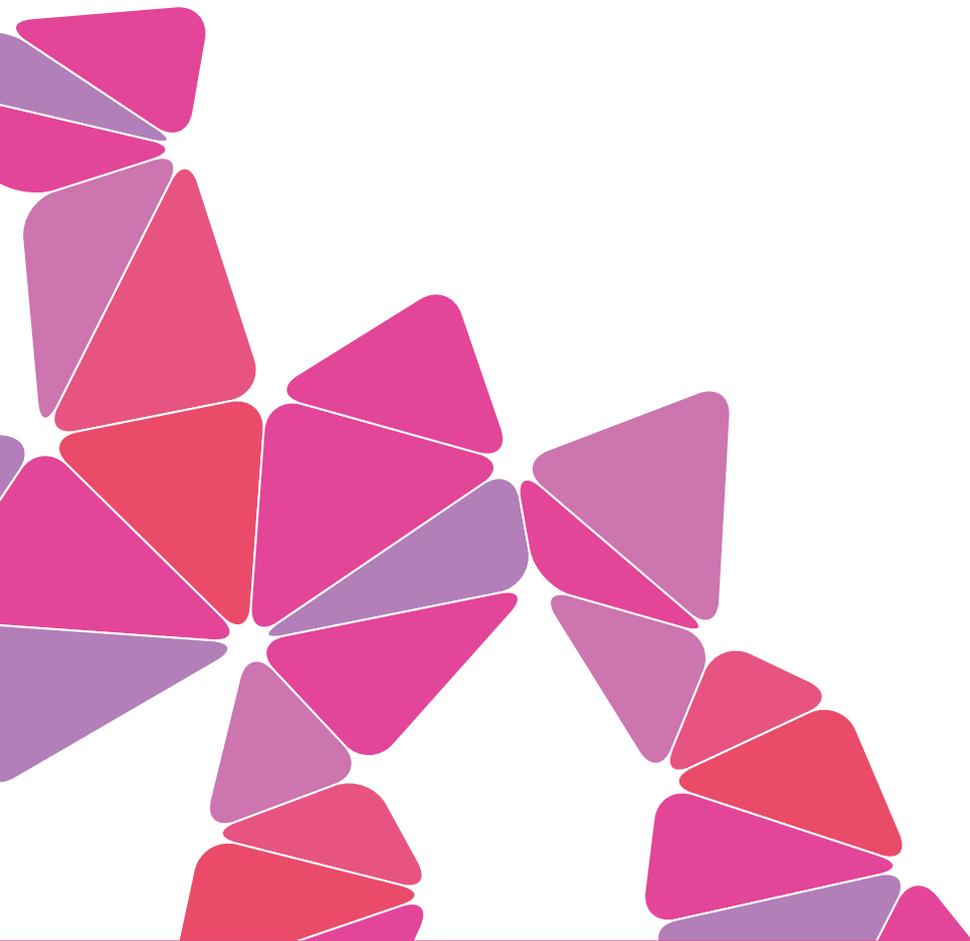


Out of your mind

Improving provision of drug & alcohol treatment for lesbian, gay, bisexual & trans people

Executive Summary



Executive Summary

This scoping study set out to examine how drug and alcohol treatment services could better meet the needs of lesbian, gay, bisexual & trans (LGBT) people. It sought to explore models of provision, and mechanisms for improved strategic inclusion of LGBT people when planning and delivering drug and alcohol support services.

Higher levels of both drug and alcohol use have been reported within LGBT populations, although these groups report being less likely to engage in traditional substance misuse services, citing lack of understanding of the substance use and cultural needs amongst the barriers. This scoping study set out to investigate ways in which this imbalance might be addressed, ensuring that LGBT people have access to high quality, responsive, and inclusive treatment and support services.

The full report can be downloaded from www.londonfriend.org.uk/outofyourmind

Changing needs

Antidote at London Friend is the UK's only service specifically targeting LGBT drug and alcohol users. Analysis of our own treatment data over a decade indicates a sharp change in the substances service users present seeking support around. Most noticeably this has been the emergence of drugs associated with 'chemsex', the sexualised use of drugs by gay, bisexual, and other men who have sex with men (MSM).

The three main presenting drugs are now mephedrone, crystal methamphetamine and GHB/GBL. Increasingly MSM users seeking support report injecting and use of these drugs in sexualised contexts with multiple partners. Concern has also been raised at the role use of these drugs may play in HIV transmission, with the number of new infections amongst MSM rising.

Use of these drugs by MSM has been the main focus of work at Antidote in the past 5 years. However, a focus on meeting MSM needs would not ensure broader LGBT need is met. The full report outlines issues for lesbian and bisexual women, bisexual people generally, and trans people reporting a drug or alcohol treatment need.

Needs assessment

Our analysis found poor representation of LGBT health needs generally within published Joint Strategic Needs Assessments on London Local Authority websites, with very poor inclusion of LGBT needs in relation to drugs and alcohol. Without explicit inclusion there is a risk that LGBT needs continue to go unmet in the procurement and delivery of services.

Planning tools for local commissioners do not currently prompt for LGBT inclusion, and treatment data supplied by Public Health England is not currently disaggregated or analysed by sexual orientation or gender identity. The report recommends mandated collection of sexual orientation across all regions, along with steps to sensitively implement collection of gender identity data.

LGBT service user views

Extensive consultation was carried out with LGBT drug and alcohol service users through questionnaires and focus groups. A strong desire was expressed for access to specialist LGBT services, which were felt to offer an emotionally and physically safer environment, and which were felt to better understand the differing support needs related to service users sexual orientation or gender identity. Many who had used generic services felt they had been unable to fully disclose or explore their issues; sensitive topics such as sexualised using were felt difficult to disclose, particularly in group settings.

Some users reported generic services being inexperienced in working with the drugs they were using. Others reported feeling their choice of provider was restricted by local authority connections, particularly if they moved away from an area with a more inclusive local service.

Commissioning inclusive services

Commissioners we engaged with were sympathetic to need, but differed in how best to address it. Some backed joint arrangements with neighbouring authorities whilst others preferred to develop LGBT competence in local services. Commissioners can improve inclusion by requesting providers to address LGBT need

through service specifications and monitoring outcomes for LGBT service users.

In London, localism in commissioning creates some barriers for developing specialist services, in terms of economies of scale. LGBT populations are a community of interest, rather than geographical, although some areas have much higher levels of LGBT populations than others. There is a case for commissioning some level of specialist provision over a larger geographical urban area such as London, although this needs further consideration of how such a mechanism would work. The model for pan-London HIV prevention could provide a template.

LGBT audit tools

Antidote has developed a set of audit tools for commissioners, providers and practitioners to assess their own LGBT competence and inclusion. These are included in the full report along with detailed guidance notes. Audits can identify areas where practice is already inclusive, and areas requiring further development, which can then form the basis of individual or organisational action plans.

Recommendations

Detailed recommendations are given in the full report for Public Health England; for commissioners and local public health; for substance misuse provider organisations; for practitioners; and for researchers.

General recommendations

- 🌈 Ensure that the separate and distinct needs of L, G, B and T people are considered.
- 🌈 Engage LGBT people in development work at the planning stage and throughout.
- 🌈 Assess the impact of policy, planning, commissioning and delivery decisions on LGBT people.
- 🌈 Counselling and psychotherapy treatments should not use 'anti-LGBT reparative' therapies.

For Public Health England

- 🌈 Monitoring of sexual orientation data should be mandated.
- 🌈 Monitoring of gender identity should be considered.
- 🌈 Analysis of NDTMS data to inform local needs assessment and planning.

- 🌈 JSNA planning and guidance documents should prompt for assessment of LGBT needs.
- 🌈 Consideration of joint funding arrangements for specialist substance misuse services.
- 🌈 National resources and campaigns should be LGBT inclusive.

For commissioners and local public health

- 🌈 Commissioners should carry out an LGBT audit.
- 🌈 Access to targeted LGBT services should be provided.
- 🌈 Service specifications should address LGBT need.
- 🌈 Monitoring of sexual orientation data should be mandated.
- 🌈 Monitoring of gender identity should be considered.
- 🌈 Procurement processes should encourage and facilitate the participation of smaller, specialist providers in the tendering process.
- 🌈 Commissioners should include outcomes for LGBT people in performance management.
- 🌈 Consideration of joint funding arrangements for specialist substance misuse services.
- 🌈 Consideration of joint funding arrangements for integrated substance misuse and sexual health services.

For providers

- 🌈 Providers should carry out an LGBT audit and develop an LGBT-inclusion plan.
- 🌈 Training should be provided as part of a LGBT strategic development plan.
- 🌈 Providers should identify LGBT Champions.

For practitioners

- 🌈 Practitioners should carry out an LGBT audit.
- 🌈 Practitioners should consider becoming an LGBT Champion for their services.
- 🌈 LGBT specific diversity training should be provided to all staff.

For researchers

- 🌈 Researchers can undertake work to reduce the gaps in evidence relating to LGBT substance use.
- 🌈 Researchers can include monitoring of sexual orientation and gender identity in wider health research.
- 🌈 Researchers can further explore monitoring of trans identity.



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