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CHEMSEX & SEXUAL CRIME

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Workshop Goals

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- Learn the three types of insecure attachment styles, how they are negatively expressed in group, & how to address each using group-centered techniques.
- Learn to use a group-centered group approach (rather than “individual-in-group”) to recognize, understand & capitalize on interactive dynamics & relationships – to promote prosocial values/relatedness & improve attachment.

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LET'S TALK
ABOUT GAY SEX
+ DRUGS



Chemsex is **NOT**
the same as
recreational drug
use

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**CHEMSEX IS DEFINED
BY THE USE OF THREE
SPECIFIC DRUGS IN A
SEXUAL CONTEXT**

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CHEMS

Methamphetamine (T, Crystal, Crystal Meth,
Tina)

Mephedrone (M, Meph, Drone)

GHB / GBL (G, Gina)

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CHEMSEX

Involves using one or more of these drugs, in any combination, to facilitate or enhance sex, with or without other drugs.

- Sex can last for several days
- Little need for sleep or food
- Enables more extreme sex, for longer and with more partners
 - Less fear = more risk
- Sharing injections is common

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SETTINGS

- Clubs
- Sex Clubs
- Saunas
- House parties
- Chill-outs
- One to one
- Alone with porn

REASONS ^(I)

- To feel sexually free and to overcome intimacy issues
- To overcome fear of rejection, sexual shame
- To cope with stigma associated with HIV/ Hep C
- To overcome problems in the past including sexual abuse, sexual assault
- To overcome internalized homophobia
- Wanting 'better' sex that lasts longer
- Loneliness

REASONS ⁽²⁾

- Wanting intimacy, to connect with others, to feel part of a community
- Wanting sexual affirmation
- Because ;everyone is doing it'
- Because its an on-line hook-up norm
- Peer pressure
- Because I can sexually offend an no one will do anything about it

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The Power of Methamphetamine

THE PLEASURE TRANSMITTER - DOPAMINE RELEASES

FOOD CONSUMPTION = 150 UNITS OF DOPAMINE

SEX = 200 UNITS OF DOPAMINE

NICOTINE = 250 UNITS OF DOPAMINE

COCAINE = 350 UNITS OF DOPAMINE

MEPHAMPHETAMINE = 1100 UNITS OF DOPAMINE

SIDE EFFECTS (I)

Side effects from chemsex both when high and afterwards are more severe than other commonly used recreational drugs.

- Extended sex for many hours. A session can last for several days. It is common not to sleep
- Sometimes just two people. Sometimes multiple partners, multiple times. New people join and leave over several days
- Extreme sexual disinhibition – people use chemsex to do things they don't usually do
- Safe sex is less important or not important

SIDE EFFECTS ⁽²⁾

- Extreme sexual focus
- Overdose, paranoia, psychosis, blackouts
- XI gay man dies in London every 4 weeks
- Not being able to consent
- Increased risk of sexual assault
- Drug interactions can be serious and difficult to predict
- Meth / Meph can be injected 'slamming' – infections
- STI's common and frequent
- Multiple and repeat use of PEP
- Low adherence to ART by HIV + people

SIDE EFFECTS ⁽³⁾

- Serious short and long term mental health impact including: depression, anxiety, paranoia, psychosis
- 6 weeks recovery from x1 session
- Loss of life style stability in terms of employment, debt, housing, partnerships and friendships
- Increased use of GUM, STI, HIV and counselling clinics
- Involvement in the criminal justice system

PREVELANCE ⁽¹⁾

- London has the most concentrated chemsex culture in Europe
- Similar trends in other large UK cities
- Similar trends in Europe, USA and Australia
- **UK Antidote Service:**
 - 2005 chem use in 3% of all presentations
 - 2012 chem use in 85 % of all presentations

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PREVELANCE ⁽²⁾

Gay or bisexual men were more likely to have taken any illicit drug in the last year – 33% compared with 11.1% of heterosexual men.

UK Crime Report 2013

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PREVELANCE ⁽³⁾

'GAY STAR NEWS' SURVEY – SEPTEMBER 2017
1,117 respondents

- 60% reported significant depression / anxiety after chem use
 - 23 % have overdosed on G
- 1:10 have gone to A&E because of effects of chems taken
- Over half (53%) have taken sexual health risks when on chems
 - 1:10 reports being sexually assaulted in a chemsex environment
 - 1:4 (23%) know someone who had died after a chillout

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CRIME ^(I)

NON – SEXUAL CRIME

- DOMESTIC VIOLENCE
- VIOLENT ASSAULT
- ROBBERY
- SUPPLY AND POSSESSION
- POSSESSION OF OFFENSIVE WEAPON
- BLACKMAIL
- STEALTHING (GHB)

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CRIME (2)

SEXUAL CRIME

- SEXUAL ASSAULT
- RAPE
- INTERNET
- EXHIBITIONISM
- OUTRAGING PUBLIC DECENCY
- SEXUAL MURDER

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CONSENT IS A MAJOR ISSUE

A PERFECT STORM

- VULNERABILITY
- GEO-NETWORKING APPS (Grindr, BBRT, Nasty Kink Pigs, Scruff, Growler, Squirt, Adam 4 Adam, Hornet, Get 2 The Point)
- 24/7 ACCESS TO CHEMS
- PRIVATE SETTINGS
- LACK OF AWARENESS

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CHEMSEX RELATED SEXUAL CRIME – STATS

SO-17 SEXUAL OFFENCES EXPLOITATION & CHILD ABUSE COMMAND

Within a 3 year period 137 sexual assault incidents reported with a direct link to a chemsex context (2013 -2016)

GALOP / ANTIDOTE

Dramatic rise reporting on a weekly basis – 95% refusing to report for Police action

MET POLICE

Increase of action rates since using 'Havens' – 75% conversion rate

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SCOPING – HMPPS (Aug 2017)

National Probation Service

LifeLine

After Party Service

56 Dean Street

Metropolitan Police

Pink Therapy

London Friend

Antidote

South London & Maudsley NHS Trust

GALOP

Lucy Faithful Foundation

Public Health England

Central & North West London NHS Trust

Club Drug Clinic – Chelsea & Westminster Hospital

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PROFILE: VICTIMS & OFFENDERS

- DO NOT FIT TRADITIONAL PROFILE OF MEN WHO COMMIT SEXUAL OFFENCES
- OFFENCES OCCURING IN THE CONTEXT OF PSYCHOSIS OR EXTREME DISINHIBITION
- LACK OF UNDERSTANDING OF CONSENT
- LACK OF UNDERSTANDING OF WHAT CONSTITUTES A SEXUAL OFFENCE
- LACK OF UNDERSTANDING OF THE CONSEQUENCES OF COMITING A SEXUAL OFFENCE
- POST OFFENCE ONSET OF PTSD
- CONFUSION OF REALITY WITH FANTASY

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Profile: **EMERGING PICTURE**

- FETISHISING OF SEXUAL CRIME
- INCREASE OF LIVE STREAMING (ABUSE TO ORDER)
- EARLY EVIDENCE OF ORGANISED / PROFIT ABUSE
- EARLY INDICATORS OF CROSS OVER TO HETEROSEXUAL PAN-FETISH SCENE

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WHY?

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AN UNDERLYING CONDITION

Search for connection

Childhood experiences of exclusion

Daily homophobia

Toxic shaming

TRAUMA

Over-stimulated fight / flight reaction

Hypervigilance

Impact on the limbic system

Permanently oversensitive

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“Chronic recurring humiliation is the most damaging of all childhood trauma’s, 15% above all other trauma including sexual abuse”

**Dr Vincent Felitti
The Origins of Addiction: Evidence from the Adverse Childhood Experiences
(2006)**

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“LGBT people subconsciously perceive that they are fundamentally defective and develop extremely low self-worth, manifesting in depression, suicidality and other negative feelings”

Matthew Todd

Straight Jacket – How to be Gay and Happy

In x1 year 3% of gay men and 5% of bi-sexual men attempted to take their own life compared to just 0.4% of heterosexual men

In the same period 15% of gay and bisexual men self harmed compared to 7% of heterosexual men

50% of gay and bisexual men felt that life was not worth living compared to 17% of heterosexual men

1:7 gay men experience moderate to severe symptoms of depression and anxiety compared to 2% of heterosexual men

(Stonewall – Gay and Bisexual Men’s Health Survey)

Scoping: CRIMINAL JUSTICE AGENCY ISSUES

- Chemsex factor in offending not being recognized or disclosed
- Helpful language and questions not being used
- Scarcity of statistical evidence
- Mental health presentations being seen and assessed as separate issues
- Being responded to as a substance misuse issue
- Judgmental attitudes, incorrect information and inappropriate criminalization
- Heteronormative language and assumptions being used in treatment modalities, programs and assessments
- Heteronormative application of risk assessments
- Lack of professional awareness reflected in sentence planning and license conditions
- Failure to recognize causal and vulnerability factors
- Sentencers unaware
- Homophobia and religious bias

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Scoping: **ALL AGENCIES**

- Significant disclosure of victim experiences in all organizations
- Massive need for professional training and awareness raising
- Lack of specific intelligence pathways
- Absence of recognition of crime in all research to date
- Evidence of older MSM population being involved
- Lazy or totally absence approach to diversity principles

HOW DO WE PROCEED?

- Revisit and reassess principles of diversity in relation to LGBT people and if found wanting – do something about it.
- Do not work in isolation – develop links with the LGBT community and resources
- Recognize and respond to the need of practitioner awareness and training
- Develop and access practitioner case consultancy
- Develop the ability to ask the right questions
- Develop the ability to provide accurate informative reports
- Increase understanding of causal factors
- Address heteronormative assumptions in all areas of practice
- Establish data collection

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