

Between Sex and Substances: The Challenge of Chemsex in Primary Care

Entre o Sexo e as Substâncias: O Desafio do Chemsex na Atenção Primária

Entre el Sexo y las Sustancias: El Desafío del Chemsex en la Atención Primaria

RESUMO

Objetivo: A sexualidade é parte fundamental da vida humana e pode ser atravessada por práticas que impactam diretamente a saúde. Entre elas, destaca-se o chemsex, caracterizado pelo uso intencional de substâncias psicoativas em contextos sexuais, o que amplia riscos físicos, psicológicos e sociais. Identificar os principais desafios enfrentados por profissionais de saúde na abordagem do chemsex na Atenção Primária.

Método: Estudo de abordagem quanti-qualitativa, realizado entre junho e julho de 2024, por meio de questionário estruturado respondido por médicos e enfermeiros atuantes em uma unidade de saúde.

Resultados: Constatou-se lacuna no conhecimento sobre chemsex, evidenciada pela falta de familiaridade com o tema, dificuldades na abordagem dos usuários e insegurança para ofertar orientações de redução de danos.

Conclusão: Faz-se necessária a implementação de estratégias de qualificação profissional que ampliem a compreensão sobre chemsex e fortaleçam a capacidade de cuidado integral nos serviços de saúde.

DESCRIPTORES: Saúde Sexual; Uso Recreativo de Drogas; Atenção Primária à Saúde.

ABSTRACT

Objective: Sexuality is a fundamental aspect of human life and can be shaped by practices that directly affect health. Among them, chemsex stands out, characterized by the intentional use of psychoactive substances in sexual contexts, increasing physical, psychological, and social risks. To identify the main challenges faced by health professionals in addressing chemsex in Primary Care.

Method: A mixed-method study, conducted between June and July 2024, through a structured questionnaire answered by physicians and nurses working in a health unit.

Results: A knowledge gap regarding chemsex was identified, marked by a lack of familiarity with the subject, difficulties in addressing users, and insecurity in providing harm reduction guidance.

Conclusion: There is an urgent need for professional training strategies to expand understanding of chemsex and strengthen the capacity of health services to provide comprehensive and effective care.

DESCRIPTORS: Sexual Health; Recreational Drug Use; Primary Health Care.

RESUMEN

Objetivo: La sexualidad es un aspecto fundamental de la vida humana y puede estar atravesada por prácticas que afectan directamente la salud. Entre ellas, se destaca el chemsex, caracterizado por el uso intencional de sustancias psicoactivas en contextos sexuales, lo que aumenta los riesgos físicos, psicológicos y sociales. Identificar los principales desafíos enfrentados por profesionales de salud en el abordaje del chemsex en la Atención Primaria.

Método: Estudio de enfoque mixto, realizado entre junio y julio de 2024, mediante cuestionario estructurado respondido por médicos y enfermeros actuantes en una unidad de salud.

Resultados: Se constató una brecha de conocimiento sobre el chemsex, evidenciada por la falta de familiaridad con el tema, dificultades en el abordaje de los usuarios e inseguridad para ofrecer orientaciones de reducción de daños.

Conclusión: Es urgente implementar estrategias de capacitación profesional que amplíen la comprensión sobre el chemsex y fortalezcan la capacidad de los servicios de salud para brindar una atención integral y efectiva.

DESCRIPTORES: Salud Sexual; Uso Recreativo de Drogas; Atención Primaria de Salud.

RECEIVED: 12/15/2025 APPROVED: 01/05/2026

How to cite this article: Cidri RKA, Depret DG, Jesus MAC, Amaral DM, Costa TAG. Between Sex and Substances: The Challenge of Chemsex in Primary Care. *Saúde Coletiva (Brazilian Edition)* [Internet]. 2026 [cited year month day];17(104):19190-19203.

Available from: DOI: 10.36489/saudecoletiva.2026v17i104p19190-19203

**Richard Kael Alexandre Cidri**

Postgraduate degree in Family and Community Nursing - Municipal Health Department of Rio de Janeiro (SMS RJ).
ORCID: <https://orcid.org/0009-0009-6078-6256>

**Davi Gomes Depret**

Post-doctoral studies in the area of Violence - State University of Rio de Janeiro (UERJ).
ORCID: <https://orcid.org/0000-0002-7579-789X>

**Michelle Adrienne da Costa de Jesus**

Master's degree in Knowledge, Policies and Practices in Public Health and Nursing - State University of Rio de Janeiro (UERJ).
ORCID: <https://orcid.org/0009-0009-8163-6118>

**Daniela Murta Amaral**

Doctorate in Public Health - State University of Rio de Janeiro (UERJ).
ORCID: <https://orcid.org/0000-0002-4854-3157>

**Thamires de Aguiar Gomes Costa**

Postgraduate degree in Family and Community Nursing - Municipal Health Department of Rio de Janeiro (SMS RJ).
ORCID: <https://orcid.org/0009-0003-2641-6936>

INTRODUCTION

Sexuality, encompassing elements such as biological sex, gender identity and role, sexual orientation, sexual practices, relationships, and reproduction, occupies a central position in human existence, and its influence is shaped by the complex interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.¹

Within this scope, sexual health is understood as a strategy for promoting health and human development, integrating somatic, emotional, intellectual, and social aspects of the sexual being in ways that are positively enriching and improve personality, communication, pleasure, and love.²

In this way, the phenomenon of "chemsex" emerges as a complex challenge that crosses the biopsychosocial boundaries of the individuals involved. The term "chemsex" is derived from the combination of "chemical sex" and will be understood in this text as the voluntary ingestion of psychoactive and non-psychoactive substances before or during sexual practices.³

Epidemiologically, this behavior is especially related to the community of men who have sex with men (MSM),

seeking to facilitate prolonged sexual encounters, usually involving multiple partners.³

Considering the potential implications to which chemsex users are exposed, such as secondary complications for physical and mental health, exposure to sexually transmitted infections (STIs), as well as social repercussions such as professional, financial, legal, and family relationship problems.⁴

Furthermore, the use of alcohol and other drugs frequently aggravates or precipitates clinical conditions that are the focus of Primary Health Care. For this reason, PHC holds a strategic position in addressing secondary prevention and altering tragic outcomes, preventing rehabilitation, or assessing harm reduction in more severe cases.⁴

Despite the lack of articles that provide evidence of chemsex practices between heterosexual and female populations, some researches⁵⁻⁶ cite the recreational use of psychoactive substances by women at parties and raves; furthermore, there are studies that highlight the relationship between drug use in these environments by adolescents, with pregnancy often being one of the outcomes.⁶ There is also evidence of drug and alcohol use by female sex workers during sexual

intercourse.⁷

Although providing care to users of legal and illegal drugs is a reality in Primary Health Care (PHC) services, health professionals lack adequate training to care for people with problems related to alcohol and other drug abuse, as well as their families, leading to insecurity in their approach and weakening of the bond.³

Regarding the interrelationship between the use of psychoactive substances and chemsex, the literature indicates that this is still a poorly explored topic.⁴

Given the above, this article aims to identify the main weaknesses found in the management of chemsex cases in primary health care.

METHOD

This is a cross-sectional, exploratory study with a mixed-methods approach, conducted at a municipal Primary Health Care Unit in July 2024.

The inclusion criteria for the research were: Being a nurse or physician working at the primary health care unit where the research was conducted in a Brazilian municipality, and the exclusion criteria were: Desire not to participate in the research.

The initial invitation was sent by email to the 28 professionals eligible

to participate, individually, and it informed them that before answering the researcher's questions, they would be presented with the Informed Consent Form (ICF) for acceptance and storage by the participant. Of the total universe, 13 professionals did not express interest in participating in the research; therefore, the sample consisted of 15 participants, coded for confidentiality purposes from 1 to 15.

Data collection was carried out using a semi-structured form containing nine closed-ended questions with yes

or no answers and eight open-ended questions, sent via email to participants, with only one sender and one recipient.

The open-ended and closed-ended responses were combined and organized to generate discussion based on the questions as anchors for the reflections proposed in each topic of the results.

The study respected the ethical guidelines established by Resolutions 466/CNS/2012 and 510/2016, aiming to preserve the dignity, rights,

safety, and well-being of the participant. The project was submitted to the Research Ethics Committee of the Municipal Secretariat of Rio de Janeiro via Plataforma Brasil and approved under opinion number 6,961,565.

RESULTS

The results were organized according to the participants' profiles: Table 1 presents the professional profiles of the participants:

Table 1. Participant profile

Occupation	N
Primary Health Care (ESF) preceptor physicians	4
Primary Health Care (ESF) resident physicians	5
Total number of Physicians	9
Primary Health Care (ESF) preceptor nurses	1
ESF resident nurses	4
ESF nurses not affiliated with a residency program	1
Total of Nurses	6
Race/Color	
Black	1
Brown	1
Yellow	1
White	12
Gender	
Male (Cisgender)	3
Female (Cisgender)	12
Sexual orientation	
Heterossexual	11
Bissexual	2
Assexual	1
Homossexual	1

- The familiarity of professionals with the terms "Chemsex" and "Chemical Sex"

The interviews reveal that most professionals are unfamiliar with the terms "chemsex" and "chemical sex." Only 4 out of 15 professionals knew these terms, while 11 did not.

Table 2. Knowledge and Experiences of Healthcare Professionals Regarding Chemsex

Professionals' knowledge of the terms "Chemsex" and "Chemical Sex"	N
They are familiar with the terms "Chemsex" and/or "Chemical Sex".	4
They are not familiar with the terms "Chemsex" and/or "Chemical Sex".	11
Professionals who reported having dealt with cases in which the user reported drug use before or during sexual activity	N
They have treated users who reported using drugs before or during sexual activity	8

They have never treated users who reported using drugs before or during sexual activity.	7
Professionals who reported having discussed cases of Chemsex	N
Professionals who stated they had never discussed cases of Chemsex.	13
Professionals who stated they had discussed cases of Chemsex.	2

Some professionals have heard of the concept related to drug use during sexual intercourse, but were not familiar with the specific terms "chemsex" or "chemical sex".

"I've heard about the subject, but not in those terms." (Participant 04)

"I've heard about it in practice, but I didn't know those terms." (Participant 09)

There is also some confusion between the terms. Some people are familiar with the practice described, but not the terms used. Others know one of the terms (for example, "chemical sex") but not the English equivalent ("chemsex").

"I don't know the term 'Chemsex,' I know 'Chemical Sex.'" (Participant 05)

"I've heard of the term 'chemical sex' (not the English term 'chemsex') which refers to the use of drugs to enhance the pleasurable effects of sexual intercourse. I don't know if they are synonyms or if they have different definitions." (Participant 01)

- Presentation of Chemsex cases in clinical settings.

Participants were asked whether they had ever treated patients who reported using drugs before or during sexual activity and whether this treatment took place in Primary Health Care. Of the 15 participating professionals, 8 said they had treated patients with this report, while 7 had not had this experience.

Among the professionals who answered affirmatively, many indicated that these treatments did not occur in Primary Health Care (PHC) in Rio de Janeiro. They mentioned experiences in other contexts, such as

Psychosocial Care Centers (CAPS), tertiary infectious disease hospitals, or other health services.

"Yes, but not in the Primary Health Care unit in Rio de Janeiro." (Participant 14)

"Yes, but not in the Primary Health Care unit." (Participant 11)

"Yes, I have heard this in Primary Health Care and CAPS (Psychosocial Care Center) appointments." (Participant 9)

"I have treated patients with this report before, but not in primary care. It was in a tertiary infectious disease hospital during routine hospital admissions and discharges." (Participant 01)

Some professionals who had never treated patients with these reports mentioned that they were unaware of the existence of this phenomenon or did not have specific knowledge about the subject.

"Never, I didn't even know that existed." (Participant 06)

There are mentions from colleagues who discussed or reported experiences with patients who use drugs before or during sexual activity, indicating that this knowledge may be present informally even if it has not been personally experienced by the professionals.

"In my clinical practice, I have never heard about it, but I have had colleagues at work who talked about the subject." (Participant 04)

- The approach to gender identity and sexual orientation

When asked if they usually inquire about their patients' gender identity and sexual orientation during consul-

tations, six professionals stated that they usually address these issues, while nine do not address them regularly or do not do so systematically. Among the reasons for not inquiring regularly were dependence on the context of the consultation and the relationship with the patient; some professionals believe that over time the patient will naturally share this information.

"It's not something routine, it depends on the reason for the consultation and the relationship with the patient." (Participant 12)

"I ask when the information is relevant to addressing the complaint or case." (Participant 05)

"According to the demand that the patient brings." (Participant 03)

"I believe that with the relationship created over time, the patient will speak naturally." (Participant 10)

Time constraints also emerged as a determining factor in the approach; lack of time during consultations is cited as a barrier to addressing these issues, reflecting a difficulty in reconciling the need for inclusive care with the practical demands of daily practice.

"There is not enough time during consultations." (Participant 11)

There is also a common fear among professionals of causing discomfort or even offending patients when asking about these topics, especially with patients over 45 years of age. Some reported previous negative experiences that impacted their current practice, while other professionals noted that when they ask these questions, they often receive short and objective answers, indicating possible patient discomfort or a lack of openness to discuss the subject.

"I'm afraid of making the person uncomfortable." (Participant 06)

"The vast majority, when asked, feel uncomfortable answering or talking about the subject, and when they do

...speak, their answers are short and to the point." (Participant 04)

"For younger patients who have greater acceptance and understanding of gender identity and sexual orientation, I tend to ask during consultations. For a population in the age range above 45, I tend not to ask as much unless the patient comes to me with a specific complaint, because I have had bad experiences where the patient became 'offended' and broke a previously well-established professional-patient relationship due to the patient's prejudice." (Participant 01)

Another important point reported was the lack of knowledge or deficiency in the approach.

"I feel there is a certain deficiency in the approach to the subject and a lack of adequate knowledge." (Participant 02)

Some professionals find it difficult to incorporate the practice of addressing gender identity and sexual orientation issues regularly into their consultations. This hesitation is attributed to factors such as the perception of discomfort on the part of users, time constraints, and a lack of specific preparation or training.

- The qualification and training of professionals regarding the approach

When asked whether they believed they were able to address the topic in a comprehensive way during consultations and whether they usually read about the subject to equip themselves, most professionals (11 out of 15) reported not feeling fully qualified to address topics related to sexuality, drug use, and risky sexual practices in a comprehensive way during consultations. In addition, of the 15 participants, 11 indicated that they do not have a regular practice of reading and updating on the subject.

Among the main reasons for not being able to address the topic in a

comprehensive way were limitations in training, lack of regular updating, insecurities, and lack of research habits.

Many professionals recognize that there are limitations in their initial academic training and that, although they try to keep up to date, they often do not have access to resources for a more comprehensive approach.

"I think we still have some limitations as healthcare professionals, since this isn't taught in undergraduate studies." (Participant 09)

Several professionals admitted that they do not have the habit of regularly updating themselves on these topics, which limits their ability to offer a broader approach during consultations.

"It's been a while since I updated myself on the topic." (Participant 08)

"I don't believe I can approach it in a comprehensive way. I try to read about the subject but end up not actively researching it." (Participant 07)

"I don't approach it in a comprehensive way and I also don't usually read about the subject." (Participant 06)

"There are very specific topics that I don't understand very well. Sometimes I research them, but I don't have the habit of doing it in my routine." (Participant 04)

One professional expressed insecurities and knowledge gaps, especially regarding complex topics such as the use of multiple drugs or harm reduction strategies, which could impact her confidence and effectiveness in her approach.

"Honestly, no, cause I still believe I have many insecurities and shortcomings in clarifying patients' doubts, especially when they use more than one type of drug together. I usually read about this subject occasionally, mainly about drug use and sexuality, thinking primarily about mental health consultations with patients. A subject I have

recently started studying more is harm reduction strategies in healthcare for lifestyle change, addressing a reduction in the amount of drug consumption from a tangible, feasible, and realistic perspective for the patient, in order to reduce or completely eliminate substance use." (Participant 01)

The vast majority of professionals (14 out of 15) stated that they had not received any formal training on chemsex. Only one professional reported having had some kind of training in this area, also mentioning a personal and academic experience that illustrates the importance of training to avoid adverse outcomes and improve the quality of life of users.

"During college, I had only one clinical pharmacology class in my third year, which covered the main drugs, overdose cases, and treatments, but I only heard about chemsex in my sixth year of the course during a clinical experience, by chance, in an infectious disease hospital with an already advanced case of AIDS that I was going to follow up in primary care. This case was emblematic for me, as it could have been avoided if some professional had addressed the topic with the young adult and could have changed the patient's life. In this case, I discussed a lot with the health professionals who were involved in the case and learned a lot about how to reduce harm and how to provide better care. But I did not have formal training with flowcharts or that presented me with a protocol based on scientific methodology. I believe that this topic is extremely important for raising awareness among professionals (knowing, at least, of the existence of the term) for approach in the office, identification, resolution, therapeutic options and best practices for better quality of life of the users of our network, and to avoid outcomes such as the one mentioned above." (Participant 01)

- Discussion of Chemsex cases

among professionals

This part of the interview sought to understand if the professionals had discussed cases of chemsex, if these discussions took place in Primary Health Care (PHC), and what category the other professional involved in the discussion belonged to. The responses showed that the discussion of cases involving chemsex among the participating professionals is limited, with only 2 professionals reporting having discussed such cases.

One case occurred in Primary Health Care (PHC) with the participation of a physician. The other case was discussed during a college internship, in a hospital setting with a multidisciplinary team that included psychiatrists, psychologists, and social workers.

"I already discussed a case involving chemsex at the hospital discharge of a patient during my medical school internship in an elective course in infectious diseases that would be followed up in primary care. The specific case was discussed with a multidisciplinary team at the tertiary hospital that had psychiatrists, psychologists, and social workers available (because it was a patient who had been expelled from home due to his sexuality and was a minor, with no income or financial means to support himself)." (Participant 01)

"Yes, it was in primary health care, the other professional was a doctor." (Participant 10)

Most professionals (13 out of 15) never discussed cases involving chemsex. Some only heard about the topic without a formal discussion.

"No, I only heard about what happened, without discussion." (Participant 9)

The discussion of cases involving chemsex appears to be a rare occurrence in the current practice of the participating professionals, especially in primary health care.

DISCUSSION

The lack of familiarity with the terms "chemsex" and "chemical sex" suggests that there is a need for greater awareness and education about these practices among healthcare professionals. Even if some professionals are aware of practices related to drug use during sex, the lack of specific knowledge of the terms indicates a gap that may affect the ability to identify and address these behaviors appropriately during care.

Although some professionals reported seeing patients with drug use associated with sexual activity, most of these consultations did not occur in primary health care.

The absence of reported cases in primary health care may suggest that this topic is not widely discussed or identified at this level of care, which may be related to a lack of familiarity with the terms and practices, as indicated in the previous responses.

Although some professionals strive to address topics related to sexuality, drug use, and risky sexual practices, they face challenges regarding comprehensive knowledge and continuous updating. The lack of specific academic training is a recurring barrier, indicating a need for greater investment in continuing education and resources to support professionals in including these topics in their clinical practices.

The lack of professional qualification on chemsex among professionals is a concern, and the Federal Constitution (BR) states that it is the responsibility of the SUS, among other duties, to promote scientific development in its area of operation and to organize the training of human resources for health. It also affirms the role of the state as a provider of universal access to services for the promotion, protection, and recovery of health and as a promoter of policies aimed at reducing diseases and other

health problems, guaranteeing everyone the right to health.¹⁰

It is imperative to state that although this practice is prevalent within the MSM population, it is not exclusive to this community and should not lead to stigmatization of the MSM or LGBTI+ community. However, the literature indicates that intersectional factors permeating culture, history, violence, and prejudice suffered over time and even today by the community can affect individuals' relationship with their sexual pleasure, conditioning the use of psychoactive substances to enhance pleasure and reduce discomfort in certain individuals regarding their perception of their own sexuality.⁹

CONCLUSION

The research revealed weaknesses in the continuing education training process regarding chemsex for primary health care professionals in the participants' territories. Limitations of the research include the relatively small number of participating professionals; however, it is hoped that this discussion will stimulate further research that contributes to understanding this phenomenon and to public health policies that support and guarantee the right to health for these users, in light of the principles of comprehensiveness and equity that guide the Brazilian Unified Health System (SUS) and underpin primary health care.

As noted, instances where chemsex may occur during consultations are not uncommon, and a lack of familiarity with the terms and practices can affect the identification and appropriate handling of this type of practice, undermining the preventive nature of primary health care in this management.

The topic of chemsex reveals some discomforts that may be related to professionals' resistance to openly

discussing the use of psychoactive substances, which is still a taboo in society and a gap in the training of health professionals in general.

In addition to this issue, it is possible to identify the absence of discussion of sexual practices during consultations, which also ends up hindering guidance focused on the unique needs of those individuals, resulting in the reproduction of heteronormative and sanitized discourses.

It is essential that primary health care professionals are able to provide guidance focused on the person with an active sex life and their practices,

in order to help them recognize and minimize their risk through biomedical, behavioral, and structural interventions applied to the individual and collective levels.

Furthermore, the problems arising from drug use involve multiple dimensions, which can have serious consequences for individuals and the community, and health care should work with the screening and assessment of consumption patterns aimed at preventing the abusive use of drugs.

Many people will not stop using drugs, and the most effective approach to minimizing the adverse

consequences of using legal or illegal drugs lies in developing strategies that allow this consumption to occur under conditions that minimize potential harm to the individual and society.

It is up to each individual to build, together with the teams that support them, alternatives to improve their living conditions, and by respecting individuals' choices, including substance use and sexual practices, the teams avoid prejudice and minimize the stigma of drug users, expanding their healthcare.

REFERENCES

1. Defining sexual health: report of a technical consultation on sexual health. Geneva: World Health Organization; 2006.
2. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis. Protocolo Clínico e Diretrizes Terapêuticas para Atenção Integral às Pessoas com Infecções Sexualmente Transmissíveis – IST. Brasília, 2022.
3. De Sousa ÁF, Camargo EL, Mendes IA. Chemsex e suas repercussões na saúde de homens que fazem sexo com homens: uma perspectiva de saúde global. *Rev Bras Enferm.* 2023;76(3):e20230004
4. SMSRJ. Secretaria Municipal de Saúde do Rio de Janeiro. Guia de Referência Rápida: Álcool e Outras Drogas – Rio de Janeiro, Brasil, 2017.
5. Fávero B. Vamos à Rave?!: O uso de substâncias psicoativas e a abordagem da redução de danos. Universidade Federal do Rio Grande do Sul. Porto Alegre, 2019.
6. Souza V. et al. Mães adolescentes em consumo de álcool e outras drogas: estudo descritivo. *Research, Society and Development*, v. 9, n. 8, e774986359, 2020.
7. Braga LP. et al. Caracterização de mulheres trabalhadoras do sexo em capitais brasileiras, 2016*. *Epidemiol. Serv. Saúde*, Brasília, 29(4):e2020111, 2020.
8. Portaria n° 2.836, de 1° de dezembro de 2011. *Diário Oficial da União*, Brasília, 2011.
9. Del Rei MP. "CHEMSEX": Reflexões sobre o fenômeno e suas implicações para a saúde de homens que fazem sexo com homens. Universidade Federal do Rio de Janeiro. Rio de Janeiro, 2021.
10. Brasil. Constituição Federal. Brasília, 1988.
11. Mesquita VH, Rambaldi RH, Proença RL. Relações entre o uso de anfetaminas e sintomas psicóticos: uma revisão sistemática. *Rev Med. São Paulo*, 2022.
12. Dos Reis M. Cetamina como droga facilitadora de crime: Uma revisão narrativa da literatura. Universidade Federal do Rio Grande do Sul. Porto Alegre, 2018.
13. Quessada AM, Da Silva AM, Drumond KO, De Sousa JM, Rodrigues MC, Almendra SR. Comercialização de Cetamina em Estabelecimentos Veterinários em Teresina – PI. *Ciênc. Biol. Saúde*. Teresina, 2009.
14. Reichert RA, De Micheli D, Souza-Formigoni ML. In-forme-se sobre drogas: Conceitos fundamentais e orientações gerais para profissionais de saúde. Unifesp. São Paulo, 2023.
15. Amaral BM, Machado Y, Alves RJ. Síntese, caracterização e identificação de nitritos de alquila (poppers) e seus aspectos químico forenses. *Revista Criminalística e Medicina Legal*. Belo Horizonte, 2023.
16. International Harm Reduction Association. What is harm reduction? A position statement from the International Harm Reduction Association. International Harm Reduction Association, London, 2010.