

Clinical Considerations for Sexuality Issues in Substance Abuse Recovery

Jenn DiBartolomeo, M.A. (she/her)



Disclosure Information

- ☀ **Presenter: Jenn DiBartolomeo, M.A.**

- ☀ Commercial Interests: No disclosures to be made

- ☀ Widener University Institute of Graduate Clinical Psychology

- ☀ Center for Human Sexuality Studies

- ☀ Current Work: The Center for Integrative Medicine

- ☀ Past Experiences: Renfrew Center (Eating Disorders), Delaware Psychiatric Center (Severe Mental Illness), and Y.A.L.E. School (High school for social learning difficulties and ASD)

- ☀ Areas of interest: Substance use and addiction, Sexual behavior, Sexual Dysfunction, Sexual orientation, Bisexual erasure, Polyamory, Kink, Harm Reduction, and Eating Disorders

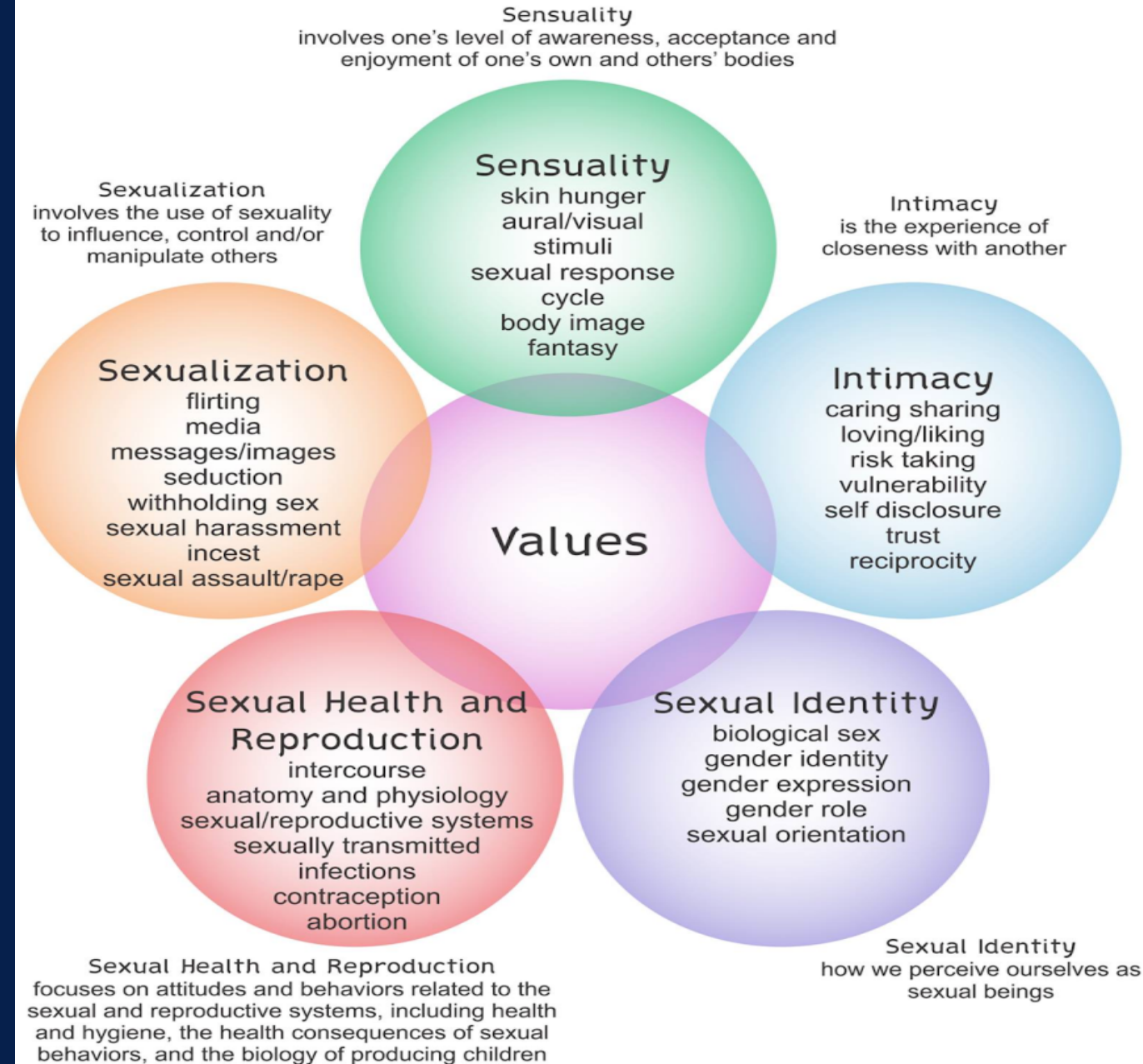
Learning Objectives

- ☀ Upon completion, participant will be able to
 - ☀ Identify the five Circles of Sexuality.
 - ☀ Identify at least 3 ways in which substance use/abuse impacts one's sexual health
 - ☀ Describe the ways substance use/abuse intersects with sex work.

Outline of Today's Presentation

- ☀ Circles of Sexuality
- ☀ Sex/Substance Linked Behavior
- ☀ Specific Substances & Sex
 - ☀ Meth
 - ☀ Opiates
 - ☀ MDMA, etc.
- ☀ Sex Addiction?
- ☀ Sex Work

Circles of Sexuality



Discussion

1:00

- ☀ Which of the five sexuality circles feels most familiar? Least familiar? Why do you think that is so?
- ☀ Is there any part of these five circles that you never before thought of as sexual?
- ☀ Why do you think it is important for mental health workers to understand the components of sexuality?
- ☀ Which of these would be easiest/hardest to discuss with clients?
- ☀ Which circles do you think overlap most with recovery and substance use?

Sex/Substance-Linked Behavior ²

- ☀ Increase ability to sexually function
- ☀ Change level of sexual interest, desire, or arousal
- ☀ Experience a specific sexual turn-on
- ☀ Escape from negative or overwhelming feelings
- ☀ Express feelings of love, affection and commitment

LESSON 1 APPENDIX

Stopping and Thinking About Sex/Drug Situations in Recovery Worksheet

What sexual situation or behavior do I need to stop and think about?

Put a Check Mark Next to Each Sex/Drug-Linked Motivation in This Specific Sexual Situation

_____ Increase ability to sexually function. Using drugs or alcohol to sexually function.

_____ Change level of sexual interest, desire, or arousal. Using drugs or alcohol to feel interested in sex.

_____ Experience a specific sexual turn-on. Using drugs or alcohol to perform a specific sex act or an unusual or kinky sex act.

_____ Escape from negative or overwhelming feelings. Using sex to get out of a negative or overwhelming feeling and to experience sexual pleasure or excitement instead.

_____ Express feelings of love, affection, and commitment. Using drugs and alcohol to express love to a partner or to receive expressions of love from a partner.

Stop and think for a moment and then rate how often this sexual situation or behavior was linked with using drugs or drinking before recovery:

0 1 2 3 4 5 6 7 8 9 10

Never

Always

Stop and think for a moment and then rate how likely this sexual situation or behavior will increase your risk for relapse:

Specific Substances and Sexuality



Methamphetamines and Sex ³



Methamphetamines and Sex

Issues and Concerns ⁴

- ☀ Hypersexuality
 - ☀ Sex binges/runs
- ☀ STI's
- ☀ MSM community
 - ☀ Bathhouses
 - ☀ Clubs
- ☀ Boofing → physical injury
- ☀ Sexual Abuse (Consent)



Clinical Considerations ⁵

- ☀ Sensate Focus
- ☀ Sexual Behavioral Activation
 - ☀ Try new things
 - ☀ Kink as healing
- ☀ Masturbation Exploration
- ☀ Explore sex vs intimacy
 - ☀ What is the benefit of sex for this client?

Opiates and Sexuality

- Decreased sexual interest, arousal, and orgasm
- Decreased masturbation
- Partnered sexual activity *did not* decrease

What does this mean about consent and coercion in sex while using opioids?

42.6% of the men and 45% of the women stated that drug-induced sexual dysfunction was a factor in their decision to stop drug use.

How can this inform our interventions?

How often did IV heroin users in this sample use condoms?

- ☀ 44%- Never
- ☀ 44%- Inconsistently
- ☀ 22%- Always



“Party Drugs” and Sexuality⁸

- ★ Ecstasy (MDMA)
 - ★ Molly
- ★ Poppers (amyl nitrite)
- ★ LSD/Acid
- ★ Alcohol
- ★ GHB
 - ★ Gamma-Hydroxybutyrate

- ★ Less directly associated w/ sex
 - ★ Cocaine
 - ★ Marijuana



- ★ Common reasons for Use
 - ★ Lower inhibitions
 - ★ Increase arousal/sensation
 - ★ Dissociative effect
 - ★ Intensify visual and touch
 - ★ Peer use/Parties
- ★ Issues/Concerns
 - ★ Anal tearing
 - ★ Uncomfortable erections
 - ★ Dehydration/Overdose
 - ★ Unconsciousness
 - ★ Assault

Sex Addiction?

Not really a thing

The concept of sex addiction tends to **pathologize** healthy sexual behavior involving kinks/fetishes and **excuses** sexually harmful behaviors such as assault/abuse, infidelity, and sexual acts with children ⁹

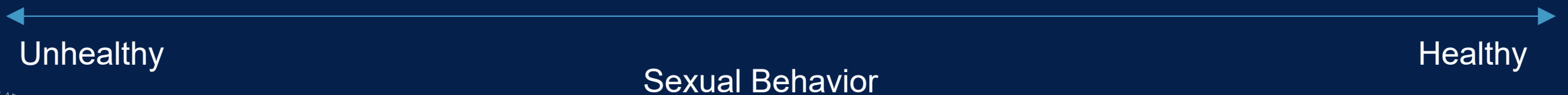
More accurately referred to as “out of control sexual behavior”

If the behavior feels uncontrollable, distressing, and interferes with daily life (but ask more questions!)

☀️ *AASECT 1) does not find sufficient empirical evidence to support the classification of sex addiction or porn addiction as a mental health disorder, and 2) does not find the sexual addiction training and treatment methods and educational pedagogies to be adequately informed by accurate human sexuality knowledge. ¹⁰*

Treating OCSB

- ☀ Use Sex-Positive Lens
- ☀ Continuum of Sexual Behavior (below)
- ☀ Consider BioPsychoSocial Elements
- ☀ SEXUAL BEHAVIOR IS SYMPTOMATIC, NOT PRIMARY
 - ☀ Consider etiology: depression, anxiety, addiction, personality disorders, paraphilia, social anxiety, neurological, relationship history ⁹



Sex Work

Sex Work is Work, Sex Services are Services

- Do not assume the person is unhappy with their work ¹¹
 - Would our automatic opinions change if the person was engaging in...
 - Stripping, selling photos/videos, sexting services, phone sex
- Don't pathologize purchase of sex-services
 - Unless causing distress, financial trouble, interfering with/replacing intimacy, misaligned with their values, not using barriers
- ...but sometimes the job is not chosen ¹²
 - Survival Sex Work
 - Exchange Sex Work
 - Non-consensual Sex Work



“For many of our workers, the trauma they experience comes from poverty, racial and gender injustice, and interactions with law enforcement — not from engaging in sex work as a means for survival.”

(Project SAFE- <https://projectsafephilly.org/sex-worker-organizations/>)

Final Takeaways

☀ Circles of Sexuality

- ☀ Sexuality is multifaceted, even beyond what we might typically think falls under that umbrella

☀ Impacts of Meth, Opiate, and Psychedelic use on Sexuality

- ☀ Can increase/decrease sex drive and sensitivity to sexual touch

☀ Sex “Addiction”

- ☀ Can be more pathologizing than helpful
- ☀ Utilize harm reduction for out-of-control sexual behavior

☀ Sex Work

- ☀ Consider the motivation for sex work, the client’s own feelings about it, harm reduction to help with safety, do not pathologize
- ☀ Consider intersection with substance use

References

1. Dailey, D. (1981). Sexual expression and ageing. In: Berghorn D and Schafer D (eds). *The Dynamics of Ageing: Original Essays on the Processes and Experiences of Growing Old*. Boulder, CO: Westview Press, pp. 311–330.
2. Braun-Harvey, D. (2009). *Sexual health in drug and alcohol treatment: Group facilitator's manual*. (9780826120151). New York, NY: Springer Pub.
3. Thorne Harbour Health. (2016, February 17). Talking about crystal meth and sex [Video]. Youtube. <https://www.youtube.com/watch?v=hlZo944xn2c&feature=youtu.be>
4. Fisher, D. G., Reynolds, G. L., & Napper, L. E. (2010). Use of crystal methamphetamine, Viagra, and sexual behavior. *Current Opinion in Infectious Diseases*, 23(1), 53–56. doi: 10.1097/qco.0b013e328334de0b
5. Semple, S. J., Patterson, T. L., & Grant, I. (2002). Motivations associated with methamphetamine use among HIV men who have sex with men. *Journal of Substance Abuse Treatment*, 22(3), 149–156. doi: 10.1016/s0740-5472(02)00223-4
6. Leon, G. D., & Wexler, H. K. (1973). Heroin addiction: Its relation to sexual behavior and sexual experience. *Journal of Abnormal Psychology*, 81(1), 36–38. doi: 10.1037/h0034009
7. Palha, A. P., & Esteves, M. (2002). A Study of the Sexuality of Opiate Addicts. *Journal of Sex & Marital Therapy*, 28(5), 427–437. doi: 10.1080/00926230290001547
8. Zemishlany, Z., Aizenberg, D., & Weizman, A. (2001). Subjective effects of MDMA ('Ecstasy') on human sexual function. *European Psychiatry*, 16(2), 127–130. doi: 10.1016/s0924-9338(01)00550-8
9. Ley, D. J. (2012). *The myth of sex addiction*. Rowman & Littlefield Publishers.
10. AASECT position on SEX Addiction: AASECT:: American Association of Sexuality EDUCATORS, counselors and therapists. (n.d.). Retrieved March 04, 2021, from <https://www.aasect.org/position-sex-addiction>
11. Benoit, C., Mccarthy, B., & Jansson, M. (2015). Stigma, sex work, and substance use: a comparative analysis. *Sociology of Health & Illness*, 37(3), 437–451. doi: 10.1111/1467-9566.12201
12. Weitzer, R. (2009). Sociology of Sex Work. *Annual Review of Sociology*, 35(1), 213–234. doi: 10.1146/annurev-soc-070308-120025