

Chemsex in Scotland: *Starting the conversation*

A national series of events, bringing together key groups to learn, and contribute to discussions on current knowledge and practice regarding Chemsex in Scotland, and how to better respond to an emerging public health issue.

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Background Context

There are different layers of stigma and discrimination which people experience and it can be useful for services to be aware of these when developing inclusive practice.

LGBTI people are a population group which can often experience acute health inequalities, with, for example, very high levels of mental ill-health, psychological distress, drug and alcohol use experienced right across this population group. These health inequalities are particularly acute around mental health and substance use, where evidence shows:

- ✓ Suicidal behaviour is 3 times more prevalent among lesbian, gay and bisexual (LGB) people when compared to the general population; this rises to 8 times among transgender people¹.
- ✓ Self-harm is 8 times more prevalent among LGB people²
- ✓ Higher rates of drug and alcohol use and dependence in LGBT population³ (McCabe, 2009)

For many people homophobia and transphobia can also be internal and is not always recognised by the individual. However, internalised homophobia/transphobia can and does cause many negative effects for LGBTI people. It can affect the way people see themselves and the way others (heterosexual society) treat them.

LGBTI communities are not a homogenous group and the needs among the lesbian, gay, bisexual, trans and intersex sectors of the population also vary widely. For example, access to gender reassignment treatment is a key need for transgender people, whilst services around HIV and blood borne viruses are needed for gay and bisexual men.

Examples of prejudice, discrimination and disadvantage reported by lesbian, gay, bisexual and transgender respondents are also frequently different. Bisexual people often feel less able to be open about their sexual identity compared to lesbian and gay respondents⁴. It is also important to consider how different minority or vulnerable identities intersect. Scottish research shows that disabled LGBT people and LGBT people living in rural areas are most likely to have experienced an incident of prejudice and discrimination⁵.

Many can be reluctant, particularly older people, to disclose their LGBT status, having previously faced discrimination or having had poor experiences of services and support because of their status. As Stonewall's Unhealthy Attitudes report⁶ highlights, major gaps in

¹ <http://www.lgbthealth.org.uk/wp-content/uploads/2016/03/Fife-LGBT-Community-Needs-Assessment-Report-LGBT-Health-February-2016.pdf>

² Webster, S, 2014,

³ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3288601/#R36>

⁴ <http://www.equality-network.org/wp-content/uploads/2015/07/The-Scottish-LGBT-Equality-Report.pdf>

⁵ <http://www.lgbthealth.org.uk/wp-content/uploads/2016/03/Fife-LGBT-Community-Needs-Assessment-Report-LGBT-Health-February-2016.pdf>

⁶ http://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf

the knowledge and training of staff in health and social care services in Scotland in relation to LGBT people persevere, which may result in ongoing unfair treatment. Poor experiences of engagement with health and other services can lead to people being reluctant to seek support at an early stage and so the opportunity for prevention or low-level intervention is lost. (LGBT Fife Community Needs Assessment Report – Feb 2016)

Introduction

“There’s a proportion of gay men who don’t experience relationships and intimacy in the same way as heterosexual men , we don’t learn things properly”

Chemsex is defined by the use of drugs (“chems”) in a sexual context. For the purposes of this document it describes a diverse range of behaviours in which men who have sex with men (MSM) use a range of drugs, sometimes with complex consequences, to facilitate or enhance sex.

In Scotland there has been an increasing amount of anecdotal and service based evidence that MSM are putting themselves at increased risk of health and social harms due to sexual and drug taking activity. Issues include increased Sexually Transmitted Infections (STI) and Blood Borne Virus (BBV) transmission risk and other problems related to substance use.

Condom-less sex is occurring despite safer sex and harm reduction information being widely available. The drugs that are used in chemsex are often disinhibiting and can allow for riskier and longer sexual and drug taking practices. The combination of apps, social media and stimulant and euphoric drugs are creating perfect conditions for a rise in risky chemsex-linked activity.

A series of events were held across Scotland on the issue of Chemsex. The events found that local sexual health and/ or drug services do not always meet the support needs of MSM involved in chemsex. Those taking part in chemsex often don’t identify as drug users, and therefore may not want to engage with drug services. Those engaging in chemsex may not know where drug services are or what services exist or they may perceive drug services as not being gay friendly or relevant to them. If they do present at drug services they may already be in crisis. While MSM have good engagement with sexual health services, the services may have limited knowledge about current drug use trends.

By exploring practical steps to encourage engagement it is hoped that this document enables both sexual health and drug services to review and enhance their accessibility to MSM who may be at risk through engaging in chemsex.

Format of the events

During October and November 2015, key voluntary and statutory sector organisations in Scotland organised a series of *'Starting the Conversation'* events in Aberdeen, Dundee, Edinburgh and Glasgow on Chemsex in Scotland.

The organisations involved were: Hepatitis Scotland, Scottish Drugs Forum (SDF), HIV Scotland, Terrence Higgins Trust (THT), Gay Men's Health (GMH), Waverley Care, and local services provided by the NHS.

Each local event consisted of an afternoon event for workers, and then an evening event aimed at men involved in Chemsex.

Afternoon events for professionals:

Overview of Chemsex – *what are men saying and what are services hearing from their service users?* The events began with short presentations highlighting current evidence and learning from GMH, THT and Waverley Care, all of whom are currently working with men engaged in Chemsex.

There were then 3 short presentations from SDF staff to give the attendees an understanding of the drugs commonly used, key harm reduction messages and information on Hepatitis C (HCV).

Following the presentations, delegates broke into facilitated groups to discuss knowledge, issues and practical responses to Chemsex in their area and discuss the following questions:

- ✓ What do we already know and what more is needed?
- ✓ What are the issues and who should we work with?
- ✓ What other information would be helpful?

The information was captured on a mind map template (appendix 1). Common themes were collated for the purpose of this report.

Evening Sessions:

The evening sessions aimed at men involved in Chemsex were less structured, and enabled the facilitators to provide information as well as gather information from those who attended.

Professional events

All attendees reported that chemsex was an emerging and concerning issue and were aware of chemsex related activity happening in their area. The actual prevalence of chemsex was unknown and each area's estimations varied.

The presentations and workshops highlighted this was a 'hidden' population who met at a diverse range of places such as saunas, house parties, public sex environments, travelled to other cities or used apps to meet others so as to take part in chemsex. The men involved come from across the social/economic spectrum.

Tayside

The Sexual Health & BBV MCN is leading the work on Chemsex in Tayside. Education, awareness raising and data collection are priorities with the current focus on raising awareness of chemsex with relevant professionals (substance misuse / sexual health / HIV service/ mental health and psychology), and with MSM through the Men Only Tayside (MOT) service. MOT is delivered in the community at a site co-located with needle exchange and harm reduction services therefore we can look to build in advice to men on safer injecting in future.

Sexual Health services were described as 'easy to access'.

Post Exposure Prophylaxis is available across Tayside and THT have outreach work in saunas and cruising spots.

Partnership working around chemsex is underway although it is at an early stage. One example given was THT and the 3 local Alcohol and Drug Partnerships (ADPs) currently conducting a survey to discover more about people taking drugs and having sex within Tayside. Although this is not specific to chemsex, it is hoped it will add to our intelligence gathering of the local picture.

Grampian

Joint training is delivered by Scottish Drugs Forum and NHS Grampian for sexual health and addiction staff. Partnership working is increasing, at the time of the events Alcohol and Drugs Action (ADA) and GMH were providing a joint drop in service on Tuesday evenings. Services were also engaging with a sauna in Aberdeen. Other services are raising awareness that they are LGBT friendly. There is an LGBT elders project for over 65 year olds.

Greater Glasgow and Clyde

There is a lot of focus on Chemsex in local services at the moment aiming at raising awareness and starting discussions. Specific Chemsex training is being developed.

Other developments include raising awareness of harm reduction services and testing with MSM, and using alternative platforms to get these messages out - e.g. apps. There is also

sexual health input, needle exchange, and access to hepatitis B Vaccine, crisis intervention and improving access to services.

Lothian

Provides harm reduction, safe injecting information, social and practical support, education, awareness- raising, targeting MSM and SH clinics.

Through training of professionals and targeting protected learning time services are starting to ask the right questions. There is IEP provision and a high risk assessment and behaviour change clinic with a motivational interview approach at Chalmers Street Clinic and within third sector providers working with MSM. Future targets include community mental health teams, youth services and GPs. A scoping exercise has been undertaken providing the first real insight into actual numbers of those engaging in chemsex.

Identified issues

Barriers to Accessing Services

Organisations, services and staff could be more accessible to the MSM community. Relationships and trust have to be built between services and those who access them. People may not disclose sensitive issues at a first meeting – it can take multiple appointments to build trust. Some are turning to social media and online communities for support as their needs are not being met by ‘traditional’ services.

Staff were often unsure about the correct terminology to use or questions to ask when talking about drug use or sexual health. People report sensing staff can be uncomfortable talking about some types of sexual activity between men which leaves the men feeling judged and choosing not to share information.

Development options include specific services in higher footfall areas, partnership working, better communication and training and education for staff.

Participants were unsure if there were services able to respond to men who feel they may have been raped or sexually assaulted during chemsex.

Support and Training Issues for Staff

Some services may not have the requisite expert knowledge base to be able to meet the needs or to provide support for those engaging in Chemsex. Both staff and MSM using services identified there are a variety of issues surrounding staff training and development on the issue of chemsex. There is a perceived lack of knowledge on chemsex and confidence can be low amongst staff in their abilities to support or identify sensitive issues. It is important for staff to build relationships, honesty and trust with men engaging in Chemsex. Staff are then more likely to notice less obvious changes such as mental health, weight loss, money problems, unemployment, homelessness.

Staff may have a lack of knowledge around supporting people using certain substances, such as New Psychoactive Substances (NPS) or other stimulants. Many staff report they are unsure where to refer people engaged in Chemsex and may receive little information back from the referrals. Mental health presentations are increasing and many staff suggest they feel unsure how best to respond.

Lack of Service Parity

Harm reduction initiatives do not appear to be standardised. Condom availability is an issue where clients may have to ask staff for them in sexual health services and there is limited knowledge of Post Exposure Prophylaxis (PEP) amongst the wider workforce.

Education and Health Promotion

Staff can be unsure of the right messages to give out. Some may be uncomfortable discussing the balance between appropriate harm reduction messages and maximising enjoyment. The MSM population should be engaged in service needs analysis ahead of new service design.

Blood Borne Viruses

MSM can be well informed of HIV, although there can be knowledge gaps in rural, hard to reach populations and young gay/bisexual men but this is not the case for Hepatitis B or Hepatitis C. Hepatitis C Virus (HCV) is not seen as a sexual health risk and HCV harm reduction information is very limited in respect of sexual transmission

Evening Sessions for MSM

Chemsex in Tayside

"There is still an attitude of it'll not happen to me".

1 staff member from Terrence Higgins Trust and 3 staff from Scottish Drugs Forum / Hepatitis Scotland chaired, informed and received information from 4 men who attended the event.

The event was advertised locally with a poster, and online with a Facebook event page.

There was a sense that some people were using drugs to cope with being gay compared with those in other areas using drugs to enhance sexuality and sexual experience. It was felt that there is still a lot of homophobia and perceived homophobia in Dundee and Tayside as a whole although it seems that both gay people and heterosexuals attend straight and gay clubs.

The people who attended the evening event were aware of a limited amount of chemsex activity occurring in Dundee. The ages of people attending chemsex parties ranged from 20 – 40year olds. There was experience of people getting pushed out of the party scene and into the more hard-core drug scene if drug use became more chaotic.

The main drugs being used in Dundee are Mephedrone, MDMA, and Cocaine.

Using sexual health services:

The group wondered if the focus on HIV in sexual health services might impact on people coming forward to talk about their drug use. They were also doubtful about gay men talking with their GP about drugs; it was thought they might possibly use the Cairn Centre.

Hepatitis C

There was concern expressed around young people's lack of knowledge about HCV, especially around blood to blood transmission. The men felt that there is still an attitude of: "It'll not happen to me".

Chemsex in Grampian

“Staff are uncomfortable if you discuss your sex life, meaning I’m not honest during appointments”

The men who attended did not seem to be aware of much chemsex activity occurring in Aberdeen. There was uncertainty about what the term ‘chemsex’ meant amongst the participants. They discussed that people will use drugs to maximise their enjoyment of a night out, and then have sex. But generally no drugs were used, except poppers, for increasing sexual pleasure.

There was discussion about using online dating apps. This was an activity that the participants were doing, however only a very small proportion of profiles in Grampian appeared to use the word ‘chems’.

It was suggested that due to the small LGBT community in Aberdeen and surrounding areas, that men who wish to participate in chemsex will travel to other cities, with London, Manchester and Glasgow all mentioned.

Anecdotally, the main drugs being used in Aberdeen are Cocaine and Mephedrone. It was stated that the quality/purity of drugs was low in Aberdeen. Drugs were being used in the one gay friendly bar in the city, and often empty or full packets of drugs found on the floor.

Poppers are routinely used, however poppers were not seen as a ‘big deal’ and it was stated these are a normal part of sex life. There was discussion around the legal status of poppers due to the NPS bill currently going through UK parliament.

GMH volunteers were keen to have their knowledge on drugs increased so they would be able to offer correct advice and signposting in a brief intervention to any person using their service.

Using sexual health services:

Examples given of service improvement needs were:

- ✓ There are no condoms available in waiting areas of some services.
- ✓ Some staff reported to appear uncomfortable when MSM discuss their sex life, meaning men often cannot be honest during appointments.
- ✓ Comments were made that there was little signposting from NHS sexual health services to third sector information and support organisations.
- ✓ Sexual health and primary care services need educated on appropriate language to use and be non-judgemental in their approach.

Post Exposure Prophylaxis (PEP) and Pre-exposure Prophylaxis (PrEP)

There was a discussion about the use of PEP and PrEP. Everyone attending was aware of PEP and stated it was being used when needed in the area.

An example was given of someone trying to access PEP at A&E, to be told it was not the responsibility of A&E services. This person was well informed of his rights, left A&E feeling upset, angry and let down. He accessed another service for PEP.

It was mentioned that, although not available on the NHS, some people were finding ways of using PrEP as a prevention measure. Two methods of accessing the drug Truvada for PrEP were:

- ✓ Accessing services for PEP, and only using the Truvada pill as PrEP. Discarding the unwanted other daily tablets.
- ✓ Buying 'Truvada' online from unlicensed websites.

There were concerns with the use of PrEP in these ways.

- ✓ The wasted cost of not using all the PEP medication.
- ✓ People not being honest with their health care professionals about the medicines they were using.
- ✓ It was also stated that some people needed appropriate psychosexual advice and support and that PEP and PrEP were not enough.

Chemsex in Glasgow

"I was treated differently at the clinic when the nurse found out that I had unsafe sex"

5 men attended, none were currently directly engaged in chemsex but at least one man had done so in the past and some knew men who are engaged in Chemsex; some had attended sex parties where chems were being used and some had been invited to a chemsex party via a phone app. Some men used poppers currently but did not see this as drug or 'chem' use. Services for older gay men in particular were highlighted.

Using services

Attitudes from services was highlighted as an issue, some men felt that they were treated differently when staff found out that they were having unsafe sex and perhaps experienced /witnessed more negative attitudes to HCV infection if contracted through injecting drug use than other transmission routes.

It was highlighted that being asked about chemsex and/or use of chems was important. Men attending sexual health clinics felt that clinic staff could be more proactive about having conversations with men about Chemsex. Advisors often have more of a dialogue about the types of sex as opposed to asking if there are drugs involved. The men recognised that other health services such as GPs could have greater awareness and raise the issue.

Improving support and services

Men felt that there was still limited support for being gay; this was especially true for older gay men and particularly for HIV+ older gay men. Suggestions for helpful supports were peer support, services which address social isolation for older gay men, and services that had gay male sexual health advisors as part of the team. Training for both peer supporters and GPs was felt important by the men.

Participating in Chemsex

It was highlighted that men engaged in chemsex may not be on the scene, also that married men are often not on the scene and may use saunas more frequently. It was felt that men who are having sex in saunas are often not interested in having conversations about sex or anything else other than just getting down to sex. Some believed chemsex parties seemed to be for a certain type (age and look) and if you didn't fit in you were barred from attending. Some men suggested that if attending sex parties and not into chemsex you are seen as an 'alien'. Others shared experiences of being asked if they were 'clean' before joining a sex party. The typical chems in use are Methamphetamine, GHB/GBL, Mephedrone, Cocaine and MDMA.

Risk taking

Men all agreed that many MSM have low awareness of HCV. Some suggested MSM might not be worried about HCV infection as it is treatable, but this feeling could be different if you were already HIV positive. Some men felt young MSM don't think about HIV risk and that HIV is often seen as something that only affects older men. Men shared that condomless sex is a part of some sex parties, this is perhaps more common where there has been some discussion of HIV status, one example given was "I would only have bareback sex with other guys who were HIV + and who have an undetectable viral load" It was also discussed that in some settings e.g. saunas, there was no conversation so no opportunity to discuss BBV status. The men discussed the overdose risks at parties: people often don't know what to do, and there can be risks of vulnerability when people are unconscious.

Awareness Raising

Men felt there should be education on the scene about HIV stigma, also that services should target men involved in non-gay scene venues – e.g. dance/techno clubs where drugs are often being taken and where men are involved in chemsex. Men felt poster campaigns could be an effective way of raising awareness, there were suggestions for posters to be displayed in sexual health clinics saying e.g. 'are you a man who has Chemsex'.

Using Apps

Apps were seen by some of the men as 'just a game'. Conversations are generally limited on apps. Men felt that there were pros and cons of using apps to meet people. They stated that confidence is a big issue for gay men, they reflected on messages they had received on apps e.g. 'I go to the gym 3 times a week' which can lead to issues around body image. Some men discussed removing themselves from apps because of stigma surrounding HIV status disclosure.

Stigma

The men felt there is stigma around drug use and sex – many men don't want to be asked about it or talk about it. Some men thought it was possible MSM may be frightened about being labelled as being involved in Chemsex as some men were aware of people being judged by other members of the community if engaging in chemsex. Equally it was suggested that those participating in chemsex would often judge those that did not.

Consequences of Societal Attitude

The men recognised that for some MSM, especially older men, they may have had difficult and challenging experiences linked to their sexual orientation. This could have an impact on self-image, relationships and attitudes towards sex. Some men felt that gay men often don't know how to form relationships from an early age leading to issues around intimacy. Some felt there was more hedonism amongst gay men who may have been out when sex was not legal.

Chemsex in Edinburgh

Despite heavy marketing by all agencies involved in this project the Edinburgh event yielded low turnout. The low turnout is consistent with experiences that GMH have had in focus group work on this topic and it would indicate that this approach to public events should be re-assessed in achieving the outcomes desired in discussing Chemsex.

Recommendations

The comments from both workers' and men's events were collated to formulate the following recommendations. The recommendations covered six key areas; these were Awareness Raising, Increasing Evidence Base, Joint Working Responses, Meeting Clients' Needs, Workforce Development and Inclusive Practice. From these areas, recommendations covered national, local and service level responses.

There was recognition that the issues and service responses were different area to area. Some areas are undertaking specific pieces of work already and this learning helped inform participant's recommendations.

National	
Awareness Raising	1. Develop sophisticated approaches to harm reduction including overdose interventions for MSM community
	2. Continue awareness raising amongst public and staff of sexual health risks
	3. Offer information and services online and via apps such as Grindr
Increasing Evidence Base	1. Explore changes to sexual health database – mandatory question on drug use
	2. Conduct chemsex service mapping exercise for all populations
Joint Working Responses	1. Formulate Post Exposure Prophylaxis (PEP) working group to audit current practice delivery
	2. Develop and share electronic resources nationally and locally, information should be created in conjunction with MSM community
	3. Create standardised key messages with local signposting information
Workforce Development	1. Training and awareness for all staff in sexual health and addiction services as well as for the populations affected

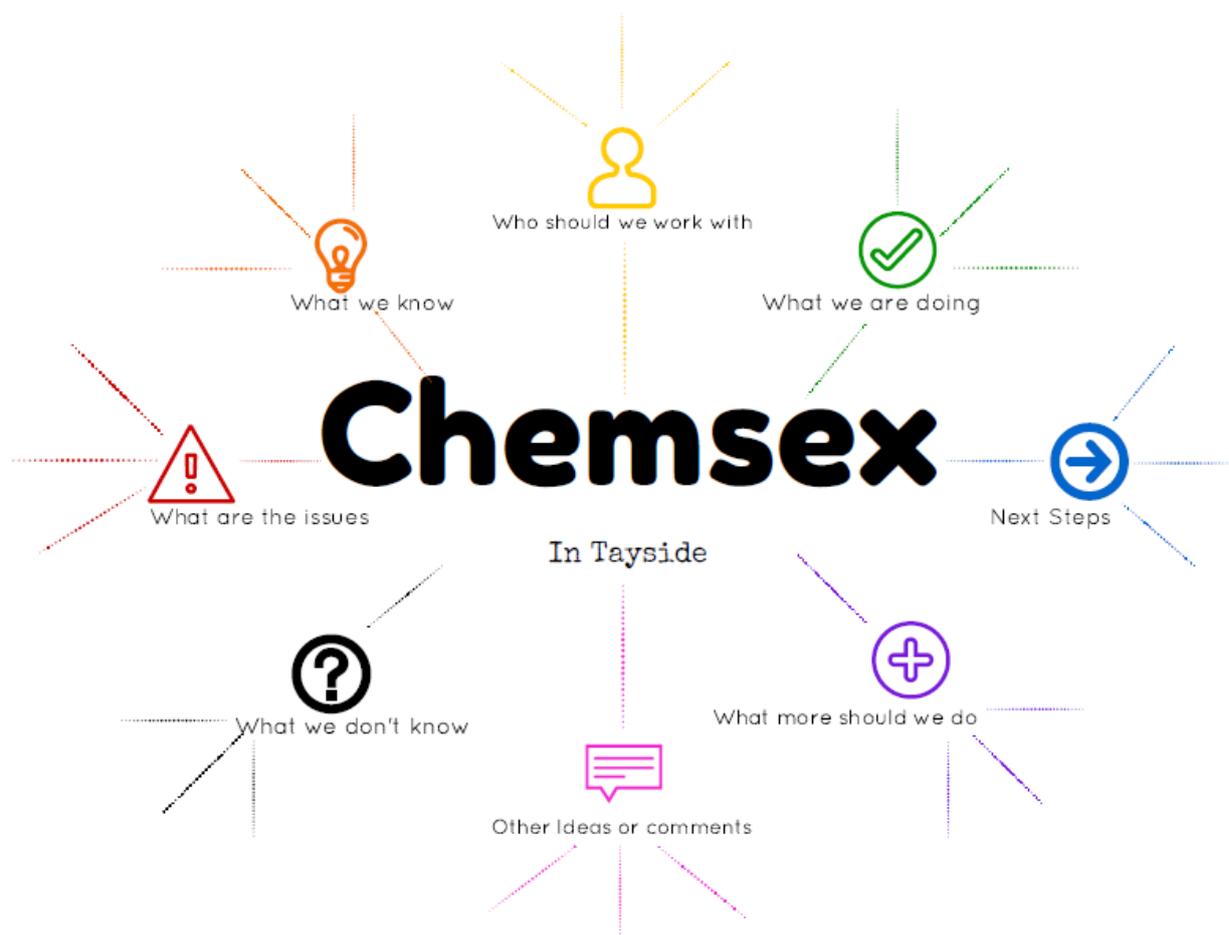
Local	
Increasing Evidence Base	1. Estimate current prevalence through a data capture exercise
Awareness Raising	1. Ensure there is an awareness of the issue in all services and settings and relevant resources are available
Joint Working Responses	1. Formalise key pathways for signposting, so that no matter where someone discloses an issue (mental health service, sexual health service, addiction service etc.) staff know where to turn to, thus making referrals faster and easier
	2. Assess current IEP provision and where possible offer needle exchanges within sexual health services
	3. Explore provision of targeted “one hit kits” that reduce harm and provide information for people involved in Chemsex
	4. Develop treatment and detox protocols for men engaging in chemsex. Identify current capacity, ensuring appropriate availability
	5. Assess provision of assertive outreach for those not engaging with services e.g. Men Only Tayside’s collaborative approach
	6. Local areas have an identified person or group to ensure responses to chemsex are appropriate
	7. Assess current accessibility for PEP and assess other methods of delivery e.g. offer local enhanced service via primary care for PEP
Workforce Development	1. Ensure services are equipped to respond to sexual assault and rape
	2. Offer training for services on asking difficult questions
	3. Support workforce development (e.g. protected learning time events)

Services	
Inclusive Practice	1. Regularly ask about and explore the reasons why people are involved in Chemsex
	2. Share non-judgemental language and use common terms
	3. Ensure services demonstrate/ promote diversity
	4. Consult and involve people involved with chemsex on service delivery
	5. Create appropriate environments within services that people feel comfortable with
Workforce Development	1. Develop staff confidence in dealing with diverse populations
Joint Working Responses	1. Drug services, sexual health, LGBTI, primary care and mental health services should explore how best to work together to ensure appropriate responses and services when people are in need of them
Awareness Raising	1. Provide positive sex and drugs education based on harm reduction; all awareness raising messages must be non-stigmatising
	2. Increase knowledge of BBVs amongst those at risk
	3. Disseminate information in appropriate places and via a wide variety of channels
Increase Evidence Base	1. Introduce questionnaires into services to find out extent of issue and opinions
Meeting Clients' Needs	1. Offer out of hours services that meet needs of people
	2. Outreach workers to visit premises where people involved in Chemsex attend
	3. Explore opportunities for peer support within services

Appendix: Mindmap

After the break we will split into groups for a mindmap session, with the aim of gathering the local information and provision around Chemsex – and any unmet needs.

The mindmap has 8 starting points:



The mindmap will be placed in the middle of flipchart and you have the 8 colour pens in your pack (although some have brown instead of pink), in your group please explore and expand on each of these.

The professional events will start the mindmap. We will then display the mindmaps at the evening events and ask people who come along to add in their knowledge and thoughts. Each area will have a write up of their mindmap as a report.

Discussion points could include:

- What could a 'one hit' style Chemsex kit look like? What items should be included? What services could these be offered from? Should these be offered?
- What training needs are there locally?
- Where is local evidence coming from?
- What chems are people using?
- How are they using e.g. IV, snorting etc?
- Are people aware of harm reduction for safe sniffing, safer injecting etc.?
- Is safe sex being practiced at chemsex parties?-
- What type of advice do you think is needed?
- What kind of services to people need?
- What other professionals need to be targeted to raise awareness of chemsex?
- What do workers need to know?
- Discussion about what is consent, who should have this

Things to Consider:

1. As a facilitator you are not expected to be an expert in Chemsex. Your main role is to; ensure information is captured on the mindmap, everyone gets a chance to participate in discussions, to keep on topic and to time.
2. Please remember that people attending the professional events may also be members of the community that we are discussing. Also, people at the evening events may be professionals working in this area.
3. We may not have all the information to hand at these events. However if there are information needs, please ensure this is recorded on the mindmap.
4. If the discussions raise concerns for anyone, local services are on hand. The chair of the evening will identify these at the beginning of the event.
5. DBST testing can be done on the day, or arrangements can be made for testing on a future date.