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PSYCHOLOGICAL COMPLEXITY

Chemsex: Psychosocial consequences and underpinnings

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Declaration of interests relating to this presentation

- No conflicts of interest

Overview

- What does chemsex involve?
- How much of an issue is chemsex?
- Psychosocial consequences of chemsex engagement
- Psychological underpinnings of chemsex engagement
- How can services respond?

DISCLAIMERS

Not claiming expertise

MSM as focus – but may be more complex

Chemsex engagement not always problematic

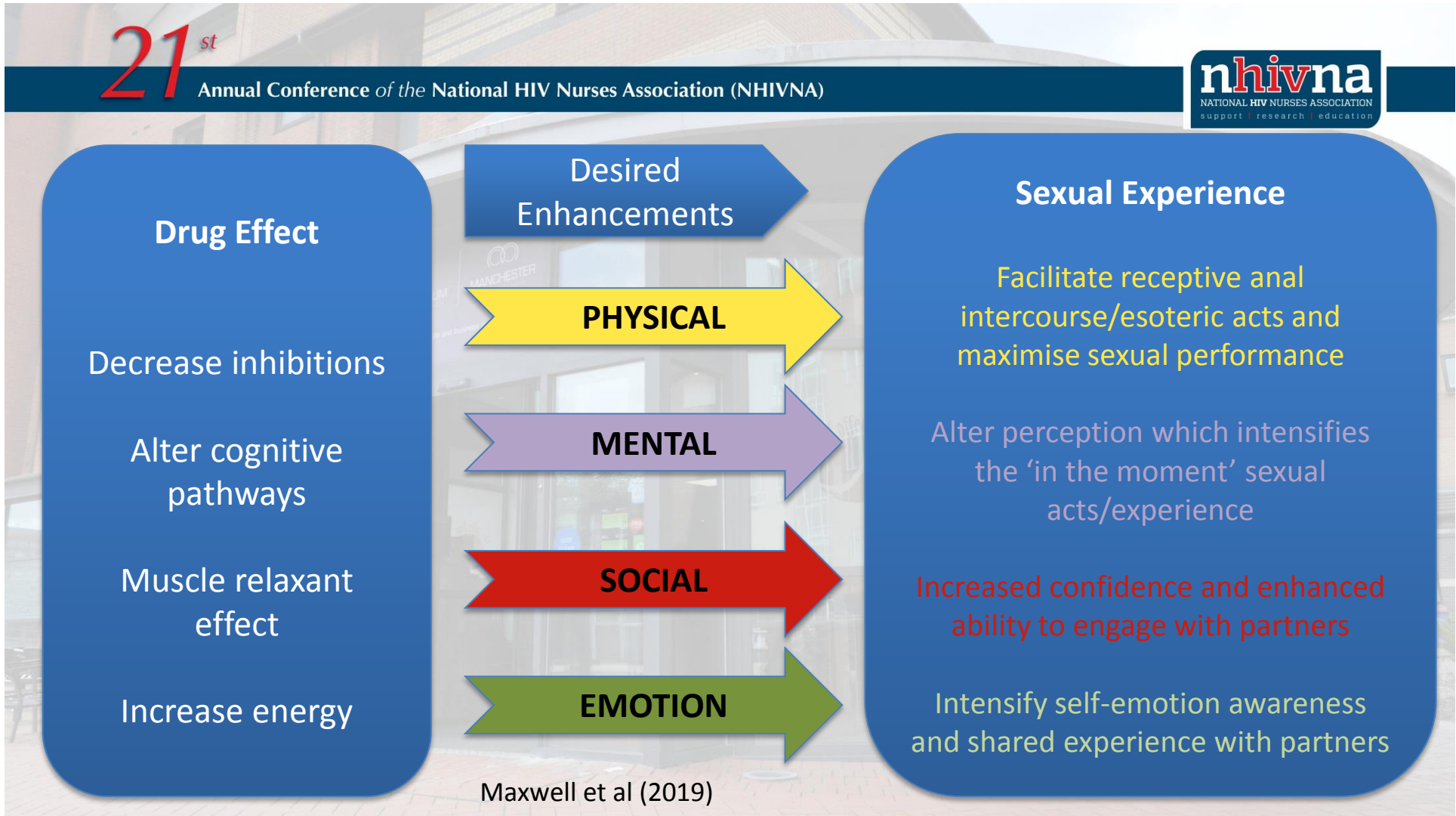
Sensitive topics – take care of yourselves

DEFINING CHEMSEX ACTIVITY

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

CHEMS	EXAMPLES OF OTHER DRUGS
• Crystal Methamphetamine • Mephedrone • GHB/GBL	• Ketamine • Cocaine • Viagra • Amylnitrate • Viagra • Alcohol

- *Is it such a new phenomenon?*
- Literature makes distinction between sexualised drug use and chemsex



Maxwell et al (2019)

DEFINING CHEMSEX ACTIVITY

- Chemsex favoured for intense sexual experience and longevity of performance
- Practiced predominantly in Western Europe
- Who is participating?
  - MSM of all ages and backgrounds
  - Different sub groups- different needs
- Geographical differences
  - Chemsex concentrated in certain areas

Bourne et al (2018); Evans (2019); Public Health England (2015)

HOW MUCH OF AN ISSUE IS CHEMSEX?

CHEMSEX PREVALENCE	
UK Edmundson et al (2018)	**17%** MSM attending sexual health clinics **31%** HIV+ MSM inpatients
Ireland Barrett et al (2018)	**7%** responders used chems Higher in HIV + population (**25%**)
The Chemsex Study (London) Bourne et al (2014)	**5.9%** had ever used chems **3.4%** had used in the last year
Manchester Tomkins et al (2018)	3 x sexual health clinics **3.6%** had used chems
Europe Rosinska et al (2018)	**23%** sexual performance enhancement drugs; **8.4%** party drugs **3.4%** (range 0-14%) chemsex drugs (higher in HIV+)

- **Variation dependent on definition and population studied**
- **For a comprehensive review – see Maxwell et al (2019)**

PSYCHOSOCIAL CONSEQUENCES

- **Direct biological harms**
  - OD/death
  - Risk of acquiring STI's including HIV
    - Sex for longer
    - Sex with more partners
    - Sexual practices that heighten risks
  - Physical problems (infections, general impact on health etc)
  - Interactions with medications

Maxwell et al (2019)

PSYCHOSOCIAL CONSEQUENCES

- **Indirect harms**
  - Impact on daily functioning
    - Self care
    - Employment
    - Housing
    - Increased social isolation
  - Loss of partners, friends, social networks….
  - Further shame and fear of rejection

Maxwell et al. (2019)

PSYCHOSOCIAL CONSEQUENCES

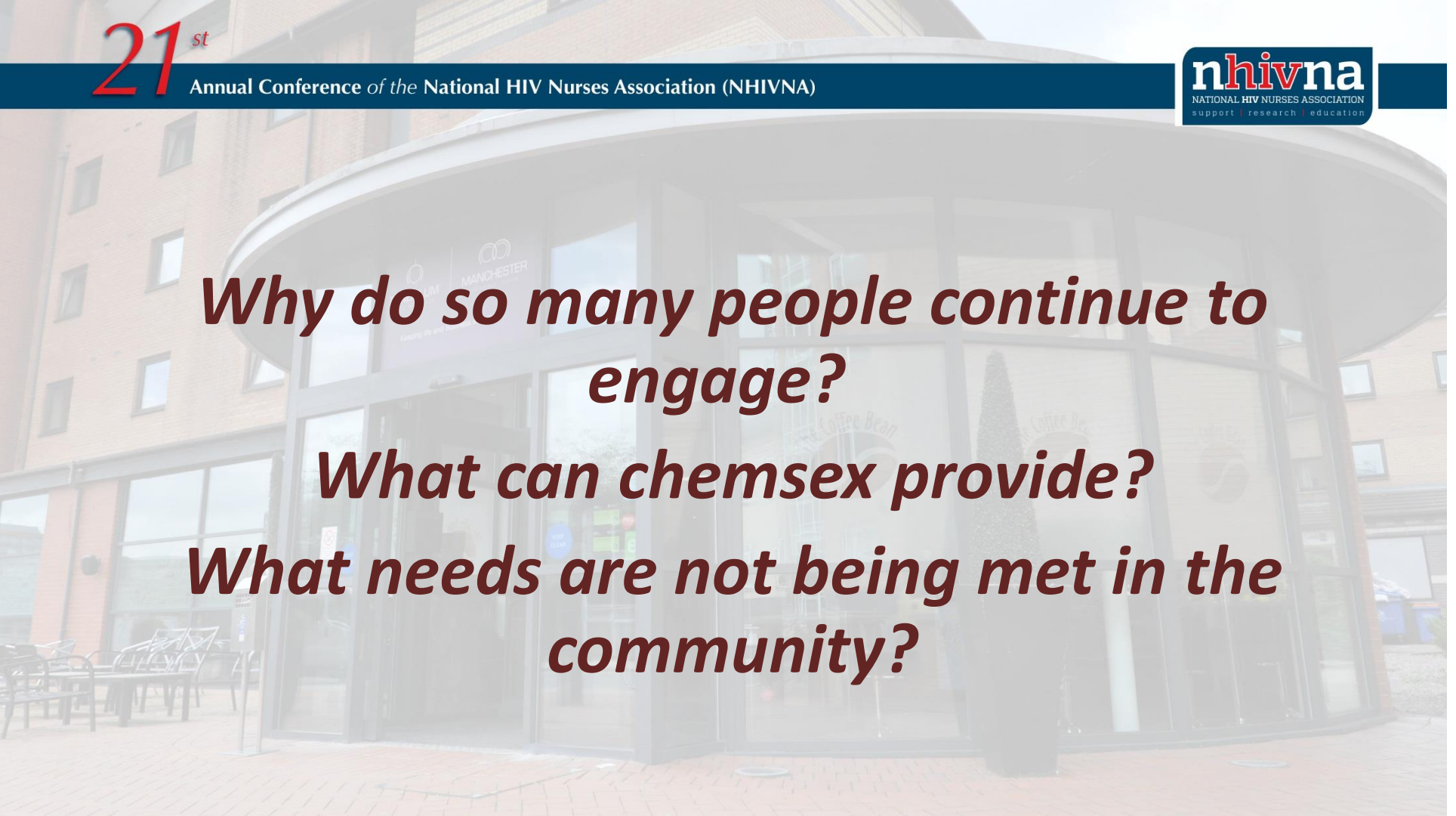
- **Unsurprising that, give these factors, chemsex participation can have a negative impact on mental health - anxiety, depression, PTSD, low self esteem……**

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

PSYCHOSOCIAL CONSEQUENCES

- **Traumatic experiences**
  - To self
  - Witness of
- **Repetition of early trauma**
  - Sexual assault
  - Feelings of shame
  - Powerlessness/lack of control
- **Trauma of criminal aspects**
  - Problems around consent
  - Prosecution
  - Acting outside of own morals/values

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



Why do so many people continue to engage?

What can chemsex provide?

What needs are not being met in the community?

PYSCHOSOCIAL UNDERPINNINGS

- **Historical and social context**
  - Collective experiences of trauma
    - Stonewall riots
    - AIDS epidemic
    - Hate crimes

- **Increased risk of exposure to trauma in LGBT community**
- **Higher prevalence of psychological/emotional problems**
  - Low self worth – manifesting in anxiety, depression, self harm and suicidality
  - Social determinants of phsycial and mental health

- **Homophobic attitudes – stigma and self stigma**
  - Negative impact on pursing relationships and intimacy
  - Negative impact on ability to experience sexual pleasure

Koenen (2012); Morris (2019); Pollard et al. (2018); Stuart (2019)

PYSCHOSOCIAL UNDERPINNINGS

- **Intense sexual experience as a strong reinforcer**
  - Problem of sober sex
  - Hedonsitic reward – disinhibition and connection
- **Chems offer relief from emotional distress**
  - E.g. methamphetamine: damages synapses, depletes serotonin
  - Continued use to resolve – ever decreasing cycle

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

PYSCHOSOCIAL UNDERPINNINGS

- **Escape from societal attitudes, judgement….**
  - From stigma and toxic shame (enacted, anticipated and internalised)
  - 'Passing'
  - Connecting with self as sexual being
  - Higher levels in HIV – layers of shame
  - Seeking out a world of acceptance

- **Escape from aspects of gay culture – 'perfect body, perfect sex'**
  - Poor self esteem related to phsycial image
  - Performance – 'great top of bottom'
  - Concerns about ageing

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

PYSCHOSOCIAL UNDERPINNINGS

- **Trauma/history of mental health difficulties**
  - Substance use in gay men – chronic recurring humiliation
  - 'Chems' as a form of self medication
  - Seeking out states of high arousal (numbness or familiarity of distress)

- **Early trauma in care relationships**
  - Historical trauma (abuse) – high levels of substance use and risk taking
  - Attempting to alleviate shame (although risk of exacerbation)
  - Searching for connection (care)
  - Impact on ability to form/sustain relationships generally
  - Shame free space (safe base?) to share experiences – resolve distress with substances

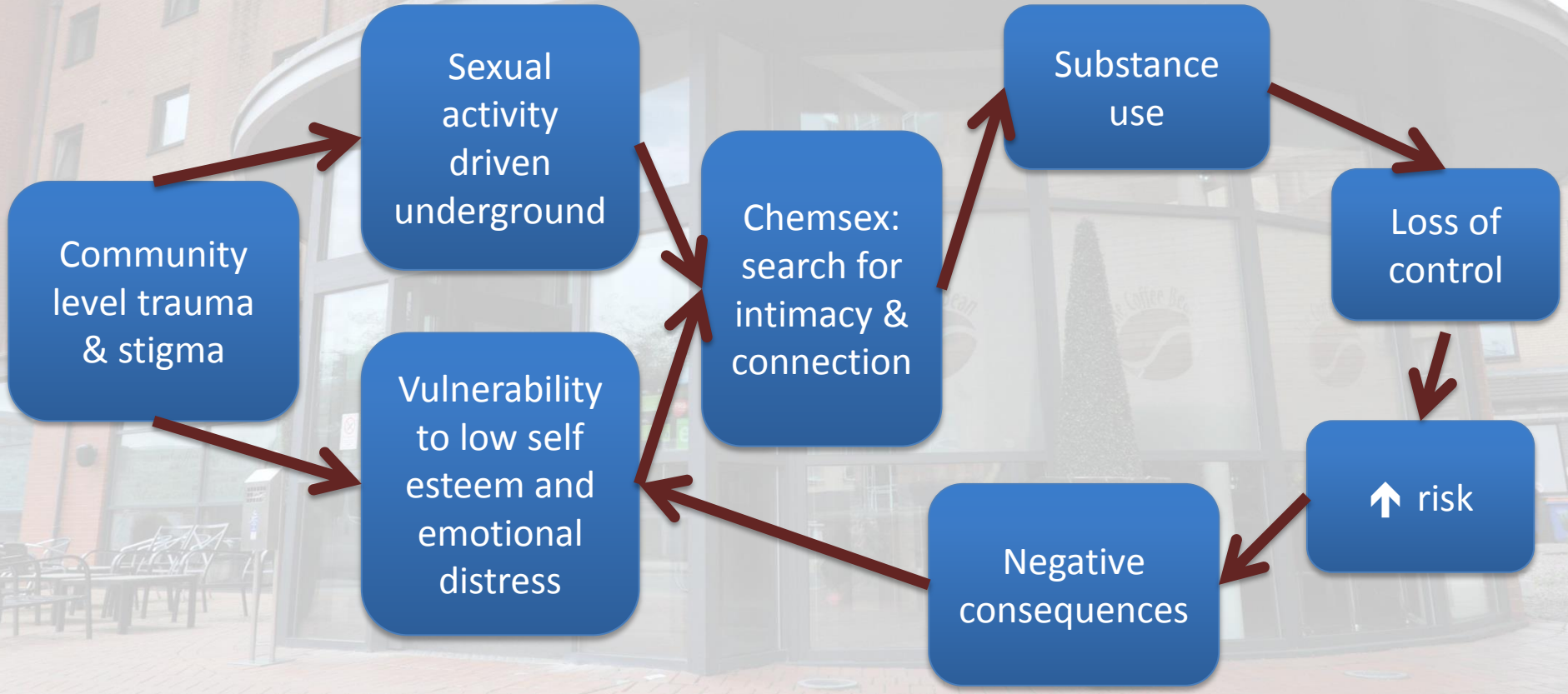
Evans (2019); Lloyd & Operario (2012); Morris 2019; Pollard et al (2018); Stuart (2019)

PYSCHOSOCIAL UNDERPINNINGS

- **Loneliness**
  - **Stigma created by stereotypes**
  - **Lacking connection/intimacy**
    - Chems offer sense of connection (via empathic feelings)
    - quality not quantity; fitting and belonging
  - **Hiding/secrets (shame)**
    - Connection separate from sex
    - loss of opportunity to make deeper connections
      - did not develop skills
      - build up of defences

Evans (2019); Pollard et al (2018); Todd (2018)

- **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


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

HOW CAN SERVICES RESPOND?

- **Current situation – complex, intertwining issues relating to sex and drug use mean that people struggling to manage chemsex-related issues are falling between services**
  - Responding reactively
  - Existing models for drug and alcohol services – not a good fit
  - Sexual health services – well placed – but need support from other specialties
  - Psychosexual services – lack of training

Bourne et al. (2018); Bowden-Jones et al. (2017); Frankis et al.(2018); Wiggins et al. (2018);

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 invovlement

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?

- New services are developing – Learning from them
- Professionals in fields of HIV and sexual health to take leadership roles?
- Specialist Nurses very well placed?
  - Document the need
  - Share it with relevant stakeholders
  - Think about service development
  - Business cases?
- BARRIERS
  - Fragmentation of NHS services since Health and Social Care Act (2012)
  - Complications of commissioning
  - How to resolve equity of access

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 sense of integration (chemsex used copartilise 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 questions, ideas, reflections?

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