

Survey findings to better understand mainstream service chemsex support provision in Greater London

14 February 2022



About MENRUS.CO.UK

For over seven years, the mission of the [MENRUS.CO.UK](https://www.menus.co.uk) is to be a leading source of reliable and relatable health and wellbeing information for gay and bisexual men and other men who have sex with men (GBMSM) living in Greater London. The website is composed of 134 chapters, 704 topics, and 16,559 hyperlinks (to services and support). Content today increasingly reflects the wider LGBT+ community and will continue to do so. With a focus on services signposting, multiple listings include:

- [Sexual health services](#)
- [Drug and alcohol and chemsex services](#)
- [Mental health organisations](#) and [helplines](#)
- [Accident and emergency departments](#)
- [Met Police walk-in stations](#) and [Met Police custody suites](#)
- [LGBT+ Helplines](#)
- [LGBT+ Organisations](#)
- [LGBT Forums, groups, and networks](#)
- [Transgender and trans organisations](#)
- [Black, Asian and Minority Ethnic LGBT+ organisations](#)
- [Disability organisations, services and groups](#)
- [Greater London key services map](#)

"Thank you for all your work! I often signpost patients to your excellent resources :)"

"Thanks for running this survey. We are of course very interested in the findings, particularly to see how responses tally with our own working experience of mainstream services."

"The service would very much appreciate having copies of your literature as currently do not have many flyers or informational booklets specifically for chemsex at our service."

Survey Respondents

Background to the survey

Volunteers check and update drug and alcohol and chemsex service listings regularly due, in part, to the frequency with which contracts are renewed (resulting in Internet 'breadcrumbs' for both old and new services) and inaccurate details on local authority websites. In 2021, volunteers noticed a sustained uptick in mainstream drug services in Greater London stating the provision of chemsex support (of some description).

The survey

In August 2021, [MENRUS.CO.UK](https://www.menus.co.uk) undertook a short survey to get a better understanding of this provision. Volunteers telephoned over 70 services in Greater London requesting a named email address in addition to generic email addresses. Providers included Care Grow Live (CGL), Turning Point, Westminster Drug Project (WDP), Humankind, and NHS Services. This was followed up by email and phone in September/ October, volunteers undertaking a final ring-around in January 2022. Responses were received from 23 services.

Sharing these findings

These survey findings will inform the accuracy of our listings and the information we provide through services signposting, especially. However, we are sharing these findings as they may be of interest to those working in the drug/ alcohol/ chemsex fields. Participating services and quotes had been anonymised, and minor grammatical/ spelling edits have been made.

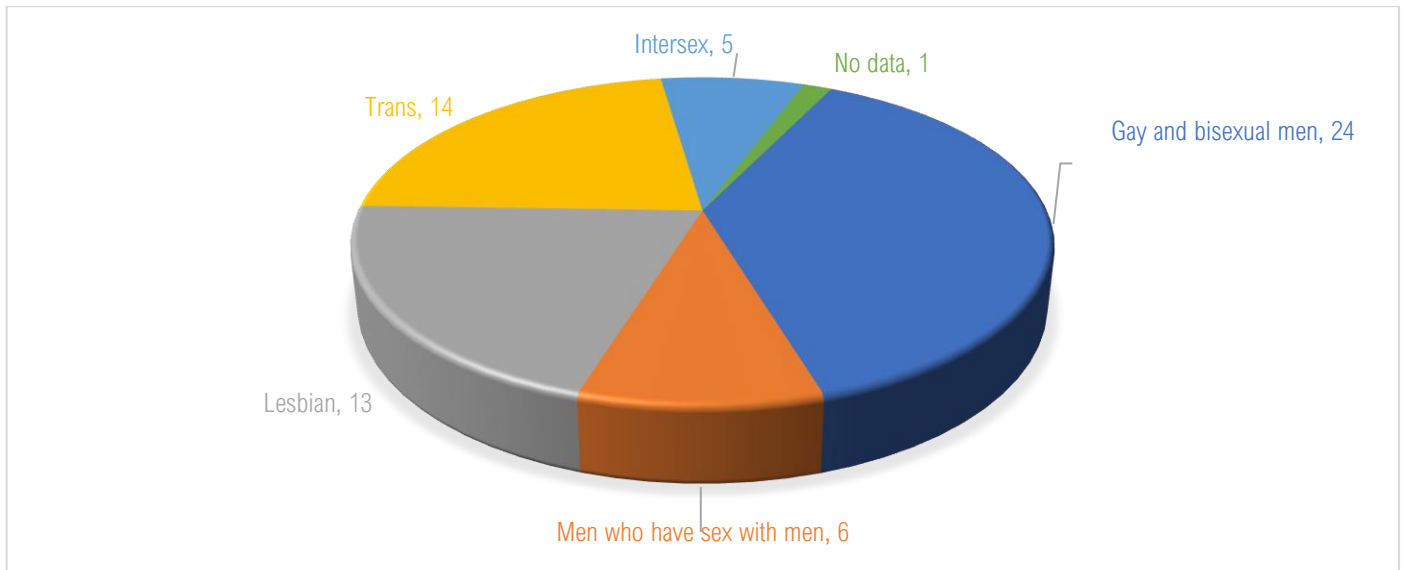
Notes

It's encouraging to note mainstream drug services are addressing its relationship with GBMSM and the wider LGBT+ community, something about which GMHC has been vocal for several years. It's concerning that nearly half of the services say they are unaware of a(ny) policy in relation to working with people who disclose that they have committed offences (other than drug related offences). Responses to the statement "Some gay men say they do not access or return to mainstream drug services because they feel they are not understood" yielded the most comments and are both varied and promising. The absence of responses from Central and North West London NHS Foundation Trust services is disappointing. A shout out to Antidote at London Friend who are mentioned numerously.

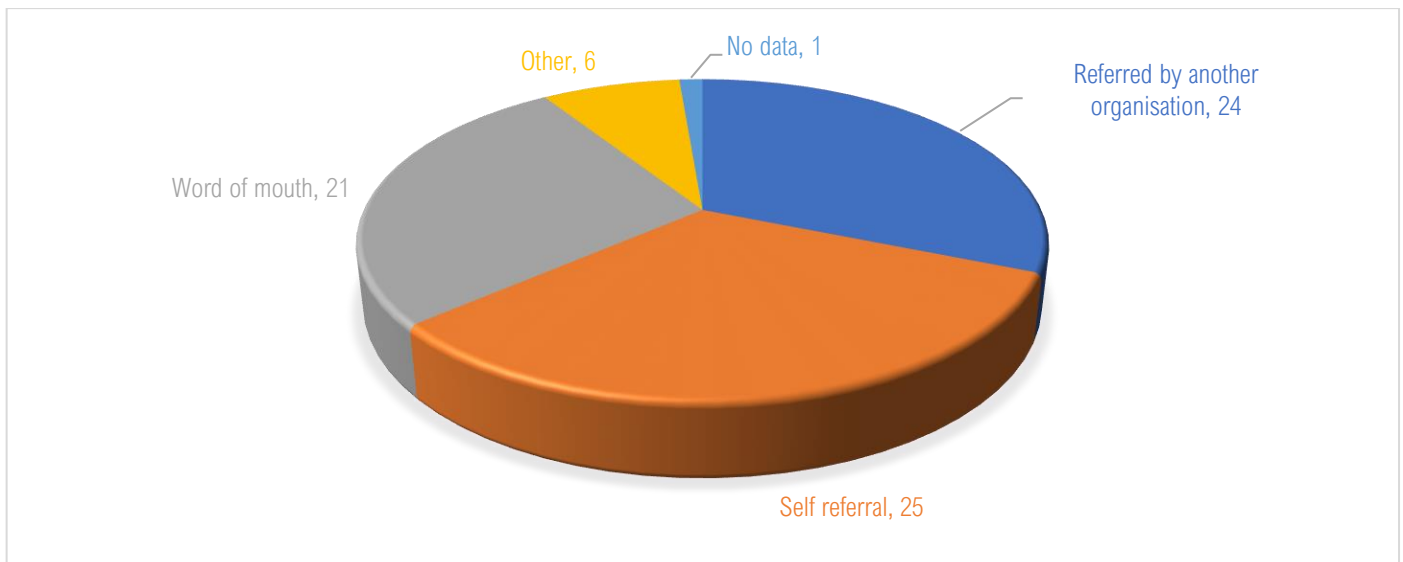
[MENRUS.CO.UK](https://www.menus.co.uk) is part of the [Gay Men's Health Collective](https://www.gmhc.co.uk)
admin@gmhc.co.uk | 07791 867885



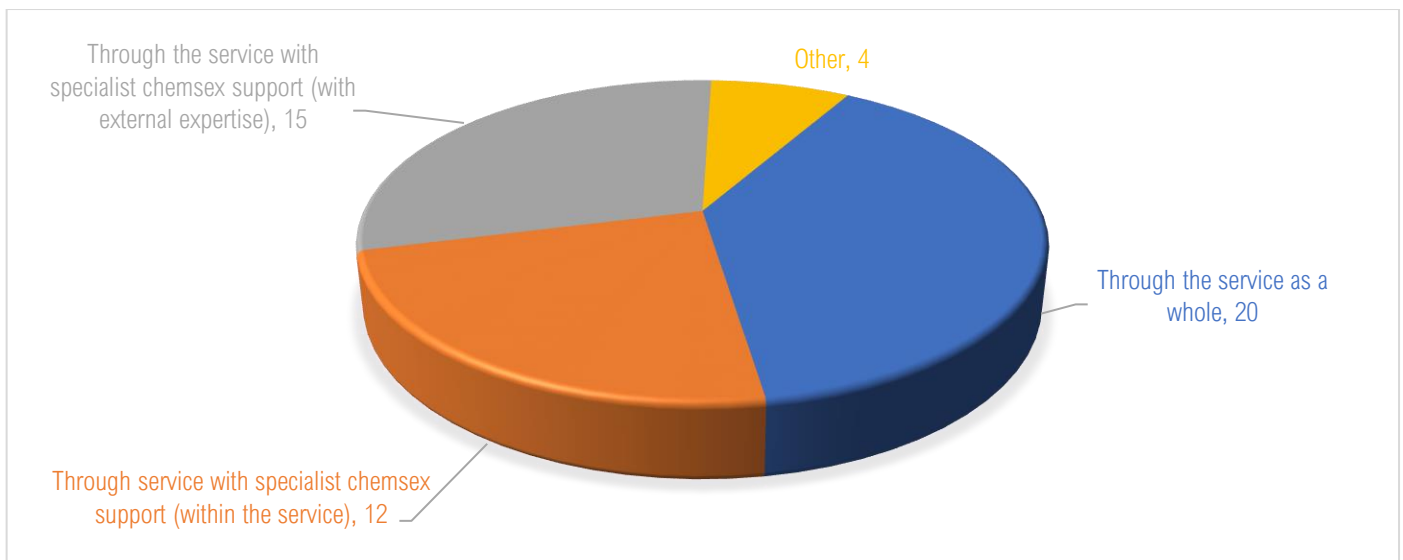
[1] Does your service have chemsex clients who identify on the LGBT+ spectrum? Tick all that apply.



[2] How do LGBT+ clients learn about your service? Tick all that apply.



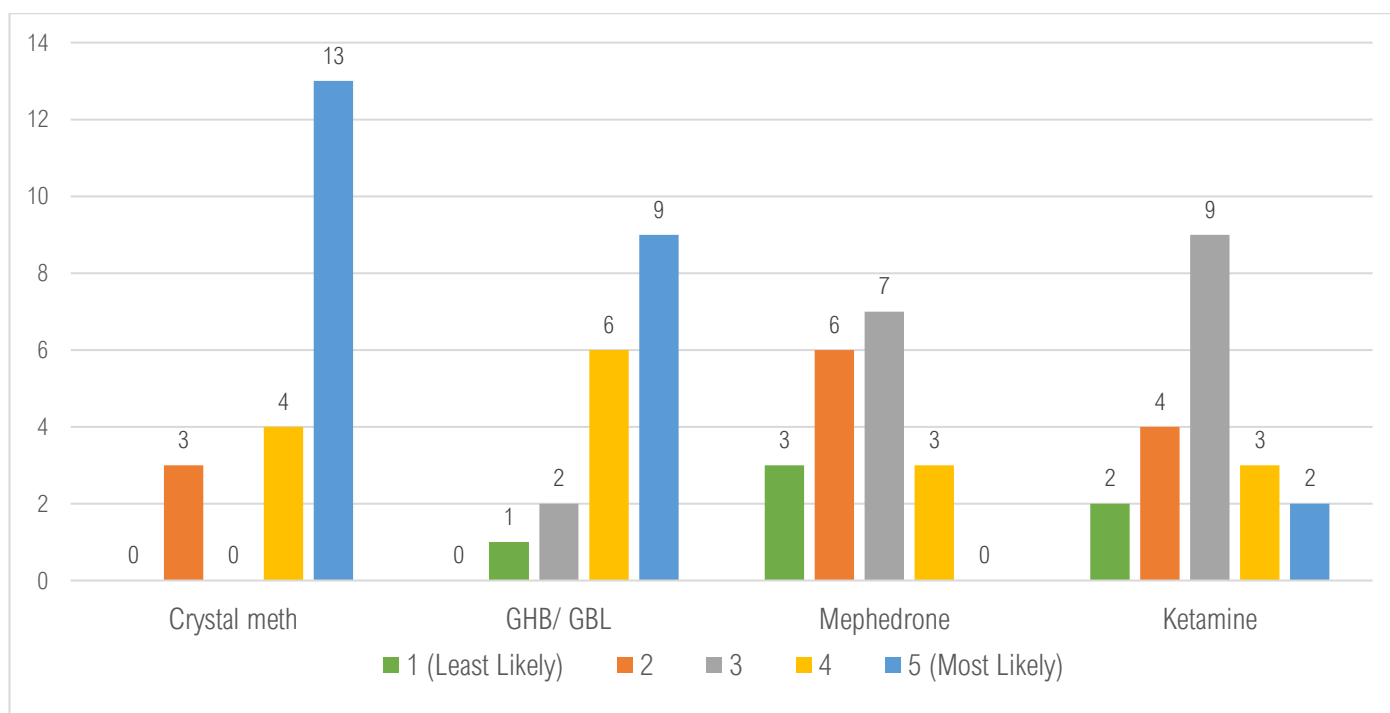
[3a] How are you clients supported? Tick all that apply.



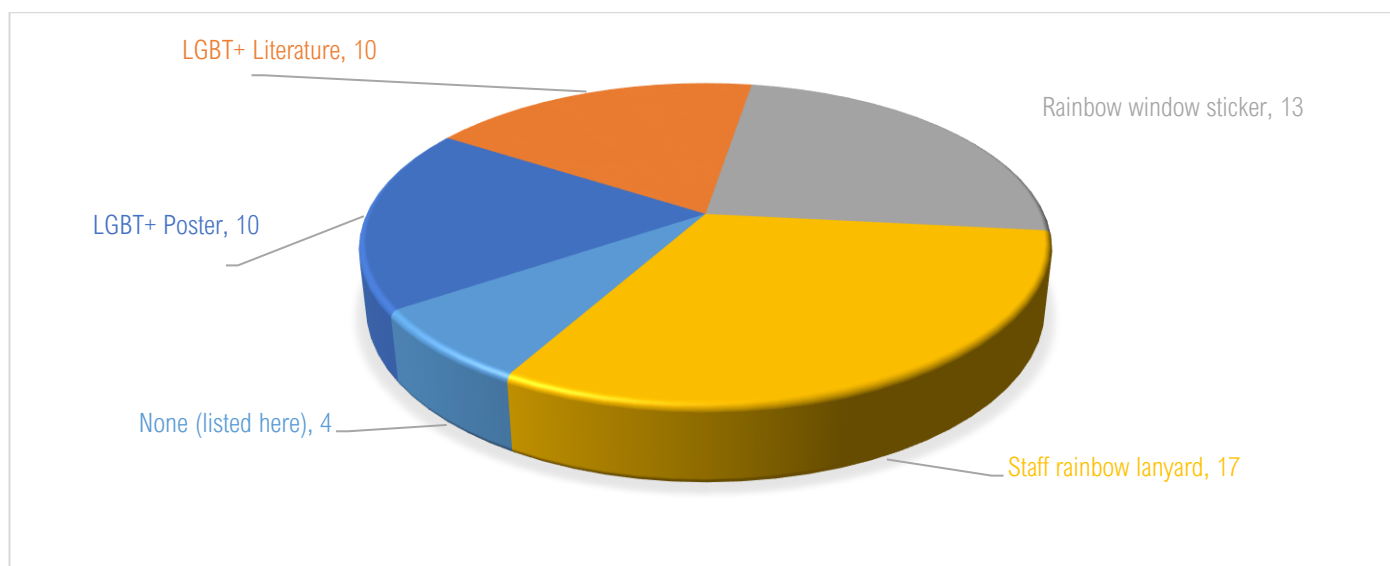
[3b] Please say more if you have ticked Other (3a):

- a. Depends on service user need - not all will be engaged with specialist support. We also host a SLAA meeting in house that is promoted.
- b. London Friend, Probation, Antidote.
- c. I try to make myself available offering therapy sessions alongside treatment.
- d. By LGBTQI staff who identify as want to assist clients with treatment around chem sex etc.
- e. Our service has 2 specialist LGBT+ workers who have experience of working with chemsex clients.
- f. We have a small team who specialize in non-opiate use, this is harm reduction to structured packages and includes referral to Antidote etc. if identified. pre-pandemic we delivered an evening clinic at another location to increase access and we offer blended approach - telephone sessions for clients who do not want to attend in person.
- g. Our partner is London friend.

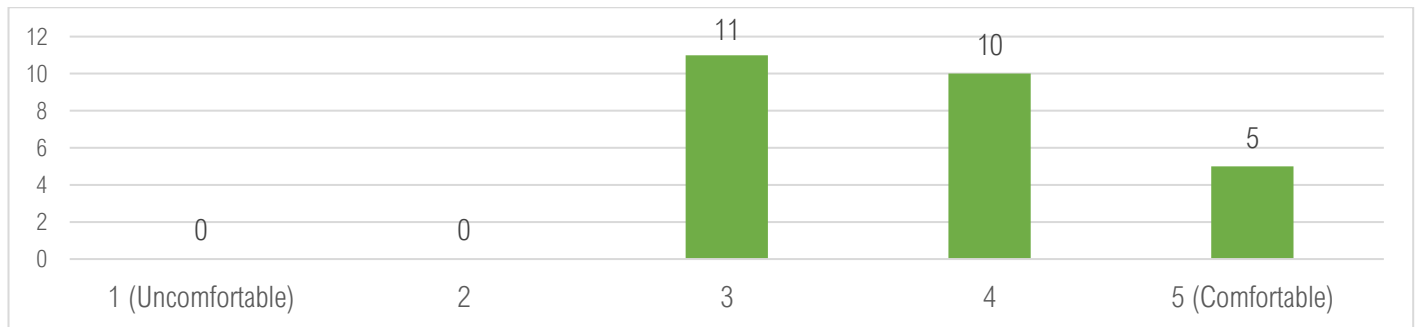
[3c] Which drugs are clients more or less likely to present within the terms of problematic use?



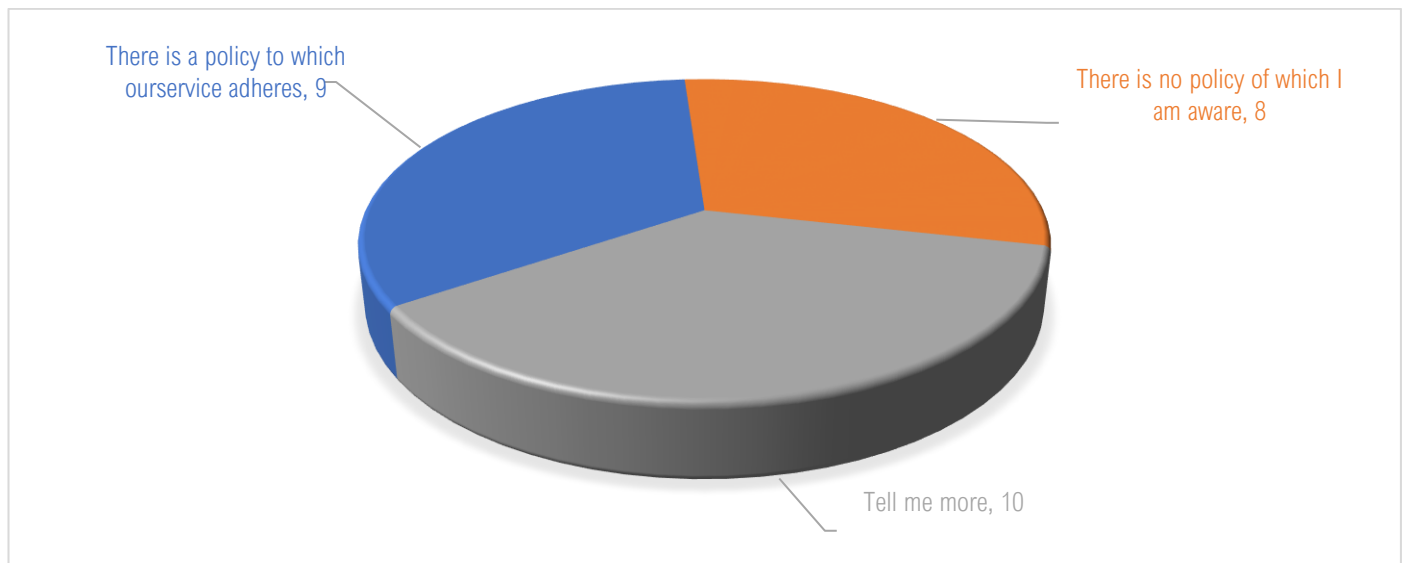
[4] Does the service include 'outward signs' that it is inclusive of the LGBT+ community? Tick all that apply.



[5] To the best of your knowledge, how comfortable are staff discussing (gay) sex within the context of chemsex with clients?



[6] What is the service's policy in relation to working with people who disclose that they have committed offences (other than drug related offences) in the chemsex context? Tick all that apply.

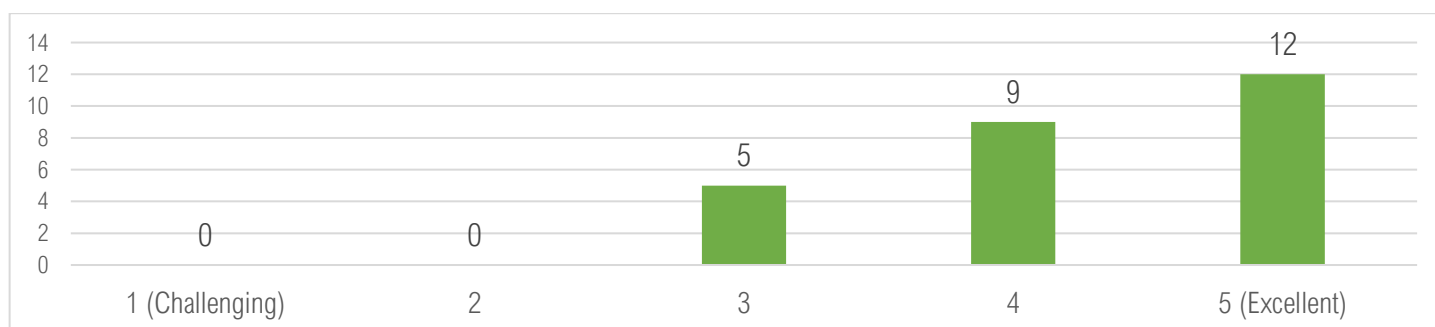


[7] Some gay men say they do not access or return to mainstream drug services because they feel they are not understood. A common comment is "They get the drugs bit but not the sex or being gay". How might you respond to this?

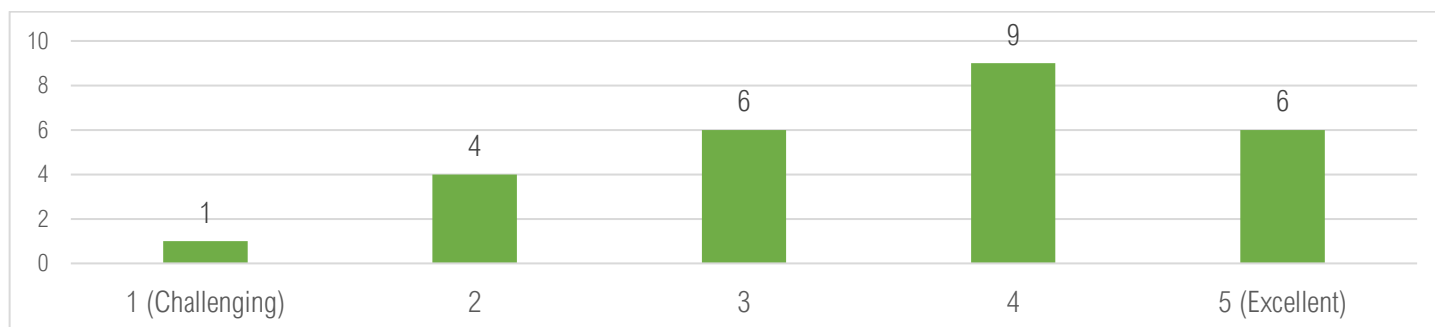
- Agree.
- Being new to this service it is difficult to answer this question. Personally, I feel confident in talking about the 'sex bit', relationships, connection etc but I am not confident my staff team are as confident.
- Yes, this may be a valid comment as it is important to understand a wider context what is going on to support the person holistically.
- I am sorry that you feel that way, I will take your concerns back to the wider team as a service it is essential that mainstream drug agencies are able to best support the SU accessing treatment and are aware that drugs (chemsex) are often used to have prolonged and heightened sexual experiences with partners - so important for staff to 'get' not only the drug but also the 'sex bit'.
- I feel our service has improved in this area with training and peer support and are more comfortable discussing all aspects of a client's lifestyle.
- If we are given the opportunity to respond I hope we respond appropriately and find the best resources.
- The staff continue to receive training to ensure they are equipped.
- We have recently worked with London Friend who were commissioned by the borough to offer additional staff training; however I still believe that staff struggle with discussing sexual behaviour and may often avoid these conversations.
- Our recovery workers are trained professionals who deliver interventions based on a client's needs, we develop a recovery plan with the service user incorporating all elements of their care which is not restricted to their drug use, this will include support with a client's sexuality and gender identity. We also work in partnership with agencies such as Spectra.

- j. I am a self-appointed LGBT lead and do it voluntarily I use pink therapy and therapeutic relationship to hold this client base, as I noticed that there was no worker in this area! I ensured I had all the training available to serve this section of the using area to the best of my ability! I am glad you are asking this as there seems to be too much flag capitalism and no real rolls put into place with the view its only about awareness, I must also reflect that if some workers have an uncomfortableness around this sort of thing I am happy to support them or work alongside them as bias must be acknowledged and hopefully dealt with in a holistic therapeutic educational way, because we all have them!
- k. In our project I and another member of staff has extensive knowledge of services and behaviours of LGBTQI chemsex and drugs used to visit our project. We have many LGBTI staff and if needs be a person can request a person of these communities to speak to.
- l. We're a specialist LGBT service (Antidote) and this is (still) an ongoing issue for LGBT clients. There was clear evidence of this happening when the UK Drug Policy Commission reported on LGBT drug use in 2010, and was very strongly identified through focus groups conducted for our 2014 guidance for drug and alcohol services Out Of Your Mind. Today clients still describe this. However it is important to note that several services have done work to develop competence and local provision and we are directly engaged in services in 7 London Boroughs.
- m. Clients accessing our services continue to highlight through feedback that having specialist LGBT support is of high importance. Typically around 80% say it is "very important" (5) and 20% "important" (4) using a five-point scale. It is extremely rare for any client to say it is not important (1 or 2 on the scale) for them. A very small number respond with a 3, which would indicate LGBT specialist support if neither important nor unimportant to them. This underlines the importance of services being able to deliver LGBT competent support.
- n. For this reason we have a chemsex and club drugs recovery practitioner specialised in LGBT (himself a member of LGBT community).
- o. We have 2 LGBT workers (gay men) who get the sex bit and the being gay bit.
- p. The small team focused on club drugs have experience in discussing these issues, not all staff would have the training and skills to manage this but all staff are trained in managing sexuality issues and we regularly deal with sexual assault, domestic violence and consent with our vulnerable opiate and crack users, needle syringe supply covers chem sex though this needs to be refreshed after the drop in uptake during COVID.
- q. I can understand why this statement is made. Many staff are trained in chemsex but often refer onto specialist services for a more bespoke treatment option.
- r. We are an LGBTQ friendly service and work closely with our partners London friend to understand and respond to the needs of people who identify as a member of the LGBTQ community.
- s. Services would benefit from further training/education
- t. I run a sexual health service so we are able to address and support both the substance misuse which is associated with and affects sexual behaviours but I do think such clients do best being supported by a specialist service which supports LGBT and substances such as SH or LGBT services.
- u. I would first make sure that I and staff have had all relevant training around LGBTQ+ to make sure that we have a better understanding, (something that I am currently working on now) and my response would be something such as asking if they could have a meeting with me to discuss this further in the hope that I could improve on things to make their experience with this service is both better, more inclusive and overall a more enjoyable experience.
- v. Our service is committed to providing support to clients looking for chemsex support. We are a specialist service with many different components (recovery workers, nurses, doctors, psychologists), with several professionals across the consortium being experts within the chemsex field. Additionally, we have staff members with specialist interest in chems who meet on a monthly basis to increase their knowledge in chemsex.
- w. We not only work with clients directly but also signpost clients to services such as Antidote and London Friend to ensure they receive the best support, which they may feel is lacking if only engaging with us.
- x. We are always open to feedback from service users to help us ameliorate our service.
- y. At our service we welcome equality and diversity. Staff will listen with an open mind, stay informed, ask someone how they identify instead of making assumptions.
- z. We aim to make everyone feel included which involved allocating well trained and knowledgeable keyworkers to service users. We encourage service users to provide us feedback so that we can improve the service for all users.
- aa. I think there is clearly a problem of 'cultural competence' around LGBTQ+ and chemsex issues within many mainstream drug services, which are usually designed around the needs of (assumedly heterosexual) heroin/alcohol/crack cocaine users. It can often fall to staff who are LGBTQ+ themselves to take the lead when setting up and facilitating support for clients and training for other staff. Thankfully our service has received some excellent training from London Friend and I (along with a few other LGBTQ+ staff members) have set up a new 8-week chemsex psychoeducation and support group. We very explicitly have sessions about relevant topics such as sexuality, body image, Grindr, etc., facilitated by staff who have lived experience themselves or who have had specific training.
- bb. We have staff training that is provided and close links with LGBTQ+ services in the borough and open communication is always key

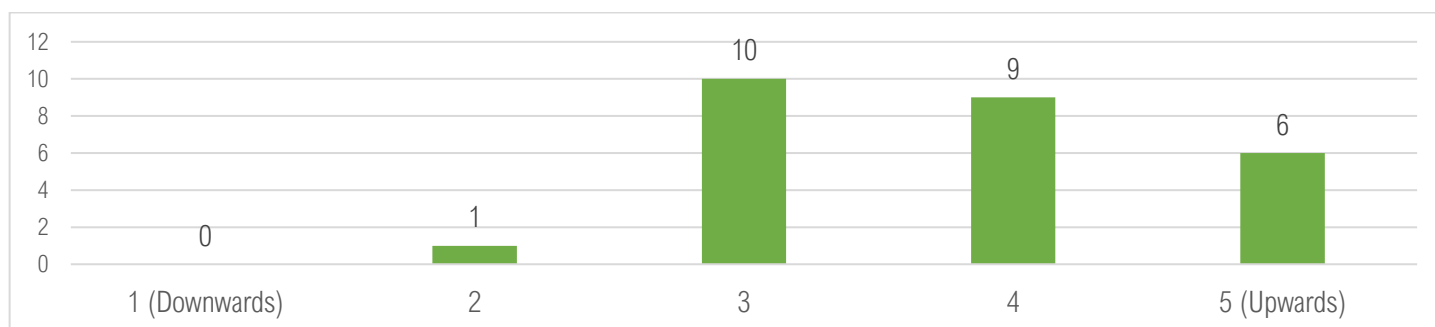
[8a] How would you describe the service's relationship with sexual health services when chemsex clients are referred?



[8b] How would you describe the service's relationship with mental health services when chemsex clients are referred?



[9a] How has the demand for chemsex support trended between 2019 and 2021 in relation to your service?



[9b] If you wish, say something here about the service's LGBT+ clients within the context of the COVID pandemic.

- Increased training for staff around chemsex and support services available for LGBT+ cohort.
- I was volunteering for [two services] to support this client base through the lockdown period I have stopped now we are coming out of lockdown so I hope this survey will help promote the importance of roles like mine.
- LGBTQI clients have become more secretive about their chemsex behaviours to get round the lockdowns ie still meeting up for sex but feeling very guilty to come forward and tell us for fear of retribution or moral judgments.
- Work during Covid-19 has been a lot more challenging and complex. We are typically seeing clients for twice as long as before the pandemic. A high number of clients indicated that they felt at risk of relapse from their drug or alcohol goals during lockdown and many of these did experience a lapse. We had to enhance our relapse prevention support. Mental health has also been especially exacerbated, and we needed to incorporate a much higher level of mental health support into our work since the start of the pandemic.
- Client's feedback: face to face meeting extremely important to engage and build trust towards the step change.
- Remote access has benefits for some to engage without attending in person, staff WFH, sickness/absence has impacted across the board with communication in partnerships. staff with experience in these areas are a benefit and incorporating these skills into a small specialist team is a challenge when staff leave. though all staff should be confident and comfortable exploring issues of consent and safety relating to sex and drugs
- We work very closely with Antidote, London friends, 56 Dean Street in regard to referrals and support for chemsex clients.
- Have noted several cases of clients reporting escalating crystal meth use at home alone during COVID lockdowns. I feel that the effects of social isolation may have been worse for LGBTQ+ people who perhaps are less likely to have family support.

[10] Please say here if any of the service's staff have received training and/ or education in relation to chemsex.

- | | |
|---|---|
| <ul style="list-style-type: none"> a. Speaking with the leadership team, staff have received some Chemsex training but it has not been consistent or recent. Service rolled out a national workshop recently and whilst I promoted this to the whole service, only a handful of staff came back with interest. b. Recent online training open to all staff took place. c. Yes, staff team training and links provided. d. The majority of the staff have had training. e. Chemsex training has been provided however it think it should be mandatory not optional. f. Yes. g. We have recently worked with London Friend who were commissioned by the borough to offer additional staff training on general chemsex awareness, as well as some additional focussed training for staff leading on this pathway. h. Some staff have received training. i. I believe a good portion have had training and the local borough does some training not sure how many actually access it though. j. Most recovery workers have had training. k. All staff and volunteers on the Antidote service receive chemsex training (and some provide it to other services). All London Friend staff and volunteers working on other services have access to chemsex training. | <ul style="list-style-type: none"> l. Yes but more would be appreciated to deepen the knowledge m. Service wide training happening on December 1st, 2021 n. Only a few. o. Yes. p. Yes most of our staff have. q. Yes, regular CPD and training. r. Only a small number of staff s. Chemsex training via London Friend t. Yes, two as we have two services which have merged into one, a young people's sexual health service and Fusion a young people's drug and alcohol service. u. Though not all staff members are trained or educated in chemsex, our service has staff dedicated to increasing their knowledge around chems. Several staff member across the consortium meet monthly to learn about and discuss chems and how we can support. v. Staff have received training in relation to chemsex however refreshers training would be needed. w. The staff have received bitesize briefings in team meetings in relation to chemsex. x. Yes, we have received specialist training from London Friend for all staff members. |
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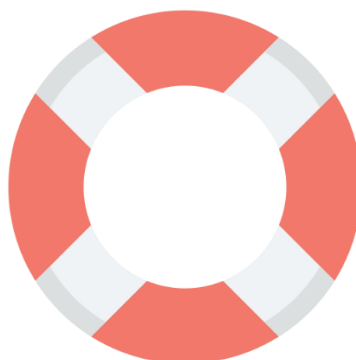
[11a] In which London Borough your service is located?

Survey responses from mainstream drugs services were received from the following London boroughs:

- | | | | |
|-------------------------|----------------------------|----------------------------|--------------------------|
| 1. Barking and Dagenham | 7. Enfield | 13. Islington | 19. Richmond upon Thames |
| 2. Barnet | 8. Greenwich | 14. Kensington and Chelsea | 20. Southwark |
| 3. Brent | 9. Hackney | 15. Lambeth | 21. Sutton |
| 4. Bromley | 10. Hammersmith and Fulham | 16. Lewisham | 22. Waltham Forest |
| 5. City of London | 11. Haringey | 17. Merton | 23. Westminster |
| 6. Ealing | 12. Harrow | 18. Redbridge | |

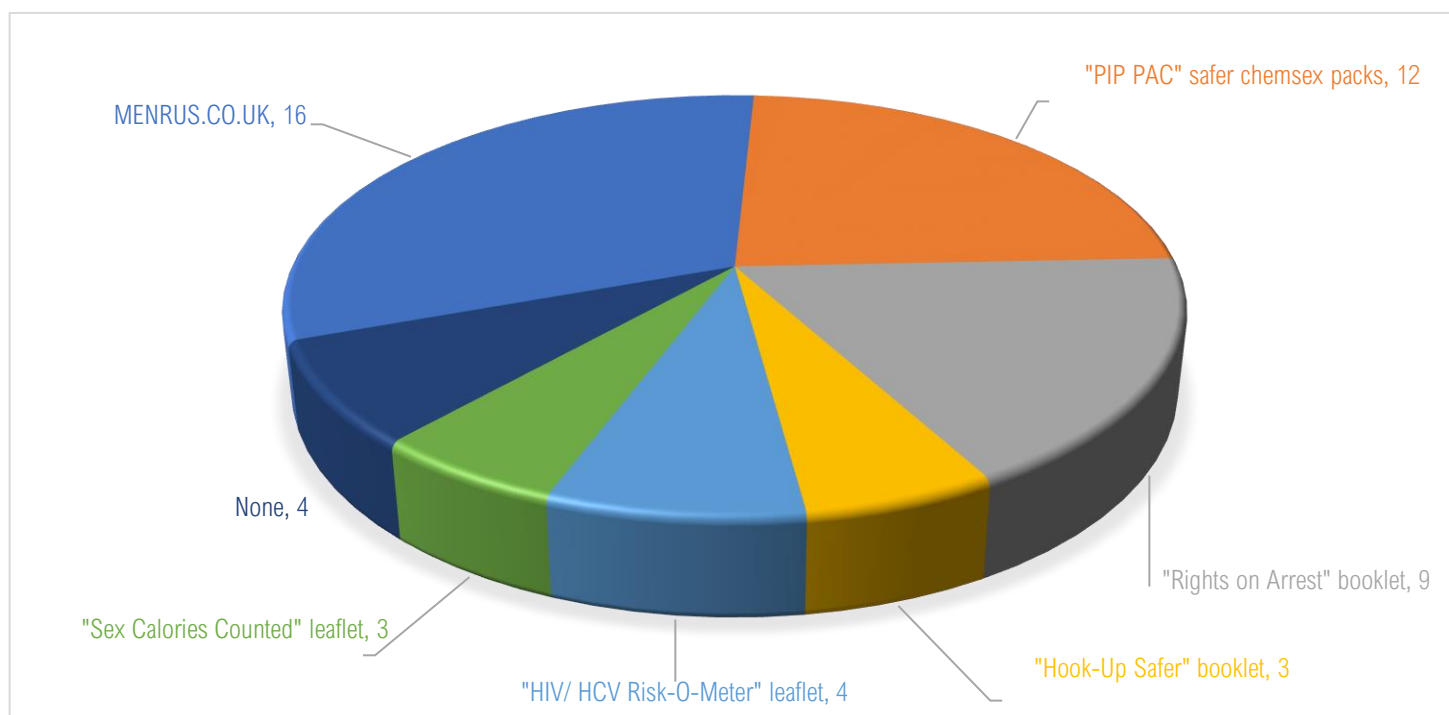
[11b] Under its DRUGS section, MENRUS.CO.UK lists all drug, alcohol and chemsex services in Greater London. You can also view by scanning scan the QR code. Services with expertise in chemsex are listed with a life buoy icon.
Say here if you believe your service should include a lifebuoy?

All services who replied to the survey already had a lifebuoy under [London drug, alcohol and chemsex support](#)



[12] Are aware of the following resources. Tick all that apply.

Ten services requested copies of our [safer chemsex and safer hook up resources](#).



[12a] Please make any further comments here, including your name/ email address here if you have a query or would like copies of our literature.

Please note: Some comments have been edited.

- a. We would welcome training and any materials. Planning to work closely with our pharmacies who are delivering NSP in the borough around engaging Chemsex users
- b. I would love any new literature you come across as I have limited time to fine materials due to doing it voluntarily I'm also neuro divers
- c. We would love some materials in the hubs on chemsex harm reduction and posters.
- d. With regards to question 6 if a client reported a serious crime to us i.e. rape, murder, manslaughter or sexual or physical assault we would be legally obliged to inform the police, we would of course, inform the client (offer support etc) , that we were going to do this, but it is a safeguarding issue whereby another person was harmed. To be clear if any of clients (whether they used chemsex or other drugs etc) reported a crime to us, we are duty bound to report this to the police. The police would then make the decision to investigate and or charge the person.
- e. Thanks for running this survey. We are of course very interested in the findings, particularly to see how responses tally with our own working experience of mainstream services.
- f. Please share literature (question 12 in the survey), Invitations to conferences and training would be appreciated.
- g. We have been relying staff knowledge experience for chemsex and legal advice and the same for safer hook ups, we do work with HIV clinics at NMUH and Mortimer Market, but I would like to see the above resources for consideration
- h. I would be very interested in copies of your literature.
- i. The service would very much appreciate having copies of your literature as currently do not have many flyers or informational booklets specifically for chemsex at our service.
- j. Please note that I was not aware of the above resources before being contacted by yourselves - though colleagues may well have been.
- k. Thank you for all your work! I often signpost patients to your excellent resources :)

[12b] Please include a name/ email address if you would like to receive a copy of the survey findings.

16 services requested these survey findings.