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)

<table>
<thead>
<tr>
<th>CHEMS</th>
<th>EXAMPLES OF OTHER DRUGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Methamphetamine</td>
<td>Ketamine</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>Cocaine</td>
</tr>
<tr>
<td>GHB/GBL</td>
<td>Viagra</td>
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<td></td>
<td>Amylnitrate</td>
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<td></td>
<td>Viagra</td>
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<td>Alcohol</td>
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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
  - Facilitate receptive anal intercourse/esoteric acts and maximise sexual performance
- MENTAL
  - Alter perception which intensifies the 'in the moment' sexual acts/experience
- SOCIAL
  - Increased confidence and enhanced ability to engage with partners
- EMOTION
  - 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 CONT'D.....

• 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 antbiotics the wound took time to heal
• He acquired gonorrhoea
NATHAN’S STORY CONT'D.....

• 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?
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).
• **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

Evans (2019); Lloyd & Operario (2012); Morris 2019; Pollard et al (2018); Stuart (2019)
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

Evans (2019); Lloyd & Operario (2012); Morris 2019; Pollard et al (2018); Stuart (2019)
AN ON-GOING CYCLE

- Community level trauma & stigma
- Sexual activity driven underground
- Vulnerability to low self esteem and emotional distress
- Chemsex: search for intimacy & connection
- Substance use
- Loss of control
- Risk
- Negative consequences (e.g. trauma)
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?


Evans, K. (2019). The psychological roots of chemsex and how understanding the full picture can help us create meaningful support. Drugs and alcohol today, 19, 36-41.


REFERENCES


REFERENCES


Stuart, D. (2019). Chemsex: Origins of the word, history of the phenomenon, and respect to the culture. Drugs and alcohol today, ISSN 1745-9265