

3. ALCOHOL/DRUG MISUSE, Jan Bridget

The main issues relating to lesbian, gay and bisexual (LGB) people and alcohol/drug misuse are:

1. higher levels of consumption than heterosexuals, especially among lesbians,
2. why some LGB people are vulnerable, and
3. why alcohol/drug services are inappropriate.

3.1 Higher levels of Consumption than Heterosexuals?

3.1.1 U.S.A.

Early US research indicated alcohol/drug misuse was higher among lesbians and gays than amongst the heterosexual population. Bickelhaupt (1995) reviewed research from 1973 to 1993 in the USA and one European country and concluded that 25% of LGB people suffered from definitive drug and alcohol abuse problems while additional numbers experienced 'suggestive or problematic' abuse patterns.

Some of the early research has been challenged by Paul, Stall & Bloomfield (1991) who cited opportunistic sampling techniques (i.e. bar-patrons who are more likely to abuse alcohol) in their critique. Two later studies, Bloomfield (1993) and McKirnan & Peterson (1993) both found that lesbian alcohol abuse in the Chicago and San Francisco areas was no higher than that of heterosexual women.

More recent studies, however, have again found higher levels of use and abuse.

- Skinner and Otis (1996) compared the results of a study of lesbian and gay people living in and around two metropolitan areas with those data from the National Household Survey on Drug Abuse (NHSDA) and found:
 - ◆ There were significantly higher prevalence rates for the past year in use of marijuana, inhalants and alcohol but not cocaine among the lesbian and gay sample.
 - ◆ While the lesbian and gay sample drank alcohol more frequently during the previous month than the NHSDA sample, few differences occurred between the two groups for heavy alcohol consumption.
- Abbott (1998) conducted a literature review of research comparing alcohol consumption among lesbians and heterosexual women and found that papers reported
 - ◆ higher levels of consumption by lesbians,
 - ◆ the rate of drinking did not decline with age as is true for the general population,

- ◆ that even when levels of drinking were equivalent between lesbians and heterosexual women, lesbians reported greater difficulties related to alcohol consumption,
 - ◆ differences in sampling techniques and in definitions of drinking made comparisons difficult.
- Jaffe, Clance, Nichols & Emshoff (2000), who surveyed 87 lesbian and 89 heterosexual women, found that the lesbian subjects had a significantly higher prevalence of alcoholism than the matched cohort of heterosexual women (18% compared to 7%).
 - Diamant et al (2000) found in the first population-based study of lesbian and bisexual women's health that these groups were more likely than heterosexual women to
 - ◆ use tobacco products,
 - ◆ report any alcohol consumption,
 - ◆ drink heavily.
 - For several years now there have been large-scale studies conducted with high-school students in some areas of the USA (83,000 Youth, 2000). These have consistently found higher levels of abuse (both alcohol and drugs) among LGB young people than among heterosexual youth:
 - ◆ Minnesota (1987): 33.5% of LGB youth had engaged in heavy drinking (>five drinks at a time)
 - ◆ Seattle (1995): 35.8% of LGB students compared with 22.5% of heterosexual youth engaged in high risk or heavy drug use;
 - ◆ Massachusetts (1997): 46% of LGB students compared with 16% of heterosexual students had ever used hallucinogens; 77% of LGB and 50% of heterosexual youth had ever used marijuana; 33% of LGB and 7% of heterosexual students had ever used cocaine
 - ◆ Vermont (1997):
 - smoked cigarettes in past 30 days: 64% youth with same-gender experience, 55% youth with opposite-gender experiences, 17% youth with no sexual experience;
 - drank alcohol every day for past 30 days: 16% same gender, 2% opposite gender, 0% no sexual experience;
 - had at least one drink on school property every day for past month: 11% same gender, 1% opposite gender, 0% no sexual experience;
 - smoked marijuana 40 or more times in past 30 days: 22% same gender, 10% opposite gender, 1% no sexual experience;
 - smoked marijuana on school property 40 or more times in past 30 days: 12% same gender, 1% opposite gender, 0% no sexual experience;

- used cocaine in past 30 days: 29% same gender, 7% opposite gender, 1% no sexual experience;
- injected illegal drugs two or more times: 19% same gender, 3% opposite gender, 0% no sexual experience.

3.1.2 Elsewhere

The higher levels of use and abuse among the LGB population have been found in research outside of the USA. For example,

- Barbeler (1992) found that 100% of the 200 young lesbian participants (Brisbane, Australia) drank weekly compared with a slightly earlier mainstream study which found that 41.4% of women in the same age group drank at all.
- Bergmark (1999) conducted research with Swedish lesbians and gay men and found
 - ◆ there are few lesbian and gay abstainers,
 - ◆ the level of consumption does not reduce according to age as in the general population,
 - ◆ alcohol plays a substantial role at the core of the lesbian and gay community,
 - ◆ elevated levels of drinking among lesbians but not among gay men
 - ◆ the consequences of drinking were more frequent among lesbians.

3.1.3 Britain

These high levels also appear in British research. For example,

- Bridget (1988) found in a pilot housing survey with 14 lesbians that 43% had alcohol problems.
- Mansfield & Owen (1993; cited in Mullen, 1998) surveyed 196 men (93% gay, 92% HIV positive), of these,
 - ◆ 65% had used cocaine, ecstasy, LSD and/or speed
 - ◆ 46% of drug users had penetrative sex without condoms compared to 23% among non-users
 - ◆ 41% reported they were more likely to have unsafe sex while using drugs (cited in Project LSD, 1995)
- Bridget (1993) found in a qualitative study of 20 isolated lesbians:
 - ◆ all but three used alcohol and 50% had serious alcohol problems e.g.
 - heavy drinking,
 - passing out under the influence of alcohol,
 - hospitalisation,
 - suicide attempts,
 - getting arrested for drunkenness,
 - ◆ 50% had used illegal drugs,

- ◆ 65% smoked.
- Project LSD (1994; cited in Mullen, 1998) survey of 287 people (8% bisexual, 56% gay or lesbian) at Winter Pride 1994 found the following use of :
 - Alcohol: 81% gay men, 86% lesbians
 - Tobacco: 48% gay men, 52% lesbians
 - Cannabis: 41% gay men, 38% lesbians
 - Ecstasy: 19% gay men, 9% lesbians
 - Speed: 13% gay men, 9% lesbians
 - Poppers: 32% gay men, 9% lesbians
 - Cocaine: 5% gay men, 3% lesbians
 - LSD: 8% gay men, 4% lesbians
 - Tranquilisers: 18% gay men, 14% lesbians
 - Prozac: 8% gay men, 3% lesbians
 - Lesbians started to experiment with drugs at an earlier age than gay men but gay men used drugs for a longer period.
 - 52% used two or more drugs at the same time.
- Creith (1994) conducted a survey of 326 lesbians who were mainly from Manchester, Leeds, London and Sheffield. She found that
 - ◆ 8.5% labelled themselves as alcoholic or alcohol dependent,
 - ◆ 37.3% drank over the recommended levels for women (15-26+ units) compared with 11% of women in the general population who drink over the recommended levels (Government statistics based on General Household Survey 1990).
- Project SIGMA (1995; cited in Project LSD, 1995) sampled 1,167 gay men's drug use at the 1995 Lesbian ands Gay Pride Festival and found,
 - ◆ 84% used alcohol
 - ◆ 51% poppers
 - ◆ 48% cannabis
 - ◆ 20% ecstasy
 - ◆ 18% speed
 - ◆ 10% cocaine
 - ◆ 10% LSD
 - ◆ 1% heroin
- Project LSD (1995; cited in Mullen, 1998) survey of 113 gay men at Winter Pride, 1995 found
 - 42% used cocaine, ecstasy, LSD or speed during sex
 - 29% experienced difficulties in practising safer sex while using drugs.
- Bloor (1995) studied 120 lesbians and found that 49% drank more than 14 units a week; one-third of these drank more than 22 units a week.
- Gay Times (1996; cited in Mullen, 1998) surveyed 685 gay men. Half were aged 23-32; one third earned between £16,-25,000 and one quarter

between £6,-15,000; 120% were students or unemployed; half lived in London and 16% in Southeast England. The survey revealed,

- 76% had tried cannabis, one third using it regularly
 - 48% had tried ecstasy, 20% used it regularly
 - 40% had tried cocaine, 20% used it regularly
 - 48% had tried LSD,
 - 25% had tried heroin
 - 80% had tried poppers, 25% used them regularly
 - one-third used two or more drugs at any one time.
- Lifeline (Gay Times, 1996; cited in Mullen, 1998) conducted a survey of 300 gay men in Manchester, mostly in their 20's and earning between £5-25,000) found,
 - 70% used cannabis
 - 60% ecstasy
 - 66% speed
 - 47% LSD
 - 37% cocaine
 - 28% magic mushrooms
 - 58% cigarettes
 - 95% alcohol
 - 96% of these men reported few problems with their drug use.
 - Muir-Mackenzie (1996; cited in Mullen, 1998) surveyed 55 people at the Health of the Lesbian, Gay and Bisexual Nation Conference and found
 - 53% used drugs
 - 20% poppers
 - 11% ecstasy
 - 5% cocaine
 - 17% speed
 - 2% heroin
 - 39% cannabis.
 - John & Patrick (1999) surveyed 137 lesbians and gay men in Glasgow (69 female, 68 male): 35% stated they had had an addiction either to alcohol or drugs (59% lesbians, 41% gay men).
 - Mullen (1999) surveyed 169 young LGBs (100 male, 69 female) aged 25 years and below in the Reading area:
 - ◆ 22% consumed more than the recommended safe level (25% men, 26% women);
 - ◆ 15% considered their alcohol consumption a problem;
 - ◆ 50% had used drugs.
 - Butler, Gerard, Muir-Mackenzie, Orm and Prentice (2000) conducted research with 59 women who have sex with women in the Plymouth area. Of these,

- ◆ over 80% said they had been affected either by their own drug/alcohol use or that of someone close,
- ◆ 25% of those with problems delayed seeking help giving reasons ranging from fear of not being understood to fear of their sexuality being seen as all or part of the problem,
- ◆ those without a partner were nearly twice as likely to delay seeking help.

3.1.4 Calderdale

Bridget (2000) found in her qualitative study of 15 young lesbians and gay men (aged 30 and below) in Calderdale that

- ◆ all of the participants used alcohol,
- ◆ one third (5) believed that they drank too much alcohol (four female, one male), none of them were currently seeking help,
- ◆ twelve said they got drunk,
- ◆ seven said they did not practice safer sex when drunk (or didn't know whether they did); of these, three were female and four male.

The participants were asked how much they drank; responses included:

"I used to drink every day. It helped me feel better. Sometimes when I drink I don't know when to stop. I drink and drink and drink. I get carried away. Drink 6 pints per week. Get drunk once or twice a week." (F)

"10 pints a session." (F)

"When I was going out with my abusive boyfriend I drank a bit more." (M)

"When I was younger I would get drunk. I used to go out more." (M)

"I used to drink too much in the past. I'd drink to escape from my life. I used to drink whenever I got the money, at least once a week I would drink two litres of cider. From the age of 12 to 16." (F)

"When I was about 17 it got really bad when I was drinking all the time, wine, spirits and beer like mad." (F)

3.2 Why Some LGB People Are Vulnerable

3.2.1 Coping with Homophobia

Lesbian, gay and bisexual people are vulnerable to alcohol and drug misuse for the same reasons as heterosexual people plus the important additional reason of homophobia.

Although writing at a time when homosexuality was illegal and very much seen as a 'perversion' West (1955) discusses the use of alcohol by male homosexuals:

Psychiatrists have long recognized flight into alcoholism as one way in which latent homosexuals seek escape from their conflicts (Norman, 1948; Smalldon, 1933). The sense of well-being and the loss of tension and self-consciousness produced by alcohol comes as a great boon to the conflict-ridden.Alcohol damps down inhibitions, and some of those who would scorn the thought when sober will indulge in deviant sexual practices when drunk. It also aids forgetfulness. Some men, when their tensions reach an unbearable pitch, rush away on a mad 'binge', during which they have homosexual adventures, afterwards returning to their ordinary life untroubled by any conscious recollection of their lapse.

There will still be lesbian and gay people who fit West's description even now, particularly in areas where there is little visibility and support. Indeed, two more recent articles emphasise the connection between internalised homophobia and alcohol misuse. Deevey and Wall (1992) state:

....at present, at least, we know of no lesbian women who use alcohol who seem fully self-accepting. We see alcohol use as one of several strategies for coping with the self-hate of simultaneously accepting and rejecting shaming messages. Alcohol use in combination with accepting shaming messages leads either to active suicide or to indirect suicide as a result of the progression of alcoholism.

Whilst Hall (1992) notes the similarities between lesbians and African-American and Latina women who experience alcohol problems:

...[Lesbians] often described being unable to accept fully the idea of being lesbian in a positive way before they stopped drinking and using drugs...Likewise, some of the African-American and Latina women interviewed described recovery as a process of accepting their racial and ethnic heritages and confronting painful racial conflicts that they had buried through their substance use.

The origins of this vulnerability lie in the negative messages lesbians and gays internalise, especially when they are young and during adolescence when many become aware of their stigmatised identity. The coming out period, for lesbians and gays of all ages, is a particularly vulnerable time. Gibson (1989), notes:

Substance use often begins in early adolescence when youth first experience conflict around their sexual orientation. It initially serves the functional purposes of (1) reducing the pain and anxiety of external conflicts and (2) reducing the internal inhibitions of homosexual feelings and behavior. Prolonged substance abuse, however, only contributes to the youth's problems and magnifies suicidal feelings.

Having got into the habit of using alcohol or drugs to cope during adolescence, some lesbians and gays continue to use it to deal with the pain and effects of everyday discrimination whilst those who are in the closet at

work, or with their families or friends, use alcohol or drugs to deal with the mental stress this causes. After pretending to be heterosexual at work all day, many lesbians and gays drink to help them relax when they get home.

Out lesbians and gays have usually challenged some of their internalised oppression and developed positive identities; this enables them to develop healthier methods of coping with homophobia.

3.2.2 Gay Culture

Alcohol and drugs are very much part of gay culture (Diamond & Wilsnack, 1978; Nardi, 1982; Zehner & Lewis, 1984). Gay pubs and clubs (the 'scene') serve many purposes. As Blume (1985) says:

The gay bar has historically been the protected place where homosexual persons could meet, socialize, be the dominant culture, make sexual contacts, start relationships, hold hands, dance, belong - all the things that nongays can integrate into the totality of their lives and therefore take for granted.

However, as Zehner & Lewis (1985) note: "It is in many ways unfortunate that the bar has become the most recognized institution in the gay/lesbian culture because along with it comes the tradition of using alcohol while socializing and as the main psychic relief." Whilst Nardi (1982) notes:

For many who are just 'coming out,' bars aid in the development of a gay identity. However, some do get swept up in the pleasure-reinforcing dimensions of a drinking-oriented sub-culture, viewing alcohol and drug consumption as a necessary component for a gay identity.

The lack of institutional support, in the form of lesbian and gay youth groups for example, means that lesbian and gay youth coming out are automatically thrown into an adult environment where they are out of place. Schneider (1989) says: "Their abrupt introduction to an alcohol-focussed and sexually loaded environment bypasses the gradual and safe ways in which most heterosexual youngsters learn to deal with alcohol and sexual intimacy..."

Nardi (1982) notes that not only is there a strong denial of alcohol problems (or any problems for that matter) among the lesbian and gay community but drinking is an accepted way of coping with oppression and many homosexuals directly and indirectly encourage heavy drinking.

3.2.3 Lesbians

Double Oppression

Whilst the above is applicable to both male and female homosexuals, because lesbians are doubly oppressed the situation facing them will be more complex, and even more complicated for those who are multi-oppressed.

There is less research about lesbians and problems facing them are least likely to be acknowledged or understood. Lesbians are

- usually less visible and more isolated,
- more likely to be in the closet and some will not even be aware of their true sexual orientation,
- more likely to try and suppress their sexuality,
- have fewer positive role models.

Sexual Abuse

Many lesbians, and some gay men, have been subjected to sexual abuse which has further implications for alcohol misuse (Neisen & Sandall, 1990; Deevey & Wall, 1992; Copeland & Hall, 1992).

Double Diagnosis

Lesbians are more depressed, suicidal and dependent on alcohol than heterosexual women, heterosexual men or homosexual men (Bell & Weinberg, 1978; Saghir & Robins, 1974; Saghir et al, 1970; Lewis et al, 1982; Schilit et al, 1990; Brandsma & Pattison, 1982; Blume, 1985; Diamond & Wilsnack, 1978; McKirnan & Peterson, 1989; Anderson & Henderson, 1985).

Lack of Acknowledgement

There is a real problem of awareness of LGB alcohol and drug misuse. The following description of the USA in the seventies (O'Donnell et al, 1978) could be written of Britain in 2002:

One in every three gay persons abuses alcohol and is either an alcoholic or is rapidly heading towards that destination. This is more than three times the estimate of problem drinkers in the general population. Does this surprise you? Alcoholism isn't talked about very much in the lesbian community. Some of us think we don't know anyone who drinks heavily. But most of us do know women who drink heavily - we just don't recognize the extent of the problem.

The difference between the USA and Britain is that LGBs in the U.S.A. have been discussing alcohol use and recovery for several decades, to the extent where now there are many lesbian and lesbian and gay AA groups and 'clean & sober' social events which provide some of the social functions previously provided by the lesbian/gay bar subculture. This is not the case in Britain.

3.3 Why Most Current Drug/Alcohol Services are Unhelpful

3.3.1 U.S.A.

Most services, including alcohol treatment agencies, are geared towards serving a white, heterosexual, male, clientel. Unless great effort has been put into awareness training, developing knowledge about the experiences and

circumstances of minority groups, and the establishment of programmes to deal with the special needs of different groups of oppressed people, services will simply perpetuate institutional discrimination. U.S. researchers Lohrenz et al (1978) found that 37% of homosexuals experienced discrimination from alcohol agency staff while Fifield, De Crescenzo & Latham (1975) discovered that 75% of homosexuals who are recovering from a drink problem believe that mainstream agencies are not geared to treating homosexuals and do not provide an accepting and supportive environment.

Because of discrimination homosexuals are less likely to attend alcohol dependency treatment centres unless, that is, they are 'passing.' In this case, if the worker does not bring up the subject, one of the major causes of their problems will be ignored. Rofes (1989) says:

By ignoring the special problems that a lesbian alcoholic, for example, presents, programs will be doing a service to no one. Their treatment of the individual will be less than adequate and may tend to intensify the woman's feelings of isolation and 'difference.' Only by bringing the issue into the open and addressing the woman's lesbianism as an aspect of her life which she needs to feel positively about, will the program be truly effective.

Shernoff & Finnegan (1991) discuss the case of a lesbian who is hiding her sexuality, then stress:

It is the responsibility of each counselor to take the lead in this area the same way counselors routinely question early family history, dynamics of shame, denial and spirituality. By omitting questions about sexual orientation, or the more subtle questions about sexual or affectional feelings or fantasies for a person of the same sex, the counselor is not obtaining information about all the possible contributing factors for achieving and maintaining sobriety.

While Hellman et al (1989) note:

Therapists may fear causing offense by asking patients about sexual orientation because of discomfort with the subject. However, this questioning can be essential in helping to overcome the secrecy and denial that are hall marks of the struggle with both alcoholism and homosexuality.

Of course, if a worker is ignorant about homosexuality s/he is likely to make the situation worse: American surveys, referred to by Hellman et al (1989), reveal a list of complaints about mainstream provision ranging from

- heterosexual bias in treatment and evaluation (including either focussing primarily on sexual orientation when inappropriate or ignoring important factors linked with sexuality),
- ignorance about lesbian/gay issues and discomfort at approaching matters of sexuality,

- ignorance about the inter-relation of homosexuality and alcohol misuse,
- lesbians and gays felt discomfort in the mainly heterosexual environment of agencies and were fearful of being viewed as pathological or stereotyped.

Neisen & Sandall (1990) worked at a programme designed to offer treatment to chemically dependent lesbians and gays. They list their clients' experiences of non-gay provision, which include:

- difficulty in being open about their sexual orientation due to fear of staff/client harassment,
- staff telling them it wasn't acceptable to discuss sexual orientation,
- some were forced to disclose their sexual orientation,
- as soon as their sexuality was known, some were discharged,
- some said that after disclosure the treatment they received was different due to an atmosphere of condemnation,
- some feared that if their sexual orientation was known about this would receive more emphasis than their chemical dependency,
- some services were not happy having their partner attend a family programme.

Citing Morales & Graves (1983) and Hellman, Stanton, Lee, Tytun and Vachon (1989), O'Hanlan (1996) notes,

- the majority of detoxification and rehabilitation programmes were insensitive to issues of sexual orientation and did not, generally, encourage its disclosure;
- homophobia limits the success of recovery and treatment for lesbian substance abusers (Hall, 1990; de Monteflores, 1986);
- failure to acknowledge sexual orientation makes relapse more likely (Cabaj, 1992);
- lesbians were more likely to attend treatment services which address lesbian social issues and provide lesbian counsellors (Hall, 1986, 1990, 1992, 1993, 1994; Morales & Graves, 1983).

Inclusion of families in treatment programmes is now an acceptable way of supporting those coming off alcohol dependency (Nardi, 1982; Shernoff & Finnegan, 1991). This would be problematic for the homosexual client, partly because many will have been rejected by their families and those families who do not reject their offspring rarely want to discuss anything connected with homosexuality. Yet it is the ignorance and unacceptance of families which is one of the main reasons why homosexuals are vulnerable to alcohol and drug misuse.

Lesbians and gays often replace their family of origin with an extended family of lesbian and gay friends, many of whom will also have alcohol/drug problems. Rofes (1989) points out: "The inability of the traditional networks which people use to support their recovery from alcoholism - family, church, school, employers - are closed to many gay people."

Alcoholics Anonymous (AA) is one of the main support agencies which helps people with alcohol problems. However, because AA is Christian based and Christianity - along with other religions - is particularly responsible for society's homophobia, it will be inappropriate for many lesbians and gays. Hawkins (1976) notes that closet homosexuals will attend heterosexual-oriented AA groups and that "It can easily be seen that this would produce some detrimental effects, considering the fact that the acknowledged key to sobriety is an open and honest relationship with one's peers." At the same time, lesbians and gays in the U.S.A. founded Alcoholics Together (AT), a lesbian and gay version of AA, in 1970 and since then there have been 100's of groups formed across the States. Clearly this is fulfilling a desperate need but some people have reservations about the relevance of AA to lesbians and gays (Bittle, 1982; Tallen, 1990; Hall, 1992).

3.3.2 Britain

Utilising the Hellman et al (1989) questionnaire, Bridget (1994) surveyed workers in 38 Alcohol Services in the North West of England for details about their knowledge, training and attitudes towards the treatment of lesbian clients. She found

- more than half of the 121 respondents never discussed sexual orientation with their clients,
- only a handful had had training and supervision in relation to lesbian clients,
- the majority had little knowledge about the treatment and evaluation of lesbian alcohol misusers,
- 84% felt able to treat lesbian clients,
- 67% said they would like training on these issues.

Bridget concluded: "there appeared to be no special provision for lesbians within mainstream services in the North West. The general belief seems to be that lesbians are the same as everyone else and should be treated the same."

In the 1991-92 Alcohol Directory (Alcohol Concern), 120 agencies said they welcomed LGB people (this response was based on equal opportunities policy statements). In the 1998/99 Alcohol Directory 17 agencies state that they make specific provision for LGB people; this reflects a more realistic picture in response to a revised criteria under which agencies were asked about specific provision.

With funding from Comic Relief, Lesbian Information Service, working with several alcohol treatment agencies and Alcohol Concern, organised the first national lesbians, gays and alcohol conference in Manchester in 2000 (there had been a previous regional conference in London). Alcohol Concern launched the national network for working with lesbians, gays and alcohol at this conference (as part of their Networking Distant Neighbours scheme). Alcohol Concern then organised a second conference in London in 2001. For further information about these conferences and copies of their NDN

newsletter which includes regular up-dates on the Lesbian and Gay Network, visit www.alcoholconcern.org.uk.

Despite these efforts to encourage alcohol treatment agencies to develop services to meet the specific needs of LGB clients, a recent survey by Alcohol Concern discovered that only 7% of the users of the 450 alcohol treatment agencies in the UK were lesbian, gay or bisexual (State of the Nation, Alcohol Concern, 2002). This same survey discovered that whilst alcohol misuse was a greater problem in the north of England, alcohol treatment agencies were more abundant in London and the south of England.

Only a handful of agencies have actually developed services specifically for the lesbian and gay population. Alcohol East, in East London is one; ACAPS in Brixton did have another; the Alcohol and Drug Services Community Alcohol Services in Blackpool have recently set up a support group. The Piccadilly Project in Bradford does not have a specific lesbian/gay project but they are a gay-friendly organisation and have an awareness of LGB issues: one of their staff ran a workshop on lesbians and alcohol misuse at the Women & Alcohol - a cause for concern? conference in Leeds in 2000. All too often, however, provision of services for LGB people is dependent on one individual and if that person leaves the services are no longer provided.

3.3.3 Calderdale

Dashline is the main alcohol treatment agency in Calderdale and until recently provided services for adults and young people. HX1 now provides services for young people.

The ACTION survey, Bridget (1999), included questions about use of services. One young man commented on using Dashline:

I have been about drugs and everything. There was a woman asking really pathetic questions. I only went once and I couldn't be bothered after that. I didn't think they did a right good job at all but that was about a drug issue. They didn't really talk about me being gay.

In the past Dashline have been involved in work on lesbian and gay issues. For example, the manager was part of a multi-agency group assisting Lesbian Information Service to produce the booklet "Lesbians and Alcohol Misuse: A Guide for Alcohol Treatment Agencies" as well as planning the national conference in Manchester. An out gay male worker from Dashline attended the first 'Homophobia from a Multi-Oppression Perspective' module run in Halifax. However, more recent discussions with Dashline to introduce measures developed at Alcohol East in London, which have helped to make it more accessible to lesbian and gay people, have been unsuccessful. These procedures include, for example, anonymous monitoring for sexual orientation, automatically including questions about sexual orientation as part of the assessment process. Alcohol East say that if appropriate services are to be provided it is crucial to know the sexual orientation of the client. Little is known about the HX1 project.

Communities Against Drugs provided GALYIC with a grant to launch a publicity campaign. This consists of a poster designed by an arts project and lesbian and gay youth group in Leicester. It depicts a picture of a young woman looking into a pint glass with the words: Are you coming OUT tonight? Don't get your courage in a bottle. Why not contact GALYIC: 01422.320099. The campaign will run from October 2002 to January 2003.

As with other health issues, first line contacts such as GPs as well as specialist agencies need to be aware of the vulnerability of LGB people to alcohol and drug misuse. The need for training with GPs and other services was highlighted by the response of one of the ACTION participants: A young woman in the survey went to her GP about her drinking problem; she said:

[I came out to my doctor] when I said I had a drink problem about five years ago. Didn't get much response but they did want to help me with my drinking problem. Sent me to see a psychiatrist but I didn't feel it was the right thing for being gay. I didn't open up much as he said it was probably a phase. Talked more about my childhood and asked if I had been abused. Didn't have much information about my sexuality. No link between my sexuality and drinking problem. Didn't get much help at all. Didn't go back. Maybe counselling would have been better not a psychiatrist. I did not seem to get the help I wanted at all.

3.4 Feedback from Workshop

Six people attended this workshop. Feedback included:

- 'Scene' doesn't support friendships
- Hard to contact 'community'
- Promotion of alcohol at gay events
- Sponsorship from alcohol companies
- Services: some provision i.e. AA etc but nearest Bradford and Manchester; Dashline done some homophobia awareness training but limited
- Contact point for Dashline: currently word of mouth, could be included in publicity that they can provide a gay counsellor
- Services for LGBs should be built into provision and not dependent on individual.

3.5 Recommendations

- Establish LGBT Addictions Task Group to include both LGBT individuals and workers from Dashline and other relevant agencies.
- Conduct assessment of needs and services (similar to the Zorro Project in Brighton & Hove, see 6.1.4, only in relation to alcohol and drug use).
- Dashline and other relevant agencies to work with Task Group to develop more LGBT-friendly services.
- Dedicated person to work with LGBT people with alcohol/drugs problems.

- Set up coming off addictions groups for LGBT people.

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