



# Gender Differences in Sexual Behavior and Attitudes among Opiate, Alcohol, Cocaine, and Methamphetamine Users

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# Abstract

Although popular lore holds myriad stereotypes describing the relationship between sexual behaviors/attitudes and drug use, many aspects of this relationship remain to be explored through scientific study. We have collected exploratory data reflecting sexual behaviors and attitudes while under the influence from 321 alcohol, opiate, cocaine, and methamphetamine users enrolled in ongoing outpatient treatment programs at several Matrix clinics in Southern California and the Washton Institute in New York City. This paper compares the effect of primary drug on questions concerning sexual behaviors/attitudes, as well as gender differences within each primary drug group. Overall, opiate users reported less of an association between their drug use and sexual behaviors/attitudes than did the other three categories of drug users. Alcohol users reported moderate levels of association, and cocaine and methamphetamine users both reported fairly strong associations between drug use and sexual behaviors/attitudes. Methamphetamine users reported the most dramatic associations. Gender differences in response appeared within each category of drug users. The differences were very small in the opiate users, where little association was reported by either gender. In cocaine users, fairly large gender differences were found, with high proportions of males reporting increased sexuality under the influence of cocaine relative to females. In methamphetamine users, male responses were even higher than in cocaine users, and female responses were similar to males, producing much smaller gender effects. A more thorough investigation of these differences is warranted, because disentangling drug use from sexuality may be critical in the development of successful treatment strategies.

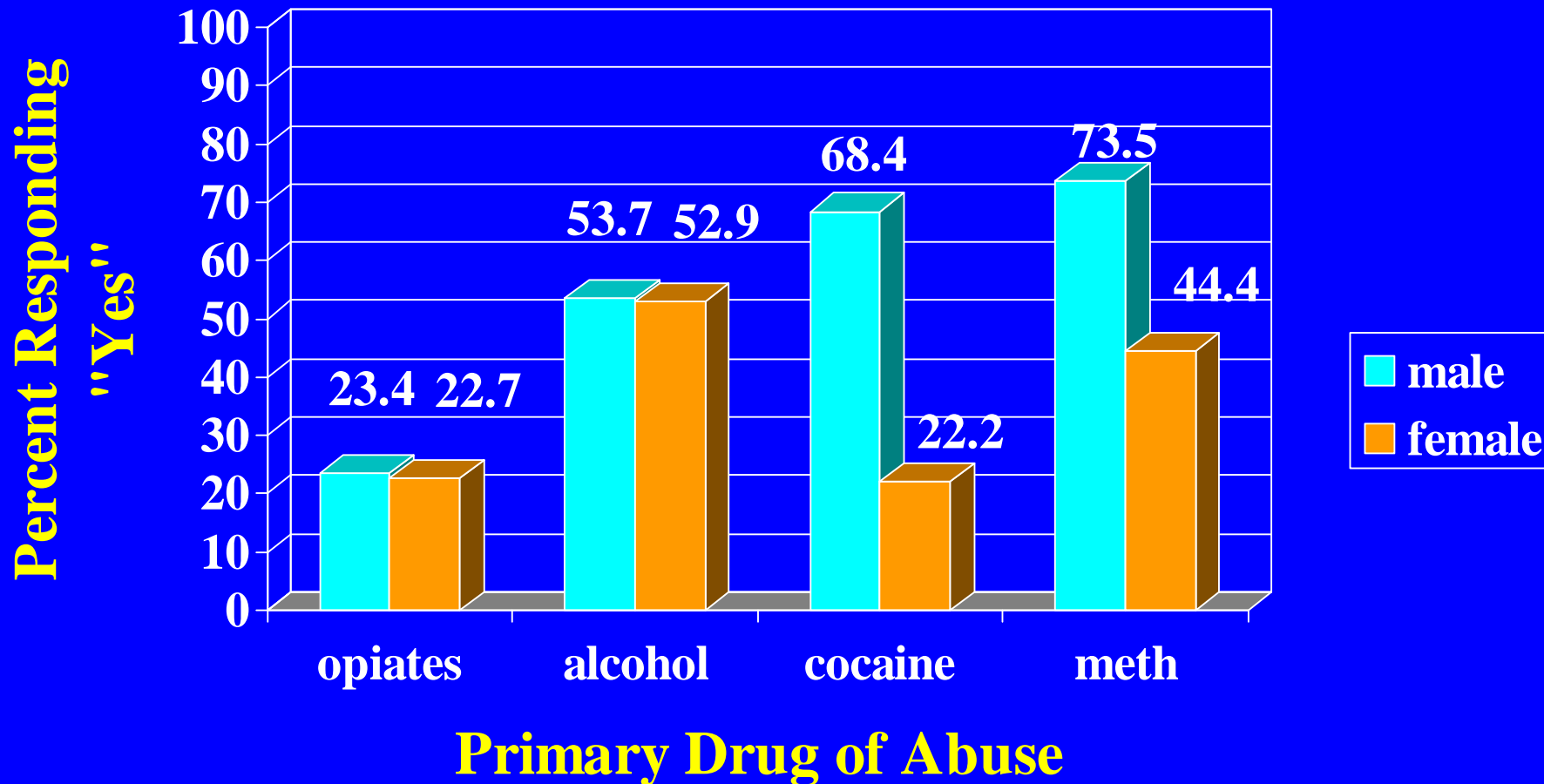
# Preliminary Information

- **N= 322**
- **Enrolled in ongoing outpatient treatment**
- **Matrix Clinics (Los Angeles, CA) and Washton Institute (New York, NY)**
- **Exploratory study**
- **Instrument not validated**
- **Self-report data**
- **Convenience sample**

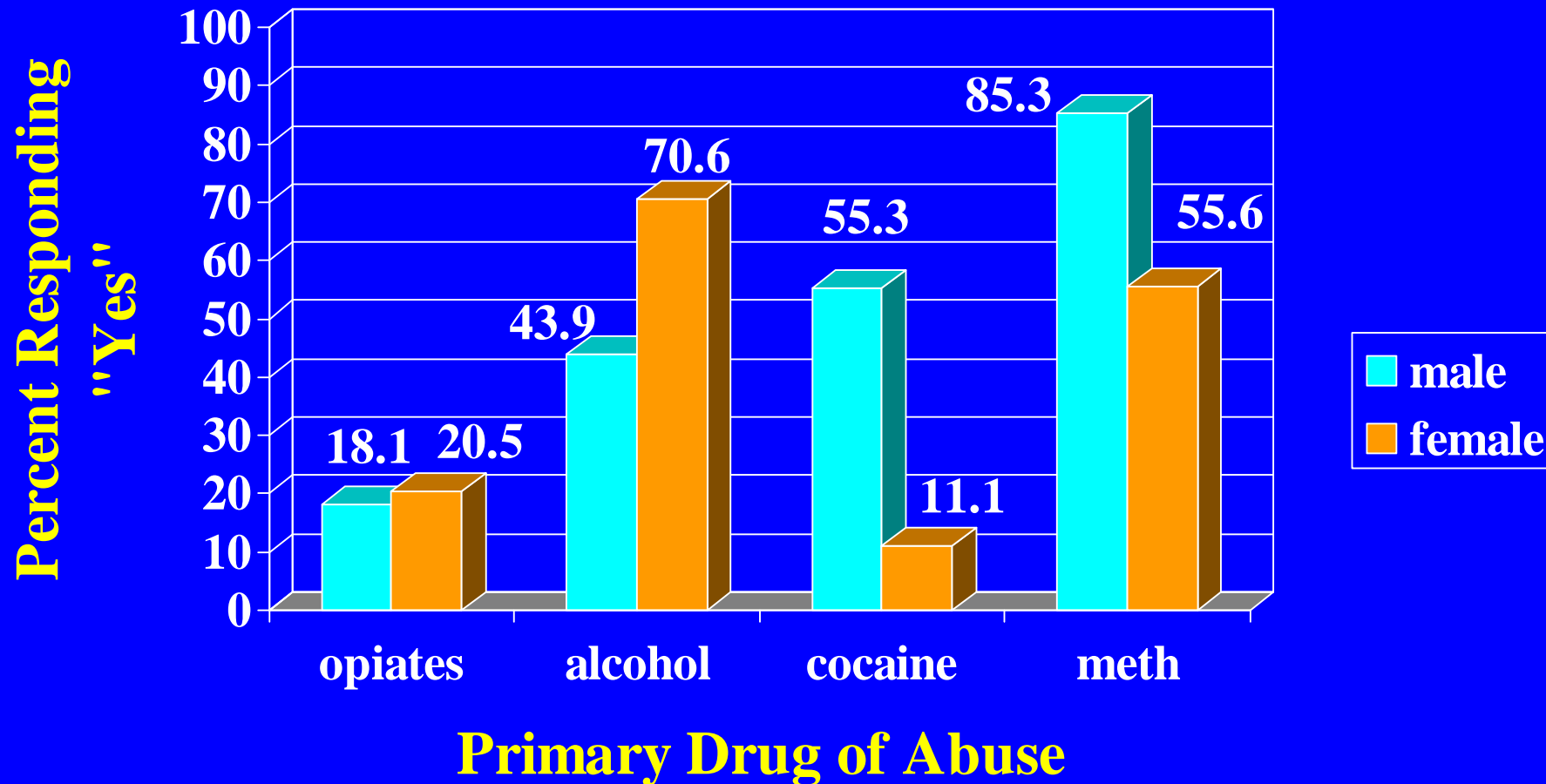
# Demographics

	<b>Alcohol</b>	<b>Opiates</b>	<b>Cocaine</b>	<b>Meth.</b>
<b>n</b>	75	139	56	52
<b>% male</b> (n)	54.7 % (41)	68.1 % (94)	67.9 % (38)	65.4 % (34)
<b>age (yrs.)</b> (mean +/- Std.Dev.)	42.8+/- 10.0	43.4+/- 9.7	36.2+/- 7.5	32.5+/- 7.1
<b>yrs. educ.</b> (mean +/- Std.Dev.)	14.8+/- 2.7	12.6+/- 2.8	14.1+/- 2.8	12.9+/- 2.2
<b>yrs. use</b> (mean +/- Std.Dev.)	20.5+/- 9.3	18.4+/- 12.1	9.6+/- 6.0	10.3+/- 6.4
<b>% hetero.</b>	90.2 %	86.2 %	84.2 %	79.4 %

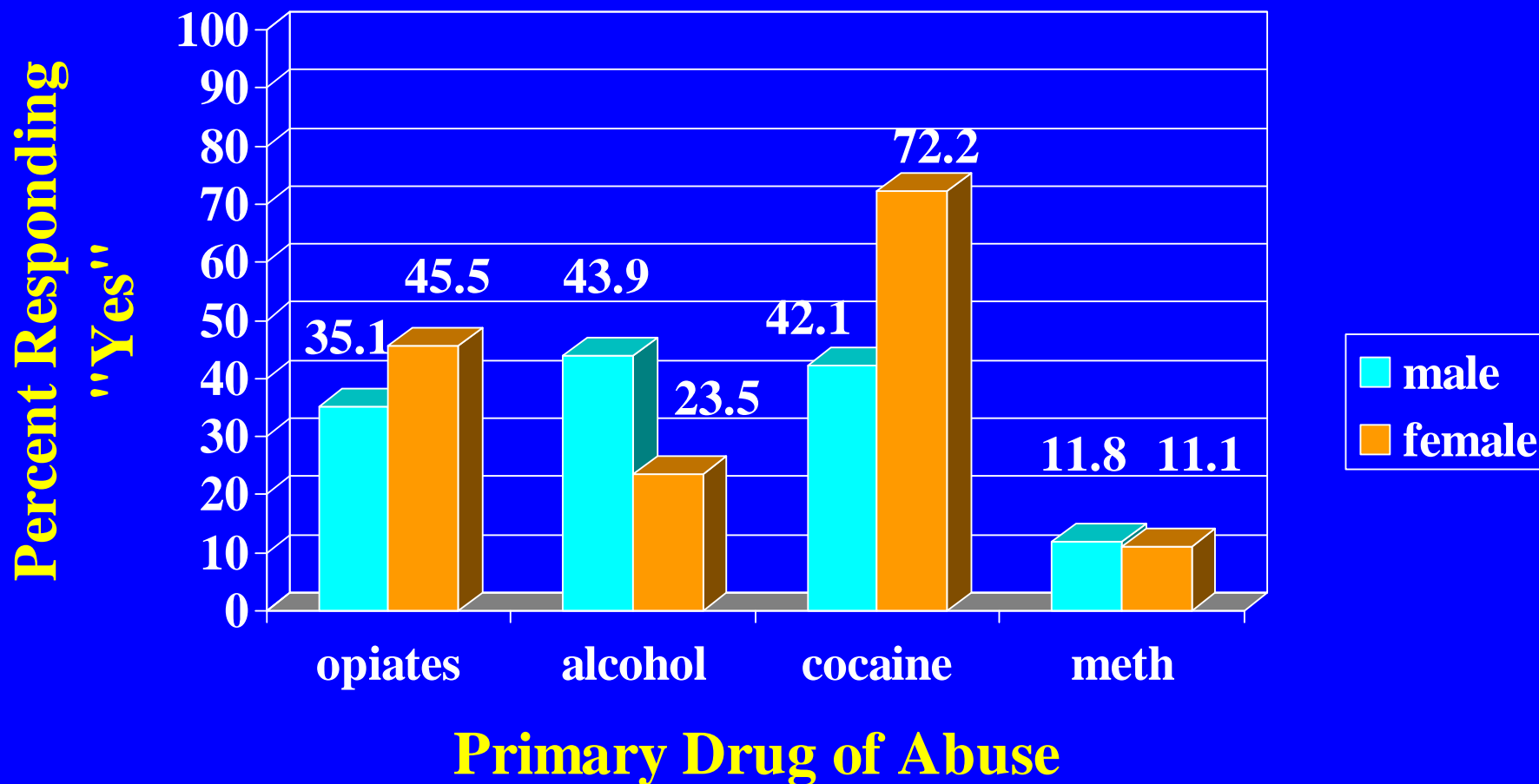
# Q.1: My sexual thoughts, feelings, and behaviors are often *associated with* ...



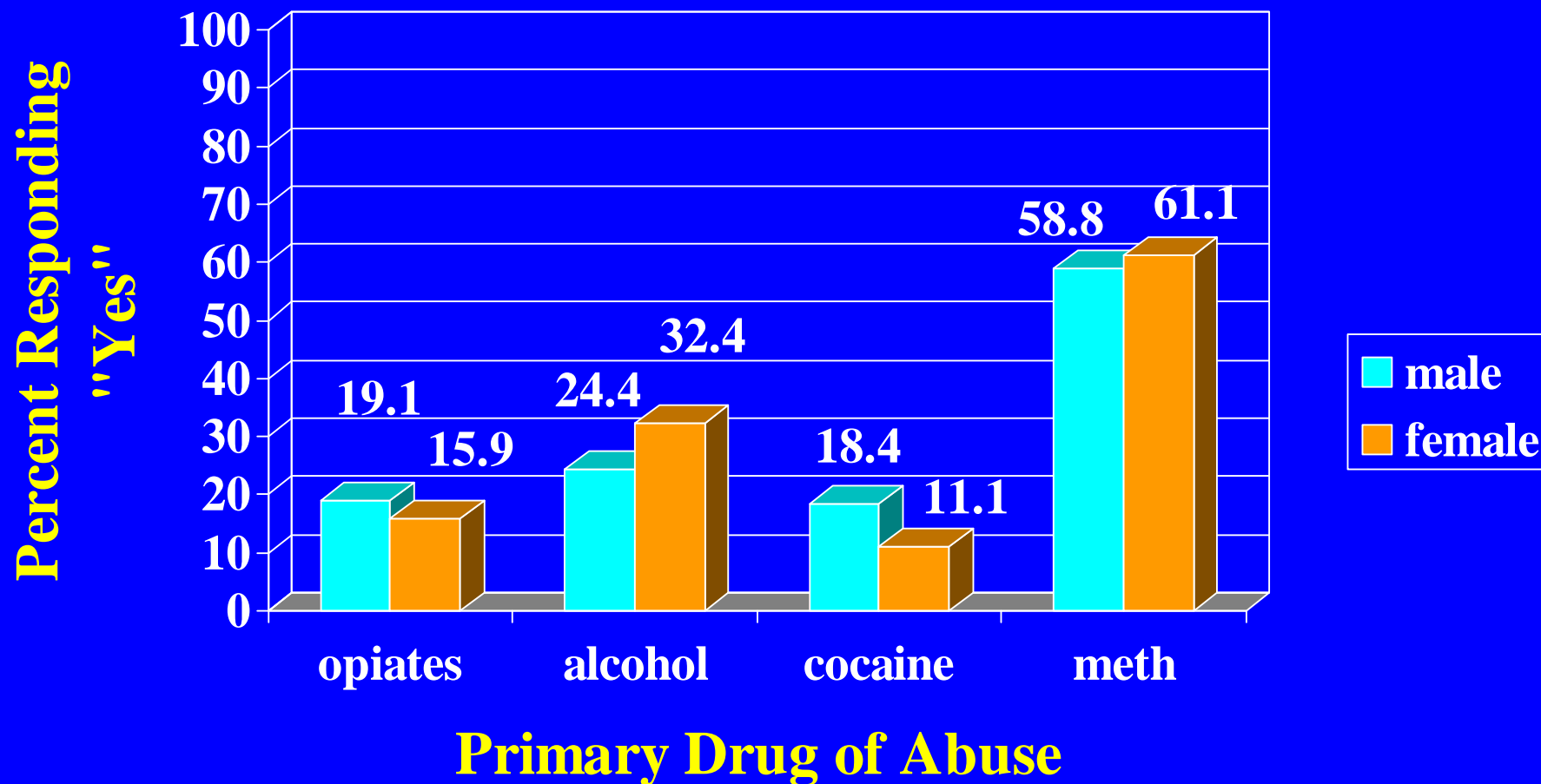
## Q.2: My sexual drive is *increased* by the use of ...



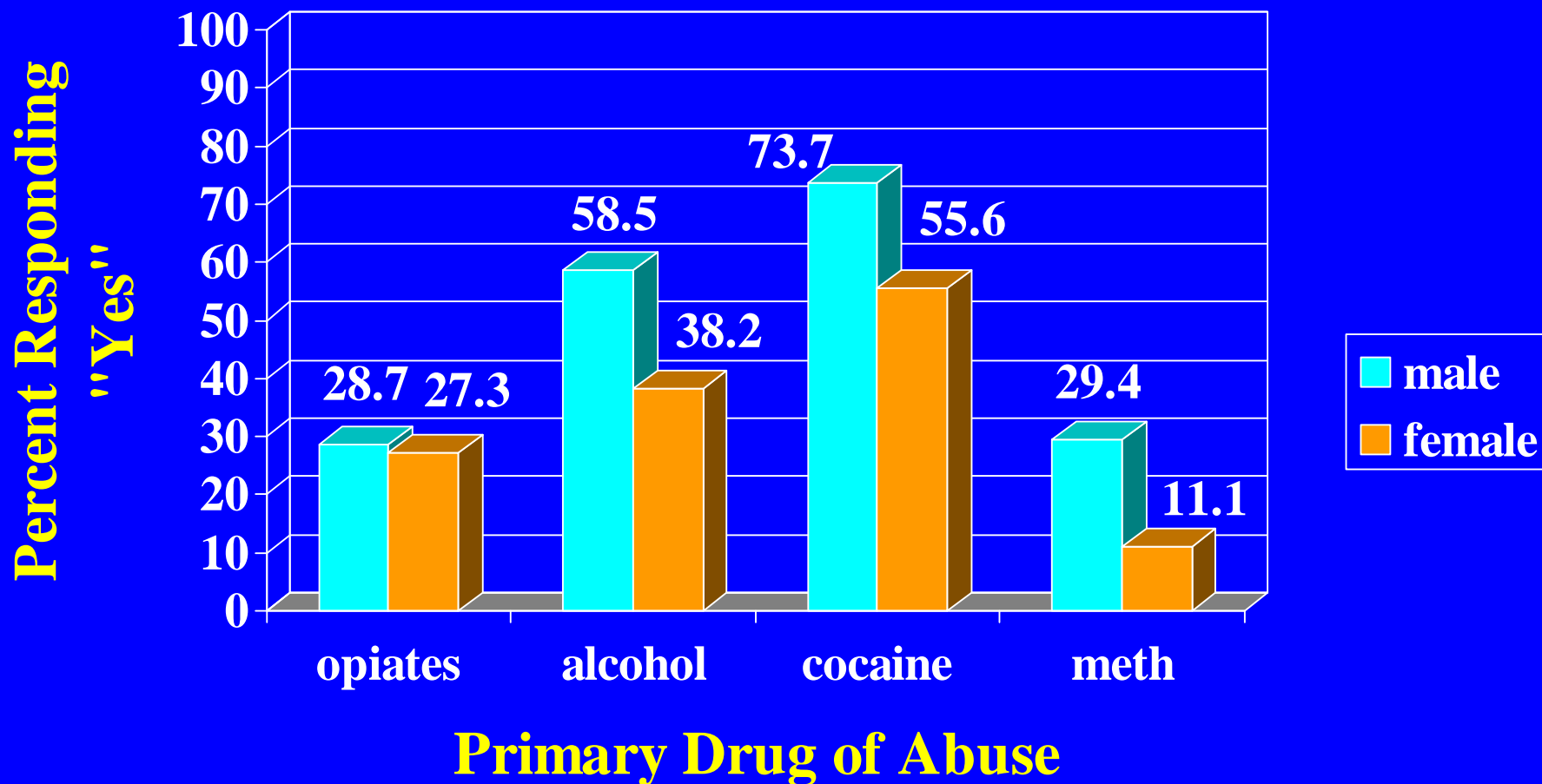
### Q.3: My sexual drive is *decreased* by the use of ...



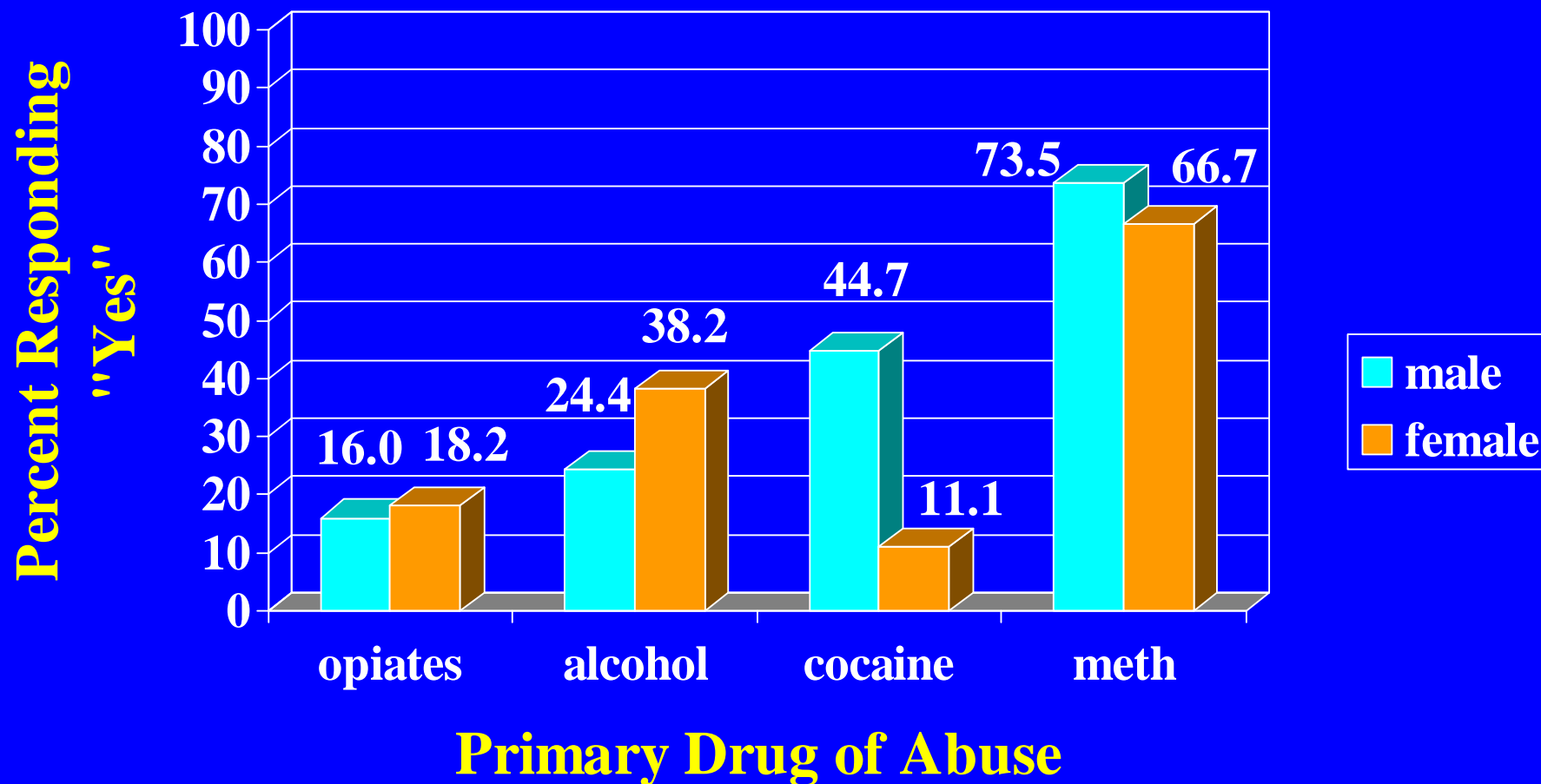
## Q.4: My sexual performance is *improved* by the use of ...



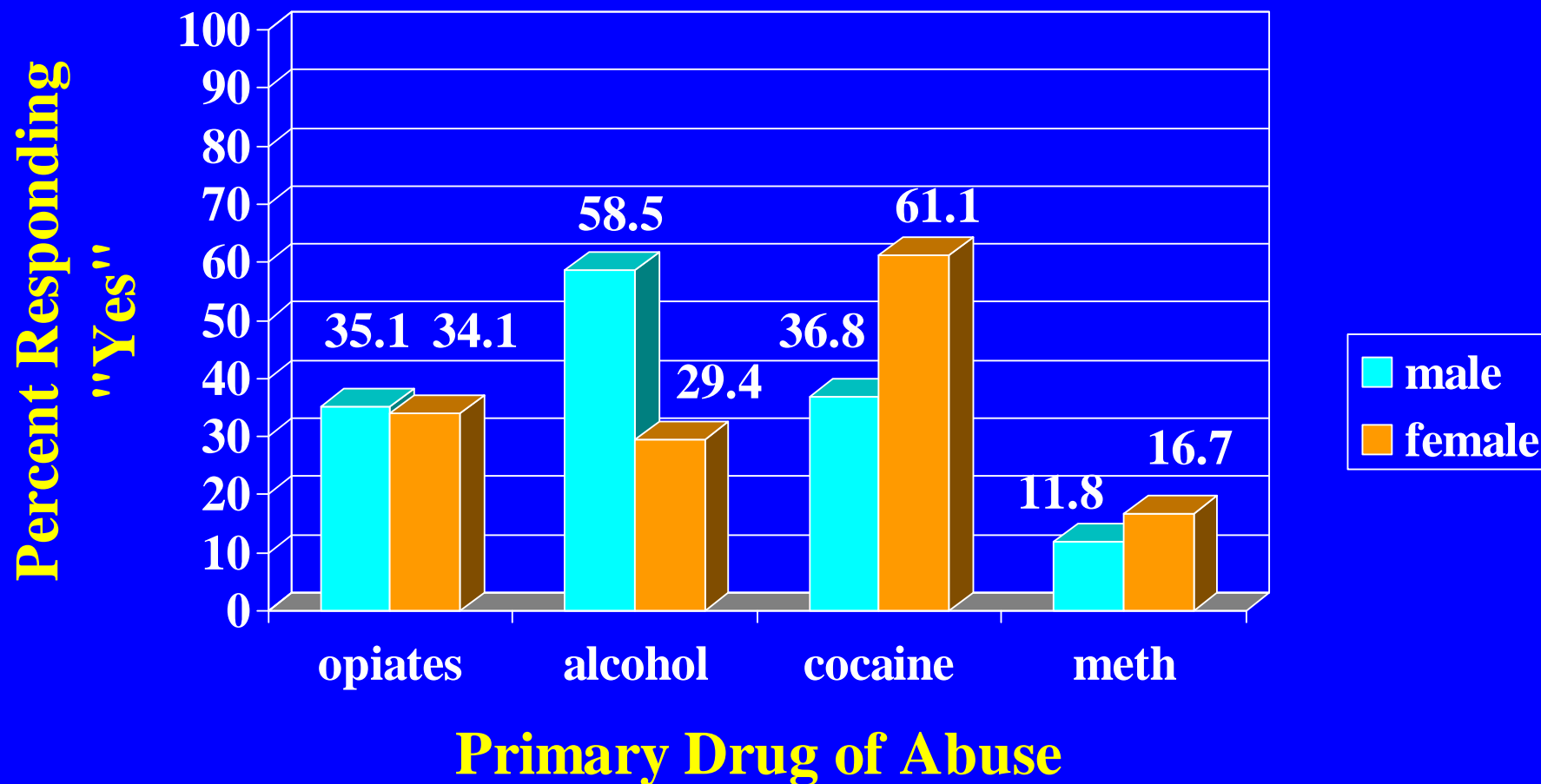
## Q.5: My sexual performance is *impaired* by the use of ...



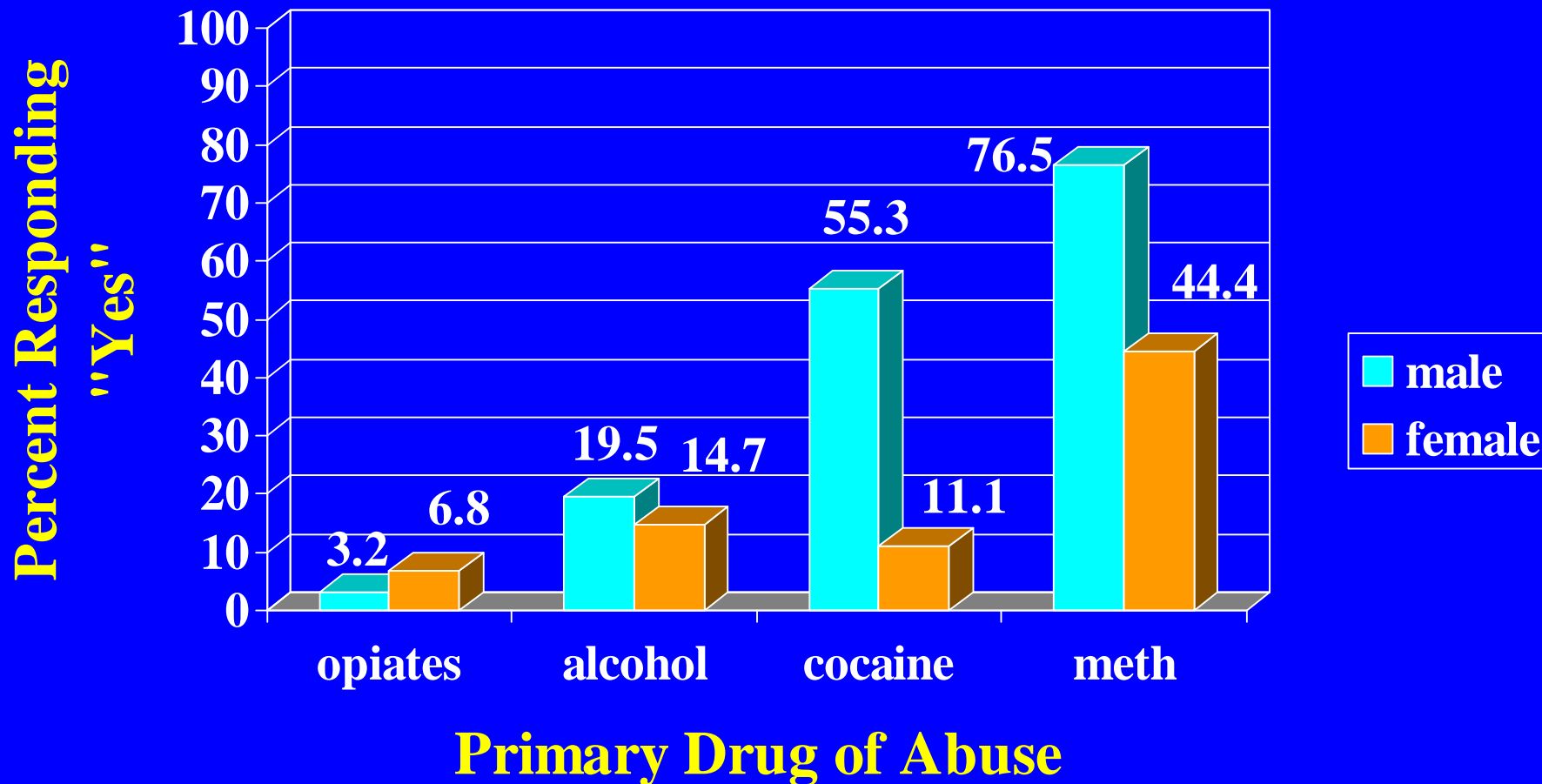
## Q.6: My sexual pleasure is *enhanced* by the use of ...



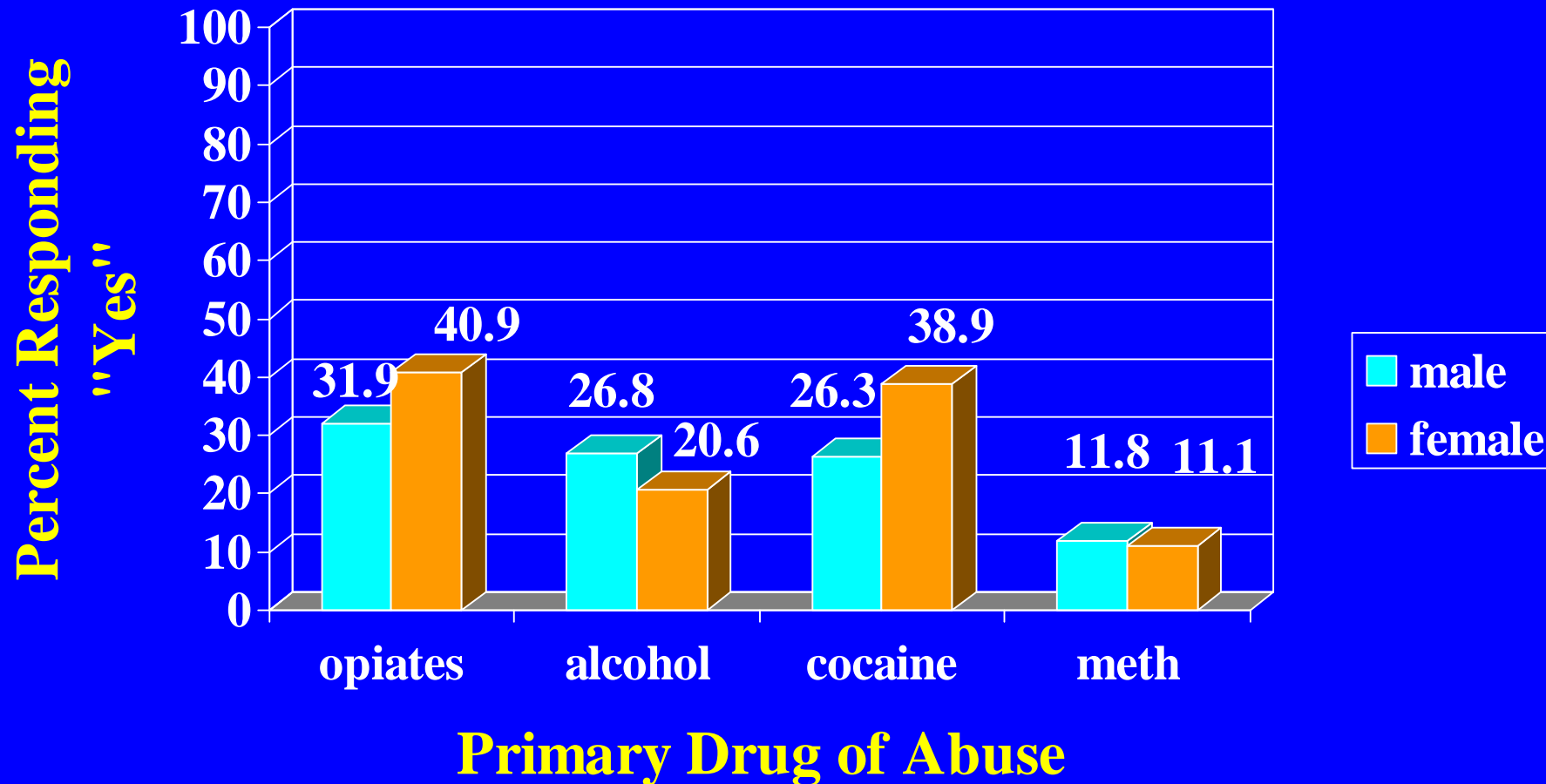
## Q.7: My sexual pleasure is *reduced* by the use of ...



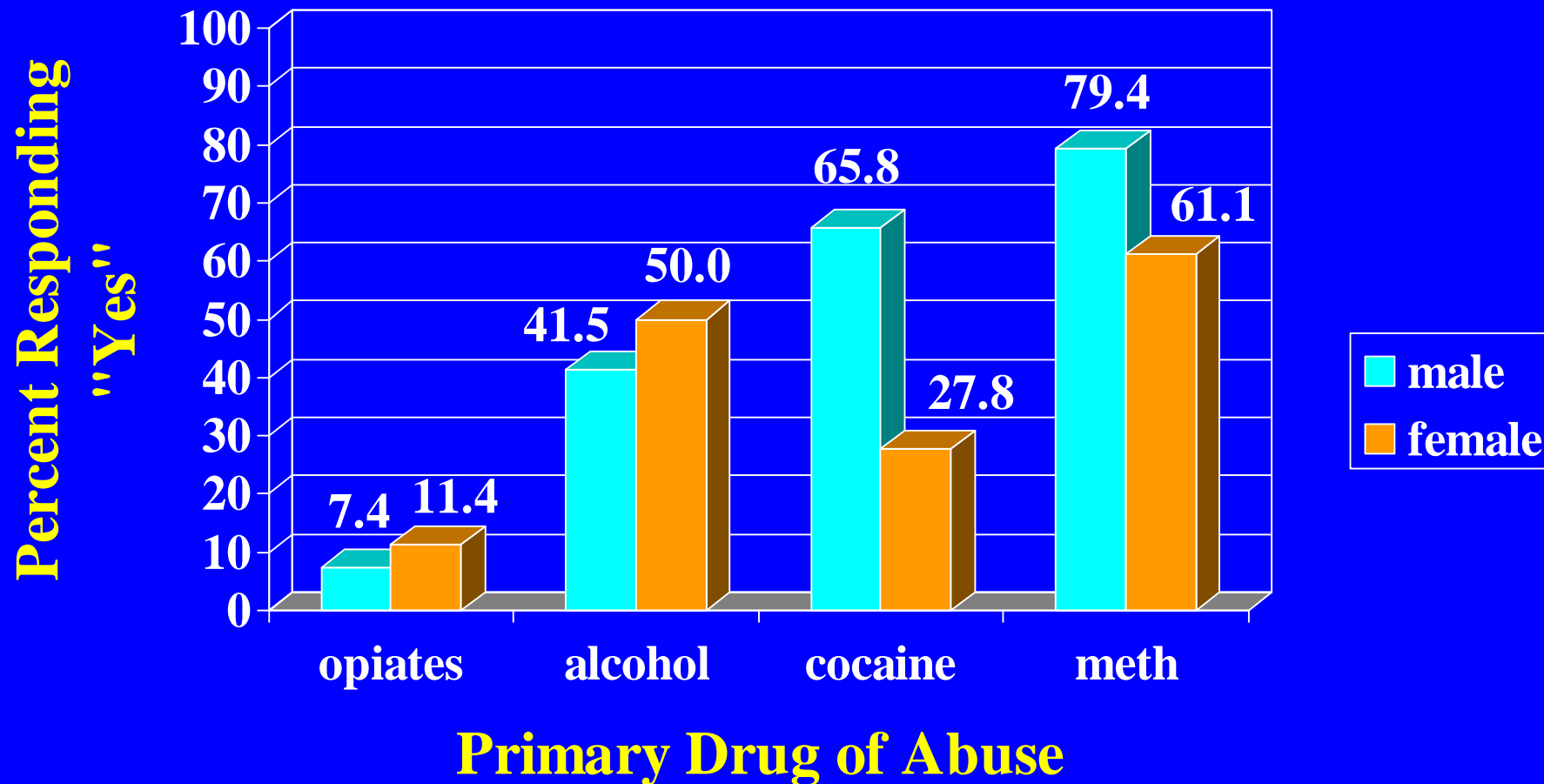
**Q.8: My use of ... has made me become *obsessed* with sex and/or made my sex drive abnormally *high*.**



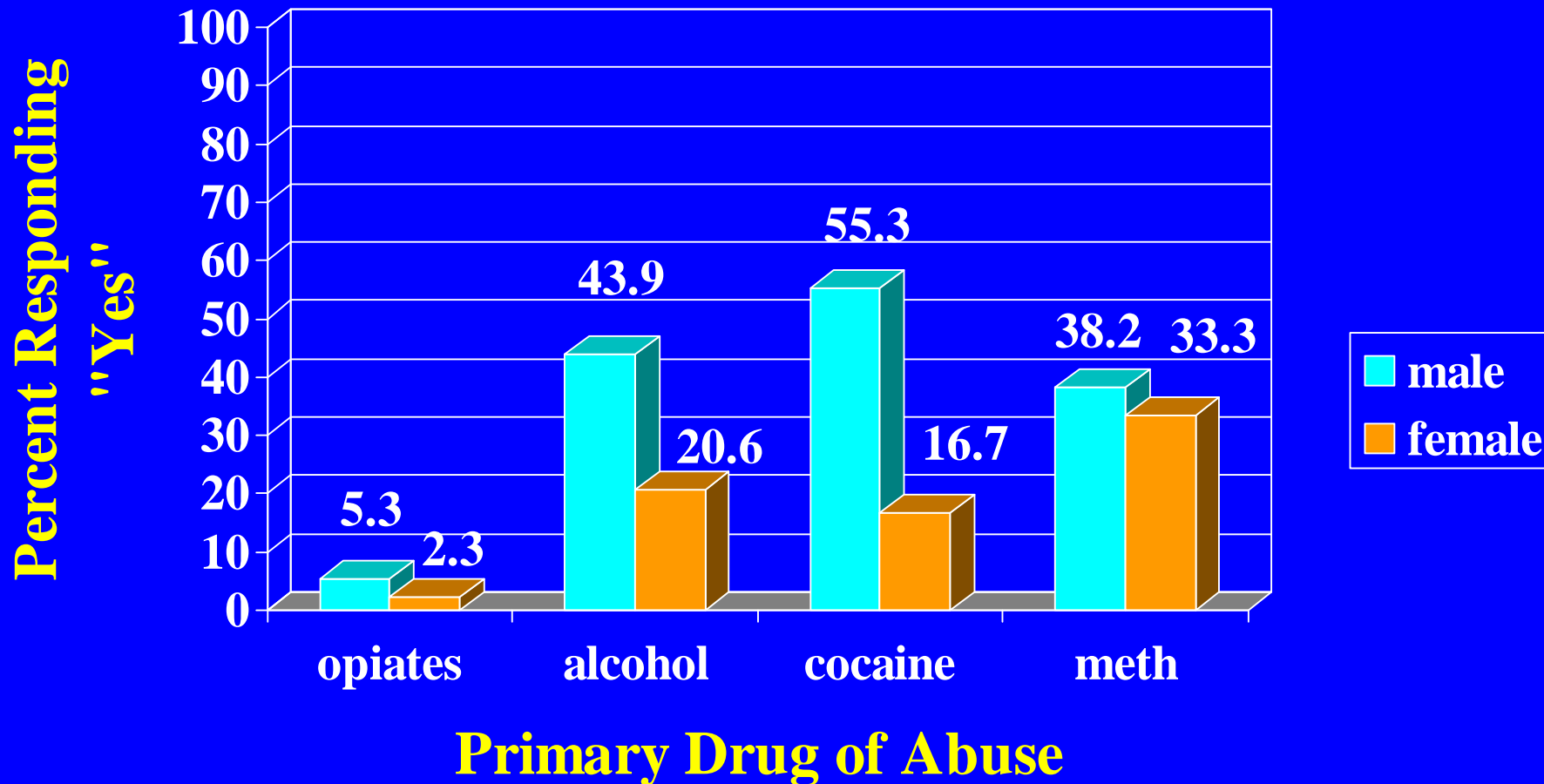
**Q.9: My use of ... has *reduced* my interest in sex and/or made my sex drive abnormally *low*.**



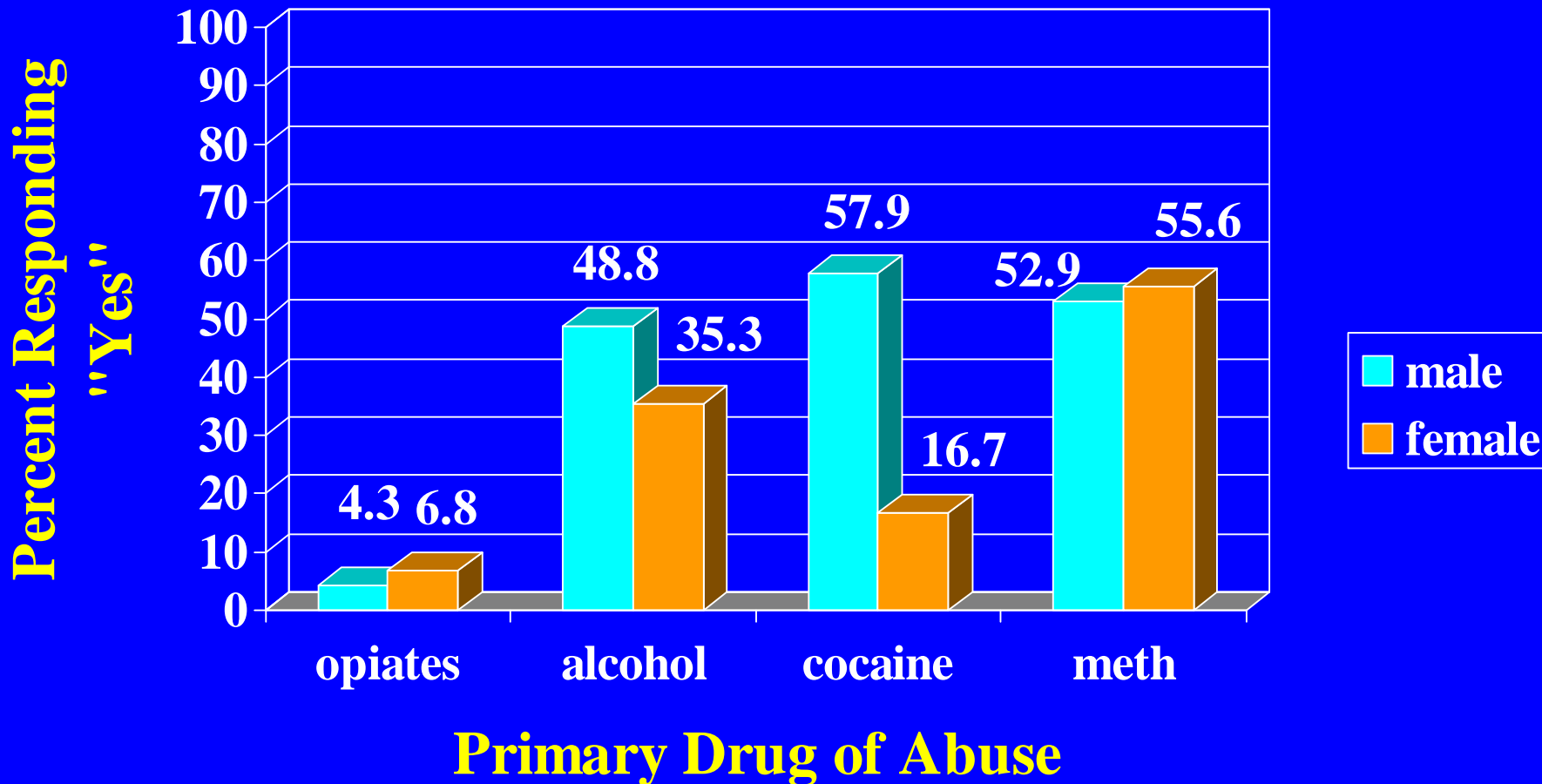
**Q.10: I am *more likely* to have sex (e.g., intercourse, oral sex, masturbation, etc.) when using ...**



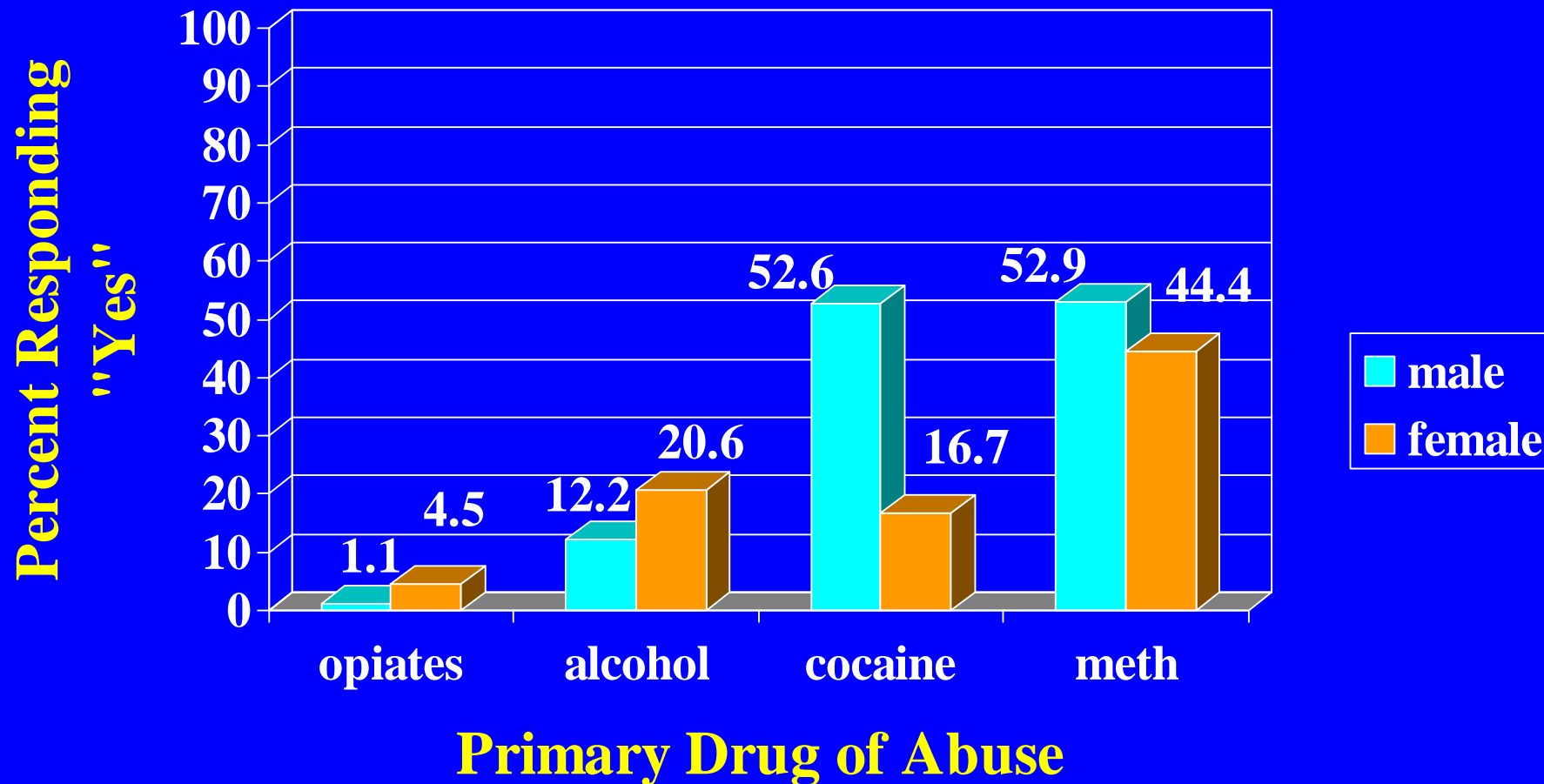
**Q.11: I am *more likely* to have sex with a prostitute, pickup, other unknown partner, or someone other than my spouse/primary mate when using ...**



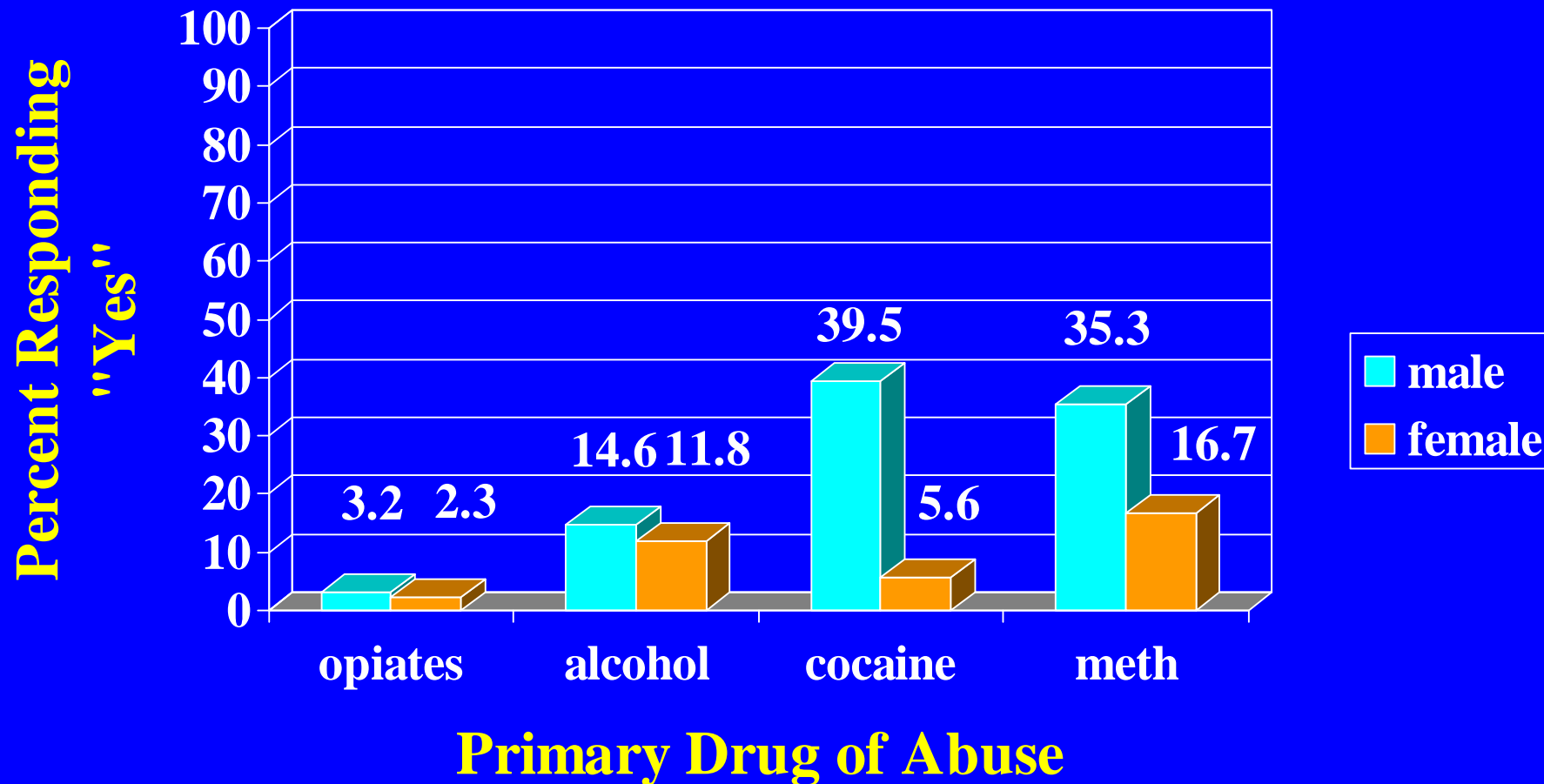
**Q.12: I am *more likely* to practice “risky” sex under the influence of ... (e.g., not use condoms, be less careful about who you choose as a sex partner, etc.)**



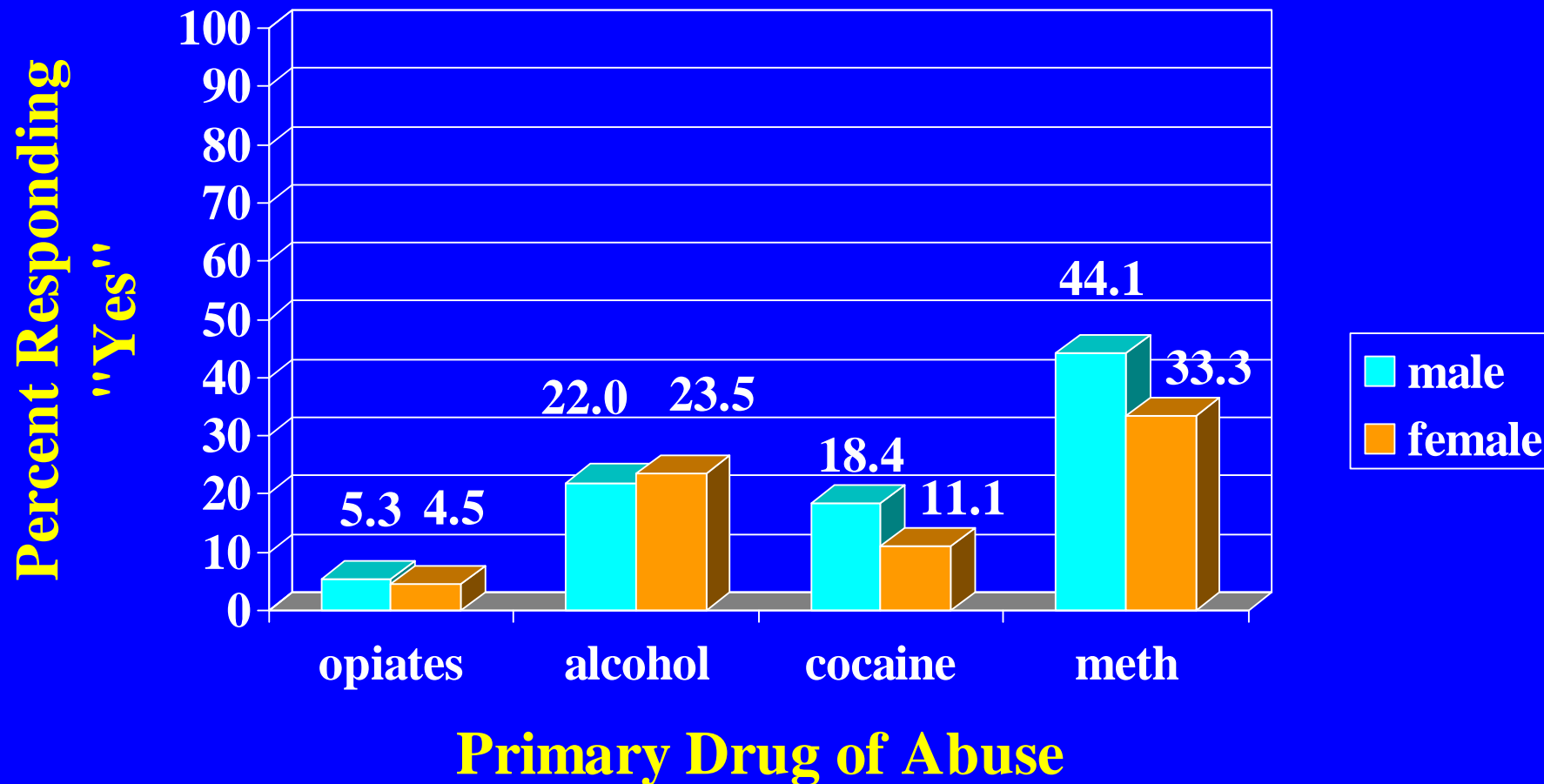
**Q.13: I have become involved in sex acts that are *unusual* for me when I am under the influence of ... (e.g., marathon masturbation, go to “peep” shows, cross-dress, voyeurism, expose yourself, etc.)**



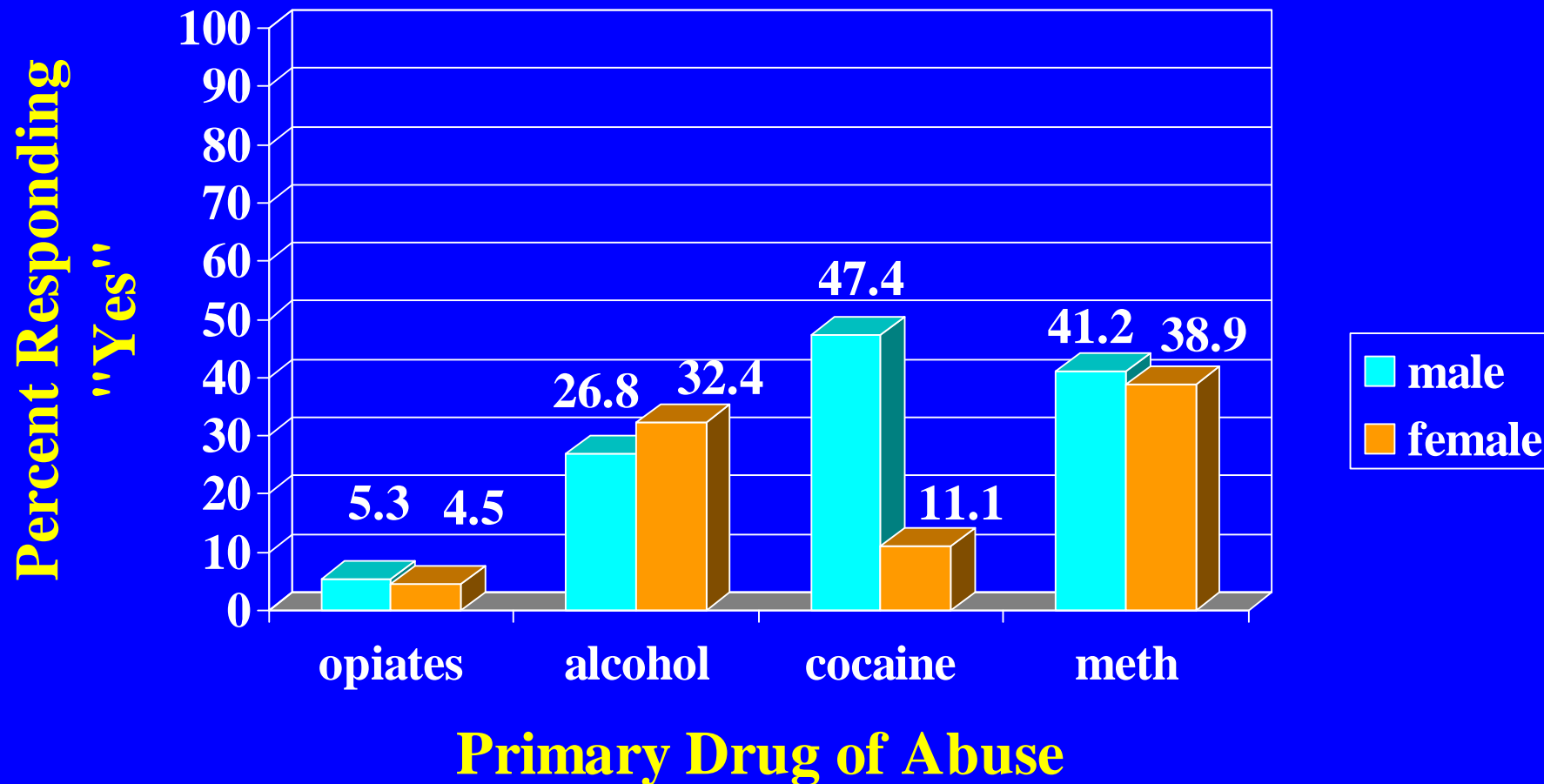
**Q.14: My use of ... is so *strongly associated* with sex that I believe it will be difficult for me to separate my use of this substance from my sexual behavior.**



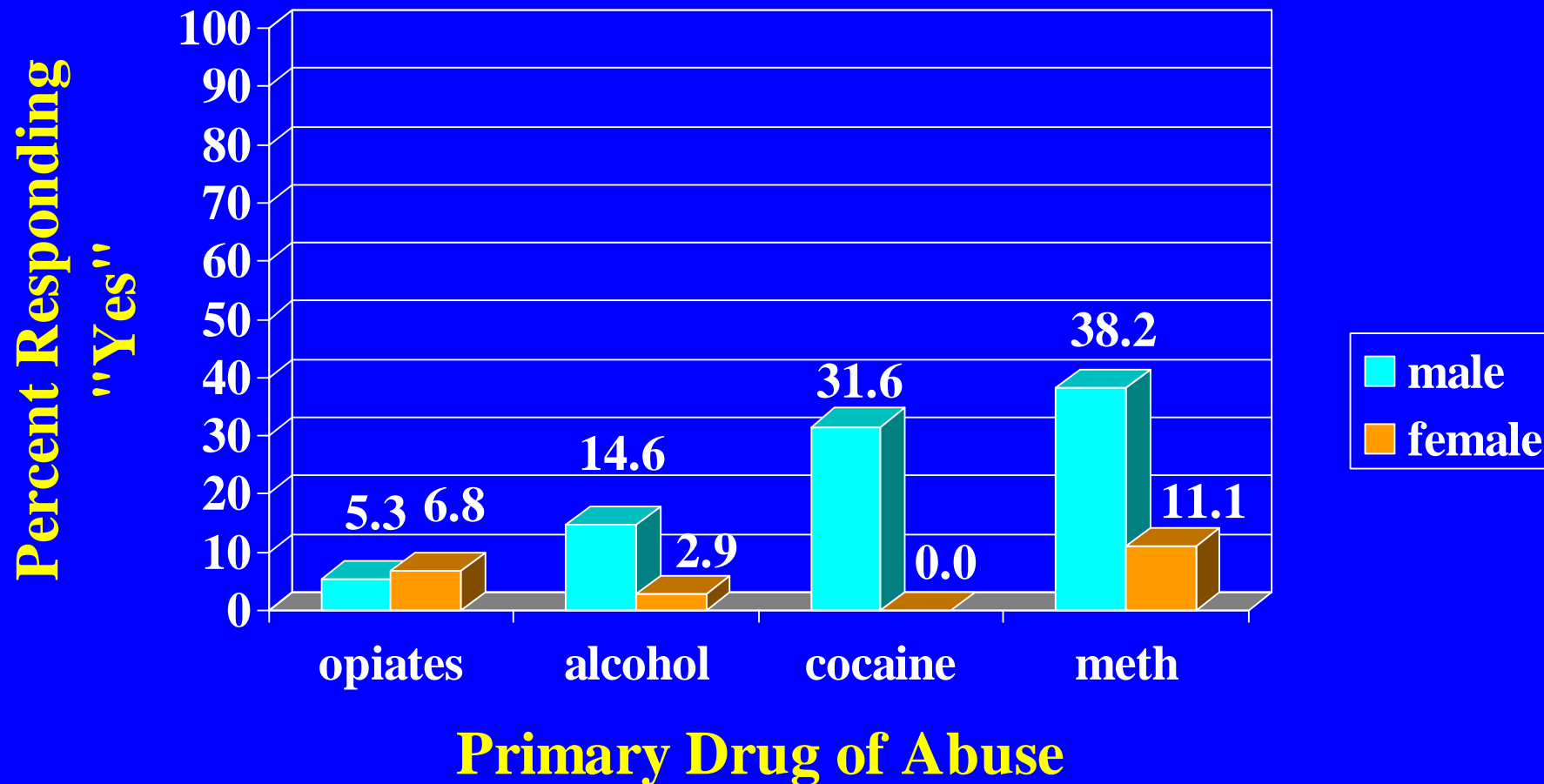
**Q.15: I am concerned that sex will *not* be (has *not* been) as interesting or pleasurable or perhaps even boring without ...**



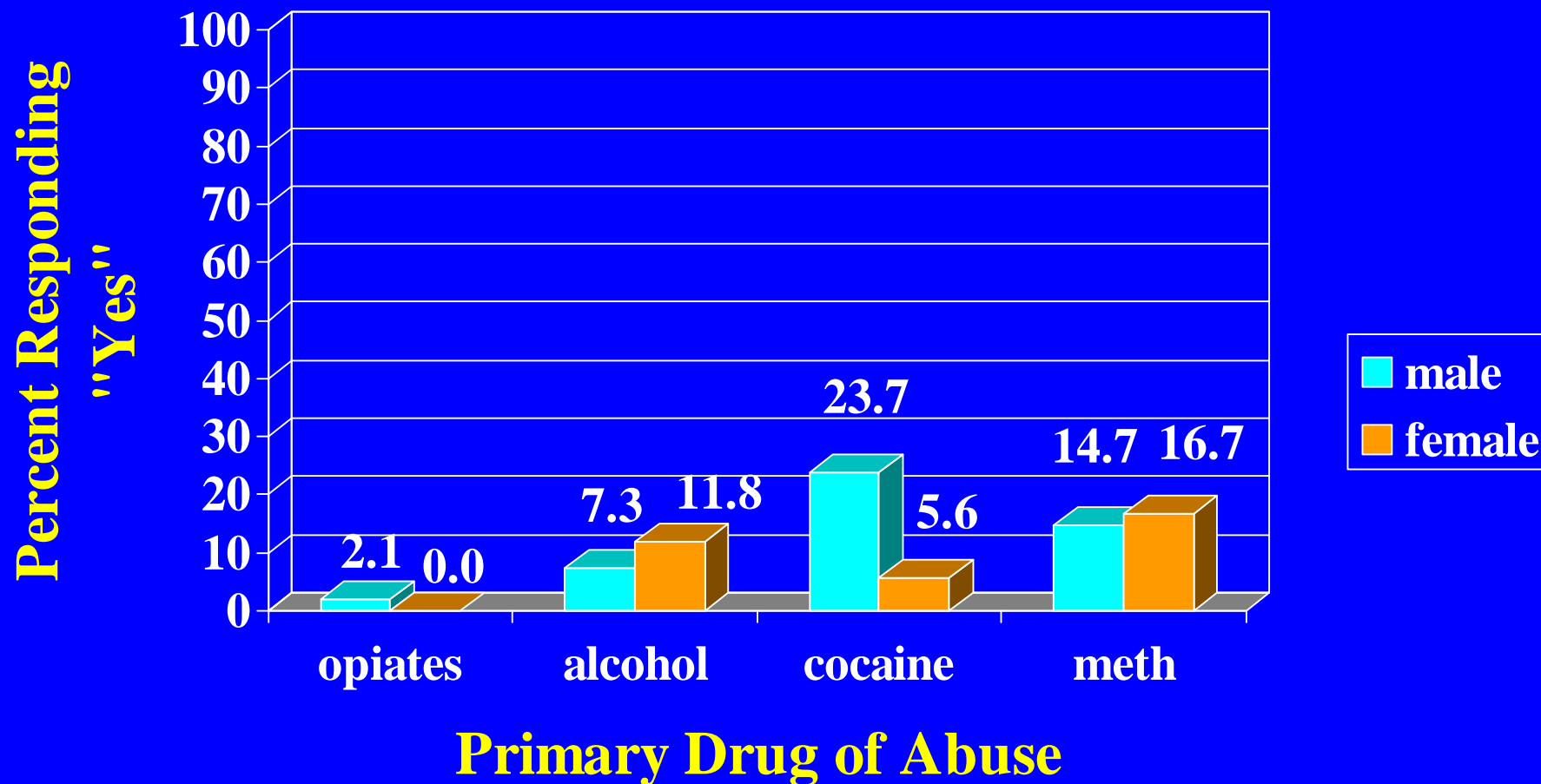
# Q.16: Sexual fantasies or desires have previously “triggered” my use of ...



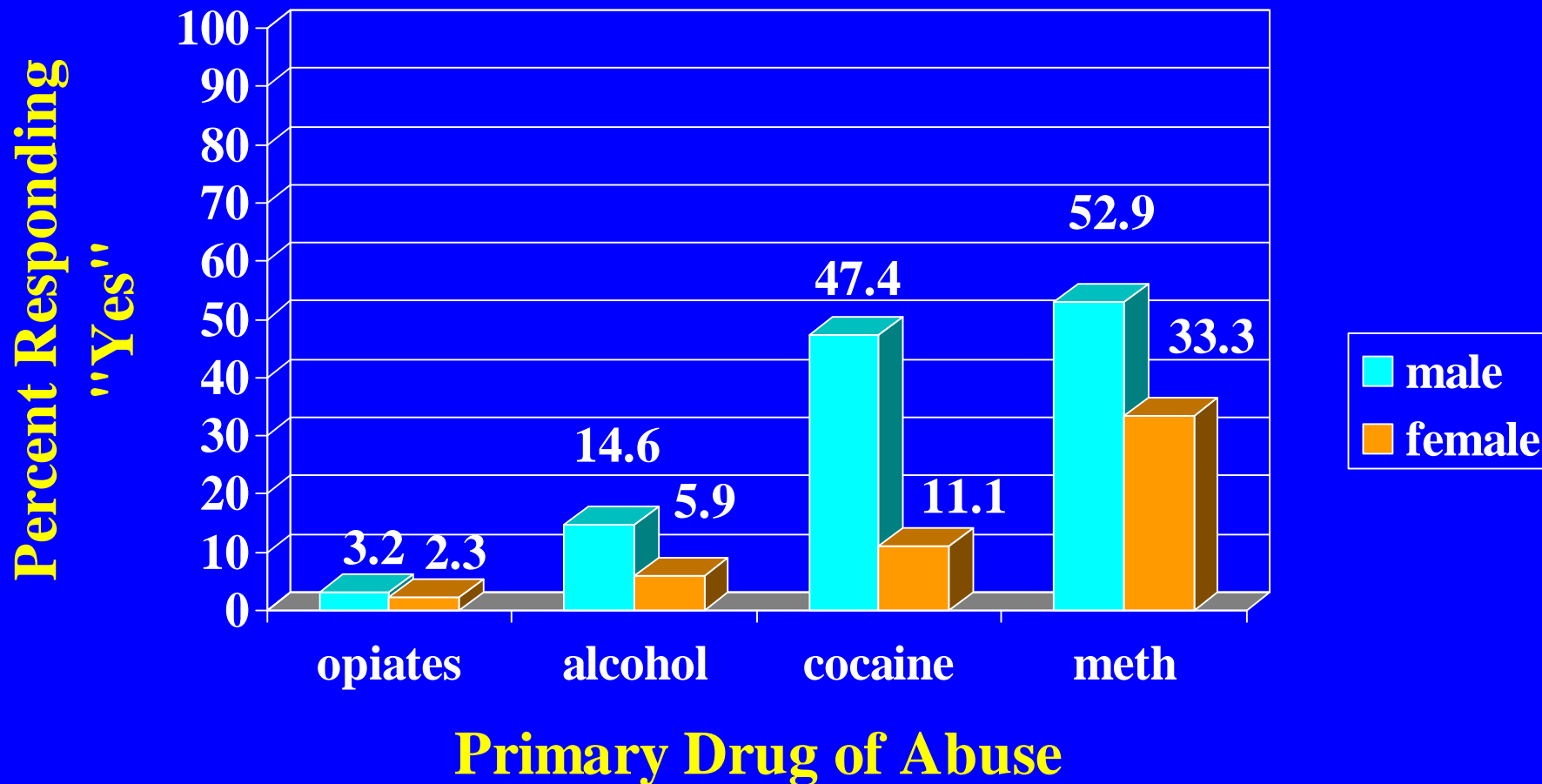
# Q.17: My sexual fantasies or desires make it *more* difficult for me to stop using ...



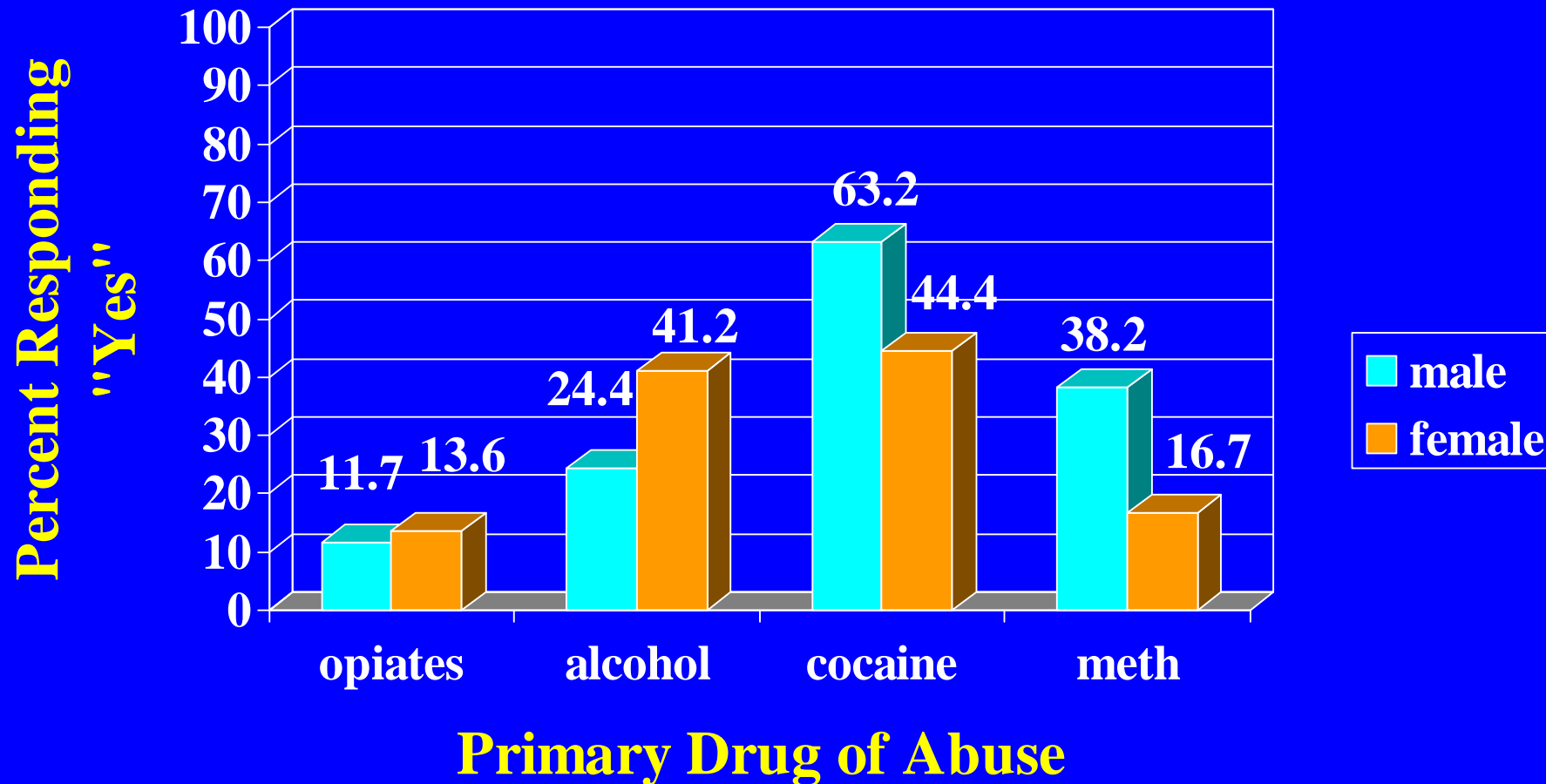
**Q.18: My sexual behavior under the influence of ... has caused me to *question* or *have questions* about my sexual orientation (for example, if you are heterosexual have you been frightened by homosexual fantasies or acts you have experienced under the influence?)**



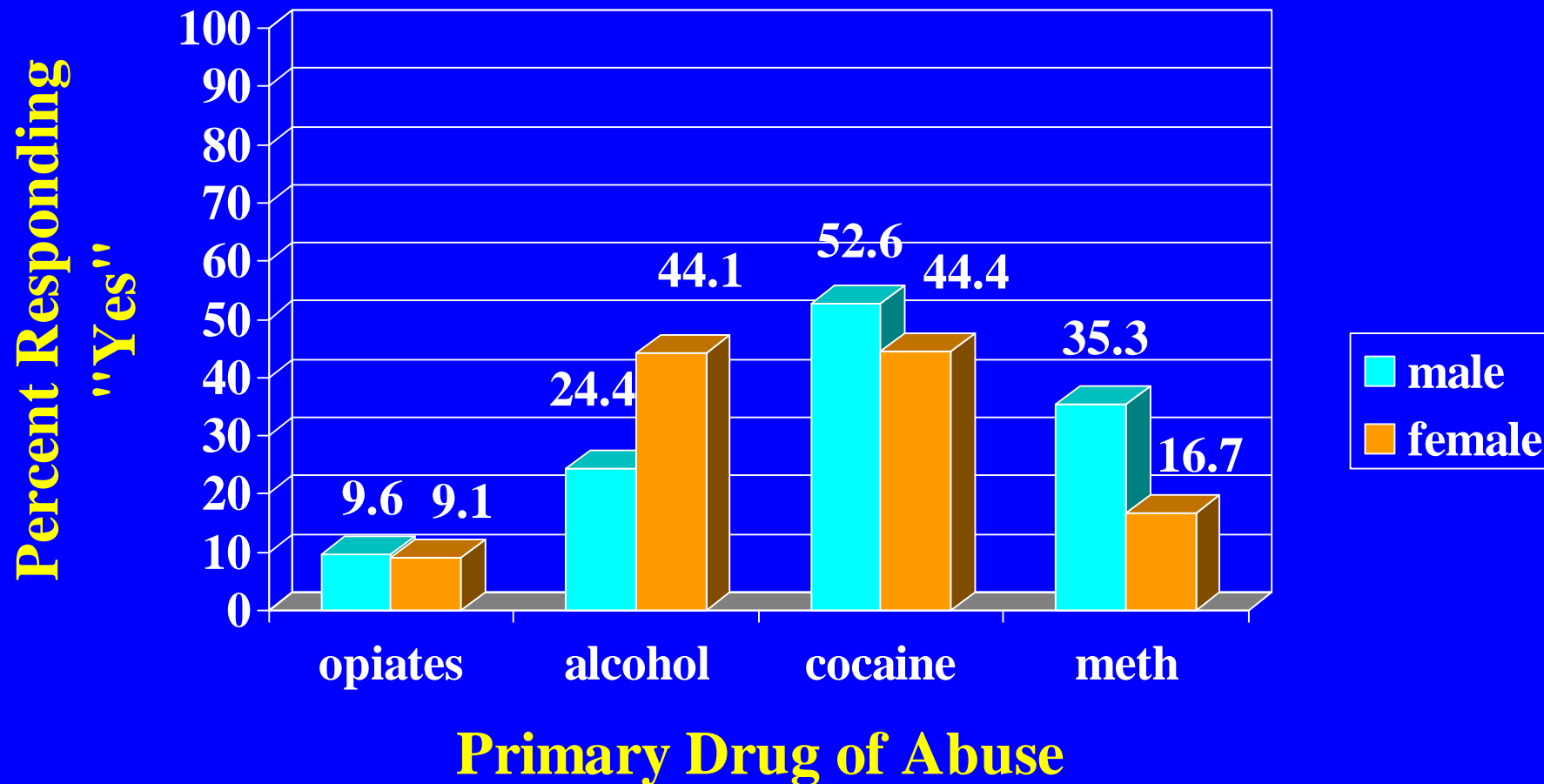
**Q.19: My sexual behavior under the influence of ...  
has caused me to feel sexually *perverted* or *abnormal*.**



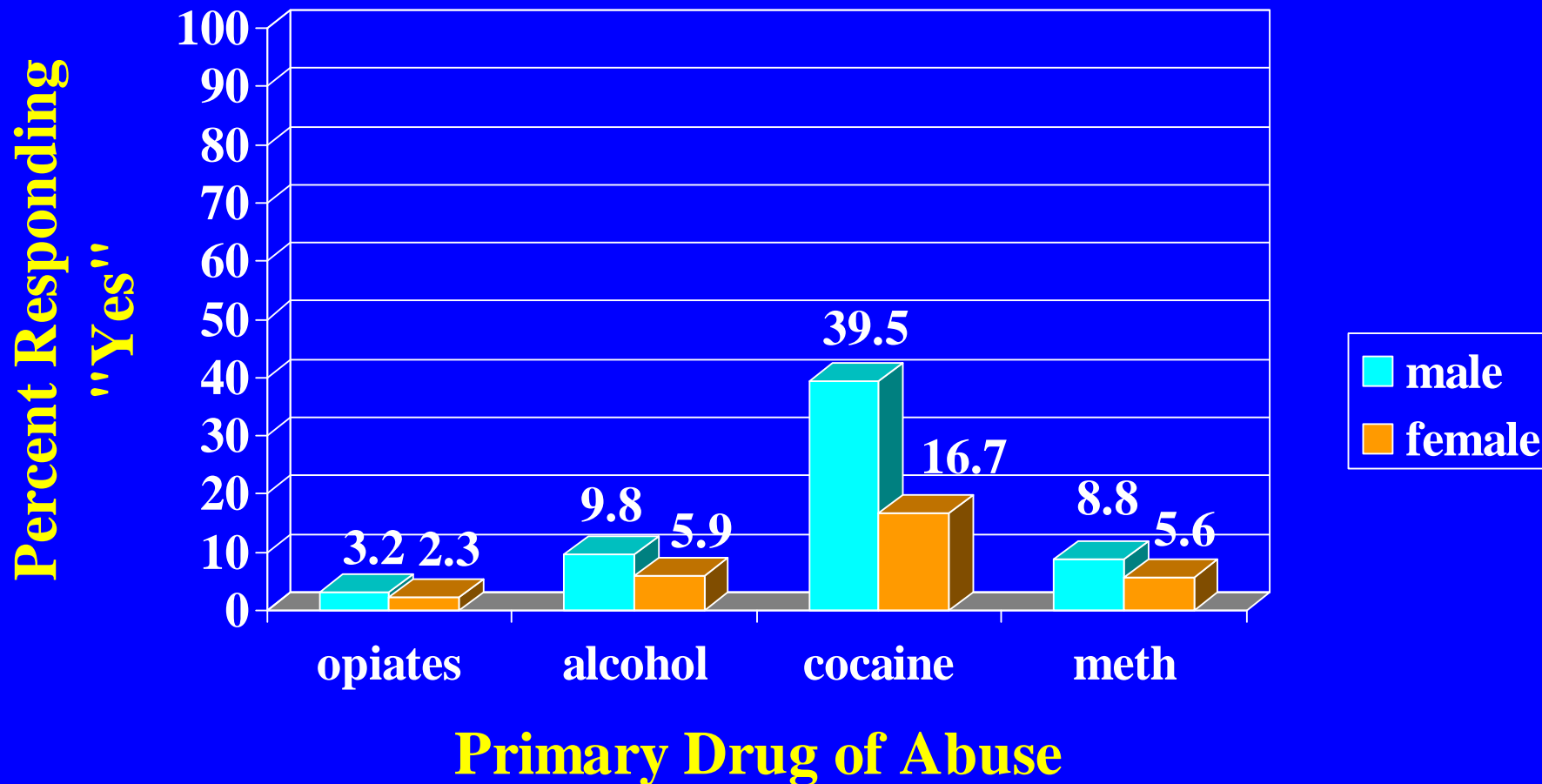
**Q.20: My sexual behavior under the influence of ... has resulted in feelings of *depression*.**



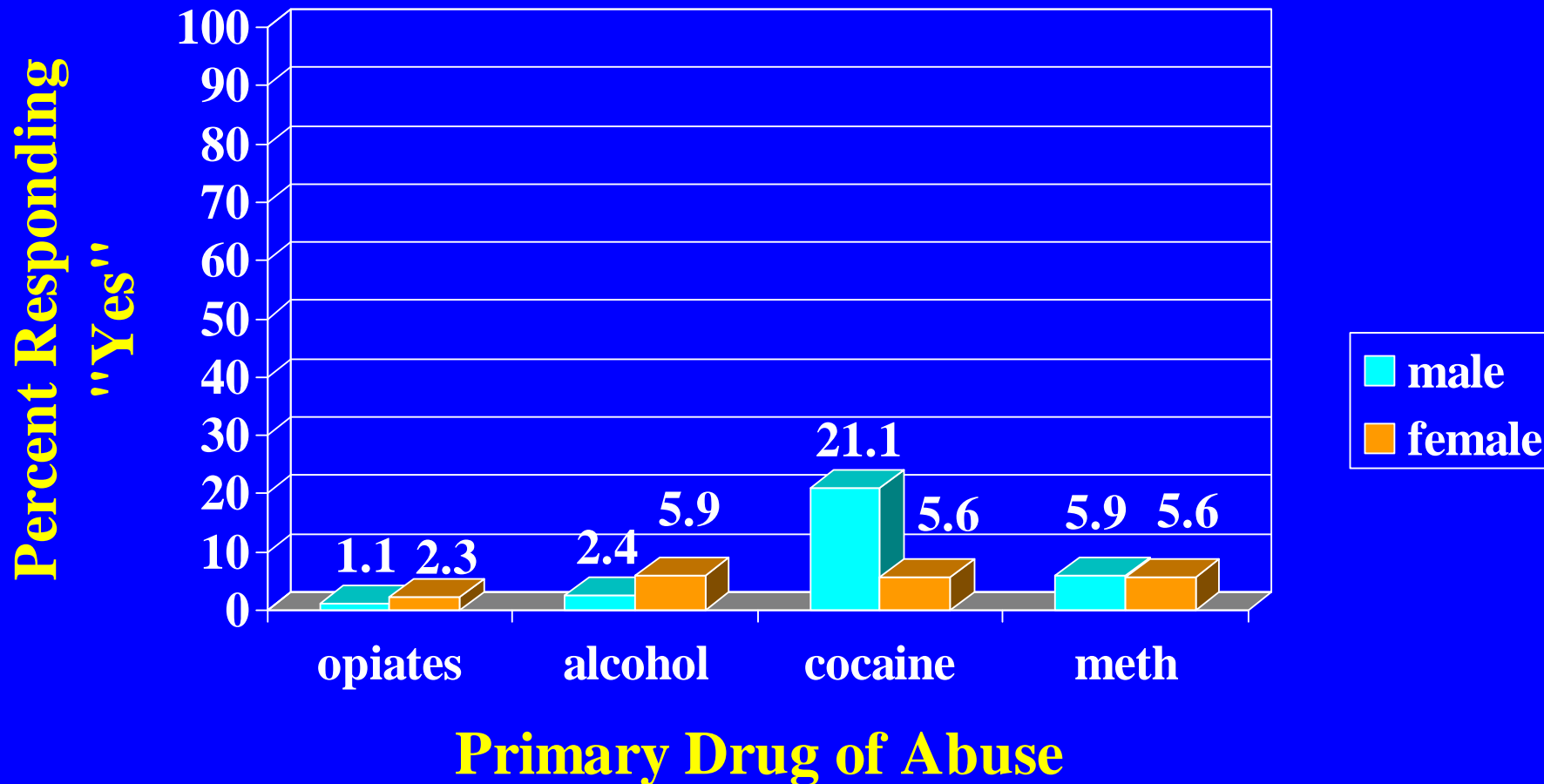
# Q.21: My sexual behavior under the influence of ... has resulted in feelings of *shame/guilt*.



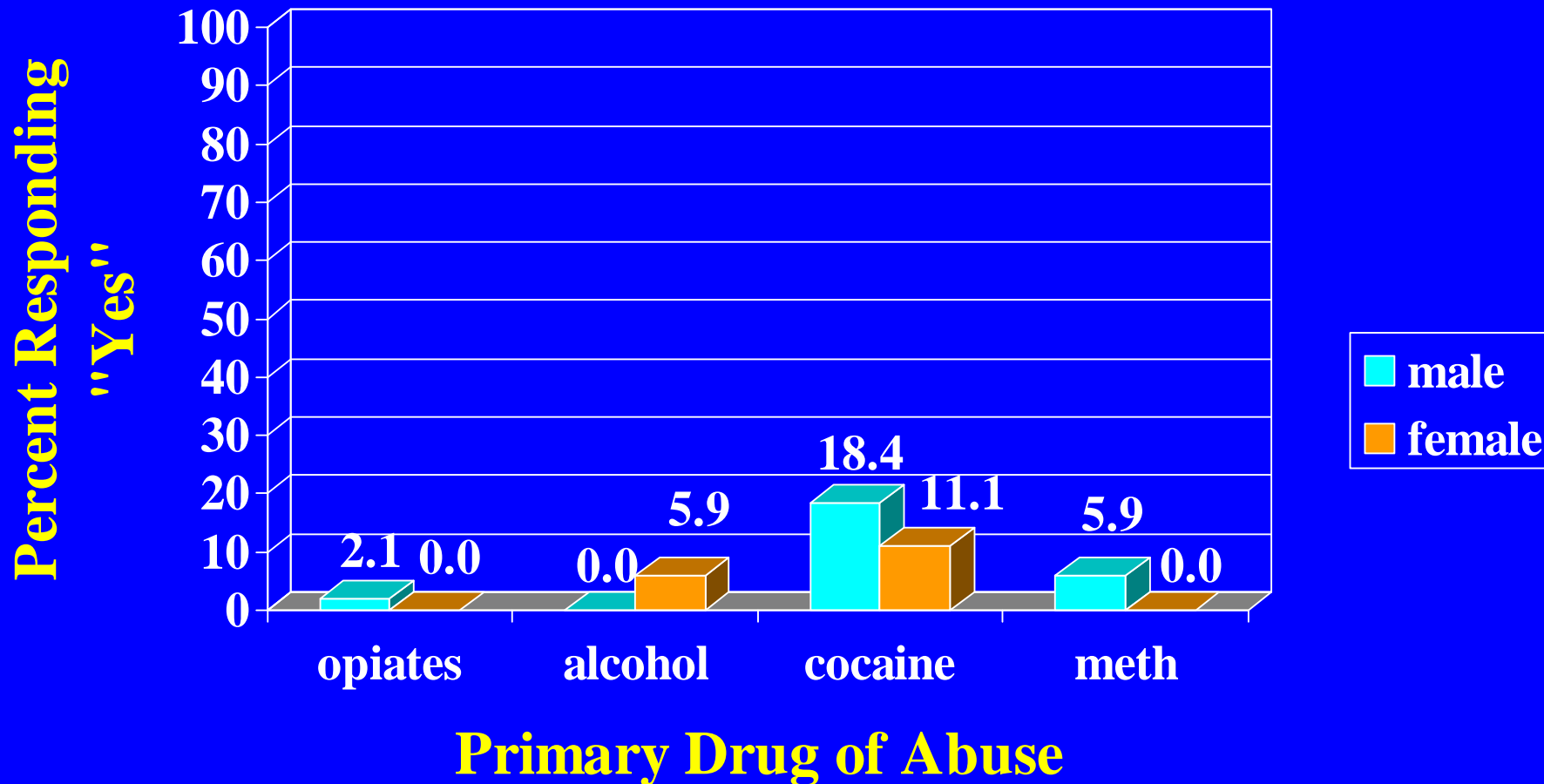
**Q.22: My sexual behavior under the influence of ...  
has caused me to *think about* harming/killing myself.**



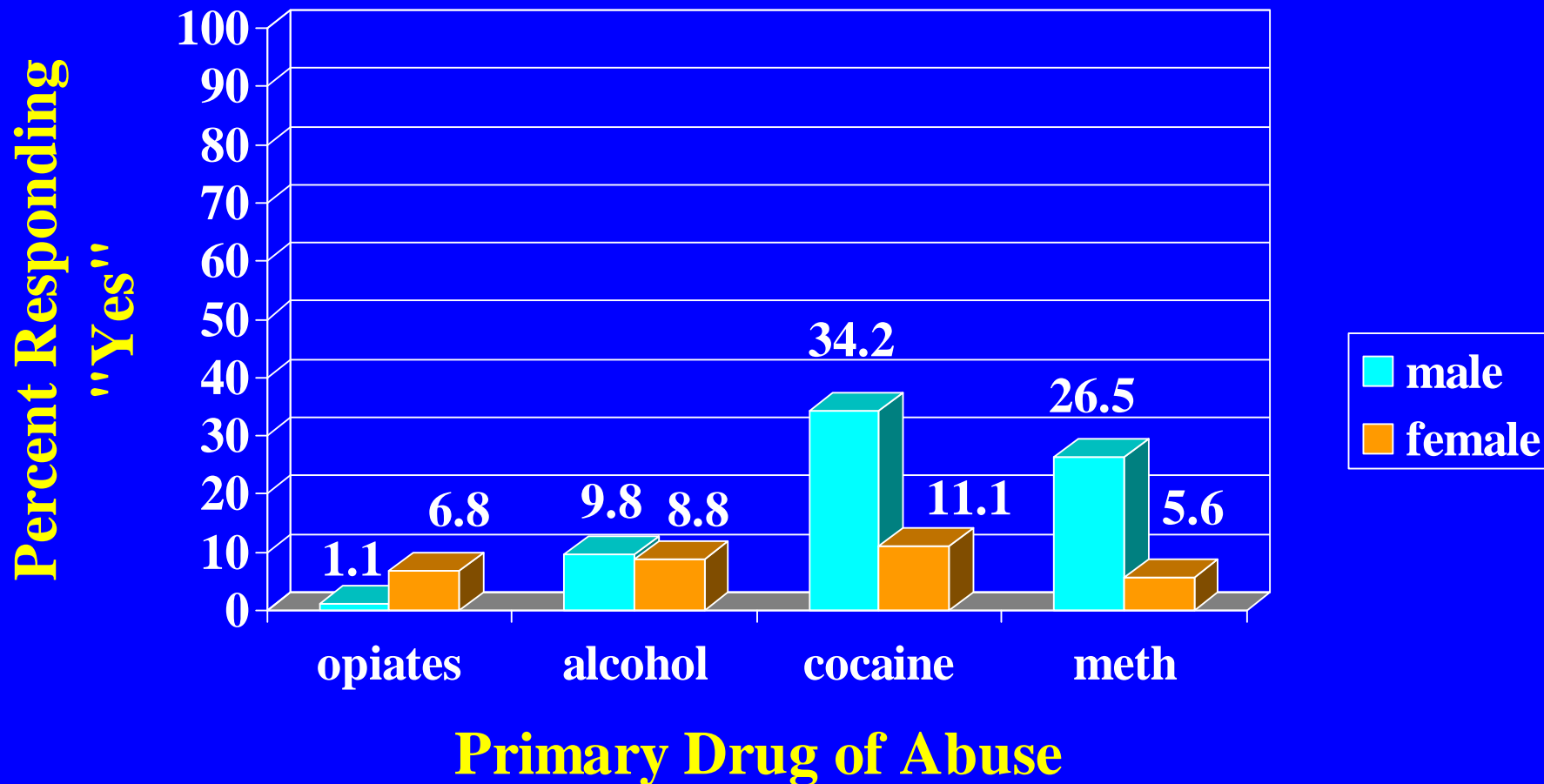
# Q.23: My sexual behavior under the influence of ... caused me to *plan* to harm/kill myself.



# Q.24: My sexual behavior under the influence of ... caused me to *attempt* to harm/kill myself.



# Q.25: I believe I *need treatment* for my sexual behavior as it is linked to ...



	$\chi^2$ Drug X Response		Within-drug $\chi^2$ testing Gender X Response							
Item	All 4 Drugs		Alcohol Users		Opiate Users		Cocaine Users		Meth Users	
	$\chi^2$	<i>p</i>	$\chi^2$	<i>p</i>	$\chi^2$	<i>p</i>	$\chi^2$	<i>p</i>	$\chi^2$	<i>p</i>
1	37.4	***	0.0		0.0		10.5	***	4.3	**
2	60.6	***	5.4	**	0.1		9.8	**	5.6	**
3	20.0	***	3.4	*	1.4		4.4	**	0.0	
4	37.5	***	0.6		0.2		0.5		0.0	
5	35.5	***	3.1	*	0.0		1.8		2.2	
6	52.3	***	1.7		0.1		6.2	**	0.3	
7	16.3	***	6.4	**	0.0		2.9	*	0.2	
8	90.1	***	0.3		0.9		9.8	**	5.3	**
9	10.7	**	0.4		1.1		0.9		0.0	
10	87.1	***	0.5		0.6		7.1	**	2.0	
11	49.8	***	4.5	**	0.7		7.4	**	0.1	
12	68.4	***	1.4		0.4		8.4	**	0.0	
13	73.5	***	1.0		1.7		6.5	**	0.3	
14	33.8	***	0.1		0.1		6.9	**	2.0	
15	36.4	***	0.0		0.0		0.5		0.6	
16	42.4	***	0.3		0.0		7.0	**	0.0	
17	22.3	***	3.0	*	0.1		7.2	**	4.2	**
18	18.7	***	0.4		1.0		2.7	*	0.0	
19	65.8	***	1.5		0.1		7.0	**	1.8	
20	41.8	***	2.4		0.1		1.7		2.6	
21	39.8	***	3.3	*	0.0		0.3		2.0	
22	39.2	***	0.4		0.1		2.9	*	0.2	
23	17.4	***	0.6		0.3		2.2		0.0	
24	20.4	***	2.5		1.0		0.5		1.1	
25	27.0	***	0.0		3.5	*	3.3	*	3.3	*

\*  $0.1 > x > 0.05$ ; \*\*  $0.05 \geq x > 0.01$ ; \*\*\*  $0.01 \geq x$

# Conclusions

- **Opiate users show dulled responses to all items.**
- **Cocaine use and sexual behavior are tightly associated, particularly in males.**
- **Methamphetamine is even more tightly associated with sexual behavior than is cocaine/crack.**
- **Female methamphetamine users respond to questions about sexuality in male-like ways.**
- **Successful treatment of substance use disorders is therefore likely to require that sexual issues be addressed.**

# **Future Directions**

- **Validate instrument**
- **Carry out well-designed studies targeting appropriate groups, rather than using convenience sample**
- **Evaluate effect of treatments addressing sexual issues associated with substance use of various sorts**