Beyond Methamphetamine: Integrating Recovery, Sex, and Intimacy

DAVID FAWCETT PHD, LCSW
AUSTIN 2017
Objectives

- Participants will identify the impact of methamphetamine on the body and brain, particularly the brain’s reward center.

- Participants will understand how meth intoxication fuses with sexual behavior, resulting in high-risk behavior and challenges to recovery.

- Participants will be able to name specific suggestions to help clients reintegrate healthy sexuality into their lives without triggering a drug relapse.
Creating safety
What is Meth-Sex?

• Meth-Sex / Chemsex / Drug-Sex
• Combines synthetic amphetamines and sex
• Also GHB, Ketamine, Mephedrone, “come-down drugs,” etc.
• Party and Play (PNP)
• Facilitated by apps
Drug-Sex Connection

Most common:
- Methamphetamine
- Cocaine or Crack
  Cocaine
- GHB
- Ketamine
- “Ecstasy”
- Poppers

- *Mephedrone (UK)
- Other synthetics
The Problem

• 2014 CDC National HIV Behavior Surveillance

  NY meth use doubled in 3 years

  Up both in LA and SF

  Cathy Reback PhD (UCLA and Friends Institute)

  “1 in 4 gay men in LA consistently using meth”

• Ten years ago a phenomenon of affluent, gay, urban, white men

  2016 - Gay Men of African Descent (Brooklyn counseling center)

  20% - 40% of clients use meth

  6 of 10 African-American MSM predicted to be HIV-positive by the age of 40.
The Problem

- **20% of Transwomen use meth**
  

- **Injection drug use was 34% among MTF transgender individuals and 18% among FTM transgender individuals.**
  
  (2000) San Francisco study by Dr. Kristin Clements at the San Francisco Department of Public Health AIDS Office.
Texas Opioid Trends

Increasing heroin use by young adults
First “cheese heroin among youth in Dallas mid-2000s
The average age of those who died from heroin declined from 40 years old in 2008 to 36 years old in 2015

Less likely to be people of color

Black tar or powdered brown (black tar combined with diphenhydramine)
Mexican opium production increasing for US market

Calls to Texas Poison Center Network involving exposures to heroin and treatment admissions both peaked in 2015

Treatment admissions of whites increased from 40% in 1974 to 61% in 2015
Average age of those seeking treatment in 2015 was 34 years old; and 60% male

Synthetics
Rogue Fentanyl appeared 2016
Other synthetic opioids like UR-47700 also appearing

Jane Maxwell Substance Abuse Trends in Texas, 2014
Fentanyl

Deaths are increasing in the Northwest and Midwest and have now moved to Texas.

DEA: fentanyl-related deaths nationwide are up by 73%

In Travis County, the health department and even hospitals do not record fentanyl-related overdoses and deaths. (April 2017)

Central Texas Poison Center: 378 fentanyl-related calls, mainly prescription overdoses. “We only have those data if we are notified by someone at home or usually a hospital in the case of Fentanyl.”
Texas Meth Trends

• Decrease in meth indicators after the 2006 ban reversed beginning in 2008. Indicators are now at similar or higher levels than ever seen in Texas.

• Higher purity and potency is due to the P2P formula of the drug made in Mexico (DEA)

• Calls to Texas poison control centers for methamphetamine increased from 279 in 2012 to 356 in 2013.

• Street outreach workers report that more psychotic episodes among meth users.

• Areas in Texas traditionally dominated by heroin now report more methamphetamine incidents than heroin.

• Meth is second most frequently identified drug analyzed by NFLIS laboratories in Texas, exceeded only by marijuana/cannabis.

• DEA: meth is #1 drug threat in the Dallas area and #2 in Houston (Maxwell 2016)

Maxwell Substance Abuse Trends in Texas, 2014; Maxwell Texas SCS Profile 2016
Texas

**Drugs and drilling**

Data collected and analyzed by the Houston Chronicle show a strong correlation between drilling activity in and around the Permian Basin and the number of times state troopers seized crystal meth during traffic stops or large scale drug busts.

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*Source: Analysis by the Chronicle’s John D. Harden of data from the Texas Dept. of Public Safety and Baker Hughes*
Effects of Various Drugs on Sex

• A sexual experience is impacted by drug’s chemistry and expectations of the user

• This workshop: special attention to stimulants

• Alcohol
  • disinhibits but doesn’t necessarily enhance sex
  • Erectile dysfunction, dulled sensations, delayed or difficult orgasm

• Marijuana
  • Aphrodisiac, disinhibitor, enhances sensations (in 2 of 3 persons)
  • Decreased fertility, erectile dysfunction
Effects of Various Drugs on Sex

Ecstasy
- Euphoria, empathy, sensuality without physical sex
- Sexual impairment: decreased drive and sexual dysfunction

Dissociatives
- Hallucinogens/Psychedelics
  - Subjective, unreliable, distracting
- GHB (respiratory), DMT (too immobilized for sex), Ketamine (respiratory), PCP (respiratory)

Nitrites (poppers)
- Relaxed, brief, intense; relax blood vessels and soft tissues
- Blood pressure, Viagra interaction, purity
Effects of Various Drugs on Sex

Opiates
- Perhaps the least “sexy”
- Often reduce sex drive, make orgasm nearly impossible
- Least studied in relation to sex

Stimulants
- Feeling invincible, focused, enhances sensation, erectile dysfunction
- Kills pleasure in sober sex

https://www.vice.com/en-au/article/this-is-your-sex-on-drugs-456
Methamphetamine is the Core Molecule
Dangerous trends in meth production

Until 2005:

“Mom and Pop: labs

2005 “Combat Methamphetamine Epidemic Act

Today:

Cartel “superlabs” revolutionize production
Price and Purity of Methamphetamine in USA 2007 – 2012

Oct 2007 to Dec 2012

Price Down 72%
Purity up 120%

Source: USDJ: DEA – STRIDE Data
LIMBIC / Reward Center

Food
Sex
Excitement
Comfort
Nurturing

◊ Reinforcement for pleasure, then neural pathway formed: creates tolerance
Meth and dopamine

Meth is neurotoxic

Destroys the dopamine transporter system
Effects of dopamine

- Natural Reward (feeling good helps survival)
- Dopamine affects wanting, desire
- Bonds discrete elements
  - “What fires together wires together”
- Brain adjusts to external hyperstimulation
  - Tolerance
  - Reduction in dopamine receptors
- Increases, confidence, energy, sexual desire
Dopamine

• Brain’s Reward Center (Limbic system)
• Natural Reward (feeling good helps survival)
• Dopamine affects *wanting, desire*
• Bonds discrete elements
  • “What fires together wires together”
• Brain adjusts to external hyperstimulation
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  • Reduction in dopamine receptors
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Relative Dopamine Reward
Meth in the Body

Acute Physical Effects
- Increases heart rate, blood pressure, pupil size, respiration, sensory acuity, energy
- Decreases appetite, sleep, reaction time

Chronic Physical Effects
- Tremor, weakness, dry mouth, weight loss, cough, sinus infection, sweating, burned lips, sore nose, oily skin/complexion, headaches, diarrhea, anorexia
Meth in the Body: Neuroinflammation

Methamphetamine induces neuroinflammatory effects, which may contribute to its neurotoxicity.

- Damages dopamine transporter system
- Cognitive effects (CBT “light”)
- Persistent damage to dopamine and serotonin release in nerve terminals


Meth in the Body: Cardiovascular

Enhanced cardiovascular effects

◦ May occur in relapse after prolonged abstinence due to development of sustained tolerance

◦ May underlie clinically reported acute cardiotoxic events

Vaupei, Schindler et. al. 2015 Drug and Alcohol Dependence
http://www.sciencedirect.com/science/article/pii/S0376871615018232 (rhesus monkeys)
Meth in the Brain

Acute Psychological Effects
- Increases confidence, alertness, mood, sex drive, energy, talkativeness
- Decreases boredom, loneliness, timidity

Chronic Psychological Effects
- Confusion, concentration, hallucinations, fatigue, memory loss, insomnia, irritability, paranoia, panic reactions, depression, anger, psychosis, formication, scarring
Partial Recovery of Brain Dopamine Transporters in Methamphetamine Abuser After Protracted Abstinence

Normal Control

METH Abuser (1 month detox)

METH Abuser (24 months detox)

Impairments of facial emotional recognition

Reduces empathy
Capacity to identify emotions from facial expression and infer mental state impaired
Drivers of LGBTQ meth use

• Numb uncomfortable feelings:
  • Shame
  • Stigma
  • Fear
  • “Less than”
  • “I feel like damaged goods”

• Boredom

• Search for connection and belonging

• “Celebrating” transgressive sex
Meth-sex fusion

Dopamine causes bonding

Sexual desire becomes highly focused, meth dependent

Requires increasing stimulation, risk, taboo for same effect
Sexual templates

• Develop age 4-5
• Can expand
• Difficult to remove elements
• Meth-sex fusion:
  Alters template
  Focuses template
  Tolerance

The jumble of elements in our sexual templates
Meth and HIV/AIDS

Risk for acquiring HIV
- IDU (8%) – higher for transgender
- Booty bump (risk for HCV)

Risk for persons living with HIV/AIDS
- Adherence/resistance complications
- Impacts immune system, inflammation, cardiac concerns
- Drug interactions
- Profile of vulnerability “I feel like damaged goods.”


Recovery

Most important factors:

• Social Connection
  Social bonding reduces amphetamine effect
  (Liu Young J. 2011. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3114880/)

• Belonging

• Retention
Clinical Skills for Sexual Discussions

- Disrupt avoidant behaviors
  - Silence, shaming, stigmatizing, microaggressions
- Create safe space for clinician expression/supervision
- Be alert to clinician shyness/hostility (shift, deflection, refocusing)
  - Can result in patient “taking care” of clinician
- Be alert to suppression of sexual discussion (clinician anxiety, unwitting collusion)
- Be alert to traditions and suggestions (abstinence, masturbation, sex in general, relationships in first year, etc.)
Clinical Skills for Sexual Discussions: Precise Language

- Clarify vague client sexual language
  - “We did it last night.” “I would never do that.” “That’s sick.”

- Modeling
  - Clinician senses patient discomfort and offers examples

- Help patient avoid depersonalizing language
  - (shifts from first to second or third person when speaking about sexual issues. For example, “it,” “you,” “someone,” “they”)
Creating Healthy Sex & Intimacy

Reclaiming or Creating?
Many LGBTQ persons have never had sex without substances
Sex and intimacy in sobriety is like a “second coming out”

Issues:
Cognitive Escapism
  ◦ “I am damaged goods’
Shame -> Worthiness
Trauma
Managing Feelings
Relationship Patterns
  ◦ Codependency; Love Addiction; Romance Addiction
Practical Steps for Healthy Sexuality in Recovery

1. Take a break from sex
2. Avoid alcohol and other drugs; and avoiding porn is recommended
3. Get rid of apps and online profiles
4. Patience – the brain requires up to 24 months to create new pathways
5. Don’t use meth fantasies without meth
6. Avoid impulsive behaviors and hook-ups; try a date
7. Grieve meth-sex and let it go
8. Focus on feelings and body sensations; not on thoughts and fantasies
9. Consciously desensitize triggers and have a relapse prevention plan
10. Work on yourself before getting into a relationship with someone else
Danny

Danny is a 24 year old, Hispanic gay man with a history of combining sex, meth and GHB. He appears depressed. He states that his parents disowned him at 15 and that he experienced sexual violence as an adolescent and more recently in “wild scenes” with other meth users. He supports himself with odd jobs and escorting. He was diagnosed with HIV one year ago and reports that he is “mostly in care” although his viral load “bounces around” between 200 and 500. He is trying to get clean but relapses every 2-3 weeks when he gets “too horny.” He dreams of finding Mr. Right who will give him an “escape route” out of his current living situation.

What are your first case management interventions for Danny?

What more information do you need to know?

What practical steps can you give him for integrating recovery, sex and intimacy?
LUST, MEN AND METH
A GAY MAN’S GUIDE TO SEX AND RECOVERY

DAVID FAWCETT, PhD
Foreword by Mark S. King

Winner POZ Award in Media and Culture
2016 Best Nonfiction Literature
Texas Meth Stats

Calls to Texas Poison Center Network

<table>
<thead>
<tr>
<th>Methamphetamine/amphetamine</th>
<th>In the year 2006: 356</th>
<th>Poisoning Deaths (by psychostimulants including meth and amphetamine)</th>
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Study Meds to Reduce Meth Cravings and Prevent Relapse

Buproprion (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.

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).
Fentanyl, Methamphetamine and other Emerging Synthetic Drugs:

Their Origin, Trends and Deadly Impact

DAVID FAWCETT PHD, LCSW
AUSTIN 2017
Prevalence of NPS by effect

New psychoactive substances by effect group, up to 2015

- Synthetic cannabinoid receptor agonists: 35%
- Stimulants: 35%
- Classic hallucinogens: 18%
- Opioids: 2%
- Sedatives/Hypnotics: 2%
- Not yet assigned: 5%
- Dissociatives: 3%

*United Nations Office on Drugs and Crime
Classes of Novel Psychoactive Substances (nps)

Cannabinoids
Tryptamines-Psilocen, DMT, Serotonin
Piperazines-BZP and TFMPP
  ◦ (ecstasy substitute)
Opiates-Clandestine fentanyl
Benzodiazepine Analogs- Etizolam
Phenethylamines-Includes Cathinones
  ◦ Methamphetamine
Research Drugs: Why are They Here?
Synthetic Drugs: What Are They?

- Man made psychoactive substances
- Drugs created in labs designed to mimic the effects of illicit drugs (i.e., cocaine, marijuana, heroin, methamphetamine, crack, etc.)
- Their complex chemistry and ingredients are intended to change human brain function
Synthetic Drugs: What They Are Not

- **Spices** or **herbs** used for cooking
- **Minerals** added to water to be used for muscle relaxation (i.e. Epsom salt)
- **Incense** used to make a room smell good
- **NOT SAFER** to use/abuse than illicit drugs
RCMP: Pill press seized in British Columbia in March 2016
<table>
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<tr>
<th>Actual Xanax</th>
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**REAL**
Roxicodone

**COUNTERFEIT**
pill
HEROIN: Killer
OLD DRUG, NEW EPIDEMIC
The Morphine Molecule

- Binding to and activating the opioid μ receptors in the brain and spine
- Principal effect on the central nervous system and gastrointestinal tract
- Primary actions are analgesia and sedation.
History of Opiates in the U.S.

From the late 1800’s to the 1900’s, drug companies sold over the counter drug kits containing glass barreled hypodermic needles and vials of morphine or heroin.

Laudanum was a mixture of opium in an alcohol base and used as we would use aspirin today.

Heroin, morphine and other opiates were sold legally in the U.S. until 1920 with the passing of the Dangerous Drug Act.

In 1925, there were an estimated 200,000 heroin addicts in the U.S.
History of Opiates in the U.S.
The Morphine Molecule

The Last 20 Years
1996
Purdue Pharma releases OxyContin

Nation’s first Pill Mill
South Shore, Kentucky

American Pain Society
“Pain as the 5th Vital Sign”
Drug Overdose Deaths Increased Significantly from 2013 - 2014

- Increases in opiate overdose deaths were the main factor in the increase in drug overdose deaths.
- The death rate from the most commonly prescribed opioid pain relievers increased 9%.
- The death rate from heroin increased 26%.
- The death rate from synthetic opioids, a category that includes illicitly manufactured fentanyl increased 80%.
- Florida ranked # 3 in the nation with 2,634 drug overdose deaths in 2014.
Deaths from drug overdoses have jumped in nearly every county across the United States, driven largely by an explosion in addiction to prescription painkillers and heroin.
Increasing heroin use by young adults
  First “cheese heroin among youth in Dallas mid-2000s
  The average age of those who died from heroin declined from 40 years old in 2008 to 36 years old in 2015
Less likely to be people of color
Black tar or powdered brown (black tar combined with diphenhydramine)
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Synthetics
  Rogue Fentanyl appeared 2016
  Other synthetic opioids like UR-47700 also appearing

Jane Maxwell *Substance Abuse Trends in Texas, 2014*
Targeting the Supply and Demand Problem

- 5% of World Population
- 99% of Hydrocodone Consumed
- 85% of Oxycodone Consumed
- 80% of New Heroin Abusers Start with Opioids
Cycle of Addiction

- Starts with a low-level narcotic prescription
- Once addicted a person may want a stronger narcotic
- As addiction continues a person may want an even stronger narcotic such as OxyContin at a cost of approximately $25 - $80 per pill.
- Addicts who crave a stronger narcotic such as OxyContin, find that heroin is a cheaper high costing $10 a bag
HEROIN TYPES: SOURCE-FORMS

“Black Tar” Heroin: Mexican

Brown powder Heroin: Colombian/SWA

White powder Heroin: SEA
Novel Psychoactive Opiate-Like Substances

- Fentanyl Analogues
- W-18
  - research shows no opioid effects
- AH -7921
  - used in synthetic cannabis in Japan; discovered in horses in 2015 at Belmont)
- U-47700
  - “Pink” and “U4”
Novel Psychoactive Opiate-Like Substances

- MT-45
  - 80% potency of morphine
- Carfentanil
  - 1974 Janssen
  - 10,000x more powerful than morphine
  - Concern as weapon of mass destruction after Moscow theater incident
  - Strength equivalent to nerve gas)
  - Used as adulterant
Fentanyl

This fast-acting painkiller has been used as a surgical analgesic for decades, but in the last few years, synthetically made versions of the drug exported from clandestine labs in China and Mexico have made their way to street.
Deaths are increasing in the Northwest and Midwest and have now moved to Texas.

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What is an opioid overdose?

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.
Overdose Prevention: Naloxone

Narcan reversing an overdose

Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.
Medication-Assisted Treatment

- **Medication:**
  - Stabilize brain chemistry
  - Block the euphoric effects of opioids
  - Relieve physiological cravings
  - Normalizes body functions

- **Counseling**

- **Support from family and friends**
# Medication-Assisted Treatment

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<th>TYPE</th>
<th>DESCRIPTION</th>
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<td>Antagonist (blocks receptors)</td>
<td>Can cause severe withdrawal; no effect if no opioids</td>
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<td>Buprenorphine</td>
<td>Partial agonist (triggers receptors)</td>
<td>Tricks brain into thinking it has opioids but no high; intended to taper</td>
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<td>Suboxone</td>
<td>Combination of above two</td>
<td>Addictive potential; sold more than Viagra and Adderall combined in 2013; can benefit alcohol treatment</td>
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<td>Methadone</td>
<td>Agonist (triggers receptors)</td>
<td>High addictive potential; intended to taper</td>
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Cathinones

Methamphetamine
Rudy Eugene

Dehydrated: 5 Bottles of Water

Elevated Body Temperature

Bizarre/Violent Behavior

Nude: Elevated Body Temperature

Bizarre/Violent Behavior
SYNTHETIC CATHINONES: WHAT THEY LOOKS LIKE

What it looks like? Whatever you want it to look like!!!
Can look like Crystal Meth – Molly – Heroin – Bath Salt – Crack Cocaine – Powder Cocaine
Street names: Flock(s), Flocka, Gravel.
MDMA/Ecstasy

Acute Effects of Ecstasy
- Heightened perceptions
- Stimulation
- Reduced appetite
- Euphoric mood

Ecstasy pill on a tongue, a cat in space, a bag of pills, an MRI scan, and a party scene.
Bath salts
Synthetic marijuana
Molly / Flakka
Methamphetamine
The Problem

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  NY meth use doubled in 3 years
  Up both in LA and SF
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Houston Chronicle
Partial Recovery of Brain Dopamine Transporters in Methamphetamine Abuser After Protracted Abstinence

Meth – Sex Fusion

• Dopamine causes bonding

• Sexual desire becomes highly focused, meth dependent

• Requires increasing stimulation, risk, taboo for same effect
Recovery

• Long, difficult process
• Relapse-prone
• Increased visual triggering (dopamine bonding)
• Persistent mood concerns, hopelessness
• Brain requires time to heal
• Co-occurring sex addiction must be addressed
• Refocus sexual template
Recovery

Most important factors:

• Social Connection
  Social bonding reduces amphetamine effect
  (Liu Young J. 2011. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3114880/)

• Belonging

• Retention
Practical Steps for Healthy Sexuality in Recovery

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www.david-fawcett.com

https://www.facebook.com/lustmenmeth

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