

## **A HEALTH NEEDS ASSESSMENT FOR MEN WHO HAVE SEX WITH MEN (MSM) IN LAMBETH**

### **EXECUTIVE SUMMARY**

#### **AIM**

The aim of this work is to assess the needs of Men who have Sex with Men (MSM) living in Lambeth in relation to risk-taking behaviours that may impact on their health and wellbeing. This includes risky sexual behaviour, recreational drug use, alcohol, smoking and related health issues.

#### **BACKGROUND AND CONTEXT**

This work was undertaken following a substance misuse needs assessment which raised concerns over the drug-taking behaviour of MSM coupled with evidence of increasing drug-related hospital admissions and use of recreational drugs as well as risky sexual behaviour.

#### **METHODS**

- Steering group created.
- Literature review.
- Analysis of epidemiology, activity data and service mapping.
- Surveys and semi-structured interviews of stakeholders and comparative views sought.

#### **SUMMARY OF RESULTS**

- MSM are more likely to use recreational drugs and be poly-drug users than the general non-clubbing population.
- Use of recreational drugs is increasing including use of gamma-hydroxybutyric acid/gamma-butyrolactone (GHB/GBL), mephedrone and crystal methamphetamine.
- Recreational drugs are often used to facilitate sex.
- Use of GHB/GBL is concerning as this was the most commonly used drug based on presentations to St Thomas's Hospital in 2010 - 2011 with acute recreational drug toxicity and also for attendances at the Chelsea and Westminster Club Drug Clinic (where 15% of clients are from Lambeth).

- Cocaine, ecstasy and mephedrone most commonly used recreational drugs based on findings from Vauxhall Club Surveys carried out in 2010 and 2011.
- The National Drug Treatment Monitoring System (NDTMS) data shows that use of GHB/GBL as the primary drug used has increased in the past 5 years (30% increase).
- Hospital Episodes Statistics (HES) data shows that the number of admissions for recreational drug use has increased at a faster rate than for non-recreational drug use (number of recreational drug episodes has increased by 65% from 2007 to 2011, compared to a 36% increase for non-recreational drugs).
- Ambulance data shows that the number of drug overdose ambulance callouts for Vauxhall NTE has increased in the last three years<sup>1</sup>.
- MSM smoke more than the general population (40% compared to 21%).
- MSM binge drink more than the general population (34% of MSM population compared to 19% of general population).
- MSM are one of the highest risk groups for HIV, Hepatitis C and LGV. Lambeth has the highest prevalence of HIV in the UK (approximately 14 cases per 1000 of the population aged 15-59). Cases of LGV have increased in Lambeth from 3 cases in 2008 to 25 cases in 2010 per year and have also increased nationally and London-wide.
- There is little evidence of work commissioned nationally to address the non-sexual health needs of MSM in relation to risky behaviour and there is disparity of work undertaken to address these needs across the UK.
- Anecdotal evidence suggested that needle sharing, particularly of crystal methamphetamine, is increasing.
- Substance misuse strategies have historically tended to focus on problematic drug use (use of opiates and crack cocaine), but less so on recreational drugs, particularly in relation to MSM.
- There is a training gap in the skill set of staff across healthcare services to be able to offer an LGBT-friendly service and also to fully understand the health needs of MSM patients.
- There is a training need for staff in sexual health services to be able to offer interventions to identify drug users in sexual health clinics (due to link between drug use and risky sexual behaviour).
- There are some services working in Lambeth to address the specific needs of MSM; however these are limited and have not been fully evaluated.

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<sup>1</sup>However this could be due to an improvement in data recording

- Sexual orientation is not currently recorded by majority of health services therefore it is difficult to ascertain the range of health needs of LGBT clients and to target work appropriately.
- Venues that attract gay/bisexual/MSM clientele need to be equipped with skills and measures to ensure the environment is safe as risky behaviour often takes place on these premises and venues are well-placed to offer interventions directly to clients.
- Commissioning and delivery of health promotion to MSM needs to be improved and targeted appropriately and funding needs to be allocated to this work. Media and social marketing campaigns should adopt a harm minimisation approach.
- Drug users need to be educated on harms and consequences associated with drug use and also take responsibility for their own health and wellbeing.

### **LIMITATIONS**

- Lack of robust data.
- UK-based literature on patterns of drug use is limited.
- Limited response of stakeholders to questionnaires.

### **RECOMMENDATIONS**

#### ***Strategic***

1. Public Health and substance misuse strategies need to address specific needs of MSM and the wider LGBT community.
2. A budget needs to be allocated to this work for data collection, training and health promotion.
3. Commissioning and provision of work targeted at MSM needs to be strengthened.

#### ***Health Services***

4. Provision of drug and alcohol services tailored to meet the needs of MSM.
5. Sexual health services should be able to identify recreational drug-users in sexual health clinics and have the skills to facilitate brief interventions and refer on to appropriate services.
6. MSM should have a full sexual health screen bi-annually (including for HIV, LGV and Syphilis) and with every change of sexual partner<sup>2</sup>.

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<sup>2</sup>Recommended by the Health Protection Agency as a minimum standard

### ***Environment/Licensing***

7. All venues that attract a gay/bisexual/MSM clientele should implement the Healthy Gay Business guidelines for best practice and this should be supported by licensing staff.

### ***Data Quality***

8. Sexual orientation and identity<sup>3</sup> should be recorded by all local health and social care services where possible.

### ***Training***

9. Training on LGBT health needs should be made mandatory and should be rolled across health and social care services.

### ***Awareness, Promotion and Engagement***

10. Health promotion campaigns should be carried out across a range of media and these should be monitored and evaluated accordingly.
11. Engagement with LGBT communities should be part of any patient and public engagement strategies.

### ***Law Enforcement***

12. The police should take action to reduce drug availability in hot spot areas.

### ***The Community***

13. The MSM community should be supported and encouraged to take responsibility for risky behaviour and work with health services and other key stakeholders to reduce the level of harm arising in the community.

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<sup>3</sup>Identity in this context is defined as the group that a person identifies with within the sub-set of the LGBT classification