ALL PARTIED OUT?

Substance Use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community

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HSC Public Health Agency

the rainbow project

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CONTENTS

TERMINOLOGY AND ACRONYMS 3

EXECUTIVE SUMMARY 4

1 INTRODUCTION 8

2 DRUGS 10

3 ALCOHOL 16

4 CIGARETTES 20

5 PROBLEMS ASSOCIATED WITH SUBSTANCE USE 22

6 POSSIBLE REASONS FOR HIGHER USE OF SUBSTANCES AMONG LGB&T PEOPLE 24

7 CONCLUSIONS AND RECOMMENDATIONS 32

BIBLIOGRAPHY 34

APPENDIX I METHODOLOGY 35

APPENDIX II SUMMARY OF PREVIOUS RESEARCH 37

APPENDIX III GLOSSARY OF DRUGS 38

TERMINOLOGY AND ACRONYMS

APO: All Partied OUT

Bisexual: A person who is attracted to both men and women.

Gay Man: A man who is attracted to other men.

GLYNI: Gay and Lesbian Youth Northern Ireland.

Heterosexism: The belief that heterosexuality is naturally superior to being same-sex attracted.

Homophobia: An irrational fear of, aversion to and/or discrimination against people who are gay, lesbian or bisexual.

LASI: Lesbian Advocacy Services Initiative.

Lesbian: A woman who is attracted to other women.

LGB&T: An inclusive acronym for the Lesbian, Gay, Bisexual and Transgender community.

MSM: Men who have sex with men.

Sexual Orientation: A person's attraction, whether emotional, psychological and/or physical to people of the opposite and/or same gender.

Transgender: An umbrella term used to include transsexual people, transvestites and cross-dressers.

Transitioning: The process of changing one's sex in accordance with one's gender identity.

Transphobia: An irrational fear of, aversion to and/or discrimination against people based on their expression of their gender identity.

TRP: The Rainbow Project.

EXECUTIVE SUMMARY

Introduction

This paper presents the initial results from the first specific study on the use of drugs, alcohol and cigarettes within the Northern Ireland LGB&T community. Data was gathered from an internet survey of 941 LGB&T people and qualitative research with 37 participants.

Drugs

- LGB&T people are substantially more likely than the Northern Ireland population to use drugs and are nearly three times as likely to have taken an illegal drug in their lifetime (62% v 22%). Drug prevalence levels are particularly high for transgendered respondents, 74% of whom have taken an illegal drug in their lifetime.
- With the exception of poppers the main drugs that LGB&T people have taken are not stimulants (associated with the nightclub scene) but depressants (cannabis, sedatives and anti-depressants) and opiates.
- The gap in drug use between the LGB&T and Northern Ireland populations is particularly wide among younger age groups.
- One quarter (25%) of survey respondents provided an indication of abusing drugs within the last year with 6% showing symptoms of severe drug abuse. Approximately one half (52%) of transgendered people displayed a sign of drug abuse within the last year and 10% indicated severe drug abuse.

Alcohol

- 91% of the LGB&T community drink alcohol, compared to 74% of the Northern Ireland population.
- In the Northern Ireland population men are more likely than women to drink (78% v 72%). However this trend is reversed in the LGB&T community in which 93% of women and 89% of men drink alcohol.
- Of those who drink alcohol, LGB&T people are approximately twice as likely as the Northern Ireland population to drink daily or most days (13% v 6%).
- In the Northern Ireland population men are more likely than women to drink daily or most days (8% v 5%). However the reverse is the case in the LGB&T community in which 14% of women and 12% of men drink this frequently.
- 57% of LGB&T respondents to the survey drink to a hazardous level compared to 24% of adults in England.

Cigarettes

- A total of 44% of LGB&T respondents to the survey smoke cigarettes compared to 24% of people in Northern Ireland as a whole.
- Transgendered people were more likely than all survey respondents to smoke cigarettes regularly (32% v 27%).
- 69% of LGB&T people who smoke want to quit.

Problems Associated with Substance Use

- Higher use of drugs, alcohol and cigarettes is likely to have a substantial impact on the mental and physical health of the LGB&T population.
- In the last 12 months 8% of survey respondents had blackouts and withdrawal symptoms as a result of drug use.
- Drugs and alcohol have contributed to 44% of LGB&T people having unprotected sex.
- The use of drugs and alcohol has been a factor in 15% of all survey respondents and 36% of transgendered respondents self-harming.
- Drugs and alcohol contributed to 30% of LGB&T people thinking about suicide (suicidal ideation) and 13% attempting suicide. The equivalent figures for transgendered people were substantially higher with 47% experiencing suicide ideation and 25% attempting suicide.

Possible Reasons for Higher Use of Substances among LGB&T People

- Only 16% of LGB&T survey respondents believe that drug use is more common in the LGB&T community
- The emotional and psychological distress that results from the stigmatisation of LGB&T people is perhaps the most significant reason for higher levels of drug and alcohol use among LGB&T communities.
- The use of drugs, alcohol and cigarettes may also be higher in the LGB&T community because they are less likely to access support services. Substantial proportions of respondents to the survey stated that if they needed support with addiction they would not feel comfortable disclosing their orientation to drug and alcohol support services in the private sector (37%), the public sector (26%), the voluntary sector (23%), and the LGB&T sector (8%).
- The prominence of bars and nightclubs on the gay scene contributes to a culture of drink and drug-taking. Over half (53%) of LGB&T people who take drugs do so in the scene. However only 12% took their *first* drug in the scene.

Recommendations

In order to improve the evidence base for policy development and resource allocation:

1. Addiction service providers should monitor the sexual orientation of clients.
2. Government surveys on drug and alcohol prevalence should ask for the sexual orientation of respondents.
3. Data from the APO survey should be subject to further analysis, with a focus on highlighting the demographic factors that contribute to substance abuse.
4. Further research should be commissioned into the use of substances among older people, and particularly older women, who are underrepresented in the APO survey.

In order to help prevent substance abuse within the LGB&T community:

5. Public health campaigns on substance abuse should target the LGB&T community.
6. More gay-friendly social venues, activities and support groups should be developed outside of drinking establishments.

In order to improve substance addiction services for LGB&T people:

7. Addiction service providers should receive training in LGB&T issues.
8. Service providers should advertise the fact that they are LGB&T friendly.
9. The LGB&T sector should work in partnership with addiction service providers, the Public Health Agency and Health and Social Care Trusts to develop LGB&T affirming drug and alcohol support services across Northern Ireland.
10. Local and regional drug and alcohol steering groups should ensure representation from LGB&T organisations.

1 INTRODUCTION

"Low position in the social status hierarchy is painful to most people, so it comes as no surprise to find out that the use of illegal drugs such as cocaine, marijuana and heroin is more common in more unequal societies"[1]

Drugs, alcohol and cigarettes pose a significant challenge to public health and their use tends to be more prevalent among more marginalised social groups, exacerbating health inequalities. A number of studies suggest that LGB&T communities are among the most likely to use these substances.[2] However as government surveys on their use do not ask for the sexual orientation or gender identity of respondents, there is a lack of information on the situation locally. In this context the Public Health Agency funded The Rainbow Project (TRP), Northern Ireland's largest LGB&T organisation, to carry out research into the issue. The aims of the All Partied OUT (APO) project are to:

1. Ascertain levels and consequences of drug and alcohol use/misuse within the LGB&T community.
2. Highlight causes of substance misuse specific to LGB&T people.
3. Make recommendations on the way forward.

Data was collected via an internet questionnaire which received 941 responses, including 319 from women and 40 from transgendered people.[3] This represents one of the most extensive surveys of the LGB&T community ever carried out in Northern Ireland. In order to ensure that the findings are as representative of the population as possible, the results have been weighted to correct for an overrepresentation of men and younger people who responded to the survey. Information was also gathered through one-to-one interviews with 22 LGB&T people and three focus groups with a total of 15 participants.

This paper presents the initial findings of the research. The next three chapters examine the LGB&T community's use of drugs, alcohol and cigarettes respectively. Chapter 5 discusses some of the problems associated with the use of these substances and chapter 6 elaborates on the possible reasons for their higher usage within the LGB&T community. The final chapter draws key conclusions and makes a number of recommendations.

[1] Wilkinson and Pickett (2009) *The Spirit Level* page 70.
[2] See Appendix II for a summary of previous research.
[3] See Appendix I for more information on the background of survey respondents.

2 DRUGS

The APO survey asked respondents what legal and illegal drugs they have taken in the last month, last year and in their lifetime. These questions are also included in the Northern Ireland Drug Prevalence Survey 2010/11[4] allowing for comparisons between the LGB&T and the Northern Ireland populations. The APO survey also asked questions which are used to screen for drug abuse.

Drug Prevalence Levels

Table 1 compares the results from Northern Ireland surveys with the findings of the APO survey. The table also includes specific figures for transgendered respondents. As studies in other jurisdictions have found,[5] LGB&T people in Northern Ireland are substantially more likely to use each of these drugs. LGB&T people are nearly three times as likely to have taken an illegal drug in their lifetime (62% v 22%). Drug prevalence levels are particularly high for transgendered respondents, 74% of whom have taken an illegal drug in their lifetime.

With the exception of poppers[6] the main drugs that LGB&T people take are depressants (cannabis, sedatives and anti-depressants) and opiates rather than 'recreational' drugs associated with the nightclub scene. For example 4% of APO respondents took ecstasy within the last month compared to 17% who took anti-depressants. The prominence of bars and nightclubs on the gay 'scene' is therefore, in itself, not a satisfactory explanation for higher levels of drug use among LGB&T communities.

Table 1: Prevalence of Drug Use in LGB&T and Northern Ireland Populations aged 15-64 (%)

DRUG	LIFETIME			LAST YEAR			LAST MONTH		
	APO	NI	TRANS	APO	NI	TRANS	APO	NI	TRANS
Any illegal drug[7]	62	22	74	37	7	53	28	3	40
Cannabis	56	24	66	27	5	42	14	3	26
Poppers	46	9	63	25	1	34	16	0.1	21
Opiates	40	29	55	30	6	50	22	4	42
Sedatives	38	21	47	22	11	34	12	8	24
Anti-depressants	37	22	50	22	12	37	17	10	34
Ecstasy	29	9	45	10	1	21	4	0.3	16
Cocaine	29	7	42	12	2	19	4	0.5	11
Amphetamines	22	6	32	4	1	13	1	0.3	5
Legal highs	21	2	40	10	1	23	3	0.2	10
LSD	17	5	24	2	0.2	8	0.2	0.0	0
Mephedrone	12	2	11	7	1	3	3	0.1	0

Source: APO Survey (2012) and NACD & PHIRB (2011) Drug Prevalence Survey 2010/11

[4] This is a sample of 2,535 respondents aged 15-64 throughout Northern Ireland.
[5] See Appendix II for more information.
[6] Poppers are commonly used by MSM because they relax muscles that make anal sex easier. They are legally sold in many gay bars and nightclubs (although it is illegal to advertise poppers for human consumption).
[7] That is amphetamines, cannabis, cocaine, ecstasy, LSD, magic mushrooms, poppers or solvents.

Drug Prevalence and Gender

Table 2 displays the drug prevalence rates for women and men who responded to the APO survey. It shows that LGB&T women are more likely than men to take cannabis, sedatives, opiates and anti-depressants while men are more likely to take stimulants such as poppers and ecstasy.

Table 2: Drug Prevalence in LGB&T Community by Gender (%)

LIFETIME			LAST YEAR			LAST MONTH		
DRUG	**W**	**M**	**DRUG**	**W**	**M**	**DRUG**	**W**	**M**
Any illegal drug	64	59	**Any illegal drug**	33	41	**Any illegal drug**	22	33
Cannabis	61	50	**Opiates**	33	26	**Opiates**	22	21
Sedatives	45	30	**Cannabis**	29	25	**Anti-depressants**	18	15
Opiates	46	34	**Sedatives**	24	20	**Cannabis**	16	12
Poppers	41	51	**Anti-depressants**	24	19	**Sedatives**	12	12
Anti-depressants	41	32	**Poppers**	16	34	**Poppers**	8	23
Cocaine	29	28	**Cocaine**	9	15	**Ecstasy**	3	5
Ecstasy	27	30	**Ecstasy**	8	12	**Cocaine**	2	6
Amphetamines	22	22	**Legal highs**	6	13	**Mephedrone**	1	4
Legal highs	17	24	**Mephedrone**	5	9	**LSD**	0	0.4
LSD	16	17	**Amphetamines**	2	5	**Amphetamines**	0.2	1
Mephedrone	10	14	**LSD**	1	2	**Legal highs**	2	4

Source: APO Survey (2012)

Drug Prevalence, Gender and Age

Figures 1 to 4 disaggregate by age the use of anti-depressants, sedatives, cannabis and opiates respectively (the four drugs most commonly taken by LGB&T women in this period) among women in the LGB&T and Northern Ireland populations. It shows that the biggest gap between the two is among women aged 15-24.

Figure 1: Women's Use of Anti-Depressants in Last Year by Age (%)

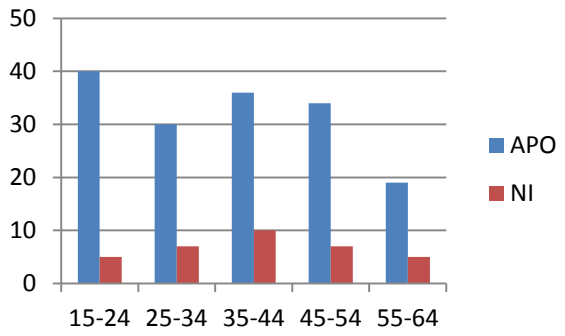


Figure 2: Women's Use of Sedatives in Last Year by Age (%)

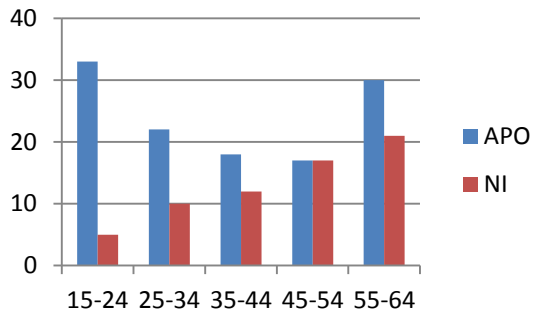


Figure 3: Women's Use of Cannabis in Last Year by Age (%)

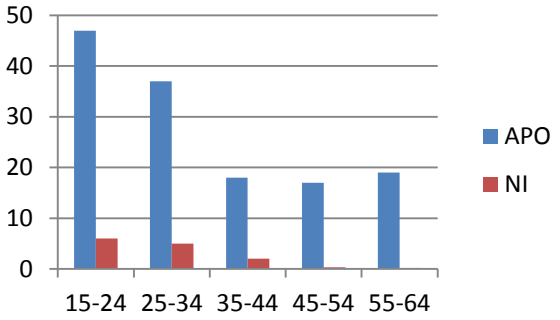
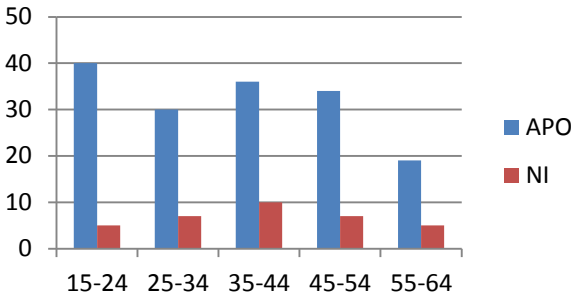


Figure 4: Women's Use of Opiates in Last Year by Age (%)



Source: APO Survey (2012) and NACD & PHIRB (2011) Drug Prevalence Survey 2010/11

Figures 5 to 8 repeat the exercise for men. Again the gap between the LGB&T and Northern Ireland populations is particularly wide among younger age groups.

Figure 5: Men's Use of Poppers in Last Year by Age (%)

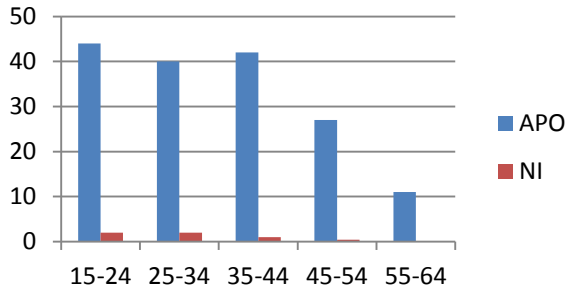


Figure 6: Men's Use of Opiates in Last Year by Age (%)

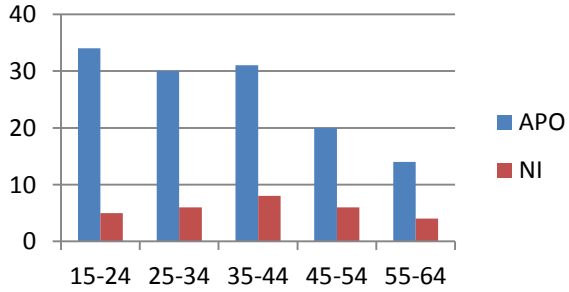


Figure 7: Men's Use of Cannabis in Last Year by Age (%)

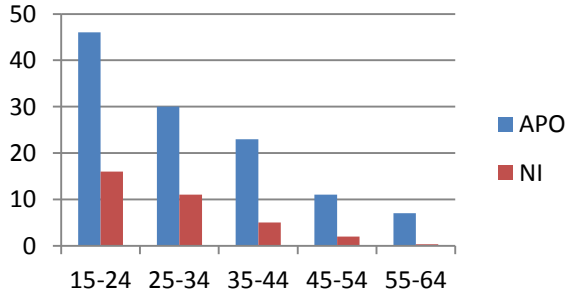
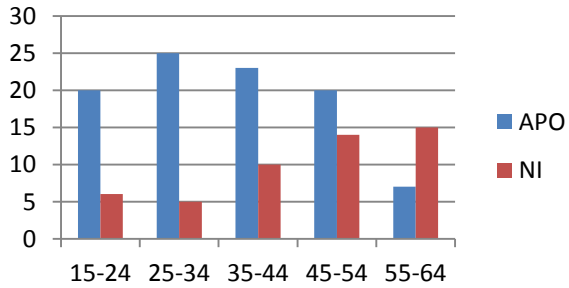


Figure 8: Men's Use of Sedatives in Last Year by Age (%)



Source: APO Survey (2012) and NACD & PHIRB (2011) Drug Prevalence Survey 2010/11

An explanation for this disparity among 15-24 year olds may be that people of this age are, at an already difficult stage in life, beginning to come to terms with having a sexual orientation/gender

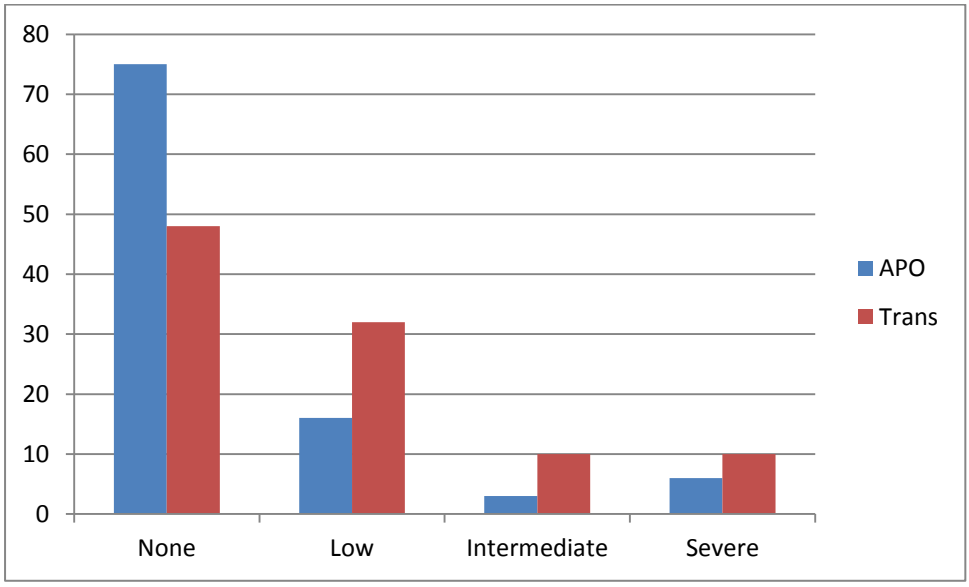
identity that is highly stigmatised. Numerous participants in the research highlighted this phase of 'coming out' as a particularly stressful time:

> *"I couldn't handle it [accepting that I was gay] so I drank a lot and took drugs a lot" (20 year old gay man)*
>
> *"Coming to terms with your sexual orientation can cause many problems - so alcohol and drugs can often 'ease the pain'" (60 year old lesbian woman)*
>
> *"The LGBT community may use drugs and alcohol as a means of coping with their sexuality as do non-members of the LGBT community … for other issues prominent in their lives at the time" (37 year old lesbian woman)*

Drug Abuse

The APO survey asked 6 questions from the Drug Abuse Screening Test (DAST) which is widely used to assess drug abuse.[8] 1 point is awarded for each positive answer - the more points the greater the severity of drug abuse. Figure 9 displays the DAST scores of respondents. One quarter (25%) of APO respondents and approximately one half (52%) of transgendered respondents exhibited at least one indicator of drug abuse. 16% scored 1-2 points which could be considered a low level of drug abuse. 3% scored 3 points which could be interpreted as an intermediate level of drug abuse. 6% of all respondents and 10% of transgendered people scored 4 or more points, suggesting severe drug abuse. Comparable figures for Northern Ireland as a whole are not available.

Figure 9: DAST Scores of LGB&T People (%)



Source: APO Survey (2012)

[8] See reference 14 for a list of the DAST questions.

Key Points

- LGB&T people are substantially more likely than the Northern Ireland population to use drugs and are nearly three times as likely to have taken an illegal drug in their lifetime (62% v 22%). Drug prevalence levels are particularly high for transgendered respondents, 74% of whom have taken an illegal drug in their lifetime.
- With the exception of poppers the main drugs that LGB&T people have taken are not stimulants (associated with the nightclub scene) but depressants (cannabis, sedatives and anti-depressants) and opiates.
- The gap in drug use between the LGB&T and Northern Ireland populations is particularly wide among younger age groups.
- One quarter (25%) of survey respondents provided an indication of abusing drugs within the last year with 6% showing symptoms of severe drug abuse. Approximately one half (52%) of transgendered people displayed a sign of drug abuse within the last year and 10% indicated severe drug abuse.

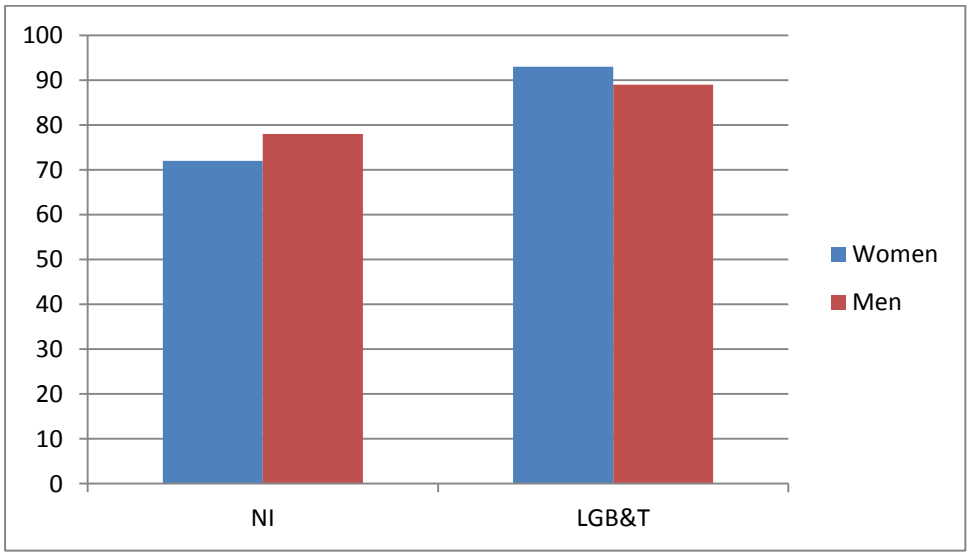
3 ALCOHOL

Excessive alcohol consumption is associated with various health problems including liver disease, high blood pressure, cancer and depression. The APO survey enquired into the level of alcohol consumption among LGB&T people, and asked questions commonly used to screen for hazardous drinking. Some of this data is comparable with the Northern Ireland Adult Drinking Patterns Survey.

Drinking Prevalence

The APO survey found that 91% of the LGB&T community drink alcohol, compared to 74% of the Northern Ireland population.[9] 87% of transgendered survey respondents drink alcohol. In the Northern Ireland population men are more likely than women to drink (78% v 72%). However this trend is reversed in the LGB&T community in which 93% of women and 89% of men drink alcohol (figure 10).

Figure 10: Proportion of People who Drink Alcohol (%)



Source: APO Survey (2012) and DHSSPS (2011) Adult Drinking Patterns Survey Report

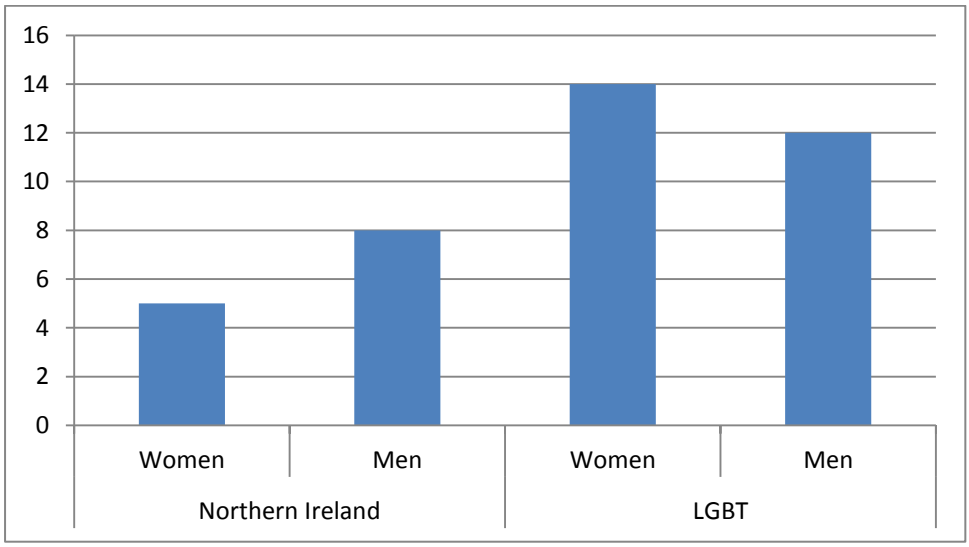
Of those who drink alcohol, LGB&T people are approximately twice as likely as the Northern Ireland population to drink daily or most days (13% v 6%). 3% of transgendered survey respondents drink this frequently. However transgendered people consulted as part of this research pointed out that drinking within their community would be substantially higher before transitioning. As one focus group participant commented:

> *"before I transitioned I drank 5, 6 nights a week and drank in work. After its rare. About once every four or five weeks" (50 year old female lesbian)*

[9] DHSSPSNI (2011) *Adult Drinking Patterns Survey Report* page 11.

In the Northern Ireland population men are more likely than women to drink this frequently (8% v 5%). However the reverse is the case in the LGB&T community in which 14% of women and 12% of men drink daily or most days (figure 11).

Figure 11: Drink Alcohol Daily or Most Days (%)



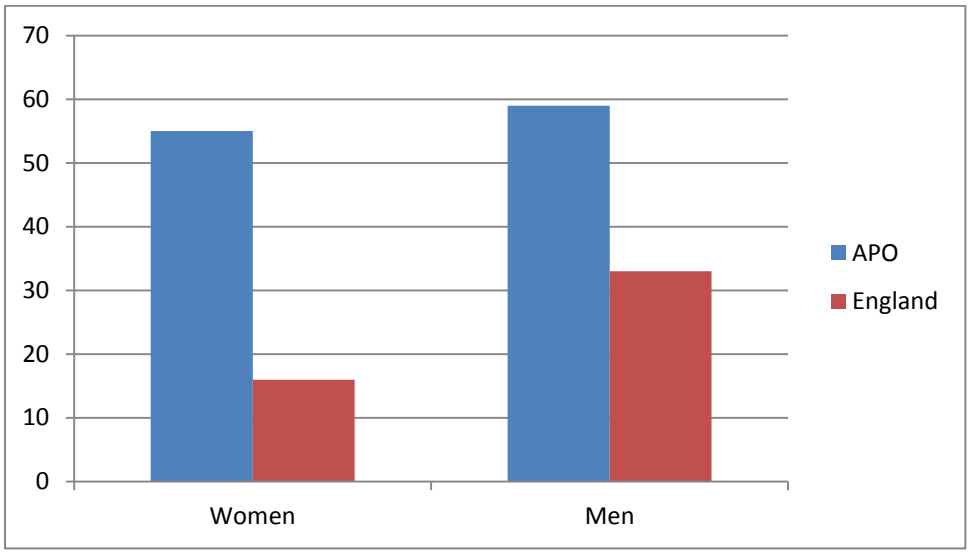
Source: APO Survey (2012) and DHSSPS (2011) Adult Drinking Patterns Survey Report

Hazardous Drinking

The APO survey included an abbreviated version of the Alcohol Use Disorders Identification Test (AUDIT), which is a set of questions used internationally to screen for alcohol problems.[10] Applying this measure, 57% of respondents to the APO survey displayed a hazardous level of drinking (figure 12). Although comparable figures for Northern Ireland are not available a survey that applied a similar measure in England found that 24% of adults (16% of women and 33% of men) displayed hazardous levels of drinking.[11] The gender differences are notable. The gap between the LGB&T and general population was particularly high for women. 55% of women who responded to the APO survey had hazardous levels of drinking compared to 16% of all women in England – a difference of 39 percentage points. For LGB&T men the gap was 26 percentage points (59% v 33%). Other research has also found that while in the general population men are much more likely than women to have drinking problems, the proportion of LGB&T women and men with drinking problems is very similar.[12]

[10] The 3 questions used in the APO survey are known as the AUDIT-C.
[11] NHS (2007) *The Adult Psychiatric Morbidity Survey 2007.*
[12] McKirnan and Peterson (1989) *Alcohol and Drug Use among Homosexual Men and Women: Epidemiology and Population Characteristics;* Skinner (1994) *The Prevalence and Demographic Predictors of Illicit and Licit*

Figure 12: Levels of Hazardous Drinking (%)



APO Survey (2012)

Key Points

- 91% of the LGB&T community drink alcohol, compared to 74% of the Northern Ireland population.
- In the Northern Ireland population men are more likely than women to drink (78% v 72%). However this trend is reversed in the LGB&T community in which 93% of women and 89% of men drink alcohol.
- Of those who drink alcohol, LGB&T people are approximately twice as likely as the Northern Ireland population to drink daily or most days (13% v 6%).
- In the Northern Ireland population men are more likely than women to drink daily or most days (8% v 5%). However the reverse is the case in the LGB&T community in which 14% of women and 12% of men drink this frequently.
- 57% of respondents to the APO survey drink to a hazardous level compared to 24% of adults in England.
- In England hazardous drinking is more common among men than women (33% v 16%). However the APO survey found that similar proportions of LGB&T women and men drink to a hazardous level (55% v 59%).

Drug Use among Lesbians and Gay Men; Trocki et al (2005) *Reports of Alcohol Consumption and Alcohol-Related Problems among Homosexual, Bisexual and Heterosexual Respondents.*

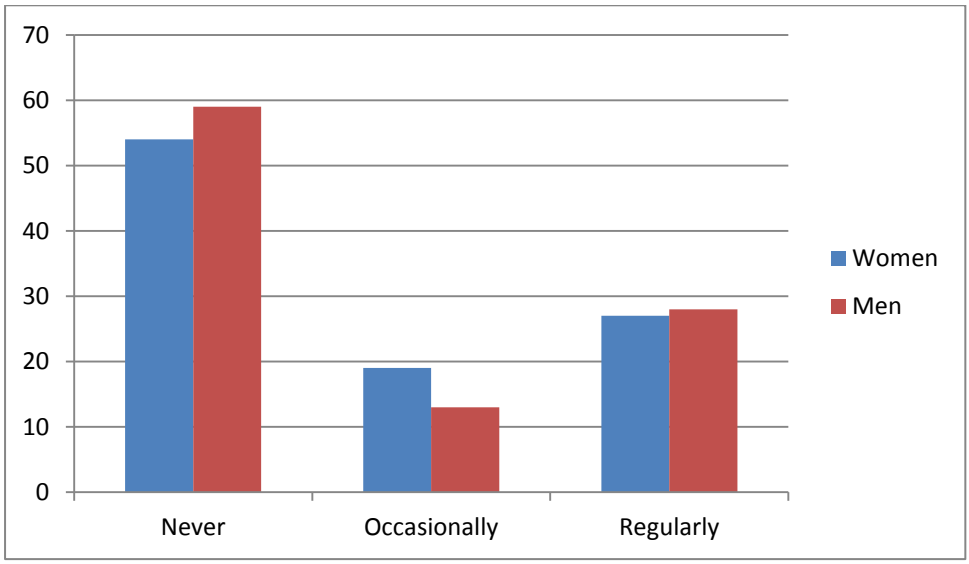
4 CIGARETTES

Smoking cigarettes increases the risk of a range of illnesses including heart disease, pulmonary disease and various cancers. The APO survey asked respondents whether they smoke regularly, occasionally or not at all. Smokers were asked whether they wished to give up smoking.

According to the 2009/10 Continuous Household Survey 24% of people in Northern Ireland smoke cigarettes.[13] The APO survey found that 28% of LGB&T people are regular smokers and 16% are occasional smokers (a total of 44%). Transgendered people were more likely than all survey respondents to smoke cigarettes regularly (32% v 27%) and occasionally (24% v 19%).

In the Northern Ireland population as a whole, the same proportion of women and men smoke (24%). In the LGB&T community similar proportions of women (27%) and men (28%) smoke regularly but men (59%) are more likely than women (54%) not to smoke at all (figure 13). 68% of LGB&T women and 69% of men who smoke want to quit, suggesting a high demand for smoking addiction services.

Figure 13: Smoking in LGB&T Community (%)



Source: APO Survey

Key Points

- A total of 44% of respondents to the APO survey smoke cigarettes compared to 24% of people in Northern Ireland as a whole. Transgendered people were more likely than all APO survey respondents to smoke cigarettes regularly (32% v 27%)
- 69% of LGB&T people who smoke want to quit.

[13] NISRA (2010) *Continuous Household Survey 2009/10 Bulletin* page 4. This survey is based on responses from adults aged 16 and over in 2,764 households in Northern Ireland.

5 PROBLEMS ASSOCIATED WITH SUBSTANCE USE

Given the health dangers associated with the use of drugs, alcohol and cigarettes, higher than average use of these substances is likely to expose LGB&T people to greater risk of a range of physical conditions including cancer, heart disease, liver disease, and high blood pressure. It could also help cause or aggravate mental health difficulties such as depression. The APO survey identified a number of additional consequences of drug and alcohol use.

Table 3 shows that in the past 12 months 8% of survey respondents and 23% of transgendered respondents experienced withdrawal symptoms. 8% of all respondents and 20% of transgendered respondents experienced blackouts/flashbacks. Drug use resulted in 4% of all LGB&T people and 10% of transgendered people having medical problems within the last year.

Table 3: Consequences of Drug Use in Last 12 Months (%)[14]

	WOMEN	MEN	TRANS	ALL
Withdrawal symptoms	8	8	23	8
Blackouts or flashbacks	8	9	20	8
Medical problems	4	4	10	4

Source: APO Survey (2012)

The APO survey asked respondents whether using drink or drugs had ever contributed to a range of other negative experiences. These substances played a role in 44% of all respondents to the APO survey and 60% of transgendered respondents having unprotected sex, increasing the risk of contracting sexually transmitted infections (table 4). They also contributed to substantial proportions of respondents being a victim of sexual violence (7%), other non-consensual sexual contact (19%) and a non-sexual crime (19%).[15]

The influence of drugs and alcohol was a factor in 30% of respondents having suicidal thoughts (suicide ideation), 7% attempting suicide and 15% self-harming. The equivalent figures for transgendered people were substantially higher with 47% experiencing suicide ideation, 25% attempting suicide and 36% self-harming. A focus group participant expressed the connection between transphobia, substance abuse and self-harming in the following manner:

> *"coming to terms with who you are is not easy for a lot of people in the world but it's definitely not easy for transgendered people. So self-harm and things like that are just relieving mechanisms and if you're stoned out of your head you're comfortably numb and you don't care what you're doing to your body" (52 year old transgendered woman)*

[14] With the addition of the question 'have you used more than one drug at a time?' these are used to calculate respondents' DAST scores.

[15] That is not to 'blame' the victim but to recognise that people can be more vulnerable to harm when under the influence of drugs and alcohol.

In this context it is welcome that Northern Ireland's suicide prevention strategy acknowledges the links between substance misuse, poor mental health, self-harm and suicide, and identifies the LGB&T community as a high risk group.[16]

Table 4: Experiences of LGB&T People in which Drugs and Alcohol have been a Factor (%)

EXPERIENCE	WOMEN	MEN	TRANS	ALL
Having unprotected sex	39	49	60	44
Having suicidal thoughts	29	30	47	30
Being a victim of other non-consensual sexual contact	20	19	22	19
Being a victim of a non-sexual crime (e.g. assault)	13	19	31	16
Self-harming	20	11	36	16
Attempting suicide	14	12	25	13
Being a victim of sexual violence (e.g. rape)	8	6	11	7

Source: APO Survey (2012)

Key Points

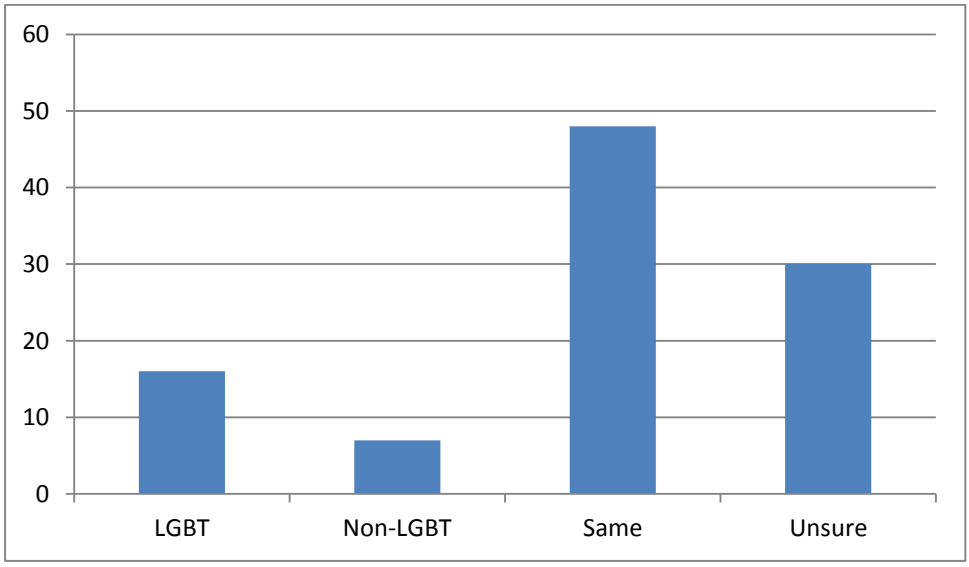
- Higher use of drugs, alcohol and cigarettes is likely to have a substantial impact on the mental and physical health of the LGB&T population.
- In the last 12 months 8% of survey respondents had blackouts and withdrawal symptoms as a result of drug use.
- Drugs and alcohol have contributed to 44% of LGB&T people having unprotected sex.
- The use of drugs and alcohol has been a factor in 15% of survey respondents and 36% of transgendered respondents self-harming.
- Drugs and alcohol contributed to 30% of LGB&T people thinking about suicide (suicidal ideation) and 13% attempting suicide. The equivalent figures for transgendered people were substantially higher with 47% experiencing suicide ideation and 25% attempting suicide.

[16] DHSSPSNI (2006) *Protect Life: A Shared Vision* page 34.

6 POSSIBLE REASONS FOR HIGHER USE OF SUBSTANCES AMONG LGB&T PEOPLE

This chapter identifies a number of factors which may help to explain why LGB&T people are more likely to use drugs, alcohol and cigarettes than non-LGB&T people. Interestingly the proposition that drug use is higher in the LGB&T population does not match the perception of many LGB&T people. Only 16% of APO survey respondents believe that drug use is more common in the LGB&T community (figure 14).

Figure 14: Community in which Drug Use is more Common (%)



Source: APO Survey

The two statements below articulate the position that the use of substances is no different in the LGB&T community:

> *"I doubt it's any different than the non-LGBT community. I don't see why there would be a correlation between the LGBT community and drugs more so than the non-LGBT community" (24 year old gay man)*

> *"Drugs and alcohol are widely used in life by all types of people straight and gay, if you are going to be a drinker you will be a drinker, it doesn't matter what your sexual orientation is" (gay woman, age unknown)*

Indeed some respondents were irritated at the very suggestion that LGB&T people may be more likely to use these substances. As one survey respondent put it bluntly:

> *"Drug and alcohol abuse is no different in the LGBT community than outside it. Get a grip!" (57 year old gay man)*

This is understandable as there is a danger of adding to the stigmatisation that LGB&T people are subject to. However this vilification of LGB&T people helps to explain why substance abuse might be higher in the LGB&T community.

Stigmatisation

LGB&T people are widely regarded and treated as inferior to heterosexual people. Transgendered people experience similar, and arguably heightened, prejudices on the basis of their gender identity. The resulting emotional and psychological distress is perhaps the most significant reason for higher levels of drug and alcohol use among LGB&T communities. A substantial body of international research "has demonstrated a clear link between homophobic abuse, suffering negative psychological consequences and engaging in self-destructive behaviours"[17] such as drinking, drug-taking, unsafe sexual practices and self-harm. Numerous comments from participants in the survey, interviews and focus groups suggest a connection between stigmatisation, mental stress, and the use of substances:

> *"As a gay woman I have had to hide my sexuality as friends are homophobic. I believe my drink and drug addiction is part of my hiding my true self" (31 year old gay woman)*

> *"I have friends who misuse both drugs and alcohol and although I and other friends try to support them their basic problems all stem from rejection/abuse either in their families or the community in which they live" (54 year old gay man)*

> *"When you live in a society that you feel detached from ... out of place like you don't belong I don't think it's a huge shock that people may take refuge in drugs or alcohol" (32 year old queer woman)*

> *"I used alcohol for many years to hide my sexuality and have met many others who have similar experiences" (36 year old bisexual man)*

> *"I grew up thinking I'm not normal ... When you're going through those formative years and you're thinking that you're bound to have mental health issues" (42 year old lesbian woman)*

Access to Services

The use of drugs, alcohol and cigarettes may also be higher in the LGB&T community because they are less likely to access support services. It is important to note that many LGB&T people have positive experiences with mainstream providers and a number of research participants articulated the view that existing services are fully capable of accommodating LGB&T people:

[17] McDermott et al (2008) *Avoiding Shame: Young LGBT People, Homophobia and Self-destructive Behaviours* page 817.

"I think that the organisations that are available are fine and there for the people that need them" (41 year old gay man)

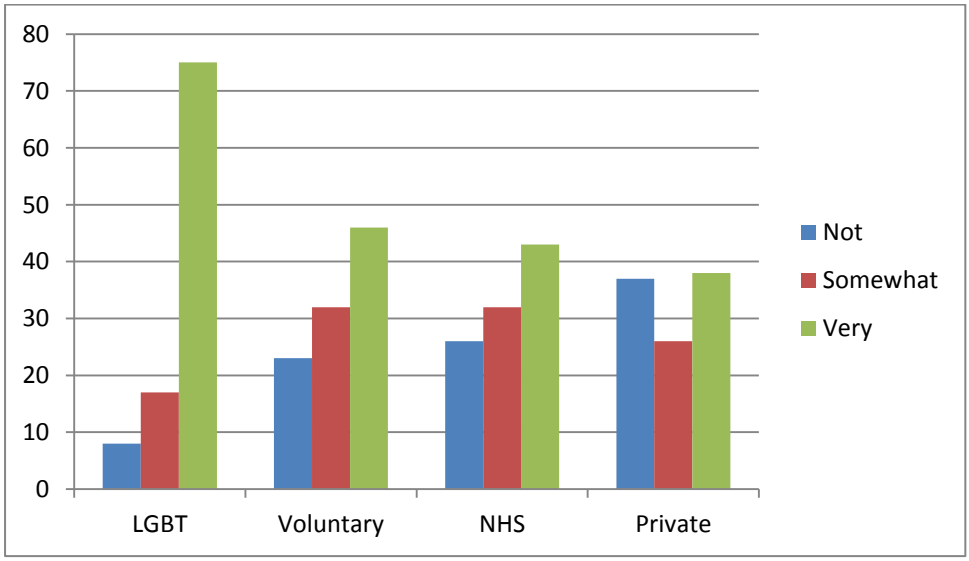
"The people I have met in AA have accepted me as I am in a way that general society doesn't" (36 year old bisexual man)

"The generic system of support in 2012 should be able to support people without prejudice, as I know it does from friends I know who have used it" (49 year old gay man)

"If you went to a properly accredited counselling service then there's absolutely no reason why you wouldn't get exactly the same service as anyone else" (42 year old lesbian woman)

However substantial proportions of respondents to the APO survey stated that if they needed support with addiction they would not feel comfortable disclosing their orientation to drug and alcohol support services in the private sector (37%), the public sector (26%) and the voluntary sector (23%). Indeed one tenth (8%) would not feel comfortable disclosing their sexual orientation/gender identity to an LGB&T organisation (figure 15). Higher proportions of transgendered respondents would not be comfortable disclosing to the private sector (46%), the public sector (27%), and the voluntary sector (32%). A similar percentage would not be comfortable disclosing to an LGB&T organisation (11%).

Figure 15: Comfort with Disclosing Sexual Orientation and/or Gender Identity (%)



Source: APO Survey (2012)

The most obvious implication is that fear of a negative reaction may prevent LGB&T people from accessing services *at all*. As the citations below suggest this may be, but is not necessarily, due to previous bad experiences:

"I've had bad experiences in AA and another organisation revealing my orientation. Had I not been stronger at the time it could have set me right back or made me worse" (50 year old gay man)

"[My friend is gay and] he's tried to get help [with his drink problem] but I don't think he likes going to the doctors or anything because they judge him for his sexuality, his lifestyle" (31 year old gay man)

"there's always going to be a fear factor … the people running the [addiction support] group might be gay friendly but the people joining the group might not" (24 year old gay man)

"You'd be afraid of the reason [behind a drinking problem] coming out because that's what you're hiding" (52 year old transgendered heterosexual man)

Even if LGB&T people do access services they may feel inhibited if they are unable to be open about their sexual orientation. This is particularly important when issues related to sexual orientation are a factor in a person's addiction. However as the quotations below highlight it is also relevant when sexual orientation/gender identity is in no way related to addiction.

"I've attended some [addiction support] groups myself. However I've always kept my sexuality to myself and so I haven't been able to share my feelings as I would have liked" (36 year old gay man)

"The AA process is about being true to yourself and talking about your life. This is not possible for many with addictions as they are afraid of outing themselves and being treated negatively, so they cannot fully participate in rehabilitation" (44 year old lesbian woman)

In this context it is crucial that service providers advertise the fact that they are LGB&T friendly. As a focus group participant put it:

"it would be great if a doctor's surgery would put up a thing in the waiting room saying 'you can come out here' ... That may be very important and influential for a gay person to see that its ok for them to come out. And if they saw that they would say that 'this is a safe environment for me' and the drugs agencies could do something similar" (23 year old lesbian woman)

In this context the research invited people to give their views on whether it would be useful for LGB&T organisations to provide addiction services. The majority of respondents to the APO survey believe that it would be 'very useful' for LGB&T organisations to provide information, signposting to drug and alcohol services, one-off support sessions and long-term counselling (table 5). Women are particularly favourable towards the idea of the LGB&T sector delivering these services.

Table 5: Usefulness of LGBT Groups Providing Services by Gender (%)

SERVICE	NOT	SOMEWHAT	VERY
WOMEN			
Information	2	22	77
Signposting	1	21	78
One-off support sessions	2	26	72
Long-term counselling	3	23	74
MEN			
Information	4	32	64
Signposting	5	33	62
One-off support sessions	7	38	54
Long-term counselling	9	30	61

Source: APO Survey (2012)

The idea of LGB&T organisations providing services was endorsed by numerous research participants:

> *"I've often thought that a local help group would be a great asset. Somewhere where people can relax and tell everything about their addictions and also disclose their sexuality" (36 year old gay man)*

> *"if there was an AA for gay men and gay women they would feel more comfortable talking about it because then they could say that 'I've been drinking because my family isn't accepting me coming out' and stuff whereas it would be harder to say that in front of a group of straight people" (24 year old lesbian woman)*

> *"If I had a drug or alcohol problem, I would be completely comfortable talking to an LGBT organisation and not at all comfortable going to anyone else" (17 year old lesbian woman)*

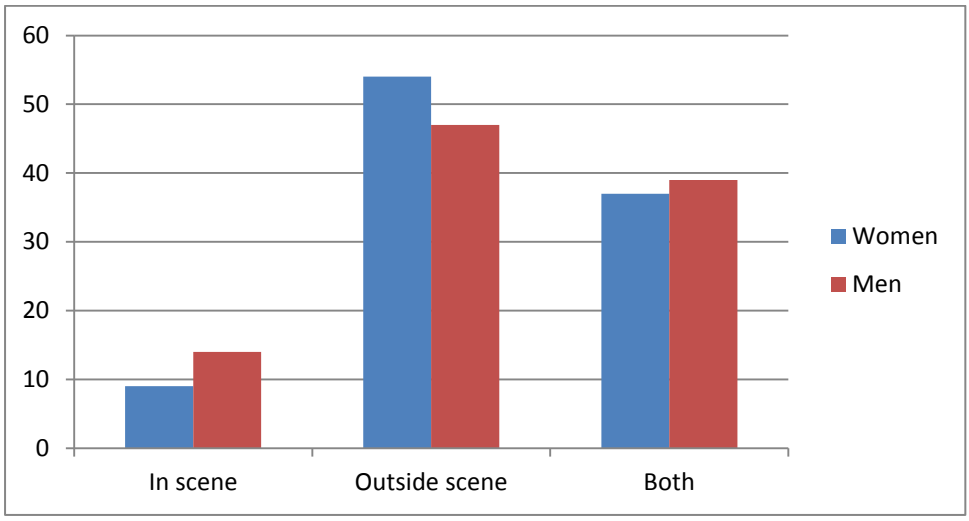
> *"The gay organisations need to be doing this stuff in our community - nobody else is and I think more gay people would use their services as they wouldn't be treated any differently because they are gay" (46 year old lesbian woman)*

The Scene

Gay friendly bars have traditionally been important venues for LGB&T people to socialise and meet partners. This is largely the result of a history of persecution which drove the LGB&T community 'underground'. Consequently bars and nightclubs – and arguably a culture of drink and drugs - have consolidated into a significant feature of the 'gay scene'.

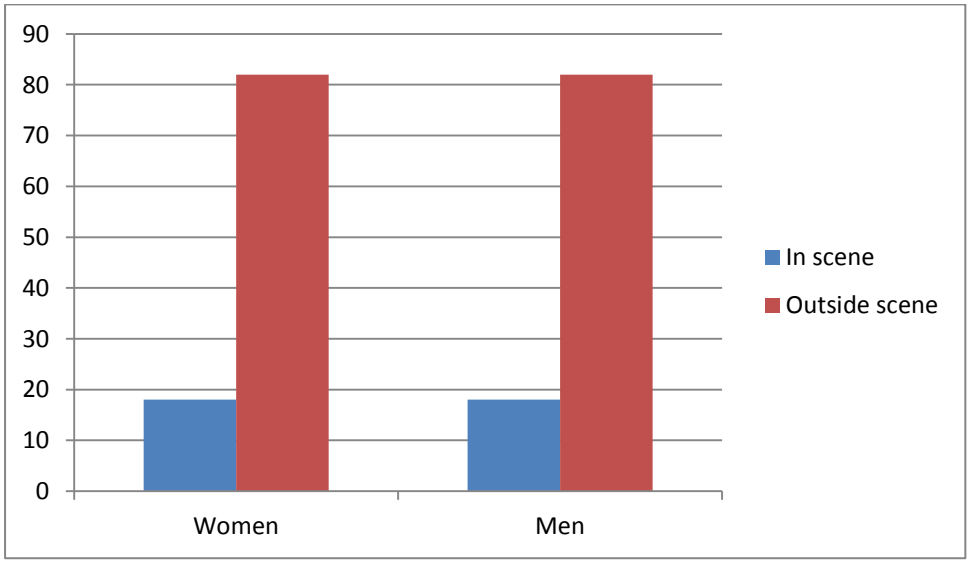
The APO survey confirms that many people who take drugs do so in the scene. Of those who take drugs 13% mainly take them in the scene, 47% mainly take them outside of the scene and 40% take drugs in both locations (figure 16). In other words, other half (53%) of LGB&T people who take drugs do so in the scene. However only 12% took their *first* drug in the scene (figure 17).

Figure 16: Where Drugs are normally Taken (%)



Source: APO Survey (2012)

Figure 17: Where First Drug was Taken (%)



Source: APO Survey (2012)

Numerous participants in the research identified the lack of social venues outside of drinking establishments as a factor in substance abuse:

"There's nowhere else to actually meet [gay people] but bars" (27 year old gay man)

"Almost all activities aimed at the LGBT community seem to involve alcohol" (33 year old bisexual woman)

"There are few other social activities for gays in Northern Ireland" (50 year old bisexual man)

"The main interaction gay people get with each other is in the clubs. There needs to be more events and non-alcohol related activities for gay people" (23 year old gay woman)

A number of people also argued that the use of illegal drugs is more culturally acceptable on the scene:

"I'm surprised how common drug use is in LGBT community - I find it more obvious, people are more open about it - there is more positivity around it and less knowledge about damages etc - it's seen as sociable, normal and acceptable rather than anything problematic or risky" (32 year old bisexual woman)

"The climate of internalised homophobia combined with the harsh reality of 'gay-clubbing' leads too many young people to think that taking drugs is common, normal and acceptable. Younger LGBT people need access to a nourishing environment where they can explore the 'non-club scene' aspects of the LGBT community. It should be considered more of a priority by entertainment establishments to protect their younger patrons and discipline Drag Queens who openly boast about drug use on stage. All too often these bars shrug responsibility for the seedy climate of sex and drugs they provide" (29 year old lesbian woman)

Key Points

- Only 16% of APO survey respondents believe that drug use is more common in the LGB&T community
- The emotional and psychological distress that results from the stigmatisation of LGB&T people is perhaps the most significant reason for higher levels of drug and alcohol use among LGB&T communities.
- The use of drugs, alcohol and cigarettes may also be higher in the LGB&T community because they are less likely to access support services. Substantial proportions of respondents to the APO survey stated that if they needed support with addiction they would not feel comfortable disclosing their orientation to drug and alcohol support services in the private sector (37%), the public sector (26%), the voluntary sector (23%), and the LGB&T sector (8%).
- The prominence of bars and nightclubs on the gay scene contributes to a culture of drink and drug-taking. Over half (53%) of LGB&T people who take drugs do so in the scene. However only 12% took their *first* drug in the scene.

7 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

1. As research in other jurisdictions has found, the use of drugs, cigarettes and alcohol in Northern Ireland's LGB&T community is higher than average.

2 With the exception of poppers, the main drugs used by LGB&T people are depressants and opiates rather than stimulants or hallucinogens. This suggests that drugs are largely used to medicate for distress and depression rather than for recreational purposes.

3. The difference in the level of drug use is particularly high between younger LGB&T and non-LGB&T people. In terms of alcohol consumption the disparity is particularly marked between LGB&T and non-LGB&T women.

4. Heightened use of these substances exposes LGB&T people to greater risk of a range of physical and mental health conditions including cancer and depression. The use of drugs and alcohol also contributes to a range of risky and harmful behaviours such as unprotected sex, self-harming and suicide.

5. The prevalence of substance use/abuse in the LGB&T community is largely a symptom of their stigmatisation in Northern Ireland society more generally. Therefore broader efforts to promote equality of esteem between opposite-sex and same-sex attracted people are key to addressing health inequalities experienced by LGB&T people.

6. Fear of discrimination discourages many LGB&T people from accessing support services. There is strong support for the LGB&T sector to play a role in the delivery of drug and alcohol services.

7. The dominance of bars and nightclubs in the 'gay scene' aggravates the problem of substance abuse.

Recommendations

In order to improve the evidence base for policy development and resource allocation:

1. Addiction service providers should monitor the sexual orientation of clients.

2. Government surveys on drug and alcohol prevalence should ask for the sexual orientation of respondents.

3. Data from the APO survey should be subject to further analysis, with a focus on highlighting the demographic factors that contribute to substance abuse.

4. Further research should be commissioned into the use of substances among older people, and particularly older women, who are underrepresented in the APO survey.

In order to help prevent substance abuse within the LGB&T community:

5. Public health campaigns on substance abuse should target the LGB&T community.

6. More gay-friendly social venues, activities and support groups should be developed outside of drinking establishments.

In order to improve substance addiction services for LGB&T people:

7. Addiction service providers should receive training in LGB&T issues.

8. Service providers should advertise the fact that they are LGB&T friendly.

9. The LGB&T sector should work in partnership with addiction service providers, the Public Health Agency and Health and Social Care Trusts to develop LGB&T affirming drug and alcohol support services across Northern Ireland.

10. Local and regional drug and alcohol steering groups should ensure representation from LGB&T organisations.

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APPENDIX I METHODOLOGY

Survey

The APO survey was live from 6th February to 11th March. It was publicised by various LGB&T organisations and advertised on the Gaydar and Pink Sofa websites. A total of 941 people responded to the survey. 34% of responses were from women, 63% from men and 2% from non-binary people. The survey had an under-representation of women aged 45-64 and of men aged 55-64 (table 6). The survey was weighted to correct for this imbalance.

Table 6: Gender and Age (15-64)

AGE GROUP	WOMEN		MEN	
	APO	NI	APO	NI
15-24	29	21	23	22
25-34	32	21	31	21
35-44	22	21	22	21
45-54	10	21	19	20
55-64	7	16	5	16

71% of survey respondents were from a large city or town, 11% from a medium sized town and 18% from a village or small town. The survey attracted responses from all 26 Local District Councils, with a significant over-representation of responses from Belfast (table7).

Table 7: District Councils (%)

DISTRICT COUNCIL	APO	NI	DISTRICT COUNCIL	APO	NI	DISTRICT COUNCIL	APO	NI
Antrim	9	3	**Coleraine**	1	3	**Lisburn**	4	7
Ards	3	4	**Cookstown**	1	2	**Magherafelt**	1	2
Armagh	2	3	**Craigavon**	2	5	**Moyle**	1	1
Ballymena	1	4	**Derry/Londonderry**	7	6	**Newry & Mourne**	2	6
Ballymoney	1	2	**Down**	7	4	**Newtownabbey**	4	5
Banbridge	2	3	**Dungannon**	1	3	**North Down**	3	4
Belfast	37	15	**Fermanagh**	1	4	**Omagh**	2	3
Carrickfergus	2	2	**Larne**	1	2	**Strabane**	1	2
Castlereagh	3	4	**Limavady**	1	2			

14% of respondents had a disability. Of those 56% had a disability of a mental nature and 33% had a physical disability. 28% had a long-standing illness and 8% had a learning disability and a sensory disability. 43% of respondents are from the Catholic community, 38% from the Protestant community and 19% reported that they are a member of neither community. 56% of respondents are in employment (table 8).

Table 8: Economic Status (%)

Self-employed	10	**Part-time student**	2
Employed	56	**Retired**	4
Unemployed	9	**Looking after home/family**	1
Full-time student	12	**Permanently sick/disabled**	5

Qualitative Research

In-depth interviews were carried out with 22 LGB&T people (8 women and 14 men). 18 people were interviewed at The Rainbow Project's office in Foyle and 4 were interviewed from GLYNI's youth group in Belfast. The age of interviewees ranged from 14 to 40 years. Three focus groups were conducted in Belfast – two with 9 lesbian women aged 23 to 42 (one of which was facilitated by LASI) and one with 6 transgendered people aged 24 to 52 years.

APPENDIX II SUMMARY OF PREVIOUS RESEARCH

Year	Author	Source of data	Key Findings
1989	McKirnan and Peterson	Survey of 3,400 LGB people in Chicago compared with survey of US population	LGB people were more likely to: • Drink alcohol (86% vs.71%) • Report alcohol problems (23% vs. 12%) • Have used marijuana within the last year (56% vs. 20%) • Have used cocaine within the last year (23% vs. 9%)
1994	Skinner	Survey of 455 lesbians and gay men in the US compared with national household survey	• Among people aged 18 to 25, lesbians were more likely than all women to have used marijuana within the last month (24% v 9%). The same was true of gay men compared to all men (38% v 17%) • Among people aged 26 to 34, lesbians were more likely than all women to have drunk alcohol within the last month (67% v 55%). The equivalent figures were 81% for gay men and 74% for all men • Among people aged 35 and over, lesbians were more likely than all women to smoke cigarettes (38% v 22%) and the same was true of gay men compared to all men (35% v 27%)
1995	Rotheram-Borus et al	Interviews with 136 gay and bisexual male adolescents in New York City.	• 33% used marijuana and 14% use cocaine within last 3 months • 26% used alcohol on one more times a week • 13% used drugs one or more times a week
2001	Stall et al	Compared survey of 2172 MSM in the US with a national survey	• Drug use (but not alcohol use) higher for MSM
2003	Youthnet	Survey of 362 LGB&T people (130 women and 232 men) in Northern Ireland under the age of 25.	• 34% had misused alcohol and 23% had misused drugs • 24% of LGB&T respondents had been medicated for depression, five times more than heterosexual young people
2004	Cochran et al	Representative survey of US population (only 194 of 9,908 respondents indicated having a same-gender sexual partner within the previous year)	People with same-sex partners more likely than those with opposite-sex partners to: • Have used illicit drugs in their lifetime • Report a symptom of drug dependence
2007	Sarma	Survey of 173 LGB&T people in the Republic of Ireland aged 18-26.	Compared with the general population aged 15-24,[18] LGB&T people are more likely to have taken in their lifetime • Cannabis (56% v 26%) • Poppers (44% v 4%) • Ecstasy (33% v 6%)
2008	King et al	Meta-analysis.	• Alcohol and substance misuse at least 1.5 times more likely among LGB people. • Lesbian and bisexual women particularly at risk of substance dependence

[18] NACD & PHIRB (2011) *Drug Prevalence Survey 2010/11.*

APPENDIX III GLOSSARY OF DRUGS

Amphetamines: A stimulant which speeds up bodily functions and can lead to heart failure and seizures.

Anti-depressant: A generic term for a range of drugs used to alleviate depression.

Cannabis: Smoked for its psychoactive properties. It produces euphoria and relaxation; repeated use may lead to psychological dependence.

Cocaine: Used for its euphoric and stimulating effects. Cocaine is highly addictive and its side effects can include paranoia, irritability and mood disturbances.

Ecstasy: A stimulant that is chemically related to mescaline and amphetamine and is used for its euphoric and hallucinogenic effects. Adverse effects can include elevated body temperature and panic attacks.

Legal Highs: Substances which may contain the stimulative properties of other drugs but has not been criminalised.

Mephedrone: A stimulant which produces a similar experience to drugs like amphetamines, ecstasy or cocaine.

Opiate: Any sedative narcotic containing opium or at least one of its natural or synthetic derivatives. Can cause euphoria and drowsiness. Effects of overdose can be shallow breathing, convulsions and death.

Poppers: A vial of amyl nitrite or butyl nitrite used as an aphrodisiac.

Sedative: An agent or a drug having a soothing, calming, or tranquilizing effect. Sedatives can cause physiological and psychological dependence when taken regularly. Dependent users may experience restlessness, insomnia and death.

HSC Public Health Agency

the rainbow project