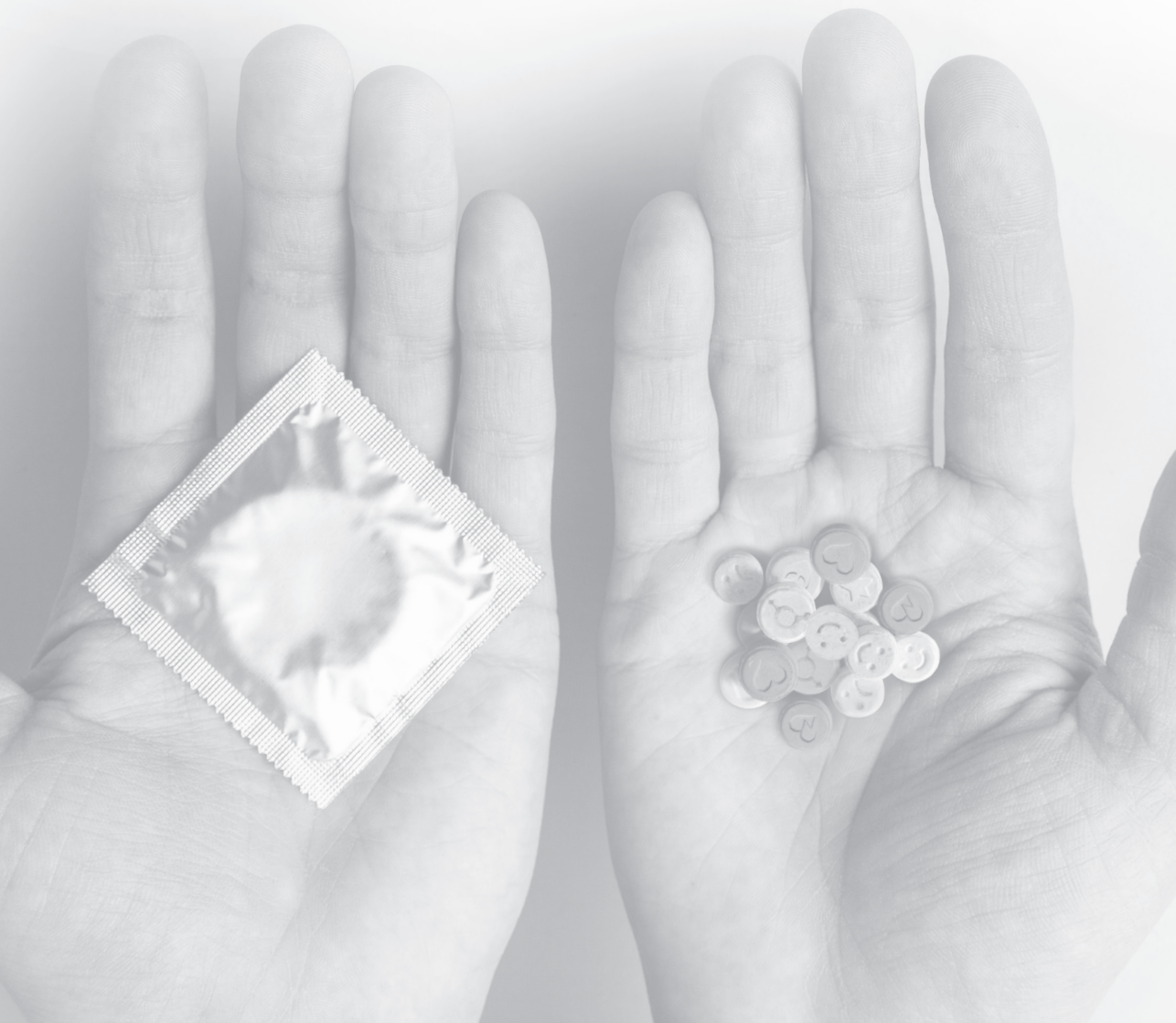
Chemsex among men who have sex with men

Valorisation of the thesis



Social relevance

The World Health Organisation (WHO) states that efforts should be made in reducing the harms to individuals, communities and society related to drugs, including HIV infection. In our thesis, we showed that drug use during sex, chemsex, is widespread among the MSM community in both urban and non-urban areas in the Netherlands. Chemsex has been related to mental and sexual health issues for individuals practicing chemsex and STI and HIV transmission in MSM communities practicing chemsex. Although this was not the focus of this thesis, chemsex has also been related to negative societal consequences, such as loss of social networks, reduced ability of daily functioning and a negative impact on employment. Our thesis indicates that chemsex does not have to be problematic for all MSM, but prevention of harms and possible treatment of STIs and mental health issues is highly important in this group. This thesis informs targeting and tailoring health promotion and care strategies for MSM practicing chemsex.

Target groups, tailored strategies and healthcare responses resulting from this thesis

Our thesis suggests that different target groups could be identified within MSM practicing chemsex, based on their different experiences and healthcare needs. One target group includes a majority of MSM practicing chemsex who do not experience a serious negative impact of chemsex on their daily life. For this group, regular STI prevention and care, information on safer drug use and increasing self-control might be sufficient to prevent the heath harms of chemsex. Both the target group, MSM practicing chemsex, and healthcare providers, STI nurses, recognized the importance of these health promotion strategies. Monitoring of this target group is important to prevent that they might still spiral into more serious negative consequences of chemsex, such as addiction and depression. A second target group concerns approximately one in ten MSM practicing chemsex who experience a negative impact of chemsex on their daily life. It is important to identify this group in healthcare settings, as they might need additional mental or addiction healthcare. Our thesis provided indicators for healthcare providers to make this differentiation, including frequent chemsex, no recent sober sex, experiencing disadvantages or a negative impact of chemsex on daily life and having an intention to change chemsex behaviours. STI clinics are proven to be a suitable healthcare setting to provide these health promotion strategies and identify problematic chemsex. However, to provide health promotion strategies related to both safer sex and safer drug use and referral of MSM experiencing problematic chemsex to addiction or mental healthcare, collaboration between different healthcare settings is required. One

multidisciplinary healthcare response resulting from this thesis was an information brochure (Appendix) based on the healthcare needs of MSM practicing chemsex and training needs of STI nurses. The information brochure included health risks of chemsex, health promotion strategies related to safer sex and safer drug use and a short screening tool for problematic chemsex. This information brochure was a cocreation of public health researchers, STI nurses and doctors and experts in the field of drug use. This information brochure will be distributed online and on paper to STI nurses in all Dutch STI clinics.

Tailoring health promotion and care strategies to increase acceptability is especially important in MSM practicing chemsex as some MSM fear judgement and stigma in mainstream healthcare organisations. Our thesis assessed the local reality of the chemsex scene and hereby informs tailored health promotion strategies. We showed the most popular drugs to use during sex and the settings in which chemsex mostly takes place, which ensures that information in health promotion strategies is relevant for the target group. We suggested that it is important that healthcare providers recognize the experienced sexual pleasure and social influences when providing information on the health risks and strategies for safer sex and drug use. We showed that knowledge on these different aspects of chemsex was already high in STI nurses in Dutch STI clinics and a majority of STI nurses discussed chemsex on regular basis in MSM consultations. As STI nurses still reported a need for training in certain topics, we developed and distributed an information brochure which was adapted to the reported healthcare workers' training needs. For example, a high need for training in identifying problematic chemsex was reported and the information brochure included a short screening tool for problematic chemsex. Education of healthcare providers, such as STI nurses, will optimize tailored chemsex support services for the target group, MSM practicing chemsex. Information on the local reality of chemsex is also highly relevant in other healthcare settings, such as addiction and mental healthcare organisations. A next step needed to provide adequate chemsex support would be follow up of healthcare responses in addiction and mental healthcare organisations. This would ensure that STI nurses could refer MSM experiencing problematic chemsex to tailored addiction and mental healthcare services. To keep healthcare providers informed of the current chemsex situation and possible changing trends, monitoring of chemsex among MSM is needed. As almost all STI nurses already asked their MSM clients about chemsex, it would be feasible to introduce a surveillance system for chemsex within Dutch STI clinics. Including questions on chemsex in the standardized nurse-taken medical and sexual history in STI clinics would be one option for this surveillance system.