

The Health Needs of Gay and Bisexual Men

We are here We Area Queer and We Are Not Going Shopping!

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Introduction

Since 1985 when Gay Health Action carried out the first survey among gay and bisexual men on STD clinics in Dublin there has been some research and information on the needs of gay and bisexual men in Ireland. This is represented by nearly 4,000 respondents to studies published and unpublished between 1985 and 2004 (References). These reports highlight some of the common needs and issues already associated with men in general; poverty, social class, education levels, ethnicity, disability and sensory deprivation, access to services. A few reports concentrate on the needs of gay men in relation to HIV, sexual health and health needs. These reports along with some Health Board and Government Strategy documents are important in highlighting issues for gay men in the areas of health gain, access, discrimination and development.

This presentation will use two recent studies, the comprehensive survey of 1290 men for VSI 2000 ('*Vital Statistics Ireland - Findings from the All-Ireland Gay Men's Sex Survey 2000*' (Carroll, Hickson, et al, 2002). The unpublished data of 1035 men (690 reside in the Republic of Ireland) from the VSIIS 2003 (*Vital Statistic Ireland - Findings from the All-Ireland Gay Men's Sex Survey on the Internet 2003* (Quinlan, Farrell, et al, work in progress). Nearly all of the VSI 2000 samples are from gay and bisexual men reached in gay community settings; pubs, clubs, saunas, community centres and LGBT Pride events, except the VSI 2003 study of course.

How many gays in Ireland?

The 10% rule (based on the Kinsey 1948 study) is usually used to define a lesbian, gay, bisexual population. In Ireland as the National Census does not seek sexual orientation status there is no clear number, though in the recent Crisis Pregnancy Agency report 1.3% had had homosexual and heterosexual experiences (CPA 2004). The forthcoming KAB study 2005 might give a clearer indication. Presently in the Republic of Ireland the male population (aged 15 and older) is near 1,153,000 (CSO 2004). By using 10% as guide for men having experienced homosexuality and 5% as a guide for exclusive gay experience means there might be a gay and bisexual male population of between 76,000 to 153,000. Mostly concentrated in the larger cities Dublin, Cork, Limerick and Galway. The VSI 2000 study showed that 54% of respondents lived in Dublin city and county. Of course many gay and bisexual men are not living in urban areas, are not on the scene or do not identify as gay or bisexual.

It's a Quare life!

From certain sample studies a profile of gay and bisexual men in Ireland can be assembled:

Age:

The gay male population is young with 55% aged under 29 (60% for the internet survey). The following graph deals with four studies 1988 to 2003.

Survey	Sample	<19	20s	30s	40s	50>
Internet 2003	690	13%	47%	27%	9%	4%
VSI 2000	1290	5%	50%	34%	9%	2%
EHB 1992	481	3% (<18)	36%(18-24)	42%(25-34)	18% (35>)	
GHA 1988	265	5%	50%	34%	9%	2%

Figure 1. Age Range for Four Studies 1998-2003

Sexual Orientation:

Overall between 81% (1992) and 86% (2000) identify as gay while between 12% to 7% as bisexual and 7% other. When asked if they have sex with both men and women, this changes to 13%(1992), 9% (2000) and 14% of the Internet response (2003). In VSI 3% of the men who identified as gay had sex with women. When dealing with males in prostitution, male sex workers the sexual identity percentages change to Gay 59%, Bisexual 21% and Heterosexual 19% (Quinlan, Wyse 1997).

Education Levels:

Studies show that gay and bisexual men are well educated. In VSI 2000, 60% (Dublin 68%) had third level or higher. This high level of education is comparable to all gay community recruited samples in North America, Europe and Australia (Carroll et al 2002). In the Internet Study there was a 60% high, 28% middle and 12% low education rate (This was higher than for the community samples for England, Scotland, Wales and Northern Ireland (Sigma 2004).

Employment Levels:

Employment was similar to the general rate. In VSI 2000 the unemployed rate was 6.5%, (10% in 1988). In full time employment 72%, part-time employment 8%, 11% were in education.

While the Internet Survey 2003 showed that earnings were: Euro10,000 or less (28%), E17000 to E31199 (33%), E32000 to E51999 (27%) E52000 (13%). (In the 1988 GHA study 18% earned less than the old £5000 while 28% earned up to £10,000 up to £15,000 was 29% up to £20000 was 13% and earning for over £20000 it was 12%).

Just Getting By: The Poverty Trap!

In 1996 a Combat Poverty Publication highlighted the issues of poverty for LGB People(GLEN/ Nexus 1996). In 2003 nearly a third (27%) of gay and bisexual men were just getting by economically! In the Internet Survey 2003 when asked, (n 690) 31% indicated that they were living comfortably, 42% were doing alright, 22% were just getting by, 4% were finding it difficult and 1% were finding it very difficult to get by (Farrell, Quinlan wip). In the male prostitution study (1997) and KINDA Ireland Report 2004 migrant men found it very difficult to survive especially if on the government's 19 euro per week and in hostel accommodation (Carroll, Quinlan 2004)

Most gay and bisexual men were in their 20s and 30s, well educated, in employment or studying fulltime. Though a third were finding it difficult to survive economically. This is more pronounced when dealing with marginalised men such as male sex workers and ethnic migrant men.

Health Matters!

Understanding the lives of gay and bisexual men

HIV and Sexual Health: insistence of HIV and STI's.

In VSI 2000 up to 60% of the men had ever tested for HIV while for the Internet survey 2003 this fell to 52% though this was still higher than in 1992 (44%) and 1988 (40%). Overall in three studies 1992/2000/2003 there was a 3% HIV positive rate suggesting that there is another 3% undiagnosed rate (Carroll, Hickson 2002). Official records up to December 2003 show that of the total 3604 diagnosed with HIV since 1985 up to 764 (21%) are men who have sex with men (MSM). In this time approximately 130 of these men died from AIDS related illness. In the three years 2000/2003 up to 190 MSMs were diagnosed HIV. Though the yearly rates of HIV seem to be levelling off for gay and bisexual men, over recent years MSM's still make up 60% of all men who acquired HIV sexually (NDSC 2004).

For other sexually transmitted infections (STI's) the official rates of are between 8,500 (2000) and 10,500 (2002) per year with men slightly more in number than females (Men's Health Forum 2004 & NDSC June 2004). MSMs account for large numbers of STIs, for instance, 463 cases of infectious syphilis between 2000 and 2004. Currently, Gonorrhoea, Chlamydia and infectious Hepatitis B figures are also a cause of concern (NDSC/GMHP 2004). In the VSI 2000 study 56% of the men were not benefiting from Hepatitis B Vaccinations (compared to 86% in the 1992 study). There was a higher number among men outside Dublin not benefiting (Carroll Hickson 2002).

More men living with HIV in Ireland much less men are dying from AIDS related illness. The rates of infection are constant. Gay and bisexual men account for 60% of all men infected through sex. STIs are a concern for men and gay and bisexual men in particular, higher rates of syphilis, hepatitis b vaccination up take is still low. Though a 30% increase over 1992 in up take and the reduction in syphilis numbers suggests targeted responses are successful

Other Health Concerns for Gay and Bisexual Men

The importance not having gay identification only associated with HIV and STI's
In 1985 AIDS increased "both the fears and the prejudices within Irish society" (GHA 1985). In 2004 HIV continues to be a particular concern to gay and bisexual men even though rates of AIDS have declined, HIV infection might intale sever drug treatment and it's affects, certainly persons can experience stigma and discrimination. Nevertheless HIV is not the only health issue for gay men. Some would say it's time "to take gay men's health and social concerns out of the service and policy 'ghetto' that is HIV" (Keogh et al 2004).

As with other men, many gay and bisexual men experience other health complications: prostate cancer, breast cancer, rectal cancer, testicular cancer, heart attacks, strokes, eating disorders, problems with erectile dysfunction, sterility, mental health issues. How these are dealt with is perhaps similar to men in general.

On the Margins:

Marginalised people experience sever stress and other affects on health, "the determinants of health" (Burke s et al 2004), poverty, social class, ethnicity, access, education, homelessness, addiction. Important also is the service provider's attitude

and awareness about gay and bisexual men's lives and health needs. Which probably means challenging oneself by implementing policies, practice and homophobia and heterosexism. To begin this it is worth looking at the lives of gay and bisexual men in Ireland.

Deconstruction of Homosexuality and defining a Queer identity

"We must not forget that the psychological, psychiatric, medical category of homosexuality was constituted from the moment it was characterised-Wesphal's famous article of 1870 on 'contrary sexual sensations' can stand as its date of birth.."(Michel Foucault 1976 the History of Sexuality).

Decriminalisation for homosexual acts only took place in the Republic of Ireland eleven years ago in 1993. The age of consent is 17 years of age (also in North of Ireland). Since then many laws and policies have been enacted in areas of discrimination, employment rights and encouragement in equality proofing (Equality Authority 2002). Yet attitudes, stereotyping based on mythology still abound especially in areas of sexuality, sex and disease. Homosexuality constructed by the medical profession linked it with illness, disease and as a mental abnormality. This was only de-listed 1973 (American Psychiatric Association) and twenty years later 1993 by the World Health Organisation. Though some medical reference textbooks in the 1980s still classed homosexuality as a sexual deviance (Fisher 1985). This approach perhaps along with heterosexism led to AIDS at first been classified as a Gay Related Immune Deficiency (GRID). Causing problems even in this 21st century that, *gay equals AIDS equals death*. Presently in many countries homosexuality is still considered a criminal act or a religious sin for which there are social and state sanctions including death or imprisonment (Amnesty International 2001). If lucky, individuals can flee and seek asylum in countries such as Ireland and receive it (if lucky). In the KINDA Ireland report on migrant gay and bisexual men many sought refuge in relation to their sexual orientation (Carroll, Quinlan 2004) Male Prostitution criminalised in 1993 in Ireland is also affected and in many areas it is still "Such a Taboo" (INMP 2001)

Some Class of a Scene

We are here, we are queer and we are not going shopping-we cannot afford it!
Two particular areas need highlighting in relation to gay and bisexual men. Working class and Ethnicity as the general visibility is of white middle class gay men. Though there are some attempts at portrayal of working class gay men in soaps and TV programmes such as Coronation St and "Queer As Folk". Culture Class is important determinants in health yet the language of social inclusion has caused problems with terms disadvantaged seen in negative terms. Recent Gay Health Forums in Ireland (GMHP 2004) and reports by GMHP and Research Reports by Sigma Research attempted to highlight the needs of these men. The Sigma reports record important interviews with Irish gay men living in UK. Importantly these reports show that while men with lower education have higher instances of risks and lack of knowledge they are more integrated and have better social support networks (Keogh et al 2004).

Influences on the Health of gay men

Attitudes in society, secrecy about one's sexuality, coping, homophobia and heterosexism, violence, assault, bullying all have contributed to a psychological and physical impairment to the individual. Abuse, rape and sexual assault. Relationship

issues, domestic violence, loss of family, marriage breakdown, access to children, adoption are particular issues. Recently marriage for gay couples especially regarding rights for cohabiting couples are now been recognised as pertinent issues.

“To live in a two world existence requires a great deal of Psychic energy and is inherently stressful”(Bradford, Ryan, Rothblum 1994)

Alcohol and Recreational drug use among gay and bisexual men in Ireland is common (Carroll, Hickson 2002). Drug and alcohol use and abuse, comes about from both socialisation and coping mechanisms. Also because social gatherings take place mainly in pubs and clubs, 80% of respondents in VSI 2000 had used gay pubs or clubs in previous year. Though with the development of some community centres around Ireland (28% in VSI 2000) other social venues are now being accessed. Studies show that Alcohol, Poppers, Cannabis, Ecstasy, Cocaine and Speed are the main drugs used by gay men with heroin, tranquillisers associated more with male sex workers (appendix). This drug and alcohol use is common in other urban areas in USA and Europe (Stall et al 2001).

Alcohol and drug use have implications for risk behaviours, for instance 45% men said that alcohol influenced unsafe sex (Barry et al 1992). One survey highlighted that 40% of the respondents smoked tobacco (GHA 1989)

Isolation and social exclusion and assertiveness are particular concerns as Social integration and supports are key determinants of ill health (WHO 1999)

Feelings about oneself, isolation, secrecy, such as a man not disclosing he is gay to his General Practitioner (GP) impedes a proper health gain. Self hatred or fear in identifying as gay or accessing a gay health service are particular issues. In VSI 2000 over half of the gay men (70% of aged 50s+) attended their GP in the previous year, a fifth had attended STI Clinics or the Gay Men’s Health Project. Recent data from the Internet Survey 2003 shows that of the 690 respondents 82% were registered with a GP and of these 73% indicated that the GP staff were not aware that they had sex with other men (Farrell, Quinlan wip).

Apart from pubs and clubs and community centres other are where men use were 7% had used a gay telephone helpline rising to 11% for those in rural areas. 81% read Gay Community News and 64% other gay press were used (Carroll et al 2002)

“Internalised Homophobia-Self doubt to self hatred, can lead to a range of self harming behaviour” (Gonsorek 1988).

In the VSI study 41% of the respondents sometimes felt lonely while one in ten men (12%) agreed that they wish they were not attracted to men, *rising to 59%* of the men who sometimes felt lonely. This finding was significantly higher among men with lower levels of formal education (Carroll et al 2002).

In VSI 2000 up to 24% of the men did not find it easy to say no to the sex they did not want. Importantly though in the Internet Survey 2003 the data shows that 8% of the respondents stated that they were forced to have sex it was significantly higher among men living in the Mid Western and Southern Health Board (Farrell Quinlan

wip). Otherwise 8% was similar to findings among men living in England, Scotland, Wales and Northern Ireland (see data www.sigmaresearch.org.uk 2004).

It's all in the MIND!

The link between the mental health professions and homosexuality has caused suffering and hardship (for LGBT people) through the centuries. Medical and psychiatric treatments abound with horror stories (DLGC 1986) yet there are signs of change, especially in light of suicide. It is accepted now that some people who attempt or commit suicide are gay or bisexual. In the recent survey of young people 30% attempted suicide (Youthlink 2003). Also many gay and bisexual men use mental health services and their needs are not been adequately addressed. Recent reports GMHP Annual Reports (1998-2003), Counselling Report (GMHP 2002), Personal Development Reports (GMHP 2002) Gay Health Forums (GMHP) and the Lesbian and Gay and Mental Health Report (GHS/NWAHB 2004) provide some insight to the issues and propose ways forward in this area.

But caution is needed not all gay or bisexual men are suicidal or crazy. Stressed yes, as are many in the population. Nevertheless many people do experience isolation, depression, frustration and when marginalised this increases.

Youth: Storing it up for the Future

A recent study commissioned by the Department of Education NI on "The needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender" found that of the 362 respondents (64% male aged 16 to 25 years) many experienced homophobic attacks and statements, bullying and other issues which affect health and well being (SHOUT, Youthnet 2003). The Shout study highlighted the following deterrents to ill health by the male respondents who experienced the following; 38% physical abuse, 69% verbal abuse 16% sexual abuse 37% homelessness 28% attempted suicide (this was higher again for females and significantly higher for transgender persons) 23% being medicated for depression 19% eating disorders 35% alcohol misuse 23% drug misuse 28% practiced unsafe sex 8% were paid for sex

Likewise a recent report and booklet by the only designated LGBT youth service in the Republic, 'BeLonGTo' highlight similar experiences for youth here (Belongto 2004)

Disability

There is very little in relation to gay and bisexual men with disabilities though mention is made in publications Out For Ourselves (1985), Gay Health Forum(2004). The issues of access to buildings, services, recognition of a sexuality (by everyone, families, friends, community) need to be addressed.

Health Gains

This presentation provides a background to the lives of gay and bisexual men. Over the last years there have been many changes and improvements. But it is still patchy yet it can be proven that where resources and adequate services are provided the approaches are successful. In the ERHA are the establishment of the Gay Men's Health Project Clinical and Counselling and Outreach services is a case in point, along with the funding and support of Outhouse LGBT Community Centre the

establishment of Belongto Youth Service. Training of many health professionals on Homophobia and Heterosexism and creating environments for working with LGBT clients. Peer work by JOHNNY, research and publications by Gay Health Network, IRIS the mental health support group, Greenbow Deaf Group, Positive voices (HIV+) are all contributing. Websites promoting healthy lifestyles, are becoming more common abroad and here is Ireland. www.gayhealthnetwork.ie www.gayhealth.com www.gaymenshealthproject.ie www.gaycommunicynews.ie www.belongto.ie as well as dating ones gay Ireland , queerid, and gaire.

In the meantime simple, free or cost effective ways of implementation and partnerships can be promoted.

Continuing The Way Forward:

Research and reports on Health and Health gain; access, the effects of discrimination, personal feelings, incorporating the health needs and concerns of gay and bisexual men and men who do not identify as gay or bi. Working Class men, disabled men, ethnic minority men.

Meanwhile the little research and reports available can contribute greatly to understanding. Help increase capacity building for local groups especially using peer methods to improve health. Not telling men what to do but by providing resourcing them to change if and when they are ready.

In the meantime agencies services departments and individuals can begin the process;

HOMOWORK

Increase Outreach Services, health promotion, medical and psychological services Engage local LGBT groups organisations in service design and delivery, carry out research of needs.

Create safe environments:

Display details of any local gay helplines, LGBT community centres or gay health services in the waiting room, or office. Also include in literature or leaflets.

Include reference to gay and bisexual men in printed literature.

Create policies and procedures for working with gay clients (and gay staff) and for challenging homophobic remarks.

Provide training for staff and oneself on the effects of homophobia, bi-phobia and heterosexism, dealing with myths and fears in relation to the subject.

Increase Sexual Health awareness and services and proper treatment of STI's.

All of this increases the health gain for gay and bisexual men.

Provide the Key to a Healthy Life!

Accepting Diversity, Accepting Yourself, Just To Be Accepted

Mick Quinlan December 2004

Gay Men's Health Project East Coast area Health Board

References:

- Amnesty International (2001) *Crimes of hate, conspiracy of silence-Torture and ill treatment based on sexual identity* (Amnesty International London)
- Age Action & Outhouse (2002) *Be Equal Be Different-Tools for Change* (Outhouse Ireland)
- BeLonGTo (2004) *This Booklet is So Gay -a resource for young lesbian, gay, bisexual and transgender people* (Belongto Dublin)
- Blumenfeld J W 1992 *Homophobia How We All Pay the Price* (Beacon Press Boston USA)
- Boffin and Gupta (1990) *Ecstatic Antibodies, Resisting the AIDS Mythology* (Rivers Oram Press London)
- Bonnie Simpson (1994) *Opening Doors-making substance abuse and other services more accessible to LGB Youth* (Central Toronto Youth Services)
- Brandt A M, (1987), *No Magic Bullet, the Social History of Venereal Disease in the USA since 1880*, (Oxford University Press New York)
- Brown B (1998) *Unlearning discrimination in the early years* (Trentham Books UK)
- Awareness Research* (MIND Publications London)
- Carroll D, Hickson F, et al, (2002) '*Vital Statistics Ireland -Findings from the All-Ireland Gay Men's Sex Survey 2000*' (GHN/ ECAHB Dublin)
- Carroll D, Quinlan M (2004) *KINDA Ireland Report on Migrant gay and bisexual men* (GMHP/ECAHB Dublin)
- Collins E, Dillon B (2004) *Mental Health, Lesbians and Gay Men* (GHS 2004)
- Channel Four Television(2000) *Queer As Folk 2* (Channel Four London)
- Crisis Pregnancy Agency (2004) *Irish Contraception and Crisis Pregnancy Study a Survey of the General Population* (CPA Dublin)
- Department of Health and Children (1992) *National AIDS Strategy 1992* (Ireland)
- Department of Health and Children (2000) *National AIDS Strategy 2000* (Ireland)
- Dublin Lesbian and Gay Men Collectives (1985) *Out For Ourselves, the Lives of Irish Lesbians and Gay Men*, (DLGC & Women's Press Dublin)
- The Equality Authority (2002) *Implementing Equality for Lesbians, Gays and Bisexuals* (EA Dublin)
- Farrell D, Quinlan M et al (work in progress) *Vital Statistic Ireland -Findings from the All-Ireland Gay Men's Sex Survey on the Internet 2003* (GMHP/Rainbow/Sigma. Dublin/Belfast/London.
- Gay Health Action (1986) *AIDS Information Booklet* (GHA Dublin)
- Gay Health Action (1989) *Sexual behaviour of gay men* (AIDS Action News, GHA Dublin)
- Gay Health Action (1985) *Results of Survey of STD Clinic Users in the Dublin Area* (GHA 1985)
- GLEN/ Nexus (1995) *Poverty lesbians and gay men-the social and economic effects of discrimination* (Combat Poverty Agency Dublin)
- Gay Men's Health Project (2003) *Viva La Diferencia 1st All Ireland Gay Health Forum* (GMHP Dublin)
- Gay Men's Health Project (2003) *Transmitting Images 2nd All Ireland Gay Health Forum* (GMHP/ECAHB Dublin)
- Gay Men's Health Project (2003) *Personal Development Courses Report* (GMHP/ECAHB Dublin),
- Gay Men's Health Project (1998-2003) *GMHP Annual Reports* (GMHP/ECAHB Dublin)
- Golding J (1997) *Without Prejudice: MIND Lesbian, Gay and Bisexual Mental Health*
- Hamilton H (1985) *Fish's Outline of Psychiatry* 4th Edition (M Hamilton Wright 1985)
- Keogh et al (2004) *Working Class Gay Men -redefining community, restoring identity* (Sigma Research London)
- Keogh et al, (2004), *Ethnic Minority gay men- redefining community, restoring identity*(Sigma Research London)
- Lesbians Organising Together (1998) *Lesbian Information and Resource Pack* (LOT & LEA Dublin 1998)
- Men's Health Forum In Ireland (2004) *Men's Health In Ireland* (MHFI Belfast)

MIND (1995) *Breaking the Link between homosexuality and mental illness-an unfinished history* (MIND London)

National Disease Surveillance Centre (2004) *syphilis outbreak and approaches* (Epi-Insight NDSC Dublin),

National Disease Surveillance Centre (2004) *sexually transmitted infections* (Epi-Insight NDSC Dublin),

National Disease Surveillance Centre (2004) *HIV figures last quarter 2003* (NDSC Dublin),

National Disease Surveillance Centre (2004) *sexually transmitted infections* (Epi-Insight June 2004 NDSC Dublin),

National Disease Surveillance Centre (2004) *Syphilis Onsite Testing in Dublin* (Epi-Insight July 2004 NDSC Dublin),

Parents Support (1998) *If your child is gay or lesbian* (Gay Switchboard and Lesbian Line Dublin 1997)

Quinlan, Pomeroy, Wyse Barry, (1992) Study of the Sexual and HIV Risk Behaviour of Gay Men in Dublin (GMHP/EHB Dublin)

Quinlan, Wyse et al (1997) Males In Prostitution (GMHP/EHB Dublin),

(2001) Such a Taboo (INMP/ECAHB Dublin),

Quinlan et al (unpublished 2003) SAKA syphilis awareness knowledge and action (GMHP ECAHB Dublin)

The Rainbow Project (1997) *The Craic's Good, drug use among gay and bisexual men* (The Rainbow Project Belfast)

Silverstein and Picano (1993) *The (new) Joy of Gay Sex* (Harper Collins New York)

Stall et al (2001) *Alcohol use, drug use and alcohol-related problems among men who have sex with men: The Urban Men's Health Study* (Addiction (2001) 96, 1589-1601)(CDC Atlanta USA)

Southern Health Board (2001) *Strategy to Promote Sexual health 2001-2011* (SHB Cork)

Youthnet (2003) *SHOUT; Research into the needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender (LGBT)* (Department of Education Belfast)

Wolf D, Gay Men's Health Crisis (2000) *The GMHC Complete Guide to Gay Men's Sexual Physical and Emotional Well-Being* (Ballantine Book USA)

Queer Sites-gay urban histories since 1600 (Routledge 1999 London)

O'Carroll and Collins (1995) *Lesbian and Gay Visions of Ireland* (Cassell London)

Appendix: Drug Use Among Men who Have Sex with Men in Ireland.

Details of Four Reports where drug use was mentioned: (Mick Quinlan Gay Men's Health Project).

1. Dublin: The Sexual Behaviour of Gay and Bisexual Men in Dublin (1992 EHB part published).

481 men responded overall to the extensive questionnaire.
Sexual Orientation: Gay 89% Bisexual 9% and 4% other

Question: Has any of the following drugs ever resulted in you having unsafe sex?

Alcohol 162(45%)	Poppers 88(28%)	Hash 50 (17%)
Cocaine 18(7%)	Speed 16(7%)	Ecstasy 12(6%)
Hard Drugs 10(4%)	Have you ever injected drugs 10(2%)	

Note: The numbers and percentages represent those numbers who marked each drug.

2. Dublin: Report Men in Prostitution (EHB/GMHP 1997)

27 males were interviewed for this report.

Sexual Orientation: Gay 16 (59%) Bisexual 6 (22%) Heterosexual 5 (19%).

Of the men 25 used the following drugs:

Alcohol 20(80%)	Cannabis 19(76%)	Poppers 18(72%)	Speed 14(56%)	Valium 14(56%)
Ecstasy 13(52%)	Anti-Depressants 12(48%)	Cocaine 11(44%)	Acid 11(44%)	Heroin 10(40%)
Methadone 11(44%)	Other Drugs 5(20%)	Glue 4(16%)		

48% of the respondents identified the use of drugs and alcohol with sex work.

Many used a cocktail of drugs. Over 10(40%) had injected drugs in the past. Of these 5 shared needles. 6 had availed of needle exchange and 7 had had drug treatment.

38% of the gay, 33% of the bisexual and 33% of the heterosexual respondents had used heroin. 59% had experienced homelessness.

3. Belfast The Craic's Good, (The Rainbow Project 1997)

195 gay & bisexual men interviewed. Sexual Orientation: 179(92% gay), Bisexual 16(8%)

Alcohol 189 (98%)	Poppers 122 (64%)	Cannabis 100 (52%)	Ecstasy 54 (28%)	Speed 50(26%)
LSD 47(25%)	Magic Mushrooms 30(16%)	Cocaine 25(13%)	Temazepam 24(13%)	Heroin 11(6%)

Other drugs mentioned were Ketamine, Prozac, mescaline, and oestrogen.

*Comparative studies in Britain among lesbian, gay, bisexuals also showed similar patterns of drug use. With Alcohol, Cannabis, Ecstasy, Poppers and Cocaine and Speed in the high using numbers. A smaller percentage inject heroin though a bigger number may smoke it.

*There are lesbian, gay, and bisexual injecting drug users who do not identify as gay or go on the gay scene. Many are marginalised both from the gay and IVDU communities.

*Concern for gay health project's would be the issue of safer sex and drug use and the added risks especially with drugs such as alcohol, poppers and E. *Many individuals are poly drug users.

Appendix: VSI 2000

Men were asked *In the last year, which drugs have you used recreationally?* and were given a list of thirteen drugs to tick (including alcohol). The list was headed with the option ‘I haven’t used any recreational drugs’. This was ticked by 12.3% (n=1269, missing 21). The following table shows the proportion of men who indicated having taken each of the drugs in the last year. For comparison, the findings of an identical question from England’s 1999 *Gay Men’s Sex Survey* are also given.

<i>In the last year, which drugs have you used recreationally? (* indicates significantly higher prevalence)</i>	% of total sample (n = 1269)	% by residence		England Gay Men’s Sex Survey 1999 (Weatherburn <i>et al.</i> 2000, n=9007)
		Dublin (n=671)	Elsewhere (n=598)	
alcohol	79.7	81.2	77.9	82.4
poppers	38.6	40.4	36.6	48.4
cannabis	32.5	* 35.8	28.8	35.5
ecstasy	25.1	* 28.2	21.7	19.2
cocaine	14.0	* 17.3	10.4	15.0
speed	12.4	13.9	10.7	19.8
acid/LSD	5.2	5.5	4.8	6.6
ketamine	4.7	5.2	4.2	5.0
Viagra	4.1	4.2	4.0	3.6
GHB/GBH	2.5	2.4	2.7	3.4
crack cocaine	2.5	2.2	2.8	1.6
heroin	2.0	2.1	2.0	0.9
steroids	1.8	1.3	2.3	1.4
other	1.5	1.2	1.8	1.9

Excluding alcohol, Viagra and steroids, 55% of men had used at least one of the above drugs in the last year. The prevalence of individual drugs used by gay men in Ireland is very similar to that in England. Perhaps unsurprisingly given its legality and availability, alcohol is the most popular drug with four out of five men having used it in the last year. Poppers is the next most common drug in both countries (although in these data they are less common in Ireland than in England) with cannabis third most popular.

Use of three drugs was significantly more common among men living in Dublin than men living elsewhere: cannabis, ecstasy and cocaine. All other drugs were equally common among men in the Dublin and elsewhere, suggesting recreational drugs are not solely a large city habit.

- Recreational drug use among gay and bisexual men in Ireland is common.