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Chemsex, drugs and consequences: A short review

Diane Le Bouëdec [a,*], Romain Pelletier [a,b], François Bénézit [c], Raphaël Pangui [d], Isabelle Morel [a,b], Thomas Gicquel [a,b]

[a] *Laboratory of Biological and Forensic Toxicology, Pontchaillou University Hospital, 35033 Rennes, France*
[b] *INRAE, Institut Nutrition, Metabolisms and Cancer (NUMECAN) UMR A 1341, UMR S 1317, Inserm, University of Rennes, 35000 Rennes, France*
[c] *Department of Infectious Diseases, Pontchaillou University Hospital, 35033 Rennes, France*
[d] *Department of Addictology, Pontchaillou University Hospital, 35033 Rennes, France*

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Summary Chemsex refers to the intentional use of psychoactive substances to enhance sexual expériences. It often involves prolonged sexual sessions, multiple partners, and the use of drugs such as GHB, synthetic cathinones, and erectile dysfunction medications. Prevalence estimates vary widely across studies, ranging from 9 to 21% in Europe, reflecting heterogeneity in definitions and populations studied. This practice can be associated to serious health risks, including substance addiction, psychiatric disorders, and increased rates of sexually transmitted infections (STIs), notably HIV and hepatitis C. Intravenous drug use during sex (''slamming'') carries particularly high risks. Despite its initial emergence in men who have sex with men (MSM) communities, chemsex is also reported among heterosexual and transgender populations. Effective responses require non-judgmental, multidisciplinary support, combining harm reduction, mental health care, and STI prevention. Healthcare professionals must be trained to recognize and address chemsex-related issues. Further research is needed to better define the phenomenon and inform public health strategies. This article provides a brief review of the characteristics, epidemiology, and potential addictive, infectious, and psychological consequences of chemsex.

* Corresponding author. Laboratory of Biological and Forensic Toxicology, Pontchaillou University Hospital, 2, rue Henri-Le-Guilloux, 35000 Rennes, France.
E-mail address: diane.le.bouedec@chu-rennes.fr (D. Le Bouëdec).

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Abbreviations

AIDS	acquired immune deficiency syndrome
CNS	central nervous system
COVID-19	coronavirus disease 2019
GBL	gamma-butyrolactone
GHB	gamma-hydroxybutyric acid
HCV	hepatitis C virus
HIV	human immunodeficiency virus
LGBTQ+	lesbian, gay, bisexual, transgender, queer, and other identities
MDMA	3,4-methylene-dioxy-methamphetamine
MEC	methylethcathinone
MMC	methylmethcathinone
MSM	men who have sex with men
NPS	new psychoactive substances
PrEP	pre-exposure prophylaxis
SiADH	secretion of anti-diuretic hormone
STI	sexually transmitted infection

Introduction: definition and history of the chemsex phenomenon

The term ''chemsex'' is a contraction of the words ''chemicals'' and ''sex'' and refers to the practice of using psychoactive substances during sexual intercourse to reduce inhibitions, increase desire and pleasure significantly, and improve sexual performance [1]. ''Slamming'' is the chemsex practice of injecting drugs intravenously during sex [2].

Although this practice mainly concerns men who have sex with men (MSM), it can also take place in heterosexual libertine circles. Sex is often planned, with sessions lasting several days and involving multiple partners. In most cases, chemsex takes place in private environments in which risky behavior (a lack of condom use, hard sex, needle sharing, etc.) is more common. The frequency of chemsex sessions varies from several times a week to a few times a year [3].

Although the term ''chemsex'' was coined recently and is linked to the development of certain sexual practices within the gay community, the use of drugs in a sexual context is not a new phenomenon. The use of psychotropic substances to enhance pleasure or treat erectile dysfunction has always been present in all social groups [4]. During the 1990s, the term ''chem'' was coined by the Anglo-Saxon gay community to refer to methamphetamine or gamma-hydroxybutyrate/gamma-butyrolactone (GHB/GBL) in text messages to drug dealers [4,5].

Chemsex cases were firstly describe in the United Kingdom, and the first use of the term ''chemsex'' has been attributed by some to the British activist David Stuart [5]. In the 2000s, the fueled the practice of chemsex was driven by the development of communication technologies in general and geolocalized dating applications in particular. Sexual encounters became quicker and more discrete, to the detriment of outdoor pickup spots and sexual consumption venues. The use of psychoactive substances has also evolved, with a move from conventional drugs (like 3,4-methylene-dioxy-methamphetamine MDMA [ecstasy] and cocaine) to GHB and new psychoactive substances (NPSs, in particular synthetic cathinones now widely used for chemsex) [6].

The practice of chemsex is increasingly covered by the media in general and the press in particular. Several media outlets have portrayed chemsex as a major threat to the health of MSM. However, several researchers have warned that such sensationalized representations of chemsex risk moralizing chemsex in a non-constructive way and thus hindering public health efforts [7].

The Internet has profoundly changed the drug landscape by facilitating access to drugs, which are now primarily through the Darknet and the DeepWeb [1]. Experiences shared on blogs, forums, interactive platforms and social networks attract new users and encourage the emergence of new consumption practices. Substances are sometimes delivered directly to private party venues for a fee or are brought to the party by the guests [8].

The chemsex concept emerged in large cities (such as London and Paris) mainly among MSM in their forties. The prevalence of HIV seropositivity among users was high [4]. Some researchers and association representatives are keen to reserve the use of the term ''chemsex'' specifically for the MSM community and consider any other use as offensive cultural appropriation; in their opinion, the chemsex phenomenon is defined by the specific features of gay culture and sexuality — particularly the social and religious stigma attached to homosexuality and the trauma caused by the acquired immune deficiency syndrome (AIDS) epidemic, which can affect the development of gay relationships [5]. However, the practice of chemsex appears to be evolving among both MSM (with a shift to younger age groups) and other individuals. Although chemsex is less widespread in the wider lesbian, gay, bisexual, transgender, queer, and other identities (LGBTQ+) community and among heterosexuals, the practice is gaining ground [9]. Alternative terms for chemsex are emerging, such as the ''sexual drug use'' used in the Anglo-Saxon medical world. Chemsex has also been referred to as ''party'n'play'' in the United States and as ''wired play'' in Australia [10].

It is therefore difficult to give a precise definition of chemsex because the attribution of the term to one community or another is a matter of debate and disagreement between users, community associations, and health professionals. It now affects people from all sociocultural backgrounds (including increasingly younger MSM, heterosexual men and women, transgender people) and is less linked to HIV-positive status. This phenomenon is closely linked to the emergence of NPSs and the growing preference for dating apps and websites over traditional meeting places [5,11].

Epidemiological data

The prevalence of chemsex

Although the body of literature data on chemsex is growing, it is still difficult to establish the prevalence of this practice. The few published studies show great differences not only from one country to another and but also within a given country. The emergence of chemsex is most pronounced in Western Europe, North America, Australia, and South Asia,

where most of the published studies have been carried out. One of the reasons for the lack of data in other countries may be related to poor or absent social, political and/or religious acceptance of LGBTQ+ people [12].

Maxwell et al. (2019) reviewed the prevalence of chemsex among MSM in the United States and Western Europe [13]. In the 38 studies analyzed, the prevalence of chemsex with non-injected drug use ranged from 3 to 29% overall and from 17 to 27% among people attending sexual health centers in the United States. The prevalence was 29% among users of geolocalized dating applications [13]. Wang et al. (2022) estimated that the prevalence among MSM in Asian countries was 19% overall and 28% among MSM sex workers and their clients [14]. In France, Trouiller et al.'s multicenter survey of gay venues in five French cities (2020) reported an annual prevalence of chemsex of 20.8% among MSM [2]. The 2017 report on France by the European MSM Internet Survey found a prevalence of 14% among adult MSM frequenting gay dating sites and using geolocalized applications; the prevalence was higher among the over-30s than among the under-20s (15 vs. 11%, respectively) [15]. More recently, the systematic review and meta-analysis conducted by Coronado-Muñoz et al. (2024) reported a prevalence of chemsex practices among men who have sex with men ranging from 9 to 21% in Europe [16].

All studies aiming to estimate the prevalence of chemsex highlight the considerable variability in its definition, the substances used and the heterogeneity of the populations studied, which calls for caution in interpreting the reported data.

Slam

Slamming (i.e., the practice of injecting drugs during sex) has been extensively studied. The proportion of MSM involved appears to be low and stable. Guerras et al.'s (2021) study of 3387 MSM found that the prevalence of intravenous drug use during sexual relations was 2.1% [17]. L'Yavanc et al. (2014) found that 2.9% of 1376 HIV-positive MSM were slammers [18].

However, these figures only reflect the populations studied and cannot be generalized to MSM worldwide. Schreck et al. (2020) highlighted the heterogeneity and non-reproducibility of 27 published studies of MSM, with the slam prevalence ranging from 2 to 91% [19]. Synthetic cathinones (such as mephedrone, 3-methylmethcathinone [3-MMC], and 4-methylethcathinone [4-MEC]) were the most commonly injected drugs.

Chemsex among non-MSM populations

Although chemsex is widespread among MSM and is closely linked to gay culture, sexualized drug use among non-MSM populations has also been monitor. The prevalence of sex-related drug use among heterosexual men and women remains very low [20].

The most widely used drugs

In addition to poppers (amyl nitrite), the substances most commonly associated with chemsex are GHB/GBL, synthetic cathinones (like mephedrone 3-MMC, 4-MEC, methylenedioxypyrovalerone, etc.), cocaine, erectile dysfunction drugs used to enhance sexual performance (sildenafil, tadalafil, and others) and, to a lesser extent, ecstasy, ketamine and methamphetamine; these substances are often used in combination and are accompanied by heavy alcohol consumption [21]. With the exception of GHB and ketamine, the afore-mentioned substances are all stimulants that produce feelings of euphoria and increase sexual arousal and stamina. As well as providing a sense of well-being and excitement, GHB/GBL and/or ketamine are also used to achieve the desired relaxing effects during sexual intercourse [22] (Table 1) [23—35].

A French multicenter study of the chemsex phenomenon identified 232 cases in 19 laboratories between 2018 and 2023, with a significant increase in the number of cases identified over the study period [36]. Of the 232 cases, 50 led to death (21.5%). The most commonly identified substances were cathinones, GHB, cocaine, MDMA, and erectile dysfunction drugs.

Consequences of chemsex

There are many complications associated with chemsex: these may be somatic (intrinsic toxicity of the substances used, together with abscesses and infections), psychological (addictions, sexual problems, and psychiatric problems), and social (isolation, financial problems, stigma, and homophobia) (Fig. 1) [1]. Deaths have been reported in some forensic reports [37].

The incidence of chemsex-related health problems has increased since the early 2000s [38]. These problems include MSM presenting at infectious disease departments (for recurrent endocarditis, hepatitis C virus [HCV] reinfections, and requests for triple therapy after blood exposure accidents) and an increase in requests for help with acute somatic and/or psychiatric disorders. Addiction professionals have also reported that people who were not part of their usual patient base increasingly came to collect large numbers of syringes or to seek advice on injecting or analyzing substances [39].

Toxic and addictive consequences

Substance toxicity and addiction

Whatever the reasons for participating in chemsex, the use of drugs in this context can have serious consequences for the users. Drug use during sex can cause unwanted side effects (such as agitation, anxiety, paranoia and aggression) and can sometimes lead to coma (known as the ''G-hole'' for GHB use or the ''K-hole'' for ketamine use) or even death [40].

The chemical substances consumed during chemsex are highly addictive (due in part to their effects on sexuality, with empathogenic and entactogenic properties) and can increase stamina. Craving (i.e., the irrepressible desire to take the drug again) is often observed with slammed cathinones and is sometimes unpleasant after a chemsex session [19].

Table 1 Most frequently used substances in chemsex and their main characteristics.

Products	Aspect	Administration route	Mechanism of action	Principal effects	Toxicity	Ref.
Poppers (amyl nitrite)	Clear, yellowish liquid	Inhalation	Vasodilatation	Euphoria Smooth muscle relaxant	Methemoglobin	[23,24]
GHB/GBL	Clear liquid White crystal powder	Oral ingestion (beverage) Injection (rare)	CNS inhibition (GABAergic effects)	Sedation Myorelaxation Euphoria	CNS depression (''G hole'') Addiction	[25,26]
Cathinones	White or yellowish powder, crystals, granules	Sniffing, ingestion, injection, plug (insertion into the rectum)	Inhibition of monoamine reuptake (noradrenaline, dopamine, and serotonin)	Stimulating effects Greater libido	Neurotoxicity (SiADH) Cardiotoxicity Psychiatric disorders Addiction	[27,28]
Cocaine	Powder	Sniffing, smoking, injection	Inhibition of noradrenaline and dopamine reuptake	Stimulation Vigilance Euphoria Power	Cardiotoxicity Addiction	[29]
MDMA/ecstasy	Tablets Crystals	Oral ingestion Sniffing (more rarely)	Serotonin reuptake inhibition	Entactogen Empathogen	Serotonin syndrome	[30]
Ketamine	Colorless liquid Crystalline powder	Sniffing Injection (rarely)	NMDA receptor antagonist	Dissociation Euphoriant, in low doses	CNS depression (''K hole'')	[31,32]
Methamphetamine	Crystals	Smoking, sniffing, injection, plug	Monoamine reuptake inhibition	Powerful CNS stimulant	Addiction	[33]
Erectile dysfunction drugs	Tablets	Oral ingestion Injection (rarely)	Vasodilation via the inhibition of phosphodiesterase type 5	Treatment of erectile dysfunction	Accentuated cardiotoxicity of cocaine or other substances	[34,35]

CNS: central nervous system; GBL: gamma-butyrolactone; GHB: gamma-hydroxybutyric acid; MDMA: 3,4-methyl-enedioxy-methamphetamine; SiADH: secretion of anti-diuretic hormone.

One of the difficulties faced by addiction treatment professionals is that people who practice chemsex do not consider themselves to be drug users or do not acknowledge that drug use in this context is problematic. As a result, people who practice chemsex are reluctant to seek conventional medical help [22].

Batisse et al. (2022) surveyed 235 cases of chemsex-related complications reported between 2008 and 2017. Multiple substance use accounted for 75% of cases, with cathinones being the most frequently identified drug. The main complications were related to drug abuse, followed by acute neurological and cardiovascular intoxications, various psychiatric disorders, and viral and bacterial infections. GBL was present in 95% of coma cases, and 24 fatal cases were identified (10.2%) [41].

Sex addiction

Addiction to sex is difficult to define because there is no such thing as ''conventional'' sexuality.

According to one definition in the literature, sex addiction is characterized by hypersexuality and the impaired regulation of sexual desire and sexual compulsion, reflecting excessive, uncontrolled sexuality [42]. As with other addictions, it is not only the behavior or drug that is addictive in chemsex: the context, the person, and the timing of the encounter are also factors. A large number of testimonies by chemsexers indicate that sex addiction may be absent or may precede or be concomitant with chemsex addiction.

Recent qualitative studies on MSM populations show that motivations for engaging in chemsex are multiple, encompassing sexual, psychological, and social dimensions.

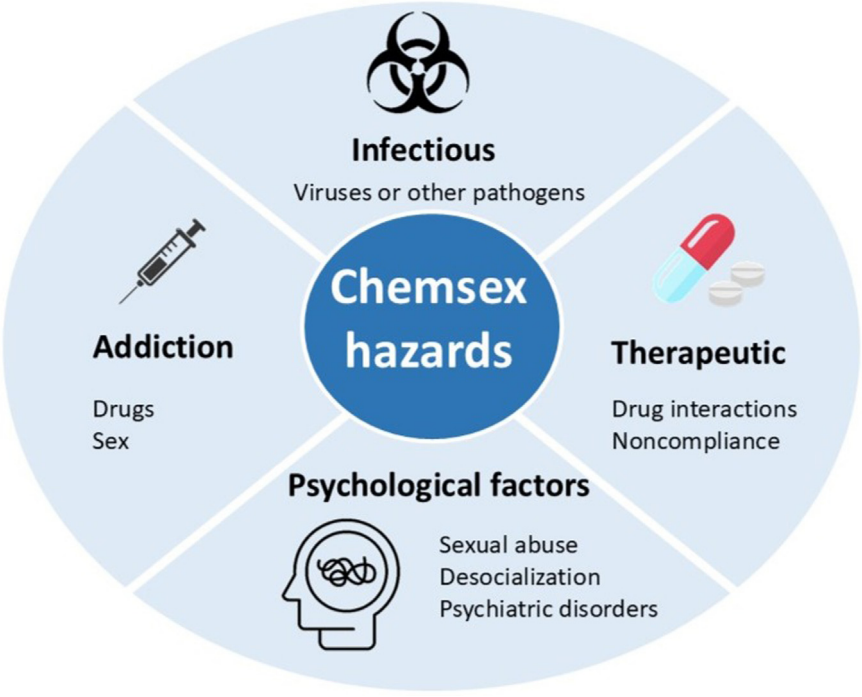

Figure 1. Chemsex hazards

Participants often report increased desire, arousal, and pleasure, as well as prolonged sexual encounters and greater confidence [43,44]. Disinhibition facilitates interactions, and many participants describe enhanced intimacy or emotional connection with their partners [45]. Psychologically, chemsex can serve as a strategy to cope with anxiety, depression, stress, or loneliness [45]. It is also pursued as a form of escapism or for novel experiences, reflecting a more exciting and transgressive sexuality, whereas sober sex is perceived as more intimate but more vulnerable to performance anxiety [46]. Social factors also play an important role, including partner and peer influence or internalized sociosexual norms [45]. Over time, substance dependence and habituation to drug-facilitated sexual practices can become central drivers maintaining these behaviors [43].

Overall, the risk of addiction is very high in chemsex, with several possible outcomes: addiction to sex alone, addiction do substances alone, or addiction to both (i.e., to chemsex).

Drug interactions

Chemsexers infected with HIV or co-infected with HIV and HCV are exposed to a risk of drug interactions between psychoactive substances and their antiviral treatments, the consequences of which may be serious. At present, there are few published data on pharmacokinetic or pharmacodynamic interactions between psychoactive substances and antiviral drugs, and most of the related information can be deduced from data on the substances' metabolic pathways or from observational studies and case reports [47].

The main risk of interaction lies in the use of ''booster'' antiretroviral compounds (such as ritonavir and cobicistat, which are potent CYP450 inhibitors) and, to a lesser extent, non-nucleoside reverse transcriptase inhibitors. In contrast, nucleoside reverse transcriptase inhibitors (including rilpivirine, raltegravir, dolutegravir, and maraviroc) have a low potential for interaction [48]. Synthetic cathinones also interact pharmacokinetically and pharmacodynamically with antidepressants and treatments for attention deficit hyperactivity disorder because all these compound act in a similar way by increasing the concentration of monoamines in the synaptic cleft [49]. There is a risk of pharmacodynamic interactions with cocaine; the latter may increase the risk of QT interval prolongation when taken with other QT-prolonging drugs [50].

De La Mora et al. (2022) evaluated recreational drug use in a cohort of MSM living with HIV and practicing chemsex. The researchers did not observe associations between chemsex and unscheduled consultations or emergency hospital admissions but did identify a significant number of potential interactions between chemsex drugs and antiretrovirals [51].

Further studies are needed to better characterize these interactions and raise awareness among both users and prescribing clinicians. In addition to the potential drug interactions, individuals are primarily subject to a risk of poor compliance and forgetting to take medications during chemsex sessions; this would indirectly lead to a reduction in therapeutic effectiveness.

Psychological and social consequences

On the psychological level, the ''crash'' after a chemsex or slam session can be painful: intense fatigue, anxiety, depression, palpitations, headaches, serious cognitive problems, and even the decompensation of psychiatric disorders (anxiety disorders, bipolar disorders, etc.). In particular, cathinones make it easier to stay awake and can lead to sleep deprivation and thus a wide range of subsequent prob-

lems. Chemsex and particularly slamming are major factors in social isolation. Some users describe difficulties at work, a gradual withdrawal from friends, and reluctance to socialize outside of chemsex [52].

Sexual abuse

The notion of consent to sexual relations can be limited in chemsex sessions, where the use of substances alters consciousness and puts people at risk of becoming victims of sexual abuse and violence or rape. Chemsexers may also be perpetrators of violence by imposing practices on people who are sometimes incapable of giving consent [53].

Loneliness

Although chemsex can be a brief, easily abandoned practice for some people, other individuals are at risk of isolation and marginalization [54]. Drugs can help to overcome low self-esteem and to get through difficult times [55].

During the coronavirus disease 2019 (COVID-19) pandemic, lockdowns had mixed effects on populations engaging in chemsex: while some reduced their number of sexual partners, many continued practices despite restrictions, often linked to anxiety, loneliness, and stress. Studies also report increased consumption of substances (tobacco, alcohol, drugs, psychotropics), higher psychological distress, and limited access to sexual health services [56,57].

Psychiatric disorders

Moreno-Gámez et al. (2022) showed that there is an association between the practice of chemsex and the risk of developing psychosis. The researchers identified a number of risk factors for psychosis: slamming, smoking methamphetamine, multiple drug use, living in a large city, stress, anxiety, trauma, loneliness, sexually transmitted diseases, and a history of psychotic disorders [54].

Infectious consequences

The practice of chemsex is associated with a greater risk of transmission of sexually transmitted infections (STIs), due to the substances' administration route (whether nasal [sniffing], intravenous [slamming] and rectal [plugs]) and an increase in unprotected sex. As a result, slammers have a greater risk of contracting bacterial infections, HIV infection, and viral hepatitis [58]. These high-risk practices are partly associated with the lack of a risk- and harm-reduction culture among chemsex and slammers.

HIV

Although HIV infection is prevalent among homosexual men, bisexual men, and other MSM in general, it is especially common among chemsexer MSM population as a result of unprotected sex or shared needles for slamming. Studies of this topic have shown that the association is bidirectional: HIV infection is both a risk factor for chemsex (in the sense that a high proportion of HIV-positive people practice chemsex) and a consequence of risky chemsex [58].

The French ''*Enquête Rapport au Sexe*'' 2021 survey reported an HIV seroprevalence of 22% among MSM who practice chemsex and 5% among those who do not [57]. The Prévagay 2015 study showed that HCV and HIV serostatus were strongly associated with slamming in the past 12 months [59].

Pre-exposure prophylaxis (PrEP, the use of antiretroviral drugs in HIV-negative people to reduce the risk of contracting HIV) is particularly recommended for chemsexers [60].

Hepatitis

Sharing drug-injecting equipment is a major risk factor for transmission of HCV. The risk of HCV transmission is higher than average among slammers [58]. Palacios et al. (2020) studied the recontamination of patients treated for hepatitis C and showed that slamming and nonslamming chemsex practices were risk factors and accounted for 52 and 24% of cases, respectively [61].

Other bacterial infections

A large number of studies have shown that chemsex is associated with the occurrence of bacterial STIs such as syphilis and *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections. In the STI sub-study of the data from the Ipergay on-demand PrEP trial, GHB use in the previous 12 months was a risk factor for recurrent bacterial STIs [62]. Although PrEP effectively protects against HIV transmission when taken correctly, PrEP users are more likely to transmit other STIs if they engage in frequent, unprotected sexual practices. Jongen et al. (2023) observed a higher incidence of sexually transmitted bacterial infections in younger chemsexing PrEP users, with more condomless, anal sex with casual partners [63]. Furthermore, slamming can cause serious and potentially fatal infections that are not sexually transmitted, such as infective endocarditis, pneumopathy, and septicemia. Other less serious skin infections are very common, such as abscesses and dermohypodermatitis at the injection site [58]. De la Mora et al. (2023) reported a rising incidence of community-acquired methicillin-resistant *Staphylococcus aureus* infections in a population of men living with HIV in Barcelona (Spain) [64]. Lastly, an increase in gastrointestinal infections caused by *Shigella* spp., particularly multi-drug resistant *Shigella sonnei*, is being observed among MSM populations, facilitated by high-risk sexual practices [65].

Monkeypox virus

The monkeypox virus was responsible for a global epidemic in late 2022. Unlike previous cases in Europe, most cases in the current epidemic are not linked to recent travel to West or Central Africa, where the monkeypox virus is endemic [66].

The monkeypox epidemic has several distinctive features: over 90% of those infected are MSM, many of whom have multiple partners. Chemsex is a major risk factor for monkeypox, with 20—42% of patients having engaged in this activity in the month prior to symptom onset. Sexual transmission is proven in 95% of cases, making monkeypox infection a sexually transmitted disease in its own right. The

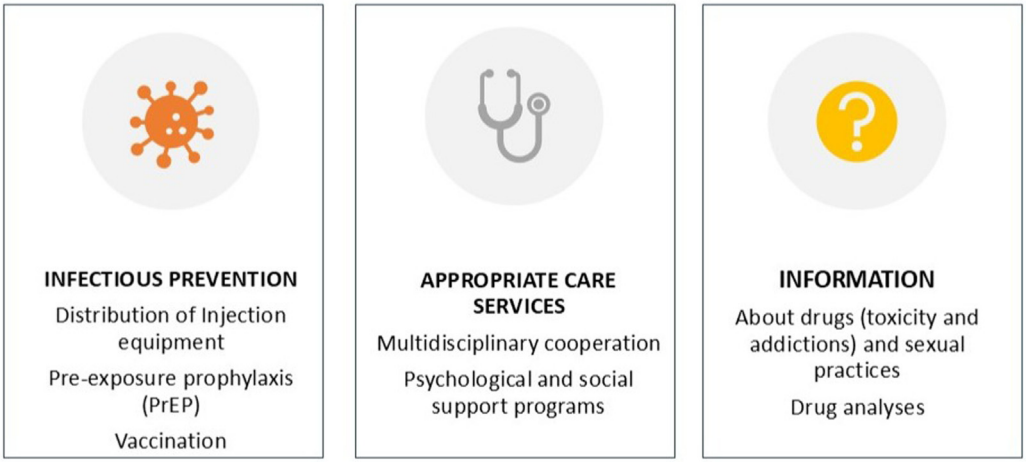

Figure 2. Support and prevention programs for chemsexers

symptoms include fever, aches, fatigue, lymphadenopathy, and various skin lesions (mainly in the genital and perianal areas). About 25 to 30% of cases are co-infections with a bacterial STI [58,66].

Support and prevention programs

From several years now, physicians and HIV and viral hepatitis campaigners have been warning about the health consequences of drug use in a sexual context. A number of experiments and prevention initiatives have been launched - often by drug users themselves. Fear of judgement and shame can discourage people from seeking medical care. Community and noncommunity networking between associations, users, care centers and therapists may help people to get to know each other better, share information, and build a trusting relationship. The campaigner David Stuart (a gay, HIV-positive former drug user) is regarded as the pioneer of chemsex harm reduction; he developed the world's first chemsex support service at the 56 Dean Street sexual health clinic in London [5,6].

Actions implemented by various projects, community stakeholders, governments and health professionals are summarized below and in Figure 2.

Educating and raising awareness

Chemsexers tend not to consider the risks of their practice, they do not identify with mainstream drug users, and they have difficulty accessing drug user services. Although cathinones are commonly used, users generally have little knowledge of toxicity or risk reduction measures when they start slamming with these substances [67]. Educational and awareness-raising campaigns seek to provide accurate information on sexual health and the effects and risks of chemsex substances, through online resources, booklets, and other material [68].

Providing appropriate healthcare services

Free specialist medical advice is available for people who practice chemsex, with a focus on the risks of STIs and the effects of drug substances. Fields of action include regular screening for HIV and other STIs, vaccination against hepatitis B, and PrEP prescription [69].

Specific treatments for chemsex addiction are multidisciplinary and involve collaboration between addiction units, sexologists, psychiatrists, and psychologists. Although a few studies of drugs like antidepressants have been carried out, there are presently no official, specific guidelines on the treatment of chemsex behaviors or addictions [70].

Reducing risks

Some associations and harm-reduction centers provide free condoms, lubricants, sterile injection equipment, and injection education [71]. Drug analysis as a harm-reduction tool is also important because drugs bought on the Internet or on the street are not subject to quality controls [39]. Marillier et al.'s (2017) drug analysis study highlighted the frequent presence of stimulant NPSs (synthetic cathinones and amphetamines). Discussions with users showed that their knowledge of these drugs had improved, and the results in terms of drug-related harm reduction were promising [72].

Offering psychological and social support

A number of support services for chemsexers offer advice and signposting to mental health professionals: 24-hour emergency helplines, discussion groups, support groups on social networking sites, and public information websites [68].

Studying factors that trigger drug consumption

Regular chemsex usually begins with users being ''initiated'' into drug use and attending group parties. It would be interesting to be assessing the transmission of chemsex practices so that the person can be helped before he/she becomes isolated in heavy drug use. Certain social or psychological characteristics (psychiatric background, impulsivity, sexual malaise, relationship difficulties, etc.) may predispose people to take up chemsex as an outlet [73]. With regard to the

risk of STIs and drug addiction, it would be interesting to study the reproduction rate (R0) in chemsex populations.

Conclusion

There is currently no consensus on the definition of chemsex, and epidemiological data are scarce. Although some individuals can control their chemsex and do not develop complications, the physical and mental consequences of chemsex (whether infections, addictions or psychological disorders) are becoming increasingly frequent. It is important to train healthcare professionals so that they can deal with this emerging phenomenon and provide chemsexers with personalized, non-judgmental, respectful support and treatment. Further studies of the transmission of chemsex practices between individuals are now needed, in order to adapt prevention programs as effectively as possible.

Disclosure of interest

The authors declare that they have no competing interest.

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