Sexualized drug use (“chemsex”) and sexually transmitted infections

Sir,

The use of the term “chemsex” has stirred debate in the recent. It relates to the intake of one or more psychoactive drugs before or during the sex, to facilitate and/or to enable, enhance, and prolong the sexual interaction.[1] The drugs used for this purpose are mephedrone, γ-hydroxybutyrate/γ-butyrolactone, and crystallized methamphetamine.[1] Although young gay and bisexual men having sex with men have a higher tendency to use these drugs in combination, the practice is now increasingly common among straight people also.[2] People engaging in chemsex report better sex as these drugs help them to overcome their inhibitions such as lack of confidence and self-esteem, homophobia, and stigma about their HIV status, increased stamina and pleasure; facilitate sustained arousal and instant rapport with their sexual partners.[1,2] Hence, under the influence of these drugs, they are more likely to engage in the risky sexual behavior (fisting, anilingus, and scat play) which in turn may result in increased transmission of sexually transmitted infections (STIs) including blood-borne viruses and enteric pathogens including Shigella and Escherichia coli, which eventually leads to greater demand for health-care resources.[2] Although more common in European countries, reports about chemsex have started appearing in Indian media where it is also referred as “high fun.”[3] However, there is a dearth of scientific data from India, probably due to the punitive drug laws and the criminalization of sexual behavior between men.

Use of multiple drugs in chemsex sessions is frequent which not only potentiates their effects but also can lead to unwanted side effects including agitation, anxiety, paranoia, aggression, and psychoses. Chemsex drug users often describe “loosing days” – not sleeping or eating for up to 72 h which harms their general health.[4] Chemsex has also been implicated as an important potential risk factor for STIs. Use of these drugs before or during sex is linked to a higher number of sexual partners, higher levels of high-risk sexual behavior, coupled with potential for penile abrasions or rectal trauma, resulting from intense sexual activity (oftenly unprotected) which provides opportunity for STI/HIV transmission.[5] Some chemsex practices, particularly IV drug use has been described as a “perfect storm” for transmission of HIV and hepatitis C virus.[6] Moreover, the coexisting STI facilitates the transmission and acquisition of other STIs including HIV. Nonulcerative STIs caused by Chlamydia trachomatis and genital mycoplasmas potentially increase the susceptibility of HIV acquisition and
transmission and can act as candidate “cofactors” in the pathogenesis of AIDS or can act in synergy with HIV to exacerbate the retroviral disease.

It has been suggested that the growth in chemsex drug usage and the STI transmission has been facilitated by the development of several location-based mobile phone applications (m apps), whereby individuals interact with others through their mobile phone not only for sexual relationships but also often to obtain drugs from nearby sources.[7] This has resulted in a paradigm shift in the sexual network structure from density-dependent factor into a density independent factor. Moreover, it also has increased the potential for transmission of infections, particularly STIs, thereby making STIs control increasingly challenging.

While tailored chemsex support interventions have begun to emerge worldwide, effective and efficient services to address chemsex support in India are still lacking as we are still in early stages of understanding this phenomenon. Comprehensive surveys in this regard are required to obtain a clearer picture from India so that the support services can be designed and delivered. Epidemiological studies are needed to assess the problem not only from the substance abuse point of view and its impact on mental health but also in relation to its role in STI acquisition and transmission. It is also vital that we should have a nonjudgmental approach about chemsex. The longer it remains behind closed doors or is discussed in whispers, the more lives will we be putting at stake.

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