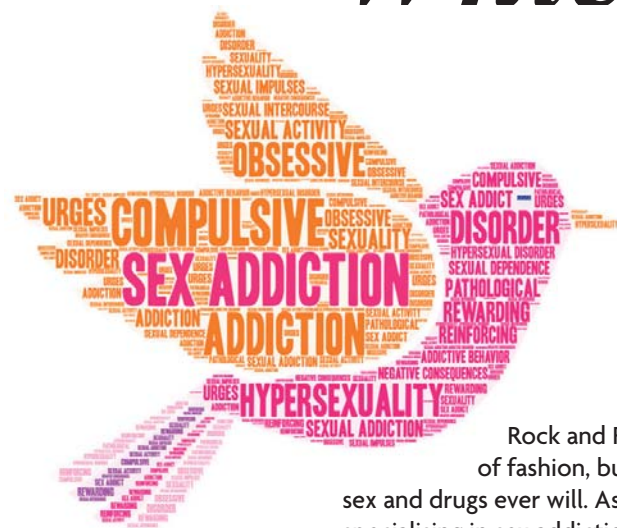


# Which comes first? Sex or drugs?



Rock and Roll may have gone out of fashion, but it doesn't look like sex and drugs ever will. As an addiction therapist specialising in sex addiction, I see more and more clients struggling with concurrent drug use and seeking help to overcome their compulsive sexual behaviours. I hear from clients that now problematic porn use is often shared in many Alcoholics and Narcotics Anonymous meetings. And in my work as a psychosexual therapist, I regularly hear about the problems facing sexual health workers who are seeing a growing number of patients struggling with ChemSex, but reluctant to access drug services. Sex and drugs have long been closely connected, loved by some, scorned by others and a major addiction problem for many.

In this article we look at the most common drugs used to enhance sexuality and sexual functioning and the importance of understanding sexuality and sexual compulsivity, so we can help clients achieve full recovery. We will also consider primary and secondary addictions and how to most effectively work with this client group.

**Why people enjoy sex and drugs.** Sex is perhaps the most powerful high we can achieve without any external chemical intervention. It can make us feel alive, excited, invigorated and euphoric – and soothed and relaxed. Additionally, when partnered, we can feel wanted, affirmed, cared for and cherished. Of course, this doesn't happen every time, but the dopamine rush we enjoy during sex will cement the positive experiences into the reward centre of our brain and drive us to seek them out, again and again.

No wonder we can become addicted. And if sex begins to fail our expectations, we can diversify to other sexual activities and/or combine sex with a quick shot or snort, significantly elevating the natural high. If repeated regularly it's only a matter of time before 'sober' sex loses appeal.

Another seeming advantage of combining sex and drugs is that it can open the playing field for those who fear missing out. It's not only the young, fit and confident who have sexual desires, but all of us. The powerful disinhibiting effect of many chemicals allows people who might be shy, socially awkward, body conscious or fearful of rejection to join the party as well – literally.

A wide variety of drugs are commonly used to enhance sexual experience, many easily available, relatively low cost and with different benefits. All are addictive, some more than others. In no particular order, the most common drugs are:

- Alcohol – reduces inhibitions and relaxes
- Cannabis – reduces inhibitions and relaxes
- Cocaine – reduces inhibitions and increases arousal (but decreases erectile function)
- Illegal highs – increase arousal, intensity of orgasm
- Ecstasy – enhances sexual sensation and increases feelings of connection and intimacy
- Ketamine – reduces pain, inhibits gag reflex and relaxes muscles
- Crystal Meth – increases libido and arousal and delays ejaculation
- GHB/GBL – increases libido and confidence
- Mephedrone – creates euphoria and affection
- Amyl Nitrate – relaxes muscles
- Viagra – increases erectile function and delays ejaculation.



## About the author

Paula Hall is a UKCP Reg. sex & relationship psychotherapist, writer and broadcaster who specialises in sex addiction. She is clinical director of The Laurel Centre which provides nationwide treatment for sex and porn addiction, ChemSex recovery and support for partners. She is also course director for ISAT, the Institute for Sex Addiction Training which provides the Accredited Diploma in Sex Addiction Counselling as well as CPD days for professionals. She is author of *Understanding & Treating Sex Addiction* (Routledge 2013) and *Sex Addiction, The Partners' Perspective* (Routledge 2015) and is widely published in academic journals as well as popular press.

## Meet the author

Paula Hall will be presenting on this topic at the DB Recovery+ symposium on World Drug Day: [www.recoveryplusdb.com](http://www.recoveryplusdb.com)

*Sex and drugs have been closely connected: loved by some, a major addiction problem for many. Paula Hall guides us on dealing with concurrent chemical and sex addiction.*

As you can see, drugs can serve different sexual functions and, when combined, can provide the confidence and capacity to enjoy a wider range of intense sexual experiences. And as our society becomes increasingly open to sexual diversity and opportunity, more and more people are likely to experiment which inevitably means more will become addicted. When that happens, which addiction do we work with first?

**Primary or secondary addiction?** Traditionally, sex and porn addictions have been treated as secondary addictions, with many therapists hoping that overcoming the alcohol would automatically resolve compulsive sexual behaviours. This is understandable, especially when clients explain that they 'act out only when drunk' or 'see sex workers only when they want to score' or 'use extreme porn only when taking illegal highs' or 'only engage in risky sex on G'. Too often, this is taken at face value and the clients themselves can be unaware of the complexity of concurrent addictions.

The critical question to ask is "how do you imagine your sex life will be without alcohol/drugs?". For those in ChemSex communities, the question is "How do you imagine your social life will be without Chems?" If they're at rock bottom, this might not be an urgent concern. But as they get into recovery, if they haven't addressed the sexual issues, there's a significant risk they will relapse chemically to enable them to act out sexually.

**Let me offer a case example...** Andrew was 35, an alcoholic since university with a growing cocaine habit. When drunk, he would visit massage

parlours and he bought his cocaine at sex parties advertised on social media. He was referred to me after a 30-day rehab programme, was committed to his sobriety and attended 12-Step meetings. During sessions, he revealed that he had never had a serious relationship, he described himself as shy and lacking in sexual confidence. His early sexual encounters had always been ruined by premature ejaculation, something he felt great shame about. As his behaviour with sex workers had escalated, his self esteem plummeted – he no longer felt worthy, let alone competent, to have a 'normal' sexual relationship. In his 90 days of chemical sobriety, his porn use had escalated as he saw this as his only sexual outlet. He also recognised that the primary motivation for getting drunk in the first place had almost always been sexual. He feared it was only a matter of time before he would want to see a sex worker again, but he didn't think he could do that while sober.

Andrew's situation is common for many and most can no longer separate what they perceive as their 'natural' drive for sex from chemical dependency: having one without the other seems pointless, or even impossible. Some addiction workers believe that sex is always the primary, because it is a natural reward and an almost universal human desire. If that's true, then failure to work with sexual compulsions, needs and desires will lead to chemical relapse.

## How to work with addictions concurrently.

When approaching any concurrent addiction, the first priority is safety. The addiction that will kill them first must take centre stage.

# Sex and drugs (cont'd)

*Paula Hall offers two worksheets to help both therapists and clients address sex addiction.*

<i>List drugs used along here</i>						
Tick benefits gained	Disinhibited					
	Increased intimacy and connection					
	Enhanced sexual arousal and orgasm					
	Enhanced sexual performance					
	Pain reduction					
	Increased self confidence					
	Euphoria					
	Managing the come down					

We all know that true recovery means making significant lifestyle changes, and recovery can bring the gifts of human connection and harmony. But regrettably it doesn't automatically alleviate sexual anxiety or sexual dysfunctions. In many cases, sexual desire can increase without having developed the tools to manage it.

The worksheets on the left can help both client and therapist to consider the role that sex and drugs play in a client's life. Both can be completed by the client alone, or with a therapist or sponsor. The first worksheet focuses on the specific sexual benefits of using alcohol or drugs and can help to guide a client in talking about the sexual challenges they'll face without them. The second worksheet focuses on the function of the sexual behaviours. It can give an indication of how important they are in a client's life and what will be missing if they don't establish a 'positive' sex life. Both can help the therapist to consider what additional work needs to be undertaken on sexuality and, if appropriate, referral to a sex addiction specialist for further assessment or a psychosexual therapist trained in addiction.

<i>List sexual behaviours along here</i>						
Tick emotions experienced	Powerful					
	Affirmed					
	Wanted					
	Valued					
	Accepted					
	Desired					
	Relaxed					
	Connected					
	Invigorated					
	Creative					
	Independent					
	In control					
	Excited					

**Conclusion.** Sex and drugs are a powerful combination and, while a life of chemical abstinence is a wise and admirable goal, a life without sex is not. Many therapists find it difficult to talk directly to clients about sexual issues and might not have sufficient training to identify the significance of sex addiction nor the tools to work with sexual dysfunctions. It's important that we work together to ensure our clients receive the best possible care and can enjoy a lifetime of recovery.



Similarly, if withdrawal is likely to cause a physical and psychological crisis, safe detox is essential. However, I fear that, having gone through the often harrowing process of establishing chemical sobriety, sex gets forgotten.