

# Is the whole problem for people who combine sex and drugs acknowledged?

An interview-based study on the knowledge and experiences of professionals regarding the treatment of problems where sex and drug use are combined.

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Course code: AB\_1196. EC: 18. Period: 1st of March - 1st of June.

## Abstract

**Introduction.** Having sex under the influence of drugs is a growing worldwide phenomenon. Although there are some perceived benefits, it can also cause physical, mental, and social problems. An issue according to the literature is that the available treatment options only focus on the sexual aspect or the drug use aspect of the problem. This is why this study researched what the knowledge and experiences are of professionals in the Netherlands regarding the treatment of problems where sex and drug use are combined.

**Methods.** Semi-structured interviews were conducted among 14 professionals working in the field of sexual health or drug treatment. This study used a thematic content analysis, using an inductive- and deductive analysis. Themes were identified through the deductive analysis. Within the inductive analysis, an open coding process was used to identify codes and determine categories using the program ATLAS.ti.

**Results.** The participants indicated to have basic knowledge of sexuality, drugs and drug use. Sexologists and sexual health consultants included in this study have no problems with discussing the combination of sex and drug use. However, participants working in the field of drug treatment included in this study experience difficulty discussing sexuality. Of the eight drug treatment clinics included in this study, three clinics had a specific team/department for chemsex patients. The other treatment options for people having problems where sex and drugs are combined seem to be very limited.

**Conclusion.** The knowledge of the participants about sexuality and drugs/drug use seems to be limited. The experiences with treating problems where sex and drug use are combined differ between participants. The treatment options where sexuality, as well as the aspect of drug use, are attended for in the Netherlands seem to be limited. Cooperation between both fields of work is needed to provide the best treatment options. A follow-up study should assess the need for change in the treatment options according to the patients.

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# 1. Introduction

Having sex under the influence of drugs is a growing worldwide phenomenon (Giorgetti *et al.*, 2017). The perceived benefits of having sex under the influence of drugs are that using drugs causes people to loosen up more and relax more. It increases the sex drive, sexual confidence, intimacy, and sexual connection. Furthermore, it can decrease sexual inhibitions and increase the possibility of more extreme kinds of sex (Giorgetti *et al.*, 2017; Marinelli *et al.*, 2019). However, there are dangers to having sex under the influence of drugs. Drugs themselves can cause physical, mental, and social problems. Some negative health effects that can occur are overheating, dehydration, psychosis, depression, habituation, addiction, overdosing, and suicide (Nutt *et al.*, 2007).

The most common term used for having sex under the influence of drugs is the term 'chemsex'. This term specifically is used by professionals for men who have sex with men (MSM) who use drugs with the intention of having sex (Melendez-Torres *et al.*, 2016). This term is specific for MSM, as MSM participating in chemsex are also at greater risk of health problems such as HIV and hepatitis C compared to heterosexual and lesbian couples participating in chemsex (Melendez-Torres *et al.*, 2017). This may be the reason why more research can be found done on the group MSM who participate in chemsex, compared to other groups who have sex under the influence of drugs.

In the Netherlands, people who have problems regarding sex and/or drugs often get referred by the general practitioner (GP) and/or STI clinics to addiction clinics, sexologists, or sexual health consultants. When researching the websites of Dutch addiction clinics, sexologists, and sexual health consultants, there is very little or no information found regarding the treatment of problems where sex and drugs are combined. Most of the addiction clinics just treat drug addictions, only some also treat sex addictions. Moreover, when researching websites of sexologists there is no information found on the topic of drugs. Summarizing, based on the available information on the websites of Dutch addiction clinics, sexologists, or sexual health consultants the available treatment options for people having problems with the combination of sex and drugs appear slim.

A Dutch study confirmed this idea of a lack of treatment options, saying that one in four MSM practising chemsex indicated a need for professional counselling on chemsex-related issues (Evers *et al.*, 2020a). However, participants also reported that they avoided counselling while they felt condemned by professionals. According to the study, patients feel like chemsex is a taboo topic and they perceive that health care professionals lack knowledge on the topic of chemsex (Evers *et al.*, 2020a; Mulder & van Dort, 2018). Furthermore, hospital medical personnel failed to ask the questions needed according to the patients and did not always recognize the problems when it comes to chemsex (Hurtado, 2018). Another study from Evers *et al.* (2020b) also showed that 76% of sexually transmitted diseases (STD) nurses in the Netherlands reported a need for training on chemsex. Only 15% of STD clinics reported to have a protocol on addressing chemsex and had referral pathways to addiction care (Evers *et al.*, 2020b).

Not having treatment options where the sexual aspect, as well as the drug aspect of the problem, are taken into account poses a problem, since this is only treating part of the problem. According to Gardner (2011), one of the craving and relapse triggers for drug addictions is reexposure to environmental cues previously associated with drug-taking behaviour. When someone was not equipped with the skills and strategies to deal with these environmental cues, for example having sex, chances of relapse are high. Results of the study from Bosma-Bleeker & Blauw (2018) on the effects

of alcohol and drugs on sexual thoughts, feelings, and behaviour of patients with a substance use disorder correspond. Their study found that 11.4% of participants stated that they experienced difficulties in separating drug use from their sexual behaviour due to the strong association between sex and drug use. Besides, for 9.7% of the participants of this study, the sexual thoughts and feelings even caused craving. According to 9.1% of the participants, treatment for their sexual behaviour was needed while they felt like this was linked to their drug use (Bosma-Bleeker & Blauw, 2018). To conclude, it is important to help patients with the sexual aspect, as well as the drug aspect of their problem, or else the chances of relapse will be high.

Given the found literature, this raises the question of whether referring to Dutch addiction clinics, sexologists, or sexual health consultants is useful and provides the right treatment options for problems where sex and drugs are combined. The goal of this study is to gain insight into the knowledge and experiences of professionals with the treatment of problems where sex and drug use are combined in order to contribute to the improvement of the care provision for this group. This is the reason why the main research question of this study is: *What are the knowledge and experiences of professionals regarding the treatment of problems where sex and drug use are combined?* This main research question will be examined using three sub research questions, namely:

- *What are the available treatment options for people with problems where sex and drug use are combined according to professionals in the field of sexual health & drug treatment?*
- *What is the knowledge of professionals on problems where sex and drug use are combined?*
- *What are the experiences of professionals regarding the treatment of problems where sex and drug use are combined?*

## 2. Methods

### 2.1 Research design

This study used a qualitative research design which gathered data through semi-structured interviews. The data was provided by professionals working in the field of sexual health and/or drug treatment.

This qualitative research design was used as interviews could provide this study with an in-depth perspective of professionals in the field of sexual health- and drug treatment on the available treatment options for people who experience problems where sex and drugs are combined. Furthermore, interviews could provide this study with a good understanding of the knowledge and experiences of the professionals working in these fields with these treatments (Green & Thorogood, 2018).

This study was conducted throughout the months of March, April, and May of the year 2021 in the Netherlands. Furthermore, this study was commissioned by the Mainline Foundation.

#### Study participants

For this study, participants were sought who are active professionals in the field of sexual health and/or drug treatment. Participants were recruited when they met the following inclusion criteria: working in the field of sexual health and/or drug treatment and working in this field for at least one year. In total 14 professionals were interviewed, of which six working in the field of sexual health and eight working in the field of drug treatment.

The participants were recruited on the Dutch website Sexntina and the website of the Dutch scientific association for sexology (NVVS). These websites had the contact details of professionals working in the field of sexual health and drug treatment. The participants were recruited through purposive sampling. This method of sampling has been chosen, due to the short time frame of this study and while this study wanted to gain as much insight as possible into the knowledge and experiences of professionals working in the fields of sexual health and drug treatment with the treatment options they offer for people experiencing problems where sex and drug use are combined (Palinkas, Horwitz, Green *et al.*, 2015). The professionals who seemed appropriate for this study were emailed with information about the study and were asked if they would want to participate in an interview.

Interviewing 14 participants is assumed to be sufficient to collect the data, while this study used purposive sampling ensuring that the most appropriate participants for the study would be recruited. Secondly, 14 participants in this study correspond to the number of needed participants according to the qualitative interview-based study from Guest, Bunce, and Johnson (2006). They suggest that a study population of six to twelve participants is potentially adequate for a study with a narrow research question such as this study (Guest, Bunce & Johnson, 2006).

## Data collection

The participants were recruited in March 2021 to participate in the semi-structured interviews. All interviews were held in the month of April 2021. Due to the Covid-19 restrictions, it was not possible to conduct all the interviews on location. As a result, some interviews were conducted on location and some interviews were conducted by telephone or online.

The interviews followed a semi-structured design to collect information from participants regarding the knowledge on the use of drugs while having sex and the available counselling options in the Netherlands when problems occur in which sex and drug use are combined. This type of design was used, as this ensured that certain topics were discussed while still letting the interviewee's responses determine the information that will be provided (Green & Thorogood, 2018).

When performing the semi-structured interviews an interview guide was used based on a topic list, see appendix '8.1 Interview guide'. The interview guide contained an introduction, a topic list, and a closing.

In the introduction the researcher introduced herself, the research was explained and information was provided on how the interview would proceed. All participants provided informed consent prior to study participation. The informed consent provided permission to collect and process the data provided, archive the data, (possibly) publish the data, (possibly) make the data available for another researcher, and audio record the interview to be able to transcribe later. All participants were aware that this data was processed anonymously.

The topics for the topic list were based on the three themes of the sub research questions, namely treatment options, professionals' knowledge of the existing problems, and treatment experiences of professionals. The topics under these three themes were developed after doing preliminary literature research into the fields of work and discussing the study with an expert in the field of drug treatment. The preliminary literature research found differences in working methods between the two fields, leading to two separate interview guides, one for the people working in the field of drug treatment and one for the people working in the field of sexual health. Furthermore, this preliminary research led to a distinction in topics between the intake and treatment in drug treatment clinics. Conclusively, the topic list contained the following topics: working place, the topics sex and drugs at the intake, knowledge on sex and drugs during treatment, the topics sex and drugs in treatment, and suitable treatment options.

The first interview served as a pilot interview to determine whether the interview guide was complete and comprehensive enough. The pilot interview indicated that no changes needed to be made and the data from this interview was included in the data collection and analysis. All interviews were audio-recorded and lasted between 33 and 63 minutes.

## Data analysis

The interviews were transcribed verbatim. Names of the participants and their workplaces were removed for privacy reasons. This study used a thematic content analysis for the data collection. According to Green & Thorogood (2018), a thematic content analysis is a useful method to reduce the complexity of the data by looking for patterns or 'themes' in the data. These themes can be used to summarize and organize the range of topics and views by participants and provide a 'map' of the data set (Green & Thorogood, 2018).

Both an inductive as well as a deductive analysis were used. A deductive analysis was used, while this study used a topic list based on the three themes of the sub research questions and the underlying topics within these themes causing the themes to be mostly already identified before starting the analysis. The deductive analysis identified the themes across the interview transcripts. However, as the interviews used a semi-structured design the data is not compartmentalized per question but could be spread across the interview transcripts. A closer reading of the data was needed for analysis, leading to the use of an inductive analysis as well. The inductive analysis identified the codes and categories in the transcripts by open coding using the program ATLAS.ti. Codes were refined as the analysis progressed, and related codes were grouped to form categories within the data. The categories were subdivided under the themes. Eventually, illustrative quotes were selected (Green & Thorogood, 2019).

### 3. Results

The results are divided into four key themes identified. First of all, the ‘*Characteristics of participants*’ will be discussed. As the thematic content analysis partly followed the three sub research questions, the results are further divided into the three key themes of the sub research questions namely: ‘*Treatment options*’, ‘*Professionals’ knowledge of the existing problems*’, and ‘*Treatment experiences of professionals*’.

#### 3.1 Characteristics of participants

For this study 13 interviews have taken place and 14 participants were interviewed. One of the interviews was conducted with two women who are working at the same institution. Of these 13 interviews, five interviews were conducted with participants working in the field of sexual health and eight interviews were conducted with participants working in the field of drug treatment. The distribution of functions of the participants can be seen in Table 1. Five of the participants were male and nine of the participants were female. All participants were working in their field of expertise between 1,5 and 26 years (mean= 14,8 years).

Table 1. Distribution of functions interview participants (N=14)

Function	Number of interview participants
Employee of an HIV clinic	2
Sexual health consultant	1
Trainer at knowledge centre for sexual health	1
Sexologist	2
Addiction treatment coach	1
Employee of an addiction clinic	7

## 3.2 Treatment options

This paragraph will discuss the treatment options in the Netherlands according to the participants for problems where sex and drug use are combined. This key theme is divided into three subthemes. The subtheme '*Available treatment options*' will discuss the currently available treatment options for problems where sex and drug use are combined in the field of sexual health and drug treatment. The subtheme '*Boundaries of treatment options*' will discuss the limitations of the available treatment options according to the participants. The subtheme '*Possible improvements*' will discuss the possible improvements that have been mentioned by the participants to improve the available treatment options in the Netherlands.

### Available treatment options

According to the majority of participants working in the field of sexual health, problems where sex and drug use are combined are caused by underlying problems. According to the participants they can treat the problems by treating the underlying problems, such as low self-esteem and difficulty connecting with people. The majority of participants indicated that the treatments are based on talking about the underlying reasons for the use of drugs while having sex. According to one sexologist, a method he often works with is 'Het vat van Zelfwaardering', in English the barrel of self-esteem. The goal of this psychological model is to enhance the self-esteem of the patients, so they will feel less need to use drugs to feel good about themselves. Another sexologist named psychotherapy as a method to treat patients with problems where sex and drug use are combined. Involving the social environment of the patient was also indicated as part of the treatment by one sexologist. According to him, involving the social environment is one of the most important parts of treatment while treatment by a professional is often short-lived, so by involving the social environment during the treatment they can help to maintain the changes made after the treatment is done.

Most participants working in the field of sexual health however indicated that they do not have a treatment specifically for patients having problems where sex and drug use are combined. Furthermore, in some cases, the primary problem may be an addiction. In this case, the majority of participants working in the field of sexual health said they referred to a drug treatment clinic. The majority of the participants working in the field of sexual health indicated to have a good network for these referral options.

According to the majority of participants working in the field of drug treatment, all treatments offered by addiction clinics are primarily focused on treating addiction. According to the majority of participants, all drugs are treated similarly and together. The majority of drug treatment clinics work with a division into three groups: outpatient clinic, day treatment, or inpatient treatment. The treatment options offered by the drug treatment clinics participating in this study are acceptance commitment therapy (ACT), cognitive-behavioural therapy (CBT), dialectical behavioural therapy (DBT), psycho-education, and motivational interviewing. These types of therapy are all based on treating the underlying problems causing addiction.

Sexuality is not a standard topic in the available treatments offered by addiction clinics according to an addiction treatment coach: "*Within the normal programs sex and spirituality are the two things that are not mentioned.*" (P2) The majority of drug treatment clinics included in this study also indicated that they do not treat sex addiction. One drug treatment clinic that does treat sex addiction treats this addiction as all the other addictions. However, one professional working in a drug treatment

clinic indicated that they can add sexuality to the treatment of addiction when this is part of the problem.

There are three drug treatment clinics included in this study that have a specific team/department for chemsex patients. According to these participants, the teams/departments of these clinics have a broad knowledge of chemsex. While they have more knowledge, they can also treat patients better for the problems regarding sexuality. According to them, the treatment depends on what the request for help is from the patient.

## Boundaries of treatment options

According to all participants working in the field of drug treatment, drug treatment clinics do not have an employed sexologist. Drug treatment focuses primarily on addiction, causing referrals to a professional in the field of sexual health to sometimes be necessary. One participant working in the field of drug treatment sees the lack of an employed sexologist as a problem. However, the majority of participants working in the field of drug treatment indicated the lack of referral options as the problem: *“We get stuck in that sexual part...then we have to refer, but we have never really found a good referral option.” (P5)*

According to multiple drug treatment clinics, the available treatment options are centred in urban areas: *“Well, I think that the treatment options are centred in the urban areas in particular. You would almost wish that it could be expanded a bit more in other regions as well.” (P8)* The majority of participants working in the field of sexual health also indicated this problem. The participants said that there are a lot of sexologists in the Netherlands, however, the number of sexologists that have a broad amount of knowledge on the combination of sex and drug use is limited. According to them the sexologists that do have this knowledge are mostly centred in urban areas.

Another boundary of the available treatment options for people having problems where sex and drug use are combined is the lack of knowledge in both fields. Some participants indicated that there is too little knowledge on drugs and drug use in the field of sexual health and some indicated that there is too little knowledge on sexuality in the field of drug treatment. According to these participants, this causes referral to a professional in the other field of work sometimes to be necessary. However, while according to these participants there is a lack of knowledge in the other field of work they prefer to treat the patients themselves instead of handing them over:

*“In our opinion, they have too little knowledge of addiction in sexology, so we prefer to involve external parties instead of handing patients over, having them realize that they actually cannot do anything with it and then have patients come back again.” (P6)*

Lastly, multiple participants also indicated that there is a lack of visibility of the available treatment options in the Netherlands. According to the majority of participants, they do not know what the treatment options are across the Netherlands. Participants are not aware of colleagues with knowledge in this field and patients have trouble finding the available treatment options: *“I think that really in Amsterdam there are a number of care providers who work with that... but beyond that, it is not known to me and too little is happening or it is not visible enough.” (P3)*

## Possible improvements

According to some participants working in the field of drug treatment, one possible improvement would be to employ a sexologist. However, the majority of participants indicated they do not need an employed sexologist but need better cooperation between the two fields.

Increasing the amount of knowledge on sexuality, drugs, and chemsex was also indicated as a point of improvement. A way of improving this knowledge according to some participants is mutual knowledge exchange between the fields. One sexologist had the idea of using a mailing list where new information on the topic can be shared.

The Covid-19 pandemic caused both fields to include online possibilities such as online treatment to their options. Multiple participants indicated this to be a good development. While according to some participants the available treatment options are mostly located in urban areas, online options could be an opportunity to increase the available treatment options in the Netherlands.

### 3.3 Professionals' knowledge of the existing problems

This paragraph will discuss the knowledge participants in the field of sexual health and drug treatment indicated to have on the problems where sex and drug use are combined. This key theme will discuss two subthemes. The subtheme '*Knowledge on sex and drug use problems*' will discuss the knowledge participants indicated to have regarding the problems where sex and drug use are combined, sexuality, and drugs/drug use. The subtheme '*Chemsex knowledge*' will discuss the knowledge the participants indicated to have on the specific topic of chemsex.

#### Knowledge on sex and drug use problems

According to the majority of the participants, they do have some knowledge on problems where sex and drug use are combined. However, the majority of the participants indicated that they do not treat these problems often causing them to have very little experience. Furthermore, participants also indicated that their knowledge on these problems is not kept up-to-date due to the few experiences with treating problems where sex and drug use are combined.

The majority of the participants indicated that their knowledge on the separate topics is limited to some basic knowledge. The participants working in the field of sexual health indicated that they have basic knowledge on how drugs can affect the body and sexuality, and that they know that drugs are being used in a sexual context. Some of the participants were also aware of which drugs were being used and what effects these drugs have. However, in-depth knowledge on how the drugs work is not present. Participants working in the field of drug treatment also indicated that they have some basic knowledge on how drugs can affect the libido and sex drive. However, there is no in-depth knowledge on the interaction between drugs and sexuality: *"I think everyone knows what the effects are and what the problems could be, but not to the specification."* (P4)

#### Chemsex knowledge

According to the participants they are all familiar with the term chemsex except for one participant working in the field of drug treatment. She had never heard of the term chemsex and had also never seen a patient with these problems before.

Most participants explained chemsex correctly. According to them, chemsex are males who have sex with males with the use of hard drugs. Chemsex parties are also known activities under the participants. Two participants working in the field of drug treatment indicated that they use this term in a broader sense since there are also women having chemsex and more kinds of drugs used in a sexual context. According to one of these participants the group of people that is not MSM that participates in chemsex is also growing: *"Because we now also see an increase in a group that is not MSM participating in sex under the influence of drugs, we classify it as chemsex."* (P6)

According to one participant working in a drug treatment clinic most people know that sexuality and drugs can go together, however, chemsex is a specific topic a lot of people do not know about: *"People understand that you can have problems with sex, you can have problems with drugs, but the chemsex world is something that a lot of people are not completely familiar with."* (P4) The majority of the participants also indicated that this knowledge on chemsex is limited to some employees of the drug treatment clinic and that the knowledge on this topic also differed between locations. One participant said this was not a problem, as long as the patients could go where they needed to be: *"I*

*also do not think that every practitioner needs to have that completely, as long as we can intercept properly, screen well, and know where to go to get the right guidance.” (P4)*

### 3.4 Treatment experiences of professionals

The majority of participants indicated to have experience with patients with a request for help for problems where sex and drugs are combined. This paragraph will discuss the experiences participants have regarding the treatment of problems where sex and drug use are combined. This key theme will discuss three subthemes. The subtheme *‘Experience with patient population’* will discuss the experiences the participants have with the patient population receiving treatment for these problems. The subtheme *‘Overall experience of the treatment of combined sex and drug use’* will discuss the overall experience participants have with treating these problems. Lastly, the theme *‘Experience with discussing sexuality and drug use’* will discuss the experience participants indicated to have with discussing the topics of sexuality and drug use.

#### Experience with patient population

According to the participants working in the fields of sexual health and drug treatment, the patient group they see is very broad. Ages range anywhere from 18 and higher. Women, as well as men, visit sexual health practitioners. According to the participants, the majority of patients visiting drug treatment clinics are men. The sexual problems they treat differ according to the participants working in the field of sexual health. The drug mostly seen by the participants working in drug treatment is alcohol. Secondly, cannabis is seen very often. Hereafter, the drugs mostly seen are cocaine, benzodiazepines, and opiates.

#### Overall experience of the treatment of combined sex and drug use

Overall, the majority of the participants have a neutral experience with treating patients that have problems where sex and drug use are combined. The majority of the participants treat these patients similar to other patients and refer to professionals in other fields of work when necessary. However, there is one professional working in the field of drug treatment in particular that experiences treating this patient group negatively. This participant has a negative experience with treating these patients, while according to her the drug treatment clinic cannot help these patients properly and completely. Furthermore, according to this participant they also lack referral options to professionals in the field of sexual health, which is a problem according to her:

*“If a chemsexer comes then we say to each other ‘oh no, there is another one’ because we see that we cannot help those people most of the time. That is awful. Then we say ok you are not in the right place, but where should they go we ask ourselves?” (P5)*

## Experience with discussing sexuality and drug use

According to all the participants working in the field of sexual health, they have a good experience with discussing sexuality and drug use in treatment. According to them, they have no problems with discussing these topics. Four of the six participants working in the field of sexual health also indicated that they always ask about drug use at the intake. The reason for always asking about drug use according to one sexual health consultant is that it often plays a role. However, two sexologists indicated that they only ask about drug use when they have the idea their patient's problems involve drugs. Contrarily to the professionals, the participants indicated that patients do have a hard time discussing drug use sometimes. According to the participants, patients only bring up drugs and/or drug use themselves when they struggle with this. Otherwise, patients do not bring up drugs and/or drug use.

One sexologist did indicate that there is a difference in experiences with discussing drugs and drug use between recently graduated psychologists/sexologists, and professionals that have been working in this field for a longer time. Indicated was that recently graduated psychologists and/or sexologists have slightly more problems with discussing drugs and drug use. According to this sexologist, the lack of knowledge on the topic of drugs causes young professionals not to want to talk about it because they do not want to feel stupid:

*"I think a lot of psychologists, especially the younger group that rolls of the university, have the feeling they should be experts and that if they do not know anything about a specific topic they should not talk about it either, because they will feel stupid." (P13)*

According to the participants working in the field of drug treatment, they have a hard time discussing sexuality in treatment and this still needs some improvement. The majority of the participants indicated that discussing sexuality is a taboo topic: *"Yes, it is still taboo. I think of both the intakers and the client."* (P4). The topic of sexuality is found to be uncomfortable and preferably avoided by professionals. Furthermore, participants are afraid to discuss sexuality as it is found to be too personal. Religion is also a factor that prevents sexuality from being discussed. Additionally, age and experience were also indicated as factors: *"I do notice that the addiction doctors in training still have some hesitation and some shame to bring it up."* (P5) Lastly, gender was also indicated as a factor causing sexuality to be difficult to discuss. According to one participant, male professionals have the feeling they cannot discuss sexuality with female patients: *"Male colleagues, in particular, find it very difficult to make this a topic for discussion with female clients. They have the feeling that they might be on a bit of a slippery slope."* (P10)

A sexual health consultant indicates that the difficulty discussing sexuality is caused by the judgmental culture. This is why counsellors need to bring up sexuality according to an addiction treatment coach: *"It is your responsibility to bring it up because your patient expects that he will not be able to discuss it with you."* (P2) According to one participant, patients are very happy when it is finally discussed. However, this happens very rarely. According to the participants, the majority of professionals working in the field of drug treatment do not ask about sexuality at the intake. One participant indicated that they try to ask about sexual abuse, however, this was a big step already: *"What we are trying to do is ask standard questions to women and men about sexual abuse in the history, but that is still quite a step here."* (P11) Another participant indicated that they do ask about sexuality at the intake, however, they do not discuss this topic in-depth.

According to the participants working in the three drug treatment clinics with chemsex teams, they have very good experiences with treating people who have problems where sex and drug use are combined. According to them, they do not have a problem with discussing sexuality. Two participants working in two of these drug treatment clinics with a specific chemsex department also indicated that they always ask about sexuality at the intake. However, the third participant working in a drug treatment clinic with a specific chemsex department indicated that the intake is done before the patient reaches the chemsex department and that sexuality could be discussed more at the intake.

While these drug treatment clinics have no problems discussing sexuality, other teams and locations of these institutions still do have problems discussing sexuality. According to the participants, there is still a big difference in discussing and treating problems regarding sexuality between locations and professionals. One of the participants working in a drug treatment clinic with a chemsex department is also looking to see if she can teach the other locations about chemsex: *“In our team chemsex is now very normal compared to other teams who have never heard of it, so I am now looking if I can give them clinical lessons.” (P9)*

## 4. Discussion

This study examined what the knowledge and experiences are from professionals in the Netherlands regarding the treatment of problems where sex and drug use are combined. This study found that the knowledge on the combination of sex and drug use seems to be limited. Furthermore, this study found that the two working fields have different experiences with the treatment of these problems.

According to the participants, people working in the field of sexual health have no problems discussing drugs and/or drug use. Participants working in the field of drug treatment however have a hard time discussing sexuality. Treatment options where both the aspect of sexuality as well as the aspect of drug use are attended for in the Netherlands seem to be limited. Only three teams of drug treatment clinics included in this study have in-depth knowledge and specific treatment options for chemsex patients.

### Comparison with literature

According to the literature, hospital medical personnel do not always recognize the problems when it comes to chemsex (Hurtado, 2018). This could also be the case for professionals working in the field of sexual health and drug treatment, while according to this study the majority of the participants working in the field of drug treatment does not ask about sexuality at the intake. Furthermore, the majority of the participants also indicated to have very little experience with treating these problems. The majority of the participants indicated to have some basic knowledge of sexuality, drugs/drug use, and chemsex, however, in-depth knowledge on these topics is not present. While a study on the knowledge and attitudes of health professionals from Haesler *et al.* (2016) found that knowledge is important to identify problems, problems regarding the combination of sex and drug use and chemsex may still be missed due to the lack of knowledge in professionals working in the field of sexual health and drug treatment. Subsequently, these results could indicate that a patient group is overlooked and knowledge on the combination of sex and drug use and chemsex among professionals should be expanded to better recognize the problems.

At the moment, when the problems regarding the combination of sex and drugs are recognized the results of this study showed that treatments in the fields of sexual health and drug treatment are only aimed at one aspect of the problem and not aimed at the multiple aspects the problem consists of. The majority of drug treatment clinics included in this study indicated that they treat all drugs similarly and together. This corresponds with the study from Marinelli *et al.* (2019) saying that help in drug clinics is mostly focused on treating two kinds of addiction, opiate and alcohol addictions. Knowledge should be broadened so professionals acknowledge that the problem has multiple aspects and treatments will include all aspects of the problem. The study from Ndasauka *et al.* (2017) corresponds with this statement, saying that addiction treatment should require a combination of techniques in order to adequately treat addiction and prevent relapse.

According to all participants, sexuality and chemsex are still taboo topics. The majority of participants working in the field of drug treatment have difficulty discussing the topic of sexuality. According to the participants, this is due to the lack of knowledge, feeling uncomfortable talking about sexuality, and feeling like a topic such as sexuality is too private. Furthermore, religion and gender were also indicated to play a role. These results correspond with a study from Dyer & das Nair (2013) saying that healthcare professionals experience difficulty discussing sexuality with service users. The reasons for this difficulty discussing sexuality also correspond with the reasons given by the participants of this study, namely the fear of "opening up a can of worms", a concern about knowledge and abilities,

a worry about causing personal offence, personal discomfort, lack of time, resources, training, and awareness about sexual issues (Dyer & das Nair, 2013).

Furthermore, interesting about these results is that the participants seemed to have more difficulty discussing sexuality than discussing drugs. The participants included in this study did not explain why sexuality is more difficult to discuss than discussing drugs/drug use. However, this may be due to the normalization of drug use in the Netherlands. According to a study from Garretsen (2010), illicit drug use in the Netherlands is seen as a behaviour that cannot be banned. A study from Van der Sar *et al.* (2012) also showed that Dutch residents have a higher acceptance of illicit drugs compared to Norwegian residents. Subsequently, the acceptance of illicit drug use and the normalization hereof may have caused health professionals in the Netherlands to have fewer problems with discussing drugs and drug use, compared to a topic such as sexuality that has not been as widely accepted and normalized to discuss.

Although no research has been done on how to break the taboo and normalize sexuality among professionals working in the field of drug treatment, this research has been done among nurses. A study on the knowledge and attitudes towards sexuality in pre-registration nursing students showed that more education and training was needed to effectively begin to address sexuality for nurses (Treacy & Randle, 2004). Furthermore, a study on discussing patient sexuality by nurses during clinical rehabilitation showed that nurses mostly expressed the need for education and time to address sexuality (Pascual *et al.*, 2019). While these studies researched nurses, education, training, and time may also break the taboo and normalize sexuality for professionals working in the fields of sexual health and drug treatment.

Lastly, Evers *et al.* (2020b) reported that only 15% of STD clinics have referral pathways to addiction care. The majority of interview participants working in the field of sexual health however did have a good network for referral options. This does not correspond to the results of the study from Evers *et al.* (2020b). This difference is possibly due to the difference in working place. The professionals that participated in this study are working as a sexologist or sexual health consultant. The professionals that participated in the study from Evers *et al.* (2020b) however worked in STD clinics. Professionals working in STD clinics may have less knowledge and experience with patients who use drugs compared to professionals working as sexologists or sexual health consultants. This may have resulted in STD clinics having less need for referral pathways to addiction care, also causing them not to have referral pathways.

## Strengths and limitations of this study

A strength of this study is the use of semi-structured interviews to collect data, while this ensured the study with data on specific areas of interest but also provided this study with information considered to be important and/or interesting according to the respondents. This provided a broad amount of information, which is a strength of this study. Furthermore, this research was conducted by an independent party. This is a strength of this study, as this reduced the chances of the results of this study being influenced by the desired outcomes of the parties involved.

There are also some limitations of this study. First of all, this study only interviewed 14 professionals. The 14 participants included in this study only represent 13 places of work in the field of sexual health and drug treatment. While only eight drug treatment clinics are represented in this study, the other drug treatment clinics may have other perspectives that are not accounted for in the results of

this study. Furthermore, only five participants represented the field of sexual health. It is also possible that the other professionals working in the field of sexual health have other perspectives that are not accounted for in the results of this study. So, therefore, the results of this study account for only a part of the fields of work and perspectives may be missed. Another limitation is that this study possibly has dealt with a form of leading questions and wording bias. While this study's researcher had limited experience with the qualitative research method used, namely interviews, the researcher may have used leading questions and leading words while interviewing. This possibly caused bias in the results collected from the participants bringing about false and overly negative results.

## Recommendations

While this study only used the experiences of professionals and not of the patients themselves, a recommendation for follow-up research would be to study how the patients experience the treatment of problems where sex and drug use are combined in the Netherlands and how these could be improved. Further recommendations are mentioned in the appendix, see '8.2 *Recommendations*'.

## 5. Conclusion

The knowledge on treatment options for problems where sex and drug use are combined in participants working in the field of sexual health and drug treatment seems to be limited. The experiences regarding the treatment of these problems differ between participants working in the field of sexual health, and participants working in the field of drug treatment. The majority of the participants working in the field of sexual health have no problems discussing drugs and/or drug use. On the contrary, participants working in the field of drug treatment experience a hard time discussing sexuality. Treatment options where sexuality, as well as drug use, are attended for in the Netherlands seem to be limited. When there will be no expansion of the knowledge on sexuality and drugs/drug use, better cooperation between the two fields of work is needed to ensure the best treatment options. Also, more research is necessary to determine if and what kind of changes need to be made in the field of sexual health and drug treatment to provide the best treatment for people having problems where sex and drug use are combined according to the patients themselves.

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## 7. Reflection

When reflecting on my process during this internship I am overall very happy. Goals set before my internship were: learning more about qualitative research and qualitative research methods, practising my qualitative research skills through interviewing, and learning more about data analysis.

I think I have achieved most of my goals. First of all, I relearned a lot about qualitative research and qualitative research methods. For this internship and this study, I had to go through all the qualitative theories again to find out what would suit my study the best, in terms of the research methods I used. Because I had to read a lot about the different kinds of qualitative research methods, a lot of information I had learned was refreshed.

Furthermore, I practised my qualitative research skills. I had only interviewed a couple of times before my internship, so the 13 interviews I did teach me more about interviewing. Before doing the interviews I made an interview guide which really let me think about what knowledge I wanted to gain from these interviews and also made me aware of what kind of questions are good questions, so open questions and try not to ask leading questions. This is however also one point I could improve on. Even though I made an interview guide without leading questions, I noticed I still sometimes asked the questions in a leading way. This was of course not intentionally, however, I think I can still improve this skill. To improve this skill I think I need more practice and experience.

I did improve my knowledge and skills in data analysis, while I used the program Atlas.ti to analyze my data. Analyzing interviews I had always done by hand, so this was definitely a skill I needed to improve on. Working with Atlas.ti helped me improve my data analysis skills and also expanded the number of programs I can work with.

At the go- / no-go meeting I received the feedback that my supervisor would like to have more conversations with me on the content of the study. She mentioned she would like to have more insight into my understanding of the content and what I think about it. I really tried to improve this during the rest of my internship. Mrs Bakker and I had more meetings in which I tried to discuss more about the information I read and the results I found. I think this was good, however, I do think I could have done this more. Normally, I would have no problem with this while you see your colleagues at the location of the institution and you can talk easily. However, my internship was mostly conducted online and via Teams. I noticed I had a hard time with this. I work independently, sometimes maybe too independent. During my internship, I noticed I have difficulties asking for help and like to do it all myself. This is however not the best way I think. I think I could have gotten a lot more insight into the activities and knowledge from Ingrid and the other colleagues if I had talked more to them. However, I am happy I attended all the meetings from Mainline I could attend because this did give me some more insight into how Mainline is organized.

# 8. Appendix

## 8.1 Interview guide

For professionals of addiction clinics

### **Introduction**

Hallo! Allereerst wil ik u heel erg bedanken voor het meedoen aan dit onderzoek en dat u tijd heeft willen maken voor dit interview. Mijn naam is Valerie van der Wel en ik ben derdejaars student van de studie Gezondheid en Leven. Op dit moment loop ik voor 3 maanden stage bij stichting Mainline. Hier doe ik een onderzoek naar de kennis en het hulpaanbod van professionals voor mensen die problemen ervaren waar seks en drugs gecombineerd worden. Het doel van dit onderzoek is om erachter te waar het hulpaanbod mogelijk verbeterd kan worden.

Voordat we gaan beginnen wil ik u vragen om nog even mondeling toestemming. Deze toestemming houdt in dat u akkoord gaat met het verzamelen en verwerken van uw gegeven data, het archiveren van deze data, het eventueel publiceren van de data en het eventueel beschikbaar stellen van de data voor hergebruik door een andere onderzoeker. Alle gegevens zullen geanonimiseerd verwerkt worden. Geeft u hier toestemming voor? Ook wil ik u vragen of u toestemming geeft voor het opnemen van dit interview. De opname zal niet verder gedeeld worden, maar op deze manier kan ik goed luisteren naar uw verhaal en dit later uittypen. U mag te allen tijde de gegeven toestemming intrekken en u mag ook elk moment stoppen met meedoen aan het onderzoek zonder daarvoor een reden te geven.

Het interview zal maximaal een uur duren. Heeft u nog vragen voordat we beginnen?

### **Topic list**

#### Introduction

- Kunt u vertellen wat uw functie is en wat uw werk globaal inhoudt?
- Wat is uw beroepsachtergrond?
- Hoe lang bent u al werkzaam op het gebied van verslavingshulp?

#### The working place

- Welke mensen komen het meest in deze instelling/bij deze organisatie voor hulp?
  - Mannen/vrouwen?
  - Welke leeftijdsgroep?
  - Met welke problemen? Fysiek/mentaal?
  - Welke soorten drugs?

#### Prevalence of sex and drugs at the intake

- Komen er mensen bij uw instelling/organisatie bij wie hun middelengebruik sterk samenhangt met seks/seksualiteit?
  - Wat voor mensen gaat het dan om?
  - Wat voor problematiek gaat het om?

- Op welke manier hangt middelengebruik en seksualiteit bij deze mensen samen?
- Beginnen patiënten zelf wel eens over seksualiteit/seks?
  - Misschien zelfs de combinatie van seks en drugs?
- Wordt er bij een intake gevraagd naar de seksualiteit en/of seksleven?
  - Wordt er ook gevraagd of iemand drugs in een seksuele context gebruikt?
  - Zo ja, wat wordt hier dan over gevraagd?
- In hoeverre heeft u het idee dat medewerkers in uw instelling/organisatie hier gemakkelijk over praten?
- In hoeverre denkt u dat er voldoende kennis is in uw instelling/organisatie om over middelen in relatie tot seks/seksuele context te praten?
- Komt seksverslaving ook aan bod bij jullie?
  - Zo ja, is hier volgens u voldoende kennis over?
- Is er aandacht voor 'chemseks'?
  - Waar staat deze term volgens u voor?
  - Heeft u ervaring met patiënten die doen aan chemseks?

#### Knowledge on sex and drugs during treatment

- Denkt u dat binnen uw instelling voldoende kennis is over druggebruik in een seksuele context?
- Denkt u dat er voldoende kennis is over problemen waar seks en drugs samengaan binnen uw instelling?
  - Zo niet, hoe denkt u dat de kennis op dit gebied het best uitgebreid zou kunnen worden?

#### Suitable treatment options

- Welke hulp bieden jullie voor mensen die problemen hebben waar seks en drugs samengaan?
  - Is er een standaard VZ aanbod voor wanneer seks en drugs samengaan?
  - Of is er specifieke aandacht voor seks/seksualiteit binnen de drugsverslavings programma's?
  - Is er een seksuoloog in dienst?

→ *Wanneer de participant verteld heeft dat er geen patiënten zijn met problemen waar seks en drugs samengaan, deze vragen stellen met het idee dat deze patiënten er wel zouden zijn. Welke hulp zouden jullie bieden wanneer een patiënt problemen heeft waar seks en drugs samengaan?*

- Hebben jullie contacten met andere hulpverleners op het gebied van seksualiteit?
  - Verwijzen jullie door naar bijvoorbeeld seksuologen?
- In hoeverre denkt u dat de bestaande hulpverlenings opties binnen uw instelling voldoende zijn en geschikt zijn voor patiënten die problemen hebben waar seks en drugs samen gaan?

- Zo nee, waarom niet? (Te weinig geld? Niet als nodig gezien? Niet voor opgeleid?)
- Hoe wenselijk vindt u het dat er binnen de verslavingszorg (meer) aandacht komt voor seksualiteit/seks?
- Waar denkt u dat de hulpverlening opties uitgebreid zouden kunnen worden?
- Wat is volgens u de essentie van de hulpvraag rondom seks en drugs in combinatie?
  - Waarom zoeken deze mensen hulp? Van drugs afkomen/gezondere levensstijl/kunnen niet meer zonder?
  - Wat zijn dan de issues rondom seks dat deze mensen terugvallen naar deze drugsverslaving?
- Als u een cijfer zou moeten geven tussen de 1 en 10 voor het huidige aanbod op het gebied van problemen waar seks en drugs samengaan, wat zou u dan geven?
  - Waarom dit cijfer?

### **Closing**

- Heeft u misschien nog dingen die u wilt toevoegen?

Ik wil u erg bedanken voor uw tijd en dat u mee wilde doen aan het onderzoek.

## For professional sexologists

### **Introduction**

Hallo! Allereerst wil ik u heel erg bedanken voor het willen meedoen aan dit onderzoek en dat u tijd heeft willen maken voor dit interview. Mijn naam is Valerie van der Wel en ik ben derdejaars student van de studie Gezondheid en Leven. Op dit moment loop ik voor 3 maanden stage bij stichting Mainline. Hier doe ik een onderzoek naar de kennis en het hulpaanbod van professionals voor mensen die problemen ervaren waar seks en drugs gecombineerd worden. Het doel van dit onderzoek is om erachter te waar het hulpaanbod mogelijk verbeterd kan worden.

Voordat we gaan beginnen wil ik u vragen om nog even mondeling toestemming. Deze toestemming houdt in dat u akkoord gaat met het verzamelen en verwerken van uw gegeven data, het archiveren van deze data, het eventueel publiceren van de data en het eventueel beschikbaar stellen van de data voor hergebruik door een andere onderzoeker. Alle gegevens zullen geanonimiseerd verwerkt worden. Geeft u hier toestemming voor? Ook wil ik u vragen of u toestemming geeft voor het opnemen van dit interview. De opname zal niet verder gedeeld worden, maar op deze manier kan ik goed luisteren naar uw verhaal en dit later uittypen. U mag te allen tijde de gegeven toestemming intrekken en u mag ook elk moment stoppen met meedoen aan het onderzoek zonder daarvoor een reden te geven.

Het interview zal maximaal een uur duren. Heeft u nog vragen voordat we beginnen?

### **Topic list**

#### Introduction questions

- Kunt u vertellen wat uw functie is en wat uw werk globaal inhoudt?
- Wat is uw beroepsachtergrond?
- Hoe lang bent u al werkzaam op het gebied van seksuele gezondheid?

#### The working place

- Welke mensen komen het meest op deze plek voor hulp?
  - Mannen/vrouwen?
  - Welke leeftijdsgroep?
  - Met welke problemen? Fysiek/mentaal?

#### Prevalence of sex and drugs in treatment

- Komen er mensen bij uw instelling/organisatie/praktijk bij wie de seks/hun seksualiteit sterk samenhangt met middelengebruik?
  - Wat voor mensen gaat het dan om?
  - Wat voor problematiek gaat het om?
  - Op welke manier hangt middelengebruik en seksualiteit bij deze mensen samen?
- Beginnen patiënten zelf wel eens over de combinatie van seks en drugs?

- Wordt er tijdens de gesprekken gevraagd naar alcohol/drugsgebruik?
  - Wordt er ook gevraagd of iemand drugs in een seksuele context gebruikt?
  - Zo ja, wat wordt hier dan over gevraagd?
- Heeft u het idee dat mensen in uw instelling/organisatie/praktijk gemakkelijk kunnen praten over middelengebruik in een seksuele context?
- In hoeverre denkt u dat er voldoende kennis onder mensen die werken op het gebied van seksuele gezondheid over middelengebruik/drugsverslaving in seksualiteit/bij de seks?
- Denkt u dat er voldoende kennis is over problemen waar seks en drugs samengaan binnen uw instelling/organisatie/praktijk
  - Zo niet, hoe denkt u dat de kennis op dit gebied het best uitgebreid zou kunnen worden?
- Is er aandacht voor ‘chemseks’?
  - Waar staat deze term volgens u voor?
  - Heeft u ervaring met patiënten die doen aan chemseks?

#### Suitable treatment options

- Welke hulp bieden jullie voor mensen die problemen hebben waar seks en drugs samengaan?
  - *Wanneer de participant verteld heeft dat er geen patiënten zijn met problemen waar seks en drugs samengaan, deze vragen stellen met het idee dat deze patiënten er wel zouden zijn. Welke hulp zouden jullie bieden wanneer een patiënt problemen heeft waar seks en drugs samengaan?*
- Hebben jullie contacten met andere hulpverleners op het gebied van middelen gebruik?
  - Verwijzen jullie door naar bijvoorbeeld verslavingszorg klinieken?
- In hoeverre denkt u dat de bestaande hulpverlenings opties voldoende zijn en geschikt zijn voor patiënten die problemen hebben waar seks en drugs samen gaan?
  - Zo nee, waarom niet? (Te weinig geld? Niet als nodig gezien?)
- Hoe wenselijk vindt u het dat er binnen de seksuele zorg (meer) aandacht komt voor middelen/middelengebruik?
- Waar denkt u dat de hulpverlening opties uitgebreid zouden kunnen worden?
- Wat is volgens u de essentie van de problematiek rondom seks en drugs in combinatie?
  - Wat zijn dan de issues rondom seks dat deze mensen terugvallen naar druggebruik?
- Als u een cijfer zou moeten geven tussen de 1 en 10 voor het huidige aanbod op het gebied van problemen waar seks en drugs samengaan, wat zou u dan geven?
  - Waarom dit cijfer?

## **Closing**

- Heeft u misschien nog dingen die u wilt toevoegen?

Ik wil u erg bedanken voor uw tijd en dat u mee wilde doen aan het onderzoek.

## 8.2 Recommendations

The results of this study lead to some recommendations for the field of sexual health and drug treatment to improving the available treatment options in the Netherlands for people having problems where sex and drugs are combined.

While this study shows that participants are not aware of colleagues in the field with knowledge on the combination of sex and drugs, and lack referral options, a possible recommendation would be to design an online platform where professionals from the field of sexual health and drug treatment can connect. The results of this study show that the majority of the participants prefer an integrated treatment where professionals from both fields work together, over a treatment where the professionals themselves need to know both fields. This substantiates the recommendation to design an online platform, while this online platform can improve the visibility of the treatment options across the Netherlands and can improve the communication between professionals to enable an integrated treatment.

However, some knowledge in both fields is needed to recognize patients who have problems where sex and drugs are combined. Hence, a second recommendation to the field of sexual health and drug treatment is to expand the knowledge in both fields through mutual knowledge exchange, possibly also through this online platform. New studies on the combination of sex and drugs can be shared and possibly online training courses can be given on this online platform. This way, knowledge is broadened in both fields of work and patients with problems regarding the combination of sex and drugs will also be recognized earlier.