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# **MINDFULNESS-BASED CHEMSEX RECOVERY FINAL REPORT**



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**HIV Innovation Fund**

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## **ACKNOWLEDGEMENTS**

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## **SUMMARY**

In 2019, Spectra received funding from PHE's HIV Innovation Fund to deliver a high-intensity, group-based intervention called Mindfulness-Based Chemsex Recovery (MBCR). The programme worked with men struggling with chemsex addiction to support their treatment gains and maintain ongoing recovery and wellbeing. The programme delivered 26 half-hour 1-to-1 assessment interviews, three orientation sessions for referrers, four taster sessions (with a total attendance of 40), three full MBCR courses (26 total attendance with 14 completing the courses), three follow-up refresher sessions (attended by 10 people) and three follow-up 1-to-1 aftercare sessions. 76% of participants reported maintaining a formal mindfulness practice at the three-month follow-up, and 76% had maintained recovery and were still abstinent at follow-up. One expected outcome that was not evidenced was in relation to increasing health-seeking sexual behaviours at post-course and follow-up. However, it seems that with the reduction in chems usage, sexual risk-taking might have become less associated with the use of chems but some other contributing factors are yet to be explored. Participants reported a high level of satisfaction with programme, with 86% agreeing that the group facilitation was 'good' or 'very good' and 79% agreeing the course was 'important' or 'very important' to them.

## **BACKGROUND**

MBCR is a version of the original Mindfulness-Based Relapse Prevention for Addictive Behaviours programme (MBRP) (Bowen et al. 2011) adapted by Spectra to support the recovery of gay, bi, trans and MSM involved in the sexualised use of three drugs - methamphetamine, mephedrone and GHB/GBL - commonly known as 'chems'.

Chemsex is associated with increased risk of HIV (condomless sex, multiple partners and needle-sharing) with poor mental health reinforcing risk-taking. More specifically, Pakianathan et al. (2018) showed that 16.5% of MSM engaged in chemsex and are five times more likely to be newly diagnosed with HIV. Chemsex is involved in mucosally traumatic condomless sex with multiple partners and sharing of needles (known as slam sex). They noted that given the high incidence of HIV in the group, sexual partners meeting at chemsex parties may have very recently acquired HIV and be undiagnosed with high viral loads (see also Sewell et al. 2017). Pakianathan notes a nine-fold increase in Hep C risk, with diagnoses of all STIs elevated (adj. odds ratio 3.5), rectal (4.5) acute bacterial (3.9), increasing the likelihood of HIV transmission. Positive Voices (2015) reported 29% participation in chemsex amongst HIV+ MSM, with 10% of respondents reporting engaging in 'slamsex'. Chemsex is also associated with ART non-adherence in HIV+ MSM (Perera et al. 2017). Many who use chems also experience anxiety and depression and a significant percentage live with a mental health disorder (Dearing and Flew, 2015).

It is in this context, that the British Medical Journal called for chemsex to be made a public health priority (MaCall et al. 2015). Currently clinical management of chemsex and the evidence base for effective treatment is limited. Interventions include lower intensity approaches including harm-reduction, screening, peer groups and mentoring whilst higher-intensity interventions include structured drug treatment and 121 psychological therapy. The 2015 Neptune Report argued for the development of new interventions to meet the challenges of NPSs. Spectra responded to these calls by developing a mindfulness-based chemsex aftercare programme to help MSMs involved in chemsex maintain their treatment gains, wellbeing and recovery.

## **WHY A MINDFULNESS-BASED APPROACH?**

A 2017 meta-analysis of mindfulness-based approaches (MBAs) to addiction recovery found that in virtually all studies MBAs were associated with superior substance misuse treatment outcomes at post-treatment and follow-up assessment (Li et al. 2017). MBAs had more enduring treatment effects in reducing craving/enhancing abstinence at follow-up compared to cognitive behaviour therapy (CBT) and conventional Relapse Prevention (RP) treatments.

MBCR was intended to increase participants' awareness of triggers: helping them learn to pause, observe and bring awareness to cravings to give themselves back choice in how they respond. That is, whether they decide to use, and if so, how and with whom – rather than operating on the autopilot that drives addictive behaviours. MBAs develop participants' capacity to process and regulate emotions rather than medicating against them by rebalancing the limbic and parasympathetic nervous systems. Participants learned how to negotiate lapses and relapses with acceptance and self-compassion, allowing them to interrupt the relapse cycle at a much earlier stage.

MBCR was taught with the intention that participants integrate regular mindfulness practice into their lives as a daily habit, in the same way we might take regular exercise. This means the practices learned on MBCR can be self-sustained by participants long after the intervention has been concluded, encouraging more enduring treatment outcomes.

The innovation of this approach was that it addressed both impulsive sexual behaviours linked to HIV/STI acquisition and substance misuse into a single, high-intensity intervention founded on the clinically evidenced MBRP model. This new application of MBRP took the model into a new field of HIV prevention with further potential applications in the field of sexual health more broadly.

## ACTIVITIES AND PROGRAMME DELIVERY

The MBCR programme launched in January 2019 and took place over a 12-month period (15 months if we include follow-up activities). The table below represents what the programme delivered in relation to its contracted deliverables. More detailed narrative around the delivery of the programme can be found in the subsections following the table.

<b>Contracted delivery</b>	<b>Actual delivery</b>
1 Orientation Session for Referrers/Stakeholders	3 Orientation Sessions for Referrers
3 Taster Sessions (up to 20 participants each)	3 Taster Sessions (40 attend in total)
Intake Assessment Interviews (up to 20 per course)	26 Intake Assessment Interviews
3 MBCR Courses (up to 20 participants each)	3 MBCR Courses (26 attended in total with 14 completing the programme)
3 Follow-Up refresher sessions (10 attended in total)	3 Follow-Up refresher sessions (10 attended in total)
70% participants maintain recovery at follow-up	Achieved
70% participants maintain regular mindfulness practice at follow-up	Achieved
70% at follow-up participants sustain personal control leading to sustained health-seeking behaviours in relation to sexualised use of drugs and alcohol	Partially achieved
	3 Follow-Up 1-to-1 aftercare sessions (3 attended)

### ***Training and Supervision***

Spectra is committed to good practice in its therapeutic work and we were careful to develop the MBCR programme in accordance with BAMBA's Good Practice Guidelines. Both facilitators possess a core mindfulness teacher training, with experience of working with the clinical population to which the programme was aimed, and both have long-standing meditation practices. The lead facilitator also possesses an appropriate professional qualification in mental health. Their teaching was supervised by UK Mindfulness-Based Relapse Prevention Lead Devin Ashwood who also provided guidance around the programme's development.

### ***Promotion, Stakeholder Orientation and Community Engagement***

The first quarter's activities were focussed on promoting the programme, orientating key referrers around what we were delivering, as well as identifying and engaging MSMs who might benefit.

Spectra gave two press interviews on the programme: one to the popular gay magazine *Boyz* (see Appendices) and another to an online gay lifestyle and wellbeing website, *Means Happy*. Both generated a number of enquiries from men interested in the programme and also proved supportive in engaging potential key referrers. Spectra also heavily promoted the programme on social media.

Spectra delivered three orientation sessions to key potential referrers: London Friends, 56 Dean Street and the Club Drug Clinic. These provided an overview of the programme, who might be suitable to be referred onto it and some guidance on how to discuss the programme with patients or service users.

Spectra also directly engaged with potential participants through their outreach and testing programmes, identifying who might benefit from such an intervention and referring them onto the programme accordingly.

Spectra delivered three taster sessions to men interested in the programme where they were led through a mindfulness practice and orientated around the programme and how it might support their recovery with an opportunity for getting to know one another over tea and coffee afterwards.

### ***The MBCR Courses: Structure and Progression***

The programme adhered fairly closely to the original MBRP model, covering the same curriculum, but was delivered in the form of four half-day retreats, two weeks apart, rather than in a weekly two-hour session in order to make the course more accessible and less of a time commitment for participants. This meant essentially doubling up sessions from the original MBRP model and teaching the material from MBRP Session 3 in the first half-day retreat so that participants had a firmer foundation of mindfulness practice to prepare them for the more challenging practices relating to managing triggers, cravings and high-risk situations taught in Retreat 2. The structure and progression of the course was as follows:

#### **RETREAT 1**

- Introducing the Body Scan, Breath Meditation and Sober Breathing Space
- Automatic Pilot and Relapse
- Mindfulness in Daily Life

#### **RETREAT 2**

- Introducing the Mountain Meditation and Mindfulness of Sound, Breath, Sensation and Thought



- Awareness of Triggers and Cravings
- Mindfulness in High-Risk Situations
- Urge surfing

### **RETREAT 3**

- Introducing Mindful Movement and Mindfulness of Thoughts
- Acceptance, Skillful Action and the Relapse Cycle
- Seeing Thoughts as Thoughts

### **RETREAT 4**

- Introducing Loving Kindness Meditation
- Self-care and Lifestyle Balance
- More on Working with Triggers/High-Risk Situations
- Social Support and Continuing Practice

To get the most from the course we asked participants to attend all the sessions and to set aside 20-30 minutes a day for home meditation practice. We asked participants to take a break from chems at least a month prior to commencing the course and throughout the course itself. All participants attended a half-hour assessment with the lead facilitator to make sure that the course was the most suitable support for them at this stage of their recovery.

Several potential participants were referred on to other agencies for work around harm reduction, safety and stabilisation as their pattern of using was too chaotic for them to be able to engage safely in the MBCR programme. On completing the course, participants were invited to attend a follow-up refresher session and a 1-to-1 aftercare session with the programme lead.

# FINDINGS

## Demographic Information\*

Age	White MSM	BAME MSM
16-25	0	0
26-35	3	0
36-45	5	1
46-55	3	1
56-65	1	0
>=66	0	0
N/A	0	0
<b>Total</b>	<b>12</b>	<b>2</b>
<b>Living with HIV</b>	6	1
<b>Living within/outside a London Borough</b>	10/2	2/0

\*for those who completed the course

## Programme Outcome Evaluation

Spectra created its own Mindfulness Measurement Tool to evaluate the effectiveness of the programme (see Appendices). This comprised questions selected from: *The Five Facet Mindfulness Questionnaire* (Baer, R. A., et al.)<sup>1</sup> and a behavioural outcome measure created by 56 Dean Street (see Stewart et al. 2017 ) as well as additional questions created by Spectra. Measures were taken at the beginning of the first retreat, at the end of the final retreat, and then again three months later as follow-up. The same set of questions were asked for a one-week and six-week period in order to capture changes over the longer term.

There were 14 clients in total, all of whom completed pre- and post-course measurements. 13 returned their three-month follow-up measurements. We used 14 pairs of results for pre/post comparison. The analysis with follow-up information is limited to the 13 sets of data. The measure sought to gauge change in four key areas and the analysis of measurement results is based on the scoring system of the measurement questions as below:

1	2	3	4	5
Not at all	Only occasionally	Sometimes	Often	Most or all of the time

Increases or decreases in values by 0.5 or more can be regarded as a 'change' and are highlighted in red.

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<sup>1</sup> This is a 39-item measure consisting of five subscales: observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience.

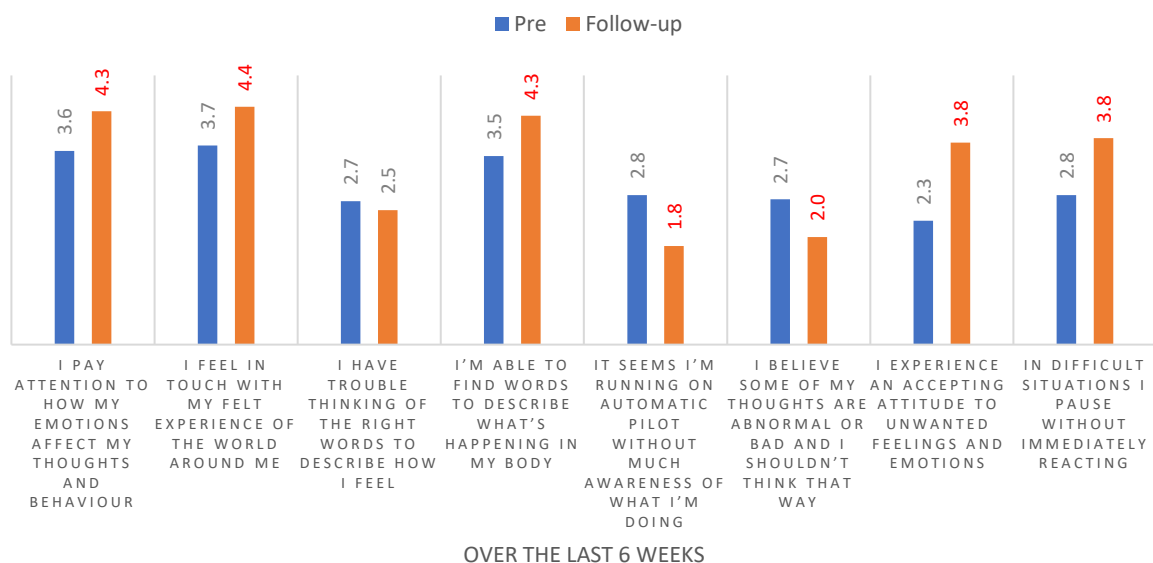
## AREA 1

### Changes in levels of general mindfulness

(Statements 8, 9, 10, 11, 12, 14, 15, 16)

Comparison – Over the last week	Pre/Post	Pre/Follow-up
<b>S8.</b> I pay attention to how my emotions affect my thoughts and behaviour	↑0.5	↑0.4
<b>S9.</b> I feel in touch with my felt experience of the world around me	↑0.3	↑0.4
<b>S10.</b> I have trouble thinking of the right words to describe how I feel	↓0.1	↓0.2
<b>S11.</b> I'm able to find words to describe what's happening in my body	↑0.6	↑0.5
<b>S12.</b> It seems I'm running on automatic pilot without much awareness of what I'm doing	↓0.4	↓0.6
<b>S14.</b> I believe some of my thoughts are abnormal or bad and I shouldn't think that way	↓0.8	↓1.2
<b>S15.</b> I experience an accepting attitude to unwanted feelings and emotions	↑0.9	↑0.8
<b>S16.</b> In difficult situations I pause without immediately reacting	↑0.7	↑1.0

Participants showed a greater awareness of how emotions impact upon thoughts and behaviour, and a less judgemental, more accepting attitude towards unwanted thoughts, feelings and emotions. They were more able to describe what was happening in their body and showed a less reactive relationship to difficult situations, with a greater ability to pause. There was little variation between post-evaluation and follow-up and when measuring over six weeks as opposed to one week, pre- and follow-up measurement results demonstrate similar patterns.



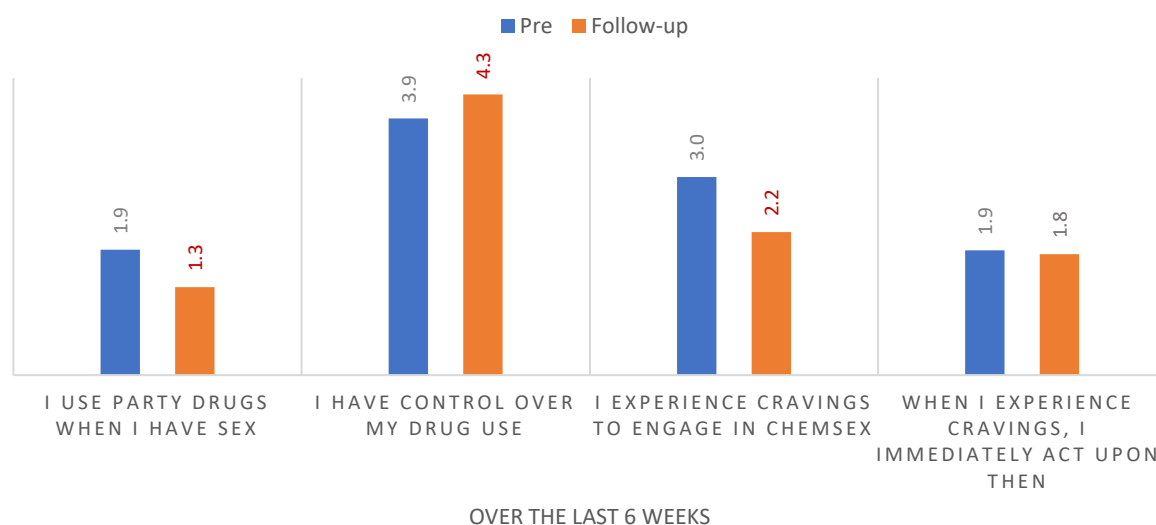
## AREA 2

### Changes in experiencing and managing cravings

(Statements 1, 3, 7, 17)

Comparison – Over the last week	Pre/Post	Pre/Follow-up
S1. I use party drugs when I have sex	↓0.6	↓0.2
S3. I have control over my drug use	↑0.2	↓0.2
S7. I experience cravings to engage in chemsex	0.0	↓0.7
S17. When I experience cravings, I immediately act upon then	↓0.5	↓0.1

Post-evaluation measures showed no change in relation to participants' cravings to engage in chemsex but a decrease in their tendency to act upon them. At follow-up participants experienced less cravings yet slightly reduced control over them. The one-week measures of control over drug use displayed an unstable curve whilst the improvement was noticeable when comparing measures of six weeks. The decreases in actual usage and craving for drug were evident when comparing experiences over six weeks:



## AREA 3

### Changes in safe sex behaviour

(Statements 2, 4)

Comparison – Over the last week	Pre/Post	Pre/Follow-up
S2. I feel confident in negotiating safer sex	↑0.5	No change
S4. I've engaged in sex without a condom or without PrEP*	↑0.5	↑0.4

Participants felt more confident in negotiating safer sex, however, there was an increase in sexual risk taking. We hypothesize this may be related to a compensation behaviour following the cessation of using chemo. There was little to no change when comparing the follow-up measurements, both one-week and six-weeks:

<b>Comparison – Over the 6 last weeks</b>	<b>Pre</b>	<b>Follow-up</b>
I feel confident in negotiating safer sex	3.9	3.8
I've engaged in sex without a condom or without PrEP*	2.3	2.6

## **AREA 4**

### **Changes in having sober sex**

*(Statements 5, 6)*

<b>Comparison – Over the last week</b>	<b>Pre/Post</b>	<b>Pre/Follow-up</b>
S5. I feel confident to introduce sober sex	↑0.5	↑0.7
S6. I am enjoying having sober sex	↑0.7	↑0.1

There seems to be a lasting improvement of confidence in introducing sober sex. On the other hand, the enjoyment of sober sex dropped over time. There was little change between post-evaluation and follow-up, and when measuring over six weeks as opposed to one week, pre- and follow-up measurement results demonstrate similar patterns:

<b>Comparison – Over the 6 last weeks</b>	<b>Pre</b>	<b>Follow-up</b>
I feel confident to introduce sober sex	3.7	4.3
I am enjoying having sober sex	3.8	3.6

### ***Participant Course Evaluation***

Spectra asked participants to complete a course evaluation form in the final retreat in relation to the following questions:

#### ***How important was the course to participants?***

Scoring 1 to 5, the average score was 4.1, with 11(79%) agreeing the course was 'important' or 'very important'.

#### ***How likely were they to continue with regular formal mindfulness practice?***

Scoring 1 to 5, the average score was 3.9, with 9 (64%) stating that they were 'likely' or 'very likely' to continue with regular formal mindfulness practice.

#### ***How likely were they to continue with regular informal mindfulness practice?***

Scoring 1 to 5, the average score was 3.9, with 10 (71%) stating that they were 'likely' or 'very likely' to continue with regular informal mindfulness practice.

***How did participants rate the quality of the group facilitation?***

Scoring 1 to 5, the average score was 4.4, with 12(86%) agreeing the group facilitation was 'good or 'very good'.

## **CONCLUSION**

Within the 12-month period of the project, the MBCR programme successfully delivered most of its expected outcomes. It delivered: 26 half-hour 1-to-1 assessment interviews, three orientation sessions for referrers, four taster sessions (with a total attendance of 40), three full MBCR courses (26 total attendance with 14 completing the courses), three follow-up refreshers sessions (attended by 10 people) and three follow-up 1-to-1 aftercare sessions. 76% of participants reported maintaining a formal mindfulness practice at the three-month follow-up, and 76% had maintained recovery and were still abstinent at follow-up. One expected outcome that was not evidenced was in relation to increasing health-seeking sexual behaviours at post-course and follow-up. However, it seems that with the reduction in chems usage, sexual risk-taking might have become less associated with the use of chems but some other contributing factors are yet to be explored. Participants reported a high level of satisfaction with programme, with 86% agreeing that the group facilitation was 'good' or 'very good' and 79% agreeing the course was 'important' or 'very important' to them.

### ***Observations Around Programme Dropout***

The drop-out/attrition rate of 46% was broadly expected and not unusual in addiction recovery. Qualitative observations from the 1-to-1 intake assessment interviews suggest that participants who had already firmly embedded other addiction support into their recovery – for example through simultaneous participation in the 12-Step Fellowship and attending Smart Recovery Meetings – tended to have a better chance of consistently attending the MBCR programme from start to finish.

### ***Further Developing the Programme***

One aspect of chemsex addiction that, according to participant feedback, the off-the-shelf MBRP model didn't properly address relates to psychosexual issues, specifically, reengaging with sober sex again, something a number of participants named in the refresher and after-care sessions as an ongoing challenge for them. The facilitators are minded to offer an additional stand-alone module to complement the main course by way of addressing this limitation moving forward. Since the conclusion of the programme the current climate has changed considerably with the onset of the COVID-19 pandemic which provides both limitations but also opportunities for running the programme moving forwards. Social distancing rules mean it will be some time before an in-person course can be arranged. However, the facilitators are currently developing an online version that can be delivered by Zoom which will commence in August 2020. The programme will run weekly, eight-session format, increasing the regularity of contact between teachers and participants which it is hoped

will reduce the attrition rate mentioned above, as well as making the course more accessible to men across London and the Southeast.



## APPENDIX 1: ABBREVIATIONS

ART	Antiretroviral Therapy
BAMBA	British Association of Mindfulness-Based Approaches
BAME	Black, asian, and minority ethnic
BME	Black and minority ethnic
HIV	Human immunodeficiency virus
MBA	Mindfulness-Based Approach
MBCR	Mindfulness-Based Chemsex Recovery
MBRP	Mindfulness-Based Relapse Prevention
MSM	Men how have sex with men
NHS	National Health Service
NPS	Novel Psychoactive Substance
PHE	Public Health England
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infections



## APPENDIX 3: CASESTUDY

*The semi-fictional case study below draws together some of the general themes and experiences reported by various participants on the programme. It neither uses material specific to one particular participant nor claims to be representative of everybody's experience. But it does give a flavour of how somebody's journey through a four-part MBCR course might unfold.*

Participant X was a 45-year-old gay man and has been struggling with issues around chemsex for about 10 years. He received some key working support from a partner organisation and managed to get clean from mephedrone and GHB/GBL but has struggled to stop using crystal meth. Participant X tended to binge once or twice a month for between 1-3 days. He felt the underlying issues around his chems use were loneliness and shame around his body and his sexuality. When high he typically engaged in condomless sex, sometimes using event-based dosing of PrEP. Participant X had been sober for six weeks on registering for the course.

Participant X shared in the first session his fear that the course wouldn't 'work' and that a part of him didn't want to engage because of fear of failure. We explored such barriers in the group familiarising participants with the idea that meditation isn't a fix and there is no 'bad' meditation (except the one they don't do!). Rather it's about learning to be with difficult experiences without reacting on autopilot and needing to medicate against them. This supported Participant X in engaging with the home practice. On the days he wasn't able to meditate twice a day, he learned to cultivate compassion towards himself, rather than beating himself up about it. He said he found the session on 'urge surfing' particularly helpful. In Session 4 he described a 'eureka moment' at a house party where he rode out his cravings using the 'urge surfing' mindfulness exercise, despite crystal meth being widely consumed around him. He observed the pattern of his cravings and was able to see that after the craving had peaked (almost to an unbearable point – the point at which he would normally reach for a fix) if he rode it out, then they eventually would subside. Participant X's sharing of this experience supported the more sceptical members of the group to try this mindfulness exercise, despite their doubts about how it would help them negotiate high-risk situations.

In the final session Participant X reported a lapse in the week prior which took us all by surprise. He was feeling defeated, a sense of having 'blown it'. The lapse was timely in that managing relapses is one of the final topics of the course. Mindfulness-based approaches to addiction normalise (re)lapses as inevitable parts of recovery, and as valuable learning opportunities for the group. We were able to use Participant X's experience as a live example to work with in the session and together we broke down the moment-by-moment progression of his lapse. Participant X was able to see that he *had* brought mindfulness to this lapse, in that he was able to interrupt things and 'exit' much earlier on in the process than he would have done previously. It meant the lapse had lasted three or four hours, rather than three or four days. Participant X also identified that he had been able to cultivate mindful compassion towards himself after the lapse – meaning a reduction in feelings of shame and self-loathing, feelings which tend to increase rather than reduce the need to self-medicate. Participant X finished the final session feeling far less defeated, and more confident that he had the necessary tools to negotiate these challenges in the future.

At the three-month follow-up, Participant X reported not having used since that lapse in the final week of the course and said he was much more confident in negotiating safe sex, even though sober sex was still a real challenge for him. He also reported continuing to practice meditation several times a week, and was bringing mindfulness to other aspects of his life, including his personal and working relationships. In his words, 'I can see light at the end of the tunnel: daily mindfulness practice has provided me with a really important foundation for my recovery which was missing before'.

# APPENDIX 4: PRESS INTERVIEW

## HIV & HEALTH

# How to anchor yourself

The HIV support group *Spectra* offers courses in Mindfulness-Based Chemsex Recovery where you'll be taught how to harness the power of meditation to achieve lasting change. A new course starts on Saturday 27 July, so we're revisiting our chat with *Spectra's* mental health lead **Ben Hoff** and outreach worker **Bex Freeman**.

Hi Ben and Bex, so can you tell us what Mindfulness-Based Chemsex Recovery is?

Mindfulness-Based Chemsex Recovery (MBCR) is an intensive recovery programme for men whose sexualised use of chems, alcohol and other substances is negatively impacting on their lives and want to exercise greater choice or stop using altogether. It's based on the original Mindfulness-Based Relapse Prevention model and is funded by Public Health England's HIV Innovation Fund. It's open to gay/bisexual men (both cis and trans) and men who have sex with men.

Why has Spectra chosen to develop MBCR?

**Ben:** We wanted to address what has become a real and substantial problem in our community by developing a programme which reduces social isolation and whose benefits can be sustained by participants long after its conclusion. Mindfulness-based approaches (MBAs)

have the advantage of being delivered in a supportive, group format and help participants develop a meditation practice that can support them for the rest of their lives. They also have an excellent evidence base. A 2017 research meta-analysis (W. Li et al.) found in virtually all studies MBAs were associated with superior substance misuse treatment outcomes, reducing craving and enhancing abstinence at follow-up compared to standard relapse prevention. We see MBCR as complementing other excellent high-intensity interventions offered by 56 Dean Street and Antidote.

What is mindfulness anyway?

**Bex:** Mindfulness is simply a quality of awareness that anchors us to the present moment, with openness, acceptance and curiosity. And we develop that attention through the practice of focussed attention in the form



How does this help with issues around chemsex?

**Bex:** Addictive or compulsive behaviours (and that's usually what chemsex has become for somebody who's seeking help) also operate on autopilot. I mean let's face it, life can be tough and our community has experienced its fair share of pain and trauma. It can also be exhilarating. And much of the time fairly boring and unremarkable. We all have our ways of coping with this and sex, drugs and alcohol historically have been three of our favourites. When conscious choice dissolves into a habit, we feel compelled to satisfy our cravings at any cost and lose the ability to stop and ask ourselves: 'Is this actually what I want or need in this moment?'. Mindful awareness helps us create a space to step back and choose what we do next, giving us back our power and freedom.

So who's the course aimed at?

**Bex:** There's no specific entry 'criteria' - we'll consider every person individually. If we feel that a different form of support might be more suitable then we can discuss other options. What if I don't want to stop chems completely?

**Ben:** 'Recovery' can mean many things - total abstinence for some, reducing to recreational use for others. In mindfulness practice, we meet ourselves where we're at. We do invite participants not to use for

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Fr. 20, 21 & 22 Sep  
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Fr. 15, 16 & 17 Nov  
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'When conscious choice dissolves into a habit, we feel compelled to satisfy our cravings at any cost and lose the ability to stop and ask ourselves: 'Is this actually what I want or need in this moment?'. Mindful awareness helps us create a space to step back and choose what we do next, giving us back our power and freedom.'

of meditation which can include breath awareness, body awareness, mindfulness movement and mindful compassion. We're then able to carry that awareness through to our lives more generally.

Okay, I'm with you so far... but why practice it?

**Ben:** Well the human brain has evolved to help us survive as a species, but not to make us very happy. We do a lot on autopilot (breathing, walking, eating... sex even!) freeing up brain space to focus on other things but we miss a lot of life in the process. Our brain also has a deft ability to calculate threat. The downside is that a triggering event can cause us to spin stories about what might happen next, causing us unnecessary worry and anxiety. By interrupting our autopilot and anchoring us to the present, mindfulness helps us experience life more consciously and vividly. We then respond rather than react to life's inevitable curveballs and stay with what's happening now (rather than what might happen), reducing worry and anxiety.

the six-week duration of the course so they can engage in the course more fully. But lapses happen, and that's okay, it's an opportunity to pause and ask ourselves: 'And what do I want to do next?'. How do people sign up and what can they expect?

**Ben:** A good place to start is coming to one of the taster events so you can experience mindfulness for yourself. The next taster event is on Thursday 15 August. If you can't make the taster that's also okay, you can still register for a place on one of the courses. The courses will take the form of four half-day Saturday retreats two weeks apart, with daily home practice, and an online session between retreats for people to check in with each other. Check our advert in this new monthly *Boyz* for full details.

A new course starts on Saturday 27 July in Soho. You can read more about Spectra's Mindfulness-Based Chemsex Recovery courses and the group's other services at [spectra-london.org.uk](http://spectra-london.org.uk)



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