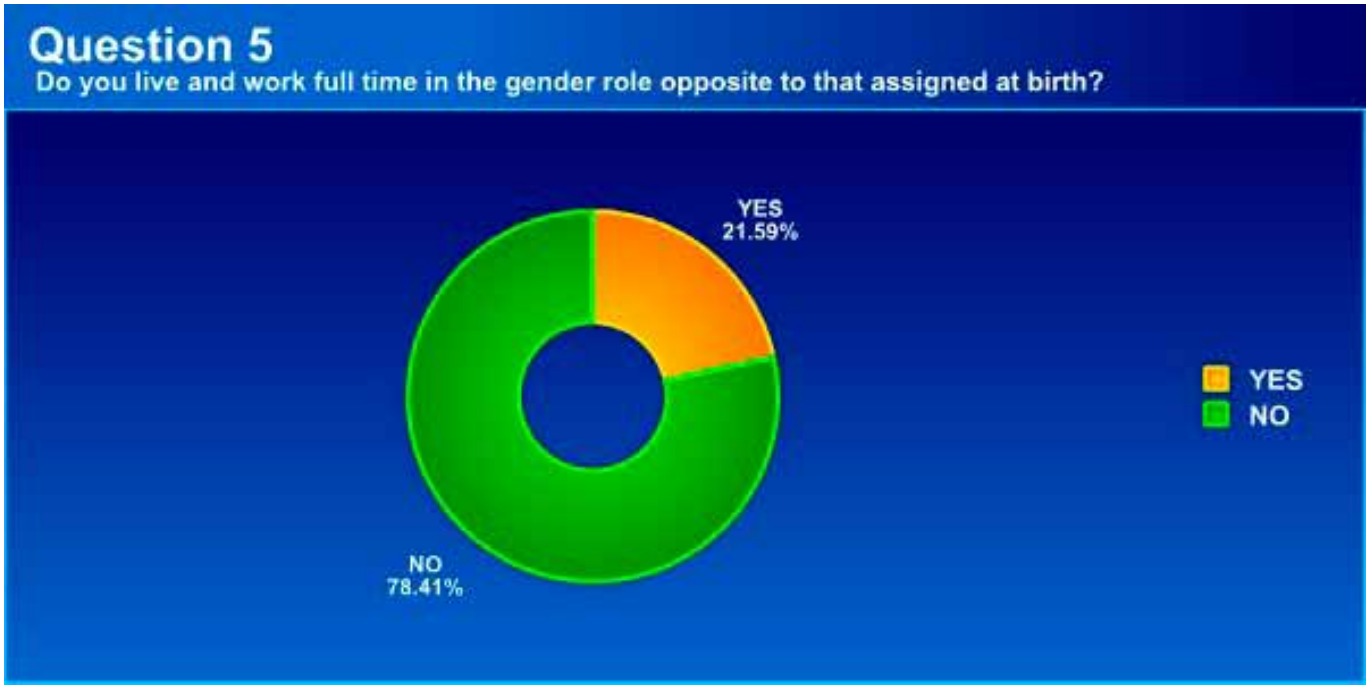
A Male; B Female; C Trans; D Other

5.4 Gender Identity Assigned at Birth

The majority of respondents (91%) answered "Yes, my gender identity is the same as the gender assigned at birth", with 8% responding "No, my gender identity is different to the gender assigned at birth". The difference of 4% between 'Trans' and 'Other' identified people related to respondents' gender and sexuality identity, for example as 'Queer'.

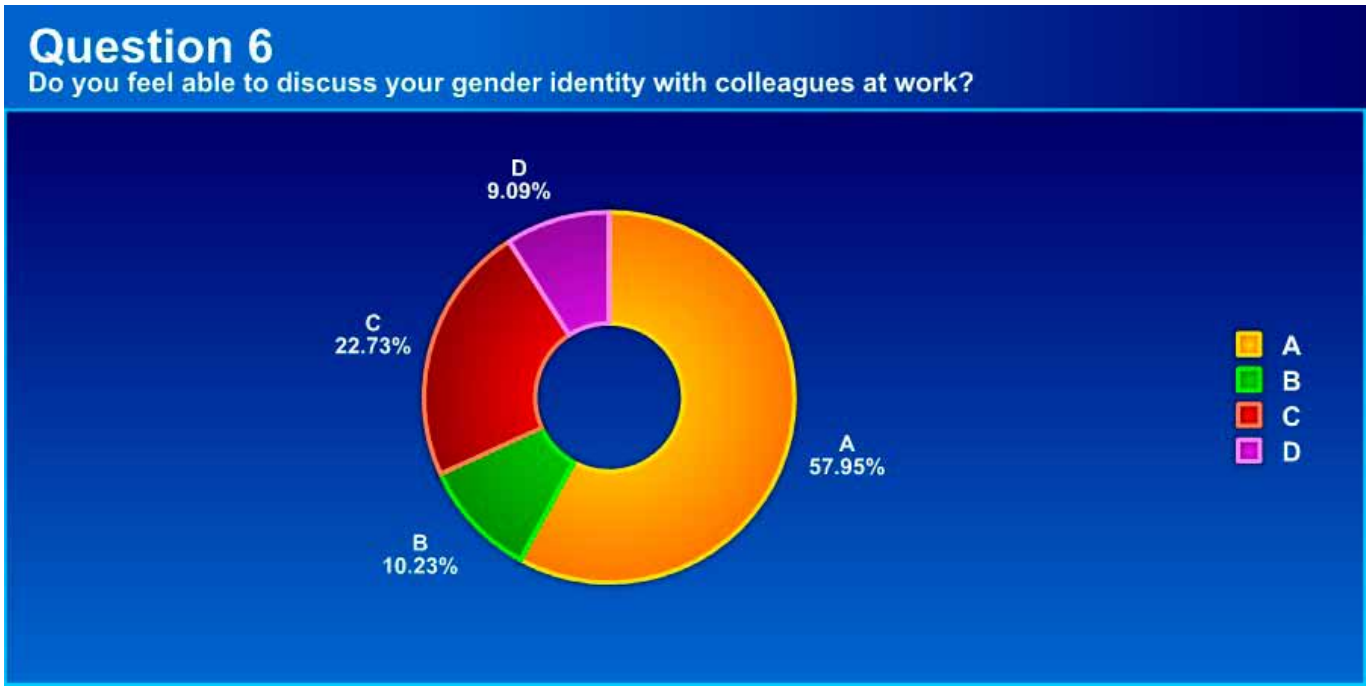
5.5 Gender Identity Roles

The relationship of gender and sexuality identity continued with the next question relating to gender roles. The majority of respondents, 78%, answered "No, I do not live and work full time in the gender role opposite to that assigned at birth", however 22% said "Yes, I do live and work full time in the gender role opposite to that assigned at birth". Please see the Recommendations section for further information on gender identity and monitoring.



5.6 Discussing Gender Identity in the Work Place

The majority of respondents, 58%, felt they were able to discuss their gender identity with colleagues at work. 10% 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. 9% of respondents replied with other responses, including, "I work alone", "I am retired," and that they felt their gender identity was not relevant or applicable to their colleagues or workplace.



A Yes; B No; C With some people, but not all; D Other

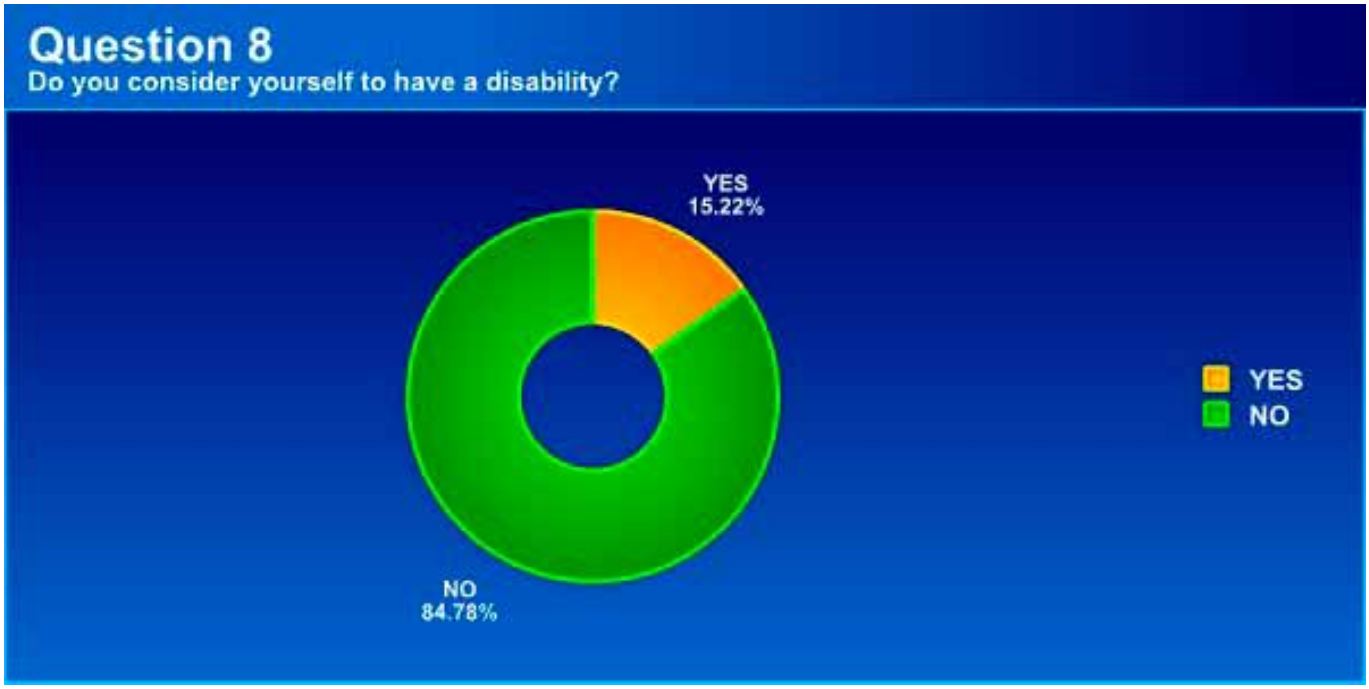
5.7 Ethnicity

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.

A White British; B Irish; C Other White; D White and Black Caribbean; E White and Black African; F White & Asian; G Other Mixed; H Indian I Pakistani; J Bangladeshi; K Other Asian; L Caribbean; M African; N Other Black; O Chinese; P Other

5.8 Disability

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

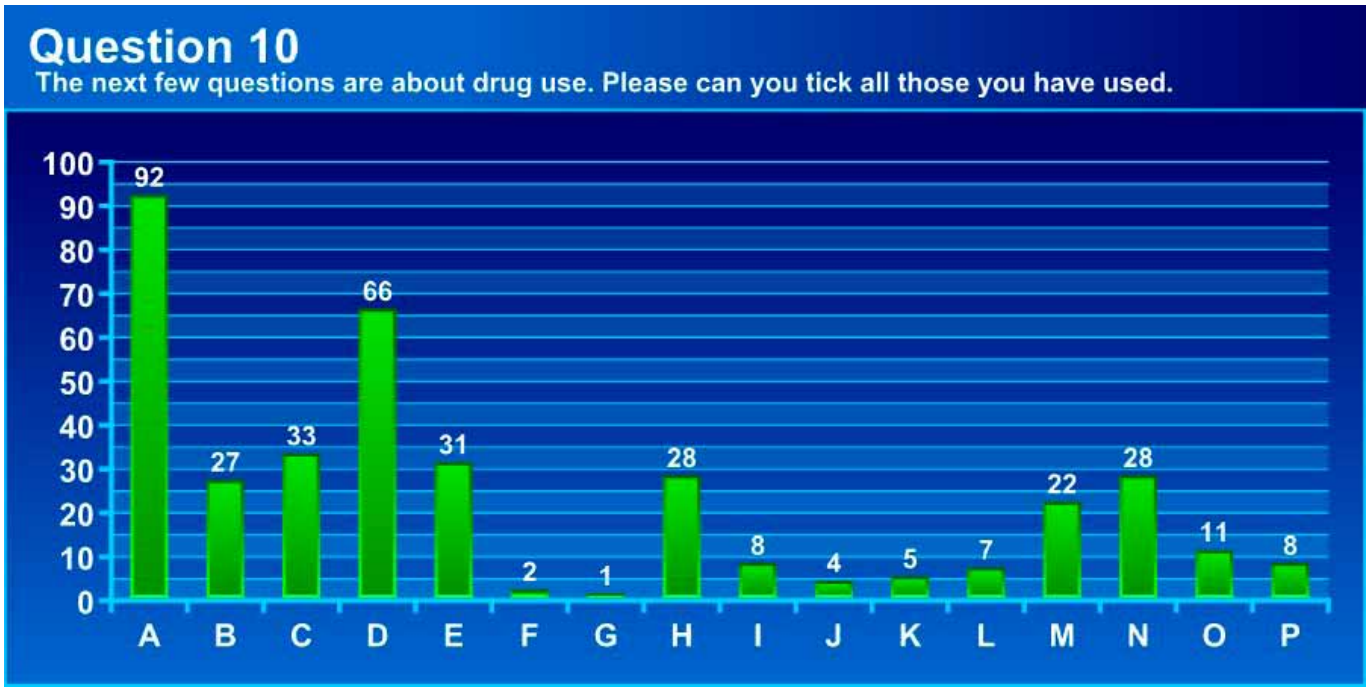


5.9 Postcodes

The majority of people, 87%, had Bristol (BS) postcodes; 4% Bath (BA); 2% Gloucestershire (GL); 2% Dorset (DT); 2% Swindon (SN); and 2% "Other" postcodes. Where the home postcode was not a Bristol postcode, and the respondents included in the results had either a work or social attachment to the city were included in the final results. People who took part in the surveys, interviews and focus groups, who did not have an attachment to the city, either through living, working or socialising were discounted from the final results.

5.10 Drug and Alcohol Use

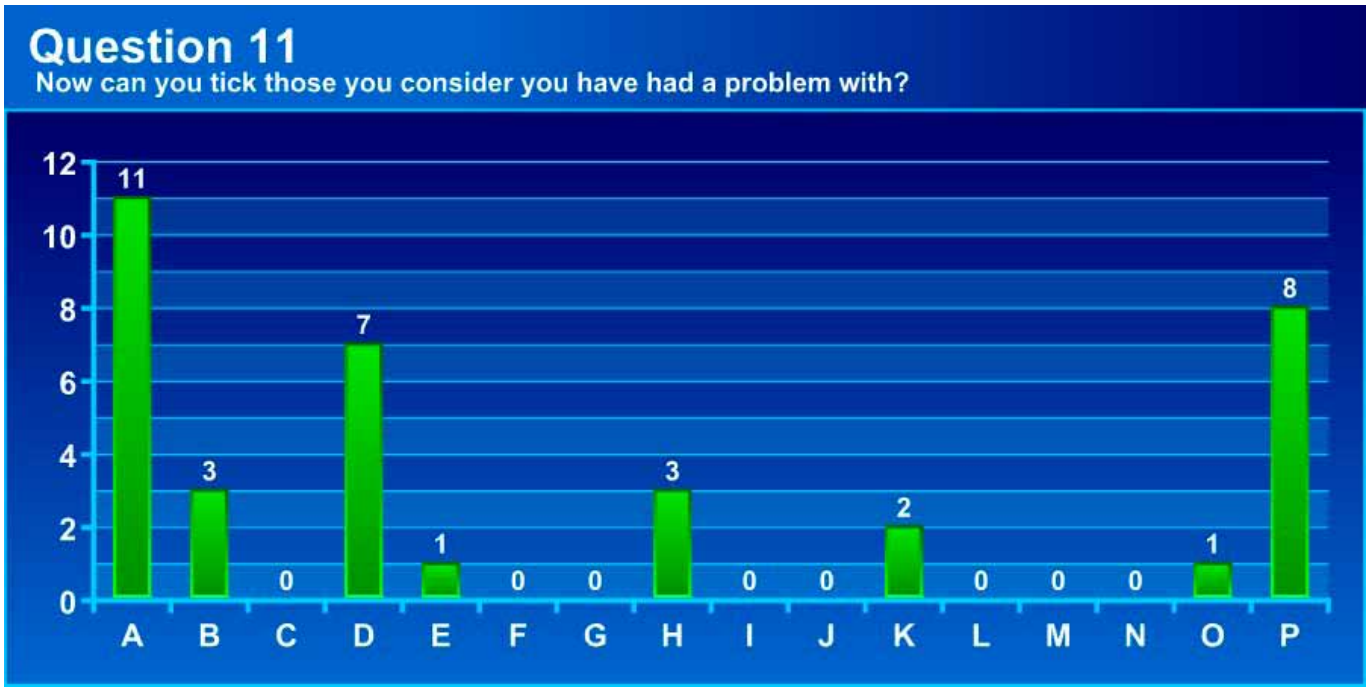
The following questions and responses related to drug and alcohol use. 92% of respondents had used alcohol; 27% had used amphetamine; 33% had used amyl nitrite; 66% had used cannabis; 31% had used cocaine; 2% crack; 1% crystal meth; 28% had used ecstasy/MDMA; 7% gas/glue; 4% GHB/GBH; 5% heroin; 7% ketamine; 22% LSD; 28% magic mushrooms; 11% tranquillisers; and 8% 'other' including prescription drugs, methadone, pethidine, barbiturates, mogadon, codeine, diazepam, temazepam and opium.



A Alcohol; B Amphetamine; C Amyl nitrite; D Cannabis; E Cocaine; F Crack; G Crystal Meth; H Ecstasy/MDMA; I Gas/Glue; J GHB/GBH; K Heroin; L Ketamine; M LSD; N Magic Mushrooms; O Tranquillisers; P Other

5.11 Problematic Drug and Alcohol Use

The majority of respondents, 89%, felt they did not have a problem with drug or alcohol use. Of the respondents who did feel they had a problem with drugs or alcohol the breakdown was as follows: 11% had a problem with alcohol; 3% with amphetamines; 7% with cannabis; 3% with ecstasy/MDMA; 2% with heroin; 1% with tranquilizers; and 8% 'other' including addiction to prescribed drugs such as methadone.



A Alcohol; B Amphetamine; C Amyl nitrite; D Cannabis; E Cocaine; F Crack; G Crystal Meth; H Ecstasy/MDMA; I Gas/Glue; J GHB/GBH; K Heroin; L Ketamine; M LSD; N Magic Mushrooms; O Tranquillisers; P Other

5.12 History of Drug and Alcohol Use

Of the 11% of respondents who had felt they had a history of problematic use of alcohol or drugs the following range of responses were received.

"Overuse of alcohol at times of stress. Still able to function at work in demanding job."

"Alcohol abuse between the age of 18 and 20."

"At the age of 19 I had a boyfriend who dealt cannabis so I was a heavy user. This habit continued solidly for about three years and it then took me another 10 years to completely give it up. I do not have an issue with alcohol, I only drink socially."

"Use of drugs and alcohol to increase confidence and deal with difficult times, but also they have been a source of much joy."

"I tried a couple of things as a teenager but never did more than a handful of times (mostly just once). I binged drank from about 16–24 about once a week and smoked from 14–24. I now don't smoke, take any drugs but probably still binge drink about 2 a month."

"When I was 16 I had my first alcohol drink and then drank a bit (normal teenage consumption) from 16–18 and then came to Uni at 18 for 6 years and got drunk most weeks as everyone was drinking and we would go out a lot. Quite a few times have been sick from alcohol and forgotten the night. I used to drink cider but now I don't drink that often and its normally a couple of glasses of wine or a few vodkas and diet cokes, not excessive, don't often get drunk."

"I was caught up in the 'norms' of Bristol's commercial gay scene as a teenager. The drugs numb the pain of ghettoisation."

"Had heroin habit from age 19–29."

"Problematic use of alcohol for a while after I gave up heroin. Now smoke cannabis every evening."

"Recreational use of cannabis speed and LSD in my teens; later in life routine use of cannabis as antidepressant routine, daily use of nicotine (gave up again, for the 6th time, recently) since age 13 and caffeine since age 10."

"In my younger years I experimented a lot with drugs, I thought it was a lot of fun, I have rarely touched drugs for the past five years."

"I drank heavily between ages of 16 and 20, used herbal drugs and smoked skunk & cannabis irregularly and used poppers (amyl nitrate)."

"Recovering alcoholic but still do weed every now and again."

"Have had issues in past with club drugs (LSD/ecstasy), but also periods where used cannabis daily and amphetamine (but always with alcohol)."

"Re drugs, including tobacco, I was strongly opposed until I went to college but even then, didn't like consuming enough to lose inhibitions so always a very moderate user."

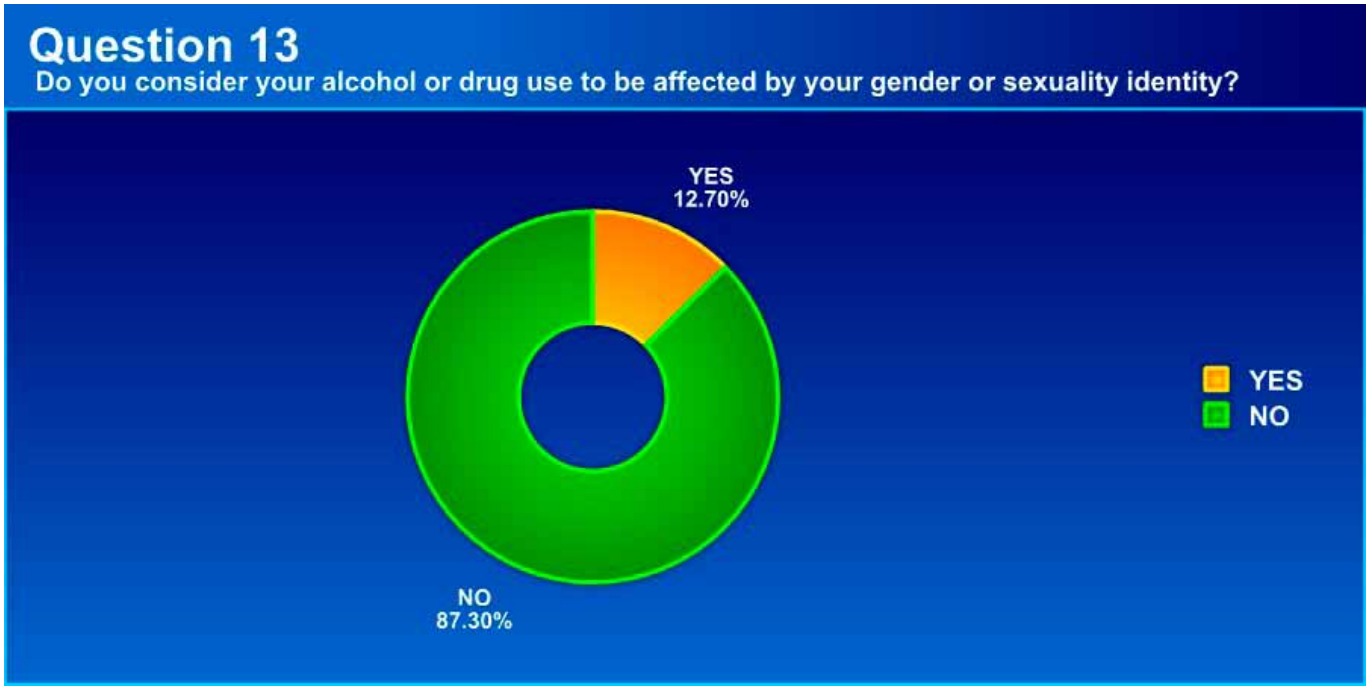
"Used drugs socially and clubbing in the past for 10 years, age 22–32 but rarely any longer. During the time I used drugs it was socially at weekends (but not every weekend) and never considered it to be a problem. Rarely use them now as lifestyle has changed as I have got older. I continue to drink alcohol regularly socially."

"As a teenager, used to binge drink as often as I could. 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 I suppose."

"I would describe myself as a binge drinker and social drug taker. I have had large periods of my life taking considerable amounts of recreational drugs. I am currently going through a phase of not touching them. I can give or take alcohol."

5.13 Drug and Alcohol Use Affected by Sexuality or Gender Identity

The majority of respondents, 87%, said their sexuality or gender identity did not affect their alcohol or drug use. 13% responded that their identity did affect their alcohol or drug use.



5.14 Sexuality or Gender Identity affected by Drug or Alcohol Use

Responses ranged from the pressures to 'fit in' on the 'commercial gay scene', not wanting to be LGBT, and family not accepting as LGBT.

"In my youth I did not know myself and was quite depressed. My sexual identity was a part of that—I came out at 22 and it took me a few years to accept it."

"Because alcohol use ingrained early, i.e. as a teen, dealing with sexuality issues in a time where queers were still legislated against."

"Drugs help you forget that everybody asks 'what is that' and you don't fit in any boxes."

"Maybe 10–15 years ago when I was struggling to come to terms with my sexual identity, at which time I became semi-alcoholic, but not any more."

"Drug use helped me to come out as a lesbian. By numbing me to other people's homophobia and also socially by helping me make friends with other lesbian drug users."

5.15 Impact of Drug and Alcohol Use on Relationship

Just over half of respondents, 54%, felt their alcohol or drug use did not impact upon their relationships. 10% felt the impact on their family; 14% that it impacted on their friends; 11% on their partners; 2% on their colleagues; and 9% 'other,' including effect on work, loss of jobs, career.

5.16 How Drug or Alcohol Use Impacted Upon Relationship

Whilst 54% or respondents felt there was no impact upon their relationships, 46% felt there was an impact on their relationships from their alcohol or drug use. Comments included:

"Very negatively. Has led to relationship breakdown in the past."

"Behavioural changes—makes me more difficult to be with."

"It compounded the depression I suffered which put a strain on all my relationships."

"Alcohol makes for problems with inter-relationships."

"Unpredictable behaviour, inconsistent."

"It must have done because anything done under the influence in some ways isn't real—the intention isn't quite right. And hangovers impact on colleagues etc., partners got together with when drunk—how could this not impact?"

"I have said/done things which have hurt those around me in the short term."

"I have not had any control over my feelings."

"It is difficult to be in a relationship with somebody who is on self-destruct."

"It caused them [relationships] to become strained and difficult at points."

"Did not want any relationships—especially with family—looking back this was because I could not come out to them and did not have the language for what I was feeling—all very long ago now though. I also stole quite a lot from family and friends—not very good for relationships."

"My daughter ended up smoking cigarettes and might not have, had I not been a smoker."

"Bone of contention with controlling 'purist,' judgemental, vegan partner unwilling or unable to accept my use of nicotine, caffeine, alcohol or cannabis OR my eating dairy products."

"I wasn't performing so well at work."

"It has been a problem in past relationships, however now neither myself or my partner drink so it is not. I still find myself dealing with issues to do with it every day however, less so now."

"Destroyed them."

"I think seeing me destroy myself and my inability to see that I was destroying myself in front of [family] made it difficult for them to help me. I also feel I used alcohol and drugs in a way to push friends and (straight) partners away because I didn't like myself, and part of that was because I couldn't/didn't accept I was gay."

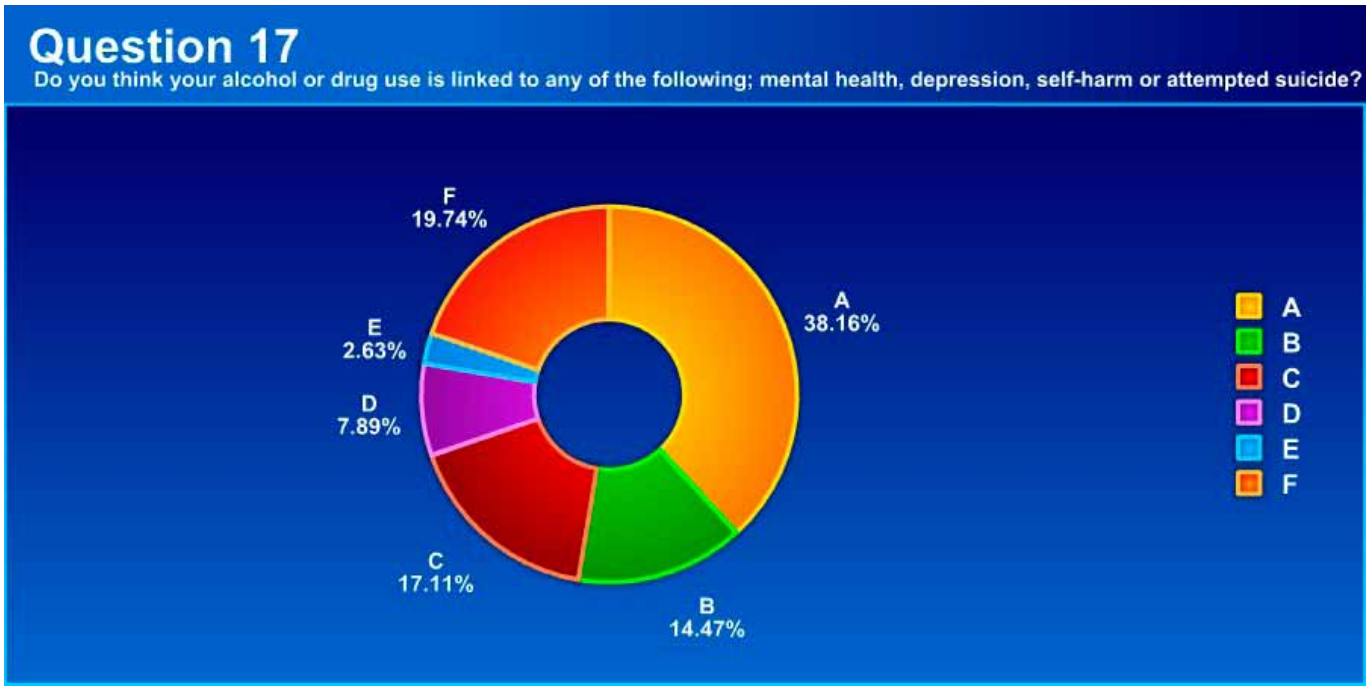
"I also hurt my children and I was unable to be there for them as a functioning parent, however since I've been in recovery I have been able to rebuild these relationships and part of that was being honest about WHO I am and being able to say to them I am gay."

"Made me a bit cut off I suppose, not engaging fully emotionally."

"A manager I worked for had to point out to me once that I was crossing the line of having fun, and becoming a liability. I kind of pulled it back after that, following drug use."

5.17 Linking Drug and Alcohol Use to Mental Health

Most respondents who felt their alcohol or drug use was problematic, 38%, felt there was no link between mental health and their alcohol or drug use. However, 14% did link it to their mental health; 17% linked it to depression; 8% linked it to self-harm; 3% linked it to attempted suicide; and 20% 'other': stress, feeling down, used as an escape instead of cutting (self-harm), being in care, not fitting in, negative thoughts and feelings.



A No link; B Mental health; C Depression; D Self-harm (e.g. cutting); E Attempted suicide; F Other

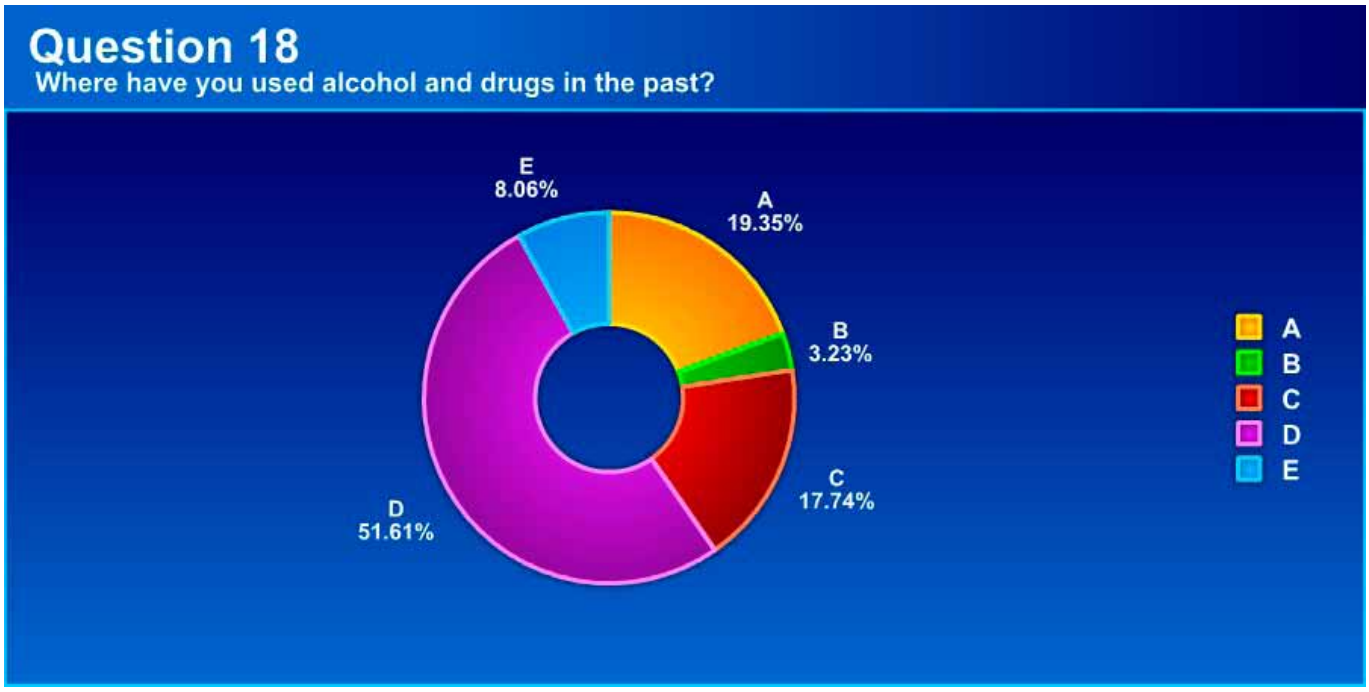
"This is linked to not feeling able to be who I knew I was, not fitting in, not wanting what my family wanted for me."

"All episodes of self harm/suicide attempts were under the influence of alcohol and I think for me the depression/ anxiety I still experience periodically is due to the long term effects of substances I have used to excess in the past."

5.18 Where Drugs and Alcohol were Used

The majority of respondents, 52%, used alcohol or drugs when socialising. 19% mostly at home, 18% mostly with friends, 3% mostly alone and 8% 'other': a combination of at home, with friends and when socialising.

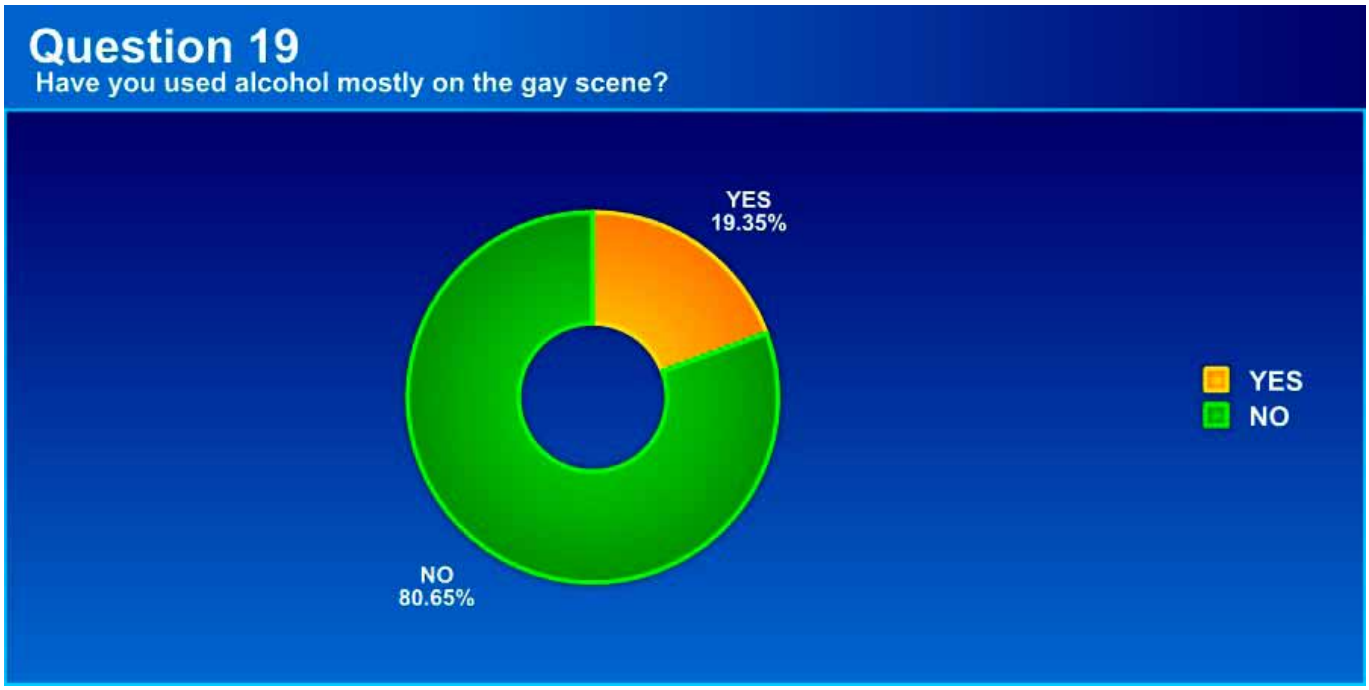
"A mix of them all really. Dependant on situations, if there was a 'y' in the day then I'd be up for drinking/using anywhere with anyone!"



A) Mostly at home B) Mostly alone C) Mostly with friends D) Mostly when socialising E) Other

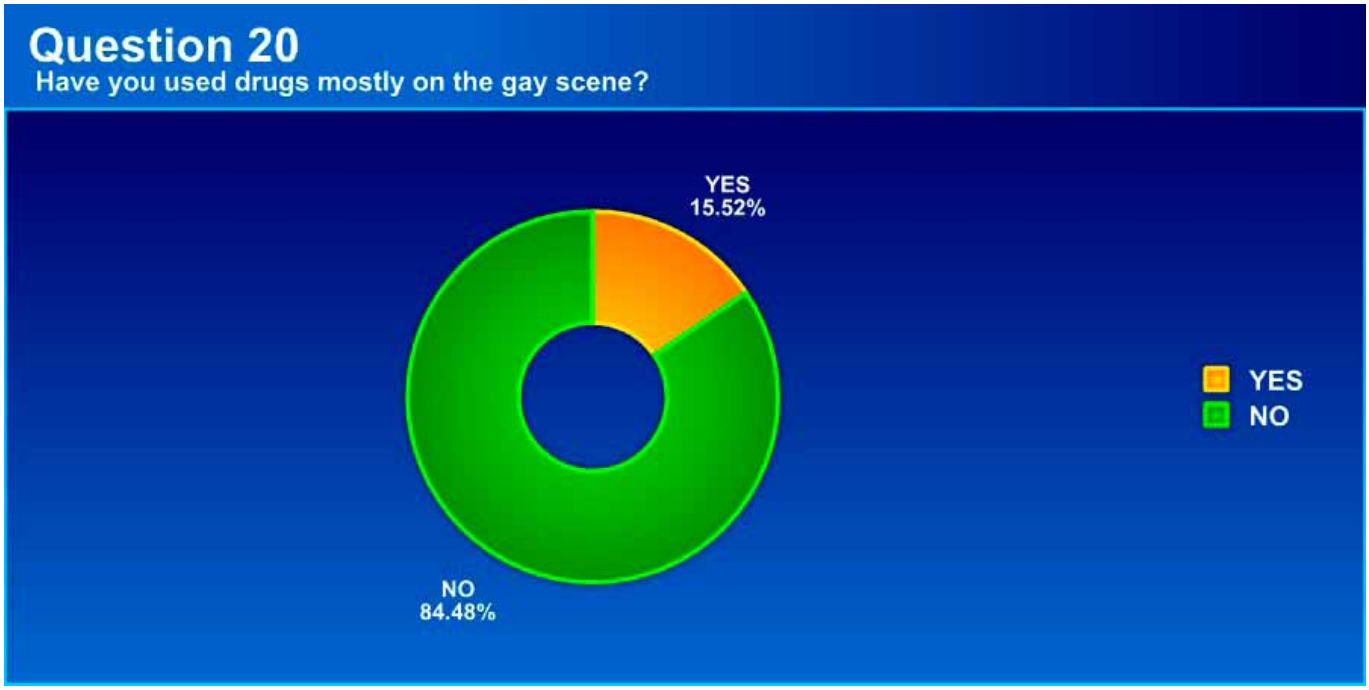
5.19 Using Alcohol on the 'Commercial Gay Scene'

The majority of respondents, 81%, did not use alcohol mostly on the gay scene; 19% did mostly use alcohol on the 'commercial gay scene'.



5.20 Using Drugs on the 'Commercial Gay Scene'

The majority of respondents, 84%, did not use drugs mostly on the gay scene; 16% did mostly use drugs on the 'commercial gay scene'.



5.21 Risks Taken when Using Drugs or Alcohol

The majority of respondents, 82%, felt they had taken risks when using alcohol or drugs. 18.37% felt they had not taken risks. Most common risks included unsafe sex, drink/drug driving, violence, effects on work, injecting drugs, sharing needles, mixing drugs, mixing drugs and alcohol, loss of awareness and losing control.

"With my own health, with other people's safety."

"Not always knowing the limit. Driving. Going with strangers. Feeling in a vulnerable state."

"Driving, and consuming too much."

"Open to abuse from men whilst drunk."

"Risking causing long-term affects to my physical/mental health. Sometimes risks to my safety because of the people I associated with and some situations I put myself in."

"Some sexual risks occasionally but also taken risks when not drinking or taking drugs but more likely to take risk when taking drugs, not so much with alcohol."

"Unprotected sex. Fighting. Taking drugs. Walking alone at night. Going home with strangers."

"Health effects of social drinking and cannabis use such as exacerbating mental health issues."

"I have occasionally taken drugs when offered them without really thinking of the consequences. Luckily I have not had unprotected sex whilst taking drugs. I have, however, had unprotected sex in the past when drunk."

"Crossing roads and being in vulnerable situations with men (years ago before I came out) and not knowing how I got home sometimes and falling over."

"Occasionally taking too many different things at once! Elevated risk of heart problems; sleep deprivation. Alcohol used to be more problematic—weight gain, increased risk of heart attack, cholesterol, etc."

"Getting too drunk to remember what I am doing."

"That they may have been adulterated (cut) with more addictive drugs or harmful chemicals."

"Occasionally drank more than I was able to handle, especially when I was younger."

"Unsafe sex and extreme BDSM activities."

"Many. Suicide, possible assault & rape, blackouts, injury."

"What apart from nearly killing myself?"

"Risks with my life, having sex with strangers in places I didn't know (and not using condoms), becoming disinhibited about dangers such as walking home alone at all hours, being so wasted I would take anything put in front of me and in large amounts."

"Not knowing chemical content of drugs i.e. if they are pure."

"Smoking cannabis—all the smoking related diseases."

"One night stands when drunk. Exceptionally uninhibited behaviour during drug taking periods, including sitting on top of cliff tops, wanting to jump out of windows, and probably many more."

5.22 Harm-Reduction Strategies

The next question was about strategies respondents had developed for keeping safe from harm. Reponses included having safe sex, moderate use of alcohol or drugs, having counselling, not drinking to excess, staying in control, staying close with friends, not walking home alone, stopping using alcohol or drugs, using alcohol and drug services (e.g. Fellowship/AA), only using alcohol or drugs at home.

"I no longer take cannabis, I do not socialise where drugs are used and the friends I have who take cannabis are mild users. Alcohol is not an issue. I tend to have friends who like to go out for dinner more then get really drunk all the time."

"I have intrinsic self preservation instinct about people rarely misplaced. Also even if off my face have ingrained habits re: safe routes home etc."

"I now drink less and try to stay in control. I also have a partner so we look out for each other."

"I do not have sex outside of my relationship; both my partner and I have tested HIV negative. I would not have sex with anyone assuming my partner and I were to split up or agree on an open relationship without protection."

"Not drink as much and def not drink to excess. I always go out with friends. Not be in places where I don't feel safe."

"Common sense; researching and reading around the subjects; understanding the drugs that I take and knowing how they affect my physiology and psychology."

"I no longer smoke cannabis or cigarettes, because my partner objects and I love her very much... but I miss 'em!"

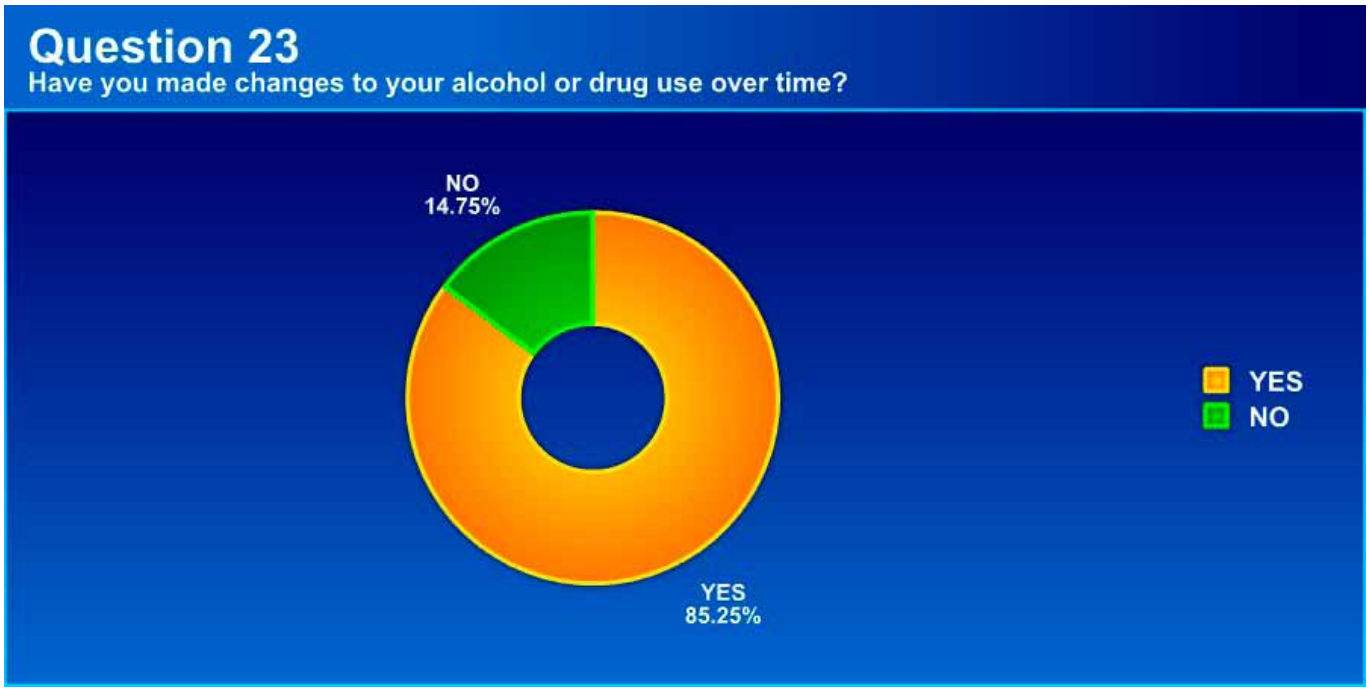
"I now no longer use alcohol or drugs. I use a 12 step fellowship to continue and support my recovery. This works for me, but not everybody."

"Careful how much I take. Not mixing certain drugs with alcohol. Knowing my limits. Always be with friends."

"Stopped smoking cannabis with tobacco. Tried hard to reduce use of cannabis and only to smoke light hash in pipes, and not to smoke skunk."

5.23 Changes in Drug and Alcohol Use over the Life Course

The majority of respondents, 85%, had made changes to their alcohol or drug use over time, 15% had made no change in their alcohol or drug use.



5.24 Making Changes Over the Life Course

Of the respondents who had made changes over the life course, 82%, a range of behaviour changes were identified, including: stopping using completely, reducing levels of use, only using alcohol and stopping or reducing drug use, and making (healthy) changes across the life course.

"I no longer smoke cannabis, drink less alcohol and now rarely use ecstasy, cocaine."

"I used cannabis daily for three years then realised I needed to stop. I moved abroad and got involved in a very clean living crowd and for a while did not really drink either. Since moving back to the UK in 2000 I then starting drinking and cannabis again but not to the degree I did before. Since then I have dipped in and out of cannabis and in the last 6 years given up cannabis completely. I go through phases with alcohol, at the moment not drinking much at all. Maybe three glasses of wine a week."

"I know myself better, I know when use of drugs or alcohol is to mask other feelings and when just want a good time."

"I used to drink more than I do now. I got my drinking out of my system when i was a student and now drink socially and not that often."

"Given up heroin use, injecting etc. Do still drink and smoke cannabis over time not nearly as much as I did when I was younger. Have come to the realisation that the recovery time is not worth any excess I might once have indulged in."

"I drink a lot less than I did 10 years ago. I started taking drugs 4 or 5 years ago and having experienced most of the things I'm likely to experience, am starting to wind things down now."

"Gave up smoking fags and baccy more times 'n I care to mention gave up cannabis many times, no probs there.. fags is much harder than weed to give up, with blow it only takes a couple of days and I am as right as rain, with baccy I am still craving 3–4 months later. Always go back, eventually, 'soon as I have a beer no need to give up the booze, apart from the weight, I drink every few days, a couple of pints, half a bottle of wine... else I gets wicked hangovers."

"Experience has taught me to limit my use, because if I feel sick or fall asleep that's no fun."

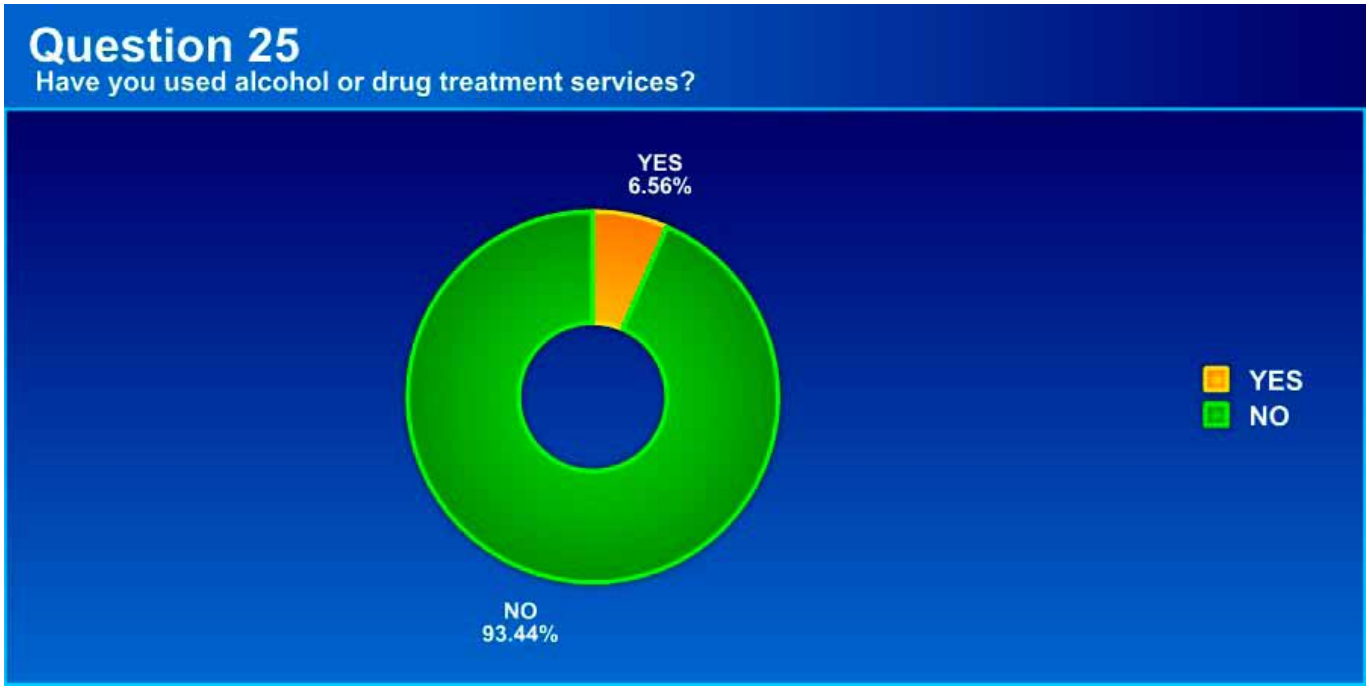
"Use has lessened as job/family responsibilities have become more important."

"I don't smoke cannabis anymore, reduced amount I drink when out and revert to soft drinks or coffee very early in the evening."

"Hardly every drink alcohol now, and have reduced use of cannabis I've got a job, so don't have a smoke first thing in the morning like I used to when I was younger."

5.25 Using Drug and Alcohol Services

Of the respondents who did consider they had a problematic use of alcohol or drugs the majority, 93%, had not used alcohol or drug treatment services. 7% had used alcohol or drug treatment services.



5.26 Drug and Alcohol Services

The majority of respondents, 93%, had not used alcohol or drug services. Where respondents had used services, 8% had used the Fellowship/AA, 5% had seen their GP about their alcohol or drug use, 3% had used addiction and recovery services, 3% had used treatment services.

5.27 Experiences of using Drug and Alcohol Services

Of the respondents who had used alcohol or drug treatment services a range of experiences were reported from very positive experiences through to very negative, homophobic and heterosexist experiences in alcohol and drug services.

"My experience is over 20 years ago—however they were rampantly heterosexist and often overtly homophobic. There was no way I was going to come out to anyone. I also walked out of a Minnesota method rehab after 48 hours saying I didn't want any of their serenity—and I still stand by the fact that serenity did not sound like what

I wanted. I am also not a fan of the disease model—I think it allows people not to take responsibility for their actions—which I didn't like. I also do not think that total abstinence is necessary for everyone, even those who have an 'addictive personality'."

"GP was supportive and the fellowship has worked for me, its not always easy; but life isn't, is it?"

"OK—they made me re-consider my usage and group support helped."

5.28 Needs in relation to Drug and Alcohol Services

Of the respondents who had used alcohol or drug services, a range of needs were expressed in relation to improving access to services for LGBT people. These included having LGBT-specific services, openly-LGBT workers, a Trans-specific service, and improvements in funding for alcohol services.

"I do not need services for drugs or alcohol but a locally based Trans advice and treatment centre with fully trained staff would be an excellent service not just for myself but for others in and around Bristol."

"None now. However if there had been LGBT specific services I might have sought help much earlier than I did."

"Alcohol was my primary drug of choice, but there is not a lot of focus in Bristol on alcohol as a primary. Opiates and crack cocaine seem to get the majority of the local authority funding, but they are only part of the picture. There needs to be more focus on alcohol misuse."

"Couldn't possibly talk to someone who didn't understand about being a lesbian. Would prefer to have a lesbian work with me."

5.29 Seeking Help

Respondents had found a range of formal and informal help-seeking options, including through the GP, Fellowship/AA, on their own, and with support from friends.

"I did not have an addiction to the party drugs, yep it did take about one year psychologically before I could give up cannabis."

"Usually I would go on a health kick through alternative medicine, so I would do a dietary detox as recommended by a Chinese herbalist. Relates more to alcohol use rather than drugs."

"Ranged from treatment at what used to be called the National temperance Hospital with group therapy (dreadful) to AA/NA which I have explained above. Also had some contact with drugs services in Dorset but did not find them particularly helpful. Really did it on my own with help from friends."

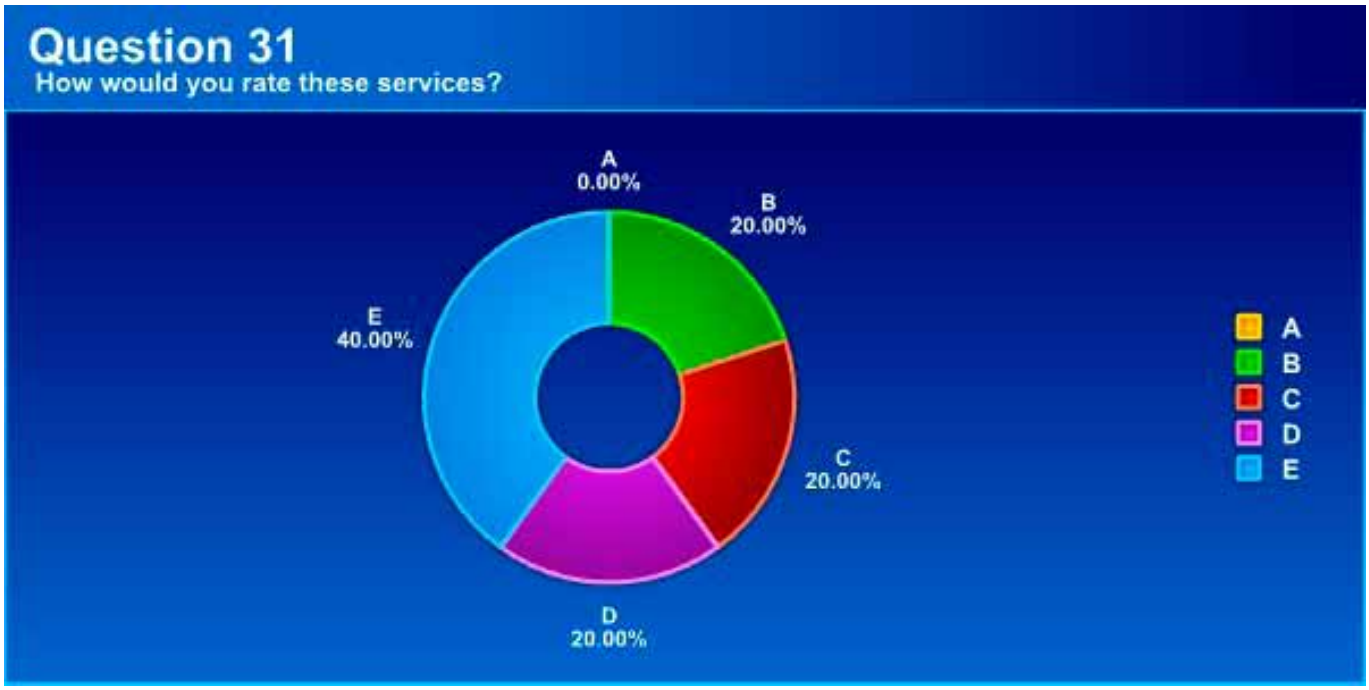
"I accessed AA myself and with the support of my GP it has worked so far (for the last 9 years)."

5.30 Currently Using Drug and Alcohol Services

Most respondents, 98%, are not currently using alcohol or drug treatment services. 2% are currently using alcohol or drug treatment services.

5.31 Rating Drug and Alcohol Services

Of respondents currently using alcohol or drug services, 20% felt the services were good; 20% felt the services were average; and 20% felt the services were poor; none of the respondents felt the services were excellent; 40% responded 'other'.



A Excellent; B Good; C Average; D Poor; E Other

5.32 Drug and Alcohol Services Currently Being Used

The AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) were cited as alcohol and drug services currently being used by respondents.

5.33 Information about Services

Respondents identified a range of options as their source of information about services: LGB Switchboard, GP, internet/online, Gender Identity Clinic, Fellowship/AA/NA.

> "I regularly attend meetings in Bristol and am actively involved with the fellowship."

5.34 More Information about Services

The majority of respondents, 91%, felt they did not need more information about services. 9% of respondents did want more information about services.

5.35 Information about the LGBT Communities

When asked where respondents found information about LGBT communities, the following resources were identified: the LGBT media, internet/online, word of mouth/friends/informal networks, the 'commercial gay scene', the workplace, and LGBT community based organisations.

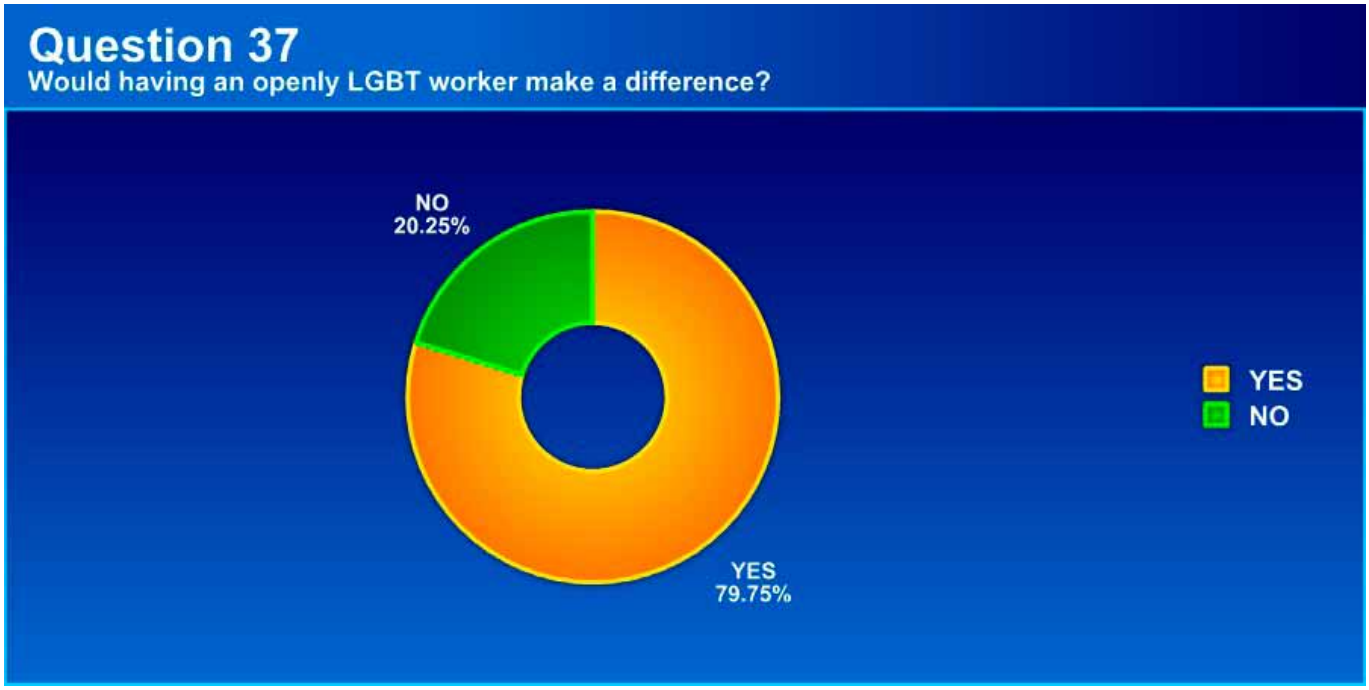
> "My only actively gay activity is going out to nightclubs, so I join groups such as Wonky online/Facebook, and they email information about social activities. I sometimes check Venue (magazine) but find most activities are for older ladies, or not things I would be interested in. I'm not aware of any other social groups that are not for university aged students or older people… but I haven't been too good at looking either."

5.36 Developing LGBT-Specific Services

The majority of respondents, 78% felt specific services for the LGBT community should be developed.

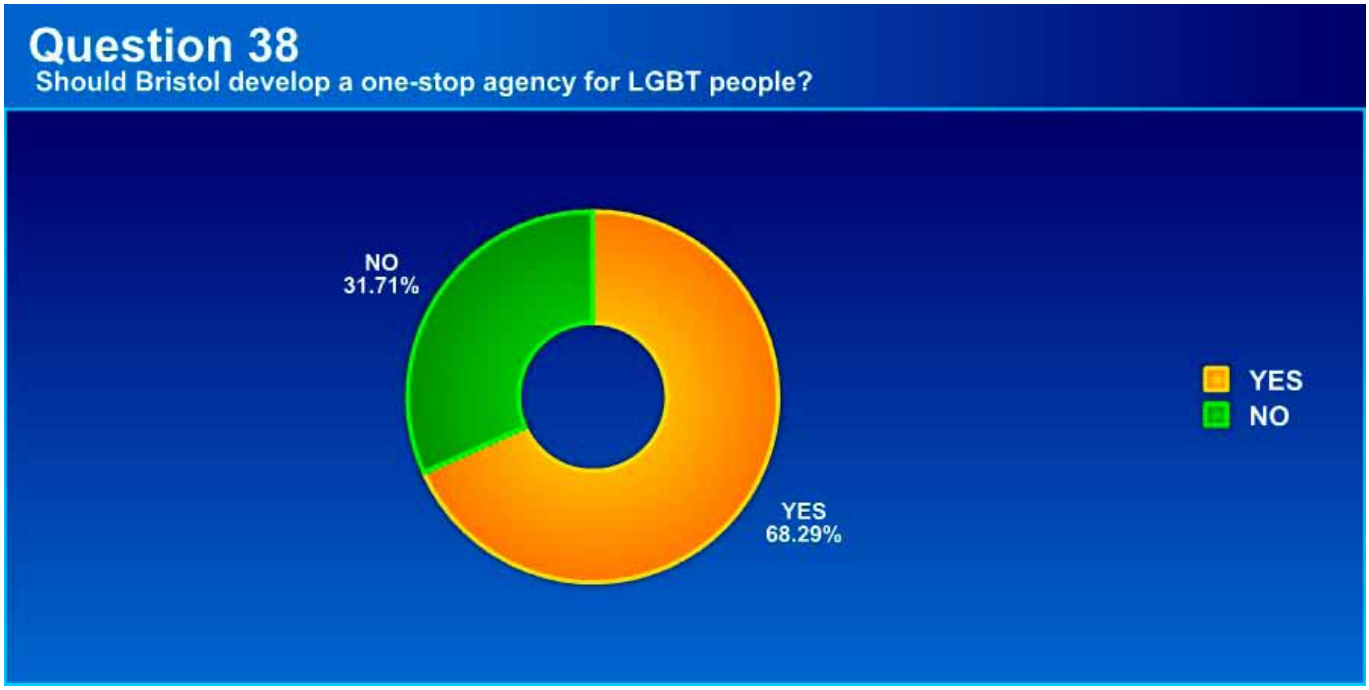
5.37 Openly-LGBT Workers

Four-fifths of respondents, 80%, felt that having an openly-LGBT worker in services would make a difference to them. 20% said it would not make a difference to them.



5.38 Developing a one-stop LGBT multi-agency in Bristol

Over two-thirds of respondents, 68%, felt Bristol could develop a one-stop LGBT multi-agency providing a range of services. 32% of respondents didn't feel there was a need to develop such an LGBT multi-agency.



5.39 Services in a one-stop LGBT multi-agency

The respondents, 68.2%, who supported the development of an LGBT multi-agency for Bristol suggested a range of services that could be housed within the agency. These included counselling services, mentoring services, information service, legal advice, relationship advice, inheritance advice, sexual health information/testing, alcohol and drugs services, mental health support, housing, youth groups, health and social care, meeting spaces, café, support network, an LGBT Citizens' Advice Bureau, parenting support, support for children of LGBT parents, relevant businesses, links to offending organisations, improved information in schools and colleges, healthy living advice, domestic abuse

support for same-sex couples, help for homeless LGBT people, hate crime reporting, support re violence and abuse (intimate, non-intimate and stranger).

"Yes a paid worker from LGBT Community would be good and service just for LGBT community be good but with good links to other organisations."

"Assistance in dealing with parental issues. I 'discovered' my sexual orientation after marriage and kids, so help with that would be good."

"It should link to all service providers, legal, health, mental health etc."

"A full counselling service related to all aspects of dependency, and the risks that may be run within the lifestyle."

"Health services particularly for women ; Mental Health services ; support for people in abusive relationships ; advice on adoption issues ; employment issues & legal advice shop."

"Medical consultations that do not require you to come out to your GP to discuss medical problems that affect a same-sex relationship."

"A central hub fro advice and information; meeting rooms for LGBT groups, access to health care, advice and so on."

"Alcohol, depression, drugs, counselling, mental health, work related discrimination, relationship counselling (it is different to being in a straight relationship), helping gay people to meet other gay people when single, good places to go, what to do etc… but don't just make it all negative stuff so also information on local LGBT groups, hobbies, etc."

"Mental Health/ Counselling by LGBT people so that we can have someone to talk over problems without fear of judgment or gossip."

"I would like to see an agency that incorporated everything under one roof—a café, generalist advice, youth work, drugs services, information about direct payments for disabled people, etc etc."

"Community facilities e.g. meeting rooms, social spaces, perhaps a licensed café, but NOT a bar (takes too much voluntary effort). Advice, (e.g. alcohol and drug use, housing, (especially for young people), coming out issues, financial and legal (perhaps from the CAB?). Counselling and treatment areas for LGBT-orientated treatments. Accommodation for LGBT voluntary and commercial organisations."

"Places to go and people to consult for everyone—social inclusion."

"Speaking as a dyke, many dykes have serious alcohol problems but don't realise. A buddy service might help, by putting people around on the scene, as a floating alcohol advisory service to approach people who obviously are getting out of hand and ask whether they'd like some help. Even just to befriend them and arrange to meet, chat, talk about their drinking, offer to refer them to a counsellor, but only AS AND WHEN they are ready to. A heterosexual wouldn't get anywhere, a gay bloke or dyke would get further. Best idea is one of each, maybe working with THT, to also give sexual health advice?"

"I think general health service for LGBT people would be a very good idea."

"Somewhere people who are having a bad time can get help and advice, it will reduce a lot of suffering."

"Holistic services that deal with all potential issues e.g. substance misuse, housing, employment education etc. Services that can look at a whole LGBT person's life in relation to their identity and advocate on their behalf where discrimination is an actual or potential threat to their safety/wellbeing. And to direct to LGBT friendly services."

"Yes, in as much as, providing some services itself and signposting people to others."

"Similar to the hub, but linking council, social, voluntary & health services."

"Social place like a community centre just for LGBT people, and from there signposts to LGBT specific mental health and drug services."

"Outreach workers around the clubs and pubs as alcohol and drug taking is prolific. More blunt information available specifically aimed at LGBT communities. Agencies with access to counselling etc specific to sexual and gender identity."

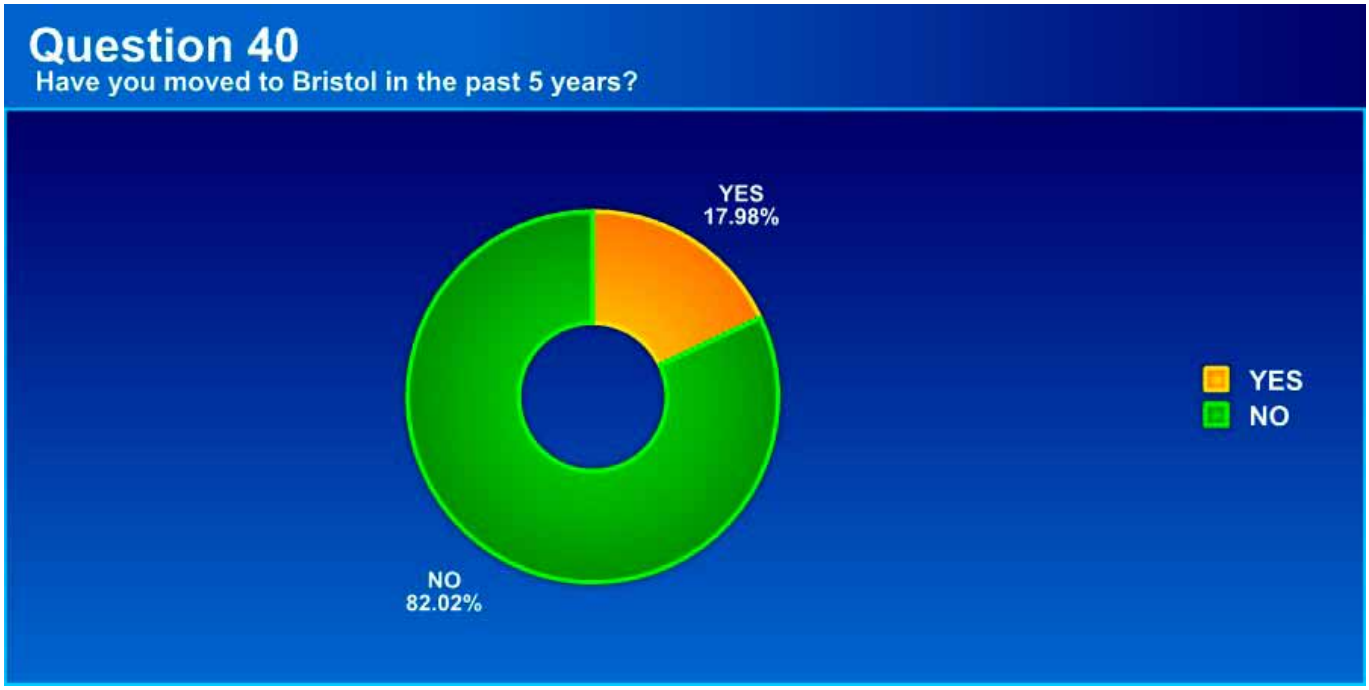
Responses from among the 32% who felt the development of an LGBT specific agency was not a good idea included the following:

"I don't think this helps, just sets people apart again. All service access points should be enlightened and supportive enough to do the job. Let's raise everyone's game in service access and provision rather than shifting the emphasis to difference."

"I do think that some specific services should be set up, for example hate crime related services. However I don't think that being LGBT is necessarily relevant to all issues or services so I do not think segregating services by way of a one-stop coverall agency based purely on service users' gender/sexual identities is a forward step. However some issues for some people are linked with their sexuality so I think a specialist within specific agencies would be more appropriate."

5.40 Moved to Bristol in the previous five years

The majority of respondents, 82% had not moved to Bristol in the previous five years. 18% had moved to Bristol in the previous five years.



5.41 Reasons for moving to Bristol in the previous five years

The most frequently given reasons for moving to Bristol in the previous five years included career moves; relationships including civil partnerships; social life; educational opportunities e.g. university; family connections; and affordability.

"My parents split up. My mother moved to Bristol. I didn't want to live with my father, so I moved with her."

"I went to Bath for University but quit after a year and a half. I then got a job in Bristol so moved here with my partner."

"Affordability I moved from Bath. It is also a more metropolitan city."

5.42 Questions monitoring Sexuality and Gender Identity

When asked how respondents felt about being asked questions about their sexuality and gender identity, 81% said they felt comfortable being asked questions about their identity. 7% had some concern about being asked and 12% felt uncomfortable or would prefer not to be asked questions about their sexuality or gender identity.

"I don't have a problem with it. I think it's really important as we LGBT people are not represented within general consensus population research and our needs are very different."

"My gender and sexual identity do not define who I am, and it's not really an issue for me. I'm very happy to talk about it."

"For many years I attempted to ignore my true sexuality. Now I am happy with who I am and feel happy to be open and frank on this subject."

"It depends who is asking and why. Generally I have no issues and am 'out' at work, although I have been subjected to homophobia in the past at work."

"I wish people would think about whether what they're asking me is appropriate for our relationship, and not assume that because they now know I'm gay they have the right to ask anything deeply personal and expect a response. That said, I'm fairly resigned to being asked a whole lot of questions about my sexuality when I mention that I'm gay."

"I will answer them openly and honestly if I know why they are being asked and what relevance the questions have to the person/service asking them. Also that the answers will be kept confidentially within the service."

5.43 Additional Comments

"I responded to this survey because I feel quite strongly about the views I have shared with you. Thank you for taking the trouble to conduct this survey!"

"I only go to events that interest me rather than because it's LGBT related. I prefer hanging out in the heterosexual scene because I find the atmosphere a lot more relaxed and friendly in straight venues than in LGBT ones."

"Glad you are doing survey sure need for work around this ."

"Being lesbian or gay does not make a person in need of additional services or at risk of drug or alcohol issues. Cross sections of society have cross sections of issues that affect the population and I hope that's what comes through in this survey. We are stigmatised as it is, to conclude that a majority of lesbians and gay men have drug and/or alcohol issues will add to the raft of prejudice that exists."

"Not to assume everyone who is lesbian or gay has an alcohol or drug problem."

"Bristol has a fantastic and diverse queer community but this is disparate as there is no central gathering, dropping into point in the city."

"Bristol is a large progressive city with people for all walks of life and backgrounds and trying to provide services to cover everyone is a great idea."

"I think drug and alcohol-related services definitely need to be LGBT-aware, considerate, and informed by the concerns of LGBT people, but I don't believe developing separate services is necessarily useful as this segregative thinking can be unhelpful in improving integration. "

"I would be interested in volunteering to help set up a LGBT Centre."

"Yes, I remember the issue of alcoholism amongst lesbian coming up in London and some feminists setup their own Lesbian Alcoholics Anonymous… but they decided to meet in a pub! LOL! What I am trying to say is that it's hard to help yourself, when you can't tell what the real problem is, I am glad that specialist services are being considered. LGBT people come out and grow up on the scene, for most of us it's the only place we can be safe, social and to meet friends and partners, and booze, tobacco and sometimes other drugs end up just being part of the lifestyle."

"I feel lucky really… lots of people aren't as lucky as me and need guidance, I have been through bad times in the past and have had good people around me."

"Yes I probably only have 2–3 units per week, I did find some of the questions difficult to answer as previously stated only small unit of alcohol."

"I believe any 1 stop shop should be LGBT-run and controlled and provide advocacy across a wide range of issues, not just health."

"I do not consider myself to have a drug or alcohol problem. I do not see my drug or alcohol use to be different from heterosexual friends. My sexual identity has not affected my drug/alcohol use in any way."

"Although I have managed to control the effect of alcohol and my use of cannabis, my ex-partner still suffered from alcohol related problems and this was one of the main issues in our break up. I feel she would have benefitted from support targeted and provided specifically at the LGBT community."

"Drug and alcohol taking is prolific on the gay scene. It is actually hard to say no to it as it is so available and the mentality is copious of drug and alcohol means a good time. I think this has been ignored for a long time."

"Thank you for doing this work."

6. Conclusions

Monitoring Sexuality and Gender Identity

Most people taking part in the survey and 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.

In shaping questions about gender and sexuality identity it is important to recognise people's identities are complex. It is therefore important to go beyond the identity labels of "Lesbian", "Gay", "Bisexual" and "Trans" to enable a richer and fuller picture of data collection, particularly in relation to gender identity. Sometimes these simplistic labels don't fit, and whilst useful in monitoring, where appropriate more thought needs to be given to developing richer questions and data collection.

> "It would be possible to monitor who is coming through… and by monitoring the six equality strands [ethnicity, gender, disability, sexual orientation, religion and age]. It became about inclusion and was the rationale behind including sexual orientation (and religion) in the monitoring process. Speaking about sexual orientation has been so taboo [in this organisation] that the project got people talking about it, whether people agreed with [monitoring] or not, the aim was to provide services to all sections of the community, including the lesbian, gay, bisexual and trans communities. If we never talk about it, we never allow people to feel safe, that they can say "I'm a gay man" or "I'm a lesbian", we've not had people wanting to disclose information. This needs to be mainstreamed with all the other equalities groups. I couldn't see enough of a reason to say we'll do ethnicity, gender and disability that way, and we'll do sexual orientation and religion this way. It felt it would reinforce the taboo of the issue, if we treat it differently, therefore it is different. It was in a way an attempt to get people speaking about [sexual orientation], in a way that is constructive. Even if the discussion was—should we monitor or shouldn't we monitor? By the end of the pilot the project board agreed we should continue as we were and roll out monitoring across the housing service. I presented to the project board saying we could either leave those questions out, this is what we found through the pilot, or we could roll this out. I felt it beneficial to be able to monitor against services. Some people feel really strongly that we should monitor and some people feel we shouldn't monitor on all sides, staff, tenants, LGBT community, heterosexual. The Equality Standards for Local Government requires that we monitor if we want to meet that standard." (Housing Officer, interviewed 2009).

The monitoring information helps make services better by targeting them at the right people (Stonewall 2009).

Alcohol and Drug Services

The majority of respondents to the LGBT survey and focus groups, 89%, felt they did not have a history of problematic alcohol or drug use, 11% felt they did. Where data is available the issue of problematic drug use amongst the LGBT community is as high as one in three people. There is a clear need to carry out further research into the issues of problematic alcohol and drug use, and to unpick the complex issues in relation to people's experiences.

A range of interventions is needed, existing services need to be improved in relation to access to the LGBT communities, specific LGBT services need to be developed and training for staff working with LGBT people should be continued and developed.

7. 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 frontline staff delivering council services to the public.

Drug and Alcohol Services

- Develop LGBT advocacy and mentoring project employing openly LGBT workers, providing: advocacy, buddying, 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.

"If services do one thing to improve access for the LGBT community that would be to display a poster in reception about LGBT services and community, this makes me feel welcome and accepted, and makes all the difference." (Service User)

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.

Appendix A: The Safer Bristol LGBT Survey

Safer Bristol has commissioned a survey to find out more about the Bristol Lesbian, Gay, Bisexual and Trans (LGBT) communities.

The aims of the survey are:

- 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 and workers

Please take some time to fill in your answers. Please try to fill in as many answers as you can.

Q1–Q9: Demographic questions (age, ethnicity etc)
Q10–Q34: drug and alcohol questions
Q35–Q38: about LGBT Bristol
Q39–Q44: supplementary questions

Confidentiality

All of the information collected during this survey will remain anonymous, reporting will be of age, sexual identity, gender identity, ethnicity, disability, postcode and substances used.

Results

The survey will be carried out between July and September 2009. The results of the survey will be brought together in a report and presented to Safer Bristol to help with planning better, more inclusive and more accessible services to LGBT people and communities. If you wish to receive an electronic copy of the report fill in the email address option at the end of the survey to receive a copy.

Contact

If you have any questions about the survey you can contact the administrator. Berkeley Wilde
Web www.minotaurcommunications.co.uk
Email info@minotaurcommunications.co.uk

[The original survey is reproduced on the following 8 pages]

PLEASE DO NOT COMPLETE THIS SURVEY IF YOU HAVE DONE SO BEFORE

1) What is your age?

2) What is your sexual identity? (e.g. Lesbian, Gay, Bisexual)	
Lesbian	
Gay	
Bisexual	
Heterosexual	
Other:	

3) Please describe your gender identity? (e.g. Male, Female, Trans, F2M, M2F etc)	
Male	
Female	
Trans	
Other (Please Specify):	

4) Is your gender identity the same as the gender you were assigned at birth?	
Yes	
No	

5) Do you live and work full time in the gender role opposite to that assigned at birth?	
Yes	
No	

6) Do you feel able to discuss your gender identity with colleagues at work?	
Yes	
No	
With some people, but not all	
Other (Please Specify):	

7) How would you describe your ethnicity? (e.g. White, Dual Heritage, South Asian, Asian British, Black, Black British, other)	
White British	
Irish	
Other White	
White and Black Caribbean	
White and Black African	
White & Asian	
Other Mixed	
Indian	
Pakistani	
Bangladeshi	
Other Asian	
Caribbean	
African	
Other Black	
Chinese	
Other (Please Specify):	

8) Do you consider yourself to have a disability?	
Yes	
No	

9) Please can you give the first digits of your postcode? (e.g. BS15)

10) The next few questions are about drug use. Please can you tick all those you have used.	
Alcohol	
Amphetamine	

Amyl nitrite	
Cannabis	
Cocaine	
Crack	
Crystal Meth	
Ecstasy/MDMA	
Gas/Glue	
GHB/GBH	
Heroin	
Ketamine	
LSD	
Magic Mushrooms	
Tranquillisers	
Other (Please Specify):	

If you have never had a problem with drugs or alcohol, and/or you have never used drug or alcohol services, you may choose to skip to Question 35 (last page).

11) Now can you tick those you consider you have had a problem with?	
Alcohol	
Amphetamine	
Amyl nitrite	
Cannabis	
Cocaine	
Crack	
Crystal Meth	
Ecstasy/MDMA	
Gas/Glue	
GHB/GBH	
Heroin	
Ketamine	
LSD	
Magic Mushrooms	
Tranquillisers	

Other (Please Specify):

12) Please can you describe in your own words your history of alcohol and drug use.

13) Do you consider your alcohol or drug use to be affected by your gender or sexuality identity?	
Yes	
No	

14) If you do consider your gender or sexual identity to be affected by your alcohol or drug use please can you describe how?

15) Has your alcohol or drug use impacted upon your relationships?	
No	
Family	
Friends	
Partners	
Colleagues	
Other (Please Specify):	

16) Please can you describe how your alcohol or drug use has impacted upon your relationships?

17) Do you think your alcohol or drug use is linked to any of the following; mental health, depression, self-harm or attempted suicide?	
No	
Mental health	
Depression	
Self-harm (e.g. cutting)	
Attempted suicide	

Other (Please Specify):

18) Where have you used alcohol and drugs in the past?	
Mostly at home	
Mostly alone	
Mostly with friends	
Mostly when socialising	
Other (Please Specify):	

19) Have you used alcohol mostly on the gay scene?	
Yes	
No	

20) Have you used drugs mostly on the gay scene?	
Yes	
No	

21) What risks do you think you have taken when using alcohol or drugs? Please describe.

22) How have you developed ways to protect yourself from harm. Please describe.

23) Have you made changes to your alcohol or drug use over time?	
Yes	
No	

24) If you answered yes, you have made changes over time, please describe.

25) Have you used alcohol or drug treatment services?	
Yes	
No	

26) Have you used any of the following services?	
Detox	

Dry house	
Fellowship/AA	
GP	
Hospital	
Hostel	
Recovery	
Treatment	
None	
Other (Please Specify):	

27) If you answered yes, you have used alcohol or drug services, please can you describe your experiences.

28) Can you describe your needs in relation to services?

29) How have you sought help, please describe.

30) Are you currently using alcohol or drug services?	
Yes	
No	

31) How would you rate these services?	
Excellent	
Good	
Average	
Poor	
Other (Please Specify):	

32) If you are currently using alcohol or drug services which services are you using?

33) How do you get information about services?

34) Do you need more information about services?	
Yes	
No	

35) How do you get information about LGBT community, events, groups and resources?

36) Do you think specific services for LGBT communities should be developed?	
Yes	
No	

37) Would having an openly LGBT worker make a difference?	
Yes	
No	

38) Should Bristol develop a one-stop agency for LGBT people?	
Yes	
No	

39) If you answered yes, Bristol should develop a one-stop agency for LGBT communities, what services would you like to see included, please describe?

40) Have you moved to Bristol in the past 5 years?	
Yes	
No	

41) If you have moved to Bristol in the past 5 years can you describe why?

42) How do you feel about being asked questions about your gender or sexual identity?

43) Is there anything you would like to add?

44) I would like to receive a copy of the report.

Yes	
No	

45) If you would like to receive an electronic copy of the report, or you are willing to take part in further research please give your email address below.	
Email	

Appendix B: Definitions

The following definitions relating to sexuality and gender identity are adapted from original texts by Press for Change, Manchester Metropolitan University, American Gay and Lesbian Medical Association, the Intersex Society of North America and others. Please note that definitions of some of these terms can vary, according to the context and source and are only used here as a guide.

Bisexual: A woman or man who has an emotional and/or sexual attraction toward more than one gender.

Discrimination: Detrimental treatment experienced on the grounds of some aspect of a person's identity or presentation.

FTM: Female-to-male, most commonly used to refer to a female-to-male trans person. However, the term is gaining usage to mean women who do not conform to general 'feminine' parameters of behaviour or expression yet still identify as female.

Gay: "Gay" most commonly refers to men who have an emotional and/or sexual attraction to men. However, some lesbians identify as "gay" or as "gay women".

Gender: Attributed maleness or femaleness due to biological or perceived sex. It is also a social construction that allocates certain behaviours to male or female roles and, therefore, may be imposed from outside e.g. "she is behaving in a masculine way by wanting to play football". Gender will not always be viewed in the same way across cultures, history, societies or classes, hence we know that gender is not an entirely biological matter, rather it is influenced through social definitions.

Gender identity: A person's sense of self as being either male and/or female. Gender identity does not always match biological sex: for example, a person may be born biologically male yet have a female gender identity. If you are unsure how to identify a person in relation to their gender, it is acceptable to ask them which term they would prefer you to use to describe them.

Hate crime: A crime committed on the basis of the actual or perceived ethnicity, religion, gender identity, disability, age or sexuality of a person.

Heterosexism: The belief that heterosexuality is the only "natural" and "normal" expression of sexuality and that it is inherently superior to (and healthier than) other types of sexuality. This often gives rise to the idea that services tailored for heterosexuals will be suitable for everyone else.

Heterosexual: An individual who has an emotional and/or sexual attraction to persons of the opposite sex. Heterosexuals are sometimes referred to as "straight."

Homophobia: The response of other members of society that results in lesbian, gay and bisexual people experiencing hatred, discrimination or inequality.

Homosexual: This is the term which was mostly used by external authorities (e.g. doctors, police, newspaper writers) to refer to an individual who has a sexual and/or emotional attraction towards persons of the same sex. This term is often now rejected by LGBT people as being too clinical and the terms "gay" or "lesbian" are preferred. If you are unsure how to identify a person in relation to their sexuality, it is acceptable to ask them which term they would prefer you to use to describe them.

Lesbian: A woman who has an emotional and/or sexual attraction to other women.

LGBT: Acronym for lesbian, gay, bisexual, and trans.

LGBTQ: Acronym for lesbian, gay, bisexual, trans, and, increasingly, queer. Queer is sometimes used as an umbrella term for LGBT, and sometimes used to indicate a commitment to 'non-normative' gender and sexual fluidity (rather than fixed categories of identification).

MTF: Male-to-female, most commonly used to refer to a male-to-female trans person (transsexual or transgender woman). However, the term is gaining usage to mean men who do not conform to general 'masculine' parameters of behaviour or expression yet still identify as male.

Queer: A 'reclaimed' word used by some people to self-identify as part of a movement that may include LGB or T, A (asexual) and I (intersex) too. Queer tends to be defined by what it is not – i.e. not having a prescribed view of

gender and sexual identity. Queer is also sometimes used to indicate a commitment to 'non-normative' gender and sexual fluidity (rather than to fixed categories of person). If you are unsure about how to identify someone ask them which term they prefer you to use.

Same-sex sexual orientation: Having an emotional and/or sexual attraction to persons of one's own sex.

Self-identify: To perceive and express one's internal reality or identity (as in sexuality or gender identity), as opposed to external factors and others' interpretations of them.

Sexual identity: Our sexual behaviour and how we define ourselves varies historically and culturally. Same-sex sex and gender 'variance' are documented over several thousand years of recorded human history, but the ways in which these have been lived and understood are numerous. 'LGBT' and related identity categories are twentieth/twenty-first century identity formations, nor are they globally homogenous. Most people (whether LGBT, MSM [men who have sex with men], WSW [women who have sex with women], heterosexual or other) report that they do not experience their sexual preferences or their gender identity as a 'choice'. It can be argued that the development of contemporary 'human rights' agendas with respect to same-sex desire and gender variance make it possible for more people to express openly 'identities' based in these orientations.

Transgender people: Transgender as a term is currently in a state of flux. However, it is mainly used as a very broad term to include all sorts of trans people and to refer to all persons who express gender in ways not traditionally associated with their sex. Transgender does not imply any specific form of sexual orientation—transgender people may identify as heterosexual, homosexual, bisexual, pansexual or asexual. It may include cross dressers, people with a dual or no gender identity, and transsexual people. It has also been used to define a political and social community which is also inclusive of gender queer, and other groups of 'gender-variant' people such as drag queens and kings and butch lesbians. However, some transsexuals reject the term transgender as being too much of an umbrella term.

Trans person/people: An inclusive term adopted in the late 1990s now commonly also used by members of the UK cross-dressing and transsexual community to refer to themselves. Trans people usually live full or part-time in the gender role opposite to the one in which they were born.

Transphobia: The response of other members of society that results in trans people experiencing hatred, discrimination or inequality.

Transsexual people: Transsexual people generally identify as a member of the opposite sex from a very early age. When young, they may describe it as 'being born in the wrong body'. At some time in their life, depending upon their personal and social circumstances, their family support, and their own determination, they will seek medical advice, and many will be diagnosed as being transsexual. With medical support, they will start hormone therapies and begin living permanently in their preferred gender role. Most will proceed to have some, if not all, gender reassignment surgeries. Those who change from being female to male are referred to as trans men i.e. they are now men with a transsexual history. Similarly those who change from male to female are referred to as trans women. Gender reassignment surgeries vary depending upon birth sex.

Appendix C: Resources

Age Concern/Opening Doors
Opening Doors is the umbrella title of Age Concern's developing programme of publications, resources and events for and about older lesbians, gay men and bisexuals in the UK.
www.ageconcern.org.uk/openingdoors

Bristol Families and Friends
Bristol Families and Friends BFF is a support group for families and friends of LGB people. Meeting on the third Wednesday of every month at 7pm.
Email: sueallenfflag@blueyonder.co.uk

Bristol Lesbian and Gay Switchboard, BLAGS
Providing information and support to the gay, lesbian, bisexual, transgender and transvestite community. Providing support to people concerned about issues to do with their sexuality, as well as to anyone with concerns about a friend or relative. Lines are open from: 8pm to 10pm on Monday–Thursday.
www.bristolblags.org.uk

Bristol Lesbian, Gay & Bisexual Forum
The LGB Forum works to advance the education of the public in all aspects of discrimination suffered by reason of sexual orientation, and in particular to relieve lesbian, gay and bisexual people.
www.bristol-lgb-forum.org.uk

EACH Educational Action Challenging Homophobia
A national charitable organisation set up to address homophobia through training and education. EACH runs a helpline for teachers, young people and parents, and for third-party reporting of homophobic incidents. Freephone helpline 0808 1000 143 (10am–5pm, Monday–Friday, and 10am–12pm Saturday).
www.eachaction.org.uk

FFLAG
Families and Friends of Lesbians and Gays is a continually growing national voluntary organisation and registered charity with 18 telephone helplines across the UK and parents' groups which hold regular meetings. FFLAG is dedicated to supporting parents and their gay, lesbian and bisexual sons and daughters.
www.fflag.org.uk

Freedom Youth, Bristol
Lesbian, Gay, Bisexual and Transgender Youth Project. Friendly social and support group for young people aged 13–21. Meets every Tuesday from 7–9.30pm.
www.freedomyouth.co.uk

GayWest
Social and support group, Bristol and Bath.
www.gaywest.org.uk

IMAAN
IMAAN is a social support group for LGBT Muslims, their families, friends and supporters, and those questioning their sexuality and gender identity.
www.imaan.org.uk

LGBT History Month
LGBT History Month, each February, is an opportunity for all of us to learn more about the histories of lesbian, gay, bisexual and transgender people in Great Britain and Northern Ireland.
www.lgbthistorymonth.org.uk

LGBT Health Summit
The website for the UK national Lesbian, Gay, Bisexual and Transgender Health Summit.
www.lgbthealth.co.uk

Mind
Mind is the leading mental health charity in England and Wales. Mind works to create a better life for everyone with experience of mental distress. Mind have publishes research into LGBT mental health services and needs.
www.mind.org.uk

Naz Project London
Naz Project London (NPL) provides sexual health and HIV prevention and support services to targeted Black and Minority Ethnic (BME) communities in London.
www.naz.org.uk

Press for Change
Press for Change is a political lobbying and educational organisation, which campaigns to achieve equal civil rights and liberties for all Trans people in the United Kingdom, through legislation and social change.
http://www.pfc.org.uk

Queer Youth Alliance
The UK's LGBT youth alliance for under 25s.
www.queeryouth.org.uk

Rainbow Employees Group
Bristol City Council employees group for LGBT campaigning and support.
Email: rainbow@bristol.gov.uk

So Out in the South West
A social and support group for disabled gay men living and/or working in the South West.
www.soout.com

Stonewall
Stonewall was founded in 1989 by a small group of women and men who had been active in the struggle against Section 28 of the Local Government Act. Section 28 was an offensive piece of legislation designed to prevent the socalled 'promotion' of homosexuality in schools. As well as stigmatising gay people it also galvanised the gay community. Stonewall was set up to create a professional lobbying group that would prevent such attacks on lesbians, gay men and bisexuals from ever occurring again.

Stonewall has published a 10 point plain English guide to help employers and service providers explain to staff and service users why monitoring information is being collected. *'What's it got to do with you?'* explains why a range of data—such as age, gender, sexual orientation and belief—might now be requested, and what the benefit is. To download a copy, visit http://www.stonewall.org.uk/other/startdownload.asp?openType=forced&documentID=1922
www.stonewall.org.uk

Terrence Higgins Trust West
Information, care and support, and health promotion for all people affected by HIV and AIDS. Counselling, buddying, complementary therapies, advocacy and advice.
www.tht.org.uk

Trades Union Congress
The TUC is the voice of Britain at work. With 66 affiliated unions representing nearly seven million working people from all walks of life, they campaign for a fair deal at work and for social justice at home and abroad.
www.tuc.org.uk

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Minotaur Communications

Minotaur Communications is an independent research, evaluation and training consultancy which specialises in equality, diversity and human rights.

Minotaur Communications works across all strands of equality, diversity and human rights, including sexuality, gender, age, disability, faith and race, refugee and asylum seeking, with a particular specialism in sexuality and gender identity. Minotaur Communications works across the UK.

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