

Joint Committee on Drugs Use: *Family & Community*

Opening Statement: Brenda Kelly (she/her), Drugs & Alcohol Senior Youth Worker, Belong To – LGBTQ+ Youth Ireland

Good morning,

For over two decades Belong To has advocated on behalf of LGBTQ+ youth and we offer the only dedicated drug and alcohol support service to support the needs of LGBTQ+ youth in Ireland.

We welcome the opportunity to be before you today and to share the experiences of LGBTQ+ young people relating to drug use.

We know from national¹ and international² research that LGBTQ+ youth report higher rates of drug use compared to the general youth population.

Despite the differences in age, among the participants on MyWorld 2 and Being LGBTQI+ in Ireland, findings indicate a substantial over representation of drug use among LGBTQ+ young people in comparison to the general youth population.

According to this study, a combined 81% of LGBTQ+ 14–24-year-olds had taken drugs (not for medical reasons), compared to 40% of the general youth population aged 12-25 in MyWorld.

This morning, I want to share with you some of the factors that contribute towards this rate of drug use amongst the young people I work with.

Social rejection, discrimination and hate towards LGBTQ+ identities have a profound impact on the mental health of LGBTQ+ youth.

Research tells us that drug use is used as a coping mechanism to manage mental health³. Many studies highlight bullying, victimisation and a lack of social support in childhood as leading to higher rates of drug use among LGBTQ+ youth.⁴

Within the family home, negative reactions to “coming out” as LGBTQ+,⁵ and family rejection because of a young person’s identity,⁶ strongly influence a young person’s drug use.

According to research from Belong To, 56% of LGBTQ+ young people said they were not fully accepted in their home environment because of their identity.

Among LGBTQ+ youth who had used drugs, 74% reported that their identity was not accepted at home.⁷

Additionally, LGBTQ+ young people who had experienced homelessness in the past year were twice as likely to have used drugs than those in stable accommodation.

Another study, commissioned by Focus Ireland and Belong To, found that many of the LGBTQ+ young people who reported using drugs had begun to do so, or increased their use, after becoming homeless.⁸

I was compelled to apply for my role in Belong To through interactions with LGBTQ+ youth in my previous job at a homeless service.

I want to tell you a story about young person named Tom.

Tom is a 22 year old gay man who was in active addiction and choose to sleep in the Merchants Quay Night Cafe rather than homeless hostels because he did not feel safe in hostels.

Tom was a member of the travelling community and was ostracised from his family because he was a gay man. He had an addiction to crack cocaine and benzodiazepines. He struggled with internalised homophobia and carried a lot of shame because of his sexuality. He was not “out” to other service users due to fear of further isolation and abuse. When I began working in Belong To, Tom would occasionally present to the door and I would go down and chat to him. He would not come into the office or access our groups because he was ashamed of his addiction. Clearly no one service can currently meet his needs – this shows us why we need to equip the wider drug sector with the capacity to support LGBTQ+ service users.

Tom is just one story, but there are many more LGBTQ+ youth out there, carrying shame and needing multidisciplinary support from a range of services including Belong To.

Through our programmes, services and inclusion training, we are striving to prevent drug misuse by creating safe and supportive spaces for LGBTQ+ youth.

Our organisational stance on the decriminalisation of drug possession for personal use developed from the lived experience of a group of young LGBTQ+ people in the service.

As I have emphasised today, supports for the parents of LGBTQ+ youth are needed to reduce the rate of family rejection and isolation. Family support workers, social workers, social care workers and healthcare professionals need LGBTQ+ inclusion and awareness training to be able to meet the needs of their service users.

On behalf of Belong To, I look forward to our discussion and hope that these insights prove useful.

References

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