

**Submission to Steering Group for new National Drugs Strategy 2009-2016  
From NDS Community Reps (NDST and IDG)**

**The Lesbian Gay Bisexual & Transgender (LGBT) community and the drugs issue.**

**Introduction**

In the foreword to BelongTo's drug research in 2007, the Chair of the National Drugs Strategy Team says "We must continue to develop our National Drugs Strategy so that it is inclusive of all groups in our society and has the capacity to address the issue of drug use amongst all of these groups." While significant progress has been made in Ireland in recent times, the LGBT community in Ireland still experiences deep-rooted prejudice and homophobia in the wider society. As a result, many people experience marginalization, isolation, bullying, harassment, family and peer rejection and fear. This places many LGBT people at particular risk in relation to drug use and this broader societal context provides the framework in which drugs use amongst the LGBT community needs to be addressed.

Empirical research from abroad consistently reports higher levels of drug use amongst gay men and lesbians than in the general population. Both anecdotal evidence from the LGBT community in Ireland and findings from the limited amount of research that has been carried out here indicates that this is also the case in Ireland. The Dept of Community, Rural and Gaeltacht Affairs, as the parent department for the National Drugs Strategy, acknowledged the need to find out more about drug use amongst the young LGBT community by providing funding to carry out research on the issue.

**The current situation in relation to drug use in the LGBT community**

Research carried out by the Gay Men's Health Project in 2000 included a question on drug use. It showed that recreational drug use amongst gay and bisexual men in Ireland is common and well above the general average, with 32.5% reporting cannabis use, 25% ecstasy and 14% cocaine. It concluded that the data points to the need for a detailed investigation into drug use and related problems amongst gay and bisexual men in Ireland.

Research carried out by BelongTo Youth Project in 2007 suggests that the problem of drug use amongst LGBT young people 18-26 is significant, impacts on young people in very real and often very negative ways, and is growing more serious in extent and nature. 65% of LGBT youth have some experience of drug taking, 21% have systematically used drugs and 60% had taken drugs in the previous 12 months.

In a research report which is due to be published in the next few months, LGBT West found that 70% of women and 62% of men had used illegal drugs in their lifetime, again much higher than the rates in the general population.

Discussions suggest that it is useful to identify four different groups using drugs within the LGBT community:

- Young LGBT people, in particular young gay men, who are involved in the scene and using drugs in the bar/club setting, this group will generally use any drug except heroin.
- An older age group of LGBT people, in particular gay men, who continue to be involved in the scene and to use drugs in the bar/pub setting. While evidence suggests that drug consumption levels decrease with age amongst the general population, amongst the LGBT community levels remain high at all ages, as they do not experience the same specific lifestyle stages to the same extent as the general adult population i.e. marriage, children etc.
- LGBT people, in particular gay men, who are involved in chaotic or problem drug use, generally including heroin. This group experience a whole range of pressing needs, including immediate health issues, housing/homelessness, income etc. and issues relating to their sexuality will generally not be addressed by services.
- LGBT people, in particular gay men, who are involved in sex work – the NACD is including this group in its research, but it is difficult to get this group to participate in the research. There is anecdotal evidence that a lot of male prostitution is drug related.

In general we have more information about drug use amongst gay men than amongst lesbians, bisexual or transgender communities.

There is anecdotal evidence of a significant level of use of prescription drugs e.g anti-depressants, benzodiazepines etc. amongst young LGBT. There is concern amongst youth workers that young people are being prescribed drugs to deal with the anxiety and depression that can result from being gay in a society that is not accepting of their identity.

There is also concern about the use of legally available drugs such as party pills and poppers. While these drugs are legally available to purchase, there are no guidelines for their safe use and side effects, as is normal with legal drugs. (BelongTo is currently working on information booklets.)

Research in other countries indicates links between gay men's body image and certain types of drug use. For example, steroid use causes the body to bulk up, while drugs such as cocaine and ecstasy can contribute to weight loss.

There is anecdotal evidence of Viagra being used along with cocaine, poppers and alcohol by gay men. A number of deaths can be attributed anecdotally to this combination of drugs and use of drugs in this context can lessen the practice of safe sex.

There is limited availability of crystal meths (methamphetamines) for people who want it, but it is not generally in use in the LGBT community here at the present time.

### **Key issues to be addressed**

A strategy to address drug use in the LGBT community must be set in the broader societal context of the continuing homophobia and marginalisation experienced by LGBT people. In order to reduce the risk of drug use amongst the LGBT community, the broader issue of prejudice and homophobia in Irish society needs to be tackled so that the isolation, stigma and prejudice experienced by LGBT people is addressed.

There is currently no identifier within drug services as to LGBT status and this makes it extremely difficult to have any accurate picture of the numbers presenting to or using services. An identifier needs to be developed, drawing on the experience of developing ethnic identifiers and the work being done by GLEN with the Irish College of General Physicians in this area.

There is a need for alternatives to the pub/club environment for young LGBT people to meet and engage in sport and social activities.

LGBT are named as an at risk group in the suicide prevention strategy Reach Out. Recent research reported that 15% of LGBT youth had attempted suicide in the past and 21% had admitted to self-harm behaviour. Broader mental health issues are a risk factor for drug use and also need to be addressed

There are particular pressures for LGBT people from rural communities who can be isolated both in terms of their geographical location and by lack of access to LGBT services. Anecdotal evidence has shown that this increased experience of isolation and loneliness can lead to an increased risk of drug use. People may be coming into the scene in Dublin or one of the larger cities for a short space of time and become involved in bingeing as a result.

## **Proposed Actions**

There is a need for further research to increase our knowledge and understanding of drug use amongst the LGBT community and to build on the findings of the research done to date. Specific research needs include looking at under 18s, updating baseline data provided by both GMHP and BelongTo to monitor trends and looking in more detail at life histories of drug users.

***Lead agencies: NACD, LGBT groups.***

There is a need to develop a LGBT identifier for use by drug services in order to provide more accurate information on access to and use of services by the LGBT community.

***Lead agencies: HSE, HRB, LGBT groups.***

The role of Drugs Outreach Worker in BelongTo is funded through the NICLDTF and the learning from this innovative service should be looked at and disseminated to other Task Forces, with a view to developing a model of good practice.

***Lead agencies: NDST, NICLDTF, BelongTo***

The development of LGBT youth groups across the country is a key element in working with at risk young people this is currently being rolled out on a phased basis through BelongTo's National Programme. Formal links should be developed between the National Programme and the Drug Task Forces.

***Lead agencies: NDST, Drug Task Forces, Belongto***

Formal referral systems between groups and services working with the LGBT community and the drug counselling services need to be developed.

***Lead agencies: HSE, Drug Task Forces, LGBT groups***

LGBT groups and the service providers should work in partnership to develop targeted drug awareness and harm reduction campaigns with the LGBT community.

***Lead agencies: HSE, Drug Task Forces, LGBT groups***

Existing LGBT groups have considerable experience in delivering awareness training to professionals, service deliverers and agencies. Drugs services should build on this

experience by mainstreaming LGBT awareness training across all drug services in the statutory, community and voluntary sector.

***Lead agencies: HSE, NDST, LGBT groups***

The Sports Council and Local Sports Partnerships should work with LGBT groups to develop a policy framework around developing alternatives for a healthy lifestyle in the LGBT community.

***Lead Agencies: Dept. of Arts, Sport and Tourism, LGBT groups***

There is a need for the Dept of Education to cater for diversity in its broad education/prevention role. This includes promoting a positive view of LGBT identity within schools through the development of appropriate policies, and ensuring that all schools-based programmes support a positive view of the LGBT community.

***Lead agencies: Dept. of Education, LGBT groups.***