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INTERPERSONAL NEEDS OF GBMSM WHO PRACTICE SEXUALIZED SUBSTANCE USE:

A critical component in treating substance use disorders among sexual minorities

UQÀM | **Chaire de recherche du Canada
sur les personnes de la diversité sexuelle
et de genre et leurs trajectoires
de consommation de substances psychoactives**

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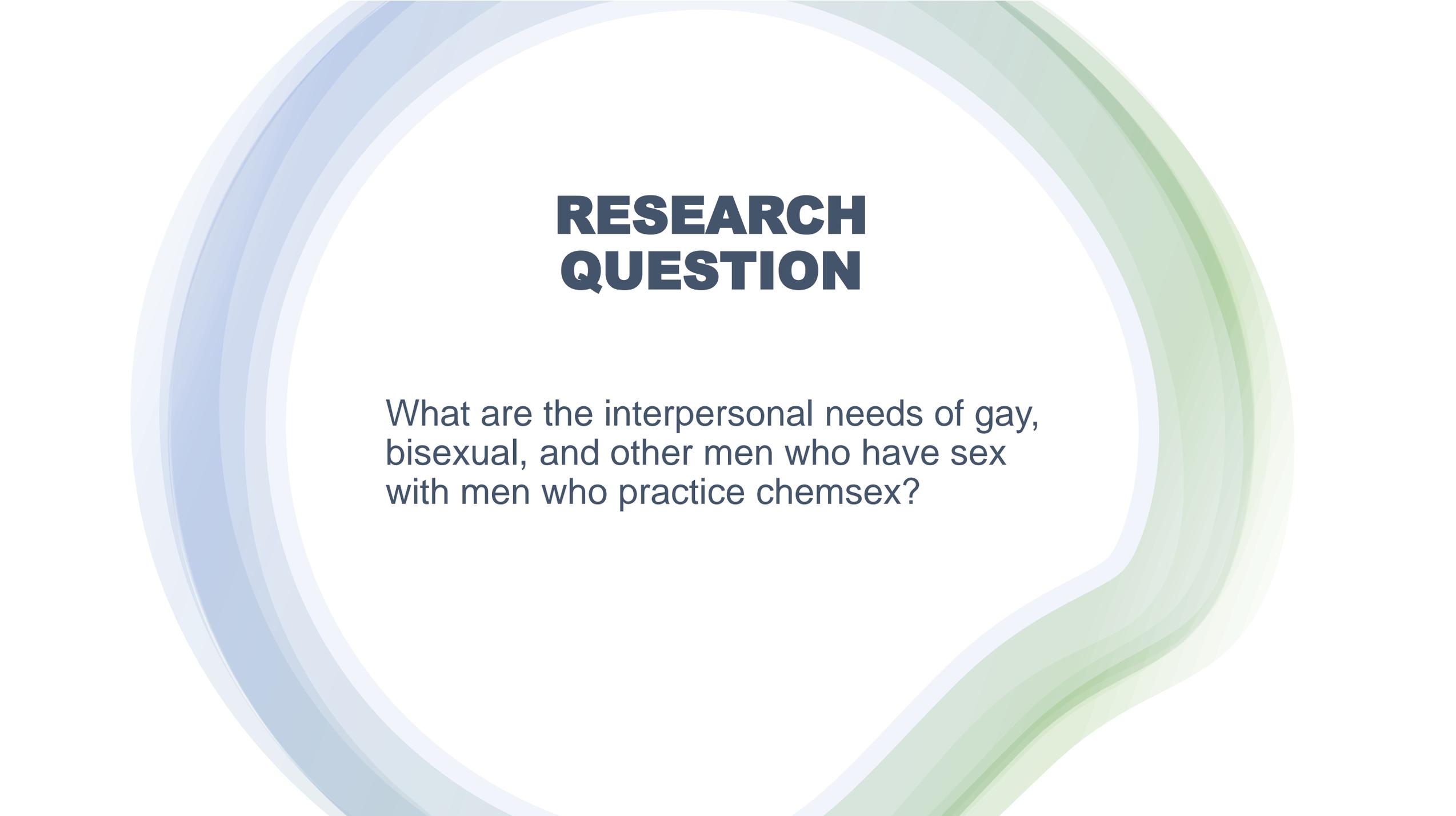
Conflict of Interest Statement

The authors declare that there are no conflicts of interest to report.



BACKGROUND

- Much of the existing literature on chemsex approaches this phenomenon from what Moller and Hakim (2021) call the “risk paradigm” – placing particular emphasis on the dangers of this practice.
- Far fewer studies consider the interpersonal or relational dimension of chemsex.
- Current treatment protocols seem to lack a clear understanding of the unique challenges faced by gay, bisexual, and other men who have sex with men (gbMSM).



RESEARCH QUESTION

What are the interpersonal needs of gay, bisexual, and other men who have sex with men who practice chemsex?



METHODOLOGY & DATA COLLECTION

Secondary analysis of in-depth qualitative interviews from the “PnP Within Diversity” research project with 64 self-identified gbMSM and non-binary people

Rapid Assessment Process

Analysis of codes related to research question

DATA ANALYSIS



Audio recordings were transcribed orthographically, including all sounds and hesitations



Six-phase approach to thematic analysis developed by Braun and Clark (2006) using NVivo12



15% of the material was co-coded

Seeking belonging and connection...

- “What I missed on a social level was **sharing my experiences**. But in a 12-Step group, with its principles that you must stop, [...] when I didn't stop or when I thought I wasn't capable, **I didn't have a place to discuss it**, to talk about it. [...] I had no room to talk about it.” – Hudson
- “I think that at the root of drug use is a **need for connection**, which is missing. [...] We fuck, but we don't connect. We don't talk to each other. We don't dare reveal ourselves, because showing our feelings is a sign of weakness.” – Maverick

Longing for acceptance and validation from the Other...

“In my personal life, I was all alone, I’m an immigrant...to find this micro-society where you can feel comfortable as a gay man, an immigrant, **accepted, not judged, tolerated**, and that’s it! You can also talk about real problems without being told you’re sick, you’re fucked up. It’s amazing!”
– Jackson

“I felt a bit like not being straight, being bisexual or whatever, I didn’t feel that I would have been supported with this issue. So, I **kept quiet about my drug use and sexuality issue**, because the two were linked, interrelated.”
– Oliver



Working through concerns related to intimacy and sexuality...

“Sex is intrinsically linked. **I didn't masturbate for at least two months** when I stopped using, because I was scared. I had a desire for sex, but I didn't want to go on the apps because it scared me. You always have the idea to masturbate, but now, will I be able to?, will it trigger me to use? So I was scared, and who do you talk about this kind of thing to?” – Arnaud

“It's so addictive and so powerful. The power of it, it's dynamite [...]. Because sexually, when you've experienced that, **you have a really tough time going back from it**, you need to get used to it again (sex without crystal meth)”. – Jacob

A conceptual framework behind these three themes: ***SHAME***

Shame from being:

- Rejected by loved ones due to methamphetamine use
- Labeled due to the perception that methamphetamine is “dirty”

Methamphetamine use to:

- Mitigate shame around (homo)sexuality, explore one’s sexuality and “shameful” sexual practices
- Break free from stigma and shame created by homophobia, transphobia, misogyny, and expectations of sexual performance

RECOMMENDATIONS TO SERVICE PROVIDERS

1

Encourage clients to share about the positive aspects of their use of methamphetamine

2

Pay close attention to manifestations of shame in the client's narrative and body language

3

Train in substance use disorders and issues related to sexuality in order to help clients reappropriate their sexuality

4

Create safe spaces like therapy groups lead by professionals trained in substance use disorders and sexuality and sexual health

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