Dear Editor,

We have read with great interest the paper of Marinelli et al (1), where the authors have provided a valuable overview of the chemsex phenomenon, focusing on the importance of sexual health clinics, which may represent “the most suitable venues to deal with sexual health issues”.

However, the authors also argue that these clinics may lack the expertise to address substance abuse when the two aspects are linked. Therefore, it is fundamental to develop specialized clinics to grapple with the threats posed by chemsex and party substances to better meet the needs of victims in their path to rehabilitation and recovery.

We totally agree with the authors, who posed special emphasis on the health risks due to the simultaneous intake of most common drugs implicated in chemsex, especially GHB/GBL, ketamine, mephedrone and other synthetic cathinones and erectile dysfunction medications, which have caused a growing number of acute intoxications and even fatalities (2-6).

In addition to this, it has to be underlined that currently available data highlighted that “chemsex” phenomenon is evolving at least in two directions.

Firstly, the use of the psychoactive substances listed above is being currently accompanied by the use of illicit opioids, which recently have been indicated as a new serious health threat for consumers. In addition, as reported by the last European Drug report, the simultaneous use of illicit benzodiazepines with non-medical opioids misuse has also been observed.

Secondly, strictly linked to the rising use of non-medical opioids is the risk of transition towards heroine followed by the adoption of risky injection practices frequently accompanied by high-risk sexual behaviors.

In this sense, the current definition of the phenomenon as “the voluntary intake of certain psychoactive and non-psychoactive drugs in the context of sex parties and sexual intercourses with the intention of facilitating and/or enhancing the sexual encounter mostly among men who have sex with other men (MSM)” has been expanded to “heterosexual chemsex”. Clin Ter 2019; 170 (5):e337-338. doi: 10.7417/CT.2019.2157

Key words: Chemsex, illicit opioids, heterosexual chemsex

In conclusion, we support and reiterate the suggestion by Marinelli et al. “to develop specialized clinics to grapple with the threats posed by chemsex and party substances, in order to better meet the needs of chemsex victims in their path to rehabilitation and recovery” taking into considerations that one of the main issues to determine health policy priority interventions for chemsex is the lack of available epidemiological data on the issue. Moreover, social actions should be taken in order to break down the barriers that currently exist among chemsex drug users in accessing services, including the shame and stigma often associated with drug use (2).
Finally, we recommend maintaining a continuous surveillance also towards heterosexual consumers and party goers together with the objective assessment of consumed substances by updated analytical methods focusing not only on drugs usually implicated in chemsex (12-15) but also on new trends of use (16-19), in order to capture the latest picture of substances consumption in chemsex and provide a health and political response to stop or at least contain the phenomenon.

References

11. Heterosexual chemsex? Available at: https://blogs.bmj.com/sti/2018/05/04/heterosexual-chemsex/