Recreational Drug Taking Among LGBT Young Adults in Ireland
Results of an Exploratory Study

Kiran Sarma

Abstract
This paper presents the findings of an exploratory study of drug taking (excluding alcohol) by LGBT (lesbian, gay, bisexual and transgender) young adults aged 18–26. A three phase research methodology was employed that incorporated interviewing (n=12), focus groups (n=32) and a web-based survey (n=173). Results point to high levels of drug taking with 65 per cent of young LGBT adults in the study having some experience of drug taking and 21 per cent having systematically used drugs. Eight per cent of drug takers reported that ‘something to do with their sexuality’ led to their first encounter with drugs. When asked about the consequences of drug taking, 49 per cent had experienced blackouts, 46 per cent had engaged in unprotected sexual intercourse and 11 per cent had been sexually assaulted while ‘incapacitated’. In this paper these and other findings are set in the context of interview and focus group testimonies provided by LGBT young adults.

Keywords
Drug taking; drug prevention; LGBT.

Introduction
There has been growing concern in recent years that recreational drug use by teenagers and young adults in Ireland is having serious social, psychological and physical health consequences. Particular concern has been expressed in relation to drug taking by young lesbian, gay, bisexual and transgender (LGBT) people with youth workers noting that anecdotal evidence points to increasing levels of problem substance abuse. This resonates with anecdotal evidence from the LGBT community in general (i.e. of all ages) and with empirical research from abroad which consistently reports higher levels of drug taking among gay men and lesbians than those who identify as heterosexual.

A considerable amount of research has been conducted abroad that probes levels of drug taking and routes into drug use within the LGBT community. Yet there is a complete absence of comparable research here and we are left with a rather vague notion that there is a serious problem, rather than the type of sophisticated appreciation that emerges from systematic research and that can be used to formulate policy and initiatives.
This paper represents a preliminary effort to address this knowledge vacuum. It does so through a mixed-methods multi-stage research design that deals with three core research questions. What is the extent and nature of drug taking among LGBT young adults? Second, what are the routes into drug taking as reported by research participants? Finally, what are the reported physical and psychological consequences of drug use?

Explanations for Drug Use within the LGBT Community

While useful to some extent, traditional causal models of drug use may be of only partial utility in understanding drug taking amongst the LGBT community, which may experience many specific stressors that relate, directly or indirectly, to their sexuality. Being part of a marginalised community, an attempt to escape from negative personal experiences relating to homophobia, fear of ‘coming out’, conflicts in self identity, reduced family support, fear of HIV and other sexually transmitted diseases, underlying feelings of depression and social isolation and normative influences within the gay sub-culture may all play some role here (see for instance McKirnan and Peterson, 1989).

In psychological terms, one key predisposition would appear to derive from difficulties incorporating ‘homosexuality’ into personal identity and the damage this has on self-esteem. Cultural stigmatisation of homosexuality creates negative prejudices. It is suspected that as a result some young gay men and lesbians often fail to fully accept their sexual identities and thus have personal vulnerabilities, insecurities and a dominant fear of rejection (Pachankis and Goldfried, in press). This is manifest as a sense of inadequacy due to being homosexual, deflated self-esteem, a lack of self-confidence and social anxiety. Drugs and alcohol, it is increasingly accepted, allow individuals to artificially circumvent their personal insecurities, bolster their self esteem and thus allow them interact socially and sexually in society (Ghindia and Kola, 1996; Lau et al, 2004). This can often lead to a deterioration in ability to function in social gatherings without a drug-induced affect (i.e. psychological dependence on drugs), with normal social skills falling into disuse (Bacon, 1973). It seems reasonable to assume that young gay men and lesbians are particularly at risk of this identity-formation/self-esteem predisposition.

Others have intimated that drug taking is normalised within gay culture and there is certainly some evidence in the international literature to support this assertion (Bochow, 1998). It would appear that this reflects attempts to enhance atmosphere and experience at gay events (Lau et al, 1998) and reduce tension prior to and during social gatherings (McKiernan and Peterson, 1989). However, it is important to point to the significant sociological debate and research that has probed the normalisation of recreational drug taking within adolescent culture in general (Parker et al, 1998; Blackman, 2004) and it is not at all clear to what extent identity-specific drivers exist.

Levels of Drug Use

Research from abroad tends to suggest that gay men and lesbians are between two and five times more likely to take drugs than the general population (Murnane et al, 2000; Dyter & Lockley, 2003; Lau et al, 2004; Thiede et al, 2003). In the US 52 per cent of gay men stated that they had used drugs, 17 per cent frequently (Stall et al, 2001). In
Australia 62 per cent of young LGBT people had used cannabis, 30 per cent speed, ecstasy or LSD and 11 per cent had injected drugs (with some admitting to sharing injecting equipment) (Hillier et al, 1998).

In North West Lancashire 43 per cent of gay men stated that they used drugs ‘frequently’, a prevalence rate six times that of the general population (HPU, 1998). Comparable levels of drug taking were reported in the National Sex Survey of gay men in England by Weatherburn et al (2000). A similar survey conducted in Ireland in 2000 found that 55 per cent of gay men had used drugs in the 12 months preceding the research (Carroll et al, 2002). McKiernan and Peterson (1989) note that while drug use within the general population tended to be lower among females than males and declines with age, neither of these trends occur amongst the LGBT community, where the sex-role stereotype was not adhered to and age-related role changes do not as readily occur.

Lau et al (2004: 19) found that participants took a variety of different drugs during a night out, ‘varying the type, timing and sequence to achieve a desired effect at specific times during the night’. For instance, some reported alternating ecstasy and Gamma hydroxy butyrate (GHB), with the former creating an ‘upper’ and latter a ‘downer’. Similarly cannabis, in its various forms, is used to mellow out a mood following taking ecstasy and others reported taking cocaine the day after to deal with the depressive symptoms of the ecstasy come-down.

**Consequences of Drug Taking**

In terms of the consequences of drug use, one of the main concerns is that certain types of drug use can lead to high-risk sexual behaviour (Lau et al, 2004). While the relationship between the two behaviours is likely to be complex, it would appear that drugs lower inhibitions about sexual contact and unsafe sexual intercourse and increase the likelihood of having multiple sexual partners (Greenwood et al, 2001). Obviously this has serious ramifications for sexual health and the transmission of sexually transmitted diseases within the population as a whole.

The potentially serious mental health problems that can be triggered by drug taking are also of concern. Research has consistently linked use of a range of hard and soft drugs with irritability, sleep disturbance, severe anxiety, paranoia, depression, schizophrenia and a range of other conditions (New York University, 2006). Commentators have suggested that this has contributed to high levels of suicide within the LGBT community (Saunders and Valente, 1987). Drug taking is also linked to a range of other potentially problematic outcomes including hampered performance in educational and vocational settings, involvement in criminal behaviour, strain on interpersonal relationships and in particular with family members and partners.

Drug use by young LGBT people is of obvious interest to those involved in drug prevention. The social impact of use is likely to be higher, with underperformance in second and third level education potentially irreversible and with knock-on effects (Miller & Plant, 1999). Young drug users are also more vulnerable to victimisation, particularly sexual exploitation, and there is an increased likelihood of involvement in criminal behaviour (Tyler et al, 2004). Finally, there is a physical impact with drugs triggering psychological imbalances at a time when the young person is often most vulnerable (Centre for Addiction and Mental Health, 2006).
With the exception of the *Vital Statistics Ireland* report, no comparable research on drug taking within the LGBT community has been conducted in Ireland, nor is there any qualitative data dealing with experiences of use or routes into use. Such research would aid in the identification of user networks and environments and of psychological, group-dynamic and experiential antecedents to use. Moreover, findings could aid in the formulation of harm-reduction education programmes and provide focus and direction to policy setters, governmental decision makers and agencies working with the LGBT community.

As a preliminary step towards addressing this knowledge vacuum, this exploratory study into the extent and nature of drug use amongst LGBT young people in Ireland was conducted. It involved a three stage data gathering process. In Stage 1, interviews were held with LGBT young people to explore their attitudes towards and experience of drug use. This was followed by a series of focus groups (Stage 2). Finally, an on-line questionnaire was designed and administered through LGBT websites (Stage 3).

Three broad research questions are posed here: What is the extent and nature of drug among LGBT young adults; what causal explanations for first-time and on-going drug taking are proffered by drug takers; and what are the consequences of drug taking as reported by drug users? It is important to stress at this early juncture that comparing levels of drug taking across communities (i.e. gay versus ‘straight’) is not an objective of this research and that inferences can only be made in relation to drug use within the LGBT community.

**Method**

**Participants**

Twelve LGBT young people participated in interviews and 32 in focus groups. 198 respondents completed the on-line survey. Of these 18 reported that they were ‘straight’ (and did not identify as transgender) and a further 7 were either above or below the target age range of 18–26. This sub-group of 25 respondents were excluded from further analyses leaving a core sample of 173. Of this cohort 84 per cent (n=144) were male and 16 per cent (n=28) female. Three per cent (n=6) identified as transgender. Seventy-four per cent stated that they were gay (n=124), 10 per cent lesbian (n=17), 11 per cent bisexual (n=19), and 4 per cent (n=7) were ‘unsure’ of their sexual orientation. The average age of our sample was 22 (SD=4). Where the total sample numbers in this report fall below 173, the shortfall is due to non-responses (i.e. respondents electing not to provide an answer to the item).

**Materials**

The on-line questionnaire contained 34 items: 11 dealing with background information; 14 with alcohol and drug consumption during the respondent’s life; 6 with alcohol and drug consumption on the respondent’s last night out and; 2 dealing with drug-related service provision issues. Pre-test instructions stressed the confidential nature of the research and gave an approximate time required to complete the questionnaire. Post-test instructions provided respondents with contact details for youth workers with experience in LGBT issues.
Procedure
Interviews and focus groups with LGBT young people were organised through youth groups and projects, with further participants recruited by word-of-mouth recommendations (‘snowball sampling’). Following transcription of these sessions, a thematic analysis of the qualitative data was conducted. Taking cognisance of the themes emerging from this analysis, and of the international literature, a questionnaire was designed and administered on-line between August and September 2006.

The questionnaire was hosted by a web survey service provider. Websites for a number of LGBT representative groups publicised the survey and provided links to the survey site. Based on pilot testing, the questionnaire took between 4 and 15 minutes to complete depending on the number of applicable questions that each respondent was required to answer. For instance, a respondent who reported having never taken drugs would have been able to complete the questionnaire within 5 minutes but others who had experience of both drug and alcohol consumption would have required more time. Minimum quotas for gay, lesbian, bisexual and transgender respondents were reached after 3 weeks and in total the survey was ‘live’ for 10 weeks.

Representativeness of Sample and Predictive Utility of the Research
The problems encountered by researchers in attempting to recruit a representative sample of the LGBT community have been examined elsewhere (see Sarma, 2004; Herek, 1992; Berk, Boyd & Hamner, 1992; GLEN, 1995; Paul et al, 1991; Greenwood et al, 2001). Suffice to say here that as an exploratory study, the approach adopted here gives at least a good snapshot of drug taking by LGBT youth and that the qualitative stages provide a real-world overview of the lives of drug takers.

The strengths and weaknesses of on-line surveys have also been discussed at length (see for instance Couper, 2000 & Manfreda et al, 2002). The primary problem is the potentially divergent demographic characteristics of those with access to the internet and those who do not. Conversely, on-line surveys are inexpensive to administer and with increasing broadband penetration there is growing confidence that on-line surveys are increasingly attracting more and more representative samples.

Results
The overall picture emerging from the research is that drug taking by LGBT youth is widespread. As illustrated below, the vast majority have taken drugs at some stage in their lives and for many drugs have become part of the routine of socialising. Others report frequently taking large quantities and mixing drug types. Of the 173 survey respondents, 150 answered the series of questions relating to drug and alcohol taking and percentage figures provided here are based on this sub-sample. Of this group, 89 per cent (n=134) reported that they had been offered drugs at some point in the past and 65 per cent (n=97) said that they had wanted to try drugs at some stage in their lives.

Sixty five per cent (n=98) of young LGBT youth have had some experience of drug taking with 21 per cent (n=31) having systematically done so – using drugs on more than 60 occasions. Approximately one in five (19 per cent, n=29) had taken drugs on fewer than 6 occasions and could be labelled ‘experimenters’. Most of our sample (60 per cent, n=90) had taken drugs over the proceeding 12 months with a significant minority (8 per cent, n=12) having done so on more than 60 occasions in that period.
Forty per cent (n=60) had used drugs in the past month and 29 per cent (n=44) in the seven days leading up to the survey.

Table 1:  Headline findings from the BeLonG To web survey

<table>
<thead>
<tr>
<th>Findings</th>
<th>%</th>
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<tbody>
<tr>
<td>Had been offered drugs</td>
<td>89</td>
</tr>
<tr>
<td>Had wanted to try drugs at some stage in the past</td>
<td>65</td>
</tr>
<tr>
<td>Have taken drugs</td>
<td>65</td>
</tr>
<tr>
<td>Systematically take drugs</td>
<td>21</td>
</tr>
<tr>
<td>Have taken drugs in preceding 12 months</td>
<td>60</td>
</tr>
<tr>
<td>Have taken drugs in preceding month</td>
<td>40</td>
</tr>
<tr>
<td>Have taken drugs in preceding seven days</td>
<td>29</td>
</tr>
<tr>
<td>Have taken cannabis</td>
<td>56</td>
</tr>
<tr>
<td>Have taken poppers</td>
<td>44</td>
</tr>
<tr>
<td>Have taken ecstasy</td>
<td>33</td>
</tr>
<tr>
<td>Have taken cocaine</td>
<td>32</td>
</tr>
</tbody>
</table>

Participants were asked to identify the types of drugs they had taken in the past. Somewhat predictably cannabis was the drug most likely to have been taken with 56 per cent (n=84) of our sample having tried the drug at some period in their lives. Poppers (44 per cent, n=66), ecstasy (33 per cent, n=49) and cocaine (32 per cent, n=48) were also prevalent in the report statistics. When asked specifically about the last night out during which they took drugs, 39 per cent (n=58) of our sample had used cannabis, 17 per cent (n=25) ecstasy and 11 per cent (n=17) cocaine.

Twenty-one per cent (n=19) of those who reported a history of drug taking stated that they would ‘frequently or always’ take more than one type of drug on a night out. A further 30 per cent (n=26) engage in polydrug use occasionally. When asked about their last night out, for instance, of those subjects who reported taking drugs, 27 per cent (n=24) stated that they had taken more than one type of drug with combinations of ecstasy, cocaine and cannabis being most common.

These findings are largely in line with testimony provided by focus group and interview participants, most of whom had some experience of drug taking, and a number of whom took drugs systematically. As with the survey results, cannabis, ecstasy, cocaine and poppers were the most common drugs taken and most of our participants reported moderate levels of drug taking typically characterised by occasional drug use during nights out. In the main this cohort tended to use drugs when they were offered by friends, but were unlikely to actually approach a dealer to purchase them. They were also unlikely to take more than two ecstasy tablets during a night out and tended to place greater emphasis on alcohol. Sean provides a typical example of this level of drug taking.

Well I suppose I would be more likely to take them [ecstasy] after a few drinks and just before going to the club. I wouldn’t have to go looking for them … to a dealer or anything … but one of my group would always have enough for us all … so I’d take
a couple over the course of the night. That would only be sometimes ... a lot of the
time I just wouldn’t bother ‘cause we wouldn’t have any and couldn’t be bothered
looking for a dealer.

Others, however, reported alarming levels of drug taking. Peter’s ‘last night out’
illustrates the typical night out for drug taking at the high end of the spectrum.

Peter: Well, this is what happened the last night out. I went over to a drug
dealer, his name is Anthony, and I asked him for three [ecstasy
tablets]. I gave him the money and he said come back in a while for
them. Then I went over to another drug dealer and I said that
Anthony said he would come back to me, but I don’t want to wait, so
will you give them to me now and Anthony will give them to you when
he gets back?’ He gave me three. Then Anthony came back and gave
me his three. I took them all in one go.

Interviewer: All six?

Peter: Yea.

Reasons for First-time Drug Use

Those who had taken drugs in the past were asked a series of questions relating to the
first time they had done so. Fifty-six per cent (n=51) had been under 18 years of age
when they had first tried drugs and 18 per cent (n=17) under 15 years old. Cannabis (78
per cent) and ecstasy (9 per cent) were the most common drugs taken during this first
encounter. When asked to describe the reasons for taking drugs on this occasion,
curiosity (80 per cent, n=74), a desire to feel high (30 per cent, n=28), a desire to ‘be like
others’ (22 per cent, n=20) and to overcome feelings of boredom (14 per cent, n=13)
were the most common explanations. Eleven per cent (n=10) linked their first
experience of drugs with a need to bolster their self confidence and 8 per cent (n=7)
blamed ‘issues to do with their sexuality’. Most had obtained their first drug through a
friend (75 per cent, n=65) and one in five (20 per cent, n=17) had obtained them
through a ‘dealer’. Sixty five per cent had consumed more than 6 units of alcohol on that
occasion and just 16 per cent (n=14) had not consumed alcohol.

Echoes of these survey findings were present in the accounts given by interview and
focus group participants. Sean, like many of our other participants, first experimented
with cannabis, which later proved to be a gateway drug for further experiences with
other substances.

Sean: I remember being with a girlfriend and she was way more advanced
that I was and she used to have mostly cannabis ... and we'd smoke it.

Interviewer: What age were you then?

Sean: 15 I think.

Interviewer: Where would you smoke?

Sean: Well we would go to her place and we would smoke in their garden
sometimes ... later we took Es when we could get them ... we used to
buy petrol in a coke a cola bottle sometimes and sniff that too.
For others, however, experiences directly or indirectly related to being gay appear to have led to drug taking. Mark provides an example:

It was hard being gay and growing up in a rural area. Particularly for someone like me who is prone to introspection and depression. It was depressing. You are going to use drugs and alcohol more than you would if you were in a healthier environment. You would be called names and people made jokes when you are younger.

**Reasons for Sustained Drug Taking**

Interview and focus group participants were asked to comment about some of the causal factors that led to sustained drug taking – as opposed to motivations for first time drug use. In the main these explanations centred on positive first experiences of drugs that led to habitual recreational drug use and the normative and widespread use of, and access to, drugs that has resulted in high drug taking in Irish society in general. In very few instances were factors relating directly or indirectly to sexuality identified, although two such accounts were narrated by Mark and Thomas.

Mark: *I was attacked one night by some guys. I was terrified for about a year afterwards and wouldn’t leave the house. I drank and took a lot of drugs at that time. I wouldn’t leave my house and eventually moved to Dublin.*

Interviewer: *And do you think that the experience got you further involved in drugs?*

Mark: *Yea. It did.*

Thomas had a particularly tragic story to tell.

Thomas: *When I moved I worked for a while as a ‘house boy’.*

Interviewer: *Explain that to me.*

Thomas: *Well it’s the same as a rent boy, but I was over 18 – but I looked a lot younger. I didn’t stand on corners either, I was advertised through an internet service. I used a lot of drugs at that time.*

Interviewer: *Why*

Thomas: *To numb myself. I would do three each week [clients] and it wasn’t always sexual. But it did damage me and I did use drugs to numb me from what I was doing. Ecstasy, cocaine, a lot of cocaine, grass and hash … It would make you feel awful about yourself … I would end up back in strange houses … One time in Dublin I woke up naked on a bed and there were seven people in the room and it was mortifying. I can’t remember what happened.*

Others reported taking drugs to boost their confidence when going out on the scene, particularly during the initial period after coming out.

Peter: *Yes it gives me more confidence. It really does.*

Interviewer: *Why is that?*
Peter: Well coming out on the gay scene was difficult for me. I was scared. Just being around other gay people … Ecstasy helped me. Obviously I wasn’t me on it, but if I didn’t have it I would just hang my head. It’s different now. Then I lacked confidence. I couldn’t have a good night without them.

Interviewer: What would go wrong for you if you didn’t have them?

Peter: I wouldn’t talk to people. I wouldn’t, em … be dancing. I would just stay in the corner all night.

**Problems Associated with Drug Taking**

Those who had taken drugs in the past were asked about negative experiences arising ‘directly or indirectly’ from drug taking. Just 57 subjects were willing to answer this question and the small sub-sample size means that percentage results provided below should be viewed tentatively. This said, the range of side-effects and experiences reported by LGBT drug takers makes for dramatic reading. Almost half (49 per cent, n=28) experienced blackouts (becoming unconscious), 46 per cent had engaged in unprotected sexual intercourse (n=26) and 11 per cent had been sexually assaulted while ‘incapacitated due to drugs’.

**Figure 1:** Consequences of drug taking as reported by drug takers (n=57)

During interviews and focus groups some participants readily acknowledged the problems associated with their drug use.

Sean: I would be in bits the next day. They call it come downs. Your skin feels different and you feel fragile and you get depressed about stupid

The issue of safe sex was also discussed during the interviews and focus groups and the testimony provided below illustrates the potential for drugs to reduce inhibitions and expose young people to high risk sexual behaviour.

Paul: Yea. It’s kind of funny when you’re on ecstasy because you are aware of what you are doing, but not aware at the same time. You remember everything, even though you don’t know at the time what exactly you are doing. I woke up next to a stranger twice. I don’t think I had sex, but I don’t know … It does pose a problem for safe sex and I know people who it has happened to. It doesn’t bother me much because in my group of friends we look after each other.

Mark had a particularly serious experience.

Mark: It happened once out in [Dublin]. I was 20, I had been out with a few friends. I got very drunk and [had] taken two ecstasy pills as I was leaving the pub and walking down the laneway. I went to the next pub and I remember sitting at the table and my friend saying to me ‘are you all right’. Next thing I remember is going to the toilet and then I blacked out. When I woke up there was a man having sex with me in the toilet. I think I must have been getting sick over the toilet when it happened. I pulled away. I had always been so careful in relation to safe sex, but I had no control.

Interviewer: Did you report the incident to the Gardaí?

Mark: They would have laughed in my face because of the drugs and drink they would have said it was my own fault.

Discussion

Among the on-line sample of LGBT youth, the headline statistics are that 65 per cent have taken drugs at some stage in their lives, 60 per cent have done so in the 12 months preceding the survey, and 40 per cent in the ‘last month’. Fifty-six per cent had some experience of taking cannabis, 33 per cent ecstasy, and 32 per cent cocaine. These prevalence statistics are significantly higher than those reported in similar studies investigating drug taking amongst the general youth population in Ireland (see European Commission, 2004; National Advisory Committee on Drugs, 2006), although the absence of a heterosexual cohort in the present research makes comparisons across groups difficult.

Traditional explanations for systematic (ongoing) drug taking within the LGBT community were by and large rejected by interviewees and focus group participants. ‘Raves’, they argued, were rare and the ‘dance’ scene is apparently in decline. While some do regularly take drugs in pubs and clubs, most drug taking appears to be occurring in private houses and at the beginning and end of the night out – and with gay and straight friends.
Respondents accepted that peer pressure issues to do with their sexuality may have played a role in their first encounter with drugs, but stressed that it played no part in ongoing drug taking. Similarly they agreed that some LGBT youth might take drugs to boost their confidence during first and early encounters with the gay scene, but felt that this was of little importance thereafter. Overall they felt that their motivations for taking drugs were comparable to motivations amongst the heterosexual community and revolved around a desire to ‘have a good time’.

One important finding here for those working with the LGBT community is that a relatively small but significant minority of LGBT youth (8 per cent) report that ‘something to do with their sexuality’ played a role in their first experience of drug taking. Thus almost one in ten LGBT drug users in this study first experimented with drugs because of some form of fear, or other negative psychological state, that was linked to their personal and sexual identity. It is also possible that young gay people experience the ‘normal’ motivations towards drug use (curiosity, a desire to feel high, conformity pressures and a desire to boost confidence) but simply do so on a more potent level and resulting from a greater need to ‘fit in’, a lack of confidence on the ‘scene’, a desire to escape reality and a deflated self esteem.

Another possibility is that these factors in some way interact with one another leading to a cluster of determinants that together create the major predisposition towards drug use. However, without further research, involving large sample sizes and utilising questionnaires designed to identify predictive models through regression analysis, these suggestions cannot be explored further and a definitive explanation for the findings will remain elusive.

In terms of the types of drug taken, cannabis, poppers, ecstasy and cocaine were the drugs of choice amongst the research participants here. This is in line with international research and studies of the general population. Worthy of consideration is the 44 per cent of LGBT youth who had taken poppers in the past and 32 per cent who had taken cocaine (just one per cent less than had taken ecstasy). Poppers are liquid chemicals (amyl or butyl nitrate) that are usually sold in small bottles and the vapours from which are inhaled through the nose. Once in the blood stream blood pressure drops and heart rate increases leading to a ‘high’ that lasts approximately five minutes. During this time drug takers report enjoying music more and, for some, intensified sexual experience. Others feel dizzy, nauseous and can blackout. When ingested in liquid form poppers are highly poisonous.

Poppers are legal in Ireland and can be purchased at health stores and sex shops. There is anecdotal evidence that they are increasingly being used by young teenagers who experiment with solvents and stimulants, and recent research from the UK reported that seven per cent of 11 to 15 year olds had used poppers at some stage in their lives – a doubling in prevalence rate since 1999 (Institute for Public Policy Research, 2006).

Use of cocaine by young people in Ireland has been on the increase year-on-year since the late 1990s. In 2001 Maycock reported increased visibility and use of cocaine here, particularly by recreational drug users and in night clubs and pubs (Maycock, 2001). SLÁN (2002) reported that almost twice as many males had used the drug in 2002 as had done so in 1998 and among females the prevalence rate had more than trebled. There is also evidence that cocaine plays a prominent role in the polydrug use
culture in Ireland (Maycock, 2001). These findings are certainly in line with the current study which found that cocaine was a drug of choice on the ‘scene’.

According to those interviewed during this research, cocaine is increasingly easy to purchase, and in some areas is now in greater supply than cannabis. The cost of cocaine has also decreased dramatically and it can now be ingested for between €5 and €10 a ‘line’, meaning that it is affordable for those in lower paid or temporary employment. Finally, interviewees and focus group participants felt that cocaine had developed a reputation as being non-addictive and low-risk – in comparison to ecstasy, for instance, which had been directly implicated in a number of sudden deaths of drug takers and led to others engaging in self-harm behaviour such as jumping from windows. (However, this research took place before a spate of drug-related deaths in late 2007 generated significant media coverage of the dangers associated with cocaine use.) Most participants rejected the suggestion that cocaine had become associated with the LGBT drug ‘scene’, arguing that it formed an integral part of drug taking for all drug taking networks.

A range of side-effects to drug use were reported by interviewees and survey respondents. Approximately one third had collapsed (30 per cent), experienced flashbacks (33 per cent) or withdrawal symptoms (37 per cent). Almost half (49 per cent) had blackouts and just under one in five (18 per cent) had been hospitalised. The fact that almost half of the participants (46 per cent) attributed having ‘unprotected sex’ to being on drugs is obviously a very serious concern for those working in sexual health promotion roles. Finally, drugs are clearly very detrimental to the working lives of LGBT young people with 56 per cent of respondents having underperformed at work and 49 per cent missing work.

The research has a number of implications for policy setters and service providers. There is certainly a need to promote awareness of LGBT issues among drug workers and medical practitioners. Young people require a comprehensive and non-judgemental service from professionals who show a sophisticated appreciation of the risk factors for drug taking. More education on drug issues for LGBT young people is also required, focusing in particular on the impact of drugs on disinhibition (sexual and physical) and vulnerability to victimisation, and also including resistance skills training and information about services and supports available.
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