Introduction

When compared with their heterosexual counterparts, men who have sex with men (MSM) report higher levels of risky sexual behaviour, including higher numbers of sexual partners and unprotected anal intercourse (UAI). This is despite the majority being reached by HIV prevention activity and having access to condoms.

‘Chemsex’ is a term commonly used among gay or bisexual men to describe sex that is influenced by drugs which are taken immediately before and/or during sexual activity. The drugs most commonly associated with chemsex are Crystal Methamphetamine, GHB/GBL, mephedrone, and to a lesser extent, Cocaine and Ketamine. Crystal Methamphetamine, GHB/GBL, and mephedrone also referred to here as ‘party drugs’ have a common effect of facilitating feelings of sexual arousal. For more information regarding effects of different drugs and harms to sexual health and wellbeing, please see Appendix 1.

Numerous recent studies http://www.sigmaresearch.org.uk/files/Chapter_3.3_MSM_.pdf and http://sigmaresearch.org.uk/projects/gay/project59?/chemsex have indicated that men who have sex with men (MSM) who use party drugs (Crystal Methamphetamine, Mephedrone, GBL / GHB) are less likely to adhere to Antiretrovirals (if HIV positive) compared with MSM who do not use party drugs and are also more likely to report:

- HIV or STI transmission risk sexual behaviours
- incident STIs including gonorrhoea, syphilis, Lymphogranuloma venereum (LGV) and other infections such as Shigella
- serodiscordant unprotected anal intercourse (UAI).

Perceived HIV status of sexual contacts plays a role in engaging in high-risk behaviours. ‘Sero-sorting’ or ‘sero-adaptive’ behaviour, including selecting partners perceived to be of the same HIV serostatus, is complex and widespread.

Population based studies suggest Lesbian Gay Bisexual Transgender (LGBT) adolescents are at greater risk for depressive symptoms and suicidal ideation compared with their heterosexual counterparts. Stigma, homophobia, internalised stigma, internalised homophobia and self esteem can all increase risky behaviour.

Drugs may help MSM with diagnosed HIV, in particular, to ‘cognitively escape’ from fear of rejection and negative self-perception and to cope with broader emotional and physical demands of living with HIV on a daily basis. Episodic drug use may also reflect specific periods of stress or uncertainty, such as HIV diagnosis, struggles in the process of ‘coming out’, or may occur in combination with periods of depression or anxiety.

The internet and social media can help young MSM reach out to members of the gay community and reduce feelings of isolation. However, it also poses risks including cyber-bullying, providing unrealistic or over-sexualised representations of same-sex relationships and sexual exploitation. A recent survey found that 59% of young LGBT people had created a sexual photo or video of themselves with 47% sending it to someone they had not met².

The best indicator of whether drug use is problematic, or is in danger of becoming so, is if the individual concerned considers their use in this way. As already discussed, drug use among MSM in general tends to be episodic in nature, but dependency can still develop and significant harm can result. For many men, drug use becomes problematic when the costs or side-effects associated with usage impinge on their ability to live the life they are comfortable or content with.

Most service users do not fit the typical profile of mainstream UK drug services or the typical drug patterns presenting there. By offering a targeted service they are able to remove many of the barriers of users not identifying with generic support. Being an LGBT service means that people feel less judged and more able to talk about their full range of associated problems, which they may feel inhibited to do in generic services, particularly as it may involve talking about sexual behaviours they feel ashamed of.

In order to explore that above factors associated with party drug use among MSM living in Kingston, Public Health worked with The Wolverton Centre.

**Methodology**

Kingston Public Health developed a questionnaire based on Central and North West London Club Drugs questionnaire which The Wolverton Sexual Health Centre, Kingston Foundation Trust distributed to and collected from 100 HIV negative MSM and 50 HIV positive MSM who attended there between November 2013 and March 2014. Please see Appendix 2 for a copy of the questionnaire.

**Findings**

Of the 150 MSM between November 2013 and March 2014, 50 were HIV positive and 88 defined themselves as HIV negative.

Nine MSM had never tested, 2 had not stated their HIV status and one did not know his HIV status. Seven of these 9 men were aged 15-24 years and 5 of these 7 (77.8%) young men had had unprotected anal sex in the past 6 months.

² Stonewall the lesbian, gay and bisexual charity. Staying Safe Online [Internet]. Stonewall; 2014 [cited 2014 May20]. Available at: http://www.stonewall.org.uk/at_school/education_for_all/quick_links/9460.asp
Demography:

- 33 were aged 15-24 years
- 94 were 25-54 years
- 9 were aged 55 or over.
- 90 defined themselves as White British and 24 defined themselves as White Other.

Sexual History Risks

- 135 men had sex with men only and 14 had sex with men and with women.
- 47 men had not had unprotected sex in the previous 6 months
- 76 men had had unprotected anal sex (UAI) in the past 6 months. 17 of these men were HIV positive.
- Of those who had had unprotected sex, 58 had had active anal sex and 57 had had passive anal sex, 81 had had oral sex and 3 had had vaginal sex in this period.

The graph below demonstrates that there was a higher proportion of men (69.6%) who had not had unprotected anal sex among men who had not used drugs in previous 6 months, compared with men who had used non-party of whom 50.9% had not had UAI, whilst only 6.3% of party drug users had not had unprotected anal sex in the preceding 6 months.
The graph below demonstrates a higher proportion of UAI episodes among men using party drugs compared with men using non-party drugs who had a higher number of UAI episodes compared with men who did not use drugs.

There were approximately:

- twice as many party drug using MSM having 2-5 episodes of UAI compared with non-party drugs users and non-drugs users
- 2 ½ as many party drug using MSM having 6-10 episodes of UAI compared with non-party drugs users and non-drugs users
- 3 times as many party drug using MSM having 11-20 episodes of UAI compared with non-party drugs users and non-drugs users
- 4 times as many party drug using MSM having 21-30 episodes of UAI compared with non-party drugs users and non-drugs users

<table>
<thead>
<tr>
<th>Number of UAI Episodes</th>
<th>Party Drug Use</th>
<th>Non party drug use</th>
<th>No Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>12.5</td>
<td>50.9</td>
<td>69.6</td>
</tr>
<tr>
<td>1</td>
<td>6.3</td>
<td>17</td>
<td>7.1</td>
</tr>
<tr>
<td>2</td>
<td>8.4</td>
<td>3.8</td>
<td>5.4</td>
</tr>
<tr>
<td>3 to 5</td>
<td>18.8</td>
<td>9.4</td>
<td>8.9</td>
</tr>
<tr>
<td>6 to 10</td>
<td>18.8</td>
<td>7.5</td>
<td>7.1</td>
</tr>
<tr>
<td>11 to 20</td>
<td>15.6</td>
<td>5.7</td>
<td>5.4</td>
</tr>
<tr>
<td>21 to 30</td>
<td>12.5</td>
<td>3.8</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Percentage of men having had Unprotected Anal (UAI) Sex in the previous 6 Months by Number of Episodes of UAI
STI History

11.4% (n=10) out of the HIV negative men had had Gonorrhoea in the previous 6 months, whereas 16% (n=8) HIV positive men had had Gonorrhoea in the previous 6 months.

Substance Misuse

- 56 (37.4%) men stated that they had not used any drugs at all in the previous 6 month
- 85 (56.6%) men had used recreational drugs in the past 6 months, with Poppers being the most popular drug: 52 men having used Poppers in the previous 6 months.
- 53 (35.3%) MSM had used non party recreational drugs in the previous 6 months.
- 32 (21.3%) men had used party drugs (Crystal Meth, Mephedrone, GBL / GHB) in the past 6 months.
Of the 32 men who had used party drugs:

- 13 (40.6%) of these men were HIV positive.
- 13 of these men had used GBL / GHB
- 19 of these men had used Crystal Meth
- 27 of these men had used Mephedrone.
- 9 men had used all 3 party drugs in the past 6 months:

**Percentage of drug use type by HIV Status**

There would appear to be a higher proportion of party drug use among HIV positive men (45% more party drug use among the HIV positive cohort than among the HIV negative cohort).
Sex in public places

67.7% of those reporting party drug use have sex in public places compared with 39.4% of men who used other drugs than ‘party’ drugs who reported having sex in public places. Only 2 men (20%) who had not used drugs reported having sex in public places.

Number of Men reporting Sex in Public Places

![Bar chart showing the number of men reporting sex in public places by drug use.]

Use of Social Network sites

81.3% of men who use party drugs use social network sites; whilst 66.0% of men who use other drugs than party drugs also use social networks, and 35.7% men who did not use drugs at all access social network sites.

Percentage of Men reporting use of Social Networks by Substance Use Type

![Bar chart showing the percentage of men using social networks by drug use.]

Julia Waters, Public Health, Royal Borough of Kingston, December 2014
Drug Use to increase sexual pleasure

Of those MSM taking party drugs, 87.5% stated that they took drugs to increase sexual pleasure, whilst only 49.1% MSM who took non-party drugs, said that they took drugs to increase sexual pleasure.

Percentage of men reporting Drug Use increases sexual pleasure

Drug Use increases risk taking behaviour

Of the MSM taking party drugs, 56.3% stated that taking drugs increases their risk taking behaviour and only 20.8% MSM who had taken non-party drugs stated that drugs increased risk taking behaviour.

Percentage of Men reporting that Drug Use increases risk taking Behaviour
Drugs have Negative Effects on my life

Of the MSM taking party drugs, 37.5% stated that taking drugs has had a negative effect on their lives, whilst only 11.3% MSM who had taken non-party drugs stated that drugs had a negative effect on their lives.

Percentage of Men reporting that Drug Use has a Negative Effect of their Lives

Awareness of Support Services for Drug Use

Of the MSM taking party drugs, 90.6% stated that they knew where to go for support services for drug use, whilst 67.9% MSM who had taken non-party drugs stated that they knew where to get this type of support and 33.9% of men who had not used drugs in the previous 6 months know where to access this service.

Percentage of Reported Awareness of Support Services for Drug Use
Already accessed Drug Support Services

31.3% of men who had taken party drugs has already accessed drug support services, whilst only 3.8% of non-party drug users and 3.6% of men who had not taken drugs had actually accessed this service.

Percentage of Men reporting that that they had already accessed Drug Support Services

Willingness to attend a dedicated service in Kingston fo MSM with substance misuse needs

62.5% of men who had taken party drugs were willing to attend a dedicated service, whilst only half (32.1%) of this proportion of non-party drug users and 16.1% of men who had not taken drugs were willing to access a dedicated service.

Percentage of Men reporting Willingness to attend a dedicated service in Kingston for MSM with substance misuse needs
Access to Psychological Support previously and willingness to access in the Future

A high proportion of men (34.4%) who had taken party drugs had accessed psychological support compared with men who had used non-party drugs (28.3%) and men who had not taken any recreational drugs (16.1%). When asked whether they would be willing to access psychological support in the future, the percentage of men who had taken party drugs who said that they would be willing to access psychological support in the future dropped to 15.6%, whilst men who took non-party drugs stayed at a similar percentage at 24.5%.

**Percentage of Men reporting Access to Psychological Support previously and willingness to access in the Future**

![Bar chart showing access to psychological support and willingness to access in the future by drug use category.]

**Preferred place for advice / support for Drug Use:**

- The sexual health clinic was the most popular setting for advice and support for drug use, with 33.3% (n=50) MSM stating this as the preferred option. 34 MSM said Sexual Health clinic only.

- Specialist LGBT drug service was the 2nd most popular setting with 25.3% (n=38) MSM stating this option. 16 said specialist service only.

- 14.0% (n=21) MSM stated they would prefer their GP for this service.

- 13.3% (n=20) also stated they preferred a Standard drug service for support and advice; while 5 men said that they would prefer a standard drug service only. Of these 5 MSM, none were party drug users.

- 4.5% (7) men said GP only. Of these 7 MSM, none were party drug users.

- 2% (n=3) MSM prefer the Internet for this service and 0.7% (n=1) prefer to go to their friends for advice and support.
Limitations

1. It cannot be established to what extent the questionnaire was completed by Kingston residents as opposed to other MSM from out of area completing the questionnaire. The concern that there may have been a significant number of non-residents completing the form was reinforced by the fact that only one Kingston MSM resident was identified as having a need to be referred to a substance misuse service due to party dug use and risk behaviour between August and November 2014.

2. It cannot be established the extent to which MSM who were HIV positive had different risks to HIV negative MSM. Further research would be required to draw conclusions regarding the strength of these relationships.

3. The questionnaire did not ask clients about their history of 'slamming' and instead only asked about 'injecting' which is not recognised terminology among this client group. No men had reported having injected as part of this research. However, in the 5 month period from July to November 2014, 11 out of 27 (40.7%) men with chemsex histories had 'slammed' crystal meth and mephedrone (as reported by the Wolverton Centre).

4. Another area of the questionnaire that would need altering would be the question regarding history of sexual activity as there were 3 men who had been in long-term relationships who were having unprotected sex and did not perceive themselves to be at risk. Consequently, the questionnaire would benefit from having another questions asking: ‘How many sexual partners have you had in the past 6 months?’

5. Another question that could benefit the questionnaire would be to ask men about their adherence to Anteretroviral medication to investigate their risks if embarking on unprotected sex.

6. As a cross-sectional study, this study relied on self-reporting. Given the sensitive nature of this information, reporting would have been prone to recall bias and social desirability bias. Objective measurements might be toxicology for substances or STI testing. Additionally, asking questions regarding behaviour in the previous 3 months as opposed to the previous 6 months might reduce recall bias.

7. Limitation of cross-sectional (snapshot) studies is that it is not always possible to determine whether the exposure preceded or resulted from the disease – did unprotected anal sex precede HIV diagnosis or did being diagnosed with HIV lead to unprotected anal sexual activity and high risk activities.
Conclusion

Just over a third of men stated that they had not used any drugs at all in the previous 6 months, while just over a half of men had used recreational drugs in the past 6 months, with Poppers being the most popular drug (a third of men reported having used Poppers).

Just over a third MSM had used non party recreational drugs in the previous 6 months, whilst a fifth (21.3%, n=32) men had used party drugs (Crystal Meth, Mephedrone, GBL / GHB) in the past 6 months.

There were proportionally more party drug using MSM having higher number of episodes of UAI, and this gap substantially increases with the higher the number of episodes: there were approximately twice as many party drug using MSM having 2-5 episodes of UAI compared with non-party drugs users and non-drugs users but 4 times as many party drug using MSM having 21-30 episodes of UAI compared with non-party drugs users and non-drugs users.

It is also noteworthy that 74% MSM reported having had no UAI in the previous 6 months.

From this preliminary research, it appears that there is a positive correlation between taking party drugs and:

- being HIV positive.
- Sex in public places
- Use of Social Network sites
- increased sexual pleasure
- increased risk taking behaviour
- perception that drugs have negative effects on their life
- Awareness of Support Services for Drug Use
- Already accessed Drug Support Services
- Willingness to attend a dedicated service in Kingston fo MSM with substance misuse needs
- Access to Psychological Support previously

Compared with non-party drug used, there appears to be a negative relationship between MSM taking party drugs and a willingness to access psychological support in the future; this potentially highlights levels of denial by men of their need to address psychological issues related to their party drug use.

There are obvious patterns of MSM preferring more specialised services being available for MSM with party drug use needs in a ‘Sexual Health clinic’ and in a ‘specialised drug service’ setting.
It is noteworthy that 7 of the 9 men who had not tested for HIV were aged 15-24 years and 5 of these 7 (77.8%) young men had had unprotected anal sex in the past 6 months.

That said, as stated above, it is highly unlikely that all or even the majority of men included in this survey were Kingston residents and this information might serve to inform not only the Kingston commissioners of the Kingston Wolverton Centre and of the Kingston Substance Misuse Wellbeing Service, but also commissioners of these services in boroughs of origin of the party-drug using MSM attending The Wolverton Centre who are not Kingston residents.

**Recommendations**

Recommendations below are based on the conclusions above as well as the recommendations from the SWAGNET chemsex summit (15/10/14) [http://www.swagnet.nhs.uk/files/training/2014/SEXualCHEMistryProgofAction.pdf](http://www.swagnet.nhs.uk/files/training/2014/SEXualCHEMistryProgofAction.pdf) and on the PHE (2014) ‘Strategic Framework to improve the health and wellbeing of gay, bisexual and other men who have sex with men’.

Overall, there would need to be further research in terms in larger sample sizes and types of analysis in order to reach conclusions regarding the strength of the relationships between party drug use and the variables listed in the Conclusion above. If surveys were to be expanded to a larger population, this research would improve levels of significance and could be followed by qualitative in-depth interviews in order to triangulate methods.

**Recommendations for Sexual Health Services;**

1. It is noteworthy that 7 of the 9 men who had not tested for HIV were aged 15-24 years and 5 of these 7 (77.8%) young men had had unprotected anal sex in the past 6 months. This could imply a need for this setting (The Wolverton Centre) as well as other sexual health services settings to improve HIV testing uptake among this population. Encouraging regular and frequent testing to identify and treat HIV and STIs is important in interrupting the on-going transmission seen in this group. PHE recommends MSM should have an HIV/STI screen at least annually or every three months if having unprotected sex with new or casual partners.

2. make the most of health promotion opportunities when a test result is negative

3. train staff in harm reduction, giving brief advice and appropriate referral to drug and alcohol services

4. rapidly assess drug and alcohol use in clients, provide harm minimisation advice and promptly refer to appropriate services if required

5. Code patients who have chemsex – there is a need for national data

6. Improve knowledge on drugs and strengthen capacity for psychological care and behavioural intervention trained staff.
7. Making every contact with gay and bisexual men count: Opportunistically undertake more holistic assessments to include specific questions about chemsex, drugs and alcohol including consequences as well as a mental health assessment. This could include such items as:

- HAART adherence
- Safer online sexual behaviour
- Improving HIV status disclosure
- Increase consistent condom use
- Regular screening

Recommendations for Substance misuse services:

1. Improve knowledge around sexual health and sexual behaviour of gay men

2. Develop services targeted at gay men and to become culturally competent services accessible to LGBT

3. Create a platform for sharing treatment approaches that work for gay men and substance use

Recommendations for Commissioners in the NHS and Local Authority:

1. Consider the preferences of the MSM in this study for targeted specialised services being available for MSM with party drug use needs in a ‘Sexual Health clinic’ and in a ‘specialised drug service’ setting.

2. Enable networking opportunities with each other and across disciplines of drugs/alcohol and sexual health

3. Commission joint or integrated services where they are needed or explore commissioning pilot projects with pooled budgets

Recommendations for Public Health:

1. Develop appropriate targeted public information campaign on chemsex harms

2. Consider health promotion interventions for self-esteem in gay and bisexual men

3. Work with gay men’s commercial organisations and venues to promote wellbeing
Appendix 1

Effects of different drugs:

1. Crystal methamphetamine is a super-strength amphetamine stimulant which results in high energy feelings of confidence, invincibility, or impulsiveness. Continuous stimulation of the nervous system by crystal meth has been known to cause anxiety, depression, confusion, insomnia, psychosis, suicidal ideation, and long-term use may also result in loss of motor control or memory.

2. GHB / GBL (Gamma-butyrolactone) is a party drug that brings a sense of euphoria. It is usually sold diluted in water although just an extra millilitre of GBL over a moderate dose can result in an overdose, the effects of which are often unconsciousness, coma or death by respiratory depression. GBL can be addictive (although this usually develops over longer periods of time) and therefore can result in significant withdrawal effects.

3. Poppers - headaches, skin rashes, sinus pains and burns, but only if the liquid comes into contact with the skin. They have also been known to cause nausea and vomiting. Inhaling poppers after taking anti-impotence drugs, such as Viagra or Cialis, can result in a dangerous drop in blood pressure. This may be more likely to occur if also taking a protease inhibitor as part of HIV antiretroviral therapy (ART).

4. There is evidence to suggest that the use of a range of drugs, particularly methamphetamines, GBL and ecstasy, might have a detrimental impact on adherence to ART.

Harms to SH and Well-being:

- Significant attention has been paid to the role of methamphetamine in HIV transmission risk behaviours, particularly in the USA. This drug can cause feelings of hypersexualisation and is commonly utilised as part of sexual marathons (protracted periods of sexual activity) and group sex activities. Ensuing rectal trauma facilitates the transmission of HIV. Other associations with high-risk sexual behaviour have been identified in relation to ecstasy, GHB/GBL and ketamine. Men who reported polydrug use in the recent past (up to three months) are more likely to report HIV risk behaviours than men who took only one drug.

- Poppers cause blood vessels to dilate and also relax the anal sphincter muscle. This can make receptive anal intercourse more comfortable for some men. The process of vasodilatation, and the fact that sex may be rougher or last for longer while using poppers, means that their use during serodiscordant anal intercourse can increase the probability of HIV transmission by a factor of three.
Appendix 2:

Sexual Health Clinic survey for Male Kingston Residents

Please complete this survey if you are male and live in Kingston-Upon-Thames. This is a survey to find out about the use of recreational drugs. Your answers will help us improve services in Kingston. It is completely anonymous and confidential and your answers won’t be traced back to you. Your answers will not affect the care you are given today or at any time in the future.

**Please tick in the box next to the answer that applies to you**

1) My Sex is  
   - Male □  
   - Female □  
   - Other □ (please specify)

2) How old are you?  
   - Under 15 years □  
   - 15-24 □  
   - 25-54 □  
   - 55+ □

3) What is your ethnicity?  
   - White British □  
   - Asian □  
   - Caribbean □  
   - Black Other □  
   - Other □
   - White Other □  
   - Asian Other □  
   - African □  
   - Other mixed □  
   - Not stated □

4) Do you have sex with  
   - Men □  
   - Women □  
   - Both □

5) Have you had unprotected sex in the last 6 months?  
   - Yes □  
   - No □  
   - I don’t know □

6) If yes, what type of unprotected sex have you had? (tick all that apply)  
   - Oral □  
   - Vaginal □  
   - Anal active (Top) □  
   - Anal passive (bottom) □

7) Approximately how many times have you had unprotected sex in the last 6 months? ...............  

8) In the last 6 months have you had a Sexually Transmitted Infection?  
   - Yes □  
   - No □

9) If yes, which infection have you had in the last 6 months?  
   - Chlamydia □  
   - Gonorrhoea □  
   - Syphilis □  
   - Herpes □  
   - Warts □  
   - Hepatitis B □  
   - Hepatitis C □  
   - LGV (Lympho-granuloma Venereum) □  
   - HIV □  
   - Other □ (please specify)

10) What is your HIV status:  
    - Negative □  
    - Positive □  
    - Never tested □

11) In the last 6 months, have you used any of the following drugs? (tick all that apply)  
    - Cocaine (Coke, Charlie) □  
    - Ecstasy (E) □  
    - Ketamine (K, Auntie K) □  
    - GBL/GHB (G, Gina) □  
    - Crystal Meth (Tina, T, Ice) □  
    - Poppers □
18

Pro erection drugs eg Viagra □ Cannabis/Hash □
Mephadrone (MCAT, Meow meow) □ None □
Legal Highs □ Other (please state) □
Injecting eg heroin, crack □

If you have used any recreational drugs in the last 6 months, please answer the rest of the questions. If you have not used any of these drugs during the past 6 months, please fold your questionnaire, place it in the envelope provided, seal it, and hand it to a member of staff. Thank you for your time.

12) I take drugs to enhance sexual pleasure and satisfaction Yes □ No □
13) I take more risks when I have sex using drugs Yes □ No □
14) Do you use social networking sites? e.g. Gaydar, Grindr Yes □ No □
15) Do you ever have group sex at a sauna or sex party? Yes □ No □
13) Do you feel like your drug use is having a negative effect on your life? Yes □ No □
14) If I wanted advice about my drug use, I would know where to go Yes □ No □
15) Have you already sought advice / support on drug use? Yes □ No □
16) If you wanted advice about your drug use, where would you prefer to get this?
   □ My GP practice □ A Sexual Health Clinic (Like this one)
   □ A standard drug service □ Somewhere else (Tell us where)
   □ A specialist gay/lesbian/bisexual drug service

17) Which services are you AWARE OF for substance misuse?
   □ A service specifically for men having sex with men and party drugs
   □ Local substance misuse service – please state: ____________________________
   □ None of the above

18) Which services have you ACTUALLY USED for substance misuse?
   □ A service specifically for men having sex with men and party drugs
   □ Local substance misuse service – please state: ____________________________
   □ None of the above
19) Would you attend a Kingston substance misuse service that is specific for men having sex with men and party drugs if one became available?
   Yes ☐    No ☐

20) If you have used any of the substance misuse services, how do you think they could be improved?

21) Have you ever sought psychological support to address mental health issues?
   Yes ☐    No ☐

22) Would you like to seek psychological support to address mental health issues?
   Yes ☐    No ☐

23) Thank you for taking the time to complete this questionnaire. Please fold it and place it in the envelope provided, seal it, and hand it to a member of staff.