



Editorial

Addiction and sexual health: The connection is no longer “holy”

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The connection between sex and addictive substances has been an issue of intrigue for mankind since antiquity. Human beings, the most intelligent of all the life forms on the earth, had been applying their inquisitive nature to enhance their sexual performance and pleasure and had employed various addictive substances for this purpose (Hamilton and Aldridge, 2020). The substances have been used as aphrodisiacs to increase desire and performance, to decrease anxiety before coitus, and as a remedy for certain sexual disorders (Grover et al., 2014). One would agree that this approach has yielded positive results for many, leading to continued use of substances for the purposes mentioned above. Ayurveda, the ancient Indian system of medicine, has discussed and recommended the use of a preparation known as ‘Kamini’ that primarily contains natural opioids to treat male sexual dysfunction (Basu et al., 2010). Thus, it seems that the connection between sex and substances was primarily “Holy” to begin with.

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However, as civilization progressed and the industrial revolution kicked in, substances of all kinds have become easily available, and their use has increased like anything (Crocq, 2007). With wider use, the intermixing of substances with sex has probably become more common. Substances exert significant adverse effects on the users' body and mind, and sexual health is no exception. Thus, the connection between the two has no longer continued to be “Holy”.

Substances of almost all types cause a significant dent in the sexual health and well-being of the users (Grover et al., 2014; Rao et al., 2018). They could cause sexual dysfunction of all kinds, viz. decreased libido, erectile dysfunction and premature ejaculation though the pattern may vary with individual substances. They affect fertility and reproduction, too (Van Heertum and Rossi, 2017). Females are not spared, and they suffer their share of sexual problems if they use substances regularly (Kling et al., 2019). It has been seen that sexual issues do not disappear simply with abstinence. Instead, they are often noticed prominently by the patients during abstinence and could often stay for long.

Moreover, in many cases, the drugs used to treat substance use could lead to sexual dysfunction, which could contribute to non-adherence to treatment and relapse (Bestepe et al., 2020; Rao et al., 2018). Chronic substance

use, especially in a dependent pattern, commonly leads to interpersonal problems among couples and partners. Ongoing sexual problems during active use of a substance and abstinence could further contribute to dissatisfaction and loss of marital harmony. Thus, the detrimental impact of substance use on the sexual health of an individual could have a multi-pronged negative impact on diverse aspects of the physical and psychological well-being of that individual (Rao et al., 2018).

Another closely related issue is unsafe sexual practices among substance users (Khadr et al., 2016; Sharma et al., 2019). Engaging in sexual intercourse with multiple partners without protection, with or without concurrent use of the substance has been noted in subjects dependent on substances, especially in the case of injectable drug users (IDU) and those using party/rave drugs (Sharma et al., 2019; Washton, 2019). The risks associated with such behaviours are pretty serious. As such, IDUs suffer from a higher risk of contracting blood-borne viral infections like hepatitis-B, hepatitis-C, and HIV/AIDS. Engagement in unsafe sexual practices further augments the risk of these viral infections and increases the risk of contracting other venereal and sexually transmitted diseases.

The pattern of sexual dysfunctions seen with each of the substances varies (Ghadigaonkar and Murthy, 2019). The possible pathogenic mechanisms leading to sexual dysfunction also vary with each of the substances. The list could include but is not limited to general debilitation of the body, endocrine system dysfunction, altered functioning of neurotransmitters, endothelial dysfunction, and so on (Ghadigaonkar and Murthy, 2019). The treatment also varies from person to person depending on the primary substance used, and the problems faced and the same

shall be addressed in the individual articles of this issue.

It is imperative to understand that a good proportion of subjects with substance use and addiction face problems with their sexual functioning. It is extremely important for the treating clinician to actively explore the sexual health-related issues being faced by the patients who have approached him/her primarily for substance use problems (Rao et al., 2018). All the clinicians in the Indian sub-continent experience that the patients are often hesitant in reporting/discussing sexual issues. An empathetic approach by a proactive clinician can easily break the ice and initiate a conversation on the topic. The approach needs to be holistic and focus not just on symptoms/disease but also interpersonal relationships of the partners. Judicial combination of pharmacological and psycho-social approaches is likely to yield best results (Ghadigaonkar and Murthy, 2019; Rao et al., 2018). Addressing the unmet needs of sexual well-being is likely to improve treatment retention and promote overall well-being and satisfaction in the life of the patient.

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