21st Annual Conference of the National HIV Nurses Association (NHIVNA)

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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

<table>
<thead>
<tr>
<th>CHEMS</th>
<th>EXAMPLES OF OTHER DRUGS</th>
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<tbody>
<tr>
<td>Crystal Methamphetamine</td>
<td>Ketamine</td>
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<tr>
<td>Mephedrone</td>
<td>Cocaine</td>
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<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
Drug Effect

Decrease inhibitions

Alter cognitive pathways

Muscle relaxant effect

Increase energy

Desired Enhancements

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)
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

### HOW MUCH OF AN ISSUE IS CHEMSEX?

<table>
<thead>
<tr>
<th>CHEMSEX PREVALENCE</th>
<th>UK</th>
<th>Ireland</th>
<th>The Chemsex Study (London)</th>
<th>Manchester</th>
<th>Europe</th>
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<tbody>
<tr>
<td>EDMUNDSON ET AL (2018)</td>
<td>17% MSM attending sexual health clinics</td>
<td>7% responders used chems</td>
<td>5.9% had ever used chems</td>
<td>3 x sexual health clinics</td>
<td>23% sexual performance enhancement drugs; 8.4% party drugs</td>
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<tr>
<td>EDMUNDSON ET AL (2018)</td>
<td>31% HIV+ MSM inpatients</td>
<td>Higher in HIV + population (25%)</td>
<td>3.4% had used in the last year</td>
<td>3.6% had used chems</td>
<td>3.4% (range 0-14%) chemsex drugs (higher in HIV+)</td>
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<td>BARRETT ET AL (2018)</td>
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<td>THE CHEMSEX STUDY (LONDON) BOURNE ET AL (2014)</td>
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<td>TOMKINS ET AL (2018)</td>
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<td>ROSINSKA ET AL (2018)</td>
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- 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)
• 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 psychological and mental health

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

Koenen (2012); Morris (2019); Pollard et al. (2018); Stuart (2019)
PYSCHO SOCIAL 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)
PSYCHOSOCIAL 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 phsyical 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)
• 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
– 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

Vulnerability to low self esteem and emotional distress

Sexual activity driven underground

Chemsex: search for intimacy & connection

Substance use

Loss of control

↑ risk

Negative consequences

Risk
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 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?

• 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 coparitilise 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?


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


