A Cognitive-Behavioural Approach to Working with MSM Engaging in Problematic Chemsex

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Key Clinical Correlates of Problematic Chemsex in MSM

- Disorders due to substance use (ICD-11: 6C4x)
- Compulsive sexual behaviour disorder – CSBD (ICD-11: 6C72)
- Post-traumatic stress disorder / Complex post-traumatic stress disorder (ICD-11: 6B40, 6B41)
- Insecure attachment styles: anxious and avoidant – conceptualised as dimensions of psychological vulnerability

Disorders Due to Substance use

- Strong association between chemsex and intensive patterns of substance use that often meet criteria for substance use disorders (Hibbert et al., 2019; Bohn et al., 2020).
- Most commonly involving GHB/GBL, methamphetamine and mephedrone.
- No robust data on the proportion of people engaging in chemsex who meet full ICD-11/DSM-5 diagnostic criteria; a clinical trial is ongoing (NCT06476873).

Compulsive Sexual Behaviour Disorder (CSBD)

Study by Jennings et al. (2025) among 289 MSM:

- 15.2% reported engaging in chemsex.
- 34.3% scored above the CSBD-7 clinical threshold.
- Approximately 60% of those engaging in chemsex met CSBD screening criteria.
- CSBD correlated with depression and sexual risk-taking.

Trauma- and Stress-Related Disorders (PTSD/cPTSD)

- Higher prevalence of traumatic experiences; PTSD symptoms present in 11.6% of participants, with no clinically significant between-group differences (Bohn et al., 2020).
- Including cPTSD within a CBT formulation is clinically justified (emotion dysregulation, relational trauma), although strong quantitative evidence is lacking.

Conclusion: elevated risk of traumatisation, but no evidence for frequent occurrence of full PTSD/cPTSD diagnostic criteria among people engaging in chemsex.

Insecure Attachment Styles and Relational Trauma

- Among MSM engaging in chemsex, studies report (González-Baeza et al., 2023):
  - a higher prevalence of insecure attachment (avoidant),
  - a higher number of early adverse experiences (including more frequent sexual abuse),
  - greater difficulties with emotion regulation and self-care.
- Anxious attachment is associated with seeking closeness and regulating tension through sexual behaviour, while avoidant attachment fosters distancing and avoidance of intimacy (Cook et al., 2016).

CBT Models Supporting Case Formulation

1. **Cognitive model of addiction (Beck, 1993)**

- Triggers → automatic thoughts → craving → ritual → short-term relief.
- Maintaining mechanisms: negative reinforcement, emotional avoidance, rapid tension reduction.

2. I-PACE model for CSBD (Brand, 2019)

- Interaction of vulnerabilities, emotion regulation, sexual cognitions and learned behaviours.
- Explains how cognitions and emotional arousal contribute to compulsive pursuit of stimulation.

CBT Models Supporting Case Formulation

3. CBT Models for Trauma-Related Disorders: PTSD / cPTSD (Ehlers & Clark, 2000; Cloitre et al., 2013)

- Core mechanisms include a sense of current threat, negative self-representations, emotion dysregulation and avoidance.
- Chemsex may serveas a strategy for affect regulation and avoidance of trauma-related internal experiences.

Applying CBT Models to Chemsex: Contextual Factors

Minority stress and intraminority stress

- Experiences of rejection and discrimination (Meyer, 2003), along with norms and social comparison within MSM communities (Pachankis et al., 2020), contribute to tension, shame, and avoidance strategies that may facilitate chemsex.

HIV stigma and the shame cycle

- Layered processes of stigmatization (HIV, sexuality, substances) intensify self-deprecating thoughts and prompt impulsive affect regulation through substance use and sexual activity (Pienaar et al., 2020).

Sexual norms and MSM sexual scripts

- Normative expectations around attractiveness and sexual performance may position chemsex as a means of reducing anxiety and achieving a sense of social congruence, thereby reinforcing permission-giving cognitions (Bourne et al., 2015).

Applying CBT Models to Chemsex: Contextual Factors

Dating app environment

- The rapid availability of sexual encounters and substances, coupled with potent behavioural reinforcement mechanisms, underscores the necessity of therapeutic response targeting cue reactivity, learned affect-regulation patterns, and impulse-control processes (Weatherburn et al., 2017; Hibbert et al., 2019).

Insecure attachment styles and relational trauma

- Attachment patterns marked by anxiety and avoidance may predispose individuals to use chemsex as a strategy for affect regulation and for mitigating the discomfort associated with intimacy (González-Baeza et al., 2023).

Integrative Framework: SUD, CSBD, cPTSD, Attachment Styles

Chemsex can be conceptualised at the intersection of:

- **Substance use disorders (SUD):** alterations in physiological arousal, intensification of sensory experiences and reduction of anxiety.
- **Compulsive sexual behaviour disorder (CSBD):** compulsive pursuit of stimulation as a strategy for emotion regulation.
- **Complex trauma / cPTSD:** chronic shame, avoidance of closeness and affect dysregulation.

Importantly, anxious and avoidant attachment styles shape proximity regulation and responses to perceived rejection.

Common Cognitive Beliefs

Core Beliefs

- As a gay or bisexual man, I can’t be fully accepted by others.
- Having HIV makes me unlovable to others.
- Relationships with men are unsafe and will end in abandonment.
- My sexuality and my sexual needs are something to be ashamed of.

Intermediate beliefs

- If I’m not sexually desirable to others, they will reject me.
- I have to be sexually capable and perform well every time.
- Only on chems can I be myself during sex.
- Feeling lonely is unbearable.

Common Automatic Thoughts and Associated Behaviours

AUTOMATIC THOUGHT	BEHAVIOUR
Without chems, I can't connect with other men.	▪ Using chems to increase confidence and enhance perceived sexual attractiveness. ▪ Reliance on dating apps for sexual encounters ▪ Restricting interactions with men predominantly to sexual hookups as a way of obtaining reassurance about being sexually desirable.
If sex isn't great, he'll never want to see me again.	▪ Using chems to enhance libido, sustain sexual performance and redu ce performance-related anxiety. ▪ Avoiding sex when sober. ▪ Reinforcing the internal script that sex must involve high performanc e and the use of chems.
When I'm on chems, I don't have to worry about anyone asking about or finding out my HIV status.	▪ Engaging in sex on chems. ▪ Avoiding sober sex and romantic relationships. ▪ Using chems to numb or manage HIV-related shame.

Thank you!

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