Untangling Meth, Sex and Intimacy: Skills for Clinical Practice

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DAVID FAWCETT PHD, LCSW
Chemsex

**Co-occurring drug use and sexual behavior**

Paired/Fused, ritualized drug use and sex
“Chemsex” generally refers to MSM; shorthand here
Dopamine driven – with intensity
Paired drug use and sex = all genders/ all orientations
Can also be cross-addiction

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A straight man who uses cocaine and porn before seeing an escort
A gay man who uses meth and poppers as part of “party and play”
A straight woman who uses opioids and marijuana as part of her sex addiction

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**Most common:**
- Methamphetamine
- GHB/GBL
- Cocaine or Crack Cocaine
- Ketamine
- Ecstasy
- Amyl nitrate
- Mephedrone (UK)
- Alcohol
- Marijuana
- Other synthetics
Chemsex and MSM

Combines drugs (often amphetamines) with sex
- Often high-risk
- Party and Play (PNP)
- Chemsex
- Methsex
- Facilitated by social media

The Sexual Impact: Hijacking the Arousal Template

- Connections to dopamine-rich fantasies become deeply grooved and automatic
- Dopamine requires novelty
- Requires increasing stimulation, risk, taboo for same effect
- Requires a reset from superstimulation
- Persistent anhedonia in early recovery

“My sexual tastes and desires morphed into something unrecognizable.”
(Client)
Sex-Drug Connection

- Longer periods of preoccupation and sexual intercourse
- Careless in choice of partner
- No use of condoms
- Increased receptive anal intercourse
- Increased sexual desire
- Tolerance creates need for increased intensity
- High relapse risk because of meth-sex fusion

Meth and Dopamine

Meth flushes dopamine from neuron
Meth blocks receptor reuptake
Meth is neurotoxic
Meth destroys dopamine transporters
Limbic System
– Relative Dopamine Reward

A. Before habit is learned, dopamine is released when the reward is experienced for the first time.
B. Dopamine released after a cue resulting in desire and craving.
C. Once learned dopamine not released when reward experienced and will drop if not experienced.
D. Highly sensitized to reward coming or not.

James Clear Atomic Habits

“Maybe” greatly increases dopamine released once learned (B).
Interrrupt reward
Robert Sapolsky
The Fusion of Drugs and Sex

For addicts whose addictions have escalated to the point where they need super-stimulation to feel sexual arousal, the arousal template can be problematic because no other behavior provides the erotic charge they’re used to getting.

Escalation in the arousal template

Ideal learning conditions: focus + concentration (+ trance state)

- Rougher
- More taboo
- Groups
- Hard-core
- More intense
Implications for Treatment

- **Decreased verbal memory**
  - Poor abstract thinking

- **Increased visual memory**
  - Heightened acuity and sensitivity

- **Prolonged cognitive impairment**

- **Prolonged impulsivity**

- **Damaged reward circuitry**
  - Prolonged problems with mood

Recovery

- Most important factors for sustained recovery:
  - Social Connection
  - Belonging
  - Retention

- 12 step programs; SMART Recovery; alternative programs (eg Refuge/Dharma Recovery)

- Long term

- Support and Therapy groups
Chemsex Requires Two Recovery Strategies

#1  Substances = Abstinence
#2  Sex = Not abstinence but bringing sex back into life in a healthy way

Most treatment programs don’t recognize or assist with #2

- “The sex will take care of itself”
- No, it won’t!

Complications in Chemsex Recovery

- Increased visual triggering
- Decreased verbal memory
- Persistent mood concerns, hopelessness
- Brain requires time to heal
- Sexual dysfunction
- Unwanted/intrusive sexual fantasies
- Multiple cues and triggers (internal/external)
Tasks Following Engagement in Care

Get a physical workup
- May have not been adherent to HAART
- May have meth-related complications (HTN, pulmonary hypertension, stroke risk, liver and kidney issues)

Get a psychiatric workup
- Persistent paranoia, depression, hopelessness, suicidality

Check status of supports, resources, safety

Clinical Approaches for Chemsex

Be aware of best practices treatment:
- Outpatient, short groups, daily for up to a year and beyond (esp for stimulants)
- Inpatient may provide safety (psychiatric sx, environmental cues, etc.)

Be alert to poor insight and judgment

Be alert to impulsivity

Be aware that “denial” may be fuzzy thinking

Assist with breaking drug/sex triggers and instilling new behaviors

Utilize the brain’s reward system
Therapist’s Role Addressing Chemsex

Treatment
◦ Matrix Model

Crisis stabilization

Thorough bio-psycho-sexual assessment

Sequence
◦ Traditionally treat substance use first
◦ For most meth-using gay men must treat co-occurring stimulant use and sex addiction simultaneously

Develop drug relapse prevention plan

Develop sexual boundary plan

Address underlying issues (shame, trauma, anxiety, depression, etc.)

Various modalities: CBT “light,” motivational interviewing, contingency management

Individual & group therapy; 12 step or other support group
◦ What about CMA?
The Worker: Must Be Self-Aware

Understand one’s own feelings
- Manage, contain, seek supervision

Become conscious of one’s biases

Become aware of one’s defenses
- Avoid, ignore, laugh, divert, reinforce

Must avoid re-shaming and re-stigmatizing

Boundaries!

Drug Recovery

- Amphetamines not approved for inpatient tx (no physical withdrawal)
- But there is an emotional withdrawal
- Issues of sleep deprivation, hydration, nourishment
- Psychiatric stabilization
- Ideal: several weeks residential for safety, best practices
- Matrix model – validated for methamphetamine
- 12 Step, SMART Recovery, Dharma Recovery, others
- Total substance abstinence
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Presented by:
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Sexual Recovery

• Requires that the individual define which behaviors are “bottom line” and which are not
• Various 12 step fellowships
  • SLAA can be friendly; avoid SA
• Managing sponsorship
• Individual and group therapy recommended
• Managing the arousal template
  • Old troublesome desires
  • Creating new forms of desire
• Sensate focus and other somatic avenues to healthy sex and intimacy

Sex Addiction Recovery Circle Plan

Inner Circle:
Behaviors that indicate I am in relapse

Middle Circle:
Behaviors that are “slippery slope”

Outer Circle:
Behaviors that are healthy and affirming
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What about Sexual Abstinence?

- Can be useful while brain “resets” to lower levels of intensity
- No magic number
- Sexuality may be dormant for a period
  - Beware sexual anorexia
- Healthy sexuality requires physiological and emotional healing

  - **Physiological:**
    - Dopamine transporter system – can’t get enough stimulation
    - Generally faster healing if younger
    - Anhedonia; impulse control

Emotional Healing - Intimacy

- Intensity versus Intimacy
- Intimacy = trust + vulnerability + communication
- Are we really “reclaiming” healthy sex and intimacy?
- Try building an emotional connection before sex

Dependency needs

Any personal need that must be satisfied by others

need for affection, love, shelter, physical care, food, warmth, protection, and security

Affect attachment

  - Many chemsex addicts “fearful-avoidant”
Study Meds to Reduce Meth Cravings and Prevent Relapse

**Bupropion (Wellbutrin):** may reduce meth use in light meth users only.

**Modafinil (Provigil):** mixed results. One study has suggested that this drug – when combined with CBT – may help reduce meth use. Other studies have not shown a lot of promise for this drug. Beware amphetamines in chemsex users.

**Naltrexone (Vivitrol):** more than one study have suggested that this drug has potential for reducing use and increasing abstinence of methamphetamine.

**Mirtazapine (Remeron):** one study found that mirtazapine – with CBT – was associated with significant reductions in meth use among a sample of men who have sex with men (MSM).

*Beware Ibogaine, ayahuasca*

Steps to Reclaiming Healthy Sexuality

Not a linear process

Identify and change sex-drug behavior patterns

Learn to manage feelings

“Second coming out”

Involves:

- Healing shame and stigma
- Cultivating hope, gratitude and purpose
- Developing healthy connection with self, partner, friends, community
- Addressing history of trauma
- Revisiting concerns about HIV/Hep C status (if positive)
1. Take a break from sex

- Focus on getting abstinent from drugs without the complication of sex
- Sexual desire may be dormant for a while anyway – not a bad thing
- Trust that time heals
- Give your brain a chance to readjust to a lower “volume” of stimulus
- Allow your brain to rewire those pleasure-enabling dopamine receptors that meth destroyed

2. Avoid keeping “meth-mode” alive

- Avoid other drugs (including alcohol)
- Get rid of all sexual apps and online hook-up accounts
- Change your phone number and other contact information
- Avoid impulsive sexual behaviors
- Avoid other compulsive behaviors
- Beware fantasy – it keeps the addiction alive
- Beware rougher, kinkier, wilder, more taboo sex that you associate with meth
3. Move forward into healing

• Grieve chemsex and let it go
• Remember nearly all meth addicts meet clinical criteria for “sex addiction”
• Be alert to other related behaviors
• Be ready to do a deeper dive, probably with therapy
  • Trauma
• Be sex positive – you are not doomed to a life of vanilla, boring or no sex.

4. Redefine your sexual pleasure

• Sex is more than orgasm – get creative while avoiding triggers
• Drop out of your head and into your body
• Breathe
• Actively grow different erotic interests
• Mindful masturbation – what is your intention?
• Masters and Johnson “Sensate Focus”
4. Redefine your sexual pleasure

- Focus on physical sensations for arousal (rather than fantasy)
- Slow down sexual encounters – let the energy build
- Explore what turns you on that doesn’t lead to meth (it’s there)
  *(what was arousing before you used drugs)*

5. Increase your capacity for intimacy

- Develop a relationship with yourself
- Learn to manage anxiety or other feelings that bubble up during sex
  *Many gay men have never had sex without a substance – “second” coming out*
  *Requires a support system and likely a therapist*
- Explore sex and emotions with one person over time
- Stay consciously present for the person you’re with – not in fantasy
- Grow your empathy
  How do you intuitively experience the other person?
  How do you feel your energy impacts them?
6. Avoid black and white thinking

It’s not a choice between using meth or having no sex life...

Believe in your ability to maintain recovery and have an active, pleasurable and emotionally meaningful sex life.