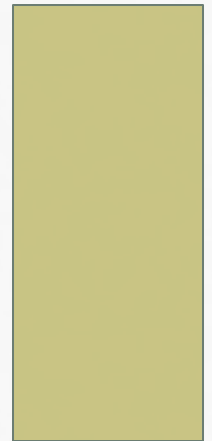


# CASE STUDY EXPLORATION OF THE IMPACT & PSYCHOLOGICAL UNDERPINNINGS OF CHEMSEX

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# SESSION OVERVIEW

- **To use a case example to think about:**
  - The psychological impact of chemsex participation
  - The psychological underpinnings of chemsex participation
  - What can we do?
- Details of the case have been altered to protect anonymity

# DISCLAIMERS

**Not claiming expertise**

**MSM as focus – but may be more complex**

**Chemsex engagement not always problematic**

**Difficult/sensitive topics – take care of yourselves**

# NATHAN'S STORY

- Nathan is a 32 year old gay man
- He works full time for a marketing firm
- He is currently single
- His family live in a small town in the UK, but he has lived in the city for over 10 years
- He has a good size social circle, made up friends he has had for many years
- Nathan would love to find a partner and settle down

# NATHAN'S STORY

- **The start of Nathan's participation in chemsex**
- Nathan always liked to have a good drink when out socialising
- Helps to manage social anxiety
- One night he met a guy when out, who introduced him to sexualised drug use
- One night turned into a weekend
- Nathan had a great time
- However, he had call in sick for work on the Monday

# DEFINING CHEMSEX ACTIVITY

- Use of certain drugs ('chems') by MSM to enhance sexual experience (intensity & longevity)

## CHEMS

- Crystal Methamphetamine
- Mephedrone
- GHB/GBL

## EXAMPLES OF OTHER DRUGS

- Ketamine
- Cocaine
- Viagra
- Amylnitrate
- Viagra
- Alcohol

*Is it such a new phenomenon?*

Literature makes distinction between sexualised drug use and chemsex

# THE EFFECTS OF CHEMSEX

## Drug Effect

Decrease inhibitions

Alter cognitive pathways

Muscle relaxant effect

Increase energy

Desired Enhancements

**PHYSICAL**

**MENTAL**

**SOCIAL**

**EMOTION**

## Sexual Experience

Facilitate receptive anal intercourse/esoteric acts and maximise sexual performance

Alter perception which intensifies the 'in the moment' sexual acts/experience

Increased confidence and enhanced ability to engage with partners

Intensify self-emotion awareness and shared experience with partners

Maxwell et al (2019)

# CHEMSEX ACTIVITY & PREVALENCE

- Practiced predominantly in Western Europe
  - **Rosinska et al (2018) – 13 European cities**
  - 23% sexual performance enhancement drugs
  - 8.4% party drugs
  - 3.4% chemsex drugs (higher in HIV+)
- Who is participating?
  - MSM of all ages and backgrounds
  - Different sub groups- different needs
- Geographical differences
  - Chemsex concentrated in certain areas



# NATHAN'S STORY CONTD.....

- Nathan began to practice chemsex more regularly
- He would use hook up apps to access most weekends
- He began to miss more and more days off work – which resulted in a disciplinary
- A 'slamming site' became infected, and even with antibiotics the wound took time to heal
- He acquired gonorrhoea

# NATHAN'S STORY CONTD.....

- Nathan witnessed many disturbing events
- He felt ashamed of his behaviour
- He began to withdraw from friends and family
- His mood became very low
- He did not wish to socialise with people he met on the scene outside of it

# HARMS ASSOCIATED WITH CHEMSEX

- **Biological** (O/D, STI's, physical health, interactions with medications)
- **Indirect** (impact on functioning: self-care, employment, housing, loss of partners/friends/networks)
- **Mental health and well-being issues**
  - Anxiety
  - Depression
  - PTSD
  - Low self esteem.....
- **HIGH RISK OF TRAUMA**
  - To self/witness of
  - Re-triggering previous trauma
  - Consent issues & criminal aspects

(Maxwell et al., 2019, Morris, 2019)

# A QUESTION CLINICIANS MIGHT ASK?

**So why does Nathan keep going back  
when it was having such a negative  
impact on his life?**

# NATHAN'S STORY CONTD.....

## **Early life**

- Nathan was an only child and came from a stable family environment
- His mother was very anxious, father did not really discuss emotions
- Between the ages of 7-9 his uncle sexually abused him on many occasions
- The uncle said that people would think he was dirty and bad if he told them
- He never told anybody
- When feeling worried/distressed as a child he would go to his room (so nobody would notice)

# NATHAN'S STORY CONTD.....

- **Adult experiences and values**
- Nathan did not share his sexuality with anyone until he was 25
- He had some brief relationships, but was not comfortable with casual sex
- He was then with a long term partner for five years
- They split up when he was 31
- Nathan is drawn to traditional values
- He wants to own his own home with a partner
- He would like to adopt children

# PSYCHOSOCIAL UNERPINNINGS

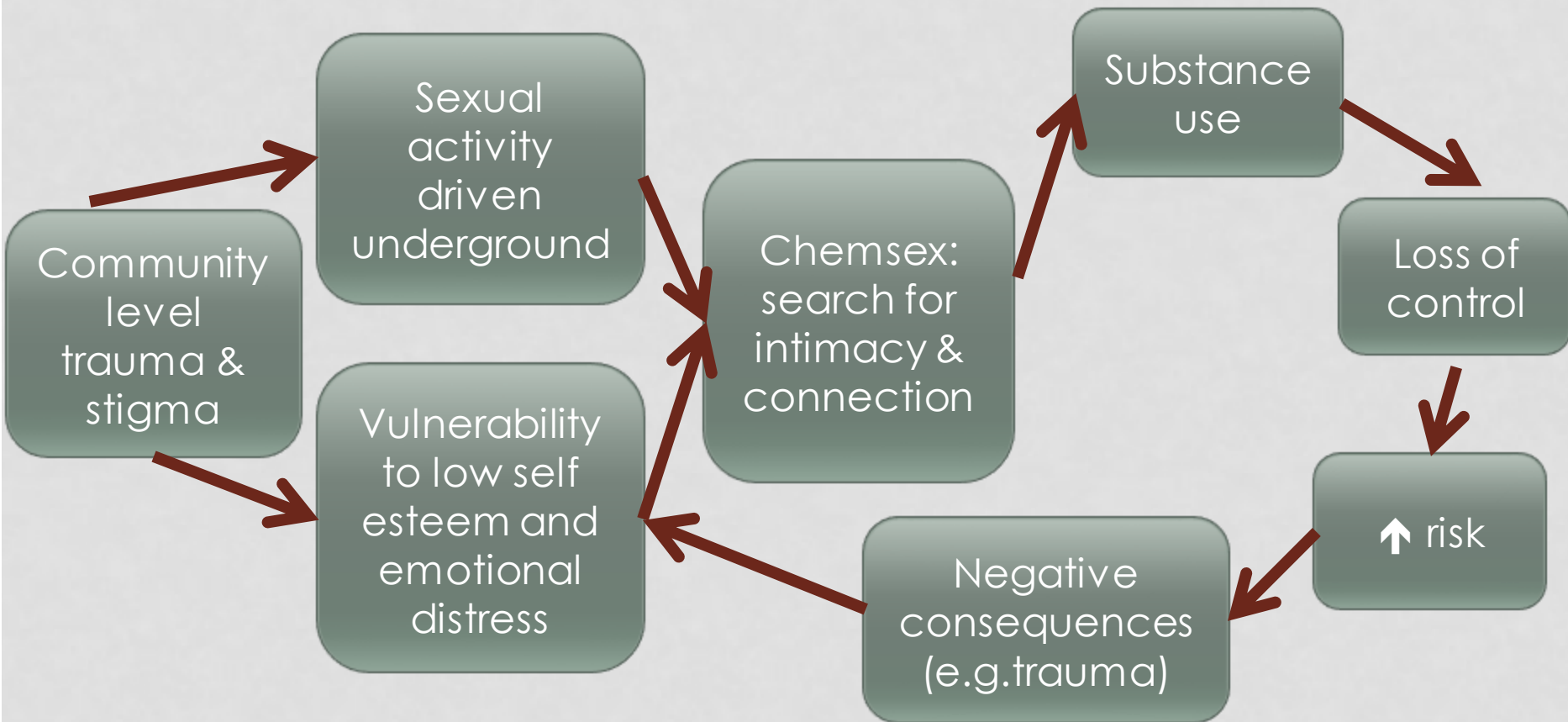
- **Historical personal and social context**
- Higher levels of trauma and emotional distress in LGBT community
- Homophobia – internalised self-stigma
- **Escape**
  - From societal attitudes, judgment.....  
(stigma, layers of toxic shame – marginalised groups, HIV status....)
  - From aspects of gay culture  
(perfect body, perfect sex)
  - From own sense of shame – shame free space?
  - From loneliness

# PSYCHOSOCIAL UNDERPINNINGS

- **It can be about the sex OR the drugs - (or of course both)**
- Great sex –
  - strong reinforcer (problem of sober sex)
  - Drugs can facilitate sense of connection/intimacy
- Chems offer relief from emotional distress
  - Historical and/or recent trauma
  - Self medication to reduce distress or reduce numbness



# AN ON-GOING CYCLE



# A COMPLEX PICTURE

- Although chemsex can offer shame free space, connection and uninhibited sex – it comes with consequences, and often inadvertently reinforces the issues MSM are trying to escape

# HOW CAN SERVICES RESPOND?

- **Call for chemsex-related issues to become a public health priority**
  - A need for an integrated, holistic, Multi/interdisciplinary approach with local and national support pathways and partnership working
  - Shared social, political and institutional responsibility
- **Important elements of chemsex intervention:**
  - Sex positive
  - Harm reduction
  - Hollistic Ax (substance use, sexual needs and mental health)
  - Community involvement

Elliott et al. (2017); Glynn et al. (2018);  
McCall et al. (2015); Pollard et al (2018);  
Pufall et al. (2018); Sewell et al. (2018).

# HOW CAN SERVICES RESPOND?

- Non-judgmental approach
- Be aware of language and non-verbals (curious vs shocked)
- Provide space for exploration if person wishes
- Space to understand self – may facilitate integration (chemsex used compartmentalise aspects of self)
- Utilise existing relationships - connection can begin to heal trauma
- Hollistic assessment (including risk Ax)
- Signposting to relevant services
- Ask consent to liaise with involved services
- Explore alternative community connections
- Foster hope by recognising resilience (survival skills)

**Thank you for listening**  
**Any thoughts? questions?**  
**reflections?**

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