

# 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

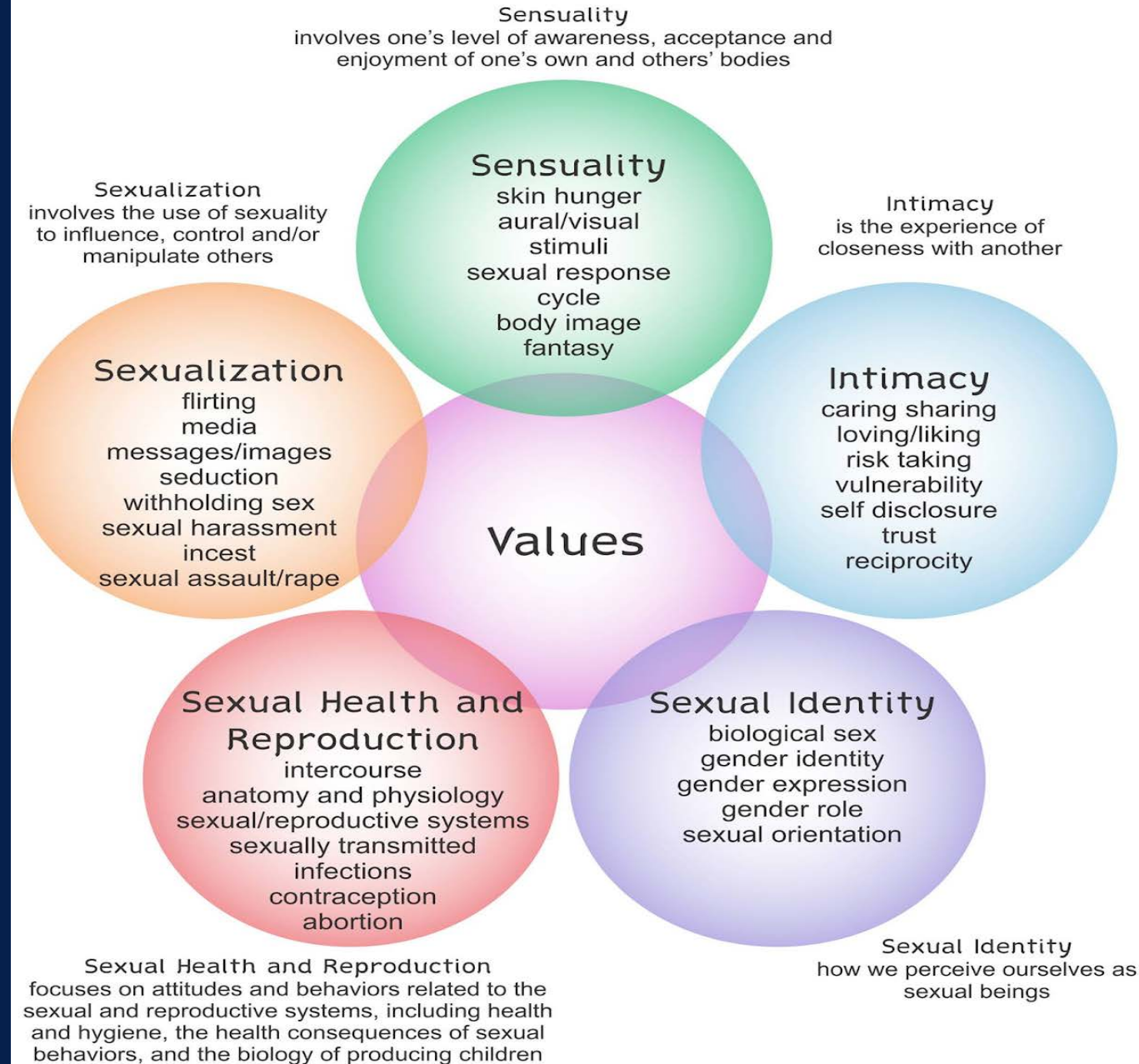
- ◆ Upon completion, participant will be able to
  - ◆ Identify the five Circles of Sexuality.
  - ◆ Identify at least 3 ways in which substance use/abuse impacts one's sexual health
  - ◆ Describe the ways substance use/abuse intersects with sex work.

# 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

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# 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 <sup>2</sup>

- ◆ 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?

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### 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

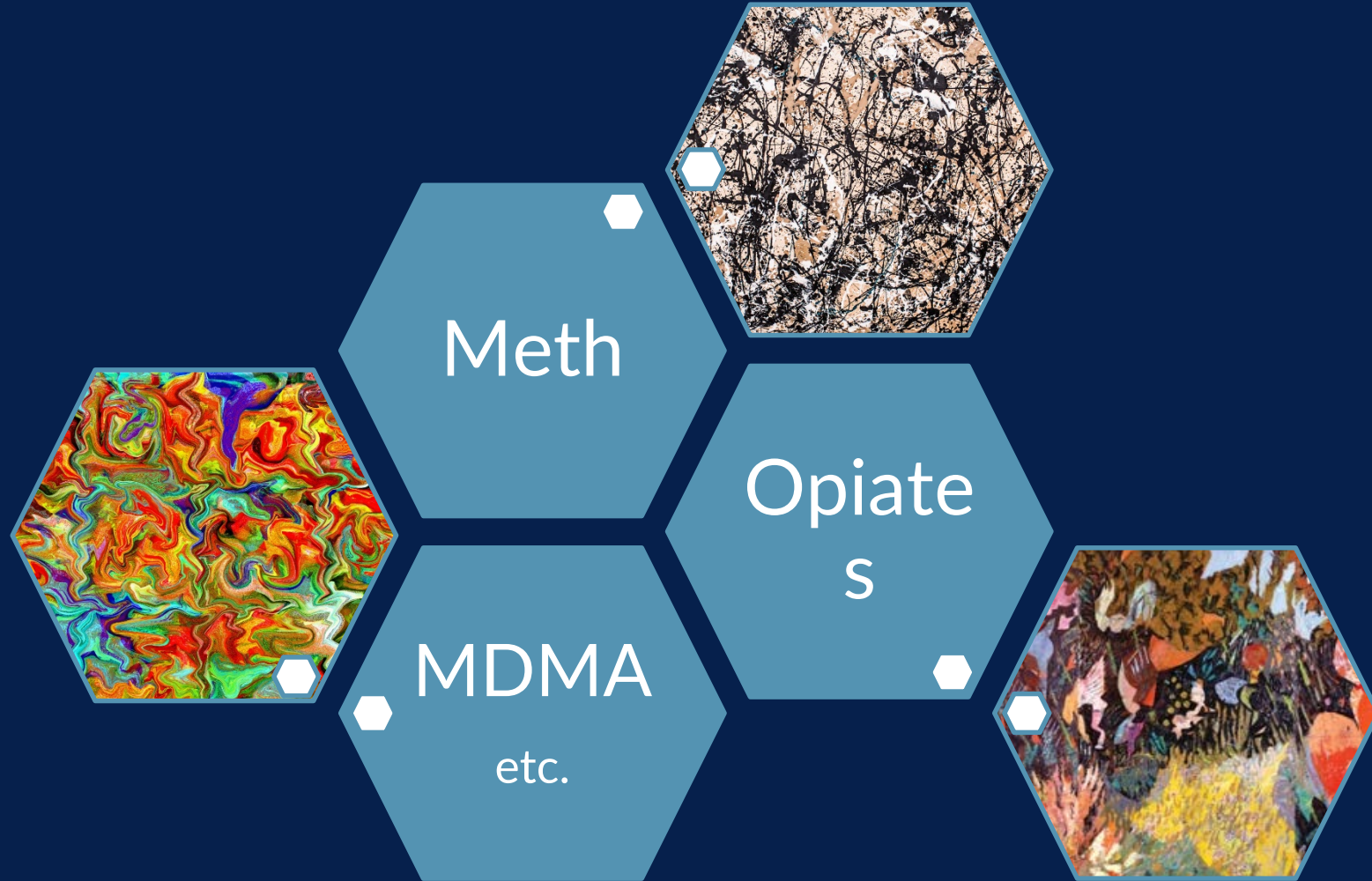
Never

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 <sup>3</sup>



# Methamphetamines and Sex

## Issues and Concerns <sup>4</sup>

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



## Clinical Considerations <sup>5</sup>

- ◆ 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

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

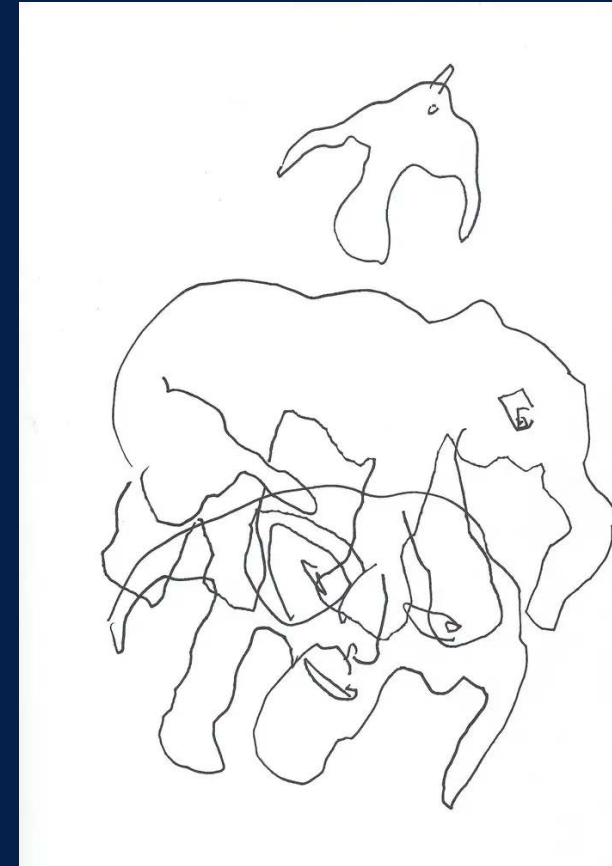
What does this mean about consent and coercion in sex while using opioids?

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 Sexuality <sup>8</sup>

- ◆ 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 <sup>9</sup>

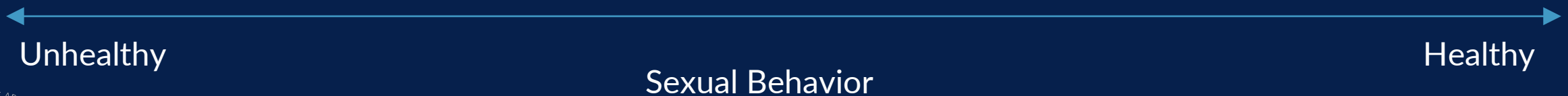
More accurately referred to as “out of control sexual behavior”

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.* <sup>10</sup>

# 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 <sup>9</sup>



# Sex Work

## *Sex Work is Work, Sex Services are Services*

- Do not assume the person is unhappy with their work <sup>11</sup>
  - 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 <sup>12</sup>
  - 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

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