

# Scottish Needle Exchange Workers Forum

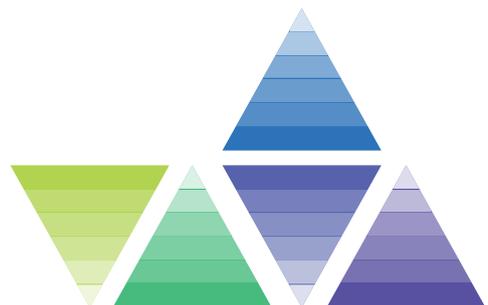


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## Chemsex

Why are those who take part in chemsex reluctant to engage with drug services?



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## Introduction

This reports details the responses given by the Scottish Needle Exchange Workers Forum on the subject of Chemsex. Exploring attitudes about people who engage in Chemsex and as well as what stops those involved in Chemsex accessing drug services.

The afternoon started with a detailed presentation by Katy MacLeod (National Training and Development Officer, Scottish Drugs Forum) about 'Chemsex and Slamming in Scotland' (available here [http://prezi.com/rpetlwaqcdge/?utm\\_campaign=share&utm\\_medium=copy](http://prezi.com/rpetlwaqcdge/?utm_campaign=share&utm_medium=copy) ).

The presentation highlighted what we know about Chemsex and slamming in Scotland:



Katy also gave information on the common drugs being used for the purpose of chemsex, the effects, patterns and harms associated with injecting these substances and harm reduction advice.

Adrienne Hannah (National Training and Development Officer, Scottish Drugs Forum) then facilitated discussions around attitudes about people who engage in Chemsex and as well as what stops those involved in Chemsex accessing drug services.

## **Society's attitudes about people who engage in Chemsex**

Forum members were asked 'what are society's beliefs about this group?'

In response to this question it was clear that there is perceived to be a large number of negative beliefs with a common homophobic thread running throughout. Although some positive beliefs were expressed on the whole the forum responded in a way that suggests that people who take part in Chemsex would be perceived negatively by society.

A discussion regarding beliefs, perceptions and stigma followed surrounding people who engage in Chemsex and those with problematic drug use catered for by addiction services. It emerged that both are perceived negatively by society. As well as this, these groups may have negative beliefs and misconceptions about each other.

It was pointed out that although workers themselves may not be homophobic, those involved in chemsex may assume from previous experience that they will be stigmatised. (See The School Report: The experiences of gay young people in Britain's schools (2012) -research carried out by the University of Cambridge for Stonewall's School Report 2012 found that 55 per cent of lesbian, gay and bisexual pupils in Britain's secondary schools experience homophobic bullying).

When looking at the issue of why some groups will not engage with addiction services it is worth recognising that stigma around drug use and drug users could be a factor.

## What stops those involved in Chemsex engaging with drug services?

During her presentation Katy identified a number of barriers to engagement with drug services:

### ***Barriers to access***

- Opening hours
- Confidentiality concerns
- Unaware of services that can assist
- Don't see use as problematic
- Service more set up for traditional drugs
- Branding of service
- Stigma

The forum identified other barriers to accessing a drug service as well as expanded on some already mentioned by Katy:

Stigma was highlighted by all members of the forum. This was explored further and discussed at length. Stigma could be split into two categories: the stigma the individual perceives that they may face or conversely the opinions they have about the other people who use an addiction service, for example the stigma surrounding accessing a drugs service. Individuals may not see their drug use as problematic therefore would not think about accessing a drug service, or may have concerns about their drug use but do not identify as a drug user in the 'typical' sense for example not an opiate user. The forum also recognised that people who engage in Chemsex may be fearful of the other clients of a drug service.

People may avoid accessing a drug service due to fear of judgement from staff or other service users around the use of drugs for sex and the sexual activity they take part in. People may believe that drug services are not set up to provide support with issues relating to sexual health and that drug services lack the knowledge or understanding of their lifestyle to be able to support appropriately.

People may feel shame, fear or be in self denial about their drug use and/or sexual activity and will perhaps avoid accessing drug services because of this.

The building/ office and the knowledge of it being a drug service may be off putting to people who want their drug use to remain private. Also drug services are in the main not considered to be 'gay friendly'.

A full list of the responses on the forum can be found at the back of this document.

## What can drug services do to encourage engagement?

Given that there appears to be a number of barriers for people to engage with drug services the forum was asked to identify ways in which drug services could overcome these barriers so that individuals who take part in Chemsex can get the appropriate information relating to their drug use.

During her presentation, Katy highlighted the following things to consider when trying to engage people in drug services.

### *Engaging users*

- Service consultations
- Service environment
- Accessing service- low threshold
- Assessment
- Care planning
- Inter-agency partnerships
- User involvement
- Utilise new technologies

The forum identified the following ways to encourage and facilitate engagement:

Theme	Examples
Training	Awareness raising of both drug use and Chemsex should be mandatory in all drug/ sexual health services
Practice	Creating a specialist service
	Assertive outreach including home visits
	Closer working between drug and sexual health services – partnerships/ joined up approaches
	Integrate/ develop existing services
	Referral pathways/ appropriate signposting
	Drug workers present in sexual health services
	Needle exchange provision in sexual health services
Informing	Leaflets, resources made specifically for target group
	Internet outreach, use of apps

## **Conclusion**

The Scottish Needle Exchange Workers Forum explored attitudes about people who engage in Chemsex and as well as what stops those involved in Chemsex accessing drug services.

It is clear that there is perceived to be a number of negative attitudes about Chemsex and those involved with it. This should be considered when developing training for both drug and sexual health workers.

The barriers for those engaging with drug services are many but not insurmountable. The forum identified possible ways to overcome these barriers.

What is clear from the topic discussed is that there is a growing population of people who are using substances who traditionally would not engage with drug services. Bearing that in mind it is important that this group receives the support to understand their drug use, general harm reduction around methods of use as well as understanding and reducing the risk involved in the resultant sexual behaviours.

## Barriers in accessing a drug service as identified by the forum:

Stigma, stigma of accessing a drug service, stigma surrounding use of drugs for sex
The building, where it is, locations, no awareness of services or what they offer
Don't see drug use as an issue/ or themselves as drug users 'not like them'
Frightened by 'typical' service users, fear of aggression
Fear of judgement from staff or other service users
Secrecy/ confidentiality/ someone may know them
Escalation of treatment
Don't want to be seen accessing a drug service
Professional people not wanting association with drug services
Lack of knowledge in services around sexual health messages – lack of understanding – workers won't understand, stigma, limited knowledge, negative perceptions, lack of knowledge/ understanding of their lifestyle.
Lack of perception regarding risks of substance use/ belief that 'can't happen to them'
Drug services not geared up for MSM/ Sexual Health
Belief that drug services won't be able to help
Streamlined for addictions/ medical dependency
Only work with people who use opiates
Target based (HEAT)
Shame, fear, self denial
Community repercussions
Homophobia
Bisexuality – possibly married to a female and worried about their sex with men being discovered





**SDF**  
Scottish Drugs  
Forum



Scottish Drugs Forum:

**[www.sdf.org.uk](http://www.sdf.org.uk)**

SDF Workforce Development Programme:

**[www.sdfworkforcedevelopment.org.uk](http://www.sdfworkforcedevelopment.org.uk)**

Find drugs services in your area:

**[www.scottishdrugsservices.com](http://www.scottishdrugsservices.com)**

Hepatitis Scotland:

**[www.hepatitisscotland.org.uk](http://www.hepatitisscotland.org.uk)**

Naloxone UK:

**[www.naloxone.org.uk](http://www.naloxone.org.uk)**

Main office

91 Mitchell Street

Glasgow

G1 3LN

t: 0141 221 1175

f: 0141 248 6414

email: [enquires@sdf.org.uk](mailto:enquires@sdf.org.uk)

Edinburgh Office

139 Morrison Street

Edinburgh

EH3 8AJ

t:0131 221 9300

f:0131 221 1556