



A Review of Drugs and Alcohol Use Amongst the Lesbian, Gay, Bisexual and Transgender Community in London

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Executive Summary

The review of drugs and alcohol in London's lesbian gay bisexual and transgender (LGBT) community involved both qualitative and quantitative surveys and discussions with key stakeholders.

Peer review research and grey literature illustrate higher levels of substance misuse amongst gay and bisexual men and higher levels of harmful and hazardous drinking amongst lesbian and bisexual women.

The review survey reinforced the literature findings and illustrated some substantial differences in attitudes and patterns of drug use amongst LGBT community members and the national picture of drug use.

Qualitative responses illustrated a tension within the community between wanting greater awareness of services and more targeted services and health promotion, balanced against a fear of a heavy handed approach towards users.

The survey found that there were differences in patterns of drug and alcohol use in the LGB and T communities compared with general population studies. The sample highlighted a much longer involvement in drugs amongst gay men and a very specific context for response to police, and other agency, involvement which reflected the perceptions of institutional homophobia across the public sector.

Although based on a small sample the review has illustrated the need for the Metropolitan Police and its partner agencies to consider the way they approach drug and alcohol misuse in the LGBT community in London.

Based on the survey responses and feedback from stakeholders, the following recommendations are made by the reports author:

1. The Metropolitan Police consider how its current strategic approach to drugs and alcohol misuse in London's LGBT community reflects the distribution and demographics of use.
2. The Metropolitan Police ensure that there are signposting resources available for officers to support the public in accessing LGBT appropriate substance misuse and alcohol support services. For example service promotion cards that could be handed out when cautioning individuals.
3. The Metropolitan Police undertake a regional campaign to raise awareness of LGBT Liaison Officers and their role in the community.
4. 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.
5. 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.

6. 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.

7. 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.

Introduction

During 2006 the LGBT Advisory Group (LGBT AG) became 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 and hence has established this review panel to consider the current situation in London.

Some of these were high profile such as the death of club promoter Simon Hobart; others were reported through community networks and via the Metropolitan Police LGBT liaison officers.

Research has suggested that the patterns of alcohol and drug use among lesbian, gay, bisexual and transgender people are different to the heterosexual population. Also there are specific challenges and opportunities around engaging with minority groups and commercial venues that target them which are different to generic approaches.

The Metropolitan Police has a key role both in relation to the policing relating to drug and alcohol use and the associated outcomes of domestic violence, sexual and physical assault and theft and other crimes. In addition their role as a key strategic partner at a regional and local level with the health service makes them pivotal in addressing these issues in a constructive and proactive manner.

In recognition that the issues relating to drug and alcohol use are wide reaching and affect a range of statutory sector and voluntary sector providers, the Metropolitan Police agreed that the LGBT AG should undertake an independent review of drug and alcohol use amongst community members in London.

The Review Panel was established independently from the police to provide a robust, transparent consideration of the evidence and experiences of LGBT people around drugs and alcohol in London.

The Review Panel was led by Dr Justin Varney, a member of the LGBT independent advisory group and a consultant in Public Health Medicine.

Background

The London Context

London is a global capital city with a diverse resident population of over 7.5 million and an annual visitor population of approximately 30 million people. London consists of 33 Local Authorities and 31 Primary Care Trusts areas covering approximately 620 square miles. The Metropolitan Police work in partnership with the City of London Police, British Transport Police, to maintain London as a vibrant and safe city.

Roughly three out of ten Londoners identify with a minority ethnic community and population projections suggest that this diversity is likely to continue to growⁱ.

London's population is proportionally younger than other parts of the UK, with a substantially larger proportion of 15-34yr olds than the rest of the countryⁱⁱ.

The national estimate of lesbian, gay, bisexual and/or transgender people is approximately 6% of the population, however as this is not measured as a routine aspect of identity by the Office of National Statistics it is difficult to judge distribution across the country. The Mayor and the GLA recognise that London attracts lesbian, gay, bisexual and transgender people to its vibrant and diverse community and consequently use 10% as an estimate of the LGBT populationⁱⁱⁱ.

This would suggest an estimated LGBT population of between 450,000 and 750,000 people, this is comparable with the size of some of the ethnic minority populations in London and at its lowest estimate equates to the population of London aged 5-9yrs in the 2001 Census.

The Drug Context

The Misuse of Drugs Act 1971 places drugs into one of three categories, A, B or C, for the purposes of control. Classification broadly reflects the risks and harms caused by misuse of the controlled drug in question, and is reflected in penalty levels for drugs offences^{iv}. Classification reflects both the type of drug and the mode of delivery i.e. inhaled, injected, ingested. Class A drugs are the highest category and those considered most seriously in terms of offences and prosecution.

Although many drugs are used for medicinal purposes, most of those classified under the Misuse of Drugs Act are recreational or being used outside of clinical settings. Drug use takes place in a range of settings both domestic and commercial, meaning that levels of misuse are likely to be substantially higher than those reflected in recorded criminal offences.

In 2006/07 there were 194,300 drug offences recorded by the police across the UK^v, this accounts for around 4% of police recorded crime^{vi}.

Nationally there was a 9% increase in the recording of drug crimes between the British Crime Survey (BCS) in 2005/06 and 06/07^{vii}. However this was attributed to increases in the recording of cannabis related offences rather than a significant shift in drug consumption.

In 2006/07 the self-reported drug use rates amongst 16 to 59yr olds were the lowest (10% in 06/07) since the introduction of the question in the BCS in 1996, this was attributed to the continued decline in cannabis use^{viii}. Amongst the 16 to 59yrs old Cannabis remained the most commonly reported drug used (8.2%) followed by Cocaine powder (2.6%)^{ix}.

Class A drug use amongst 16 to 24yrs remained stable at 8% of the sample, however there was a continued increase in the use of cocaine while rates of use of LSD have decreased. Amongst the 16 to 24yrs old Cannabis remained the most commonly reported drug used (20.9%) followed by Cocaine powder (6.0%)^x.

The British Crime Survey in 2006/07 estimated that 34% of Londoners perceived high levels of drug dealing or use, the national figure was 28% and London had the highest levels of perception in the UK^{xi}.

Misuse of drugs can have a substantial impact on the health of an individual. In 2005/06 there were 11,260 episodes of drug poisoning recorded in the UK, compared with 7,440 in 1996/97, an estimated 181,390 individuals were in treatment for substance misuse and there were recorded 1,608 deaths related to drug misuse^{xii}.

Misuse of drugs can for some individuals be particularly dangerous because of their inhibition or interaction with clinical medication for chronic disease, e.g. interactions with HIV medication^{xiii}, or because of the interaction with predisposing factors for medical conditions e.g. substance misuse may alter the course or worsen mental ill health^{xiv}.

The Alcohol Context

Alcohol is legally available in the UK from licensed outlets to anyone over 18yrs and enjoyed in an appropriate and measured way by a large proportion of the population. However alcohol is recognised as a contributing factor to crime, ill health and premature death.

Although alcohol use is not regulated beyond the age of 18yrs, there are national health guidelines on the appropriate consumption of units per week for men and women which are set at up to three units per day for men and up to three units per day for women.

The national alcohol needs assessment undertaken by the Department of Health in 2004 suggested that 26% of the population (16-64yrs) have an alcohol use disorder, and within this group 23% are harmful or hazardous drinkers. The report also found that the national prevalence of alcohol dependency was 3.6% overall^{xv}.

If this proportion were replicated in the estimated 6% of Londoners who identify as LGB and/or T then between 77,000 and 128,000 LGBT Londoners have an alcohol use disorder and of these between 18,000 and 29,000 are harmful or hazardous

drinkers¹. Furthermore there would be between 11,000 and 18,000 LGBT people with alcohol dependency in London.

The Lesbian, Gay, Bisexual and Transgender Context

London has one of the largest LGBT communities in the world served by a large range of commercial venues, particularly clubs and pubs.

Managing the Night-time Economy, Mayor of London The London Plan, Consultation Draft, June 2006

‘The night time economy has particular significance to some of London’s diverse communities. Some members of lesbian, gay, bisexual and transgender (LGBT) communities in particular use the leisure economy as a visible element of their urban lives. Bars and night clubs in particular form an important part of the ‘scene’ and visible social lives of some LGBT people. They are primarily night time based, and can benefit ‘non-scene’ businesses around them and in particular have implications for the use of space around these areas which can be an important facility. Some LGBT people have a higher disposable income than other groups, and are more concentrated in urban areas. There is a particularly significant level of LGBT migration to London, as well as high numbers of lesbian and gay visitors and tourists, both from around London and elsewhere.’ P7/8

Over the last two years the LGBT AG has become increasingly aware of the issues relating to drug and alcohol use in this community, particularly a number of deaths and serious physical and sexual assaults associated with venues in the Capital and the disproportionately high numbers of ambulance attendances.

The LGBT AG is also aware that there is substantial variation between the models of engagement and practice between boroughs regarding engagement and relationships with venues and the community.

There is a broad base of knowledge of alcohol and substance misuse in the LGB and T communities but a limited amount of this is in peer-review publications, even less if searches are reduced to UK developed research, and hence sexual orientation or gender identity often fails to appear in national literature reviews or policy briefings.

A brief review of the peer-review publications identified some interesting studies which highlighted alcohol and drug use in certain parts of the community:

- A large 2003 survey of the health and social wellbeing of gay men, lesbians and bisexual in England and Wales found that^{xvi}:
 - o Higher levels of recreational drug use among gay men (52%) and bisexual men (64%) than among heterosexual men (45%) within the last month of the survey

¹ This was calculated based on the 2001 census population of London aged between 15 and 64yrs as 4,912,124 and hence the LGBT population in that age group being between 294,907 and 491,212, hence assuming that the distribution of sexual orientation and gender identity is equitable across this age group.

- o Higher levels of recreational drug use among gay men (77%) and bisexual men (74%) than among heterosexual men (72%) ever
- o Higher levels of recreational drug use among lesbians (44%) and bisexual women (52%) than among heterosexual women (33%) within the past month
- o Higher levels of recreational drug use among lesbians (79%) and bisexual women (84%) than among heterosexual women (60%) ever
- A UK case control study looking at differences in sexual orientation groups attending general practice found that women classified as bisexual were more likely than heterosexual women to misuse alcohol^{xvii}.
- A US study of drinking related problems among women found elevated risks of hazardous drinking amongst sexual minority women compared to heterosexual women^{xviii}.
- Ten years of research into lesbian health in the West Midlands highlighted substantially higher problems with alcohol (25-37%) amongst lesbians than amongst the general female population (7%)^{xix}.

There is also a wider range of evidence base about the relationships of the LGB and T communities with alcohol and recreational drugs collected primarily through community surveys and needs assessments. Some of these are quite substantial in size such as the National Gay Men's Sex Survey which is an annual questionnaire targeting gay and bisexual men. The 2005 survey^{xx} asked a specific set of questions about drug and alcohol use and found:

- Following alcohol, the most commonly used drug in the last year was poppers, marijuana, Ecstasy, Viagra and Cocaine.
- Frequency of use was highest for poppers, Viagra, heroin and tranquilisers.
- Men in London were more likely to use the majority of drug types regularly compared with the rest of the country.
- Drug use continued in gay men at sustained levels in the sample group up to the age of 40yrs, with use of Viagra growing with age.
- HIV positive gay men were more likely to have used drugs than HIV negative men but the distribution of drug types was similar between the two groups.

Unfortunately although there are several surveys that have been conducted in London boroughs, not all of them are in the public domain and it was beyond the remit of this review to collate the findings. It may be worth the Metropolitan Police to work with other partners such as London Councils to bring these community surveys into a central internet location to help better contextualise the overall picture of London's LGBT community.

Methodology

Information on the Review and the methodology as posted on the LGBT AG website along with the questionnaire forms, ethical framework and press releases (Appendices).

The Review Panel put out a call for written evidence in April 2007 for four months through the www.lgbtag.org.uk and through targeted email engagement with key stakeholders. This drew around twenty responses from a range of individuals and organisations.

In July 2007 the Panel launched an online questionnaire targeted at individual members of the communities; this was marketed through press releases to the LGBT media, through a wide range of community list-servers and through direct marketing via the LGBT AG links to borough LGBT networks. The survey was closed on the 1st December 2007, with 171 completed survey responses.

The original plan had been to include several verbal evidence sessions however because of time restraints these were dropped in favour of one to one discussions with a small number of key stakeholders.

Data Protection & Confidentiality:

All evidence submitted to the Review Panel will be confidential to the review panel and will not be shared with the Metropolitan Police unless there is a child protection issue raised.

Participants will be asked to consent to anonymous text being used from their written submissions in the final report if appropriate.

Results

The review used both qualitative and quantitative formats to gather information from the gay, lesbian, bisexual and transgender communities and key informants.

Findings from qualitative survey

A qualitative open question based questionnaire was used to try and gather a broad perspective on the perceptions about drugs and alcohol in London. The questionnaire was sent out via email and promoted via the LGBT AG website, its launch was covered by gay media such as the Pink Paper and Pink News.com. Although the questionnaire was downloaded, relatively few individuals returned completed forms. The exception to this was where an individual facilitated a specific group session around the issue using the questionnaires such as Redbridge and Tower Hamlets LGBT Forums.

Some organisations responded by sharing the findings from local surveys they had undertaken which specifically highlighted drugs and alcohol experiences in London's LGB and T communities.

A total of eight questionnaires were returned primarily from East London: two were from organisations and the remainder were individual responses. Demographic questions were not asked in this phase of the review and so it was not possible to comment on whether the sample was representative or not.

The questionnaire asked about perceptions of drug and alcohol use amongst LGBT communities and outstanding issues for individuals or the communities. The majority of respondents felt that drug and alcohol use was a 'problem' in the LGB and T communities, although several highlighted that they were reflecting perceptions about gay men in general rather than lesbians, bisexuals or transgender individuals.

'Widespread, seen as the 'norm', expected, 'essential for a good time' in the gay community'

When asked about the issues relating to drug or alcohol use the answers were more varied. Some related to the sequelae of use such as debt, high risk behaviour, increased sexual assault and domestic violence. These included comments about the impact of drugs on HIV medication. One organisation found that 77% of HIV+ respondents used recreational drugs. Other respondents focused on the perceived lack of support services for individuals who want help and the perception of fear of discrimination when accessing services which echoes with research into access for generic health services.

'Service users feeling that they can't approach services without facing judgmental staff who haven't taken the time to educate themselves around specific LGBT issues. Following on from this a lack of training resources around specific LGBT issues'

'When on drugs you tend to see more and more people wanting to go bare back'

Respondents were asked about whether they were aware of initiatives by the public sector to engage the LGBT community about drug and alcohol use. None of the respondents were aware of current initiatives or services specifically targeting LGBT communities about drugs and alcohol. One of the respondents in a facilitated group when informed about a service for young lesbian and gay people drugs use said, *'As a professional I'm not hearing about DASL, so as a service user, I certainly wouldn't'*

The respondents then went on to answer a question about non-LGBT targeted services being accessible to LGBT people. Most responded that they didn't know of any although some observed that almost all organisations now have diversity statements that include sexual orientation, and some gender identity, but that this rarely translated into active training or awareness nor created a welcoming LGBT inclusive service.

'I didn't tell AA about being gay. I wouldn't have thought they'd of been okay, there was four big burly guys that would have trashed me afterwards. And there were a lot of faces that were local, so I couldn't tell them about my sexuality.'

When asked about how the respondents felt that the police could better engage with issues relating to drug or alcohol use amongst the LGBT communities in London there were some common themes that developed:

- Developing partnership relationships with local community organisations and forums to develop local dialogues and interventions.
- Campaigns to highlight drug and alcohol misuse issues through LGBT media, especially websites like Gaydar, GaydarGirl, etc.
- Engagement with the NHS and local authorities to ensure joined up approaches to drugs and alcohol in the LGBT community, with specific links to sexual health and domestic violence networks.
- Frontline staff should be more aware of LGBT targeted services and support networks.
- Develop sympathetic and appropriate response to substance misuse and help them access appropriate support.
- Have, or commission, a greater outreach presence in club venues promoting awareness of the issues.
- Develop a better understanding of drug and alcohol use in the LGB and T communities and not just assume it is the same as the heterosexual community.

Although the survey had been promoted through gay business networks, only one respondent was involved in club promotion and they commented that there was little partnership working between communities and the scene.

When asked about perceptions of the police's relationship to rehabilitation services and individuals seeking access to rehabilitation, only two respondents felt able to comment. There was a perception that the police have historically been seen as hostile but have started to become more proactive in promoting access to support services. When asked about alcohol use there were similar responses but it was felt that the police viewed alcohol as solely a public nuisance issue rather than a substance misuse

issue and that it was unlikely that officers would signpost support services to individuals.

'I did not know the police would support anyone to help themselves, I am afraid that the police still have a right wing image of me.'

Some respondents in answering the first question in the survey raised the role of the media but there was also a specific question about how the LGBT media were perceived to report proactively the negative aspects of drug and alcohol use. The majority of respondents perceived that the LGBT media did not proactively recognise the negative impact of drugs and alcohol and that this was a significant gap in the community perception. One organisation highlighted the increased role of the Internet as a media resource and that this was not engaging in the issue either. One respondent highlighted that this might reflect the tension between the financial dependency of the media on advertising of club and commercial venue space that relied on alcohol consumption.

'This is not proactively reported. Equally the issue tends to be reported in relation to the club scene or as an ingredient to sexual activity. Where this may be a truth, it is not the whole story. Drug use within the LGBT community is hardly ever shown in relation to financial difficulty, domestic violence or experienced harassment.'

The final structured question asked about the existing support services in London for LGBT drug and alcohol users. All of those who responded who were aware of any specialist services felt that there was substantial lack of investment in the limited number of services available and that those small number of agencies were not widely promoted across London.

'I am afraid that I do not know what is available in this borough let alone the rest of London'

The respondents were then offered the opportunity to make any additional comments or thoughts on the survey topic. Those who responded to this expressed a keen interest to see further longer term work being undertaken on alcohol and drug misuse amongst the LGB and T communities and that there needs to be more investment in services and partnership working with the LGB and T communities.

Findings from the quantitative survey

The Internet based quantitative survey consisted of 33 questions and was circulated via several LGBT community list-servers and networks. The survey remained open for five months and closed in December 2007.

During this period a total of 442 individuals visited the survey website and 242 started the survey and 71 dropped out during the survey with a total of 171 completing the survey (71%). On average the survey took 12 minutes to complete.

Profile of Participants

Table 1 outlines the demographic of participants. The majority were male gay men, although the sample included 14 transgender individuals (7%) and 8 bisexual individuals (4%) which although small has enabled representation of these communities in the findings. Interestingly two individuals identified as Other in sexual orientation and disclosed as transgender in the free text box, although cross tabulation suggested that only one of these individuals identified as having a different gender identity now from that given at birth, the other may have chosen not to answer this question or may not view their gender identity in this way. Comparisons are drawn in the table with the 2001 Census results for London which suggest that women, ethnic minorities and the under 25yrs and over 60yrs were under represented in the sample group. This may reflect lesser engagement from these groups with internet based LGB and T social networks and further work would need to consider specific targeting of these groups to better understand the dynamics of drugs and alcohol in these communities.

There is currently no regional data on the proportion of the population who identify as Lesbian, Gay, Bisexual and/or Transgender, this makes it difficult to extrapolate any variation in specific dimensions of diversity and hence we must assume that the distribution of ethnicity is the same across different sexual orientation minority groups and the transgender population, however this may not be an accurate reflection because of different cultural interpretation of sexual orientation identity and gender identity and further work is needed to explore these relationships which are beyond the remit of this review.

Comparators are not presented in table 1 for sexual orientation or gender identity as the review questionnaire was specifically targeted at these communities and hence it is reasonable for the vast majority of the sample to identify as LGB and/or T. The sample did include a number of individuals who identified as heterosexual and these were included in analysis as these included heterosexual identified transgender individuals and this reiterates the difference between sexual orientation/identity and gender identity.

Table 1: Demographic of participants^{xxi}

Demographic	Number	%	Comparator
Gender (n=193)			2001 Census (London) %
Male	134	70	48
Female	58	30	52
Other	0	0	
Do not wish to answer	1	1	
Gender Identity (n=193)			No Comparator
Same as at birth	178	92	
Different from at birth	14	7	
Do not wish to answer	1	1	
Sexual Orientation (n=191)			No Comparator
Lesbian/Gay	166	87	
Bisexual	8	4	
Heterosexual/Straight	12	6	
Do not wish to answer	2	1	
Other	3	2	
Age (n=194)			2001 Census (London) %
15-20yrs	3	2	4 (16-19yrs)
21-25yrs	8	4	7 (20-24yrs)
26-30	30	16	10 (25-29yrs)
31-35	28	14	26 (30-44yrs)
36-40	40	21	
41-45	33	17	
46-50	27	14	16 (45-59yrs)
51-55	10	5	
56-60	9	5	
61-65	2	1	4 (60-64yrs)
Over 65yrs	4	2	13 (65yrs and over)
Ethnicity (n=191)			2001 Census (London) %
White British	139	73	60
White Other	35	18	11 (White Other + White Irish)
Black	7	4	11 (All Black categories)
Asian	2	1	12 (All Asian categories)
Mixed	2	1	3 (All Mixed categories)
Chinese	1	1	3 (All Chinese or other)
Other	4	2	
Do not wish to answer	1	1	

183 participants identified which borough they resided in, of these Lambeth was most represented with 15% of the sample (28 individual) and Harrow, Enfield and Kingston had no representation in the sample. The following boroughs were substantially represented in the sample: Southwark (8%), Haringey (6%), Tower Hamlets (6%), Islington (6%), Camden (5%) and Lewisham (5%). 22 participants identified as Other but of these six went on to identify a London borough in the free text box provided.

Participants were asked some additional background information to help contextualise their social background and health testing behaviour. The answers to these questions are outlined in Table 2.

Table 2: Background social and health risk profile of participants^{xxii, xxiii, xxiv, xxv}

Dimension	Number	%	Comparator
Relationship Status (n=193)			2001 Census (London) %
Single	77	40	41
Same-sex relationship	101	52	Figure not available
Opposite sex relationship	7	4	37 (married)
Widowed	2	1	7
Other	6	3	
When did you last test for HIV? (n=189)			HPA Report 2005 data
Never tested	47	25	
Within last 6 months	32	17	
Within last 12 months	21	11	
Over a year ago	76	40	
Other	13	7	
Ever tested	142	75	75% (MSM) 78% (Hetero)
When did you last test for Hepatitis C? (n=190)			GMSS 2006 (London)
Never tested	71	37	34%
In the last 6 months	44	23	
In the last year	20	11	
Over a year ago	51	27	
Other	4	2	
Do you smoke (n=174)			LHO Smoking Briefing
Yes	47	27%	28% (Men) 26% (Women)
No	124	71%	
Other	3	2%	

Further cross tabulation found that a larger proportion of those identifying as male (45%) than female (29%) were single. Those whose gender identity was different now from that at birth were less likely to be in a same sex relationship (29% v. 54%) and more likely to be in an opposite sex relationship (14% v. 3%) but similar proportions were single (43% v. 40%).

Comparators were used to gauge how representative the sample might be in their risk taking behaviour, although direct comparison was not possible due to the lack of national or regional peer review published data with sexual orientation and gender identity. Relationship status was used as comparator as there is some evidence that marital status, and one would assume a sustained relationship, was associated with a reduction in alcohol and drug use^{xxvi}. HIV and Hepatitis C testing were used because they involved contact with healthcare professionals and reflected an individual's sense of health protection behaviour. Individuals who have tested have a concept of the risk-benefit associated with their own health and testing is evidence of the actions they may or may not take in relation to protecting their own health. Smoking status was used to reflect general health behaviour, although not a proxy or a correlate, it does reflect the relationship between the sample and the general population in relation to risk taking.

A comparable proportion of the sample were single with the proportion in the 2001 census for London. Similarly a comparable proportion of the sample had tested for HIV compared with Health Protection data for London. Hepatitis C is a more difficult comparator to interpret because Hepatitis C test is routinely offered as part of sexual health screening in the majority of London's genito-urinary medicine clinics to gay men. It is also routinely offered to individuals attending substance misuse support services. Therefore the UK Gay Men's Sex Survey was used as a comparator as the 2006 survey asked about Hepatitis C testing. This is not an ideal comparator as it excludes women and those who identify primarily as heterosexual. This might explain the slightly higher proportion of the sample that has never been tested for Hepatitis C.

Overall the comparison with London regional data suggests that the sample had a similar relationship profile and similar HIV and Hepatitis C testing patterns and similar rates of smoking. Therefore it could be hypothesised that the sample is a representative in terms of health risk behaviour of the wider community.

Drug Use

The questionnaire included several questions specifically about drug use which were separate from the general questions on drugs and alcohol.

Types of Drug Use

The majority of the sample had used recreational drugs (not counting alcohol) in the last three years, with 18% (66) of the sample having never used any recreational drugs. Participants were asked to identify all the drugs used in the last 3yrs as it is recognised that many recreational drug user have a relationship with more than one agent. A total of 307 drug usages were identified which suggests of the estimated sample who answered that they used drugs (i.e. 193 – 66= 127), the average participant used at least two different types of recreational drugs. The most commonly used drugs identified in the sample were Cannabis (19%) followed by Cocaine (16%) and Ecstasy (15%).

Cross tabulation with gender showed that women were more likely not to have ever used recreational drugs (22% F: 16% M) and a higher proportion used Cannabis than men (25% F: 17% M). The most commonly used drug by men was Cocaine (18% followed by Ecstasy (17%) and Cannabis (17%) followed by Ketamine (12%), amongst women the most commonly used drug was Cannabis (25%) followed by Cocaine (11%) and Other (11%). Drug use amongst transgender individuals followed the general trend of cannabis, ecstasy and cocaine.

There was some difference between age groups about the proportion using different drugs, however the size of the age banded samples makes it difficult to draw reliable conclusions. It may be worth reflecting that Cannabis was most represented amongst the under 20yrs olds and the over 50yrs olds. Ecstasy, Cocaine and Ketamine use was spread across the 20 to 50yr age group. This suggests a life-time relationship with drugs amongst the LGB and T community which does not reflect the drop off in drug use in later life seen the general community^{xxvii}.

There were no significant differences between ethnic minority groups but this reflects the under-representation in the sample of minorities and further work is needed to explore different patterns of drug use amongst LGBT ethnic minority populations.

Review of relationship status of the respondents showed that there was little difference between the proportion using recreational drugs, or the type of drugs used, between those who identified as single and those who identified as being in a same sex relationship. There were a higher proportion of respondents in opposite-sex relationships who had never used recreational drugs than in other relationship categories (24% v. 18% single v. 17% same-sex relationship). However, since the number of those in opposite sex relationships is small, this cannot be claimed to be a significant finding.

Analysis by sexual orientation suggested that those who identified as heterosexual were less likely to have ever used recreational drugs (26% H: 17% L/G) and that Cannabis use was proportionally higher amongst bisexuals (36% B: 11% H : 19% L/G). The most commonly used drugs amongst the Lesbian and Gay sample were Cannabis (19%), Cocaine (17%), Ecstasy (16%) and Ketamine (11%).

Although there has been a high profile of the use of Crystal Amphetamine in the LGBT community, particularly focused on gay men, only 3% of the overall sample had used Crystal in the last 3yrs and it was the second lowest represented drug, the lowest being Crack Cocaine (1%). This may reflect the sampling technique and that those using these drugs are less likely to be linked into LGBT social or internet networks. However this pattern of drug use highlights that crystal meth is used by a minority and that the generalisations made in the approach to drugs in the LGB and T communities needs significant further exploration to identify evidence based patterns on which to base interventions and approaches.

In a separate question participants were asked about whether they have ever injected a recreational drug, only 7% had ever injected. These eight participants were all poly-drug users and between them accounted for 33 of the drug usage episodes including the small proportion using crack cocaine, heroin, crystal and GHB.

Location of Drug Use

Location of drug use is an important factor in considering the interventions used to address drug misuse. Interventions can occur prior to purchase of substances or prior to injection or ingestion. Substance use in private venues places the individual at greater risk and provides a barrier to intervention.

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%). Two individuals disclosed use at work.

Drugs used at home or at a friends' house are less likely to have been purchased through public venues and this places a barrier in terms of enforcement for the police as dealing drug will be 'virtual'. Furthermore, 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. This location of use means that the potential for drug risk intervention by

outreach workers is significantly reduced and highlights the need for coordinated mass media interventions which access individuals at home via the internet of LGBT media.

Feelings about Drug Use

Participants were asked about their own drug use, the majority answered that they were 'comfortable' with their current use (82%). Approximately 10% of the sample felt uncomfortable or unsure. In a separate questions they were asked about whether they were worried about their own drug use, 5% answered 'yes' or 'not sure', 95% say 'no'. When asked if they were worried about their partners' drug use 3% said 'yes' or 'not sure' and 95% said 'No'.

They were then asked about whether they were worried about one or more friends' drug use and 32% said 'yes' or 'not sure' with 68% saying 'No'. Interesting when they were then asked about drug use that they saw when out in LGBT clubs, 41% said that they were worried and only 33% said they were not worried. This may suggest an externalisation of concern about drug use or that despite the sample group being comfortable with their own usage they were aware and concerned about the use they saw in the wider LGBT community.

Alcohol Use

Alcohol use was asked about separately from drug use as alcohol is legal and despite being associated with increased mortality and morbidity is generally unregulated.

Scale of Alcohol Use

93% of the sample drank alcohol and the majority of these drank two or three times a week (46%), with approximately 17% drinking alcohol every day. There were no significant differences in the demographics of those who drank and those who did not.

All of the individuals who disclosed daily alcohol consumption identified as Lesbian or Gay, the majority of this group were aged between 30 and 55yrs, and a higher proportion of men (19%) identified with this pattern of drinking than women (11%).

The most commonly drunk alcohol was wine (40%) followed by beer/lager (29%) and spirits (26%), which suggests lower consumption of beer and higher spirit and wine consumption than the general population^{xxviii}. There did not appear to be any significant relationship between the type of alcohol consumed and the frequency of consumption.

Problematic drinking

The questionnaire included a range of questions that could identify problematic drinking adapted from standardised tools used in healthcare interventions. The results suggest that problematic drinking was minimal in the sample with only one individual answering the questions in a way that might have prompted referral to support services. As part of the supporting information provided for participants there was signposting to relevant support agencies in London.

Feelings about Alcohol Use

When asked about their own alcohol use, 79% were not worried, with 21% being worried or not sure. When asked about their partners use, 9% were worried or not

sure. In contrast 40% were definitely worried about one or more friends' alcohol use with 53% not being worried. When asked about whether they were worried about the alcohol use they saw in LGBT clubs 38% were worried.

Witnessing of impact of Drugs or Alcohol in Venues

Participants were asked about the impact of alcohol and drugs they had witnessed. In the last month, 10% had seen someone collapse in a venue related to drugs and alcohol and another 20% had seen this in the last six months. When asked about when they had last seen someone they thought was no longer able to make rational decisions because of drugs or alcohol, 36% replied in the last month and 21% in the last six months. Finally in this section participants were asked when they had last seen someone who appeared to be unable to coordinate, such as walking in a straight line, because of drugs or alcohol, 49% said in the last month and 17% in the last six months.

Awareness of Police

The questionnaire asked about awareness and appropriateness of the police presence in relation to the LGBT community and drugs and alcohol. 52% of the sample were not aware of their local Police LGBT Liaison Officer which may be an area for concern, given that the most represented boroughs in this survey correlated with those with substantive LGBT liaison officer posts and community forums. 40% of the sample were aware of having seen police officers in LGB and T community venues and clubs, however 49% were not.

When asked about whether the police presence in LGB and T clubs and venues was respectful, 49% of the sample answered yes and 41% said 'not sure'. When asked if the presence was appropriate 50% agreed and 16% disagreed. However 61% went onto say that they agreed that the police presence was a good thing with only 14% saying it was not. This suggests that the majority of the police presence in clubs as appropriate and those who had witnessed it felt that it was appropriate and respectful.

The questions about police presence prompted substantial free text responses, the majority reflected the quantitative findings:

'I think that their presence is a valuable one and more LGBT clubs and bars should encourage this as it will stop issues of homophobic violence as well as make the community feel more safe'

'Police presence in LGBT clubs is acceptable as long as it is respectful and discreet. The Police should remember that still for many, a venue such as a pub or club is the only space that may be safe or non-judgmental. There should only be specific situations, such as awareness raising or networking that should bring police officers into these venues otherwise there is a danger of over exposure or making people go underground.'

'There should be police officer preventing the selling of drugs inside clubs. Meaning that if a guy know who is selling drugs, I am pretty sure that the security people at the doors of the clubs know the dealers however they do not prevent them to get in since if there are no possibilities of getting drugs inside, people will stop to go clubbing in that venue.'

Awareness of Community Outreach and Health Promotion

When asked about whether they had ever been approached by a community outreach worker to talk about drugs or alcohol the majority answered 'no' (83%). However 72% had seen posters in LGB or T venues about drug or alcohol use. The majority felt that there was still more awareness raising needed amongst the LGB and T community (77%). 59% of the sample felt that club venues could do more to prevent substance and alcohol related deaths and injuries.

In the free text responses there was some commentary on how venues might do more to prevent substance misuse:

'Closer links with police and emergency services - not long ago a friend had a drink spiked and the club management behaved as if he was an embarrassment. Their treatment - bouncers pretty much throwing him out while he waited for an ambulance - potentially put his life at risk. Bouncers need clear training and guidance to deal with drug and alcohol incidents.'

'Venues shouldn't allow people in if they're visibly intoxicated (both on drugs and/or alcohol); bar staff should be empowered to stop serving anyone who is visibly intoxicated; venues should eject anyone who is "off their face" - this stance would send a message to patrons that it's not tolerated. However, this needs to be consistent in all venues'

'Very difficult for individual venues to do anything substantial on their own - but licensing arrangements could help. No cheap offers for alcohol, for example - but this would require the 'drinks' industry to comply, and they are a powerful lobby. Allow more outreach workers in the venues; display posters and information in prominent positions; have free water available; etc.'

It was interesting to note that venues appeared to respond to the potential threat they would have their licenses revoked if they did not voluntarily address some of the drug related concerns - namely GHB deaths. The number of refusals or life bans issued could be publicized to demonstrate that this is taken seriously. I have seen the advertising but no actual figures - is this lip service? Threats to licenses or income (regrettably) seem to be the most effective.'

Perceptions of a 'Problem' in the Communities

Participants were asked about whether they perceived there to be a 'problem' with drugs or alcohol in the LGBT community in London. 49% felt that alcohol was a problem and 61% felt drugs were a problem. Cross tabulation of the results showed that this perception was primarily amongst those who identified as lesbian/gay or bisexual.

Participants were then asked in an open text format about how these problems could be reduced. Responses varied from practical suggestions such as making free tap water available and non-alcoholic alternatives such as coffee available in venues, to wider commentary on how the concept and relationship with alcohol and drugs and socialisation needs to be modified in the LGBT communities.

'Targeted campaigns. As society becomes more respectful of our lifestyles, pressure on LGB or T individuals will lessen and problems such as Alcohol abuse will become less of a problem. General equality legislation helps as well as the police taking homophobic/transphobic hate crimes seriously. More visible LGB and T police need to be recruited. Internal police culture seems hostile to LGB and T people'

'Again I think is less about the actual substance and more about how people feel about themselves. It's my observation that people in the LGBT community only get to be a 'community' in venues where drinking and drug taking happens. More community based projects that aren't lame would be a good way to promote people being healthy and feeling apart of something larger.'

'Education. Gay mags to stop glamorizing the concept of getting off your head'.

'Dependency on drugs and alcohol in the LGBT community stem from a variety of reasons and there isn't one single right or wrong way of dealing with this problem. A lot of it has to do with self esteem issues and wanting to be accepted. Many LGBT have been rejected elsewhere and the last place they want to be rejected is by the LGBT community on the dance floor'

'If the health link seems too remote for people to take much notice, perhaps emphasis in some campaigns could be put on social externalities e.g. obvious ones like crime & less well known such as environmental damage caused by coca production.'

Participants were also asked to reflect on whether the experience of drug and alcohol use was different in the LGBT venues from straight venues. Some felt there was no difference but many identified the impact of marginalization which promoted more alcohol and drug use and perception of the link between drugs and sex in the gay community.

'When first coming out in London it seems that the only thing to do is to go to bars. (There are non-bar meeting groups but these tend to be for younger people). Demographics are also different as less people having children mean that people have more time and money for going out.'

'The patterns of use are distinct - there are different cultural mores and norms that operate - they are not easily comparable. LGBT people take drugs for longer than their straight counterparts. Patterns become engrained and harder to challenge.'

'LGBT people may turn to drink / drugs as a way of coping with the stress and feelings of alienation prior to 'coming out' - but this attachment to drink / drugs main remain part of their lives.'

Finally, participants were asked to reflect on what the Metropolitan Police could do differently to address drug and alcohol issues in the LGBT community in London. Responses echoed answers to previous questions, stressing the need to link with local communities, tackle dealing and encourage clubs to engage with the issues,

"Promote "responsible" practice by venues. Persuade council licensing to take into account drug and alcohol related incidents in licensing decisions. Promote schemes such as the

industry-sponsored "Best Bar None" which accredits responsible venues."

"LGBT centered campaigns. Working together with LGBT forums and other voluntary groups. Continuing to improve the Mets equality practices and including the community within its ranks."

Discussion

This was a community survey conducted without financial or administrative support and represents a snowball sample of London's LGBT population. Within its limitations it presents an interesting insight into the drug and alcohol in the LGBT community in London.

The sample size is limited, although it does include a reasonable breadth of identities with some ethnic groups being under-represented, this may limit the generalisability of the findings. Similarly the use of an internet based survey for quantitative data potentially restricts participation from those on low incomes or without personal computers, as the subject matter may have restricted people's willingness to take part on publically accessible computers.

Although this was a small sample it has highlighted the differences between patterns of drug and alcohol use amongst LGB and T individuals and the general population. This is an important finding and should highlight that current strategies to address these areas should specifically explore the needs and issue of these communities rather than use a single approach based on heterosexual models of misuse and behaviour.

The qualitative survey strongly suggests that there is a lack of knowledge and awareness of support services for LGBT people experience issues with alcohol substance misuse issues. This was supported by the quantitative survey, and this is something that should be addressed.

The quantitative data echoed the research evidence that a large proportion of the LGBT community have used recreational drugs at some point and that many continue to use drugs into middle and older age groups, a pattern of drug use which is different from the general population. It has particular ramifications for health promotion and prevention messages which are primarily targeted at the youth market.

There is some evidence of poly-drug use. Despite the large focus on Crystal Meth use in the LGBT community, there was very little evidence of this. The most commonly drugs used included cannabis, cocaine and ecstasy. Although a small group within the sample, injecting drug use appeared to be strongly associated with Crystal and poly-drug use and this might be worth exploring in future research, specifically in terms of developing substance misuse support services.

48% of the sample regularly used drugs in a domestic setting and this presents a challenge for services both in terms of responding to overdose and side effects but also in terms of drug dealing. Although it is a generalisation to disconnect domestic use from club based dealing, it does suggest a dynamic in dealing to the LGBT community which may be different from the general population.

When asked about their concerns relating to drug use, few were directly concerned about their own use or those in their direct emotional circle, however over a third were concerned about use in the community in a generalised sense. This concern was supported by the significant proportion who had witnessed individuals either

collapsed or incoherent in club settings because of alcohol or drugs. This has implications for public order as well as health and accidental injuries.

The questions on alcohol suggested a similar picture of externalisation of concern, recognising a 'problem' in the community but not relating that to their own behaviour. Further more detailed work would be needed to explore this and its link to the research evidence base of harmful and hazardous drinking amongst LGBT community members.

The survey includes questions about the police presence in clubs and the responses were generally positive. However, there was a significant lack of awareness of local LGBT liaison officers and this should be a major area of concern for the Metropolitan Police. This was a significant gap when compared to community outreach workers, although many reflected the need for more direct health promotion work addressing drugs and alcohol issues.

Free text response reflected the tension within the community between encouraging more involvement from the police to work with the community, venues and clubs to tackle dealing and promoting awareness of services, while not wanting the police to take a heavy handed approach to users. There were also several calls for the legalisation of certain drugs.

The survey provides a small snapshot of attitudes towards drug and alcohol use in the LGBT community in London and suggests that there is a need for further work in a range of areas to address both the concerns and the needs of the communities as part of London's drug and alcohol partnership response.

Recommendations

Based on the survey responses and feedback from stakeholders, the following recommendations are made:

1. The Metropolitan Police consider how its current strategic approach to drugs and alcohol misuse in London's LGBT community reflects the distribution and demographics of use.
2. The Metropolitan Police ensure that there are signposting resources available for officers to support the public in accessing LGBT appropriate substance misuse and alcohol support services. For example service promotion cards that could be handed out when cautioning individuals.
3. The Metropolitan Police undertake a regional campaign to raise awareness of LGBT Liaison Officers and their role in the community.
4. 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.
5. 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.
6. 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.
7. 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.

Appendices

- 1 Ethical framework**
- 2 Written Questionnaire**
- 3 Electronic Questionnaire**
- 4 Press Release**

Metropolitan Police Lesbian, Gay, Bisexual and Transgender Independent Advisory Group (LGBT AG) Drug and Alcohol Review Panel Ethical Framework

The LGBT AG Drug and Alcohol Review Panel have agreed the following as an ethical framework for duration of the panels' existence. It is adapted from the ethical code for researchers set out by the British Society of Criminology².

General Responsibilities

The Review Panel members shall act in accordance with the existing LGBT AG code of conduct, acting with probity and integrity and promoting equal opportunity and diversity throughout their work.

Review Panel members have a general duty to promote the advancement and dissemination of knowledge, to protect intellectual and professional freedom, and therefore to promote a working environment and professional relationships conducive to these. More specifically the Panel members should promote free and independent inquiry into the subject matter being reviewed and commit to publishing the findings of the review panel in a public and transparent manner.

Responsibilities to Participants

Review Panel members have a responsibility to ensure that the physical, social and psychological well-being of an individual participating in the review is not adversely affected by participation.

Review Panel members will strive to protect the rights of those they study, their interests, sensitivities and privacy. This includes consideration about how individuals participating in the review can be signposted for further support and information.

Review Participants' consent should be explicit, informed and voluntary. Participants should be informed about how far they will be afforded anonymity and confidentiality.

Panel members should give regard for issues of child protection and make provision for the disclosure of abuse.

Panel members should consider the possibility of discussing review panel findings with participants and those who are the subject of the review

Data Management

Participants will be asked to give consent for the information shared to be used in an anonymous form in the final report.

Data will not be shared outside the Review Panel membership unless child abuse is recognised or suspected.

² <http://www.britisoccrim.org/ethical.htm>

Following publication of the final report, all written and recordings of evidence will be destroyed.

Panel members should work within the confines of current legislation over such matters as intellectual property (including copyright, trademark, patents), privacy and confidentiality, data protection and human rights.

Relationship with the Metropolitan Police

The Review Panel will seek to maintain good relationships with the Metropolitan Police and all key stakeholder agencies relating to the Review Panel

The Review Panel should seek to avoid damaging confrontations with the key stakeholder agencies; however this should not compromise the final recommendations.

The Review Panel expect that the Metropolitan Police will recognise that intellectual and professional freedom is of paramount importance and that they will seek to ensure that the dissemination of Review Panel findings is not unnecessarily delayed or obstructed because of considerations unrelated to the quality of the Review.

LGBT Advisory Group Review Panel on Drugs and Alcohol Submission

Date Response completed:

Type of Response: Individual
(Please circle one) Organisation – statutory
Organisation – voluntary/community
Other(please indicate what)

1: How do you, or your organisation, perceive drug and alcohol use amongst lesbian, gay, bisexual and transgender individuals in London?

2: What do you, or your organisation, feel are the issues around drug or alcohol use for LGBT individuals or the LGBT community?

3: Are you aware of current initiatives by the police, or other public sector bodies such as local authorities or the NHS, to engage with the LGBT community or individuals around drug and alcohol use in London? Please could you list those that you know about or are aware of?

4: What services are you currently aware of in London that provide targeted/specific support for LGBT individuals relating to drug and alcohol use?

5: Do you know of any drug and alcohol services in London which are not targeting specifically LGBT individuals but are doing work to ensure that they are open and welcoming to LGBT people? If so, can you tell us which?

6: How do you think the police could better engage with issues relating to drug or alcohol use amongst the LGBT people in London?

7: If you are a venue owner or involved in club/event promotion, how supportive do you find the police, health services and local authorities in relation to licensing and addressing drug and alcohol issues for LGBT events?

8: If you are an individual, or organisation working with individuals, who use illegal drugs, do you feel that the police are supportive in enabling access to rehabilitation services? and if not, how do you feel they could be more supportive?

9: If you are an individual, or organisation working with individuals, who have problematic drinking behaviour do you feel that the police are supportive in enabling access to support services? if not, how do you feel they could be more supportive?

10: Do you, or your organisation, feel that the LGBT media is proactive in reporting the negative aspects of alcohol and drug use in the LGBT community and individuals? If not, how do you think this could be improved?

11: Do you, or your organisation, feel that existing support services for LGBT individuals with drug and alcohol issues are adequate in London? If not, how can they be improved?

12: Do you have any further thoughts or comments that you wish the panel to consider?

We would be grateful if you would also complete the demographic information form, this will be analysed to help us consider the response from different sections of the community.

Thank you for taking the time to complete this form. Please return it by email to DA@lgbtag.org.uk or by post to LGBT Advisory Group, 27 Old Gloucester Street, London WC1N 3XX

Diversity Monitoring Form

The LGBTAG recognizes that diversity consists of both visible and non-visible differences and it is the valuing and harnessing of these differences which results in a varied, creative, evolving and productive community.

The personal information requested in this form will help us to comply with the requirements from our statutory sector partners and helps us ensure that the approach of the summit is fair and effective. The information provided will be treated in strictest confidence and will be processed in accordance with the Data Protection Act 1998.

If you would prefer not to answer any individual questions then please indicate that. The responses that you do give will assist us greatly with our commitment to diversity.

To complete using Word double-click on the box using the left mouse button and select 'checked', if this does not work then mark an X by your selection.

Age <16 16-20 21-25 26-30 31-35 36-40 41-45
46-50 51-55 56-60 61-65 >65 Do not wish to answer

Gender Male Female Other Do not wish to answer

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

Do you consider yourself to have a disability?

Yes No Do not wish to answer

If yes, does your disability affect your (tick all that apply):

Mobility Vision Hearing
 Reading/Learning Skills Mental health
 Other Do not wish to answer

How would you describe your ethnicity?

Asian or Asian British – Indian Mixed – White and Black Caribbean
 Asian or Asian British – Pakistani Mixed – White and Black African
 Asian or Asian British – Bangladeshi Mixed – White and Asian
 Asian or Asian British – Other Mixed – Other
 Black or Black British – Caribbean White – British
 Black or Black British – African White – Irish
 Black or Black British – Other White – Other
 Chinese Other (please specify)

How would you describe your faith?

Baha'i Buddhism Christianity Judaism
 Hinduism Islam (Muslim) Paganism Sikhism
 Zoroastrian (Parsi) None Other
 Do not wish to answer

How would you describe your sexual orientation?

Gay/Lesbian Bisexual Straight/Heterosexual
 Do not wish to answer

**Press Briefing
April 2007**

Metropolitan Police Lesbian, Gay, Bisexual and Transgender Independent Advisory Group launch independent review of Drugs and Alcohol in the Capital

The Lesbian Gay Bisexual and Transgender Advisory Group (LGBT AG) launched this month the first independent review into drugs and alcohol in London.

The independent panel has been set up following an increase in serious sexual and physical assaults, deaths and overdoses associated with LGBT venues in London.

‘The Advisory Group has had growing concerns around these issues as we have become more aware of the number of deaths and serious assaults relating to drugs and alcohol. We hope the Review Panel will bring both the good and bad into the open and allow us to find a way to support the community constructively and safely’ said Bob Hodgson, Co-Chair of the LGBT AG.

The panel has launched a call for written evidence for the next few months through the website www.lgbtag.org.uk and is inviting individuals and organisations to give opinions about what is going on, how things can be improved and how the Metropolitan Police can support the LGBT community to work, live and play safely in the Capital.

The Review Panel is made up of independent advisory group members and is chaired by Dr Justin Varney, a public health doctor and AG member, he said:

‘I am really pleased that the AG is tackling this issue head on, this is a positive step towards supporting the community as it parties. There are some serious issues that I hope we can have an honest and frank conversation about with the community such as domestic violence, physical and sexual assault. This is an opportunity for the LGBT community to do some much needed laundry’

The panel is independent of the Metropolitan Police and has set out a clear statement on ethics so that people can speak freely and confidentially when submitting evidence to the panel.

The panel is supported by the Metropolitan Police and Commander Allan Gibson, Commander Strategic Development, Specialist Crime Directorate, said:

‘The MPS recognises that diverse groups within London have differing needs and welcomes any insight that will assist in providing the communities we police, including the LGBT community, with a better service. Whilst the majority of information and research that is available relates to differences in the patterns of drugs use amongst the gay community, far less appears to be known about alcohol across the LGBT spectrum and drug misuse within the lesbian, bisexual and transgender communities. The formation of an independent review panel to consider and highlight relevant issues and formulate recommendations is welcomed by the MPS.’

The Review Panel aims to make recommendations on the policing and response to drugs and alcohol in the lesbian, gay, bisexual and transgender community in a written report due for completion by December 2007.

Background

During 2006 there were at least four deaths, three sexual assaults and four incidents of grievous bodily harm associated with drug and alcohol use in the lesbian, gay, bisexual and transgender community.

Broken Rainbow estimate that 1 in 4 lesbian, gay, bisexual and transgender people experience domestic violence during their lives, much of this is related to drug and alcohol use.

Research has shown that gay men use recreational drugs at higher rates and for longer than heterosexual men and that lesbian and bisexual women use alcohol at higher levels than heterosexual women.

Further information:

For further information on the work of the LGBT AG Drug & Alcohol Review Panel please contact:

Bob Hodgson – LGBT AG Chair
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Dr Justin Varney – Review Panel Chair
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