The use and impact of club drugs in Southwark

Southwark's Joint Strategic Needs Assessment

People & Health Intelligence Section

Southwark Public Health

23 March 2018

GATEWAY INFORMATION

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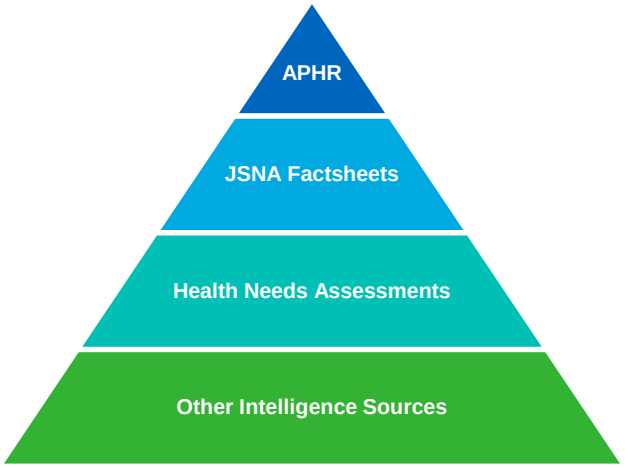
Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This Health Needs Assessment provides an overview of the impacts of club drug use in Southwark

AIMS & OBJECTIVES

This review will form part of the Joint Strategic Needs Assessment (JSNA) for Southwark, it aims to provide an overview of club drug use within the borough This will be achieved through the following objectives:

- Identify and define the types of drugs used in clubs
- Consider national and local policy contexts and guidelines
- Understand national and local trends of club drug use
- Engage with local stakeholders to evaluate the broader societal and/or economic implications of club drug use
- Evaluate the substance misuse services available locally and ascertain whether they are equipped to meet the local need
- Identify gaps, areas for improvement and make recommendations

The purpose of this report is to provide stakeholders, with an interest in reducing the prevalence and impact of club drug use, a holistic overview of the health needs of the local population.

By engaging local stakeholders we have developed a better understanding of the burden of club drug use

METHODS

Due to the illicit nature of club drugs, there are minimal data available relating to local use. Therefore a combination of qualitative and quantitative research has been employed.

- The Crime Survey for England and Wales (CSEW) examines the extent and trends in illicit drug use among a sample of 16 to 59 year old residents in households in England and Wales. This has been a key resource for providing quantitative, national data
- In order to gain a deeper understanding of the perceived burden of club drug use in Southwark, we have adopted qualitative methods and conducted semi-structured interviews the following stakeholders:
    - Emergency Departments
    - The police and local night time economy team
    - London Ambulance Service
    - Local clubs
    - Adult substance misuse treatment service
    - Sexual health clinics
    - Voluntary sector and community groups
- All slides that include anecdotal evidence generated from qualitative interviews will be marked at the bottom with the following reference; “Anecdotal evidence through qualitative research, October 2017 – December 2017”

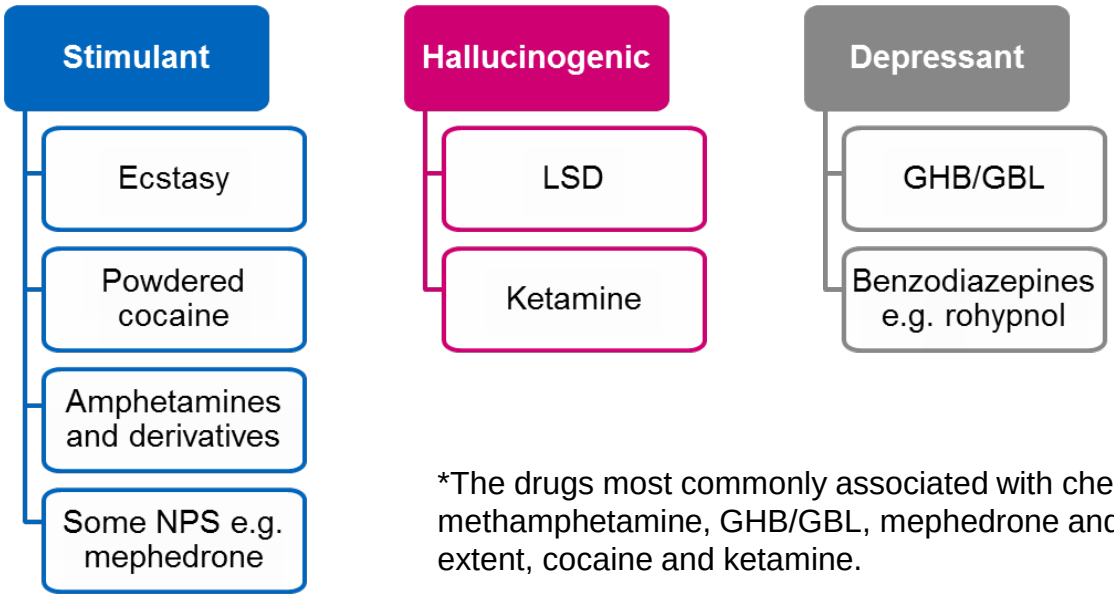
Contents

A wide range of substances are consumed at parties and in clubs which broadly fit into three categories

SCOPE

We have compiled the following list of drugs that are taken in clubs / at parties and therefore are in scope for this JSNA. Chemsex* is also in scope for this project.

- Club Drugs are broadly categorised according to their clinical effects:



*The drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine.

All other psychoactive substances have been identified as out of scope including:

- All other NPS (including 'Spice'), nitrous oxide (laughing gas) and 'traditional drugs' such as heroin and crack cocaine.

1. Club drugs: Emerging trends and risks. National Treatment Agency for Substance Misuse. 2012
2. Royal College of Psychiatrists http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/clubdrugs.aspx
3. National Institute for Drug Abuse (American) https://www.drugabuse.gov/drugs-abuse/club-drugs

Stimulants release serotonin dopamine and adrenaline to produce a sense of euphoria and wellbeing – a “high”

STIMULANTS

These drugs release serotonin dopamine and adrenaline, causing people to feel alert, confident, energetic and euphoric and experience intense emotions or sensations

Cocaine “Charlie / Coke”	**Ecstasy / MDMA** “Mandy / Pills”	**Amphetamine** “Speed / Phet”	**Mephedrone** “M-CAT / MEOW”	**Methamphetamine** “Crystal-meth / Tina”

Short term effects		**Long-term effects**	
Mild	**Severe**	**Mental heath**	**Physical health**
▪ Agitation, anxiety and panic attacks ▪ sexual disinhibition and risk taking, ▪ Fast heart rate and raised body temperature	▪ Paranoia and psychosis ▪ Coma ▪ Abnormal heart rhythms, heart attacks ▪ Stroke ▪ Seizures	▪ Depression ▪ Anxiety ▪ Paranoia and psychosis ▪ Poor memory ▪ Dependency	▪ Liver disease ▪ Kidney disease ▪ Heart disease

1. Novel psychoactive substances: types, mechanisms of action, and effects, BMJ, 2017
2. Talk to Frank website, www.talktofrank.com, accessed November 2016.

Hallucinogens include psychedelic and dissociative drugs, they cause hallucinations and derealisation*

HALLUCINOGENIC

Typical effects include a feeling of speeding up or slowing down, euphoria, intense sensations, detachment and dissociation, enlightenment and mystical experiences.

Psychedelics		Dissociative
LSD "Acid / Tab"	**2C NPS** "2CT / Seventh-heaven"	**Ketamine** "Special K / Ket"

Short term effects		Long-term effects	
Mild / Moderate	**Severe**	**Mental heath**	**Physical health**
▪ Confusion, agitation, panic attacks and psychosis ▪ Fast heart rate ▪ High blood pressure ▪ Slurred speech ▪ Paralysis	▪ Coma ▪ Very high blood pressure ▪ Respiratory depression	▪ Flashbacks ▪ Triggering an underlying condition ▪ Dependence ▪ Depression	▪ Abdominal pain ▪ Bladder damage ▪ Liver damage

*Derealisation = the feeling that the surrounding world around is unreal

1. Novel psychoactive substances: types, mechanisms of action, and effects, BMJ, 2017
2. Talk to Frank website, www.talktofrank.com, accessed November 2016.

Depressant drugs produce different effects depending on the dose but are generally sedative in nature

DEPRESSENTS

GHB / GBL* is commonly taken to feel disinhibited and euphoric in small doses but is calming and sleep inducing in higher doses. Benzodiazepines commonly taken to feel relaxed and calm in small doses but is highly sedative in higher doses.

GHB /GBL "Liquid ecstasy / Gs / GEEBs"	**Benzodiazepines e.g. rohypnol** "Benzos / downers / vallies"

Short term effects		**Long-term effects**	
Mild / Moderate	**Severe**	**Mental heath**	**Physical health**
▪ Burns to mouth ▪ Memory loss ▪ Unconsciousness ▪ Vulnerability to sexual assault	▪ Coma ▪ Respiratory depression ▪ Death	▪ Anxiety and panic attacks ▪ Depression ▪ Dependence and delirium (on withdrawal)	▪ Withdrawal features: − Sweating − Vomiting − Fitting

*GHB (gammahydroxybutrate) and GBL (gammabutyrolactone) are closely related. GBL is converted to GHB shortly after entering the body.

1. Novel psychoactive substances: types, mechanisms of action, and effects, BMJ, 2017
2. Talk to Frank website, www.talktofrank.com, accessed November 2016.

Drugs are categorised into three classes depending on how harmful they are to the user and society

CLASSIFICATION

Under the Misuse of Drugs Act 1971, drugs are categorised into three classes, A, B or C. The classifications are broadly based on the degree of harm they cause to the individual user or to society when they are misused (Class A is the most harmful). The table below describes the categorisation of club drugs:

Class	Club Drug	Possession	Supply and production
A	▪ Cocaine ▪ Ecstasy (MDMA) ▪ LDS ▪ Methamphetamine (crystal meth)	Up to seven years in prison, an unlimited fine, or both	Up to life in prison, an unlimited fine, or both
B	▪ Amphetamines ▪ Ketamine ▪ Mephedrone	Up to five years in prison, an unlimited fine, or both	Up to 14 years in prison, an unlimited fine, or both
C	▪ Benzodiazapines ▪ Gamma-hydroxybutyrate (GHB) ▪ Gamma-butyrolacetone (GBL)	Up to two years in prison, an unlimited fine or both	Up to seven years in prison, an unlimited fine, or both

NPS: Although some NPS, previously called 'legal highs', were legal in the past, since the Psychoactive Substances Act came into effect on 26 May 2016, none of these drugs are legal to produce, supply or import. Those NPS that were made illegal as class A, B or C drugs under the misuse of drugs act, are still covered by that legislation. All others will fall under the Psychoactive Substances Act.

1. HM Government, Misuse of Drugs Act, HMSO. London, 1971.
2. HM Government, Psychoactive Substances Act, HMSO. London, 2016.

Contents

Club drugs are associated with a range of health harms and represent a burden on local treatment services

HEALTH IMPACTS

Club drug use is associated with a wide range of health harms:

- All club drug users face the risk of acute toxicity
- Longer term use of club drugs can cause damage to an individuals physical health (e.g. ketamine can lead to bladder damage) or mental health (e.g. depression or psychosis associated with stimulant use)
- Some drugs also have the ability to produce dependence and some have been associated with withdrawal syndrome, which can be severe (e.g. GHB/GBL)
- Injecting increases the risk of overdose, can cause vein damage and spread BBV
- In 2015, there were 320 deaths from cocaine nationally (includes crack cocaine), 75% of these involved use alongside another drug or alcohol and 50% mention heroin
- 157 deaths were from amphetamine-like substances, NPS were implicated in 114 deaths and there were 366 deaths associated with benzodiazepine use in 2015.

Despite the widespread use of club drugs, they are currently causing a treatment problem for relatively few people, although numbers are steadily increasing.

- The association between substance misuse and high-risk sexual behaviours is well established and there is evidence of a high prevalence of drug use among patients attending sexual health clinics. This trend is particularly pronounced among MSM.

1. Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances, Novel Psychoactive Treatment UK Network (NEPTUNE), 2015.
2. FRANK, The truth about drugs, http://www.talktofrank.com/sites/default/files/The%20Truth%20About%20Drugs.pdf.

Harm associated with club drug use extends beyond the user to impact families, communities and wider society

SOCIETAL IMPACTS

Social impacts of club drug use are also far reaching and include:

- Financial difficulty which can result in the committing of acquisitive crimes
- Diminished work or school performance, increases in absenteeism, and in some cases, job loss
- Increased vulnerability, poorer judgement and inability to properly assess health risks
- Negatively impact relationships between families, friends and partners and result in their breakdown
- Increased pressure on public services including the police and London Ambulance Service

1. Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances, Novel Psychoactive Treatment UK Network (NEPTUNE), 2015.
2. Club Drugs: Emerging Trends and Risks, National Treatment Agency for Substance Misuse, 2012.

Chemsex reflects an emerging trend among MSM who take a cocktail of club drugs to facilitate sex

CHEMSEX

Recent evidence indicates a shifting trend in drug use among some gay men both in terms of club drugs used and the way in which they are used. The term 'chemsex' has become prominent in some parts of the MSM community and it is considered an emerging public health problem.

- Chemsex is commonly understood to describe sex between men that occurs under the influence of drugs taken immediately preceding and/or during sex
- The drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine
- All except ketamine, have stimulant properties in that they increase heart rate and blood pressure and trigger feelings of euphoria. Crystal meth, GHB/GBL and mephedrone also facilitate sexual arousal
- These drugs are often taken in combination and are commonly associated with sexual sessions occurring over extended periods of time, sometimes involving large numbers of sexual partners

1. The Chemsex study. Bourne A et al, London; Sigma research 2017

Chemsex reflects an emerging trend among MSM who take a cocktail of club drugs to facilitate sex

CHEMSEX – HEALTH RISKS

GHB/GBL:

- GHB/GBL is typically taken in very small doses diluted in water or drinks. A very small overdose (as little as half a millilitre) can lead to a 'G sleep' – a state of unconsciousness in which the individual requires careful monitoring to avoid choking. A higher overdose can lead to respiratory depression, coma and death.

Crystal methamphetamine:

- Use can cause loss of appetite, disturbed sleep and panic attacks. Longer term use can trigger psychosis, exhaustion and a variety of tissue damage.

Mephedrone:

- Overdosing of mephedrone can cause overheating or an elevated heart rate, the likelihood of which is enhanced if taken with other stimulants, such as MDMA or cocaine. Additional effects include confusion, paranoia and aggressive behaviour.

Sexual health:

- Chemsex is associated with more risky sexual behaviour placing individuals at a greater risk of STI infection.

In our interview work we have heard anecdotal reports that GHB / GBL use is expanding beyond chemsex and is increasingly being used recreationally and amongst females.

1. The Chemsex study. Bourne A et al, London; Sigma research 2017

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The 2017 national strategy presents new opportunities for prevention and resilience

NATIONAL DRUGS STRATEGY

Published in July, the national 2017 Drug Strategy sets out how HMG and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes.

The strategy builds on the existing approach to preventing drug misuse, supporting people to recover from dependence and restricting the supply of drugs, with new action to: promote a smarter, partnership-based approach; enhance the balanced approach across the three existing strands (reducing demand, restricting supply and building recovery) with a fourth strand on global action; provide stronger governance for delivering the strategy, including a Home Secretary-chaired board and the introduction of a National Recovery Champion

1. HM Government, 2017 Drug Strategy, 2017.

The Act made it illegal to produce, supply or offer to supply any psychoactive substance

PSYCHOACTIVE SUBSTANCES ACT 2016

Introduced in 2016, The Psychoactive Substances Act was introduced by the Government mainly to restrict the production, sale and supply of novel psychoactive substances, formerly referred to as 'legal highs'.

- The 2016 Act was introduced following an increase of novel substance being manufactured that mimic the effects of controlled drugs such as cannabis, cocaine and MDMA (NPS)
- It is now a criminal offence to create and supply any psychoactive substance
- The only exemption from the Act are those substances already controlled by the Misuse of Drugs Act, nicotine, alcohol, caffeine and medicinal products.

A psychoactive substance is defined by The 2016 Act as:

"a substance which is capable of producing a psychoactive effect in a person who consumes it and is not an exempted substance. A substance causes a psychoactive effect in a person, by stimulating or depressing the person's central nervous system, it affects the person's mental functioning or emotional state"

1. HM Government, Psychoactive Substances Act, HMSO. London, 2016.

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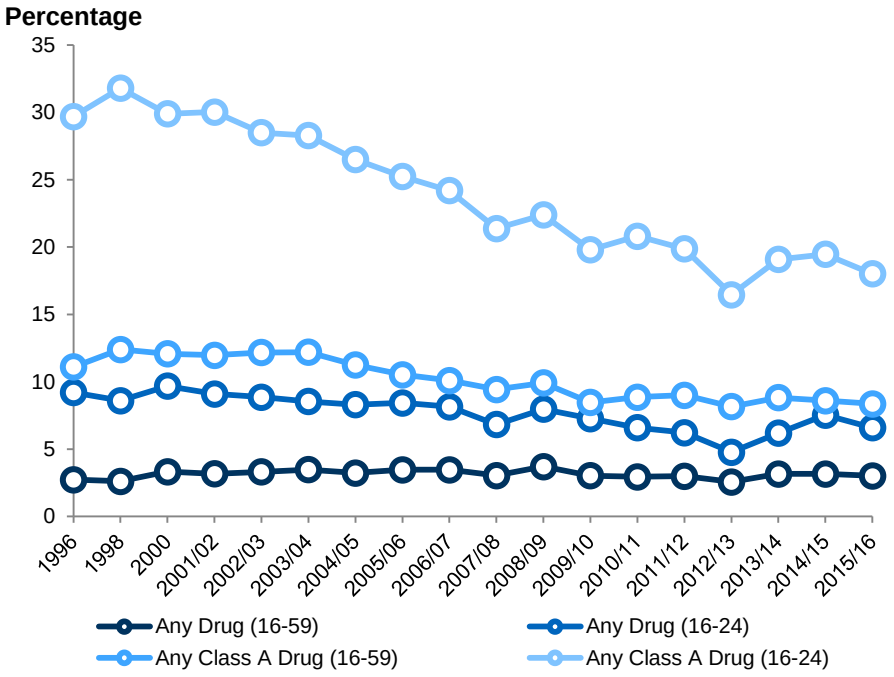
The trend in drug use last year among adults has been generally decreasing, particularly among those aged 16-24

DRUG USE TRENDS

The annual Crime Survey for England and Wales (CSEW) asks members of the public for their experience of crime over the last year – around 50,000 households are contacted with a 75% participation rate.

These responses for 2015/16 reveal:

- Around 8% of adults (16-59) and 18% of young adults (16-24) have taken any drug in the last year
- Around 4% of all adults (16-59) and 9% of young adults (16-24) had taken a drug in the last month
- The trend in the proportion of people taking a drug in the last year has been relatively flat since the 2009/10 survey, with the estimates fluctuating between eight and nine per cent
- The use of any drug in the last year is significantly lower now compared to 10+ years ago; mostly due to lower cannabis and amphetamine use
- A similar trend is seen for Class A drug use. This is mostly due to a fall in hallucinogen use (particularly mushrooms)



Trends in drug use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16, source: CSEW 2015/16

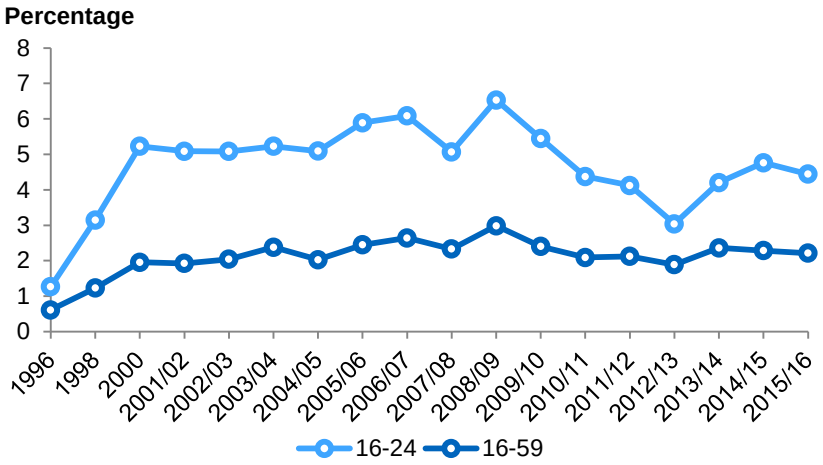
1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

There is a static trend of use of popular club drugs, this is in contrast to the the declining trend seen across all drugs

COCAINE AND ECSTASY

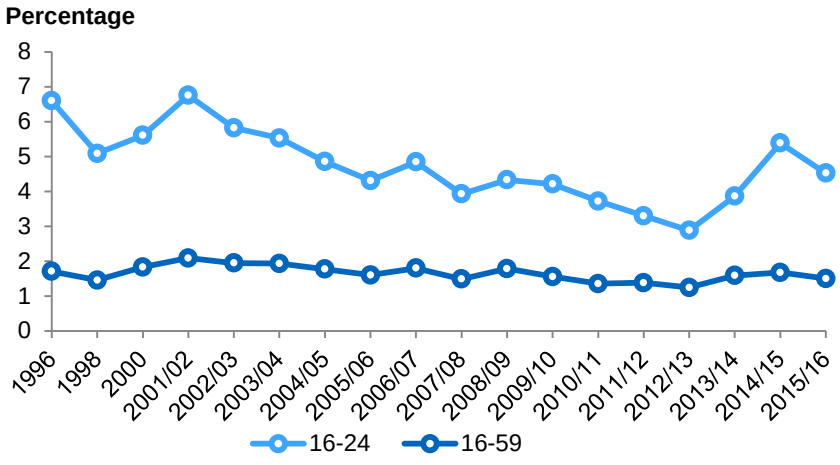
High levels of Class A drug use among those who were regularly visit nightclubs is driven mainly by the use of powder cocaine and ecstasy.

- Powdered cocaine is the second most commonly used drug among adults (after cannabis) and the third most commonly used drug among young adults (after cannabis and ecstasy)
- The use of powdered cocaine is significantly higher than in 1996 but has plateaued and is slightly lower than 2005/06



Proportion of adults using powder cocaine in the last year, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16, CSEW

- Ecstasy is the second most commonly used drug among young adults (after cannabis)
- Since 2012/13, ecstasy use among young people has increased to a level that is similar to that seen 10 years ago (4.3%) but is lower now than in 1996
- The trend in ecstasy use among all adults has remained relatively stable



Trends in drug use in the last year among adults, 16 to 59 and 16 to 24 year olds, 1996 to 2015/16, CSEW

1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

The majority of people who took cocaine and ecstasy in the last year are infrequent users

FREQUENCY OF COCIANE AND ECSTASY USE

Frequent drug use was defined as people using a drug more than once a month, and is measured for the three drugs with the highest prevalence of use.

- The majority of drug users were infrequent users, and the drug most associated with frequent use was cannabis (cannabis is out of scope for this report).

Cocaine:

- 11% of adults surveyed who took cocaine were frequent users, 61% took the drug only once or twice a year
- 15% of young adults were frequent users, 54% took the drug only once or twice a year

Ecstasy:

- 7% of adults were frequent users, 69% took the drug once or twice a year
- 11% of young adults were frequent users, 64% took the drug once or twice a year

These figures are comparable to the last 5 years and down from a peaks in 2008/09 where 26.8% of adults taking cocaine were frequent users and 2003/04 where 20.2% of adults taking ecstasy were frequent users.

1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

There has been a declining trend in use of the other, less popular club drugs over the last 20 years

OTHER CLUB DRUGS

Other club drugs are used by a smaller proportion of people and there has been a declining trend in their use:

- LSD use has fallen since 1996, but has remained relatively static over the last decade among both adults and young adults
- Mephedrone use has been recorded since 2010/11 when the proportion of young adults using the substance was 4.4%. This has fallen substantially to 0.9%, possibly reflecting it's classification as a class B substance in 2010
- Ketamine use peaked for both adults and young adults in 2010/11 but use of the substance has since declined
- Amphetamine use has fallen in both age groups with a consistent downward trend from 1996
- There are no recent data for GHB/GBL use and no data on benzodiazepine use

Percentage of adults reporting club drug use in the last year										
	16-24					16-59				
	1996	2005/06	2010/11	2014/15	2015/16	1996	2005/06	2010/11	2014/15	2015/16
LSD	4.5	0.9	0.6	0.9	0.6	1	0.3	0.2	0.3	0.2
Mephedrone	n/a	n/a	4.4	1.9	0.9	n/a	n/a	1.3	0.6	0.3
Ketamine	n/a	n/a	2.0	1.8	1	n/a	n/a	0.6	0.6	0.3
Amphetamine	11.8	3.3	2.4	1.6	1.1	3.2	1.4	1.0	0.8	0.6

1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

Trends for NPS use are limited due to their recent emergence and the diversity of substances and their effects

NEW PSYCHOACTIVE SUBSTANCES

The CSEW does not record specific examples of NPS, and has only been recording general use for the last two years.
NPS recorded include salvia (synthetic cannabinoid), nitrous oxide (laughing gas) as well as those more likely to be used in clubs

- The prevalence of NPS use among adults aged 16-59 year is low with 0.7% of those surveyed having used an NPS in the last year (equivalent to 244,000 adults)
- Around 1 in 40 young adults (2.6%) took NPS in the last year, equivalent to 162,000 individuals
- Both of these prevalence estimates are similar to those for the previous year
- Lifestyle factors such as visiting a nightclub and consumption of alcohol in the last month as well as use of another drug in the last year are associated with NPS use

A number of caveats exist with these data including: the absolute numbers for NPS use are low and therefore these data are susceptible to fluctuating based on changes in a small number of responses (122 NPS uses in 14/15, 107 in 15/16). As a sample representative of the nation, it may not reflect local prevalence.

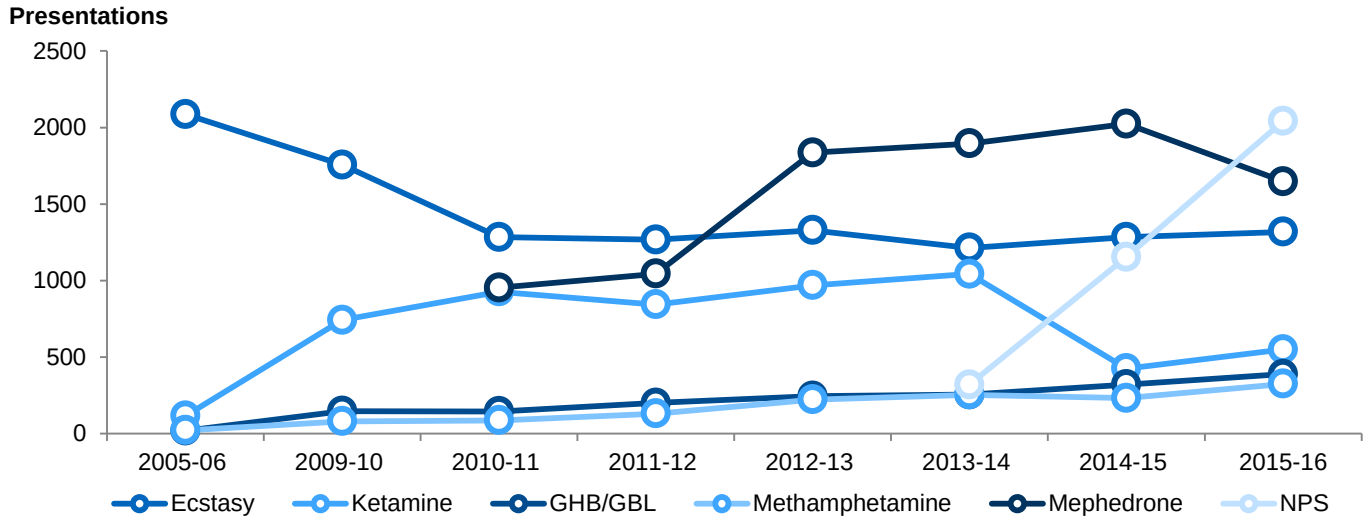
1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

There has been an increasing trend in the number of citations of club drug use by new treatment entrants

TREATMENT PRESENTATIONS

There has been a year on year increase in the number of citations of club dugs or NPS by individuals presenting to treatment since 2005-06.

- In 2005-06 there were 2,243 new presentations citing club drug or NPS use, this has increased by 182% to 6,322 in 2016-16.
- The number of individuals citing ecstasy has fallen from a peak of 2,399 in 2007-08 to 1,318 in 2015-16, a decrease of 45%
- The number of individuals citing GHB/GBL use has increased year on year from 19 in 2005-06 to 389 in 2015-16



National trends in number of new presentations to treatment citing club drug use

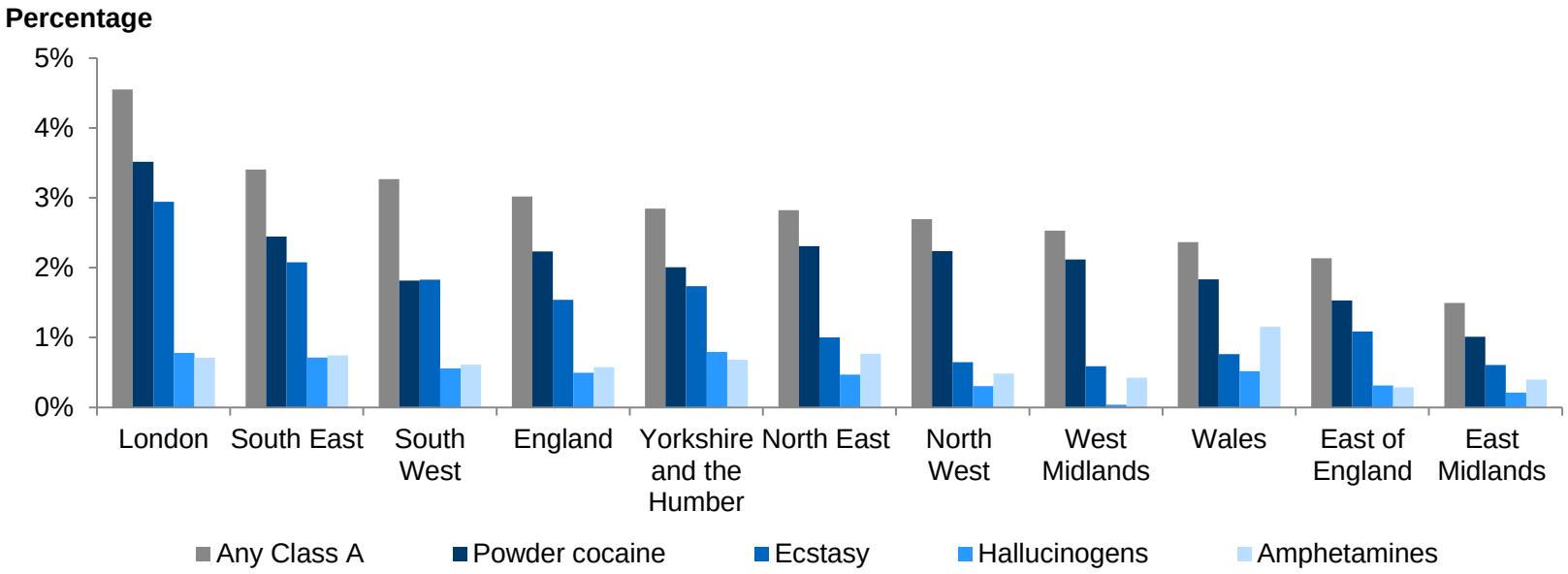
1. Adults substance misuse statistics from the National Drug Monitoring System (NDTMS), 2015-16, PHE.

Club drug use in London is up to 50% higher than the average for England and Wales

REGIONAL TRENDS

London has the highest rates of club drug use in the UK.

- Approximately 4.6% of adults (16-59) in London had used any class A drug in the last year compared to 3% of adults nationally
- Approximately 3.5% of adults (16-59) had used powdered cocaine and 2.9% of adults had taken ecstasy in the last year compared to 2.2% and 1.5% nationally



Percentage aged 16-59 who used an illicit drug at least once in the last year, by region

1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

A number of lifestyle and risk factors are associated with an increased likelihood of club drug use

RISK FACTORS

Club Drug use is associated with a number of risk factors and lifestyle factors. Those factors that are considered as part of this needs assessment are:

Age: Prevalence of club drug use peaks among 20-24 year olds and then decreases with age

Income: Club drug affects those with low household incomes as much as those with higher ones

Sex: Men are more likely to take club drugs than women, particularly ecstasy or powdered cocaine

Wellbeing: Club drug use in general decreases as life satisfaction increases

Ethnicity: Club drug use is most prevalent among mixed ethnic groups

Alcohol consumption: The use of club drugs increases with frequency of alcohol consumption

Sexual orientation: LGB adults are significantly more likely to take club drugs than heterosexual adults

Frequent visits to bars, pubs and clubs: Significantly increases risk to club dugs use

1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

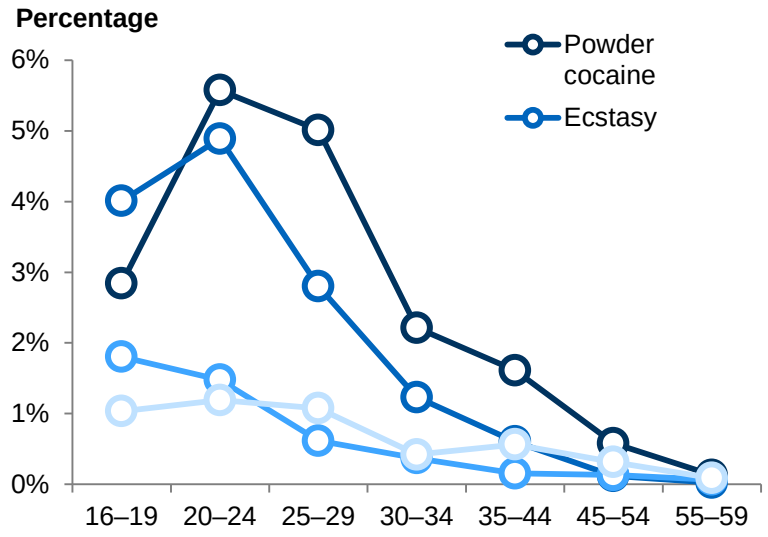
Club drug use is most prevalent among males and adults aged between 20-24 years

RISK FACTORS: AGE AND SEX

AGE

Club drug use is more prevalent in younger adults

- Prevalence of use peaks among 20-24 year olds and then decreases with age

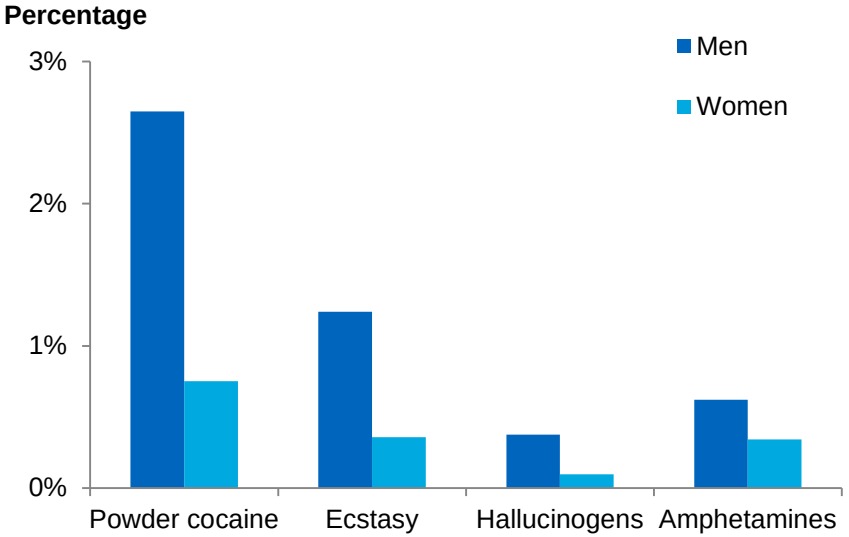


Proportion of 16 to 59 year olds reporting use of select drugs in the last year, by age range, 2015/16

SEX

Men are more likely to take club drugs than women

- Men are almost three times as likely to take powdered cocaine or ecstasy than women



Proportion of 16 to 59 year olds reporting use of select drugs in the last year, by sex, 2015/16

1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

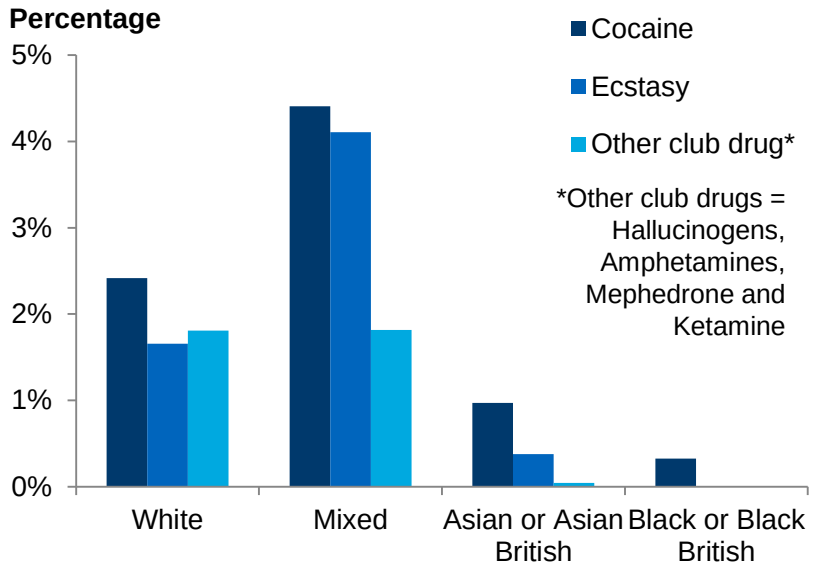
Club drug use is associated with a number of risk factors including ethnicity and sexual orientation

RISK FACTORS: ETHNICITY AND SEXUAL ORIENTATION

Ethnicity

Cocaine and ecstasy use is highest among mixed ethic groups

- The prevalence other club drug use is similar for white and mixed ethnic groups

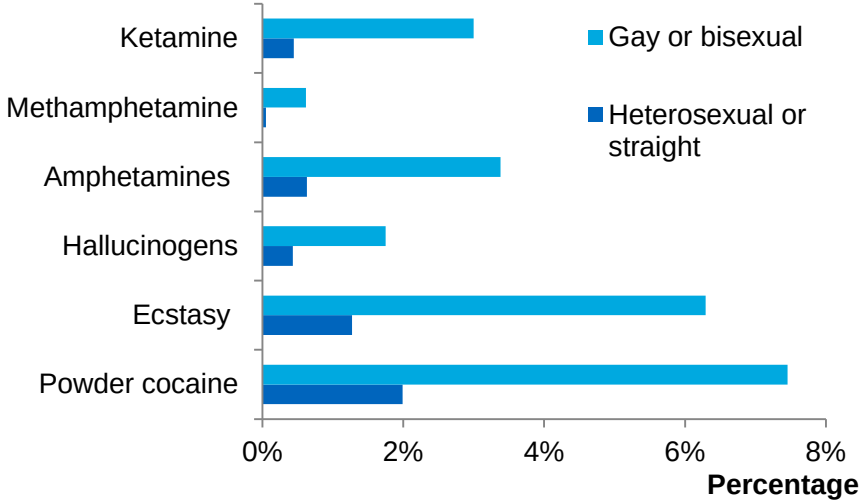


Percentage of 16 to 59 year olds reporting use of club drugs in the last year, by ethnicity, 2015/16

Sexual Orientation

LGB adults are significantly more likely to have taken club drugs in the last year (2013/14) than heterosexual adults.

- According to the survey, rates of drug use are highest among men who have sex with men (MSM).



Percentage of 16 to 59 year olds reporting use of select drugs in the last year, by sexual orientation, 2013/14

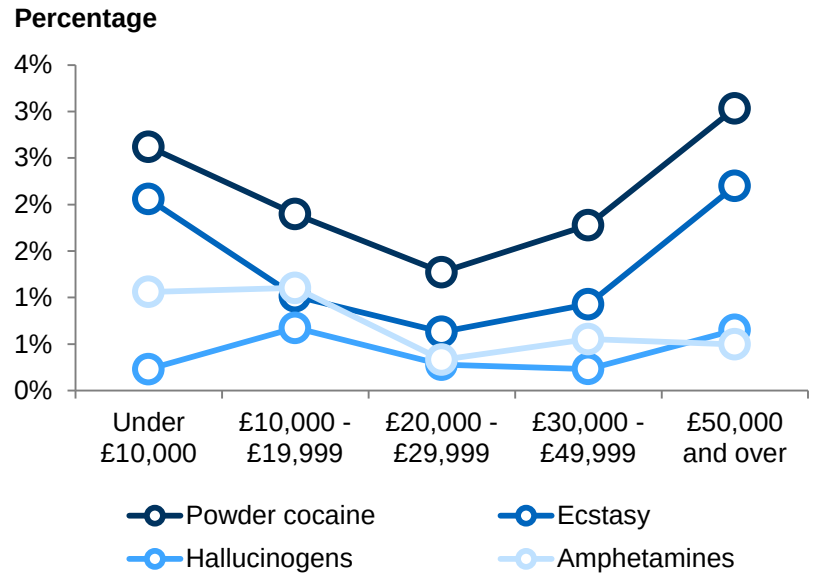
1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office
2. Drug Misuse: Findings from the 2013/14 Crime Survey for England and Wales, 2014. Home Office

Club drug use transcends socio-economic groups and typically affects those with low levels of personal wellbeing

RISK FACTORS: INCOME AND WELLBEING

Household Income

Club drug use transcends society, affecting those with low household incomes as much as those with higher ones.

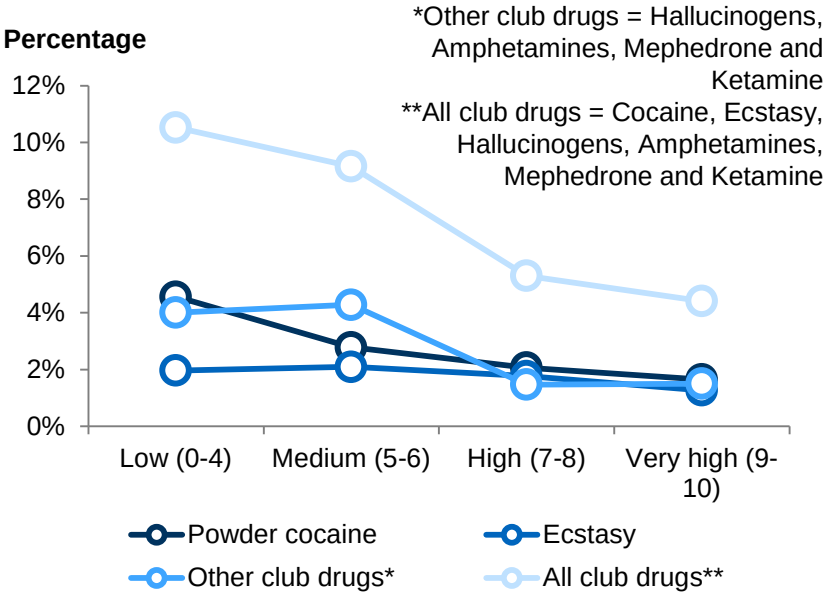


Percentage of 16 to 59 year olds reporting use of club drugs in the last year, by household income, 2015/16

Personal Wellbeing

Drug use in general decreases as life satisfaction increases.

- For some club drugs such as ecstasy, this trend is less pronounced.



Percentage of 16 to 59 year olds reporting use of select drugs in the last year, by Personal wellbeing, 2015/16

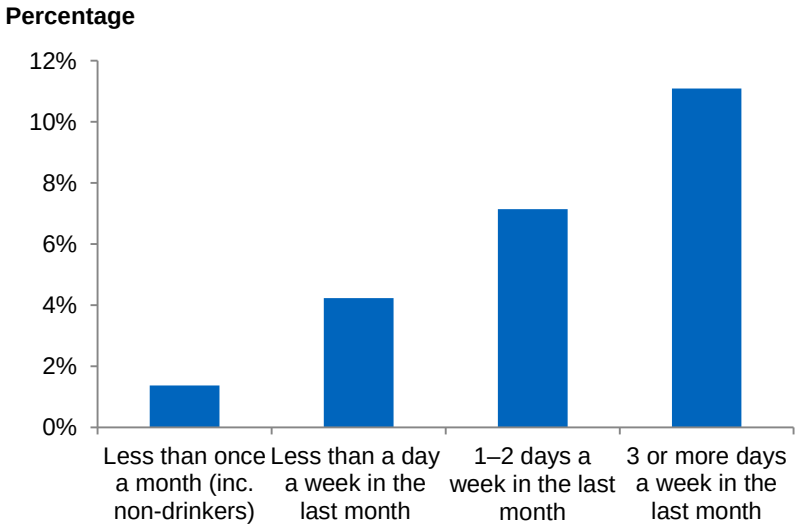
1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

Club drug use becomes increasingly more likely with alcohol consumption and visits to bars and clubs

RISK FACTORS: LIFESTYLE

Alcohol Consumption

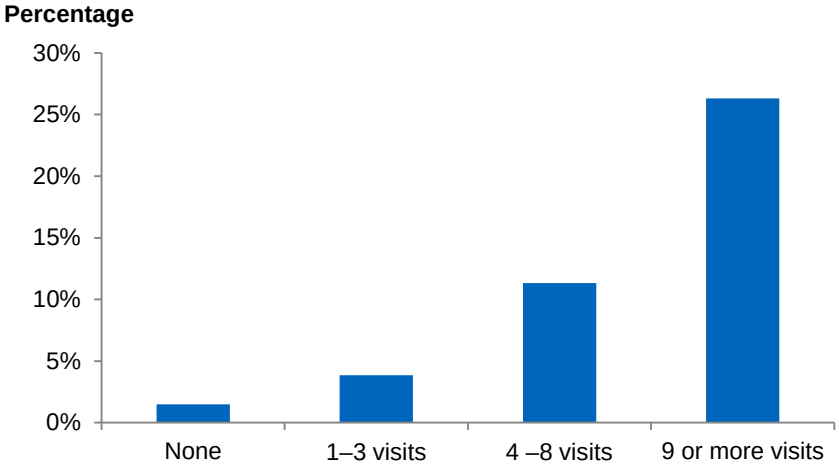
Individuals who drink alcohol three or more times a week are around eight times more likely to use club drugs than those who abstain or drink less than once a month.



Proportion of 16 to 59 year olds reporting use of club drugs in the last year, by frequency of alcohol consumption, 2015/16

Visits to pubs, bars, nightclubs

Those who frequently visit bars, pubs and clubs are up to 18 times more likely to have used club dugs in the last year than those who do not attend such venues.



Proportion of 16 to 59 year olds reporting use of select drugs in the last year, by number of evening visits to a pub, bar or nightclub in the past month, 2015/16

1. Drug Misuse: Findings from the 2015/16 Crime Survey for England and Wales, 2nd ed. Home Office

Section Summary

Since the 1990s there has been a general decreasing trend in the proportion of adults who have taken drugs in the last year.

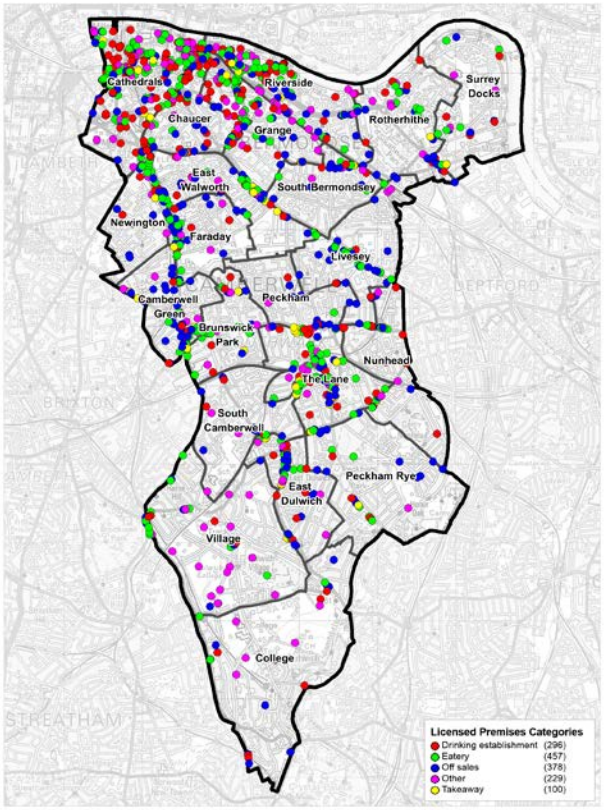
- The trend in the use of the two most popular club drugs - cocaine and ecstasy - has remained relatively static
- There has been a declining trend in the use of other club drugs over the last 20 years including LSD, Mephedrone, Ketamine and Amphetamines (no data for GHB/GBL)
- There is limited data to indicate a trend in NPS use; the prevalence of NPS use among adults is low: around 0.7% of adults (16-59) and 2.6% of young adults (16-24) took NPS last year
- There has been a general increasing trend in the number of citations of club drug or NPS use by individuals presenting to treatment since 2005-06
- Club drug use varies substantially across England and Wales; London has the highest proportion of adults (aged16-59) citing powder cocaine and ecstasy use out of all regions
- A number of lifestyle and risk factors are associated with an increased likelihood of club drug use including age, gender, ethnicity, sexual orientation, household income, personal wellbeing, frequency of alcohol consumption, and visits to pubs, bars and nightclubs

Contents

Southwark's vibrant night time economy is home to over 1300 licensed venues and five 'super clubs'

SOUTHWARK'S NIGHT TIME ECONOMY

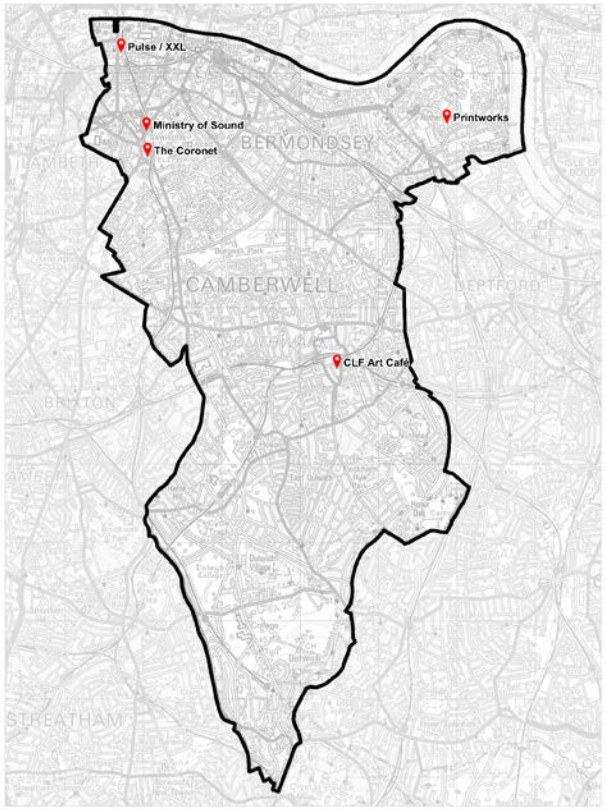
Licensed premises in Southwark, by outlet type, as on 6 July 2017



Licensed premises by outlet type, July 2017

Data source: Southwark Licensig Department
Southwark Public Health Department I People & Health Intelligence I carolyn.sharpe@southwark.gov.uk
November 2017.

Southwark's five super clubs (July 2017)



Southwark's Super Clubs, July 2017

Data source: Southwark Licensig Department
Southwark Public Health Department I People & Health Intelligence I carolyn.sharpe@southwark.gov.uk
November 2017.

A 'super club' has been defined as a venue with a capacity greater than 1000

Southwark Council
southwark.gov.uk

Anecdotally stimulant use is the most common locally, the use of GHB/GBL is considered the most harmful

CLUB DRUGS IN SOUTHWARK

Interviewees consistently described stimulant use to be the most common issue in Southwark, however many described GHB / GBL use to be the most concerning. The substance is extremely addictive and extremely harmful.

Stimulants

- Ecstasy/MDMA use was consistently cited as a common issue across the borough. Ecstasy (and cocaine) are often cut with ethylone or PMA (synthetic MDMA), these substances are very toxic and take a long time for the effects to hit therefore increasing the risk of accidental overdose
- Cocaine was described as an entrenched issue; " London is the cocaine capital of the world, you would struggle to find a venue in which it is not used – its not just a club drug problem"
- NPS use were not considered a huge issue in Southwark by the majority of interviewees but the burden on local emergency departments and ambulance services was described to be increasing

Hallucinogenics

- Ketamine was considered by some to be a declining issue although a local Super Club described it as becoming "more recreational and people who are not used to it easily go over"

Depressents

- GHB/GBL was described by all as an increasing and concerning issue locally. Traditionally only used by men who have sex with men (MSM) the drug is becoming more mainstream. "This specific drug is responsible for so many issues; increased sexual vulnerability, health issues, dependency and withdrawal, it is very cheap (£50 per litre), very addictive and very easy to overdose"

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

The use of GHB / GBL across the borough was a major topic of concern among all interviewees

LOCAL TRENDS: GHB/GBL

GHB / GBL use, traditionally associated with MSM and chemsex, was reported to be diversifying and becoming more mainstream. Interviewees expressed huge concern over the use of this substance as it is extremely addictive and harmful.

- **Afterparty / Antidote:** "It is an extremely dangerous substance, people become dependent quickly and often fit from withdrawal, it is responsible for a high number of hospital admissions as well as other serious issues including sexual assault, respiratory and other heath problems, as well as mental health issues"
- **A&E:** "Initially 'G' use was almost exclusively among men in relation to chemsex, but recreational use is increasing and there is an increasing proportion of female users. Around 2-3 people a week present with acute toxicity or withdrawal, one third of these are typically chronic users"
- **London Ambulance Service:** "GHB / GBL use is an increasing issue, symptoms range from unconsciousness to very aggressive and uninhibited behaviours and shifts in mental states. Crews are starting to notice regular presentations due to the drug being very addictive."
- **The police:** "When the police empty amnesty bins the most common substances are ecstasy and pills. GHB / GBL has only started appearing more recently. GHB / GBL was predominantly found at gay venues but is now very much mainstream."

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

Lambeth, Southwark and Lewisham are home to a particularly high number of MSM

LOCAL TRENDS: CHEMSEX

Conducted in 2010, the European Men-who-have-sex-with-men Internet Survey (EMIS) polled 174,209 MSM living in Europe of whom 15,423 lived in England.

- Most respondents indicated they lived in Lambeth; Southwark was the third most MSM populous local authority and Leisham was the 16th most populous
- Therefore, Lambeth, Southwark and Lewisham (LSL) is home to more homosexually active men than any other three coterminous LAs in England
- The Chemsex study was completed in 2014 and focused on drug use among MSM who live in LSL
- According to the Chemsex study, 5.9% of men from LSL reported having ever injected drugs other than steroids or medicine, and 3.5% had done so in the last year. This is slightly higher than the rest of London and substantially higher than the rest of England.

Injection of drugs other than anabolic steroids among MSM

Have you ever injected any drug other than anabolic steroids or medicines?	LSL N=1134	Rest of London N=3826	Rest of England N=8655
No, never	94.1	95.2	97.8
Yes, more than 12 months ago	2.4	2.2	1.1
Yes, in the last 12 months	3.5	2.7	1.1

1. The Chemsex study. Bourne A et al, London; Sigma research 2017

MSM who live locally are much more likely to take drugs associated with chemsex and other club drugs

LOCAL TRENDS: MSM

It is particularly notable that MSM living in LSL were twice as likely as men elsewhere in London to use GHB/GBL (10.5% vs. 5.5%) and mephedrone (10.2% vs. 5.2%) and substantially more likely to use crystal meth – drugs typically associated with chemsex.

- MSM living in LSL were also significantly more likely to use other club drugs such as cocaine, ecstasy and ketamine than elsewhere in London and England

Proportion of MSM who used drugs in the last 4 weeks

	LSL	Elsewhere in London	Elsewhere in England
Crystal meth	4.9	2.9	0.7
Mephedrone	10.2	5.2	1.6
GHB/GBL	10.5	5.5	1.6
Cocaine	18.0	11.0	4.8
Ecstasy	11.7	7.1	4.1
Speed	1.3	1.4	1.7
Ketamine	9.6	5.9	3.8
LSD	0.6	0.4	0.3

1. The Chemsex study. Bourne A et al, London; Sigma research 2017

A range of local risk factors for club drug use were cited including age and sexual orientation

LOCAL RISK FACTORS

Interviewees consistently discussed club drug use being most common among younger people (particularly young and heterosexual), LGBT individuals and MSM, as well as typically those with a higher socio-economic status.

- Other risk factors identified included attending electro music events and festivals as well as adverse life events or 'triggers' such as job loss, bereavement and trauma

AGE:
Although it is not uncommon for older people to use club drugs, it is typically more common among young people. Students tend to take MDMA (pills) or mephedrone (because it is cheap). Cocaine is very expensive - £100 per gram - and is more popular among older, professional demographics

SEXUAL ORIENTATON:
"Heterosexual users are typically introduced to club drugs at school or university and grow out of it by their late twenties early thirties. For LGBT users it is common to discover drugs in their thirties and not to mature out of the behaviour as early and use is more likely to be over a prolonged time period"

SOCIO-ECONOMIC STATUS :
Club drug users were described to be from "across the social strata", use is very typical among people with high social capital; employed, good living status, educated, high disposable income.

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

A wide range of health impacts are associated with club drug use locally

HEALTH IMPACTS

A wide range of health impacts were associated with club drug use in Southwark.

- Acute toxicity is a common issue typically due to individuals taking too much too quickly, mixing different drugs, mixing drugs with alcohol or taking something unexpected (e.g. PMA instead of MDMA). People lose consciousness, stop breathing or become hyperactive and aggressive
- Mental health issues such as anxiety, depression, low self-esteem, psychosis and suicidal ideation are common. These symptoms were particularly an issue for those who use ‘G’ or partake in chemsex
- Vulnerability and risky sexual behaviour were also a common concern. For chemsex users issues relating to sexual assault and consent were raised
- Dependence, withdrawal and problems associated with injecting were also noted

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

A wide range of social and societal impacts are associated with club drug use locally

SOCIAL IMPACTS

Social and societal impacts of club drug use are far reaching.

- Employment issues are common including missing days at work, poor performance and even job loss
- Club drugs are expensive substances and therefore their use is associated with money troubles and in extreme cases individuals have lost their home
- Relationship and family breakdown were common issues cited. Anecdotally individuals, particularly those who partake in chemsex, may feel guilty or become disassociated with their peers resulting in isolation and loneliness
- Club drug use impacts on front line services including the ambulance service and emergency departments as well as sexual health and mental health services

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

Section Summary

Specific data on club drug use in Southwark is not available but qualitative insights from stakeholder interviews have been used to build a local picture.

- Southwark has a vibrant night time economy and is home to over 1300 licensed venues and five ‘super clubs’
- Stimulant use (predominantly cocaine and ecstasy) was cited as the most common club drug issue in Southwark
- GHB/GBL use was consistently described as an emerging and concerning issue within the borough
- Southwark is home to a high proportion of MSM and chemsex was described as a key club drug issue in the borough as well as in neighboring Lambeth and Lewisham
- Key local risk factors identified by interviewees for club drug use were age, sexual orientation and socio-economic status
- A range of health and social harms were identified as being commonly associated with club drug use including vulnerability, loss of consciousness, withdrawal, mental health problems, isolation, and relationship and work issues

Contents

National frameworks set four tiers of support provided for drug and alcohol misuse

SOUTHWARK TREATMENT SERVICES

Level		Core provider…
Tier I	Information, screening, advice and referral in generalist settings	Provided through NHS general practice
Tier II	Similar to Tier I, but provided in outreach or more specialist settings	Change, Grow, Live Integrated Adult Treatment System
Tier III	More intensive support provided by specialists involving personal / group therapy	
Tier IV	Highly intensive, often residential therapy such as acute detoxification therapy	Usually spot-purchased from specialist providers

At the start of 2016 Southwark's substance misuse treatment system was redesigned to move away from offering a range of services for specific needs to an integrated service that accommodates all health needs.

- Southwark has recently integrated its substance misuse and sexual health services for children and young people, the new contract commenced in December 2017. This new integrated service is expected to 'bridge the gap' between sexual health and substance misuse services that club drug users often fall between.

Traditional substance misuse services need to become more club drug user friendly

CHANGE, GROW, LIVE

Change, Grow, Live (CGL) do not operate a club drug pathway and the perception is that club drug users don't typically associate with mainstream services.

- A club drugs client will require more psychosocial support than structured treatment, if they were to to present they would receive 12 sessions of psychosocial interventions
- Tier 4 services are not really relevant to club drugs clients but detox for chemsex clients is sometimes required. This is not straight forward and CGL is only aware of one specific facility that works with this cohort, based in Bournemouth.
- CGL work with chemsex clients and are currently developing a chemsex pathway. The level of complexity and risk with chemsex clients is huge, as is the amount of work required to manage them, and therefore pathway development is very difficult
- It would be ideal to have an individual role within CGL that is specific to club drug use; "club drug users need to know that CGL is here and there is a service to support them, perhaps before that, the service needs to become more club drug user friendly"
- It would also be useful to interrogate the data to understand the outcomes for this cohort and understand what constitutes success. Typically club drug users binge and typical substance misuse metrics (e.g. successful completions) are not appropriate
- Outcome metrics need to be defined for a club drug user and linked to the funding model for the service and payment by results

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

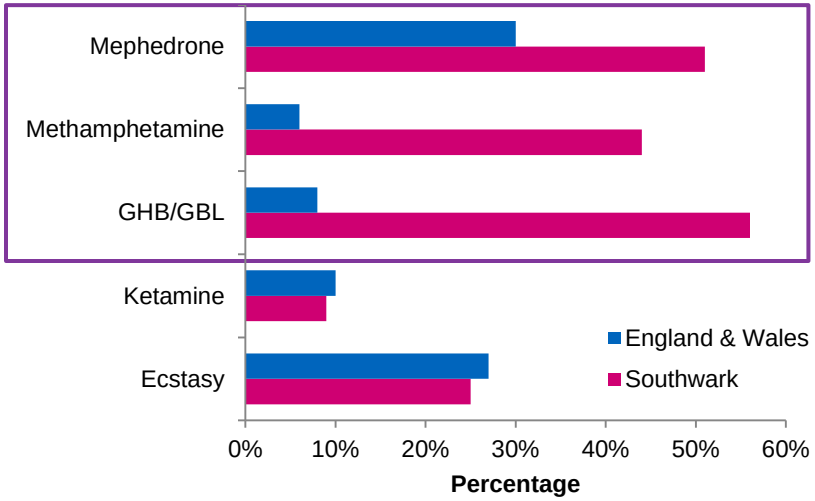
Southwark has a high proportion of new adult treatment entrants citing club drug use

LOCAL SERVICE PROVISION

Southwark has a much higher proportion of adults new to treatment citing GHB/GBL, methamphetamine and mephedrone use than the national average.

- The proportion of new adults to treatment citing ecstasy and ketamine use is comparable to the national average
- In Southwark, nearly one in five new adults to treatment cite club drug use, this is substantially higher than the national average (12%)

Adults new to treatment citing club drug use as a proportion of any club use



Adults new to treatment citing club drug use

	SOUTHWARK		ENGLAND & WALES	
	n	Proportion*	n	Proportion*
Ecstasy	14	25%	1232	27%
Ketamine	5	9%	462	10%
GHB/GBL	31	56%	374	8%
Methamphetamine	24	44%	293	6%
Mephedrone	28	51%	1373	30%
Any club drug**	55	19%	4522	12%

*As a percentage of any club drug use. Clients citing the use of multiple club drugs will be counted once under each drug they cite.
**As a percentage of all new treatment entrants.

1. Public Health England, Southwark Adults Drug JSNA support pack – key data 2017-18

Club drug use appears to represent a relatively low burden on the local substance misuse service

LOCAL SERVICE PROVISION

Local data show that 14% of individuals in treatment reported club drug use.

- Data from June 2017 shows that out of 2,014 residents in contact with substance misuse services, 294 individuals attended with 303 episodes of club drug use

Breakdown of club drug use at initial assessment

Club drug	Primary substance of misuse	Total use
Cocaine	96	214
Amphetamines (methamphetamine and unspecified)	30	62
GHB/GBL	12	35
MDMA/Ecstasy	<5	29
Mephedrone	<5	15
Ketamine	<5	12
Total	**150**	**368***

*Note this number does not equal individuals as one patient may report use of multiple different club drugs, and may be in treatment primarily for non-club drug use.

- A club drug is the primary substance of misuse for only 150 of individuals in contact with substance misuse services

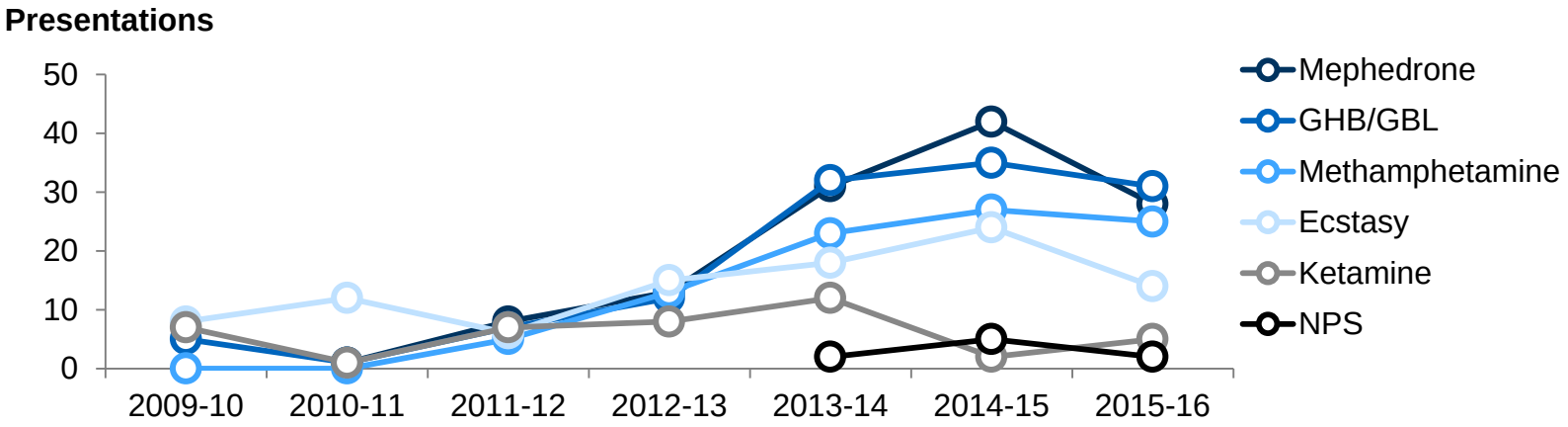
1. Data provided by CGL; local substance misuse treatment service, 2017.

Club drug use among Southwark's treatment population has been increasing in recent years

LOCAL SERVICE USERS

Club drug use among Southwark's treatment population has been increasing in recent years, peaking in 2014/15

- The number of individuals in treatment reporting mephedrone, GHB/GBL and methamphetamine use - drugs commonly associated with Chemsex - has increased dramatically since 2010/11
- This trend is likely to in part reflect increasing availability of club drugs and their use locally but may also be due to better reporting practices



Trend in number of new presentations to treatment by substance type
Note: Cocaine use excluded in this graph

1. Local Area Trend Report 2015-16, Southwark Profile, PHE
2. Adults substance misuse statistics from the National Drug Monitoring System (NDTMS), 2015-16, PHE.

Axis is a local integrated sexual health and chemsex support service for men who have sex with men

AXIS CLINIC

Axis is a newly established integrated chemsex and sexual health clinic for men who have sex with men based at the Camberwell Sexual Health Service.

- The clinic is a collaboration between Antidote LGBT drug & alcohol service, working through the RISE Partnership, with Kings College Hospital sexual health and HIV support team; the HIV mental health liaison team from South London and Maudsley; and the After Party chemsex outreach team
- Axis has been created to provide comprehensive chemsex support to MSM as well as offering support around HIV prevention and management, sexual health, mental health and substance (mis)use
- The clinic is a drop in service for clients who would like advice, information and, support around chemsex, appointments are also available
- The Axis Clinic is run on Wednesday evenings from 4.00 pm to 7.00 pm at Camberwell Sexual Health Centre, 100 Denmark Hill, London SE5 9RS

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

Antidote is a drug and alcohol support service to help clients cut down and gain more control over use

ANTIDOTE SERVICES

Antidote provide a range of drug and alcohol support services in partnership with London Friend: a charity to support the health and mental well-being of the LGBT community across London.

- **London Friend (King's Cross):** Each Monday a walk-in assessment service is available of the London Friend offices in King's Cross. An appointment is not required. The service offers referrals into structured support, or a confidential and informal chat about drug or alcohol concerns.
- **Chemcheck (Burrell Street):** Each Tuesday evening Antidote runs a group work programme for gay and bisexual men involved in chemsex in partnership with Burrell Street and AfterParty. This is not a walk-in service but referrals can be made from the Antidote website.
- **CODE (Dean Street):** A drop-in sexual health service gay and bisexual men involved in chemsex every Tuesday evening.
- **CNWL Club Drug Clinic (Earls Court):** The Club Drug Clinic offers advice and support, GBL/H Detoxes, psychiatric assessments and sexual health screens and more for people living in the London Boroughs of Kensington & Chelsea, Hammersmith & Fulham and Westminster. Antidote works in partnership with the clinic supporting LGB&T service users.

*CNWL = Central and North West London NHS Foundation Trust

AfterParty is a pan-London outreach service for men involved with chemsex

AFTERPARTY

AfterParty is a pan-London outreach service, commissioned by the Elton John Aids Foundation, providing advice, guidance and support for men involved in chemsex.

- The service provides eight sessions of one to one psychosocial support and, if required, onwards referral to mainstream services or to counselling/mutual aid groups
- AfterParty work towards harm reduction outcomes and increased control over use. A holistic approach is taken which focus on improving outcomes across mental health, phycical health, emotional wellbeing and resilience
- AfterParty deliver a lot of outreach work and have a presence in GP surgeries (particularly on Mondays/Tuesdays), online (grinder), in gyms, in saunas and at sexual health clinics. Target outreach is crucial with this cohort who are unlikely to face the stigma or mainstream services.
- AfterParty also deliver community based workshops, events and training e.g. training to GPs so they feel more confidents discussing issues associated with chemsex and are more aware of typical signs and symptoms
- The use of harm minimisation and educational material such as posters, leaflets and social media work well with this cohort who tend to be more health literate and actively engaged with their own care
- AfterParty believe their model should be replicated across Lambeth, Lewisham and Southwark. The service is to be decommissioned in February.

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

Local clubs present an opportunity to deliver harm minimisation interventions

LOCAL CLUBS

The police identified some of Southwark's super clubs as best practice examples of harm minimisation for club drug use.

- Southwark's five super clubs tend to manage club drug related issues well themselves without the need to burden front line emergency services; they all operate amnesty bins, most have recovery rooms for intoxicated individuals that are staffed with a medical team, some pay for their own ambulance on electro-music nights
- Ministry of Sound for example published guidance on the safe use of 'G' following a number of incidents in the club
- Printworks work closely with the police who alert the club of anything that may put patrons at risk e.g. strong batches of MDMA. Printworks will then put up signage to warn their customers
- Printworks operate a privately funded medical room close to the dancefloor. The room contains harm minimisation posters and trained staff provide support and advice without judgement. Staff also hand out FRANK flyers
- Printworks believes education is key to reducing harm but are limited in what they can offer as they have to adopt a zero tolerance policy on drugs
- Smaller venues tend not to have robust drug policies in place and therefore club drug use in these locations will not be as safe

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

Section Summary

Data indicate that club drug use represents a relatively low burden on the local substance misuse services, however local stakeholders felt that some cohorts - particularly chemsex – have very complex needs and require a lot of support.

- Southwark has a much higher proportion of adults new to treatment citing GHB/GBL, methamphetamine and mephedrone use than the national average
- In Southwark, nearly one in five new adults to treatment cite club drug use, this is substantially higher than the national average (12%)
- Club drug use among Southwark's treatment population has been increasing
- The number of individuals in local treatment reporting mephedrone, GHB/GBL and methamphetamine use has increased dramatically since 2010/11
- CGL don't currently have a specific club drugs pathway but provide support to clients citing issues with their club drug use a chemsex pathway is under development
- Outcome metrics are not currently defined for club drug user cohort
- Education and harm minimisation were identified as key opportunities for the club drug user cohort – some local super clubs were identified as examples of best practice
- There is an opportunity to replicate the outreach model adopted by AfterParty across a region in SE London, perhaps across Lambeth, Lewisham and Southwark
- Antidote currently provide a pan-London drug and alcohol support service

Contents

Local traditional treatment services are not deigned to meet the needs of the club drug user/chemsex cohorts

KEY FINDINGS

The findings from this JSNA indicate there is an unmet need for local club drug user and chemsex cohorts. However, Southwark's traditional treatment services are not currently designed to meet these needs.

- Local qualitative insights indicate that powdered cocaine and ecstasy use is extremely common, and that the use of GHB/GBL is an emerging and concerning issue
- Southwark is home to a high proportion of MSM and chemsex was described as a key club drug issue in the borough as well as in neighboring Lambeth and Lewisham
- Club drug use among Southwark's treatment population has been increasing
- The number of individuals in local treatment reporting mephedrone, GHB/GBL and methamphetamine (drugs commonly associated with chemsex) use has increased dramatically since 2010/11. The proportion of adults new to treatment in Southwark citing these drugs is much higher than the national average
- Local traditional treatment services are not currently tailored to the needs of club drugs / chemsex cohorts, there is currently no club drugs pathway and outcome metrics for club drug users are not currently defined
- Education and harm minimisation were identified as key opportunities for the club drug user cohort – some local super clubs were identified as examples of best practice
- There is an opportunity to replicate the outreach model adopted by AfterParty across a region in SE London, perhaps across Lambeth, Lewisham and Southwark

Contents

A number of gaps and opportunities have been identified, to meet the needs of this cohort (1 of 2)

RECOMMENDATIONS

	Gaps	Opportunities
1	**Harm minimisation:** Through awareness raising and education. Some local clubs are doing a lot to minimise harm however, currently local services have a limited offer around advice and harm minimisation relating to club drug misuse.	▪ As a cohort, club drug users are generally more health literate and actively involved in their own care. There are opportunities to improve harm minimisation advice e.g.: through outreach work, and the use of social media and educational materials. ▪ Identify examples of best practice from local clubs relating to harm minimisation and explore opportunities to share best practice with other venues.
2	**Targeted outreach:** Club drug / chemsex cohorts are not going to 'cross the threshold' of a traditional, labelled drug and alcohol treatment service as they do not feel they belong there and so they will 'pop-up' in other places such as sexual health clinics or stay under the radar.	▪ Consider adopting aspects of the AfterParty model and offer more outreach support focusing on GP surgeries, social media, gyms, saunas, sexual health clinics, universities. Consider developing a role within CGL that is specific to club drug use
3	**Referrals:** Emergency Departments, LAS and others interviewed don't currently refer to services. A barrier is that local third sector services change too quickly and front line services are simply unaware of what is available.	▪ Develop a clear referral pathway for EDs, the police and LAS to direct individuals in need to an appropriate local support service. ▪ Explore opportunities for local clubs to refer individuals to support services.

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

A number of gaps and opportunities have been identified, to meet the needs of this cohort (2 of 2)

RECOMMENDATIONS

	Gaps	Opportunities
4	**Traditional treatment services:** The needs of this cohort are not an area of focus for existing treatment services; they focus on recovery, abstinence and delivering a structured treatment programme. This is not always appropriate for someone who, for example, takes club drugs on a regular basis and has had a couple of negative experiences.	▪ Services need to be accessible by and reflect the needs of the club drug user cohort e.g.: deliver more psychosocial support rather than structured treatment and address more social issues that may be linked to their behaviours e.g.: low self-esteem, intimacy issues, social anxiety, loneliness and isolation.
5	**GHB/GBH:** There is a perceived unmet need for people who use GHB/GBL, particularly within the LGBT community. The police have been notified of a number of serious issues involving the drug including sexual assaults. Additionally EDs and the LAS are recognising more repeat, chronic users.	▪ Large hospitals would benefit from a dedicated drug and alcohol support worker to deliver 'IBA like' interventions to those who are taken to A&E for GHB/GBL and other club drug related issues
6	**Outcome Metrics:** Current commissioning arrangements do not support providers to offer services for this cohort.	▪ Outcome metrics need to be defined for a club drug user and linked to the funding model for the substance misuse service and payment by results
7	**Broader use of club drugs:** For some population groups, particularly MSM, the use of club drugs are not confined to a club/bar setting but are used as a preferential part of their sexual and social behaviour.	▪ Further intelligence work may be of value in developing our understanding of drug use and sexual behaviour building on The Chemsex Study carried out in Lambeth, Southwark Lewisham in 2014.

1. Anecdotal evidence through qualitative research, October 2017 – December 2017.

Find out more at
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People & Health Intelligence Section

Southwark Public Health