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COLLEGE OF THE UNIVERSITY OF LEEDS

# Drug and Alcohol Use

## Among LGBTs in the City of Leeds

A Report By:

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## Executive Summary

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### Project A

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Representatives from seven drug and alcohol organisations in Leeds were interviewed about the services they provide and how accessible they believe those services to be to be for lesbian, gay, bisexual and transgender (LGBT) communities in the City of Leeds.

Key findings:

- Only one of the groups had ever held an LGBT specific support group
- Only one of the groups were aware that they had LGB or, by implication, transgender clients, the rest were unsure as they do not ask such information of their clients
- Two of the groups had attended training sessions on LGBT specific issues
- None of the groups had any specific policies in place for treating/supporting LGBT clients
- Two of the groups had equality statements in their leaflets making LGBTs aware that they would be welcome
- Three of the support groups distributed their leaflets at LGBT support groups and venues

### Project B

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101 participants completed a short questionnaire which asked about their use of alcohol and other substance, whether they had ever accessed *any of the services in Leeds and had unprotected sex as a result of drug use.*

The main findings were as follows:

- 4% of the sample had no know history of substance use, including alcohol
- 21% of the sample reported using a Class 'A' substance, the most commonly cited was Ecstasy
- 4% of participants had attended a drug or alcohol support group in Leeds
- Of the 97 who had not accessed any of Leeds' drug or alcohol services, 64 argued that they did not believe their alcohol/drug use to be a problem

- Of the 64, 20 scored highly on a standardised measure of drug and alcohol addiction risk
- 49% reported having had unsafe sex in the past year while under the influence of alcohol and/or other substances

### Recommendations

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The following recommendations are made:

- To increase awareness among drug and alcohol services of the specific needs of LGBTs
- To make drug and alcohol support services more accessible for LGBTs
- To increase awareness among LGBT communities of the existence and location of alcohol and drug services
- To increase awareness of the dangers associated with drug and alcohol use

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### Prevalence rates of alcohol/substance use

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Determining prevalence rates of alcohol and other substance use in lesbian, gay, bisexual and transgender (LGBT) communities is a difficult task. Although British research into this area is beginning to be published, the majority of research into the use of alcohol and other substances by LGBT communities is American. *APPENDIX I* presents a brief overview of studies conducted on LGB (primarily) substance use, prevalence rates vary between substances, with between 6% and 80% consuming alcohol, and 7% and 75% using other substances. However a direct comparison of the research is difficult for a number of reasons:

- The studies cited in Appendix I have many differing methodologies and sampling procedures
- Definitions of ‘use’ and ‘abuse’ differ greatly; where one study may simply have examined whether a participant has used a specific substance in the past year, another study may have asked the participant how often and how much of the substance they have used
- Some of the American studies asked participants how much alcohol or other substance they used, and then defined whether each user was a light user or addict. Such studies may not be appropriate to compare to a British sample, due to cultural differences in what is deemed to be a ‘problem’ or an ‘addiction’, particularly with regards to alcohol consumption

Although this research is vital to furthering our understanding of alcohol or other substance use in LGBT communities, it may be misleading to directly compare recent findings. Research also tends to be split on whether LGBTs drink alcohol or use other substances to a greater degree than the general population.

Research has also suggested that it is necessary to identify whether LGBTs are more likely to use some drugs more than others, and it is important to determine which drugs are more likely to be used by LGBTs. American researchers have begun to focus on specific drug use, or those commonly

reported by members of LGBT communities in metropolitan areas. Currently such research is focusing primarily on the use of Crystal Methamphetamine (Crystal Meth), Cocaine, Gamma-Hydroxybutyrate (GHB) and Ketamine. As Freese *et al.* (2000) found, Crystal Meth use is extremely common among gay men in some parts of the US. Whether the findings of such research can be replicated in a British sample has yet to be determined as there has been no peer-reviewed assessment of drug choice among LGBTs in the UK.

### Possible explanations of alcohol/substance use

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Like other marginalized groups, LGBTs are at risk from a disproportionate and significant amount of daily stress due to discrimination and homophobia. LGBTs who are open about their sexuality or transgender status risk alienation from their family, discrimination in the workplace or at school, loss of custody of their children, and verbal and/or physical harassment. Individuals who are closeted about their sexual orientation are also at risk from daily stress and regularly combat the fear of potential discovery (Ryan *et al.*, 2001, Hughes *et al.*, 2002). Among heterosexuals a combination of employment and other social roles, such as parenthood, is believed to protect against drinking problems, possibly because of the increased social support gained from such roles (Hughes & Eliason, 2002, Wilsnack, 1995).

As noted above, LGBTs are more likely to experience both physical and verbal victimisation, which may lead to stress related disorders, and alcohol and other substance use could be seen as a reaction to this (Cochran & Mays, 1999). Relationships have been found between alcohol use and sexual abuse with many studies suggesting a positive association between severe levels of sexual and physical abuse and alcohol and other substance use issues (Dansky *et al.*, 1995, Polunsky & Follette, 1995).

The use of alcohol and other substances by some LGBTs may not only be a reaction to trauma and a form of self-medication, it may also be a reaction to other daily stressors. Individuals may use drugs and alcohol as a way of improving their self-esteem - making them feel more confident and independent (Ryan & Futterman, 1998). Researchers have also argued that substance abuse could be a way of helping individuals accept themselves, helping them deal with feelings of internalised homophobia (Ghindia & Kola, 2000).

A number of researchers have commented on the limited number of places where LGBTs can feel comfortable and relaxed. Bars, clubs and pubs have been identified as having a significant role in the social lives of LGBTs (Ryan *et al.*, 2001). Cabaj *et al.* (2002) argued that legal prohibitions against same-sex sexual behaviour, and the discrimination and homophobia that LGBTs often have to deal with may have limited socialization to homes, or bars and clubs - places where alcohol and other substance use is common.

## **Risks associated with substance use**

The majority of research into the risks associated with alcohol and substance use has tended to focus on an association with unsafe sexual practices. As Klitzman *et al.* (2002) found from a sample of gay and bisexual men in New York, 13.7% of the sample had used MDMA in the past 6 months, with the average rate of use being approximately once a month. They found that, compared with individuals who do not use ecstasy, users of MDMA were more likely to engage in unsafe sexual practices, have reported domestic violence, and be 'more out', have disclosed their sexual orientation to more friends family and co-workers. In a study of young gay and bisexual men, Greenwood *et al.* (2001) found that heavy alcohol use was related to occupation, frequent gay bar attendance and multiple sex partners. Yet Weatherburn *et al.*'s (1993) findings do not support the relationship between alcohol and/or drug use and unprotected sex. From interviews with 461 gay and bisexual men, Weatherburn and colleagues found that sex under the influence of alcohol is no more likely to be unsafe than sex

among men who have not consumed alcohol. Therefore although a number of studies have found a significant relationship between substance use and unprotected sex, the relationship may be more complicated than first appears.

Another, less researched, risk associated with alcohol and other substance use is domestic violence. Shilit *et al.* (1990) surveyed 107 lesbians 37% of whom reported that they were in an abusive relationship with 64% reporting that alcohol or other substances had been used before an incident of battering. Renzetti (1994) also found that 35% of her participants who were involved in violent relationships reported that their partners were under the influence of alcohol or other substances when the violence occurred. As yet no studies have examined the relationship between alcohol and other substance use and domestic violence in same sex male relationships (Hughes & Eliason, 2002). There appears to be some reluctance to acknowledge that domestic violence exists in same sex relationships, both by the general population and LGBT communities, however where evidenced it is clear that drug and alcohol use does play a role in domestic violence.

This report develops further research with LGBT communities in the UK focusing upon the following key questions:

- What services are available for LGBTs who may have alcohol or drug use issues?
- Which substances do LGBTs choose to use?
- Which substances do LGBTs use the most?
- Is the prevalence of substance use the same as in the general population, or are other substances preferred?

## Project A: Current drug and alcohol services available to LGBTs

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### Objectives

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- To map the present generic drug and alcohol services available to LGBTs in Leeds
- To review the number of LGBTs accessing their services
- To identify from providers any barriers they may have identified that prevent LGBTs from accessing their services
- To identify areas of good practice that could be shared with other service providers.
- To identify any training or other needs that may improve access to their services.

### Method

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Internet searches were conducted to identify services available in Leeds, a list of services contacted can be seen in *APPENDIX II*. Each group was then contacted by post with a request for information focusing on:

- What services the group/service actually provides
- Whether they currently have any LGBTs accessing their services, if so how many
- Whether they have any specific policies in place for supporting/treating LGBT clients
- Whether they are aware of any reason why LGBTs would not access their service

If no response was received the group/service was then contacted by telephone/email.

### Results

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#### *Present drug and alcohol services available to LGBTs*

As well as talking to the local drug and alcohol support groups, Leeds Health Promotion and Leeds Drug Action Team were also contacted to discuss their views of the current situation regarding support for LGBTs. Leeds Health Promotion discussed how they have little contact with clients and are primarily there to work with drug and alcohol support groups, and to provide support through training and information on drug and alcohol abuse. Recently the Government published its strategy for reducing substance use

and improving drug and alcohol services in the UK. This document highlights the importance and role of local Drug Action Teams, (DATs). The DAT in Leeds has some involvement in the support groups that are currently available, yet only those groups commissioned by the DAT are monitored. Although the Government does highlight that minority groups may have differing needs than the general population with regard to the services they require, currently no where in this document are the needs of LGBTs discussed. However, the Leeds DAT has identified that LGBT communities may have differing needs, although it has not yet developed a strategy for tackling this issue.

Currently there are no LGB or T specific groups in Leeds. However, one of the groups mentioned they had, at one point, run a specific session for lesbians, gay men and bisexuals with drug or alcohol problems. Unfortunately due to low attendance the group had to stop, yet the service would consider restarting the group if there were a sufficient number of individuals willing to attend. Reasons for the low attendance were unclear. It was suggested that a lack of awareness about the session may have been a factor as little advertising was undertaken to make LGBTs aware of the service. The group was in the process of writing a leaflet specifically for LGBTs highlighting their services which they would distribute in LGBT venues and other services/support groups.

Although another group had no specific LGBT services they do state on their advertising that their services are available to *'all young people regardless of gender, race, disability, class or sexuality.'* The same group also offers a buddying service for young people where volunteers participate in activities as a way of filling a young person's spare time. The service is available to young people who may have been affected by substance use, either their own or that of a family member or close friend. The same group has also had contact with Yorkshire MESMAC in the past and has attended strategic conferences/meetings. It had also tried to make LGBT youth aware of its services by distributing leaflets to LGBT support groups. The inclusion of transgender participants was not necessarily equated with the services provided for LGBTs. Another group stated

that, when involved in outreach work, it did send specific individuals to specific areas, so for example Asian workers conduct their outreach work in predominately Asian areas, and if possibly it sent a lesbian, gay or bisexual worker to LGBT venues.

*Identifying from providers the number of LGBTs who currently attend their group.*

Only one of the groups knew that they had LGBT clients, but not transgender clients. None of the other groups were aware of any LGBTs accessing their services. Some of the services stated that they actually need clients to register before they attend the service, however none of the groups ask about sexual orientation. Therefore, it is currently impossible to assess the number of LGBTs accessing drug and alcohol services in Leeds.

*Identify from providers any barriers they may have identified that prevent LGBTs accessing their services*

Making LGBTs aware of the services that are available appears to be a major barrier in accessing services. As was seen with the group who started an LGBT specific session advertising and awareness raising in appropriate LGBT venues is often forgotten. Participants who completed the questionnaire (see Project B) indicated that they did not know services for alcohol and drug use existed in Leeds or were concerned that the support workers would not understand the problems faced by LGBTs.

*Identify areas of good practice that could be shared with other service providers.*

The attempt by one group to start an LGB specific session is an experience that should be shared with other groups. A number of the groups reported distributing leaflets about their services in LGBT venues, including Yorkshire MESMAC's offices in Leeds, however the successful take-up of such services by LGBTs has not been monitored.

The buddying system used by one group may be a useful scheme that could be extended to incorporate LGBT youth with substance use issues.

## Key points for Consideration

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It is currently difficult to assess the number of LGBTs who are accessing support services in Leeds, as none of the groups monitor issues such as the sexual orientation of their clients. Again, the issue of a client being transgender is rarely addressed. None of the groups had any specific policies in place for the treatment and support of LGBTs with substance use issues. Although members of some services had attended conferences and training sessions on LGBT issues, none had gone on to develop specific policies to support the needs of this client group. Many of the service representatives interviewed stated that they would welcome training and more information on specific issues concerned with LGBT substance use, and it may be possible to begin such training sessions through Leeds Health Promotion and the local DAT.

## Project B: Prevalence of alcohol and substance use among LGBTs in Leeds

### Objectives

- To ascertain the level and nature of drug and alcohol use among LGBTs in Leeds
- To ascertain the relationship between alcohol and drug use and sexual behaviour
- To ascertain the level of awareness and accessing of Leeds services by members of LGBT communities
- To identify those factors (if any) that are particular to LGBT communities in relation to their alcohol and drug use
- To make recommendations for future action

### Method

A questionnaire was developed which focused primarily on the participants' use of alcohol and other substances, a copy of which can be seen in 'APPENDIX III.

The questionnaire was relatively short, taking approximately 10 minutes to complete. Questions covered issues such as social class and ethnicity as well as the use of alcohol and other substance use.

It was necessary to make the distinction between individuals, who for example, have a glass of wine every evening with their meal, and those who drink alcohol with the intention of becoming intoxicated; therefore the list of substances included both alcohol and alcohol to intoxication.

Questions on individuals' future use of alcohol and other substances were included to determine the

potential use of more harmful drugs. Furthermore, to assess the risk of harmful alcohol and drug use Skinner's (1985) Drug Addiction Screening Test (DAST) was also included. For this measure a score of five (5) or more is deemed sufficient to establish possible risk.

Participants were also asked about their use of alcohol and drug services available in Leeds, and how accepting they believe those services to be of LGBT clients. Lastly participants were asked about unprotected sex, how often they have had unprotected sex and whether they feel they are more likely to have unprotected sex whilst under the influence of alcohol or other substances.

Questionnaires were distributed through outreach work at Leeds' Rainbow Picnic, and in various bars and pubs in the city centre. They were also included in *Mesmag* -Yorkshire MESMAC's magazine - for those members living in Leeds.

### Results

#### Demographics

101 participants (74 identified as males and 23 identified as females) were recruited through outreach work in Leeds, at the Rainbow Picnic and in pubs and bars, through *Mesmag* and through snowballing. Ages of the participants ranged from 15 to 68, with average of 35.7 years (sd=12.81), 88 individuals self identified as lesbian or gay, 10 as bisexual and 2 as transgender. 24 participants were at school, college or university.

**Table 1: How often LGBTs Go Out**

	How frequently individuals go to:	
	LGBT bars/clubs/venues	Bars, Pubs, clubs
Never	3	9
1-5 times a year	16	8
6-10 times a year	5	4
Once a month	12	6
2-3 times a week	20	26
Once a week or more	44	53

**Table 2: Amount of money spent on going out, alcohol and drugs**

	How much money is spent in a month on the following		
	Going Out	Alcohol	Drugs
Range	£0 – 500.00	£0. – 500.00	£0 – 150.00
Mean	£89.50	£68.22	£11.55
Std Deviation	£105.98	£84.90	£26.27

**Table 3: How often individuals go out with the Intention of using alcohol and drugs**

	How often Individuals go out with the intention of:	
	Drinking	Using drugs
Never	5	69
Rarely	7	13
Sometimes	22	15
Often	25	4
All the time	42	0

Statistical analyses explored the relationship between going out and alcohol and substance use. The results were as follows:

**Going out to bars, pubs and clubs was found to predict:**

Using alcohol:	r(98) = .393,	p=.000
Using alcohol to Intoxication:	r(96) = .394,	p=.000
Using ecstasy:	r(94) = .233,	p=.024
Using sedatives:	r(94) = -.242,	p=.019

As to be expected going out to bars clubs and pubs predicted both the use of alcohol and alcohol to intoxication, as well as ecstasy. Going out to pubs, clubs and bars predicted negatively the use of sedatives.

**Going out to LGB (and, by implication Transgender) specific venues, such as bars, clubs and pub predicted:**

Using alcohol:	r(96) = .394,	p=.000
Using alcohol to intoxication:	r(96) = .374,	p=.000
Using cocaine:	r(93) = .234,	p=.024
Using sedatives:	r(94) = -.300,	p=.003
Using heroin:	r(94) = -.206,	p=.047
Using methadone:	r(94) = -.234,	p=.023
Using viagra:	r(94) = -.212,	p=.040
Using steroids:	r(94) = -.216,	p=.036

Again, and not surprisingly, going out to LGB (and, by implication, Transgender) specific venues, such as pubs, bars and clubs predicted the use of alcohol, alcohol to intoxication and cocaine, but not the use of sedatives or heroin.

Alcohol, use of alcohol to intoxication and the use of cocaine and ecstasy were all significantly

related to going out to bars, clubs and pubs or to going out to LGB (and, by implication Transgender) specific venues. Such substances have often been related to socializing, particularly ecstasy which has been termed an ‘empathogen’ as it helps individuals to talk and socialise with each other (Castleman, 2002).

**Table 4: Current alcohol and drug use**

Drug	% used in last year	Drug user category	% of sample
		No drugs (including alcohol)	4%
Alcohol	94.9%	Alcohol only	47.5%
Alcohol to Intoxication	62%		
Poppers	27.3%	Poppers (with or without alcohol but no other drugs)	8.1%
Alcohol to Intoxication	62%	Alcohol to Intoxication	62%
Cannabis	29.3%	Cannabis (with or without alcohol and/ or poppers but no other drugs)	11.1%
Amphetamines (Speed)	11.1%	Class 'A' + any of speed, ecstasy, GHB, cocaine, crack, hallucinogens, ketamine, heroin.	21.2%
Ecstasy	21.2%		
Cocaine	10.1%		
Crack	2%		
Hallucinogens	5.1%		
Heroin	2%		
GHB	3%		
Ketamine	5.1%	Legal substances or status under review	
Viagra	5.1%		
Steroids	3%		
Cigarettes	42.4%		
Methadone	1%		
Solvents	2%		
Sedatives	10.1%		

Only four of the participants reported abstaining from all types of substance use including alcohol. Not surprisingly alcohol was the most commonly used substance with 94.9% of participants reporting drinking, 64% drink with the intention of getting intoxicated (see Table 4). However only 47.5% of participants use alcohol only. The use of cigarettes was also high: 42.4% of individuals reported smoking (39.2% of males and 52.2% of females). The Government's statistics for the general population reported that 29% of males and 25% of females report smoking. The results of this project seem to support research that suggests that LGBTs may be more likely to use Tobacco.

21.2% of the sample reported using a Class 'A' drug in the past year, with the most commonly used drugs of this type being ecstasy and cocaine - this is in line with reported substance use in the general population (Ramsey *et al.*, 2001). In a sample of 16-59 year olds Ramsey *et al.* (2001) found that 11% had used a Class 'A' drug in the past year. Comparatively, the findings from this study show a higher reported use of Class 'A' substances.

Table 5: Alcohol and drug use by gender					
Drug	% used in last year		Drug user category	% of sample	
	M N= 74	F N= 23		M N=74	F N=23
			No drugs (including alcohol)	5.4%	0
Alcohol	90.5%	100%	Alcohol only	51.4%	52.2%
Alcohol to Intoxication	59.5%	69.6%			
Poppers	31.1%	8.7%	Poppers (with or without alcohol but no other drugs)	12.2%	0
Cannabis	25.6%	43.5%	Cannabis (with or without alcohol and/ or poppers but no other drugs)	4.1%	34.7%
Amphetamines (Speed)	12.2%	8.7%	Class 'A' + any of speed, ecstasy, cocaine, crack, hallucinogens, heroin.	24.3%	13%
Ecstasy	24.3%	13%			
Cocaine	13.5%	0			
Crack	2.7%	0			
Hallucinogens	5.4%	4.3%			
Heroin	1.4%	4.3%			
GHB	4.1%	0	Legal substances or status currently under review		
Ketamine	6.8%	0			
Viagra	6.8%	0			
Steroids	4.1%	0			
Cigarettes	39.2%	52.2%			
Methadone	1.4%	0			
Solvents	2.7%	0			
Sedatives	9.5%	13%			

Research has also suggested gender differences in substance use, and that there may be different patterns of substance use among gay men and lesbians. For example Hughes and Eliason (2002) have suggested that lesbian and bisexual women are less likely than heterosexual women to abstain from the use of alcohol. Our findings (see Table 5) seem to support this: all the women in this study reported using alcohol with 69.6% of them using alcohol with the intention of getting intoxicated. 59.5% of men reported using alcohol with the intention of getting intoxicated.

Class 'A' substance use, however, does appear to be more prevalent among gay and bisexual men than among lesbian and bisexual women, with 24.3% of men and 13% of women reporting using such a substance. The substances used were found to differ with 13% if women reporting using a Class 'A' drug (mainly ecstasy and speed) whereas men reported using cocaine, GHB, crack and ketamine.

Rates of smoking were higher among females (52.2%) than among males (39.2%).

**Table 6: Alcohol and drug use by age**

Drug	% used in last year				Drug user category	% of sample			
	15-22 n=22	26-39 n=45	40-59 n=25	60+ n=6		15-22 n=22	26-39 n=45	40-59 n=25	60+ n=6
					No drugs (including alcohol)	4.5%	2.2%	8%	16.6%
Alcohol	90.9%	95.6%	92%	83.3%	Alcohol only	27.3%	51.1%	72%	33.3%
Alcohol to Intoxication	59.1%	80%	40%	16.6%					
Poppers	50%	24.4%	8%	50%	Poppers (with or without alcohol but no other drugs)	4.5%	11.1%	4%	33.3%
Cannabis	50%	31.1%	12%	16.6%	Cannabis (with or without alcohol and/or poppers but no other drugs)	18.2%	11.1%	12%	16.6%
Amphetamines (Speed)	27.3%	8.9%	4%	0	Class 'A' + any of speed, ecstasy, cocaine, crack, hallucinogens, heroin.	27.3%	24.4%	4%	0
Ecstasy	27.3%	24.4%	4%	0					
Cocaine	27.3%	8.9%	0	0					
Crack	4.5%	2.2%	0	0					
Hallucinogens	18.2%	2.2%	0	0					
Heroin	9.1%	0	0	0					
GHB	9.1%	2.2%	0	0	Legal substances or status currently under review				
Ketamine	18.2%	2.2%	0	0					
Viagra	9.1%	6.7%	0	0					
Steroids	4.5%	2.2%	4%	0					
Cigarettes	50%	55.6%	12%	33.3%					
Methadone	4.5%	0	0	0					
Solvents	0	2.2%	4%	0					
Sedatives	9.1%	11.1%	12%	0					

Table 6 shows alcohol and substance use by age group. Class 'A' drug use was most prevalent in those below the age of 39 – particularly those aged between 15 and 25. This follows a similar pattern to the Government's statistics on the Class 'A' drug use in the general population (21% of 16 to 29 year olds). In terms of patterns of substance use across the lifespan, the use of Class 'A' drugs declines with age, as does the use of solvents, sedatives and the use of alcohol to intoxication. The use of alcohol however remains relatively constant, and research has suggested that the use of alcohol by LGBTs does not follow the same pattern of usage as in the general population. Rates of drinking among the LGBT population is less likely to decline with age (Hughes & Eliason, 2002). Rothblum (1990) argued that the potential stress of hiding ones sexual orientation from co-workers, or the experience of homophobic jokes

and comments might cause individuals extra stress which, in turn, causes them to drink more. Wilsnack (1995) also suggested that the combination of employment and other social roles, for example marriage and parenthood, may protect heterosexual men and women against drinking problems. The social roles of LGBTs differ greatly when compared to heterosexual individuals; fewer LGBTs have children, and they currently cannot marry their same-sex partners. Same sex couples are also less likely to receive popular and familial support for their relationships, nor do they receive tax incentives comparable to heterosexual couples, and all of these factors may play a part in continued alcohol use in LGBTs.

<b>Table 7: Frequency of substance use</b>						
	Never	Once a month	2-3 times a month	Once a week	2+ times a week	Everyday
Alcohol	5	6	11	19	43	15
Alcohol to Intoxication	35	17	15	11	16	3
Cigarettes	52	2	2	3	2	33
Cannabis	66	14	7	3	2	3
Cocaine	84	10	0	0	0	0
Crack	93	1	0	1	0	0
Solvents	92	2	0	0	0	0
Poppers	68	12	10	2	3	0
Ecstasy	74	13	5	1	2	0
GHB	91	3	0	0	0	0
Hallucinogens	90	3	1	1	0	0
Sedatives	85	4	2	1	3	0
Amphetamines	84	5	3	2	1	0
Heroin	93	1	1	0	0	0
Methadone	94	1	0	0	0	0
Viagra	90	3	1	0	1	0
Steroids	92	2	0	0	0	1
Ketamine	89	5	0	0	0	0

It is important again to differentiate between individuals who use substances sporadically and those who use particular substances more often. As Table 7 illustrates, alcohol, alcohol to intoxication, cigarettes, cannabis and steroids were the only substances used everyday. Those participants who use alcohol everyday, may simply be individuals who have a drink with a meal or after work and such behaviour may not be indicative of a serious problem. Of more concern were those participants who use alcohol with the intention of getting intoxicated everyday. None of the participants use any of the Class ‘A’ drugs everyday, however some participants use such substances more than twice a week. The majority of Class ‘A’ substance users tended to use such substances once a month. This reflects the predominately social role many of the Class ‘A’ drugs play in LGBT lives.

Multiple regression analysis was used to examine whether participants who use one substance are more likely to also use another, and, if so, which one(s)? Table 8 shows the results from these analyses. The rows on the right indicate the substances currently used by participants, the columns above indicate the substances that participants are also likely to use.

**Table 8: Relationship between current use of drugs**

		Alcohol	Alcohol to Intoxication	Amphetamines	Cannabis	Cigarettes	Cocaine	Crack	Ecstasy	GHB	Hallucinogens	Heroin	Ketamine	Methadone	Poppers	Sedatives	Solvents	Steroids	Viagra	
Drugs Currently Used	Alcohol		◆																	
	Alcohol to Intoxication	◆				◆														
	Amphetamines		◆						◆							◆				
	Cannabis																			
	Cigarettes		◆																	
	Cocaine		◆						◆					◆						
	Crack																			
	Ecstasy			◆	◆															
	GHB																			
	Hallucinogens																			
	Heroin																			
	Ketamine																			◆
	Methadone																			
	Poppers				◆															
	Sedatives			◆																
	Solvents									◆										
	Steroids																			
Viagra													◆							

Interestingly the use of alcohol, cocaine, cigarettes, amphetamines, and sedatives significantly predicted using alcohol to intoxication, suggesting that individuals are more likely to use these substances whilst under the influence of alcohol. It may be that individuals lose their inhibitions and their ability to make a rational decision decreases so they may be more tempted to use other substances. The use of alcohol to intoxication also significantly predicted the continued use of alcohol, suggesting that once individuals are intoxicated they continue drinking. The use of Class ‘A’ drugs, particularly club drugs, are interrelated, therefore, if an individual uses one drug s/he is likely to also use another. It is however unclear here whether substances are used at the same time: if they are then there are a number of dangers relating to drug interactions (see drug interaction table -’APPENDIX IV).

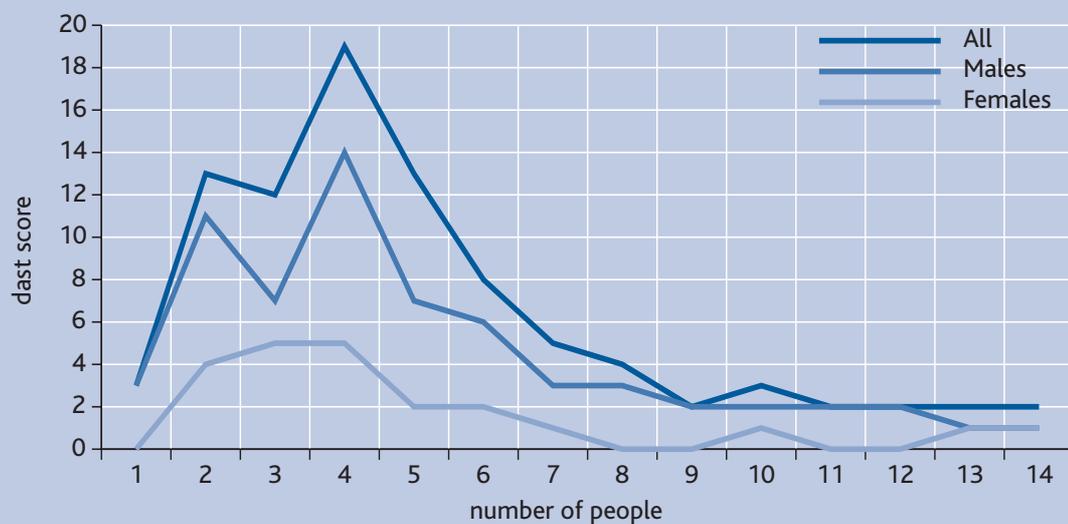
To determine patterns of substance use participants were asked where they used various substances. As Table 9 shows the majority of substances were used with friends in pubs, with friends in clubs or with sexual partners suggesting that substance use is predominately linked to social settings.

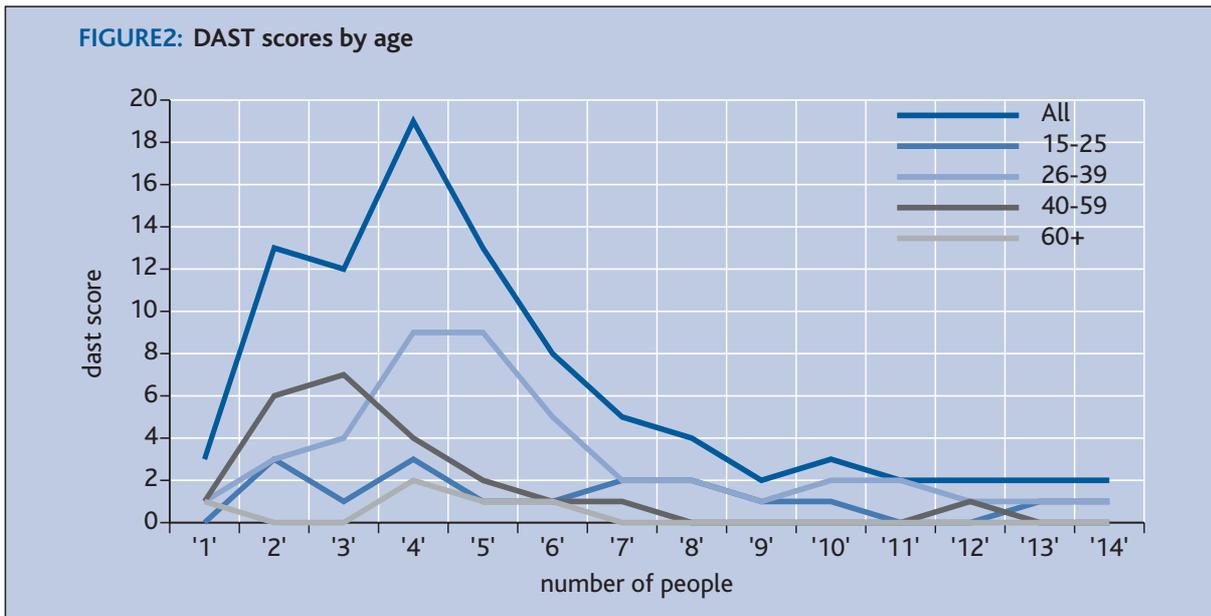
Interestingly poppers were also reportedly used in the majority of settings, though research has previously focused on the role of poppers in unprotected sex. The results here show that poppers are used in a variety of settings and not just with sexual partners.

**Table 9: Where participants use particular substances**

	In pubs with friends	In pubs alone	With friends in clubs	Alone in clubs	With friends in their homes/own home	Alone at home	With sexual partners	Other
Alcohol	68	22	33	11	42	34	30	
Alcohol to Intoxication	43	7	19	4	30	10	16	
Cigarettes	31	13	20	11	21	22	13	1
Cannabis	2	2	1		27	12	7	
Cocaine	1		1	6	9	1	1	
Crack			2				1	
Solvents			2					
Poppers	3	3	4	1	5	4	8	
Ecstasy	3	1	11	1	4	1	3	
GHB	1		3		3		1	
Sedatives			1				7	
Hallucinogens					3	1		
Amphetamines	2	1	8	1	1	1	1	
Viagra	2		1	1	1		2	
Steroids					1			
Ketamine	1		2		3			

**FIGURE 1: DAST scores by gender**





### Drug Addiction Screening Test Scores

The Drug Addiction Screening Test (DAST) was used to determine whether any of the participants were at risk from developing a problem with their substance use. The mean and standard deviations were calculated, the results of which can be seen below:

Range = 0 – 16

Average ( $\bar{x}$ ) = 4.42

Standard Deviation (sd) = 3.6

Age differences			Gender differences		
15-25	$\bar{x} = 5.76$	sd = 4.43	Males	$\bar{x} = 4.34$	sd = 3.6
26-39	$\bar{x} = 5.07$	sd = 3.63	Females	$\bar{x} = 4.91$	sd = 3.75
40-59	$\bar{x} = 2.74$	sd = 2.47			
60+	$\bar{x} = 3.0$	sd = 1.87			

A score of 5 or more indicates that the individual may be in need for further assessment for their substance use. The mean scores for both the 15-25 age group and the 26-39 group were both over 5.

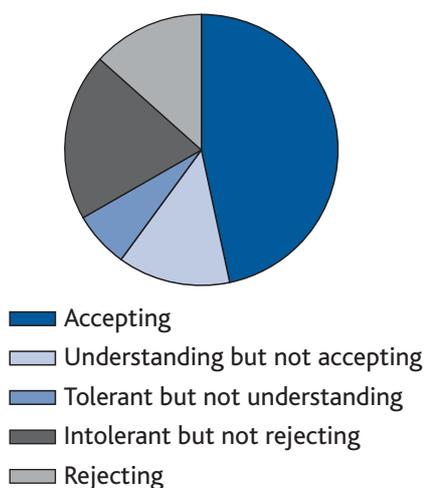
As Figure 1 shows, male participants scored higher than females, indicating a higher risk of developing an addiction. As Figure 2 also shows, individuals in the 15-25 age group scored the highest, suggesting that the younger the individual the greater the risk of her/him developing a problem with drugs and/or alcohol.

### Services

3 (3%) of participants had been treated for alcohol use 7 (6.9%) of participants had been treated for drug use and 4 (4%) of participants had attended drug/alcohol support services in Leeds.

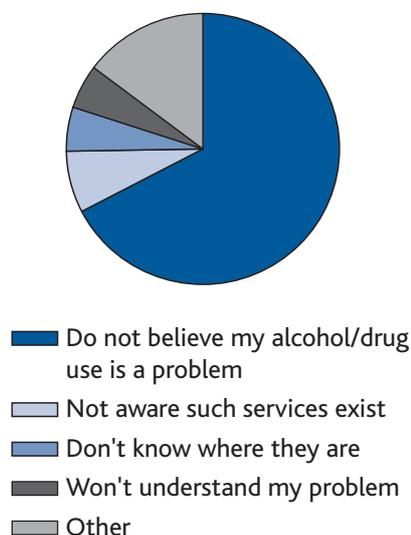
When participants were asked about the attitudes of support groups in Leeds towards LGBTs, 15 participants responded (Figure 3):

**FIGURE 3: Attitudes of Support groups in Leeds**



Reasons why individuals have not attended such services include (Figure 4):

**FIGURE 4: Reasons why individuals have not used drug and alcohol services**



Of the 64 that stated that they did not believe their alcohol/drug use to be a problem, 20 scored 5 or more on the DAST. Scores ranged from 0 to 12,  $\bar{x}=4.2$ .

Few participants had actually accessed any of the support services in Leeds. The most frequently reported reason for not using such services was that individuals did not believe that their substance use was a problem. Yet 20 (30%) of these individuals scored over 5 on the DAST, which suggests that they require further assessment for their alcohol and/or substance use. Our results indicate that some participants were not aware of the dangers associated with their current alcohol and substance use.

Other reasons for not accessing such services included not knowing that such services exist, not knowing where such services are and worrying that workers would not understand LGBT issues.

Participants who had accessed services in the past also commented on how accepting they believed workers to be of LGBTs. Although only a small number of participants answered this question, half of the respondents found workers sometimes understanding but not completely accepting of sexual diversity.

### Unprotected Sex

Forty-nine (48.5%) participants reported having had unprotected sex whilst under the influence of alcohol/ drugs in the past year.

The number of times participants reported unsafe sex ranged from 1 to 100 times. Forty (39.6%) reported having been tempted to have unprotected sex whilst they were under the influence of alcohol/drugs.

When asked how likely it is that they would have unprotected sex whilst under the influence of alcohol/drugs, the following responses were received:

Not at all likely	32 (31.7%)
Not very likely	13 (12.9%)
Quite unlikely	3 (3%)
Neither unlikely/likely	8 (7.9%)
Quite likely	9 (8.9%)
Probably	11 (10.9%)
Very Likely	4 (4%)

Being tempted to have unprotected sex whilst under the influence of alcohol or other substances was predicted by the use of:

Alcohol to Intoxication  $r = .247, p = .028$

Poppers  $r = .355, p = .002$

Ecstasy  $r = .368, p = .001$

Almost 50% of participants reported having had unprotected sex in the past year whilst under the influence of alcohol or other substances. Whether individuals had the intention of having unprotected sex, or whether it was an effect of alcohol or other substance use is unclear. However when individuals were asked how likely it is that they would have unprotected sex whilst under the influence of alcohol or other substances, almost 50% stated that it was unlikely to some degree, possibly suggesting that individuals do not have the intention of having unprotected sex, and that it is a result of the substances used.

## Key points for consideration

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Only 4% of the sample abstained completely from all substance use.

Participants who reported using alcohol, alcohol to intoxication, cannabis and cigarettes did so in both social settings and privately. Class 'A' drug use however was predominately social in nature, with the majority of participants using these particular substances in pubs and clubs, with friends, in friends' homes, or in their own homes (again with friends).

The results from the DAST indicated there were no significant gender differences in terms of potential alcohol or substance addiction, however there were significant age differences with younger participants scoring significantly higher on the scale suggesting a greater risk of addiction.

The number of participants who reported having unprotected sex whilst under the influence of alcohol and/or drugs is also an area of concern with 48% reporting such behaviour in the past and 24% reporting the likelihood of such behaviour in the future. Of equal concern was the fact that knowledge of alcohol and drug services in Leeds was sparse with a notable number of participants not knowing that such services exist and not knowing where they are. This is an issue drug and alcohol support groups need to acknowledge and rectify.

## General Discussion

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The findings from this study show that the majority of LGBT participants do use alcohol and other substances in social settings, however, the question remains: *'Is the prevalence rate significantly higher than that found within the general population?'* For Class 'A' substances, figures from the British Crime Survey (Ramsey *et al.*, 2001), show that 3% of 16-59 year olds used a Class 'A' drug in the past year with the highest rate among the 16-29 age group (8%). The results from this project show a substantially higher prevalence rate, with 21.2% of the sample having used a Class 'A' drug in the past year yet, similar to the general population, the highest prevalence rate was found in the younger age group, with 27.3% of 15-25 year olds reporting use. Most commonly used substances reported by LGBT communities in Leeds are ecstasy and cocaine.

We have found that particular risks are associated with particular substances and these need to be addressed by drug and alcohol service providers and disseminated among LGBT communities. A table has been devised to highlight the risks associated with particular drug interactions. Although there have been many magazine articles and web pages highlighting the dangers of mixing poppers and viagra, more needs to be done to make LGBTs aware of the risks associated with other alcohol and drug interactions.

The service provision available in Leeds for the treatment of alcohol and other substance use issues is currently insufficient for LGBT communities. Although many of the groups contacted were keen to attend training sessions on this topic, LGBT specific issues had not yet filtered through into the development of policy guidelines for LGBT clients or the provision of a specific LGBT support group for those concerned with their alcohol and drug usage. Although one group had tried to run a specific LGBT group, poor advertising and a lack of awareness within LGBT communities resulted in a low attendance rate. Lack of awareness appears a major barrier preventing LGBTs accessing such services. Results from Projects A and B highlighted this. Some participants in Project B reported not being aware that such services currently exist or had existed in the past and did not know where they are/were. Few services

advertised in LGBT venues, and while some groups visited LGBT venues and gave leaflets to LGBT specific organisations, such as Yorkshire MESMAC, this was not a strategy that was universally adopted.

Another area of concern was the fact that none of the support groups had specific policies in place for supporting and treating LGBT clients with substance abuse issues. Awareness among such professionals needs to be increased as a matter of urgency. While treatment for alcohol or drug abuse may be the same for LGBTs as for other individuals, issues relating to sexuality and internalised homophobia may also require exploration. Support groups need to be adequately trained to offer advice and guidance to all clients, as it is not uncommon for counsellors to see LGBT clients with negative feelings related to their sexuality relapse (Cabaj & Smith, 2001). A number of studies have already highlighted the influence that substance abuse counsellors have over their client's recovery (see Miller & Rollnick, 1991). As Eliason (2000) states *'substance abuse counsellors have considerable influence over their client's recovery process and tailoring treatment to meet the clients unique needs is more likely to lead to success than attempting to fit the client into existing treatment modes. It is clear that there needs to be better education about the potential needs of LGBT clients in substance abuse training programs and continuing education programs'*. Others have argued that it may be necessary to review the procedures support groups and counsellors have in place for assessing individuals for alcohol and/or substance use problems as well as reviewing the information they request when a client registers with them (i.e. ask about sexual orientation). As the results from Project A show, none of the groups interviewed actually ask about clients' sexual orientation yet as Rachman & McGirr (2002) state, although some individuals may feel awkward about asking such questions, it is necessary to do so to ensure that LGBT communities are appropriately served.

As well as having adequate treatment facilities for LGBT clients, it is also important to develop a prevention strategy targeted at LGBT communities. Hughes & Eliason (2002) have argued that it is necessary for prevention strategies

to focus on ways of decreasing the effects of discrimination and to focus on promoting healthy psychosocial adjustment. It is therefore necessary for prevention strategies to focus on the needs of LGBT youth, and programmes for young people should focus on sexual orientation, stigma, discrimination and negative stereotypes (Hughes & Eliason, 2002). Garofalo *et al.* (1998) argued that having a lesbian, gay, bisexual or transgender friend is important for LGBT youths' development of a positive self-image. One of the groups interviewed in Project A discussed the buddying system they have in place. Such a system would be of great benefit to LGBT youth, providing them with someone to talk to who can also offer guidance and support. As we have noted such a model has assisted individuals overcome problems associated with substance abuse.

The main aim of this project was to identify the prevalence of alcohol and other substance use among LGBT communities in Leeds. The data suggests that LGBTs in the city of Leeds are currently unaware of the potential dangers associated with the various combinations of substances currently in use, and where to go for help when they feel their alcohol or drug use is of concern. It seems likely that the development of services for this client group warrant capital expenditure on advertising and promoting the services available, as well as on training for counsellors.

## Recommendations

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Recommendations fall into two main themes. Firstly, we provide recommendations relating to what current services need to do to make themselves more accessible for LGBTs, and what needs to be done to increase awareness of the dangers of substance and alcohol use. Secondly, we offer recommendations for increasing awareness of the risks associated with substance and alcohol use among LGBTs.

### 1. Recommendations for drug and alcohol support services:

- To increase awareness of their existence, and to make LGBTs aware that they are welcome, this could be done in a number of ways
  - Visit LGBT specific groups, such as Yorkshire MESMAC and LGBT youth groups
  - Leave leaflets in LGBT venues and support groups
  - Have a presence at events such as the Rainbow Picnic
  - Each group should develop their own equality statement, making it clear that everyone is welcome, and will be treated fairly and equally
- To increase knowledge of the specific needs of LGBT communities through:
  - Agencies such as Yorkshire MESMAC holding training sessions on issues particular to LGBT communities
  - Publication of a booklet on the treatment needs of LGBTs with substance abuse issues
- To develop a specific service for LGBTs with alcohol and/or substance use issues, this could be achieved as follows
  - Develop training events which existing services could attend with the intention of developing LGBT specific sessions within such groups

- Existing LGBT services develop their own drug and alcohol service, as they are already aware of the needs of LGBT communities. This could be done through the employment of a part time drug and alcohol counsellor
- ### 2. Recommendations focusing on increasing awareness among LGBT communities in Leeds include:
- Highlighting the dangers of drug use, particularly in relation to:
    - The dangers of drug interactions
    - The relationship between substance use and unprotected sex
    - What constitutes a problem and when to get help
    - Publishing a handbook of drugs and services for LGBTs which highlights the effects of alcohol and other substances and where individuals can go for help in the city
  - Increasing awareness of drug and alcohol support services, particularly:
    - What these services actually do
    - Where these services are located
    - Who is the LGBT worker and how to contact her/him

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## APPENDIX I: Studies on LGBT alcohol and substance use

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Authors	Lohrenz et al
Date	1978
Sample	145 gay men & 29 Lesbians completed self report surveys that included the Michigan Alcohol Screening Test
Prevalence of alcohol	29% of gay men were alcoholic
Prevalence of smoking	
Prevalence of illegal drug use	
Authors	Ramefedi
Date	1987
Sample	Interview study 29 self identified young gay and bisexual men age range 15-19
Prevalence of alcohol	Found high rate of alcohol use (need to check)
Prevalence of smoking	48% were current smokers, who all smoked daily
Prevalence of illegal drug use	Most had used alcohol and marijuana, 50% used nitrate inhalants
Authors	Stall & Wiley
Date	1988
Sample	Randomised sample: San Francisco Men's Health Study, 748 gay men
Prevalence of alcohol	19% reported frequent/heavy drinking 6 % not drunk in past year
Prevalence of smoking	
Prevalence of illegal drug use	
Authors	Bridget
Date	1988
Sample	14 lesbians in housing pilot study
Prevalence of alcohol	43% had serious alcohol problems
Prevalence of smoking	
Prevalence of illegal drug use	
Authors	McKirnan & Paterson
Date	1989
Sample	Sample of 2652 gay men and 748 lesbians
Prevalence of alcohol	Lesbians 15% abstained 76% moderate drinkers 9% heavy drinkers Gay men 13% abstained 17% reported heavy drinking
Prevalence of smoking	
Prevalence of illegal drug use	14% of gay men reported regular use and 7 % reported daily use of poppers
Authors	Rosario, Rotheram-Borus, et al
Date	1992
Sample	Sample of 20 lesbians, mean age of 19
Prevalence of alcohol	All had consumed alcohol
Prevalence of smoking	
Prevalence of illegal drug use	75% used drugs, including 28% reported using cocaine

**Authors** Rotheram-Borus, Rosario et al  
**Date** 1992  
**Sample** 136 Gay and Bisexual Male Youths  
**Prevalence of alcohol** 77% consumed alcohol  
**Prevalence of smoking**  
**Prevalence of illegal drug use** 42% smoked Marijuana 25% Used Cocaine or Crack, and 15% had taken Hallucinogens

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**Authors** Rosario et al  
**Date** 1992  
**Sample** 136 Gay and Bisexual Male Youths  
**Prevalence of alcohol** 77% consumed alcohol  
**Prevalence of smoking**  
**Prevalence of illegal drug use** 42% smoked Marijuana 25% Used Cocaine or Crack, and 15% had taken Hallucinogens

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**Authors** Bridget  
**Date** 1993  
**Sample** 20 isolated lesbians  
**Prevalence of alcohol** 50% had serious alcohol problems  
**Prevalence of smoking**  
**Prevalence of illegal drug use**

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**Authors** Bloomfield  
**Date** 1993  
**Sample** Convenience sample of 58 lesbians  
**Prevalence of alcohol** 69% moderate alcohol use, 11% heavy, 18% in recovery, 20% abstainers  
**Prevalence of smoking**  
**Prevalence of illegal drug use**

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**Authors** Bradford et al  
**Date** 1994  
**Sample** Mail survey  
 1925 self identified lesbians and bisexual women, age 25-44  
**Prevalence of alcohol**  
**Prevalence of smoking** 41% were current smokers, 30% were daily smokers  
**Prevalence of illegal drug use**

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**Authors** Skinner  
**Date** 1994  
**Sample** Used questions from the National Household Survey on Drug Abuse, sample of 265 gay men  
**Prevalence of alcohol** 76% consumed alcohol  
**Prevalence of smoking** 34% smoked  
**Prevalence of illegal drug use** 18% smoked Marijuana  
 17% used Inhalants  
 5% used stimulants  
 2% used cocaine

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<b>Authors</b>	Creith
<b>Date</b>	1994
<b>Sample</b>	Survey of 326 lesbians from Manchester, Leeds, London & Sheffield
<b>Prevalence of alcohol</b>	8.5% labelled themselves alcoholic/ alcohol dependant 37.3% drank over the recommended levels for women
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	
<b>Authors</b>	Bloor
<b>Date</b>	1995
<b>Sample</b>	Study of 120 lesbians
<b>Prevalence of alcohol</b>	49% regularly drank +14 units a week one third drank 22 units a week +
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	
<b>Authors</b>	Skinner & Otis
<b>Date</b>	1996
<b>Sample</b>	Self administered mail survey, 1067 self identified lesbians (47%) and gay men (53%) mean age of 34.4
<b>Prevalence of alcohol</b>	64% reported alcohol consumption in the past year
<b>Prevalence of smoking</b>	77.4% of lesbians & 66.8% of gay men had never smoked 47.8% of lesbians & 39.7% of gay men had smoked in past year 41.4% of lesbians and 33.6% of gay men had smoked in the past month
<b>Prevalence of illegal drug use</b>	7% of lesbians used cocaine in the past year
<b>Authors</b>	Muir -Mackenzie
<b>Date</b>	1996
<b>Sample</b>	Survey of 55 individuals at Health of the Gay and Bisexual Nation
<b>Prevalence of alcohol</b>	84% consumed alcohol 15% consumed more than 20 units a week
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	
<b>Authors</b>	Nieto
<b>Date</b>	1996
<b>Sample</b>	Internet survey, 209 self identified gay and bisexual men
<b>Prevalence of alcohol</b>	
<b>Prevalence of smoking</b>	25% current smokers 66% reported 'light' use
<b>Prevalence of illegal drug use</b>	
<b>Authors</b>	White & Dull
<b>Date</b>	1997
<b>Sample</b>	Self administered survey, 324 self-identified lesbian and bisexual women, mean age 41
<b>Prevalence of alcohol</b>	
<b>Prevalence of smoking</b>	11% current smokers 17% had tried to stop
<b>Prevalence of illegal drug use</b>	

<b>Authors</b>	Rosario et al
<b>Date</b>	1997
<b>Sample</b>	Interview study, 154 self identified LGB youth, age 16-21
<b>Prevalence of alcohol</b>	
<b>Prevalence of smoking</b>	182% of females, 71% males had ever smoked, 57% of females and 49% of males were frequent smokers
<b>Prevalence of illegal drug use</b>	
<hr/>	
<b>Authors</b>	Hughes et al
<b>Date</b>	1997
<b>Sample</b>	Convenience sample of 284 lesbians
<b>Prevalence of alcohol</b>	32% 1-4 drinks a month, 26% 5-9 drinks a month, 12% 30-40 drinks, 28% 5+ drinks occasionally.
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	
<hr/>	
<b>Authors</b>	Garofalo et al
<b>Date</b>	1998
<b>Sample</b>	Cross-sectional randomised survey (Massachusetts Youth Risk Behaviour Survey) 104 Self identified LGB youth, age range 15-17
<b>Prevalence of alcohol</b>	
<b>Prevalence of smoking</b>	59% of LGB youth were current smokers
<b>Prevalence of illegal drug use</b>	
<hr/>	
<b>Authors</b>	Woody et al
<b>Date</b>	1999
<b>Sample</b>	Convenience sample of 3212 MSM at specific risk from HIV/AIDS
<b>Prevalence of alcohol</b>	
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	21 times more likely to use nitrate inhalants, 6 times more likely to use hallucinogens, 4 times more likely to use stimulants, 7 times more likely to use sedatives.
<hr/>	
<b>Authors</b>	Hughes
<b>Date</b>	1999
<b>Sample</b>	Interviews with 63 lesbians
<b>Prevalence of alcohol</b>	75% were current drinkers no lesbians were lifetime abstainers 56% reported light to moderate drinking 5% reported heavy drinking 46% of lesbians had thought their drinking was a problem
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	
<hr/>	
<b>Authors</b>	Reachout Reading
<b>Date</b>	1999
<b>Sample</b>	169 young participants
<b>Prevalence of alcohol</b>	15% considered their alcohol consumption to be a problem
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	
<hr/>	

Authors	Bridget
Date	1999
Sample	15 LGB youth interviewed
Prevalence of alcohol	33% considered themselves as having an alcohol problem
Prevalence of smoking	
Prevalence of illegal drug use	
Authors	Diamant et al
Date	2000
Sample	Telephone survey, 51 self identified lesbians and 36 bisexual women
Prevalence of alcohol	
Prevalence of smoking	37% of lesbians and 50% of bisexual women were current smokers
Prevalence of illegal drug use	
Authors	Diamant et al
Date	2000
Sample	Questionnaire, 6935 self identified lesbians
Prevalence of alcohol	
Prevalence of smoking	27% were current smokers
Prevalence of illegal drug use	
Authors	Hughes et al
Date	2000
Sample	Questionnaire, 550 lesbians, mean age of 42.5
Prevalence of alcohol	73% reported light to moderate drinking 3% of lesbians reported heavy drinking 14% had reported having received help for their alcohol or drug problems
Prevalence of smoking	
Prevalence of illegal drug use	
Authors	ACTION for Lesbian, Gay and Bisexual Youth in Calderdale
Date	2000
Sample	In depth interviews of 8 young gay men and 7 young lesbians
Prevalence of alcohol	33% felt they drank too much All had used alcohol
Prevalence of smoking	6 (1 male. 5 females) smoked
Prevalence of illegal drug use	33% had used drugs 5 had used cannabis, 3 females, 2 males only one had used hard drugs
Authors	Butler at al
Date	2000
Sample	60 lesbians
Prevalence of alcohol	80% had been affected by alcohol use?
Prevalence of smoking	
Prevalence of illegal drug use	

**Authors** Mardis Gras  
**Date** 2000  
**Sample** Alcohol survey, 150 LGB participants  
**Prevalence of alcohol**  
**Prevalence of smoking**  
**Prevalence of illegal drug use** Third of participants had tried a recreational drug by the age of 18

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**Authors** Stormbreak Research & Consultancy  
**Date** 2000-2001  
**Sample** 283 LGBTs  
**Prevalence of alcohol** Average monthly spend on alcohol: £29, £34 for men and £18 for women  
**Prevalence of smoking**  
**Prevalence of illegal drug use**

---

**Authors** Hughes et al  
**Date** 2001  
**Sample** Interviews with 63 lesbians  
**Prevalence of alcohol** 41% light drinkers  
 16% Moderate drinkers  
 5% heavy drinkers  
**Prevalence of smoking**  
**Prevalence of illegal drug use**

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**Authors** Greenwood et al  
**Date** 2001  
**Sample** Household sample, interview, 428 self identified gay & bisexual men, age range 18-29  
**Prevalence of alcohol** 58 (13.6%) reported frequent-heavy drinking in the past year  
**Prevalence of smoking**  
**Prevalence of illegal drug use** Use in the past year:  
 Marijuana: 68.7%  
 MDMA: 36.7%  
 Hallucinogens: 36.7%  
 Speed: 29.9%  
 Inhalants: 23.4%  
 Cocaine: 23.1%  
 Depressants: 12.9%  
 Crack Cocaine: 5.6%  
 Heroin: 3.3%

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**Authors** Count me In (Brighton)  
**Date** 2001  
**Sample** 1100 lesbians, gay men and bisexuals  
**Prevalence of alcohol**  
**Prevalence of smoking** More than a third of the sample were smokers  
**Prevalence of illegal drug use** 42% of men & 54% of men used recreational drugs

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<b>Authors</b>	Klitzman et al
<b>Date</b>	2002
<b>Sample</b>	Part of the Urban Men's Health Study 733 gay men, mean age 40.5
<b>Prevalence of alcohol</b>	
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	13.7 % of the sample reported using MDMA in the past 6 months
<b>Authors</b>	Project Bumps
<b>Date</b>	2002
<b>Sample</b>	So far have screened 1309 individuals, 72.8 % self identified as gay and 16.3% as bisexual
<b>Prevalence of alcohol</b>	
<b>Prevalence of smoking</b>	
<b>Prevalence of illegal drug use</b>	Used once over the past year: 54% had used Ketamine 73.6% had used ecstasy 57.6% had used crystal meth 79.1% had used coke 31.2% had used GHB

## **APPENDIX II: List of Agencies who Participated in Project A**

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Alcohol Drug Services

Base 10

Leeds Drug Action Team

Leeds Health Promotion Service

Multiple Choice

St Anne's Resource Centre

West Leeds Community Drug Project

## APPENDIX III: Drug & Alcohol Questionnaire

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First Part of Your Postcode: \_\_\_\_\_

- 1) Age: \_\_\_\_\_ years
- 2) What Gender do you identify with?  
Male   
Female
- 3) How would you describe yourself? (Tick appropriate box)  

<b>White</b>	UK	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Black</b>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	UK	<input type="checkbox"/>
	Somali	<input type="checkbox"/>	Other	<input type="checkbox"/>		
<b>Asian</b>	Pakistani	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
	Turkish	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Turkish Cypriot	<input type="checkbox"/>	Greek Cypriot	<input type="checkbox"/>	Asian other	<input type="checkbox"/>

  
**Other** please specify which \_\_\_\_\_
- 4) How would you describe your social class? (Please specify) \_\_\_\_\_  
(e.g. *working, lower middle, middle, upper middle, upper*)
- 5) Are you currently at secondary School/ College or university?  
Yes   
No
- 6) How would you describe your sexual orientation?  
Gay/ Lesbian   
Bisexual   
Transgender
- 7) How often do you go out to pubs/ bars/ clubs? (Tick one box only)  
A: Never   
B: 1-5 times a year   
C: 6-10 times a year   
D: Once a month   
E: 2-3 times a month   
F: Once a week or more
- 8) How often do you go to lesbian/ gay bars or venues (e.g. nightclubs)? (Tick one box only).  
A: Never   
B: 1-5 times a year   
C: 6-10 times a year   
D: Once a month   
E: 2-3 times a month   
F: Once a week or more
- 9) Do you go out with the intention of drinking?  
A: Never   
B: Rarely   
C: Sometimes   
D: Often   
E: All the time
- 10) Do you go out with the intention of taking drugs?  
A: Never   
B: Rarely   
C: Sometimes   
D: Often   
E: All the time

11) Approximately how much money do you spend on the following, every month?

Going out           £\_\_\_\_\_

On alcohol           £\_\_\_\_\_

On drugs           £\_\_\_\_\_

12) The following focuses on the frequency of your use of drugs and alcohol. Please read each item and circle the number which best describes your experience during the past 12 months

How often do you use these	Never	Once a month	2-3 times a month	Once a week	2+ times a week	Every day
Alcohol (any use at all)	0	1	2	3	4	5
Alcohol (to intoxication)	0	1	2	3	4	5
Cigarettes	0	1	2	3	4	5
Marijuana ( <i>Pot</i> )	0	1	2	3	4	5
Cocaine ( <i>Coke</i> )	0	1	2	3	4	5
Crack	0	1	2	3	4	5
Glue/solvents	0	1	2	3	4	5
Poppers	0	1	2	3	4	5
Ecstasy	0	1	2	3	4	5
GHB ( <i>liquid ecstasy</i> )	0	1	2	3	4	5
Hallucinogens ( <i>LSD, mushrooms</i> )	0	1	2	3	4	5
Sedatives/ sleeping pills	0	1	2	3	4	5
Amphetamines ( <i>Speed</i> )	0	1	2	3	4	5
Heroin	0	1	2	3	4	5
Methadone	0	1	2	3	4	5
Viagra	0	1	2	3	4	5
Steroids	0	1	2	3	4	5
Ketamine	0	1	2	3	4	5
Other (please specify) _____	0	1	2	3	4	5

13) The next question focuses on the chances of you trying the substances listed. Please read each item and circle the number, which best reflects how likely you are to try the items listed.

During the next 12 months do you think you will use one (or more) of the following substances?	Definitely yes	Probably yes	Probably not	Definitely not
Alcohol (any use at all)	1	2	3	4
Alcohol (to intoxication)	1	2	3	4
Cigarettes	1	2	3	4
Marijuana ( <i>Pot</i> )	1	2	3	4
Cocaine ( <i>Coke</i> )	1	2	3	4
Crack	1	2	3	4
Glue/ solvents	1	2	3	4
Poppers	1	2	3	4
Ecstasy	1	2	3	4
GHB ( <i>liquid ecstasy</i> )	1	2	3	4
Hallucinogens ( <i>LSD, mushrooms</i> )	1	2	3	4
Sedatives/ Sleeping Pills	1	2	3	4
Amphetamines ( <i>Speed</i> )	1	2	3	4
Heroin	1	2	3	4
Methadone	1	2	3	4
Viagra	1	2	3	4
Steroids	1	2	3	4
Ketamine	1	2	3	4
Other (Please specify) _____	1	2	3	4

- 14) The following question is concerned with where you may use one or some of the substances listed below. Please circle the number, which reflects where you normally use the substance (tick all that apply). If you do not use any of the substances listed please miss out this question.

Where, and with whom do you use the following substances?	With friends in pubs	On own in pubs	With friends in clubs	On own in clubs	With friends at home /their Home	On own at home	With Sexual Partners	Other please specify
Alcohol (any use at all)	1	2	3	4	5	6	7	
Alcohol (to intoxication)	1	2	3	4	5	6	7	
Cigarettes	1	2	3	4	5	6	7	
Marijuana ( <i>Pot</i> )	1	2	3	4	5	6	7	
Cocaine ( <i>Coke</i> )	1	2	3	4	5	6	7	
Crack	1	2	3	4	5	6	7	
Glue/solvents	1	2	3	4	5	6	7	
Poppers	1	2	3	4	5	6	7	
Ecstasy	1	2	3	4	5	6	7	
GHB ( <i>Liquid ecstasy</i> )	1	2	3	4	5	6	7	
Hallucinogens ( <i>LSD, mushrooms</i> )	1	2	3	4	5	6	7	
Sedatives/sleeping pills	1	2	3	4	5	6	7	
Amphetamines ( <i>Speed</i> )	1	2	3	4	5	6	7	
Heroin	1	2	3	4	5	6	7	
Methadone	1	2	3	4	5	6	7	
Viagra	1	2	3	4	5	6	7	
Steroids	1	2	3	4	5	6	7	
Ketamine	1	2	3	4	5	6	7	
Other ( <i>please specify</i> ) _____	1	2	3	4	5	6	7	

- 15) The following is concerned with the availability of a number of substances. Please read the list below and circle the number, which you feel adequately, represents how easy it would be for you to purchase each substance.

How easy is it for you to obtain the following substances?	Probably Impossible	Very Difficult	Fairly Difficult	Fairly easy	Very easy	Don't Know
Alcohol (any use at all)	1	2	3	4	5	6
Alcohol (to intoxication)	1	2	3	4	5	6
Cigarettes	1	2	3	4	5	6
Marijuana ( <i>Pot</i> )	1	2	3	4	5	6
Cocaine ( <i>Coke</i> )	1	2	3	4	5	6
Crack	1	2	3	4	5	6
Glue/ solvents	1	2	3	4	5	6
Poppers	1	2	3	4	5	6
Ecstasy	1	2	3	4	5	6
GHB ( <i>liquid ecstasy</i> )	1	2	3	4	5	6
Hallucinogens ( <i>LSD, mushrooms</i> )	1	2	3	4	5	6
Sedatives/sleeping pills	1	2	3	4	5	6
Amphetamines ( <i>Speed</i> )	1	2	3	4	5	6
Heroin	1	2	3	4	5	6
Methadone	1	2	3	4	5	6
Viagra	1	2	3	4	5	6
Steroids	1	2	3	4	5	6
Ketamine	1	2	3	4	5	6
Other ( <i>please specify</i> ) _____	1	2	3	4	5	6

- 16) Have you ever, used a needle to inject a drug that was not prescribed for you?
1. Yes
2. No

- 17) This question focuses on your use of drugs, and any problems you may have experienced, over your lifetime. Please read each statement and circle the number which best reflects your past experiences.

	Yes	No
1. Have you ever used drugs other than those required for medical reasons?	0	1
2. Have you used prescription drugs?	0	1
3. Do you use more than one drug at a time?	0	1
4. Can you get through the week without using drugs (other than those required for medical reasons)?	0	1
5. Are you always able to stop using drugs when you want to?	0	1
6. Do you use drugs on a continuous basis?	0	1
7. Do you try to limit your drug use to certain situations?	0	1
8. Have you had 'blackouts' or 'flashbacks' as a result of drug use?	0	1
9. Do you ever feel bad about your drug use?	0	1
10. Does your partner/ spouse/ parents ever complain about your involvement with drugs?	0	1
11. Do your friends or relatives know or suspect you use drugs?	0	1
12. Has drug use ever created problems between you and your partner/ spouse?	0	1
13. Has any family member ever sought help for problems related to drug use?	0	1
14. Have you ever lost friends because of your drug use?	0	1
15. Have you ever neglected your family or missed work because of your use of drugs?	0	1
16. Have you ever been in trouble at work because of your drug use?	0	1
17. Have you ever lost a job because of drug use?	0	1
18. Have you gotten into fights when under the influence of drugs?	0	1
19. Have you ever been arrested because of unusual behaviour while under the influence of drugs?	0	1
20. Have you ever been arrested for driving while under the influence of drugs?	0	1
21. Have you engaged in illegal activities in order to obtain drugs?	0	1
22. Have you been arrested for possession of dangerous drugs?	0	1
23. Have you ever experienced withdrawal symptoms as a result of heavy drug taking?	0	1
24. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding etc)?	0	1
25. Have you ever gone to anyone for help for a drug problem?	0	1
26. Have you ever been in hospital for medical problems related to drug use?	0	1
27. Have you ever been involved in a treatment program specifically related to drug care?	0	1
28. Have you been treated as an outpatient for problems related to drug use?	0	1

- 18) Have you ever been treated for:
- a. Alcohol use    Yes     No     If yes how many times? \_\_\_\_\_
- b. Drug use        Yes     No     If yes how many times? \_\_\_\_\_

Services, in the form of support groups, are available for individuals who may believe that their drug or alcohol use is a problem. Drug and Alcohol support groups are available in Leeds, and the following questions focus on whether you have ever visited such groups, and whether they were understanding of the needs of gay men.

- 19) Have you ever attended any of the drug/ alcohol support services that are available in Leeds?
- Yes
- No

- 20) If No can you explain why not?
- Do not believe that my drug/ alcohol use is a serious problem
  - Am not aware that such services exist
  - Do not know where these services are
  - Do not believe they would understand my problems
  - Other (Please specify) \_\_\_\_\_  
\_\_\_\_\_

- 21) If you have attended such support groups, how would you describe their attitude towards lesbian, gay, bisexual people?
- Accepting  Understanding (but not accepting)
  - Tolerant (but not understanding)  Intolerant (but not rejecting)
  - Rejecting

Different people have different guidelines regarding safer sex, which may be affected by drinking and/or the use of alcohol. Safer sex involves acting in ways that lower the risk of infections that can be transmitted by sexual acts. Personal guidelines may involve different sexual experiences, or the people one has sex with and so forth. For the following questions please think about you own personal guidelines regarding safer sex, and how they may be affected by drinking and/or the use of drugs.

- 22) Whilst under the influence of alcohol and/or drugs, have you ever had unsafe sex in the last year?
- I am not sexually active
  - No
  - Yes  How many times? (Please estimate) \_\_\_\_\_

- 23) Whilst under the influence of drugs/ alcohol, have you ever been tempted to have unsafe sex, in the last year? (Tick one box)
- I am not sexually active  2 or 3 times
  - Never  About once a week
  - Once or twice  2 to 4 times a week
  - Once a month  About every day

- 24) Compared to normally, do you think you are more or less likely to practice unsafe sex whilst under the influence of drugs?  
For this question 1 means not at all likely and 7 means very likely.  
(Please circle the number that best reflects how you feel)

Not at all Likely    1        2        3        4        5        6        7        Very likely

**Thank you for completing this questionnaire.  
If you would like to make any further comments please use the back of this page.**

## APPENDIX IV: Drug Interaction Table

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Due to the results of the questionnaire and based upon the combination of substances reported by participants, a table was devised looking at the effects different combinations of substances have on the body. Some of these interactions have been previously documented, however some (those in italics) are theoretical risks, based upon the side effects of both substances.

References for the table are below, and the researchers would like to acknowledge and thank the staff at the Drug Information Department at the York District Hospital for their help and guidance in putting together this table.

### References

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[www.thegooddrugsguide.com](http://www.thegooddrugsguide.com)

[www.gayhealth.com](http://www.gayhealth.com)

[www.drugscope.co.uk](http://www.drugscope.co.uk)

[www.gaytimes.co.uk](http://www.gaytimes.co.uk)

[www.trashed.co.uk](http://www.trashed.co.uk)

<b>Alcohol</b>	<b>Alcohol</b>	<b>Amphetamines</b>	<b>Cannabis</b>	<b>Cigarettes</b>
<b>Alcohol</b>	A favourite mixture among heavy drinkers, allows for extended binge drinking, potentially damaging for the liver and kidneys. May make the individual believe they are less intoxicated than they really are, the drug speeds up the body's responses to alcohol, increases dehydration effect, may also cause paranoia	A favourite mixture among heavy drinkers, allows for extended binge drinking, potentially damaging for the liver and kidneys. May make the individual believe they are less intoxicated than they really are, the drug speeds up the body's responses to alcohol, increases dehydration effect, may also cause paranoia	May produce nausea, however marijuana can suppress the gag reflex, if a user has drunk enough to need to vomit, they may not be able to, increases risk of alcoholic poisoning. Suggested that this combination produces a greater level of impairment than if used in isolation. May also intensify the sedative effects of alcohol.	Smokers who also use other substances are more likely to smoke more
<b>Amphetamines</b>	A favourite mixture among heavy drinkers, allows for extended binge drinking, potentially damaging for the liver and kidneys. May make the individual believe they are less intoxicated than they really are, the drug speeds up the body's responses to alcohol, increases dehydration effect, may also cause paranoia		As cannabis has mild sedative properties, can balance out the stimulant effects of amphetamines	
<b>Cannabis</b>	May produce nausea, however marijuana can suppress the gag reflex, if a user has drunk enough to need to vomit, they may not be able to, increases risk of alcoholic poisoning. Suggested that this combination produces a greater level of impairment than if used in isolation. May also intensify the sedative effects of alcohol.	As cannabis has mild sedative properties, can balance out the stimulant effects of amphetamines		
<b>Cigarettes</b>	Smokers who also drink, usually smoke more	Smokers who use amphetamines, usually smoke more	Smokers who also use other substances are more likely to smoke more	
<b>Cocaine &amp; Crack</b>	The two combine to form cocaethylene in the body, which increases the effect and puts more stress on the heart, by increasing the heart rate	Not a likely combination as the effects are similar, danger of increased toxicity and excess strain on the heart	As cannabis has mild sedative properties, can balance out the stimulant effects of cocaine & crack	

	<b>Alcohol</b>	<b>Amphetamines</b>	<b>Cannabis</b>	<b>Cigarettes</b>
<b>Ecstasy</b>	Reduces the clarity of the high, places greater strain on the kidneys, heavy drinking can lead to dehydration, making over heating more likely, alcohol is involved in the majority of ecstasy related deaths	Commonly used to prologue the ecstasy high, causes increased energy and euphoria, places excess strain on the kidneys and heart, increased risk of dehydration, can also lead to anxiety, paranoia and burn out	Helps bring on the high, mellows the intense rushes, helps with the come down and makes the ecstasy more psychedelic	
<b>GHB</b>	Extremely dangerous mixture, can suppress respiratory activity, may increase sleepiness and drowsiness, or respiratory collapse. Both drugs are sedatives, mixing the two can cause unconsciousness, coma or even death.	Some users use amphetamines to counter the sedative effects of GHB, may affect CNS, particularly heart rate. Little information on physiological effects of GHB.	<i>May intensify the sedative effects of GHB</i>	
<b>Hallucinogens</b>	May produce nausea and panic attacks, also mood is exaggerated, it becomes more difficult to make decisions. Visual hallucinations decrease, users can drink more	Will raise body temperature, possibly to dangerous levels, lead to disturbance of heart rhythm, coma and overdose.	May induce panic, or a 'bad trip'	
<b>Heroin</b>	Alcohol and heroin both depress the central nervous system, fatal combination, big factor in Heroin overdoses, due to impaired judgement, other effects: nausea, sleeplessness & vomiting	Mixing with amphetamines such as speed is not good, stimulant effects of amphetamines mask the opiate effects of heroin making overdoses more likely. Common mixture among heavy speed users as heroin reduces speeds psychotic tendencies	This combination has reinforcing effects, the sedative effects of heroin can be intensified.	
<b>Ketamine</b>	Can cause nausea and vomiting, can depress the respiratory system. Dangerous when mixed with depressant drugs can stop the heart and lungs from functioning	Some users add amphetamines to low doses of ketamine for a more psychedelic party drug feeling. Will raise body temperature, possibly to dangerous levels, affecting heart rate, causing overdose or coma.	Amplifies the effects of cannabis	
<b>Poppers</b>	<i>May increase nausea, common side effect of both substances</i>	<i>Both substances increase heart rate, which may dangerously affect the heart rhythm or lead to heart failure</i>	<i>Both substances lower blood pressure, which if used together may lower blood pressure to dangerous levels, possibly causing heart failure.</i>	

<b>Sedatives</b>	Can increase effects such as dizziness, sleepiness and drunkenness, increases depressant effects of alcohol.	Balances out the stimulant effects of amphetamines	<i>Intensifies the sedative effects of some sedatives.</i>	
<b>Solvents</b>	Very dangerous combination, often fatal mixture, suppresses breathing, can cause nausea	May exaggerate stimulant effects of both substances, may also lead to loss of consciousness	<i>The dangers of this interaction are unclear</i>	
<b>Steroids</b>	Strain on the liver increases, increased aggression, nausea	May exaggerate feelings of irritability and anxiety, may possibly dangerously raise blood pressure, possibly leading to heart failure.	<i>The dangers of this interaction are unclear</i>	
<b>Viagra</b>	May make you tired, could possibly lower blood pressure to dangerous levels.	Common combination as amphetamines can inhibit erections	<i>The dangers of this interaction are unclear</i>	

	<b>Cocaine &amp; Crack</b>	<b>Ecstasy</b>	<b>GHB</b>	<b>Hallucinogens</b>
<b>Alcohol</b>	The two combine to form cocaethylene in the body, which increases the effect and puts more stress on the heart, by increasing the heart rate	Reduces the clarity of the high, places greater strain on the kidneys, heavy drinking can lead to dehydration, making over heating more likely, alcohol is involved in the majority of ecstasy related deaths	Extremely dangerous mixture, can suppress respiratory activity, may increase sleepiness and drowsiness, or respiratory collapse. Both drugs are sedatives, mixing the two can cause unconsciousness, coma or even death.	May produce nausea and panic attacks, also mood is exaggerated, it becomes more difficult to make decisions. Visual hallucinations decrease, users can drink more
<b>Amphetamines</b>	Not a likely combination as the effects are similar, danger of increased toxicity and excess strain on the heart	Commonly used to prologue the ecstasy high, places excess strain on the kidneys and heart, can also lead to anxiety, paranoia and burn out	Some users use amphetamines to counter the sedative effects of GHB, may affect CNS, particularly heart rate. Little information on physiological effects of GHB.	Will raise body temperature, possibly to dangerous levels, lead to disturbance of heart rhythm, coma and overdose.
<b>Cannabis</b>	As cannabis has mild sedative properties, can balance out the stimulant effects of cocaine & crack	Helps bring on the high, mellows the intense rushes, helps with the come down and makes the ecstasy more psychedelic	<i>Cannabis may intensify the sedative effects of GHB.</i>	May induce panic, or a 'bad trip'
<b>Cigarettes</b>	Smokers usually smoke more, increases the surge of dopamine	Smokers who also use other substances are more likely to smoke more	Smokers who also use other substances are more likely to smoke more	Smokers who also use other substances are more likely to smoke more
<b>Cocaine &amp; Crack</b>	Popular clubbing combination, increases strain on the body, particularly the heart. Compounds the stimulant effects of both drugs, can cause cross path neurological firings which can cause seizures	Popular clubbing combination, increases strain on the body, particularly the heart. Compounds the stimulant effects of both drugs, can cause cross path neurological firings which can cause seizures	<i>Combining GHB drug with any substance is dangerous, making overdose more likely. May effect the CNS, cocaine speeds up the heart GHB slows it down may cause heart problems. May intensify anxiety and insomnia, common side effects of both substances.</i>	Has a speedy effect, not a good combination, mixing PCP & cocaine 'space basing' can result in violent paranoia
<b>Ecstasy</b>	Popular clubbing combination, increases strain on the body. Compounds the stimulant effects of both drugs, can cause cross path neurological firings which can cause seizures		<i>Precise physiological effects of GHB are currently unclear, although it has been suggested that mixing with a stimulant like ecstasy may be particularly dangerous, possibly affecting the heart rate. Both substances produce feelings of relaxation and euphoria which may be exaggerated if the two are combined.</i>	'Candy flipping' extremely psychedelic, less chance of a bad LSD trip, heavy repeated use of this mixture can develop brain damage, i.e. impaired memory, attention span and confusion

<b>GHB</b>	Combining GHB drug with any substance is dangerous, making overdose more likely. May effect the CNS, cocaine speeds up the heart GHB slows it down may cause heart problems. May intensify anxiety and insomnia, common side effects of both substances.	Precise physiological effects of GHB are currently unclear, although it has been suggested that mixing with a stimulant like ecstasy may be affecting the heart rate. Both substances produce feelings of relaxation and euphoria which may be exaggerated if the two are combined.	A common side effect of both substances is confusion, which may be intensified if the two are combined.	A common side effect of both substances is confusion, which may be intensified if the two are combined.	A common side effect of both substances is confusion, which may be intensified if the two are combined.
<b>Hallucinogens</b>	Has a speedy effect, not a good combination, mixing PCP & cocaine 'space basing' can result in violent paranoia	'Candy flipping' extremely psychedelic, less chance of a bad LSD trip, heavy repeated use of this mixture can develop brain damage, i.e. impaired memory, attention span and confusion	A common side effect of both substances is confusion, which may be intensified if the two are combined.	A common side effect of both substances is confusion, which may be intensified if the two are combined.	A common side effect of both substances is confusion, which may be intensified if the two are combined.
<b>Heroin</b>	Speedballs', extremely dangerous, cocaine acts as powerful stimulant raising the heartbeat, effects wear off quicker than heroin which slows the heart, the heart rhythm can be lost completely	Suggested that some smoke heroin to ease the comedown after taking E. However, Ecstasy masks the opiate effects of heroin, making overdose more likely	GHB is a liquid sedative anaesthetic, mixing with heroin could fatally depress the CNS	GHB is a liquid sedative anaesthetic, mixing with heroin could fatally depress the CNS	Psychedelic drugs mess with the effects of opiates, making the unpredictable and usually unpleasant
<b>Ketamine</b>	Cocaine diminishes the psychedelic effects of Ketamine	Ketamine can reinforce ecstasy sensations, yet can overpower ecstasy easily, can help in the come down period. Stimulates the cardiovascular system or can raise body temperature, can lead to heart rhythm disturbances, can also lead to coma or overdose	This mixture can have serious medical consequences, could possibly affect breathing, possibly leading to unconsciousness, coma or even death	This mixture can have serious medical consequences, could possibly affect breathing, possibly leading to unconsciousness, coma or even death	May amplify hallucinations, could possibly raise blood pressure and heart rate too high, leading to heart failure or strokes.
<b>Poppers</b>	May lead to heart failure	May dangerously affect the heart, ecstasy increases the heart rate whereas poppers slow it down, may seriously affect the heart rhythm, causing heart problems and possibly heart attacks.	Could possibly affect heart rate GHB slows it down poppers increase it, could possibly disturb heart rhythm, possibly leading to heart failure.	Could possibly affect heart rate GHB slows it down poppers increase it, could possibly disturb heart rhythm, possibly leading to heart failure.	Both substances increase heart rate, possibly causing heart failure or stroke

	<b>Cocaine &amp; Crack</b>	<b>Ecstasy</b>	<b>GHB</b>	<b>Hallucinogens</b>
<b>Sedatives</b>	May balance out the stimulant effects of cocaine	Balances out the stimulant effects of ecstasy	Both substances are depressants, may increase sleepiness, drowsiness, combination could cause respiratory collapse, unconsciousness, coma, or death.	The effects of this combination depend on the type of antidepressant being used. Serotonin selective reuptake inhibitors, ie prozac, diminish the body's responses to LSD, whereas tricyclic antidepressants such as lithium, increase the response to LSD, amplifying hallucinations and confusion.
<b>Solvents</b>	Solvents are mild stimulant, therefore the stimulant effects of cocaine may be amplified, may exaggerate side effects such as loss of control, violent behaviour and could possibly cause a loss of consciousness	May dangerously affect the heart, ecstasy increases the heart rate whereas solvents slow it down, may seriously affect the heart rhythm, causing heart problems and possibly heart attacks.	May dangerously lower heart rate and slow breathing causing dizziness, fainting, unconsciousness, coma, or death	May amplify the hallucinogenic properties of some hallucinogens, such as LSD
<b>Steroids</b>	May dangerously increase blood pressure, possibly leading to heart attacks or strokes	May dangerously increase blood pressure, possibly leading to heart attacks or strokes	Steroids are known to dangerously affect blood pressure and the heart, GHB lowers heart rate, may seriously affect heart rate, possibly causing heart failure.	May exaggerate paranoia and mood swings, could dangerously increase blood pressure possibly leading to heart failure or strokes
<b>Viagra</b>	Lowers blood pressure can cause heart attacks, common combination as cocaine can inhibit erections. Can lower blood pressure possibly causing heart attacks	Common mixture, 'Sextasy', as ecstasy can inhibit erections, however can cause heart problems, may lower blood pressure, possibly causing heart attacks	GHB is a sedative drug which slows the heart rate, many of viagra's side effects are related to the heart, such as increased blood pressure and tachycardia, alteration of heart rhythm, possibility that this combination may alter the rhythm of the heart or cause excess strain on the heart leading to a heart attack	May increase blood pressure dangerously possibly causing heart failure.

	<b>Heroin</b>	<b>Ketamine</b>	<b>Poppers</b>	<b>Sedatives</b>
<b>Alcohol</b>	Alcohol and heroin both depress the central nervous system, fatal combination, big factor in Heroin overdoses, due to impaired judgement, other effects: nausea, sleeplessness & vomiting	Can cause nausea and vomiting, can depress the respiratory system. Dangerous when mixed with depressant drugs can stop the heart and lungs from functioning	May increase nausea, common side effect of both substances	Can increase effects such as dizziness, sleepiness and drunkenness. Increases the depressive effects of alcohol.
<b>Amphetamines</b>	Mixing with amphetamines such as speed is not good, stimulant effects of amphetamines mask the opiate effects of heroin making overdoses more likely. Common mixture among heavy speed users as heroin provides 'physical grounding to speeds more psychotic tendencies'	Some users add amphetamines to low doses of ketamine for a more psychedelic party drug feeling. Described as 'Fast and slow, leading to Matrix-like perception of time changes'.	Both substances increase heart rate, which may dangerously affect the heart rhythm or lead to heart failure	Balances out the stimulant effects of amphetamines
<b>Cannabis</b>	This combination has reinforcing effects, the sedative effects of heroin can be intensified.	Amplifies the effects of cannabis	Both substances lower blood pressure, which if used together may lower blood pressure to dangerous levels, possibly causing heart failure.	Intensifies the sedative effects of some sedatives.
<b>Cigarettes</b>	Smokers who also use other substances are more likely to smoke more	Smokers who also use other substances are more likely to smoke more	Smokers who also use other substances are more likely to smoke more	Smokers who also use other substances are more likely to smoke more
<b>Cocaine &amp; Crack</b>	'Speedballs', extremely dangerous, cocaine acts as powerful stimulant raising the heartbeat, effects wear off quicker than heroin which slows the heart, the heart rhythm can be lost completely	Cocaine diminishes the psychedelic effects of Ketamine	Both substances increase heart rate, which may dangerously affect the heart rhythm or lead to heart failure	May balance out the stimulant effects of cocaine
<b>Ecstasy</b>	Suggested that some smoke heroin to ease the comedown after taking E. However, Ecstasy masks the opiate effects of heroin, making overdose more likely	Ketamine can reinforce ecstasy sensations, yet can overpower ecstasy easily, can help in the come down period. Stimulates the cardiovascular system or can raise body temperature, can lead to heart rhythm disturbances, can also lead to coma or overdose	Both substances increase heart rate, which may dangerously affect the heart rhythm or lead to heart failure	Balances out the stimulant effects of ecstasy

	<b>Heroin</b>	<b>Ketamine</b>	<b>Poppers</b>	<b>Sedatives</b>
<b>GHB</b>	GHB is a liquid sedative anaesthetic, mixing with heroin could fatally depress the CNS	This mixture can have serious medical consequences, could possibly affect breathing, possibly leading to unconsciousness, coma or even death	Could possibly affect heart rate GHB slows it down poppers increase it, could possibly disturb heart rhythm, possibly leading to heart failure.	Both substances are depressants, may increase sleepiness, drowsiness, combination could cause respiratory collapse, unconsciousness, coma, or death.
<b>Hallucinogens</b>	Psychedelic drugs mess with the effects of opiates, making the unpredictable and usually unpleasant	May amplify hallucinations, could possibly raise blood pressure and heart rate too high, leading to heart failure or strokes.	Both substances increase heart rate, possibly causing heart failure or stroke	The effects of this combination depend on the type of anti-depressant being used. Serotonin selective reuptake inhibitors, ie prozac, diminish the body's responses to LSD, whereas tricyclic antidepressants such as lithium, increase the response to LSD, amplifying hallucinations and confusion.
<b>Heroin</b>	Counters psychedelic effects of K, Ketamine, dangerous to mix depressant drugs, could depress the respiratory system, and can cause heart attacks	Counters psychedelic effects of Ketamine, dangerous to mix depressant drugs, could depress the respiratory system, and can cause heart attacks	Poppers increase heart rate, heroin slows it down, may dangerously affect the heart rhythm possibly causing heart attacks.	Both suppress breathing, effects can be addictive, chances of overdose are higher
<b>Ketamine</b>	Counters psychedelic effects of K, dangerous to mix depressant drugs, could depress the respiratory system, and can cause heart attacks		Poppers increase heart rate, ketamine slows it down, may possibly affect the rhythm of the heart, possibly causing heart attacks.	Dangerous when mixed with depressant drugs can cause the heart and lungs to stop functioning. Can cause CNS depression
<b>Poppers</b>	Poppers increase heart rate, heroin slows it down, may dangerously affect the heart rhythm possibly causing heart attacks.	Poppers increase heart rate, ketamine slows it down, may possibly affect the rhythm of the heart, possibly causing heart attacks.		The majority of sedatives slow the rhythm of the heart, whereas poppers slow it down, may dangerously affect the heart rhythm, possibly causing heart attacks.
<b>Sedatives</b>	Both suppress breathing, effects can be addictive, chances of overdose are higher. Can cause breathing difficulties, confusion and muscle twitching	Dangerous when mixed with depressant drugs can cause the heart and lungs to stop functioning. Can cause CNS depression	The majority of sedatives slow the rhythm of the heart, whereas poppers slow it down, may dangerously affect the heart rhythm, possibly causing heart attacks.	

<b>Solvents</b>	Both substances affect the CNS by slowing the heart rate, breathing and brain activity, may be particularly dangerous could suppress breathing causing unconsciousness, coma and possibly death. May increase the risk of overdose	May impair motor functions leaving user with a lack of coordination. Ketamine known for causing breathing problems, combination could possibly slow breathing and possibly suppress breathing completely.	Both substances have similar effects, so mixing the two may make overdose more likely, both lower the blood pressure, which may drop to dangerous levels possibly causing heart attacks, 'Sudden Sniffing Death Syndrome'.	May slow the heart rate to dangerous levels, possibly leading to heart failure.
<b>Steroids</b>	Nausea is a side effect of both substances may be worsened if the two are combined	Could possibly increase nausea and dangerously increase blood pressure, causing excess strain on the heart, causing heart attacks.	May increase the risk of developing heart problems	Sedatives may counter steroids tendency to induce anger and violence in users, but the precise dangers of this interaction is unclear.
<b>Viagra</b>	May lower blood pressure to dangerous levels possibly causing heart failure.	Both substances raise the heart rate, could raise the heart rate too high, may cause dizziness, fainting, unconsciousness, or death.	Can lead to heart failure, risk of possible hypertension, can cause dizziness, fainting and heart problems	Viagra is successfully used to treat impotence and sexual dysfunction in individuals using anti-depressants, however no formal interaction studies have yet been conducted, so the risks are not yet known.

	<b>Solvents</b>	<b>Steroids</b>	<b>Viagra</b>
<b>Alcohol</b>	Very dangerous combination, often fatal mixture, suppresses breathing, can cause nausea	Strain on the liver increases, increased aggression	May make you tired, could possibly lower blood pressure to dangerous levels.
<b>Amphetamines</b>	May exaggerate stimulant effects of both substances, may also lead to loss of consciousness	My exaggerate feelings of irritability and anxiety, may possibly dangerously raise blood pressure, possibly leading to heart failure.	Common combination as amphetamines can inhibit erections
<b>Cannabis</b>	The dangers of this interaction are unclear	The dangers of this interaction are unclear	The dangers of this interaction are unclear
<b>Cigarettes</b>	Smokers who also use other substances are more likely to smoke more	Smokers who also use other substances are more likely to smoke more	Smokers who also use other substances are more likely to smoke more
<b>Cocaine &amp; Crack</b>	Solvents are mild stimulant, therefore the stimulant effects of cocaine may be amplified, may exaggerate side effects such as loss of control, violent behaviour and could possibly cause a loss of consciousness	May dangerously increase blood pressure, possibly leading to heart attacks or strokes	Lowers blood pressure can cause heart attacks, common combination as cocaine can inhibit erections. Can lower blood pressure possibly causing heart attacks
<b>Ecstasy</b>	May dangerously affect the heart, ecstasy increases the heart rate whereas solvents slow it down, may seriously affect the heart rhythm, causing heart problems and possibly heart attacks.	May dangerously increase blood pressure, possibly leading to heart attacks or strokes	Common mixture, 'Sextasy', as ecstasy can inhibit erections, however can cause heart problems, may lower blood pressure, possibly causing heart attacks
<b>GHB</b>	May dangerously lower heart rate and slow breathing causing dizziness, fainting, unconsciousness, coma, or death	Steroids are known to dangerously affect blood pressure and the heart, GHB lowers heart rate, may seriously affect heart rate, possibly causing heart failure.	GHB is a sedative drug which slows the heart rate, many of viagra's side effects are related to the heart, such as increased blood pressure and tachycardia, alteration of heart rhythm, possibility that this combination may alter the rhythm of the heart or cause excess strain on the heart leading to a heart attack
<b>Hallucinogens</b>	May amplify the hallucinogenic properties of some hallucinogens, such as LSD	May exaggerate paranoia and mood swings, could dangerously increase could pressure possibly leading to heart failure or strokes	May increase blood pressure dangerously possibly causing heart failure.
<b>Heroin</b>	Both substances affect the CNS by slowing the heart rate, breathing and brain activity, may be particularly dangerous could suppress breathing causing unconsciousness, coma and possibly death.	Nausea is a side effect of both substances may be worsened if the two are combined	May lower blood pressure to dangerous levels possibly causing heart failure.

<b>Ketamine</b>	May impair motor functions leaving user with a lack of coordination. Ketamine known for causing breathing problems, combination could possibly slow breathing and possibly suppress breathing completely.	Could possibly increase nausea and dangerously increase blood pressure, causing excess strain on the heart, causing heart attacks.	Both substances raise the heart rate, could raise the heart rate too high, may cause dizziness, fainting, unconsciousness, or death.
<b>Poppers</b>	Both substances have similar effects, so mixing the two may make overdose more likely, both lower the blood pressure, which may drop to dangerous levels possibly causing heart attacks, ‘Sudden Sniffing Death Syndrome’.	May increase the risk of developing heart problems	Can lead to heart failure, risk of possible hypertension, can cause dizziness, fainting and heart problems
<b>Sedatives</b>	May slow the heart rate to dangerous levels, possibly leading to heart failure.	Sedatives may counter steroids tendency to induce anger and violence in users, but the precise dangers of this interaction is unclear.	Viagra is successfully used to treat impotence and sexual dysfunction in individuals using antidepressants, however no formal interaction studies have yet been conducted, so the risks are not yet known.
<b>Solvents</b>		May exaggerate side effects such as aggressive mood, irritability, and impaired judgement	Viagra should not be used in conjunction with any other substance which contains nitrates, as can lead to lowering blood pressure to dangerous levels, possibly causing heart attacks.
<b>Steroids</b>	May exaggerate side effects such as aggressive mood, irritability, and impaired judgement		May be dangerous if mixed as steroids increase blood pressure, Viagra lowers it, but as yet no interaction studies into the effects of Viagra have been conducted.
<b>Viagra</b>	Viagra should not be used in conjunction with any other substance which contains nitrates, as can lead to lowering blood pressure to dangerous levels, possibly causing heart attacks.	May be dangerous if mixed as steroids increase blood pressure, Viagra lowers it, but as yet no interaction studies into the effects of Viagra have been conducted.	



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