BASHH statement on ‘club’ (recreational) drug use

**Summary of recommendations**

Clinicians should be aware of the commonly used club/recreational drugs and their potential short and long term complications and risks.

Clinicians should consider screening individuals at risk (MSM, young people, ‘clubbers’, students) to identify possible problematic use. They should be able to identify potentially hazardous use, including those at risk of immediate acute harm.

Clinicians should give simple safety advice and information on possible harm, including other sources of information.

Services should have agreed referral pathways into appropriate local services.

**Scope**

This document has been developed to raise awareness and assist clinicians in genitourinary medicine (GUM) services to identify and manage (primarily by signposting and referral) patients who may have problematic substance misuse, particularly when it is having a negative impact on their (or others’) sexual health or HIV medication adherence. This document covers the relatively new group of psychoactive substances commonly referred to as club drugs, it does not address those substances for which there are already guidelines, pathways and well established services, such as alcohol, opioids and cocaine. These substances include ecstasy (MDMA), ‘crystal meth’ (crystalmethamphetamine), mephedrone, GHB/GBL, poppers (amyl nitrite) and ‘legal highs’.

NEPTUNE is a national project currently developing more in-depth guidance across a number of health care settings; this document is intended to be interim to that output.

**Reason for development**

There is increasing recognition of the problematic use of these substances, especially among certain groups (eg MSM, clubbers, students), and its potential negative impact on sexual and public health. There is also increasing recognition that, for some service users, preventing such negative impacts on sexual health requires also addressing effectively their problematic drug use. Furthermore some substances have other long term harmful consequences that many users are unaware of, eg ketamine- induced ulcerative cystitis or ‘ketamine bladder’ and episodes of psychosis for crystal meth.

There is also, in general, low awareness among sexual health professionals about the substances, the risk of harm and how to advise and refer individuals with possible problematic use into the appropriate services. At the same time there is often a lack of experience within mainstream drug

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<sup>1</sup> Though known as ‘club drugs’ they are not solely used in clubs, but are also frequently used by MSM for example at private parties. So knowledge that someone does not go clubbing is not an indication as to whether or not they use these drugs.

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services both of these substances and with certain groups whose use is intimately linked to their personal and cultural identity and behaviour norms.

**Prevalence and patterns of substance misuse**

Accurate data on the extent of use and harm is lacking. There is evidence from national crime data (1), the National Gay Men’s Sex Survey (GMSS) (2) and organisational level reports (Antidote, Acute Trusts) that this is a growing and prevalent problem, especially among certain groups. One in five 16- to 24-year-olds are estimated to have used an illicit drug in the past year; one in 10 in the past month. Three quarters of MSM in the GMSS had used an illicit drug, and this was still 50% when excluding amyl nitrite or cannabis. Often multiple drugs are used during a single session which may extend over days, and there is evidence of increasing levels of injecting (known as 'slamming' amongst many MSM) and sharing equipment. Often the individual is uncertain or mis-informed about the true identity of the substances being used.

For MSM extended sessions taking these drugs also often involve higher risk sex with multiple partners. A significant proportion of men using these drugs are HIV positive but by no means all.

Services may wish to undertake a simple patient survey, to quantify the extent of drug use within their local population.

**Risks and harms**

These can be divided into acute and chronic; some being potentially relevant in the clinic setting (e.g. acute withdrawal) and others the individual should be made aware of, including harm avoidance advice, chronic complications. They may be substance specific. The following is not exhaustive (see 3 for additional information).

- *Intoxication* - with its attendant risks especially those associated with a reduced level of consciousness e.g. aspiration, accidents, sexual assault.

- *Acute withdrawal* - a potentially life threatening risk if an individual is using GHB/GBL, and can occur rapidly if an individual is dosing frequently (this can be as frequently as 3-4 hourly).

- There is specific safety guidance in relation to some drugs and patients should be directed to advice resources below if the clinician is not sufficiently well informed about a substance. Examples include the need for precise dosing with GHB/GBL, not to self-initiate GHB/GBL cessation if frequent user, not to share water bottles in clubs etc

- *Psychiatric* –affective and psychotic symptoms

- *Behavioural* – higher risk sexual behaviour, personal safety, poor HIV medication adherence

- *Medical* – STIs (especially HIV, hepatitis C), ketamine bladder, visual disturbances with poppers, consequences of poor adherence to HIV medication, drug interactions with HAART.

**Screening for substance misuse**
Individuals often do not fit the stereotype of ‘drug user’, and would not necessarily think of themselves as ‘a drug user’ or ‘an injecting drug user’; many are highly functioning professionals, and so clinicians should consider screening all individuals from at risk groups e.g. MSM, young people, students. A small number of questions can be asked to identify substance use, and whether it is likely to be problematic and/or impact on sexual health (see appendix). Depending on the substance/s used further questions may be needed to determine the risk of immediate acute harm, ensure accurate advice and information is given and the appropriate referrals are made.

All individuals who use these drugs should be asked if injecting and if so is equipment ever shared.

Management

Provide information on risk, possible harms (acute and chronic) and basic safety advice (substance appropriate) to all patients who identify any drug use. If use appears problematic or patient expresses dissatisfaction with any aspect of use (e.g. health concerns, sexual risk behaviour), offer referral to appropriate services. If injecting, give advice and information on needle exchange services (see resources).

Many resources such as specific web sites exist which the patient can be directed to (see below).

Referrals and pathways

An individual is only likely to accept a referral if they both recognise they have problematic use and they wish to change their behaviour. It is important to acknowledge that safer use rather than abstinence may be the goal. All patients using substances should be given details of resources they can access for more information and advice (see below). Those with potentially problematic use should be offered referral to an appropriate local service. It will be important for the referral pathways to ensure specialised services are expert in these drugs and also provide tailored support for particular communities e.g MSM. These referral pathways should be agreed between services. Even if unwilling to accept referral, such information should be provided as an individual’s desire to access such services may change over time.

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References

5th February 2014


Resources

www.mycrew.org.uk - a website for patients providing information, advice and support. Also contains risk assessment tool and chat room

www.toxbase.org – clinical toxicology database for health professionals

http://clubdrugclinic.cnwl.nhs.uk – a national clinical service, based in London, for people who have begun to experience problems with their use of recreational drugs

http://leedsclubdrugclinic.com/?page_id=2 – Leeds NHS service for people who want help changing their drug taking behavior

www.antidote-lgbt.com – LGBT targeted drug and alcohol service

Needle exchange – contact local substance misuse service or http://www.drugscope.org.uk/resources/helpfinder.

(click on Search Helpfinder, on the next page enter town/postcode in ‘search by postcode’ box and in the ‘treatments offered’ box select Needle Exchange from the drop down menu)

Appendix

Screening tool

Have you used drugs in the past 12 months?

Which ones?

Did you inject them? If so did you ever share equipment?

Are you, or anyone close to you, worried about your drug use, or think it may be having a bad effect on you or your health?

5th February 2014