

Stress release

The rise of problematic stimulant use within the gay drug scene is stretching already limited services for LGBT users. **Rebecca Lees** investigates what is driving this scene and what is being done to help those who needed help.

For the lesbian, gay, bisexual and transgender community, drug and sexual health issues are, as one drugs worker puts it, two sides of the same coin. Yet support from mainstream services isn't always joined up and there remains a great sense of stigma, isolation and shame reported by LGBT people seeking support.

The landscape has changed dramatically in a short space of time, with the use of club drugs – and chem sex – exploding. A few years ago, there were fears the UK was on the brink of a crystal meth crisis following an epidemic in America. The predicted explosion didn't happen; Home Office figures show that 17,000 people in England and Wales took crystal in 2012. Yet of this relatively small number, a disproportionate amount was from the gay community – and the consequences are alarming.

Department of Health figures released last year show a 21% increase in new HIV infections between 2011 and 2012 amongst gay and bisexual men in London, leading the Terrence Higgins Trust to call for a 'greater focus' on

helping gay men experiencing drugs and safe sex issues in the capital. Charities report that, whereas the drugs of choice used to be ecstasy, cocaine and ketamine, there has been a marked swing towards crystal meth, mephedrone and G (GHB or GBL), and this shift has coincided with a rise not just in HIV cases but also in hepatitis C and other STIs.

Monty Moncrieff, chief executive of London Friend, the UK's oldest LGBT health and wellbeing charity, says that drug use by gay and bi men has changed dramatically in the past five years. "In 2005, nobody was using crystal meth at all and nobody was using mephedrone," he says. "A very small amount were using G alongside other drugs, but now, about two thirds of the people we see are using these drugs." Originally a legal high, mephedrone was easily available and is, as Moncrieff puts it, "just so more-ish". And it's not just the drugs themselves that have changed. The way users are taking drugs has shifted, with more and more injecting mephedrone and crystal rather than swallowing or snorting them.

The results are increased needle sharing and risky sex in organised chem-sex parties.

"Gay men and drugs have always gone hand in hand but it used to be that they might go to a club, pull and end up in bed at the end of the night," says Moncrieff. "The pattern has changed and now it's deliberate. Smart phone apps such as Grindr facilitate very easy access to meeting other men and co-ordinating sex, including bareback sex (without condoms). It's bringing a huge challenge into drugs work."

London Friend's services include counselling, coming out support, social groups, HIV prevention and sexual health awareness. Since 2011 it has also been the home of drug and alcohol support service Antidote, which was initially managed by Turning Point. Operating on the same principles as mainstream support but applying them in an LGBT-competent way, the project's specialist nature is critical to clients, many of whom have experienced a lack of understanding, isolation and shame at mainstream clinics.

Moncrieff believes that this sense of shame and anxiety is at the root of the drug use and sexual behaviour of about 90% of Antidote's clients, even though different triggers bring them through the door in the first place. "All your life you've been told that your relationship is second class," he says. "People have grown up with that and it's led them to think their sex life is dirty or shameful. Men are constantly reconciling their gay identity with the rest of their identity and a lot of their drug use is connected with that. We hear people saying that their drug use facilitates this amazing sex that they have never felt entitled to. When you strip it down, the correlation between drug use and identity is stark."

One drugs worker in the north west, who asked not to be named, agrees that LGBT users face a lot of prejudice from mainstream service providers. In Manchester, Liverpool and the surrounding areas, crystal meth hasn't taken hold as it has in London, but GBL is prevalent and the use of ketamine is, she says, 'huge'. Cocaine is also popular with gay men. Drugs are being taken in places like saunas, with users becoming so high they don't know what they are doing or, later, what kind of sex they have had, increasing their risk of HIV and other infections.

"There is a need to promote safer sex and provide condoms," she says.

"I don't think (mainstream) drug services have quite grasped that sexual health and drugs are two sides of the same coin. They don't fully understand the nature of LGBT drug use, for a couple of reasons. Firstly, there's the stigmatisation of what it is to be gay in the media. Secondly, there's the vulnerability. Young people are still being thrown out of home for coming out. Homophobia is alive and well and gays are the last bastion to pick on. And, of course, the type of sex they have disinhibits them and takes away that stigma and shame for the moment."

Hence the need for specialist LGBT drug services. Working with the gay community can be a highly specialised role, not just in terms of understanding and being comfortable talking about gay and lesbian sex but also for medical reasons, such as knowing the reactions of recreational drugs with prescription drugs. For example, HIV is measured in a 'viral load' – the amount of HIV in the bloodstream – and cocaine and crystal meth can increase the viral load of a HIV positive person and cause them to become ill quite quickly.

London Friend carries out an annual

survey asking clients if they feel it's important to access an LGBT service and the response is clear, with just 12% of users considering accessing mainstream services. "They feel safe in this environment and that they don't have to explain themselves," says Moncrieff. "There's a commonality that makes it easier."

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LGBT drug users also tend to inhabit a slightly different demographic to the mainstream. A mainstream service might be set up to work with opiate and crack users, which doesn't necessarily correlate with gay drug use. Mainstream users are more likely to have a chaotic lifestyle, whereas gay men are more likely to be working, in a relationship and own a home or be a reliable tenant. "Our clients come from absolutely all walks of life, including high-powered professional jobs," says Moncrieff. "They are more likely to have a recovery capacity because, often, their lives are more stable. The problems are with keeping their job or relationship when the drug use is creeping up and starting to have an impact, and this is a change for services to understand and to provide for."

As the prevalence of HIV and hepatitis C rises and more clients seek post-exposure treatment, one of the challenges for services is to educate about dangers users might be unaware of. Many clients don't initially realise, for example, that G is addictive. As a result, after partying relatively safely for a long time in a controlled way with drugs such as ecstasy, they suddenly find themselves needing strong stimulants every couple of hours, every day. As a consequence they can be awake for two, three or even four days at a time, which has a significant impact on their health.

It seems that there's a long way to go before the LGBT community receives the attention other drug using groups get. As the worker in the north west points out: "When six kids collapsed after taking GBL in Liverpool it was in the news, but it's been happening in the gay community for years. The LGBT group is constantly ignored and it needs looking into more." In Wales,

research is underway. Substance misuse organisation New Link Wales, which promotes engagement with diverse communities, has already conducted a scoping study and is now working with Cardiff University and Cardiff Mardi Gras to get a fuller picture of the issues.

"Within the LGBT community in Wales there is a deep level of dependency," says chief executive Lindsay Bruce. "There are a lot of theories about why but we don't know which apply to Wales yet. One of the issues we're looking at is gender atypicality. People with a 'fem' identity spend a lot of time pretending to be straight and take longer to come out, so there is more closet stress. With the butch community, they are visibly gay and wear it; for example, matching blokes drinking pint for pint, so they are more vulnerable to hate crime and discrimination.

"Some turn to drink and drugs to relieve this stress but other people use drugs differently. I'd be interested in looking at sexual rituals. There is an excess, as in 'let's try everything once'. The excess becomes the point of pleasure and it's not about climaxing but about how long you can go for, so they use stimulants and Viagra to overcome biology."

Cocaine, amphetamine and crystal meth use is prevalent in Wales, whilst another problem is the use of hormones by transgender people. There's a feeling within the community that buying illicit hormones isn't misuse, yet unless properly prescribed, there are dangers such as overdosing. Another issue is the use of unprescribed painkillers following gender surgery, and these complex matters are not on the radar of some mainstream services.

New Link Wales acts as a bridge between communities, volunteers, agencies and training providers to make sure minorities such as the LGBT group can get appropriate and effective support. London Friend also provides training to other services to help them understand the issues their LGBT clients may be experiencing.

"The question for us is: how are we going to improve the health of LGBT people?" says Moncrieff. "How do you make it easier for people to be who they are? It's about drugs but it's also about wellbeing and happiness. A lot of people are feeling low-level pressure internally on a daily basis, and it's a big public health challenge."

■ **Rebecca Lees** is a freelance journalist