

Understanding and Supporting LGBTQ+ Individuals in Methamphetamine Recovery

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Disclosure Information

- ☀ Presenter 1: Pierre-Cedric Crouch, PhD, PMHNP-BC, ANP-BC, ACRN, CARN-AP
 - ☀ Presenter 1 Disclosures: No Disclosures
- ☀ Presenter 2: Kevin J. Shone, CAADC-II
 - ☀ Presenter 2 Disclosures: No Disclosures
- ☀ Presenter 3: Harminder K. Gill, MD
 - ☀ Presenter 3 Disclosures: No Disclosures
- ☀ Presenter 4: Lucy Ogbu-Nwobodo MD, MS, MAS
 - ☀ Presenter 4 Disclosures: No Disclosures

Learning Objectives

- ☀ To better understand the complex intersection of stimulants and sex as it relates to identity, relationships, community, and health of LGBTQ+ individuals
- ☀ To learn different modalities of drug delivery and safe practices
- ☀ To appreciate the difference between harm-reducing modalities of treatment and abstinence-based modalities of treatment, with a special focus towards harm-reduction groups in a clinic-based setting
- ☀ To identify secondary losses associated with drug reduction, such as those related to community and identity
- ☀ To emphasize the value of non-judgmental, client-guided goal-setting and recovery-centered methods to aid clients towards achieving their treatment goals

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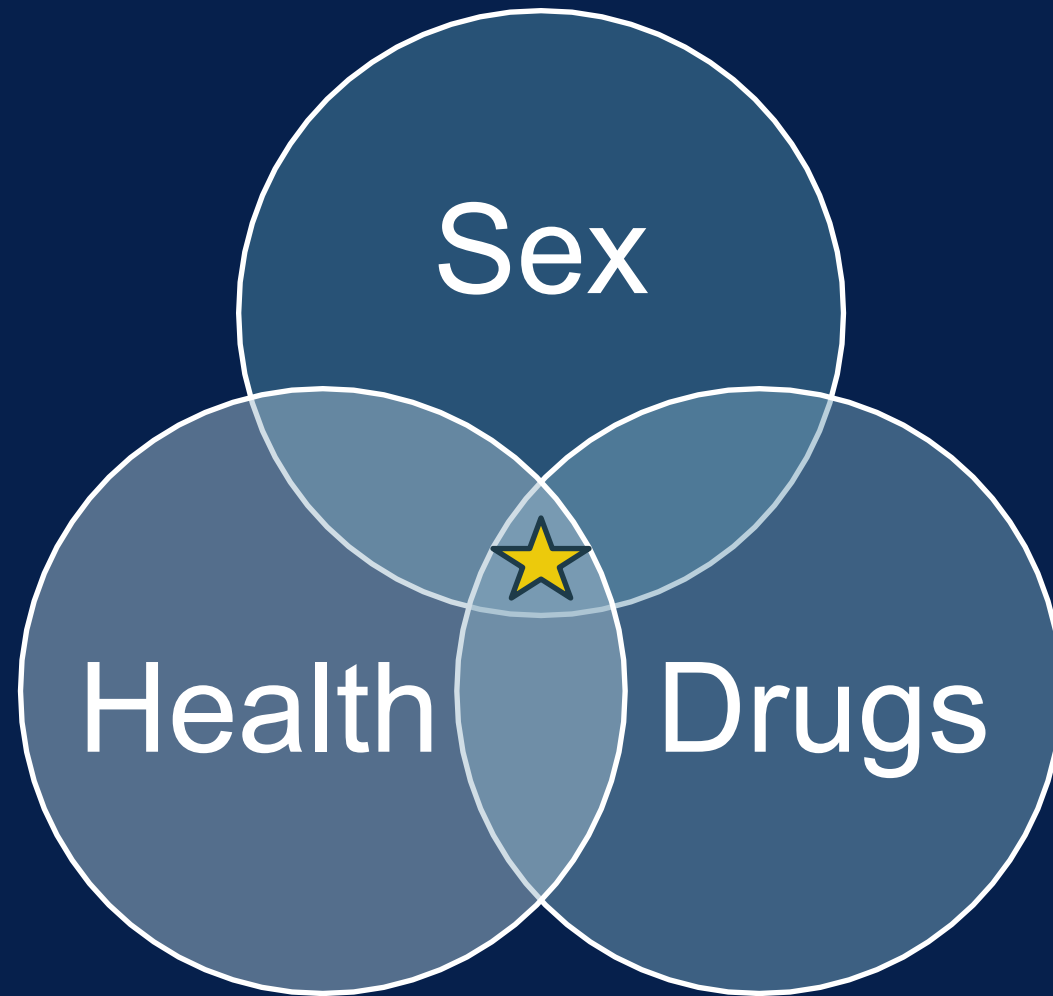


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What brings you to this session?
Responses

What do you think of when you hear about crystal meth and people who use it?
Responses





“the use of drugs before or during planned sexual events to facilitate, enhance, prolong and sustain the experience”

The community will call it:

- ☀ Party and Play
- ☀ Wired play
- ☀ Chemsex-mostly outside of the USA

What are we talking about?

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CM

What do you think of when you hear about crystal meth and people who use it?

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Foundations of Chemsex



Chemsex

- ☀ These drugs enhance sexual pleasure
- ☀ Can be used solo, with a single partner, or more elaborate sex parties
- ☀ Some parties can last multiple days

For reasons

- ☀ There is no official rule but generally doesn't include cannabis, pot, alcohol, psychedelics....
- ☀ And the general focus is on men who have sex with men even though everyone does it
- ☀ Bias in research to focus on the negative outcomes for an individual

Epidemiology

- ☀ American Men's Internet Survey 2017-2020 of 30,294 MSM
- ☀ 10.3% participated in Chemsex in the last 12 months
 - ☀ 65.1% reported ecstasy use
 - ☀ 42.5% reported methamphetamine use
 - ☀ 21.7% reported GHB use

War On Drugs

- ☀ U.S. Government-led initiative to eliminate drugs
- ☀ Costs taxpayers \$35 billion each year
- ☀ There has been no change in the drug supply
- ☀ Increase in drug-related deaths
- ☀ Most of the money goes to law-enforcement, prisons, and questionable drug treatment centers



National Drug Control Budget (March 2019), FY 2020 Funding Highlights; Hogan HL, Walke R, CRS Report for Congress

Federal Drug Control: President's Budget Request for Fiscal Year 1988

U.S. Sentencing Commission (2017), Datafile, USSCFY17, www.ussc.gov/sites/default/files/pdf/research-and-publications/annual-reports-and-sourcebooks/2017/Table34.pdf

Riley KJ (1997), Crack, Powder Cocaine, and Heroin: Drug Purchase and Use Patterns in Six U.S. Cities: www.ncjrs.gov/pdffiles/167265.pdf

☀ Law enforcement is disproportionately in communities of color causing more disparities

☀ Black people are more likely to be arrested for the same drugs than their white counterparts

☀ Drug policy needs a radical shift to have meaningful change

TABLE. Years of life lost to Rockefeller Drug Law (RDL) incarcerations in New York State, 1974–2002*

Total years of incarceration (YLL)	Median age†	Life expectancy‡	Mortality equivalent§
286,000	35	68	8,667

*RDL population data 1974–2002, New York State Department of Correctional Services.

†Median age as of 2001 for all groups.

‡Life expectancy estimates based on *US National Vital Statistics Report*, 48(18), February 7, 2001.

§RDL mortality equivalent = YLL/LE – Median age.

National Drug Control Budget (March 2019), FY 2020 Funding Highlights; Hogan HL, Walke R, CRS Report for Congress. Federal Drug Control: President's Budget Request for Fiscal Year 1988

Koch, D.W., Lee, J. & Lee, K. Coloring the War on Drugs: Arrest Disparities in Black, Brown, and White. *Race Soc Probl* 8, 313–325 (2016). <https://doi.org/10.1007/s12552-016-9185-6>

Riley KJ (1997), Crack, Powder Cocaine, and Heroin: Drug Purchase and Use Patterns in Six U.S. Cities: www.ncjrs.gov/pdffiles/167265.pdf

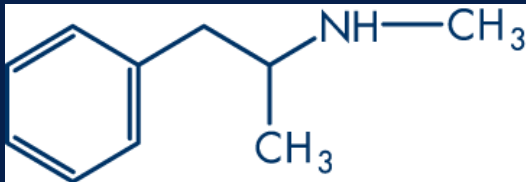
Drucker E. (2002). Population impact of mass incarceration under New York's Rockefeller drug laws: an analysis of years of life lost. *Journal of urban health : bulletin of the New York Academy of Medicine*, 79(3), 434–435. <https://doi.org/10.1093/jurban/79.3.434>



Common Drugs Used

Methamphetamine

- ☀ Central Nervus Stimulant
- ☀ Comes in 3 forms
- ☀ Has many street names



ICE



AP

ALSO KNOWN AS

Crystal meth, meth, shabu, tina, glass.

METHOD

Smoking (e.g. with a glass pipe), injecting.

POTENCY: **High**

BASE



APPEARANCE

Dampish, 'gluggy' substance. Colour varies from white to brown.

ALSO KNOWN AS

Pure, point, wax, meth.

METHOD

Swallowing, injecting.

POTENCY: **Medium** **High**

SPEED



APPEARANCE

White or off-white powder.

ALSO KNOWN AS

Goey, meth.

METHOD

Snorting, swallowing, injecting.

POTENCY: **low** **Medium**

Methamphetamine by prescription

- ☀ Prescription drug
- ☀ Brand name Desoxyn
- ☀ FDA-approved for ADHD
- ☀ Dosed 5-25mg a day

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methamphetamine

60 tablets 5mg



\$111.16

BIN **015995**

PCN **GDC**

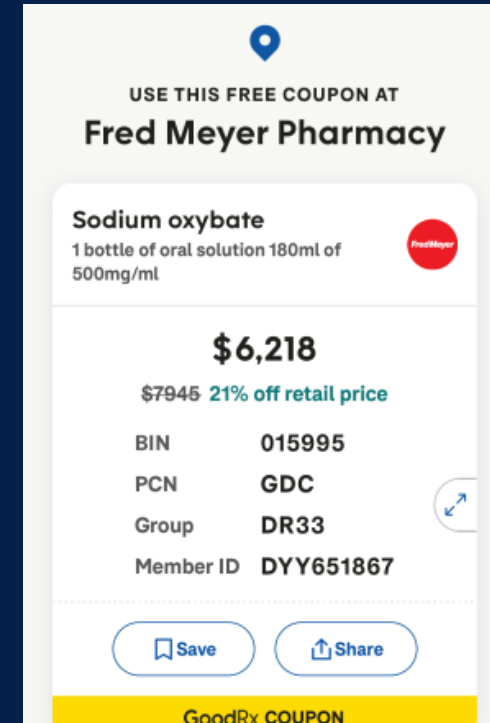
Group **DR33**

Member ID **EAA675783**

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GHB/GBL

- ☀ Endogenous Neurotransmitter
- ☀ CNS depressant
 - ☀ Euphoria
 - ☀ Sedation
 - ☀ Enhanced sensuality
- ☀ Works on GABAb and GHB receptors
- ☀ Available by prescription for narcolepsy
- ☀ Precursor GBL can be easier to get
- ☀ Colorless, odorless, bitter liquid
- ☀ Rapidly metabolized
 - ☀ Not detected after 12 hours
 - ☀ Can be difficult to identify cases of sexual assault



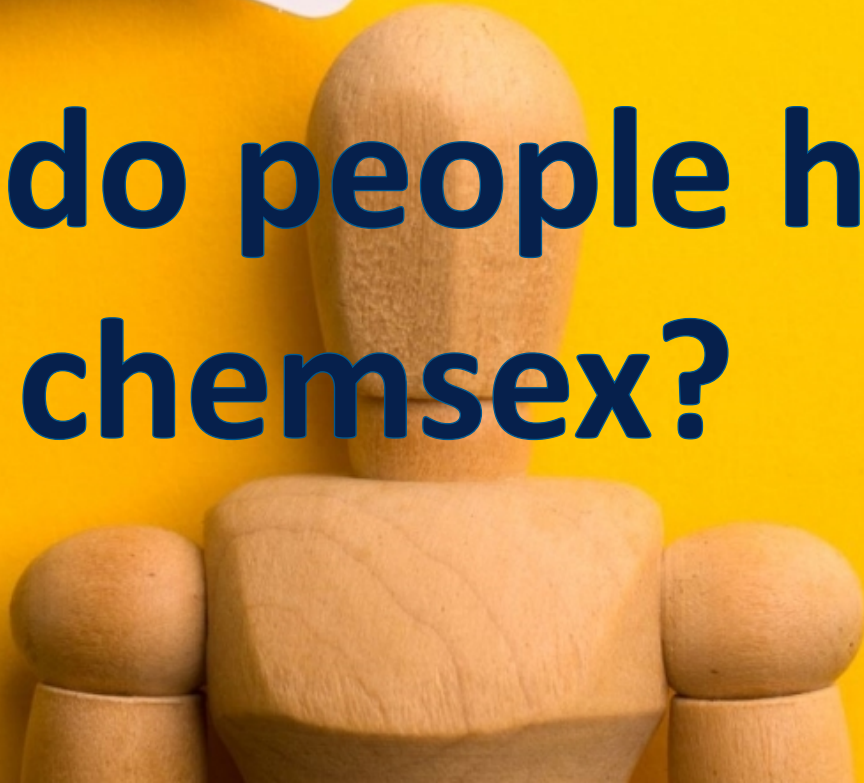
Ecstasy/MDMA

- ☀ Stimulant and Hallucinogen
- ☀ Enhances sexual pleasure
- ☀ Called Molly, Bean, X
- ☀ Boosts serotonin, dopamine, and norepinephrine
- ☀ Pills that are swallowed but can be snorted or smoked





**Why do people have
chemsex?**



Crystal Meth and Gay/bisexual men

- ☀ In the late 1990s and early 2000s, meth became the most widely used illicit drug among urban gay and bisexual men
- ☀ When used by gay and bisexual men, methamphetamine use is closely connected to sexual identity and sexual expression
- ☀ That identity can make it harder for people to leave methamphetamine behind as it means leaving a group



Sex feels really good

"I met someone for sex. He had smoked some crystal and was having a great time, but I still was hesitant. We took a break and he lit up again. The urge overtook me and I gave in... WHOA!! I could feel my body getting lighter and relaxing..."

Any worries, emotional hang-ups or self doubts I had simply melted away. I felt clearer then clear. I was extremely present and feeling all my senses with a profundity that was unmatched by any experience I had ever had before in my life. Even my connection to spirit was sharper, no distortion.

The sex was out of this world. My senses were so heightened that I could feel everything that occurred, every sensation not only from my body, but from his body as well! Every thrust felt like pure heaven dripping in liquid gold! Spirit explained, 'This is what it is like to live in a body in your highest state of awareness. This is the true You, your essence.' I just basked in that awareness and sensation as waves of pleasure and love flooded over my entire body."

Communicating

- ☀ Use words like
 - ☀ Blowing clouds
 - ☀ In the clouds
- ☀ Include capital Ts in words
 - ☀ parTy
- ☀ Emojis
 - ☀ ❄
 - ☀ 🏠
 - ☀ 🌬



How to do Meth

Snorting

- ☀️ Crush meth into a fine powder
- ☀️ Form lines on a clean surface or piece of foil
- ☀️ Insert a clean paper straw past the nasal hairs
- ☀️ Avoid money or other contaminated papers
- ☀️ Slowly inhale through nose and exhale through mouth
- ☀️ Rinse nose to avoid irritation



Hot Rails

- ☀ Crush meth into a powder
- ☀ Form into a line
- ☀ Insert a “chore boy” filter into “stem” pipe
- ☀ Heat a “stem” pipe
- ☀ Hover the heated end over the line of meth
- ☀ Inhale slowly through nose and beath out through mouth



Booty Bumping

1 Poop!



2 Measure with your syringe one milliliter of sterile water from a clean cup, tossing the extra H₂O. Return the measured amount to the cup.



3 Mix in your drugs, stirring until all is dissolved.



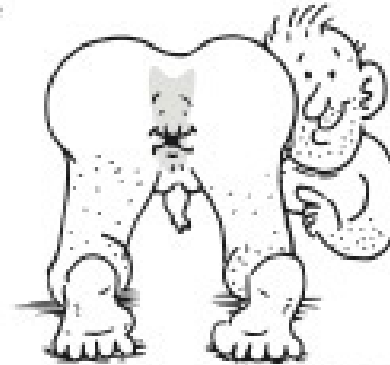
Pace yourself: first try half your usual amount.

4

Lube up the syringe, after having drawn up the solution.



BOOF IT!
Getting high down under



5

Assume the position. Comfort is key. You can lie down or stand up.

8 Pull out and throw it away.



9 Wash your hands!

7

Plunge. Leave it in for a few minutes.



6

Insert, slowly and shallowly, about a centimeter. The deeper you go, the slower it hits.

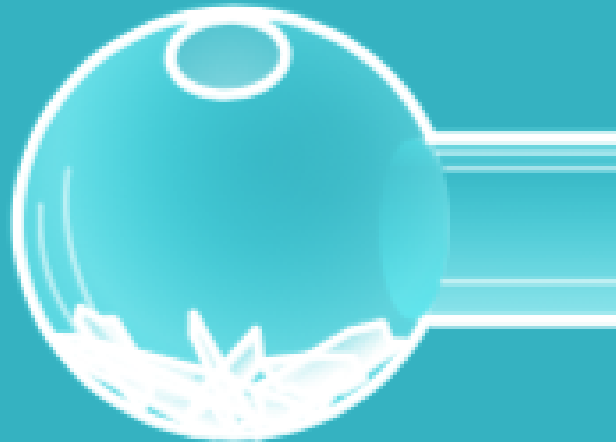


How to prepare your meth pipe:

1 Clean your hands with soap and water or alcohol swabs.



2 Pour crystal meth into pipe.



3 Fit mouthpiece onto pipe.

meth pipe:



3

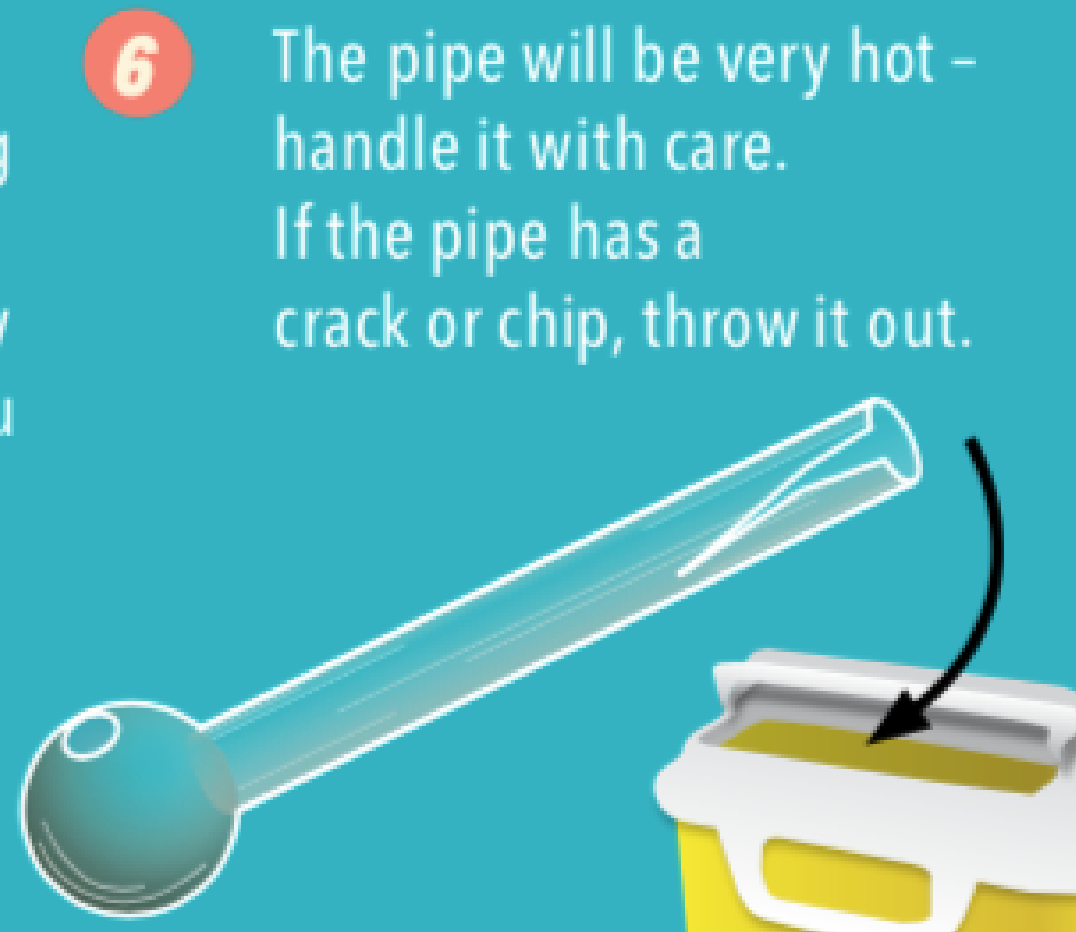
Fit mouthpiece
onto pipe.

4

Hold pipe and apply heat to
bowl. The flame shouldn't
touch the bowl. Keep heat
moving around the bowl.



- 5** Once you begin to see vapour, continue heating pipe and inhale slowly, then exhale immediately (holding in won't get you more high and can burn your lungs).



- 6** The pipe will be very hot – handle it with care. If the pipe has a crack or chip, throw it out.

How to inject or "Slam"

1. Wash hands
2. Place meth in clean cooker or spoon
3. Dissolve with sterile water
 1. no heat needed
4. Place dental cotton in the solution
 1. Replace often
5. Draw up with a syringe

✶ Avoid cold shake

- ✶ Drawing up meth without cotton
- ✶ Mixing it directly in a syringe
- ✶ Insoluble particles can make you feel sick



Syringe Types

- ☀ Bee stingers
 - ☀ 31g, 5/16th inch needle
 - ☀ Surface veins
- ☀ Shorts
 - ☀ 28g, ½ inch needle
 - ☀ Middle of the road
- ☀ Longs
 - ☀ 27g, 5/8 needle
 - ☀ Deep veins



What's an 8-ball?

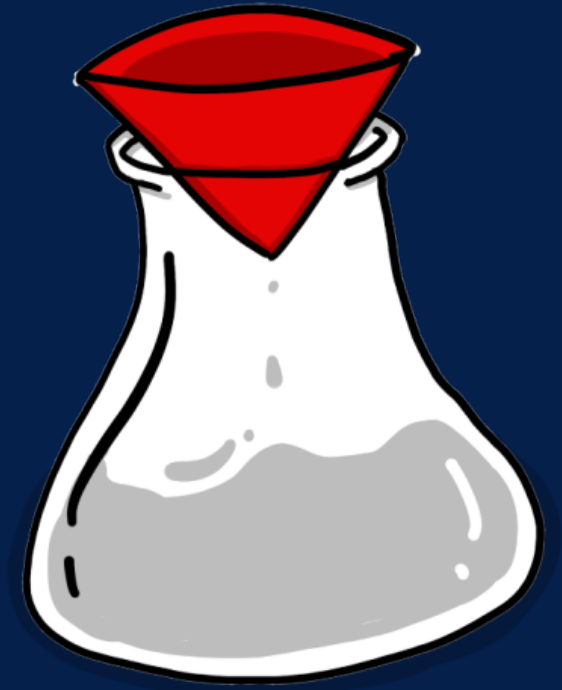


NAME	WEIGHT	GOING RATE IN SF
QUARTER	1/4 gram (0.25 grams)	\$5 — \$15.00
HALF	1/2 gram (0.50 grams)	\$15 — \$20.00
TEENAGER	1/16 ounce (1.8 grams)	\$60 — \$80.00
8-BALL	1/8 ounce (3.5 grams)	\$120 — \$160.00
OUNCE	1.00 ounce (28 grams)	\$700 — \$900.00

"Washing": Meth

Using acetone to purify meth

- ✳ Acetone will dissolve impurities
- ✳ Meth is not soluble in acetone
- ✳ The acetone removes some of the impurities
- ✳ The acetone will evaporate leaving a stronger meth
- ✳ Make sure all the acetone has evaporated



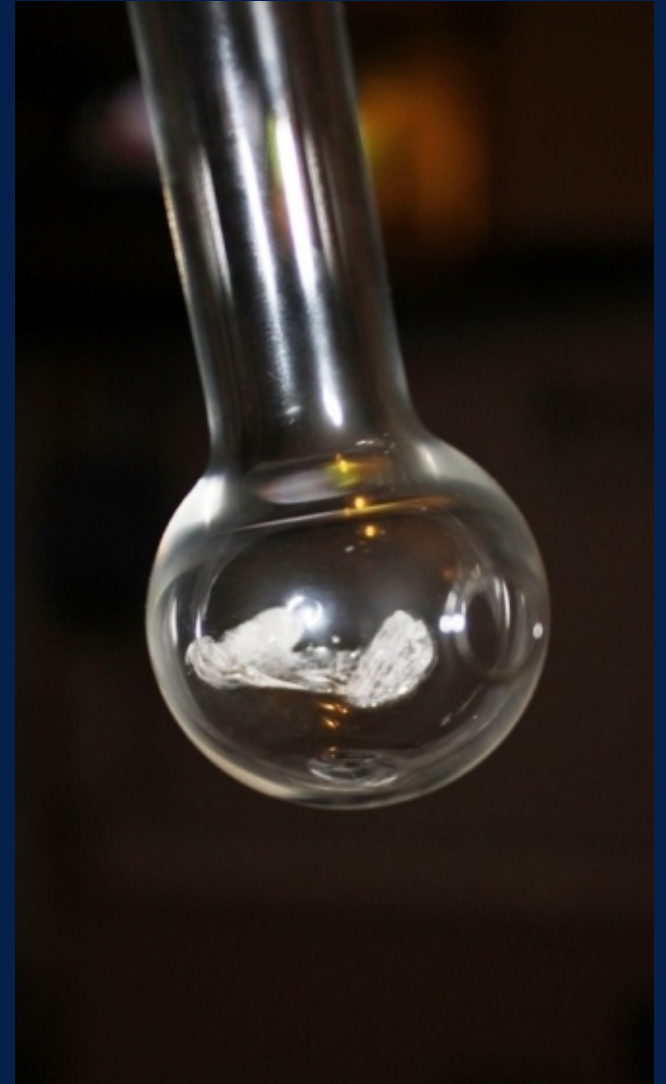
Safer Use Practices

- ☀ Review safer injection practices:
 - ☀ Help find veins-lower arms most ideal. Avoid neck.
 - ☀ Use new sterile needles and works
 - ☀ Clean skin
 - ☀ Color code needles and a wrist band



Safer Use Practices

- ☀ Review safer smoking practices
 - ☀ Use clean bubble with a mouthpiece
 - ☀ Don't hold in breath to avoid burning lungs
 - ☀ Do not use a bubble that is not yours to avoid potential fentanyl



Safer Use Practices

- ☀ Review safer Booty Bumping
 - ☀ Use meth dissolved in water
 - ☀ Use needless syringe
 - ☀ Use lubrication on the syringe
 - ☀ Avoid using shard
 - ☀ Can cause tears in the rectum



Naloxone

- ☀ Everyone should have naloxone
- ☀ People are exposed to fentanyl when they aren't seeking it out.
 - ☀ mStudy assessed fentanyl levels in people using meth
 - ☀ 8 of 36 hair samples were positive for fentanyl
- ☀ Use 4mg of naloxone. No evidence for 8mg. Causes more pain and withdrawal.



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What are your thoughts about harm reduction vs. abstinence?

All responses to your question will be shown here

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Implications for Treatment

☀️ Triggers for use can include:

☀️ Loneliness (for some, there can be a sense of community with other users that is lost when one stops using)

☀️ Fatigue

☀️ Weight gain

☀️ Time pressure/need to “*get things done/catch up*”

☀️ Boredom

☀️ Sexual desire

Implications for Treatment

- ☀ For LGBTQI+ individuals, treatment should be inclusive, queer/identity-affirming and empathize with trauma of societal homophobia/heterosexism/transphobia etc

Implications for Treatment

- ☀ Treatment should promote self-acceptance
- ☀ Treatment should be safe, non-judgmental
- ☀ Treatment should be trauma-informed
- ☀ Treatment should acknowledge the stigma related to the use (particularly the use of crystal meth) and the impact of stigma on the client
- ☀ Treatment should foster a sense of self-efficacy (*“I can do this”*)
- ☀ Should be accepting of different sexual choices and practices

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How do you prioritize using non-stigmatizing language in your practice?

All responses to your question will be shown here

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What brings you to this session?
0 responses

What do you think of when you hear about crystal meth and people who use it?
1 response

Implications for Treatment

- ☀️ Procuring, using, and coming down from crystal takes time!
- ☀️ When crystal use is reduced or stopped, clients may need support in filling that time with activities that support their use goals
(Boredom is often noted as a trigger by clients who have stopped using)
- ☀️ Helping clients create a schedule can be a helpful strategy

Implications for Treatment

- ☀ There are many routines and rituals for getting and using crystal. Rituals are powerful and clients may need support in coming up with alternate routines and rituals

Implications for Treatment

- ✶ For many clients, their non-using social network may be minimal or nonexistent
- ✶ For these clients, support in broadening their social network (i.e., groups, hobbies, Meet-up, volunteering, meetings, etc.) may be a useful treatment plan goal

Implications for Treatment

- ☀ It may be helpful to inform clients that their brains will eventually heal but it will take time

Treatment Modalities

- ✦ Withdrawal Management
- ✦ Outpatient treatment
- ✦ IOP (Intensive Outpatient Program)/day program
- ✦ Residential

Treatment Modalities

- ☀ Harm Reduction (can include support groups, needle exchange, moderation management)
- ☀ Contingency Management (provides increasingly valuable reinforcers for consecutive successes; among the most effective interventions for treating stimulant use disorder)
- ☀ Motivational Interviewing
- ☀ Cognitive Behavioral Therapy (Cognitive/Behavioral Strategies for reducing use and preventing relapse)



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Treatment Modalities

- ☀️ Abstinence-based include:
- ☀️ LifeRing meetings (secular, on-line, and regular meetings)
- ☀️ Smart Recovery meetings (based on Stages of Change and secular)
- ☀️ 12 Step meetings (religious)

Treatment Modalities

- ☀️ Our clinic developed and implemented innovative group therapy interventions tailored to the unique needs of LGBTQ+ individuals navigating methamphetamine recovery
- ☀️ Our **Sex and Sobriety** groups provide a dedicated space to explore the intersection of substance use, identity, relationships, and well-being

Sex and Sobriety Group Topics

Sex without substances

Body image (weight, penis size, scars etc)

Bareback sex

Libido

Can I have the kind of sex sober I had when high

Should I watch porn? If so, what kind(s)?

Kinks/fetishes without drugs (s/m, power dynamics etc)

Erectile dysfunction (“Crystal dick”)

Sex and Sobriety Group Topics

Friends with benefits in sobriety

Internalized homophobia

Craving sex/craving use

Mourning loss of lifestyle

Gay social norms

Picking up cues

Race

Class

Cybersex

Safe/unsafe hookup sites

PrEP

Sex and Sobriety Group Topics

Am I a top, bottom, vers?

Do I want to do in sobriety what I did while using?

Discomfort with being naked sober

Multiple partners

Group sex

Hook-ups (where/how)

Performance anxiety

Foreplay

Disclosures (HIV/mental health/financial/etc.)

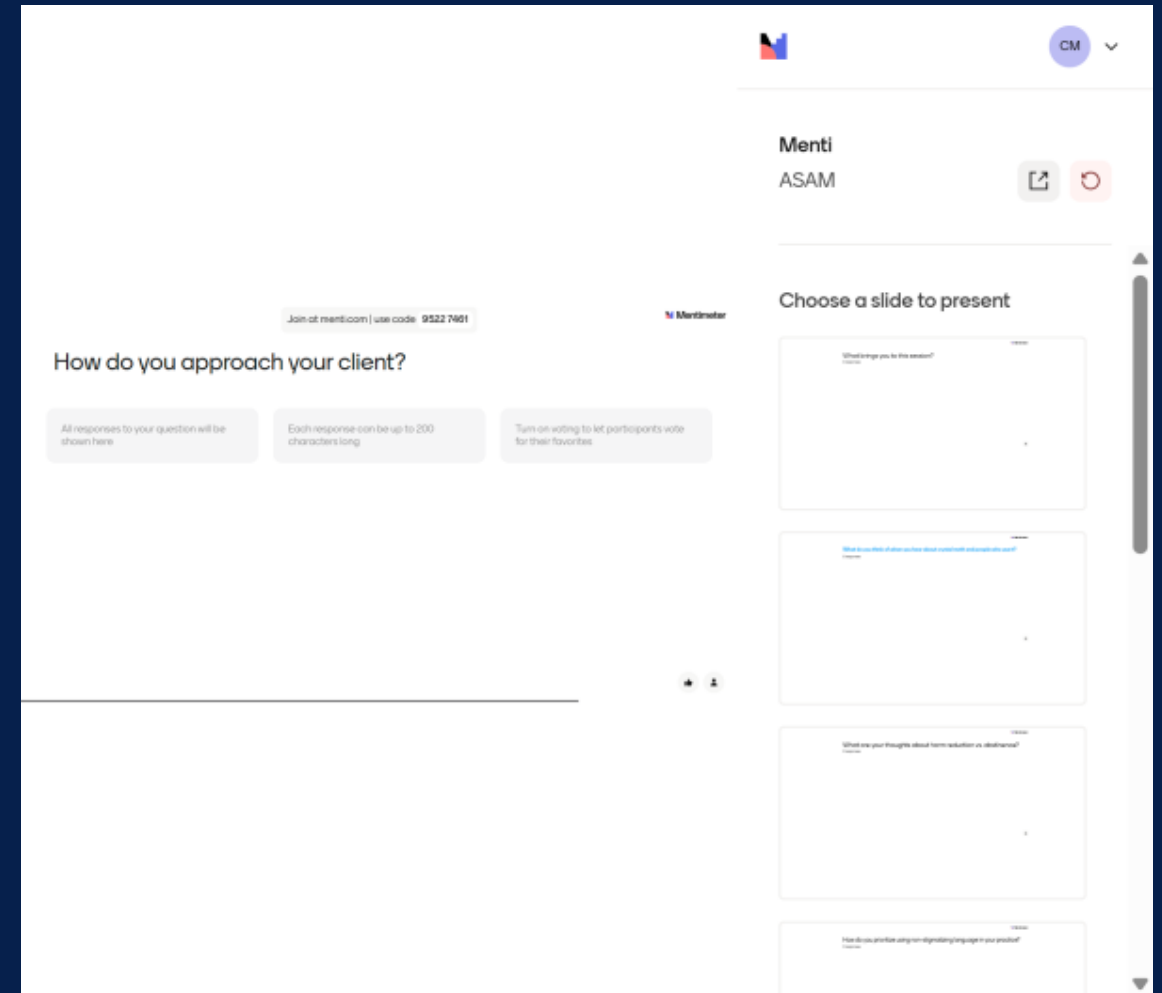
Implications for Treatments



Scenario #1

- ☀️ Your client presents to the clinic today for their regularly scheduled appointment. They endorse having recently started using crystal, saying they really only use it when hooking up with someone. They feel it enhances their sexual satisfaction and sense of identity.
- ☀️ As a care provider, how would you approach your client sharing this information?

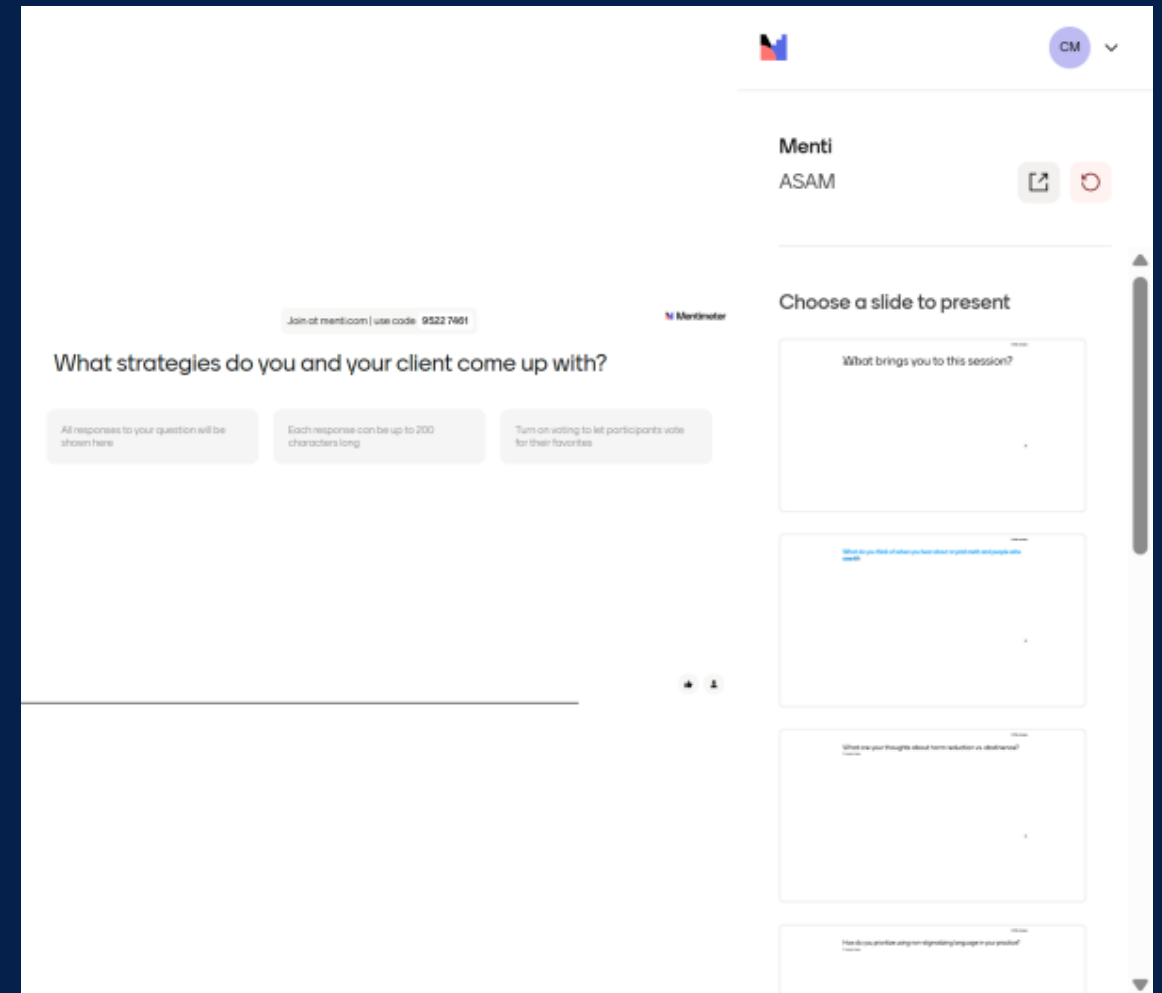
Your client presents to the clinic today for their regularly scheduled appointment. They endorse having recently started using crystal, saying they really only use it when hooking up with someone. They feel it enhances their sexual satisfaction and sense of identity.



Scenario #2

- ☀ Your client presents to his follow up appointment three months later and tells you that they've been using more crystal than they'd like to use. They're thinking about reducing it, but don't want to stop completely as they've been enjoying their experiences at local sex parties and feel using crystal contributes to that.
- ☀ What strategies might you and your client come up with to help them meet their stated goals?

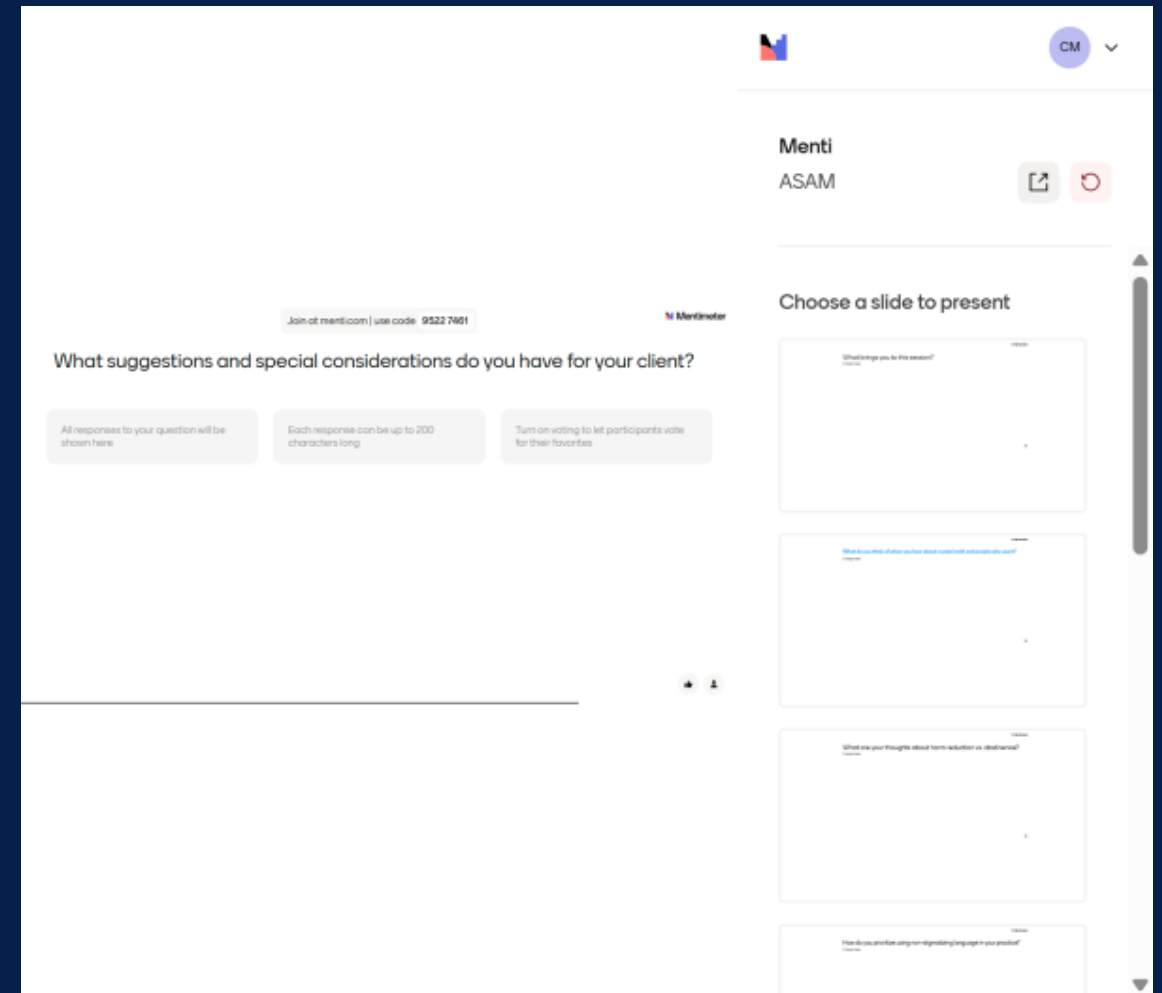
Your client presents to his follow up appointment three months later and tells you that they've been using more crystal than they'd like to use. They're thinking about reducing it, but don't want to stop completely as they've been enjoying their experiences at local sex parties and feel using crystal contributes to that.



Scenario #3

- ☀ During your conversation with your client, they realize that it has been impacting their health. They ask about what kind of options are available to cut down their crystal use without losing their sense of sexual enjoyment.
- ☀ What suggestions do you have for your client?
- ☀ Any special considerations that you would like to address during this visit?

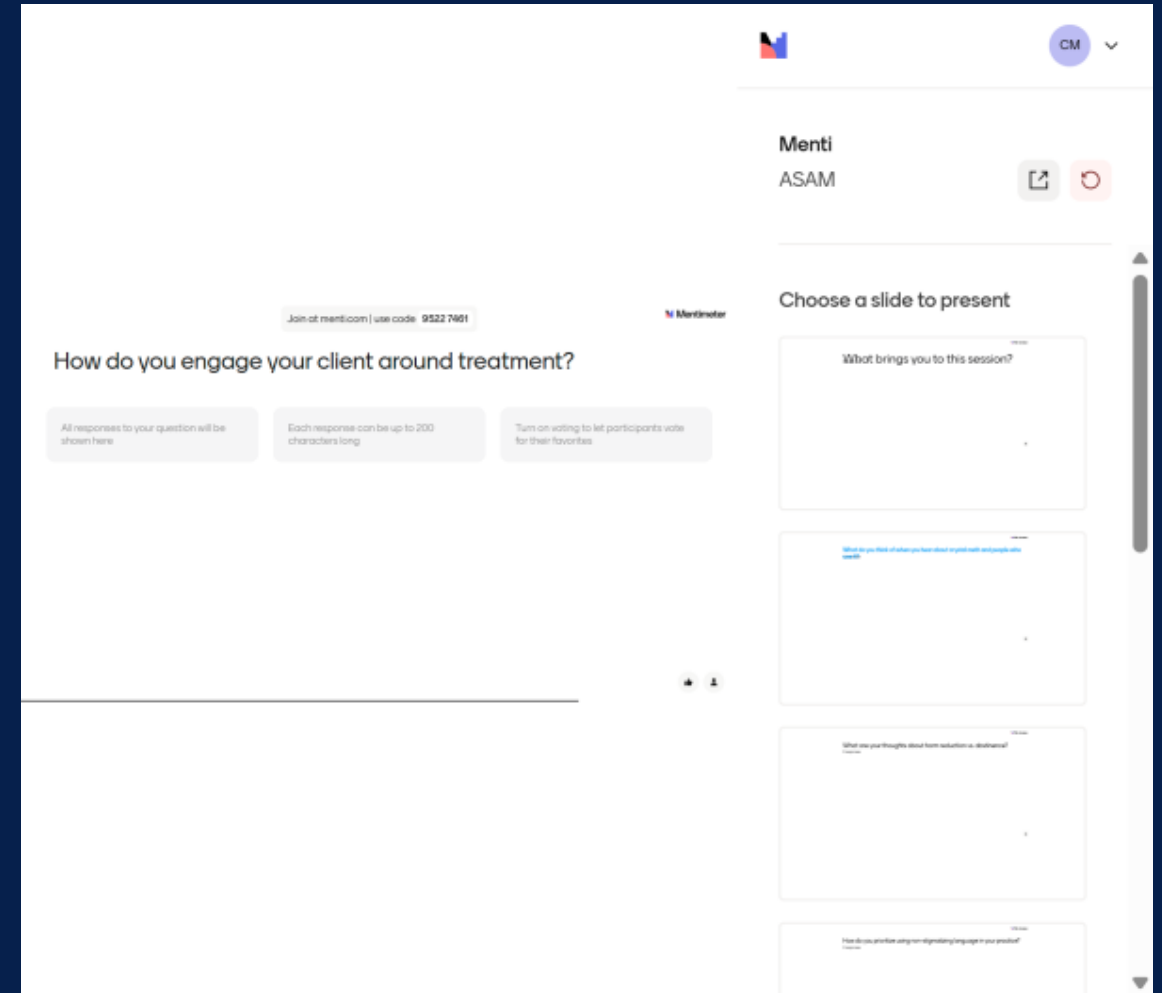
During your conversation with your client, they realize that it has been impacting their health. They ask about what kind of options are available to cut down their crystal use without losing their sense of sexual enjoyment.



Scenario #4

- ☀ Your client has started engaging in a contingency management pilot program to reduce their crystal use and has also tried a few different therapy groups offered at the clinic, but has not found a group that resonates with them.
- ☀ How do you engage and encourage your patient around treatment?

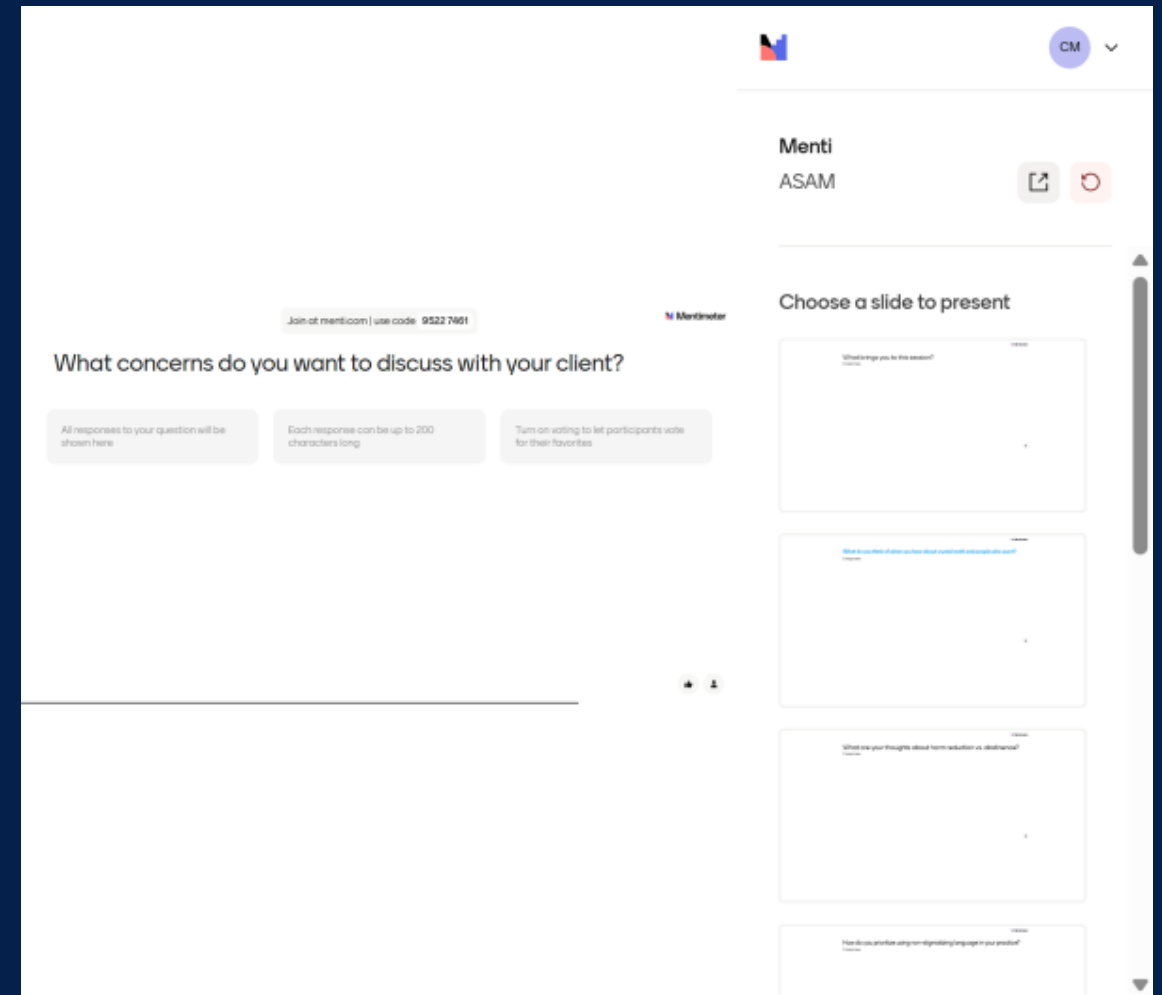
Your client has started engaging in a contingency management pilot program to reduce their crystal use and has also tried a few different therapy groups offered at the clinic, but has not found a group that resonates with them.



Scenario #5

- ☀️ Your client was able to cut down their use over the last 6 months and now is abstinent from crystal for 2 weeks. They continue to attend group and find it to be a valuable part of their week. During group, they mention frustration about weight gain, particularly with an upcoming social event imminent.
- ☀️ As a care provider, what concerns might you have?
- ☀️ How would you bring up your concerns?

Your client was able to cut down their use over the last 6 months and now is abstinent from crystal for 2 weeks. They continue to attend group and find it to be a valuable part of their week. During group, they mention frustration about weight gain, particularly with an upcoming social event imminent.



Final Takeaways/Summary

- ☀ Chemsex refers to the use of drugs before and during planned sexual events and is intertwined with LGBTQ identity in complex ways
- ☀ Various harm reduction and abstinence-based treatment modalities can be implemented in outpatient settings
- ☀ Care should be client-centered, non-judgmental, and supportive, promoting self-efficacy and self acceptance, while recognizing associated stigma and loss that may come with change in substance use behavior

More Resources:



Reflections/Questions

THANK YOU

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