Differences between and approaches towards Sex addiction treatment & Chemsex treatment.
By Stu Fenton 18/08/2019

Since the beginning of my career I have been very passionate about and interested in helping gay and bisexual men recover from Chemsex. Chemsex is the use of drugs, including stimulants, in conjunction with sex or sexualized behavior. The most common drugs used are Methamphetamine, GHB, Ketamine, Ecstasy, Amyl nitrate, Mephedrone and are most often combined with the use of online dating apps for creating spaces for group sex and hook ups to take place.

Having been through the experience and having found healing and recovery from it I felt sure I knew quite a few of the tools and resources required to break free from it. I believed this gave me a head start when working with clients. Particularly when working with men that specifically wanted abstinence. 13 years into my career - 2015 I was participating in a trauma workshop in Arizona. Almost all the therapists attending were sex addiction therapists and this was curious to me. I asked them why? I was told that sex addiction was now the fastest growing addiction in the US and many people were becoming sex addiction therapists to keep up with the demand by those in need. I returned to Australia and enrolled to study sex addiction. Two years later I finished my studies and began working in a treatment centre wearing two hats. We'd established a Chemsex track in a rolling 8 week program focussing on what we had decided was most relevant to men trying to recover from Chemsex. Some of the themes included:

- Intro to Chemsex
- Saunas & Circuit Parties
- App hygiene
- Intimacy and Intensity
- HIV & STIs Sexual & Sexuality
- Sober Sex
- The ethics of consent & other legal aspects
- Grief and Letting go of ChemSex
- Belonging, Community & Connection
- Rebuilding - Redefining healthy sexuality

Soon after completing my sex addiction training I started to facilitate sex addiction groups in a 12 week cycle with self identified sex addicts who were mostly heterosexual who came predominantly from the men's only section of the facility.

The Chemsex group runs with great popularity still but for me as a clinician what I found most interesting was the similarity between how the two cohorts presented and yet how differently they engaged with suggestions and interventions for recovery. Initially both appear to be hypersexual in their behaviour, their risk taking behaviours can be surprising and they both shared an inability to see clearly the link between actions and consequences. In most cases gay and bi men reject the strict requirements of the Patrick Carnes model but at the same time are willing to utilise some of the support tools like creating bottom lines, utilising SLAA and SAA as fellowship support systems and getting sponsors. Both parties are often good at working through the 7 tasks of the Carnes model.

In treatment however one clear distinction makes an important difference. The Chemsex clients are always combining drugs with sex but the sex addiction clients often are not (but not always) and are still hypersexual in their behaviours.

So there is a dilemma applying the phrase sex addiction to the Chemsex group as they are a cohort that have traditionally/historically been told that their sexuality is ‘wrong’ or ‘disgusting’ and they will often resist being told what to do with their sexual behaviour, Many gay and bi men are quite assertive in treatment expressing that they want to be sex positive and want to continue their sexual behaviour close to what it was prior to treatment but minus the drugs.

Whereas a lot of heterosexual men when they come to treatment are much more willing to abide by an abstinence approach because it is important for them to be sober and guilt/shame free but also they want to save their relationship/marriage and to be available to their children. Saving their relationship often means returning to monogamy. This is often NOT the case with gay and bi men.

Sometimes there are more drivers for heterosexual people in that regard. With many of the heterosexual sex addicts the value system of their partners (and often them too) is monogamy and this is a driver with them that is not as common with gay men. Many of the gay men I work with are single or in open relationships so this is often not a motivating factor but is an important motivator with the heterosexual sex addict cohort.

So in treating sex addicts the approach in a basic sense is:

The person is placed on a sober contract. There is an idea that having been stimulated for so long sexually, it has lit up the reward centre part of the brain and that keeps people on high alert for acting out with sex, which also can include engaging with fantasy. This contract takes a lot of those triggers out of the client’s life for 90 days and the idea is that that’s enough time to cool down that part of your brain and allows a person to stop acting out and starts to burn new neural pathways so that they can start a new way of thinking.

We then work through looking at what the secrets are in a person’s life, what are the drivers for this, where did this start in their life and basically create a relapse prevention plan to contain the sex addiction. Facing The Shadows - The Patrick Carnes Workbook is a great starting point and working through the 7 initial tasks from this model. If the person is in treatment then we create a continuing care plan so that when the person leaves treatment they can go somewhere where they can continue to be seen on a weekly basis by a certified sex addiction therapist; they can attend 12 step meetings that are similar to AA. The programme allows them to develop their awareness and understanding what their sexual arousal template is and then putting moderation containing structures in place to keep that person safe from acting out sexually.

To look at who is a sex addict we generally have them complete a SAST test but before this a simple initial test to define who actaually is a sex addict I ask three main questions:

- Are you engaging in the behaviour so that’s its taking up ordinant amounts of time and money?
- Are you engaging in sex at the expense of spending time with your partner or children?
- Are you feeling miserable, remorse, guilt and shame daily because of your behaviour?

Most heterosexual sex addicts say an unequivical yes to these three questions however most gay and bi men say no to these three questions which means we have to work in a different way.

With gay men and as I said before some of the tools can be used however I see all Chemsex engagers as different and requiring specialised attention from professionals who really understand and know the

intricacies of this issue. Too often I hear therapists say of Chemsex engagers that they have both sex addiction and drug addiction simultaneously. The truth is they may have chemical addiction or probematic drug use and problematic sexual behaviour but not necesarily sex addiction. A sex addiction approach should only be offered to a Chemsex engager only after they have completed a SAST and they have mananged some distance from their drug use so therapist and client can see if their libido returns to normal without drugs being the primary motivator. Also another way of identifying if a gay/bi man is actually a sex addict is to ask them to describe their sexual behaviour to you before they started using drugs. I have found that most gay/bi men did not have hypoersexual behaviour until they began use of the hyper arousing Crystal Meth and GHB, Cocaine and Methahdrone.

Once it is clear if the Chemsex engager does not identify as sexually addicted then the approach begins which usually still includes the client creating boundaries around their behaviours, doing psychotherapy sessions and seeking out underlying issues while learning both CBT and DBT skills for distress tolerance and self regulation. Many are still quite happy to engage with 12 step groups and other support groups that focus on drug abstinence but in the gay/bii men the focus is more in these chemical abstirnence groups rather than the sex/love groups because they generally find that if they stay away from drugs they are able to control their sexual urges better and don't feel inclined to act out sexually the way they did on Meth, GHB etc. Some engage with SLAA and SAA and yet some don't. Most have stated and from what we have seen remain abstinent when they abstained from both sex and dating for a minimum of six to twelve months to ensure that the fusion between both drugs and sex has separated and one no longer triggers the other. This gives them the best chance to minimise the amount of triggers in their first year of recovery.

These differences may seem minimal but I believe it is vital for the therapist to understand the differences between the two conditions. Both I believe require cultural competence especially for the Chemsex cohort because their needs to be a certain sensitivity and understanding in regard to the repression and marginalisation of gay men and their sexual expression that is not necessarily a factor with the heterosexual men. Many of the interventions offered to the Chemsex cohort may be the same as those offered to the sex addicts however in order for them to be condsidered and taken on board they must be offered with knowledge and understanding of what beliefs, values and experiences that gay/bi men bring with them otherwise applying an abstinence only - Carnes model will not work.