

Questions Asked During Live Webinar Broadcast on 11/06/2020



Chasing Intensity: Stimulants, Sex, and the Search for Connection

Presenter: David Fawcett, PhD, LCSW

What is your opinion of the use of antidepressants during the post-acute recovery period when dopamine levels are still so low?

A: I feel that in many cases antidepressants provide an important support for mood concerns in the post-acute recovery period. The reward circuitry can take up to 2 years to return to baseline so depressed mood can be persistent.

What are your views on harm reduction strategies?

A: Harm reduction is an effective strategy when doing outreach to the broader community and engaging people who may be at a precontemplative stage in their use. Increasing the safety of such use is important as is helping people try to limit their use. Once a certain point is passed, however, harm reduction isn't effective and in fact can cause harm. Many meth users who were having serious problems concerned themselves controlling it and preferred to consider harm reduction.

Do we treat stimulant disorder separate from behavioral addictions?

A: I personally feel that both expressions of addictive behavior (substances or behaviors) are symptoms of the same underlying addictive syndrome. It's too easy to simply switch addictions. Amphetamine users (in fact all substance users) are at risk for gambling, sex, porn, work and other "intensity" addictions. I think we need to look at the whole person and at how these behaviors are interconnected.

Where do poppers (used to be amyl nitrate, nowadays it's...not) fit into the mix? I know they're much more short-term in effect, but I've seen a rise in their utilization in masturbation and sex?

A: Poppers are considered by a lot of people to be relatively benign although they can cause a serious drop in blood pressure and they cause considerable alteration in mood that quickly becomes anchored to sexual sensations. I worry that lots of men in recovery from chemsex continue to use poppers. The MACS study of long-term survivors with HIV found that poppers were second only to meth in predicting seroconverting with HIV.

With understanding everyone is different in their recovery...what is the average length of time for recovering from various chronic psychological effects (e.g., confusion typically see improvement within 3 months; libido within 12 months; dopamine levels back to baseline so depressive symptoms generally improved within 12 months...without med and et)? Also, how do they physiological recovery timelines change with age (60 year old vs. otherwise healthy 30 year old)?

A: Everyone is indeed different. The acute phase is about 14 days. After that most psychiatric symptoms disappear although a few have persistent depression and paranoia. Improvement is slow because of anhedonia and poor impulse control, a sense of hopelessness, etc. Much of that is driven by the damaged reward circuitry. This does return to baseline in 24 months although most clients I've seen have usually have no such symptoms after 12 months.

The brain heals faster among younger people; the older one is the longer regenerating those pathways will take. There is also an increased risk of cardiac complications, including MI, stroke and pulmonary hypertension, the older the meth user gets.

Would love to have an explanation for gym attending sample, I missed that. Was it that gym attenders are higher rates of meth users?

A: It was a clever research project to correct for the fear that most meth research was done on people seeking help or in clinics. The researchers wondered about meth use among men who weren't concerned about having a problem and invested in their own health. They too had significant use of meth, cocaine, poppers and Viagra.

Also, on price and purity of the meth purchases, is it that the purer the meth it was cheaper in the past, and now is reversed?

A: Yes, following the Combat Meth Act of 2005 the cartels took over production. They began making very pure meth at very cheap prices.

Approximately what percentage of the homosexual population would you say has a history of trauma?

A: I don't know the current research on this but I believe that nearly everyone who has an addictive problem has a history of trauma. Research has shown that the LGBT population has higher rates of trauma and abuse in general and consequently greater rates of health concerns, both physical and emotional.

Is it true that, the reason why we have so many problems in the world, regarding behavioral issues, is because of the low level of Dopamine?

A: I'm not sure how to answer that. I do think that most of our activities – even social media like Facebook – train us to seek hits and likes and get little bursts of dopamine. It's interesting to consider that as a society this is causing an effect. Take in gaming and porn and it becomes pretty universal – and concerning.