

Chemsex: are we prepared?

Chemsex: ¿estamos preparados?

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To the Editor,

It was with great interest that we read the article published by Dolengevich-Segal (Dolengevich-Segal et al., 2017), which provides an interesting review of the emerging phenomenon known as chemsex and the different drugs used in this type of practice.

We would like to highlight the importance and usefulness of this paper, given the progressive increase in the prevalence of drug use in the context of sexual activity among men who have sex with men (MSM) in Western Europe (Fernández-Dávila et al., 2016). This situation raises the need to launch epidemiological studies to assess the phenomenon - not only, however, from the point of view of mental health, but also from the field of infectious diseases and toxicology. We must not forget that this type of practice involves an increase in the risk of infection by sexually transmitted diseases and the problems that drug use can cause from the toxicological point of view. Both are causes of emergency room (ER) consultation, and more training in how to tackle the problems arising from chemsex should be provided.

Medication is the second biggest cause of ER visits (Bilbao Gómez-Martino et al., 2017). In addition to the impact on patient safety, adverse effects lead to greater demand for healthcare resources (Bilbao Gómez-Martino et al., 2017). Acute intoxication is a frequent reason for consulting these services, representing 0.5-1% of total visits (Supervía Caparrós et al., 2017). For these reasons, ERs should

propose research and intervention programs on this problem, using their own research networks and always with the collaboration and understanding of the toxicology experts (Burbano Santos et al., 2017; González Del Castillo et al., 2017).

The consumption of mephedrone, GHB and methamphetamine for recreational uses, frequent in *chemsex* sessions, constitutes a health risk which is increased by the lack of a specific antidote for any of them (Coll et al., 2016). In addition, given the recent spread of these drugs, they have been little studied and not much is known about their toxicity and problems derived from long-term use. Intranasal methamphetamine can be a risk factor for transmission of the hepatitis C virus after sharing the materials (tubes or straws), not forgetting that the most dangerous route of administration is injection (Folch et al., 2015). Furthermore, protease inhibitors can increase GHB levels, and because methamphetamines use the same hepatic metabolic pathway as these, the likelihood of serious interactions between them is high (Hales et al., 2000). Deaths have been reported in patients with HIV who take methamphetamine during ritonavir treatment (Hales et al., 2000). The number of cases described is small but the risk is probably significant for people on ritonavir and cobicistat treatment.

Considering the increase in primary HIV infections in MSM, some health professionals propose pre-exposure prophylaxis (PrEP), a biomedical intervention, as a cost-effective way to reduce HIV transmission among men

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in this high-risk group and cheaper than post-exposure prophylaxis (PEP) and taking lifelong antiretrovirals. The PrEP, usually performed with Truvada, introduces a new drug into the cocktail and could have a cumulative toxicity effect or loss of efficacy due to potential drug interactions given polydrug use in chemsex sessions (Uglietti et al., 2012).

We believe that the above factors make it necessary to conduct research studies, enhance the training of ER doctors in these aspects and increase the information campaigns to the population in relation to the effects of all these substances, which have appeared recently in comparison to other better-known drugs, as well as the risks associated with the contexts in which they are used. With this type of sexual practices on the increase, such campaigns could be directed not only at the target population, but also involve leisure facilities and health personnel to promote educational therapy from primary care to ER.

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