

Health needs of men who have sex with men (MSM) who engage in chemsex in London

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Historically, drugs and alcohol have been often linked to hidden sexual activities, such as the heroin epidemic in the 1980s, there is an increase in another drug uses leading to Chemsex. Chemsex is described as a sexual activity while under the influence of drugs (s), such as methamphetamine (crystal meth), mephedrone, and GBL/ GB. Even though the drugs used are illegal, Know the Score (2016) states suppliers of mephedrone within large cities such as London are using bath salts plant food to ensure they are undetectable but could potentially result in lasting damage to internal organs. Terrence Higgins Trust (2015a) states that GBL /GHB are readily available in industrial solvents and paint stripping chemicals, which create a sedative that poses a risk concerning a potential loss of consciousness. Chemsex has become a significant concern with MSM (MSM), especially with the new role of technology enabling people to arrange Chemsex parties easily and engage in high-risk sexual activities. Glyde (2015) supports this view, stating that Grindr and Scruff are a few secure, accessible smartphone apps. More significantly, McCall et al. (2015) suggest Chemsex needs to become one of Public Health's priorities due to the nature of the health implications of unprotected sex, increasing the risk of sexually transmitted infections.

Keywords: chemsex; health; men; sex; sexual activities

Surrey and Borders Partnership NHS Foundation Trust (2006) states Chemsex increases the high risk of human immunodeficiency virus (HIV) and the potential risk of rape, violence and sexual assaults due to the lack of awareness and inability to consent. Characteristically, HIV is a virus that attacks the immune system's cells (CD4 cells), which assist in tackling infections and diseases (AIDS Gov, 2016). HIV multiplies, destroying CD4 cells, rendering the body weaker and more prone to other infections, which can cause further damage to the immune system (AIDS Gov, 2016). The late stage of HIV is AIDS (acquired immunodeficiency syndrome) which weakens the body severely and only occurs if the HIV is not controlled with antiretroviral therapy (ART), which can prolong life and limit the chances of further transmissions. Public Health's responsibility is to respond to new health threats that propose harm to society, and Chemsex within the MSM community needs to be addressed (Holt, 2014). In 2014, a health needs assessment (HNA) was produced addressing Chemsex in London boroughs; Lambeth, Southwark, and Lewisham, where there is a steady increase in Chemsex in the MSM community (Bourne et al. 2014). Public Health England (2013) stated that over half of London's HIV MSM diagnoses were from areas with a high prevalence of Chemsex, including Lambeth. Following the HNA, free STI self-sampling kits being readily available online was introduced, with 9,496 testing kits distributed; however, it was not determined whether this was connected to the increase of Chemsex in Lambeth (Barnard et al., 2016).

Even though an HNA has been produced, new drug trends and formations of drugs are being introduced into Chemsex, such as Black Mamba, which needs to be addressed. Black Mamba is a synthetic cannabinoid that has been chemically developed to act like cannabis and has only recently been covered under the Misuse of Drugs Act in 2016 (Frank, 2017). Some of the side effects of Black Mamba include differences/difficulties in breathing, vomiting, a distorted view of reality and hallucinations. Synesthetic cannabinoids are more natural to obtain than the more typical Chemsex drugs in larger cities like Wolverhampton, Birmingham, and London. The rising rate of HIV infections with MSM in the UK has been linked to the growth of Chemsex, especially in London's borough Lambeth (Bourne et al., 2014). Furthermore, National Aids Trust (2016) states that in 2015, it was estimated that 47.1% (41,016) of people living with HIV in the UK accessing care were MSM across the UK, whereby 46% of MSM living with HIV are living within London, suggesting a high prevalence of HIV (National Aids Trust, 2016).

Strategically, an HNA is an approach adopted to enable health services to be tailored to the population's needs, ensuring resources are distributed correctly to improve the health of the community (Wright, Williams and Wilkinson, 1998). As suggested in Bradshaw's Model of Needs (1972), there are different needs to be considered. "Felt need " is what the individuals feel they need. Thus, Bourne et al. (2014) state that the MSM community felt they needed more support when admitting their involvement in Chemsex and dealing with addiction. London Friend (2017) states that 35% of MSM from Lambeth, Southwark, and Lewisham are accessing Antidote (drug and alcohol support). While Bourne et al. (2014) estimate that 80% of MSM are involved in some aspect of Chemsex within these areas. Overall, this suggests a minority of MSM in Lambeth only identifies the need perceived. As an extension, Asadi- Lari et al. (2003) states Bradshaw's Model of Needs (year?) vocalises the different needs within a community, ranging from professionals to individuals; however, it does not consider the cost of tailoring a health service. For example, the introduction of PrEp (pre-exposure prophylaxis) is an expressed and felt need by 43% of the MSM community regarding HIV prevention (NAM Aidsmap, 2015b). More specifically, PrEp is an HIV prevention with a 90% success rate and is recommended to anyone who engages in high-risk sexual activity such as Chemsex. It was announced in 2016 that PrEp would not be introduced by the NHS but could be purchased online for £44 per month (I Want Prep Now, 2016). Even though the MSM community expressed their desire for PrEp to be enrolled by the NHS, it has been declined due to the cost implications and budget cuts across the NHS. Consequently, this creates a health inequality within the MSM community, as PrEp may not be affordable for long-term HIV prevention for everyone.

The normative need is the suggestion from professionals regarding individual needs. Bourne et al. (2014) suggested several recommendations, including coordination work with owners of the sex on-premises and ensuring there are MSM friendly sexual health services. This may benefit the health needs of the MSM community, but the owners may not desire advertisement of Chemsex danger warnings as they could result in their business being affected, and they may not want their business associated with Chemsex. It could also be deemed as a scare tactic. Essentially, normative needs viewed by the professional may not be considered to be in the best interests of the individuals, as the MSM community desires suggested PrEp. The professionals do not view this as a current need for Lambeth. A comparative need could be addressed in understanding the MSM communities within other areas with a high prevalence of HIV and Chemsex, such as Lewisham and Southwark. Understanding the comparative need would be easily adaptable as these are close to Lambeth. To influence the supply of services, understanding both the need and demand for HIV prevention would be needed before introducing new services. Understanding the new can develop services, but policies and funding could be affected. There is a potential that the current service would need to

expand if there is no funding available. This could affect whether the need of the MSM regarding HIV prevention is met.

One of the main concerns of addressing health needs is introducing a new service. The MSM community may not attend clinics or address this health concern, as not everyone may identify their sexual health as their priority. Significantly, this suggests that the population need may be different from the individual need. In Chemsex, there have been concerns regarding deliberate HIV transmission, known as 'HIV Roulette' or 'Gift Giving' (Bourne et al., 2014). This involves high risky condom-less sexual activity, with someone living with HIV, increasing the risk of transmission. The health need for people's involvement in 'Gift Giving' will not be similar to someone concerned regarding sexual transmissions. HIV is increasing within the MSM community and could develop into an epidemic, as HIV can be easily transmitted through high-risk sexual activities. If the MSM community's HIV prevalence is not addressed, further health implications could occur regardless of whether everyone feels the need. As stated with the 'Gift Giving,' these MSM are unlikely to engage with HIV prevention and attending support for those living with HIV once they are diagnosed. Furthermore, HIV prevention to an MSM community within the Chemsex scene could be deemed severe, as the meetings are exclusive and would potentially be unwelcoming to HIV support. The majority of the MSM community who engage in Chemsex understand the sexual health and other health risks they are placing themselves in.

An epidemiological approach to the HNA will allow an understanding of the HIV occurrence in the MSM community who are engaging in Chemsex. The epidemiological approach can be time-consuming; however, reviewing previous studies can be hopeful of developing patterns (Williams & Wright, 1998). An epidemiological approach allows an understanding of what services have been successful. Thus, services can be adapted to increase the uptake of HIV tests within the MSM community. For example, Lambeth may have other issues regarding HIV services however focusing on a smaller group such as MSM and tailoring a service could assist in increasing HIV testing. Observably, Chemsex in Lambeth has been reviewed over the last decade, demonstrating a pattern of behaviour and producing a high volume of information. Although, ensuring only the essential information is included within the HNA could be extremely time-consuming. Reviewing the cost of HIV services will allow an enhanced understanding regarding how to develop a cost-effective service in Lambeth. Thus, NAM Aidsmap (2015a) states that lifetime HIV treatment costs on average £380,000. As such, successful prevention services will assist in reducing HIV prevalence. The Terrence Higgins Trust (2016a) supports HIV prevention methods such as regular HIV testing, stating it provides good public health sense, as it will save the NHS over £280,000.

Epidemiological, comparative, and corporate approaches would be recommended to conduct an effective HNA. However, a corporate approach that focuses on gathering information from professionals can be overlooked, potentially affecting the understanding of the individuals' needs and demands (Stevens & Gillam, 1998). While a comparative approach would provide an insight into the services other areas of London are offering to MSM regarding HIV, it can be challenging to adapt. For example, each area may have a different social aspect affecting their rate of HIV or Chemsex. Additionally, services may be tailored differently to meet their population in the different London boroughs. If there is a reduced need, it would be difficult to adjust to address HIV rates in Lambeth. An introduction of new drugs in Chemsex such as Black Mamba may not be reflected in the results of the HNA. As an extension, utilising all three approaches would also be very time-consuming and expensive, while the HNA results could be outdated if the approaches take too long.

Discussing with organisations and the voluntary sector working in Lambeth concerning HIV prevalence will assist an HNA. Even though there has been a reduction of Lambeth HIV services, Chemsex drug services provide rehabilitation. The HNA will develop a profile for the organisations and could potentially increase funding and introduce more services to tackle Chemsex in Lambeth. However, due to financial cuts within the NHS, Chemsex prevalence funding may not be a priority. Instead, current services may be requested to stretch, implicating other services. Although, information sharing between organisations would provide an overview of Chemsex in Lambeth. This would identify new trends, such as new drugs and risky behaviour (Chavez-Valdez et al., 20-19), which would need to be addressed in the HNA. One of the main issues regarding organisations and voluntary sectors' involvement in funding across both is that they are competing for funding to provide either the same or similar services. This could affect their willingness to contribute if they believe their funding would be affected.

Information regarding HIV within the MSM community in Lambeth may be challenging to analyse. In light of this, Terrence Higgins Trust (2016b) states there are still people living with HIV undiagnosed, which may be related to the partner notifications not working effectively across the United Kingdom. More specifically, partner notification is recommended to ensure people are aware they have been exposed to the risk of HIV.

As multiple sexual partners occur in Chemsex, it would be highly challenging to contact everyone who has been exposed, which may result in further transmissions. This is elaborated further by Bain et al. (2016), who found that 83% of MSM who were HIV positive from their study had engaged in condomless sex at Chemsex parties. A study in 2016 called the 'Partner Study' found that if someone HIV positive adheres to their suppressive ART, their viral load would be undetectable within six months, which means they cannot pass on HIV. Although ART and Chemsex drugs interact, one of the most common side effects is loss of time (estimated up to three days), resulting in the individual missing their ART dose. Thus, Lowry (2011) states that as little as 48 hours of no ART can increase the viral load count by 25%, increasing the risk of HIV transmission.

Furthermore, Bourne et al. (2014) state that MSM in Lambeth struggles to assist with the development of health services regarding Chemsex. Most notably, Chemsex is a complex health topic to address, as not all MSM are willing to discuss their involvement due to the risk of facing criminal charges. Although HIV rates are high within the Lambeth MSM community, not all MSM may want HIV services. As an extension, there may be other sexual health concerns, such as Shigella, as many MSM have experienced faecal-oral sexual activity in Chemsex, which increases the risk of Shigella (Bains et al., 2016). Terrence Higgins Trust (2016c) announced Lambeth Council would be cutting HIV support services, causing health implications for MSM in Lambeth. London has the highest proportion of MSM, yet is experiencing inequalities across boroughs within sexual health, potentially increasing their risk of HIV (Public Health England, 2016) as some areas with lower HIV prevalence are operating an HIV service, while Lambeth with a high Chemsex rate and HIV prevalence rate within the MSM community, is losing funding due to budget cuts. Public Health England (2013 p.5) "Estimated one in every twelve MSM in London" has HIV due to the high levels of engagement of unsafe behaviours such as Chemsex.

One of the main concerns regarding Chemsex is the safety aspect, sharing needles, lack of ability to consent, and unsafe sex leading to exposure to HIV and other STI'S (LGBT Foundation, 2016). As a continuation, Maslow's Hierarchy of Needs identifies safety as being considered a basic need. Furthermore, Pilgrims (2014) states that Maslow's Hierarchy of Needs refers to the individual's ability to fulfil their potential; however, this will be unachievable without achieving the basic needs. In light of this, Terrence Higgins Trust (2015b) states Chemsex can cloud judgment, as the environment causes a 'bubble effect' leading the individual to feel safe and secure. However, this can lead to riskier behaviour without understanding the consequences. Characteristically, HIV can be high infectious within its early viral load stages. However, it can take up to three months for antibodies to be detectable within HIV 4th generation tests, increasing transmission within Chemsex, as multiple sexual partners are a regular aspect of this (i-Base, 2016). With the side-effects of Chemsex drugs, a false sense of reality and security is created, affecting individual safety. Consequently, this suggests that engaging in Chemsex can affect the person's ability to achieve self-actualisation.

Fundamentally, healthcare services need to benefit society, the individuals and incorporate the broader determinants of health (Wright et al., 1998). The Public Health England (2016) vision is for all MSM to have a healthy life with an action plan to address all aspects within their wider determinants of health. Dahlgren and Whitehead (1991) define social determinates of health as identifying the causes of the problem, not focusing only on behaviour but the economic and social aspects affecting the individual, resulting in high-risk activity (Marmot, 2007). Although HIV prevalence within London MSM communities is one in seven, stigma and discrimination remain embedded within society surrounding HIV. For example, there are still stigmatising barriers for HIV, derived from the 1980's "AIDS: Do not Die of Ignorance ", which affects people's attitudes to attending HIV clinics. Additionally, HIV is still negatively associated with homosexuality, drug use, and sex work. Also, if the person has not "come out " regarding their sexuality, they may be less likely to use a service aimed at the LGBT (lesbian, gay bisexual or transgender) or MSM community. Therefore, this could increase their risk of HIV and other STIs.

Many recommendations will address the health inequalities and health needs of MSM engaging in Chemsex, putting themselves and others at risk of HIV. Rather than creating scare tactics, which may cause further public health issues, introducing non-didactic education materials would be appropriate within Lambeth (Palamar & Halkitis, 2005). Concurrently, encouraging education can positively impact their health, enabling individuals to make safer, healthier choices. Many layers can influence health, as shown in the Dahlgren and Whitehead (1991) Social Determinants of Health Model. However, the underpinning knowledge can change a person's lifestyle. This enables the individual to maximise other opportunities and control their health.

One of the most effective ways to encourage people to use services is word of mouth. Using MSM from Lambeth to provide information concerning their experiences of HIV clinics within the area would

encourage more people to attend. Although, there is a need to acknowledge that many people fear HIV testing for several reasons; the stigma attached, the assistant practitioners' views on why they have attended and fear of the HIV test result. Subsequently, a DVD including MSM's negative experiences of Chemsex and factual information on HIV could be more successful than information from a health promotion worker who has no personal experience of Chemsex. The DVD could be distributed to locally known locations where Chemsex occurs and gay clubs/pubs. As well as this, it could be distributed through social media. More significantly, MSM involvement in HNA will develop an understanding of the genuine health needs of the community regarding HIV prevention in Lambeth (Asadi- Lari, Packham, and Gray, 2003). While connecting with MSM through well-known websites, where Chemsex is organised, could assist in developing some understanding of how to develop a targeted healthcare service to reduce HIV transmissions. However, this may have low uptake.

The HIV services for MSM in Lambeth are essential to moving away from a top-down approach, enabling patients' views and health needs to drive the healthcare system (Asadi- Lari et al., 2003). Further research into Chemsex and the rates of HIV in the MSM community in Lambeth is needed, which will assist in the development of new services. Education within the MSM should be a priority in tackling HIV rates, as education will increase awareness of the health risks of Chemsex. Further research into Chemsex in the MSM community will enable further understanding related to providing adequate education regarding HIV.

Evaluating the success rate of new services regarding HIV prevention may be difficult. The main focus would be on the uptake of HIV testing. Keeping records of HIV tests within Lambeth and comparing them to previous years will indicate whether more MSM is engaging with HIV testing. Improving viability on well-known websites used to organise Chemsex could be another method of evaluation, identifying how many MSM contact through the websites or how active the websites are. This will allow an accurate understanding of the prevalence of Chemsex, as these websites are one of the many sources of arranging Chemsex parties. The evaluation would be completed over a long period to establish whether the recommendations have been practical. However, there may not be a noticeable change in the uptake of HIV tests immediately. Overall, people discussing their positive experiences at HIV clinics will encourage more MSM to attend HIV clinics in Lambeth.

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