

# MSM Masterclass

## Module: **Drugs**

### **FACILITATOR GUIDANCE NOTES**

#### **Description to be shared with participants in advance**

In this session we will consider the experiences and needs of men in relation to their use of drugs. The session will address the use of substances like cannabis or ecstasy and also New Psychoactive Substances/NPS.

In this Masterclass session you will hear about what men report about their use of drugs and their views on how this might be discussed or considered in the context of sex and relationships and when accessing sexual health services. There will be an opportunity to reflect on what you think works well about current service provision, and consider how we can provide sexual health and HIV services which play a role in supporting men to consider their use of drugs where they impact negatively on sexual health.

Suggested duration of this session is 35/40 minutes.

#### **Before the session**

Ensure participants complete Reflection Sheet 1 before attending the Masterclass  
In preparing for the Masterclass ask participants to pay particular attention to the engagement they have with men who talk about drug use; ask staff to jot down any issues or topics or questions that they feel are important.

By the end of this session participants will have:

1. Developed a greater awareness of what we know about substance use amongst gay, bisexual and MSM.
2. Recognised the individual professional understandings and characteristics that they need to develop to support men to talk about substance use and how it impacts on relationships, decisions, risk and sexual health.
3. Understood what characteristics of a service are likely to help engage and sustain the attendance of men for whom there is a need to consider drug use.

#### **Follow up**

Further information is available from these sources (also on the final slide)

- HIV Prevention Needs Assessment (NHS Lothian and NHS GGC)  
<http://www.scotland.gov.uk/Topics/Health/Services/Sexual-Health/HIVMSMNeeds>
- The FAQ Scotland chapter on drug use : Chapter 5 *Drugs/Chems* available at  
<http://www.faqscotland.co.uk>
- A report on NHS Clinical Staff interviews (also part of the HIV Prevention Needs Assessment) <http://www.scotland.gov.uk/Topics/Health/Services/Sexual-Health/HIVMSMNeeds/interviews>

In advance of this session the facilitator should source and compile resources and further information on a range of drugs and other sources of support that are available and share as a hand-out for participants.

**Resources:** PowerPoint slides as a handout and further information on drugs and other local and internet based agencies, advice or support.

### **Outline**

**The session is built around a number of slides which draw on information from the NHS Lothian/GGC HIV Prevention Needs Assessment including the FAQ Community Engagement work, and other work that address the experiences, needs and rights of men who have sex with men.**

**Slides have prompts for discussion, either as one group or in smaller groups depending on the size of the group. As a general guide around 5 minutes should be allocated for 'discussion' slides.**

Facilitator guide notes for PowerPoint slides is suggested as follows:

#### **Slide 1 Title/Introduction:**

In this session we will consider the experiences and needs of men in relation to their use of drugs. The session will address the use of drugs like cannabis or ecstasy and New Psychoactive Substances. A separate Masterclass session is available on the topic of alcohol and poppers.

Understanding how men live their lives, including how they use drugs, is a necessary part of delivering a holistic, person-centred service. Some aspects of drug use we will discuss in the session will raise questions and concerns we may have for men in terms of HIV/STI risk. This session is part of the Masterclass programme because it is important for clinic staff to ascertain a full picture of a man's health and wellbeing (both physical and mental) to discuss HIV risk and prevention.

Much of the information on the slides we will be looking at in this session is taken from the HIV Needs Assessment FAQ community engagement work; men participated in online surveys and interviews. Some of the information is also from other aspects of the HIV Needs Assessment and other useful sources of information about the experiences, needs and rights of men who have sex with men.

#### **Slide 2**

(Facilitator: no need to read learning outcomes out but just refer to these as follows) This slide describes what we intend participants will get from taking part in this session.

#### **Slide 3**

##### **Terminology**

These first few slides clarify the terms that we will use.

- **Drugs** in the context of this session means the range of illegal/controlled substances which we are aware gay, bisexual and MSM may take; our interest in this session is

on drug use and its connection to choices, behaviour and risk regarding sexual activity. Drugs used might include substances known to most people – cannabis, cocaine, ecstasy/MDMA, Ketamine, Heroin. We also need to consider the range of substances called New Psychoactive Substances.

#### Slide 4

##### Terminology

**New Psychoactive Substances:** You may have heard these called ‘legal highs’; but the law has changed. They are a broad category of psychoactive compounds or products that are marketed as alternatives to well-known controlled drugs - in other words they are intended to mimic the effects of illegal/controlled substances. They have been sold via the internet or were being sold ‘smart shops’ or ‘head shops’. Many new substances appear every year – 1 or 2 every week – and new products can be designed to circumvent drug controls. The law on these substances has changed. There is also current research about their use being undertaken.

#### Slide 5

##### Terminology

**Chem-sex** is the practice of taking drugs and having sex. The term is often associated with parties where a number of men will take a mix of drugs, perhaps NPS, and have multiple sexual partners over an extended period of time. This might be described as a chemical-induced state of disinhibition and hyper-sexuality. In order to make this more intense the drugs may be injected, this practice is known as **slamming**.

#### Slide 6

Having clarified a few key terms this slide quotes from the preparatory module you did (read) and poses a question for discussion:

In the preparatory module for this Masterclass you heard this from research published by Stonewall Scotland: “Gay and bisexual Scots have high rates of attempted suicide and are more likely to self-harm and have depression than their straight peers. They are also more likely to smoke and take illegal drugs. It ill-serves our gay and bisexual communities when these uncomfortable truths are ignored.”

##### Discussion:

- When working individually on the preparatory module what were your thoughts about the use of the expression ‘these uncomfortable truths’?
- Is the claim that gay and bisexual men are more likely to smoke and take illegal drugs reflected in your experience of work with men?

#### Slide 7

Men participating in the FAQ community engagement work talked about drug use and some of the risks that might be associated with it (when thinking about sexual health) in these ways:

I'd had Conagra... If I'm going to go into a scenario of looking for sex and it might be several tries with different people, I would always take something like that to make sure I was performing. (Bisexual, 36-45, HIV negative)

I have to make sure I'll be with someone I don't mind having risky sex with because it will probably happen. (Online respondent)

I had drunk some gin and tonics and then some beers... I had a line of cocaine. I was quite a lot more adventurous and liberated than normal. Now that I think about it I probably had a few lines... There may have been a couple of guys who were involved but because it was late, I was saved by the bell. I broke it off early when I realised it was unprotected. (Gay, 45+, HIV positive)

**Discussion:** Are accounts such as these familiar to you?

## **Slide 8**

### **NPS and Chem-sex**

At the end of the session you will be given a hand-out developed by the Scottish Drugs Forum which gives information about NPS. This explains what effects different substances have and how men might administer the drugs – smoking, nasally, orally, rectally or by injecting. Our concern here is about harm.

When it comes to harm, research is limited but as with other drugs these can be serious. Harm can also depend on whether alcohol is taken, or a mix of drugs is consumed. There can be problems with dosing/overdose because strength of the drug may be unknown and can be stronger than the illegal drug they mimic. Community and acute mental health services are reporting growing numbers of NPS users amongst patients.

A key concern in injecting (slamming) and some men may need harm reduction advice on safer injecting practices.

**Discussion:** Have you come across New Psychoactive Substances (NPS) or Chem-sex in your consultations with men? If yes, what impact are they having?

## **Slide 9**

### **A focus on younger men**

While we wait for research and accurate figures regarding NPS and slamming there are concerns that this is becoming an issue with young people in general. Some young gay or bisexual or MSM will use open/drop-in clinics and not be attracted to targeted MSM services.

**Discussion:** Have you come across New Psychoactive Substances (NPS) or Chem-sex in your consultations with young people in generic services?

## Slide 10

### A focus on men living with HIV

While the numbers of men talking about the interface between drug use and sex in the FAQ community engagement work was small it seems that the issues might be of particular concern when we think about support for HIV+ men. In their FAQ contribution one man talked about it in this way. This is a rather lengthy quote but it gives some insight.

Did you use any drugs? Yes, cannabis and a legal high which I don't know the name of. It was fine but I didn't really enjoy it very much. So took more than I normally do. Difficult to say, cannabis maybe five or six joints shared and a couple of pills... We all know our status so. Yes, they are positive.... When I was playing around a lot, I was taking people at their word that they were undetectable and that would reduce risk but I think that's why I'm not doing it anymore, because it's bordering on self-destructive behaviour. Basically it's all about self-esteem. My thinking now is the reason gay men do drugs and play around has to do with low self-esteem; a need for affection. I think it's about fulfilling a need, you're not really aware that you're doing that or why you're doing that. It's part of gay culture. Lowers your inhibitions, makes you do things you wouldn't normally do but I decided I didn't want that to be part of my life any more... At the time, I really enjoyed it but I didn't feel so great afterwards. The combination of the drugs I think, and now that I wouldn't have done some of the stuff that I did if I hadn't been on drugs. A hindsight, realising that's not for me anymore. After a couple of days I think it was just a self-realisation. Thinking, why am I doing this? (Gay, 36-45, HIV positive)

## Slide 11

### Discussing substance use within a sexual health service

If time allows give up to 5 minutes for each of the discussion themes below.

**Discussion** (full group): Have HIV+ men talked with you about drug use and sex in consultations? What might be your concern if/when they do?

**Discussion:** Initially in a small group/3 then some feedback in the full group if time allows.

Problematic substance use is associated with ongoing risk behaviours. In the Needs Assessment clinic staff interviewed expressed a view that we do not deal with this adequately within current sexual health/HIV services.

- What's your view?
- While you might ask general questions about drug use, do you ever ask *explicitly*: 'Do you use drugs when having sex?'
- In terms of men needing support beyond that which you can give, do you know where can you signpost or refer men to?

**Facilitator:** Take a few minutes to provide and talk about the hand-outs/information on NPS and services or agencies (internal to NHS or out with) where staff can signpost or refer men to for further support regarding substance use.

**Slide 12**

Ask participants to take the last minute to note down a few thoughts on the reflection sheet provided.

**Slide 13**

**Further information and support**