

STRUGGLES RELATED TO SEXUAL IDENTITY AND RECOVERY FROM SUBSTANCE ABUSE

W H A T I S T H E
R O L E O F
P R O F F E S S I O N A L S ?



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BRIEF INTRODUCTION

UNPACKING TERMINOLOGIES



UNPACKING TERMS

WHAT IS SEXUAL IDENTITY?

Sexual orientation refers to an **enduring pattern of emotional, romantic and/or sexual attractions to men, women or both sexes.**

It also refers to a **person's sense of identity based on those attractions, related behaviors and membership in a community of others who share those attractions**

(American Psychological Association, 2022).

UNPACKING TERMS

SEXUAL IDENTITIES

Heterosexual

having emotional,
romantic or sexual
attractions to members
of the other sex

Homosexual/ gay/lesbian

having emotional,
romantic or sexual
attractions to members
of one's own sex

Bisexual

having emotional,
romantic or sexual
attractions to both men
and women

UNPACKING TERMS

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SEX & GENDER

Sex

Refers to the biology, genetic makeup, hormones, and anatomy, especially the reproductive organs

Gender

Refers to psychological (feelings & expression) and social views of being male/female and masculine/feminine. They are shaped by cultural norms.

e.g. clothing, behaviour, and physical appearance

UNPACKING TERMS

Sex

Born
Female

Born
Male

Gender

Feminine
Expression

Masculine
Expression

Sexual Orientation/Identity

Hetero
-sexual

Homo
-sexual

Bi
-sexual

WHAT HAS RESEARCH TOLD US SO FAR?



RISK FACTORS OF SUBSTANCE USE

Difficult early life experiences (theme of exclusion/rejection)

- Minority stress theory (Meyer, 2003) proposed that sexual minorities are **chronically exposed** to different stressors such as **harassment** and **victimization, rejection expectations, escape and hiding, prejudices**, and the **risk of suffering violence**
- **Prejudice, discrimination**, and **social stigma** as a **source of long-term stress** (Burton et al., 2013)
- Experienced **consistent episodes of neglect and trauma** (Lopez-Patton et al., 2016)
- Individual level: **self-stigma** and **expectations of rejection** + interpersonal level: **discrimination, exposure to drugs** in the community (Felner et al. 2020; Hatchel et al., 2019)

High prevalence of mental health symptoms

- MSM (men who have sex with men) who practiced SDU (sexualised drug use) were more likely to experience from **depression, anxiety**, or a **substance dependence** (Íncera-Fernández et al., 2021)
- Associations among **loneliness, anxiety**, and **cognitive escape, substance use** and higher risk sexual behaviours and transactional sex (Armstrong et al., 2021)
- Heightened prevalence of **mental health difficulties** and **minority stressors** were found amongst **Southeast Asian LGBTQ people** (Tan & Saw, 2022)

(1) Coping with distress/mental health symptoms

- Coping with **societal rejection, fear of rejection** from sexual partners and peers (Tan et al., 2018) - Singapore
 - Coping with **depressive symptoms** (Vu et al., 2017) - Vietnam
 - Distress associated with **feeling less physically attractive** (Kurtz, 2005) - USA
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(2) Pleasure-seeking/connection

- Enhancement and prolongation of **sexual experiences** (Tan et al., 2018)
- Drugs were a way to facilitate connection and acceptance from others (Study conducted by SANA in 2018)

F U N C T I O N S O F S U B S T A N C E U S E

UNDERSTANDING "CHEMSEX"

- Definition: "chemsex", also called Party and Play (PnP), refers to using illegal drugs including but not limited to **Crystal Methamphetamine (ICE)**, **Gamma Hydroxybutyrate** (GHB or commonly known as G/G water) or **Mephedrone** to **facilitate a sexual experience** with other men
- Estimates of variation in "chemsex" **prevalence** ranged between **5.8% to 90%** across the papers included in the systematic review (Íncera-Fernández et al., 2021)
- Prevalence in Singapore: **23/570 ppts** in the study by Tan et al. (2021) while interviews conducted by Tan et al. (2018) found that "chemsex" was **perceived to be common in Singapore**, and openly solicited through **networking apps**
- "Chemsex" group were more likely to report recent **risky sexual behaviours**, unprotected anal sex with casual partners, **depression severity** and a **history of suicide ideation** (Tan et al., 2021)
- However, there is **limited evidence** on whether "chemsex" leads to poorer mental health outcomes, The existing findings are unable to establish if poorer mental health existed prior to engagement in chemsex (Íncera-Fernández et al., 2021)

VIEWS TOWARDS PROFESSIONALS

Fear of being judged by professionals & worry of being penalised

- Participants felt **uncomfortable** discussing chemsex with most health professionals due to **worries about being judged** by them (Demant, Carroll & Bourne, 2022)
- The impact of **laws on disclosure of drug use** and **stigmatisation of GBMSM (Gay & Bisexual Men who have Sex with Men)** who use drugs were reported to be key barriers towards addressing chemsex (Tan et al., 2018)

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WHAT CAN WE DO TO BETTER SUPPORT THIS COMMUNITY?

DISCUSSION & TEA BREAK



DISCUSSION INSTRUCTIONS

On your table:

- **1 board**
- **A stack of post-its**
- **2 handouts with 2 sets of questions each**

Follow the instructions on the handout

- **Record your reflections on the Post-its**
- **Paste your personal reflections on the boards provided (:**
- **Discuss part 2 of the questions with your group**



THANK YOU

