

London Chemsex Network: scoping meeting 26th January 2017

Background

In early January 2017 London Friend invited representatives of London-based drug treatment services to a scoping meeting with a view to establishing a Chemsex Network across agencies. Chemsex has become an increasingly prevalent issue amongst gay, bisexual and other men who have sex with men (MSM) leading to presentations at GUM and drug services. The initial thinking for a Network was prompted by the European Chemsex Forum, a three day conference and training event hosted in London in April 2016. Together with the AfterParty London service from Lifeline, London Friend's Antidote service discussed the need for support in drug treatment services.

What we know about chemsex

As an emerging issue there is still a paucity of robust data on chemsex in the UK. Antidote began to see a trend for use of the three associated drugs (mephedrone, GHB/GBL, and crystal methamphetamine) around 2009, with service users presenting with increasing use of these drugs and describing use in highly sexualised settings. Patterns of use indicated a marked change from the presentations Antidote had previously typically seen, and related harms seemed greater due to sexualised use, injecting ('slamming'), dependence on G, and associated mental health impacts of repeated strong stimulant use.

Latest data from the *Gay Men's Sex Survey 2014*¹ (published in 2016) indicates engagement in chemsex is still limited to a minority of MSM, but is a significantly more prevalent issue in London, and especially prevalent amongst MSM who are HIV+. In the four weeks prior to the survey sample approximately 1 in 15 (6.6%) of MSM in England had used one or more of the three chemsex drugs, rising to 1 in 7 (14.3%) in London. Amongst MSM who were HIV+ use was approximately 1 in 4.5 MSM (21.9%) in England rising to 1 in 3 (32.7%) in London.

The association with HIV was highlighted by Public Health England's *Positive Voices*² study group, with data published in 2016 based on HIV+ MSM attending clinics in England. Approximately 1 in 3 (29%) were engaged in chemsex; outside of London this was 17% and in London 37%. 1 in 10 outside London had injected, rising to 1 in 5 in London (19%). The study found evidence of a clear association between chemsex and engagement in risky sexual practices, and concluded there was a link between chemsex and the transmission of HIV, Hep C and other sexually transmitted infections.

Antidote's own data from 2015-16 indicated that 39% of clients were HIV+, of which 46% attributed their infection to sexual behaviour whilst using drugs. 29% stated their drug use followed their HIV

¹ <http://sigmaresearch.org.uk/reports/item/report2016b>

² <http://www.croiconference.org/sites/default/files/posters-2016/913.pdf>

diagnosis, and 47% stated their drug use had increased following their diagnosis, suggesting that diagnosis is a key trigger point and an opportunity for intervention.

In December 2016 new data was published by Imperial³ on deaths associated with GHB/GBL in London. Analysis was conducted on toxicology reports from 2011 – 2015. 61 GHB/GBL related deaths were recorded: all but one of these were in males. There was a notable increase in 2015 (29 deaths, up 119% on 2014). Other chemsex drugs were detected in 65% of cases, and 33% of the men were known to be HIV+. The researchers concluded that the rise in deaths is at least in part associated with chemsex.

These deaths were reported just after the conclusion of the trial of Stephen Port⁴ who was found guilty of the murder of 4 men as well as numerous other sexual assaults. Port had administered GHB/GBL to his victim's without their knowledge to render them unconscious in order to sexually assault and murder them. Through close working with Galop, the LGBT anti-violence charity, and with the Metropolitan Police's SOECA unit (Sexual Offences, Exploitation & Child Abuse) London Friend is aware that chemsex is increasingly associated with reports of sexual assault and with clients citing having passed out at sex parties and being unaware of what may have happened. Although clearly legally defined consent can become a blurred issue on chems with men saying they feel that they must consent to whatever sex is initiated because they are present at the sex party, or carry on having sex even if they are becoming unconscious. Anecdotal reports also suggest incidents with a more predatory feel, such as Port's crimes. An investigation by BuzzFeed News⁵ also found evidence to suggest this. A London Probation officer specialising in sexual offences has also anecdotally reported to us a growing number of gay men being referred to a sex offenders' programme with chemsex a feature of their offending behaviour.

London Friend, together with Galop and Survivors UK has published information about chemsex and consent for gay and bisexual men⁶.

In summary the current evidence points to a number of associated harms related to chemsex, including: greater harms associated with the chemsex drugs; injecting; dependence on GHB/GBL; sexual health risks; mental health risks; HIV and other blood borne virus risks; risk of fatality; and risk of sexual assaults or sexual offending.

Responses to chemsex

A number of responses to chemsex have already occurred in London and nationally. Following an increase of presentations of drug use in sexual contexts Antidote at London Friend began to integrate substance misuse and sexual behaviour change approaches into our psycho-social interventions. In 2011 Antidote partnered with the CNWL NHS Foundation Trust which was piloting

³ <https://spiral.imperial.ac.uk/handle/10044/1/43366>

⁴ <http://www.bbc.co.uk/news/uk-england-38077859>

⁵ https://www.buzzfeed.com/patrickstrudwick/inside-the-dark-dangerous-world-of-chemsex?utm_term=.te3rZPva1#.ixdJXL0k2

⁶ <http://londonfriend.org.uk/wp-content/uploads/2016/11/Consent-and-Chemsex-Advice.pdf>

the UK's first Club Drug Clinic⁷, specialising in club drug support. The partnership provided a medical pathway for Antidote clients requiring e.g. prescribing, G-detox or a higher level psychiatric intervention. Although the Club Drug Clinic was open to all, in the first two years 75% of patients were MSM.

From 2011 Antidote began to deliver satellite services in GUM settings, initially through establishing the Code Clinic with 56 Dean Street⁸. This was a response to hearing reports of many MSM requesting PEP (post-exposure prophylaxis following an HIV exposure risk) following a weekend of chemsex. The aim in GUM settings is to increase the routine questioning of drug use, opening up opportunities for patients to disclose and deliver brief interventions or refer for further more intensive support. This opened up an opportunity to engage with MSM at a much earlier point than they would typically present to Antidote, or another drug treatment service, for support, usually at a crisis point. The interventions can be more preventative in nature. A number of GUM and sexual health services have since reported increased presentations with many developing their own responses including staff training and provision of targeted clinics.

In 2014 Sigma Research published a report commissioned by the London Boroughs of Lambeth, Southwark & Lewisham, *The Chemsex Study*⁹. This was the first attempt to quantify the extent of chemsex, and included qualitative findings from interviews with MSM engaged in chemsex. The findings indicated that whilst for some men engaged in chemsex this could be chaotic and problematic, for others their engagement was relatively well-controlled.

In May 2014 London Friend published *Out Of Your Mind*¹⁰, a report and toolkit aiming to improve drug treatment services for LGBT people. It contains recommendations for policy makers, commissioners, treatment providers, drug workers, and researchers.

In 2015 Project NEPTUNE (Novel Psychoactive Treatment UK Network) published *Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances*¹¹, the UK's first set of clinical guidance on new and emerging substances. A supplementary LGBT paper was published in 2016 which focused mainly on drug use by MSM¹².

Public Health England has been monitoring trends on chemsex and in 2015 issued a briefing paper *Substance Misuse Services For Men Who Have Sex With Men Involved In Chemsex*¹³ which contains a number of prompts for commissioners and drug treatment providers.

⁷ <http://clubdrugclinic.cnwl.nhs.uk/>

⁸ <http://www.chemsexsupport.com/code>

⁹ <http://sigmaresearch.org.uk/projects/item/project59>

¹⁰ <http://londonfriend.org.uk/outofyourmind/>

¹¹ <http://neptune-clinical-guidance.co.uk/>

¹² <http://neptune-clinical-guidance.co.uk/wp-content/uploads/2016/02/neptune-club-drug-use-among-lgbt-people.pdf>

¹³ <http://www.nta.nhs.uk/uploads/phe-substance-misuse-services-for-msm-involved-in-chemsex.pdf>

Scoping Meeting 27th January 2017

The meeting sought to scope the need for a network, and the potential purpose and ways of working. We asked meeting attendees about their own experiences in their services; local provision of specialist chemsex support; and where they felt the gaps were. Following this attendees were asked to consider what they would like to get from a network; how they would like to work together; who else needed to be involved; and what other links might be needed. A summary of the points from flip charts is given in Appendix A.

Experiences of local services

Most local services still had a limited experience of working with chemsex. Many felt that presentations were still higher at GUM clinics and through sexual health services. Some attendees felt that people did not associate their issues with drug treatment services, especially young people, or see treatment services as being for them. Where attendees did have experience this tended to be associated with other support needs, (examples given were mental health, housing, debt, sexual health, HIV) and there was a feeling that these needs can be increasing complex.

Attendees expressed the view that it can be easy for people to access the chemsex scene without being visible as MSM or to services, through smartphone apps, and one service (not a drug treatment agency) delivering sexual health promotion for MSM had noted an increase in visible indicators of chemsex on app-users' profiles (e.g. chemsex 'code' terminology such as H&H meaning 'high & horny'). Another service providing health promotion information (also not a drug treatment service) noted an increase in demand for information on services they could be referred to, and people had begun telephoning them, despite them not advertising as a helpline service and their administrative contact number not being prominently listed on their site.

The limited experience cited by those drug services present compared with the increase noted by non-drug treatment services suggests that many people engaged in chemsex who require support are still not seeking this from treatment agencies. Although the meeting was targeted at treatment services the experiences of non-treatment services was a reminder of the range of organisations that may be involved in providing a response to chemsex, and that traditional structured treatment may not always be the right response.

Local provision

Very little local specialist chemsex provision was highlighted by the treatment services in attendance. People were aware of the CNWL Club Drug Clinic, but also of the limitations of this service to residents of the Tri-Borough partnership (Westminster, Hammersmith & Fulham, and Kensington & Chelsea). People were also aware of specialist support outside of the funded drug

treatment services, such as from Antidote¹⁴ and AfterParty London¹⁵, and of the targeted approaches taken by several GUM clinics and sexual health services.

We are aware of some targeted approaches (e.g. club drug specialisms or LGBT/MSM initiatives) in drug treatment services who were not in attendance at this scoping meeting, so further mapping is required, and the experiences reported by those services present should not be seen as the whole picture. However it is clear that much of the work in response to chemsex in London is being delivered outside of local drug treatment pathways.

Where are the gaps

Most attendees identified gaps in their knowledge and confidence around chemsex. This related to wanting to get language and terminology 'right', as well as to knowledge about the chemsex drugs, and to feeling able to confidently address issues such as talking frankly about sexual behaviour. Training was a common feature of these discussions. Some attendees expressed a feeling that drug treatment services had not 'caught up', and were not equipped to deal with chemsex, and some wondered how 'LGBT-friendly' services appeared to be. However it was also noted that not all LGBT people will want to access LGBT specific services, so there is a need for generic services to be able to meet need around chemsex. Attendees also highlighted a desire to know what was happening in other services.

We know that some services have already undertaken work to improve their competence in addressing chemsex, such as providing training for staff, or using the toolkits we published in *Out Of Your Mind*. However a significant need for training was still highlighted amongst those services present. There is some capacity for training within the one-year funding for this project so we will undertake more work to assess what is needed and how best to provide this.

Forming a network

All attendees felt that a London Chemsex Network for drug treatment agencies would be of benefit. Most people felt that having a function allowing to share knowledge and experience was key, with training especially emphasised. Many attendees wanted the opportunity to keep up to date with services, resources etc., and would value the opportunity to network. Some felt some kind of service directory would be useful, or having a single point of contact within each service to act as a chemsex lead.

Attendees also felt there were opportunities for working more smartly together, and to take a more strategic approach. There was discussion about creating a set of standards or competencies for working with chemsex. Some felt a network could benefit from a senior sponsor within the system, with Public Health England suggested. The suggestion to engage strategically and at a senior level

¹⁴ <http://londonfriend.org.uk/antidote>

¹⁵ <https://www.afterparty.org.uk/>

was reinforced with attendees hoping here was an opportunity to engage with commissioners as well as with services.

Summary

The meeting served as a useful starting point, confirming an appetite for further networking and engagement on the topic. However, it was clear that most drug treatment services are not yet seeing significant numbers of people seeking support for chemsex. This raises questions as to why, which may be linked to the discussions that services reported not feeling equipped to manage this. It also reflects findings of previous research that LGBT people often want to choose LGBT specific support.

Although aimed at drug treatment services there was a broader attendance from other services involved in supporting those engaged in chemsex. This highlights the key role such services are playing in supporting the many people seeking information, advice, support and treatment for chemsex but who are not seeking this in significant numbers from drug treatment agencies. Strategically this raises issues about the interface between non-treatment agencies, sexual health and GUM services, and drug treatment.

Next steps

We will circulate this note to attendees and make it available on the London Friend website. We will also seek to circulate this more widely and seek engagement with a broader range of drug treatment services, and consider how we advance simultaneous discussions at a strategic level.

We have had an offer to create an email forum for people to sign up, which we will discuss further and contact attendees. We will also We also have capacity within this year to deliver some training, so we will undertake some further needs assessment to identify the most effective options for this: this may include some training aimed at frontline staff and some aimed more strategically.

We will arrange a further meeting in spring 2017 and draft a Terms of Reference for the Network.

Monty Moncrieff
Chief Executive
London Friend

May 2017.

Appendix A

Bullet points from group discussions

Experiences

- Very limited
- Change in probation – more chemsex related offending
- Can go under the radar if questions are not asked
- Wrong terminology used by professionals
- Chemsex easily accessible without being seen e.g. Grindr
- Website ended up being a helpline even though not what they provide
- Young people don't want to go to drug services – stigma (also stigmas with HIV, homelessness)
- Transactional sex for chems or place to stay
- Increase in H&H visible on apps
- Needs are more complex (also mental health, housing, debt etc.)
- Clients presenting at GUM, not drug services
- Clients want “a space that fits me”

Local provision

- Some developing pathways in local services (effective where led by organisation at top level)
- CNWL Club Drug Clinic (Tri-Borough)
- Antidote
- AfterParty
- Access through sexual health

Gaps

- Mainstream services are not equipped
- Some don't want to attend LGBT-only services
- Travelling to LGBT services – not always in local area
- Services need to be inclusive
- Services haven't caught up yet/evolved
- How LGBT-friendly do we [as services] appear?
- Training
- Knowledge of link with sexual health & substance use
- Needle exchange
- Language/confidence in terminology & talking about sex
- Up to date info
- What is everybody else doing?

Forming a network

- Training (particularly emphasised, especially for front line staff)
- Sharing information, resources, best practice
- Networking/advice
- Partnership working
- Volunteers/peer mentors
- Communications: email, social media, website, referrals
- Create standards of engagement/intervention
- Newsletter
- Sponsor – e.g. PHE
- Increase awareness amongst commissioners
- Raise need for unified approach to holding the apps to account
- Service Directory
- SPOC for each service
- E-learning
- Shared leaflets
- Strategic approach
- Working more smartly together

Other services/links

- Sexual health
- Mental health
- HIV services
- Housing services
- Local authorities
- Commissioners
- Criminal justice
- Local businesses
- BME services e.g. Naz

Appendix B

Attendance

Attendees represented the following substance misuse providers:

- Addaction
- AfterParty London
- Antidote at London Friend
- Blenheim CDP
- CGL
- CNWL NHS Foundation Trust
- Inspire
- Lifeline
- Turning Point
- WDP

London Boroughs represented:

- Brent
- Camden
- Islington
- Lewisham
- Newham
- Redbridge
- Richmond
- Sutton
- Tri-Borough (Westminster, Kensington & Chelsea, Hammersmith & Fulham)
- Wandsworth
- A number of attendees represented multiple Boroughs, London-wide provision or national provision

Other service represented:

- Albert Kennedy Trust
- Gay Men's Health Collective
- National AIDS Trust
- Probation