



# APSI New Buzz

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**Theme: Understanding the Phenomenon of 'Chemsex'**

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**ISSUE  
HIGHLIGHTS!**

- ★ Chemsex scene in Delhi
- ★ HIV and Chemsex in India
- ★ Addiction Treatment Providers' Perspective on Chemsex



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# Editorial

## Mixing chems with sex: The phenomenon of chemsex

Ravindra Rao, Preethy Kathiresan

Psychoactive / intoxicating substances have been used in the context of sexual activities in India since early times. Ancient Indian texts document the use of alcohol, cannabis, and opium as aphrodisiacs. In fact, Ayurvedic preparations such as Kamini that contain opium as one of the ingredients are still available as aphrodisiac, and addiction to these products have been reported (1). Use of such substances in the context of sexual intercourse, referred to as sexualized substance use (SSU) or Sexualized Drug use (SDU) has been well documented and researched. While these substances may have positive action on different stages of sexual response cycle, chronic use of these substances or their use in large amounts can have negative consequences on the individuals' sexual functioning (2, 3).

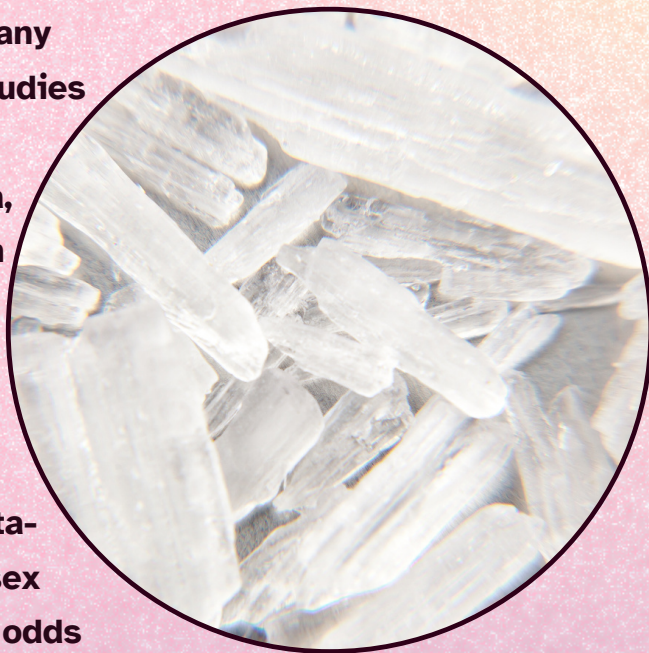
Along with SSU, there is an emerging trend of use of newer psychoactive substances in the context of sexual activity. Their use is specially reported in the LGBT (Lesbian, Gay, Bisexual, Transgender) community, especially among Men having Sex with Men (MSM). The psychoactive substances used are largely synthetic chemicals ('chems') such as methamphetamine, MDMA, Gamma hydroxybutyric Acid (GHB), Ketamine, and Mephedrone. This is termed "Chemsex", also known as "Party and Play (PnP)" or "wired play". Chemsex, thus, refers to the voluntary or intentional use of drugs before or during sexual activity to facilitate, prolong, enhance or sustain sexual pleasure (4,5). It is to be noted here that the chemicals implicated here are also used in non-sexual context; such use in non-sexual context is not labelled as chemsex. The drugs used in Chemsex have unique properties which are different from the substances that have been traditionally used for enhancing sexual performance. For example, MDMA (ecstasy) is used for its empathizing property, facilitating connection with the partner such that the sexual performance feels very emotionally connected. Methamphetamine on the other hand, can lead to an overwhelming sexual disinhibition and access to desires and fantasies that might have been previously repressed. Other non-psychoactive substances like sildenafil, tadalafil, alkyl nitrites (poppers), etc., are used often along with chemsex drugs to



prolong erection and sustain the sexual experience for a longer duration (5).

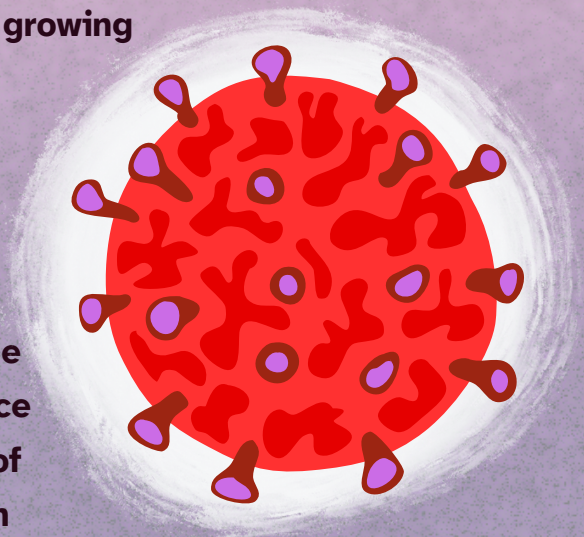
Chemsex is being increasingly reported across many countries in the world. A scoping review of 108 studies on Chemsex found that most of the literature on Chemsex were from countries from North America, Europe or Australia, with very little literature from lower middle income countries like India (6).

Another systematic review and meta-analysis of studies on chemsex in Asia found that methamphetamine was the most common substance for chemsex, followed by GHB and ketamine. The meta-analysis also found that MSM sex workers, MSM sex work clients, and MSM living with HIV had higher odds of engaging in chemsex compared to general MSM population and MSM living without HIV (7). While there are anecdotal reports of chemsex in India as well (8), there are no formal study on chemsex in India. However, Debashish Mukherjee has recently conducted a study to understand the chemsex scene in Delhi and he has shared his experience in the newsletter through a piece titled “Chemsex in Delhi: Exploring the underexplored nexus”.



Chemsex is associated with various high-risk sexual behaviour and hence concerns related to increased HIV risk among this population is growing globally(9).

Chemsex can lead the users to engage in prolonged sex session without condom use, often with multiple partners of unknown HIV serostatus, that can increase exposure to HIV. Some sexual acts such as fisting (ano-brachial intercourse), or annilingus (ano-oral sex) can increase risk of HIV and other blood-borne viruses. Some chemsex drugs can be injected (a practice referred to as slamming) which can also increase risk of HIV (10). Drawing from their experience of operating an



online portal for reaching out to LGBT community for HIV prevention, Aditya Singh and Rishi Baba have discussed the implications of chemsex on HIV scene in India. Their article titled “High on harms: Addressing HIV and chemsex among virtual populations in India” dwells on understanding this phenomenon in the ‘virtual’ participants, including the drugs consumed, high-risk behaviours associated with chemsex, and possible solutions for HIV prevention in this vulnerable population. Many SSUs and chemsex may not be harmful, some MSMs who practice chemsex may develop addiction to the chemsex drugs. Also, the drugs used in chemsex themselves, can lead to

various psychiatric disorders. For example, methamphetamine use can lead to increased risk of psychosis, mood disorders, and anxiety disorders (11). Apart from these, chemsex as well as the MSM status itself can lead to fear of stigma and delay in approaching the mental health professional for help. All these can lead to significant challenges in the assessment and management of individuals presenting to a mental health professional with problems related to chemsex. The challenges can be due to various factors including lesser knowledge and experience to deal with the complexities associated with such cases as well as lack of availability of robust evidence and guidelines for treatment of such conditions. The role of addiction psychiatrists in management of addiction to substances used in chemsex has been discussed by Jayakrishnan Menon in his write-up titled “Chemsex: Why should it matter to addiction treatment providers?”. We also have a box item by Bonita Pabam, a Transgender Rights Activist from Manipur, who describes the chemsex scene among TGs in Manipur.

We hope that our attempt to cover this important, yet underexplored, topic will stimulate further discussions, reflections, and research on this important area in the Indian context. We look forward to your feedback on this issue. You may also suggest topics that you feel should be covered in future issues.


Happy reading!



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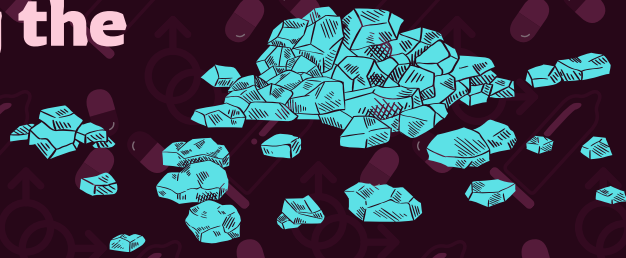
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# THEMATIC ARTICLES

# Chemsex in Delhi: Exploring the Underexplored Nexus

Debashish Mukherjee



## Background

Chemsex refers to some specific substances used in the context of sexual intercourse, especially among Men who have Sex with Men (MSM). These include substances such as MDMA, crystal methamphetamine, GHB, Amyl Nitrate, etc. Sexualised substance use (SSU also referred to as Sexualised Drug use, SDU) increases the scope of Chemsex by including drugs like alcohol, cannabis, ketamine, opioids, benzodiazepine, and other substances, as long as they are used in the context of sex. While chemsex or SSU is well known in other countries, there is scant literature from India. The National Survey on Extent and Pattern of Substance Use in India (2019) reported low prevalence of use of stimulants such as cocaine (0.10%) and Amphetamine Type Stimulants (0.18%). (1) However, they did not provide information regarding the context of using these drugs.



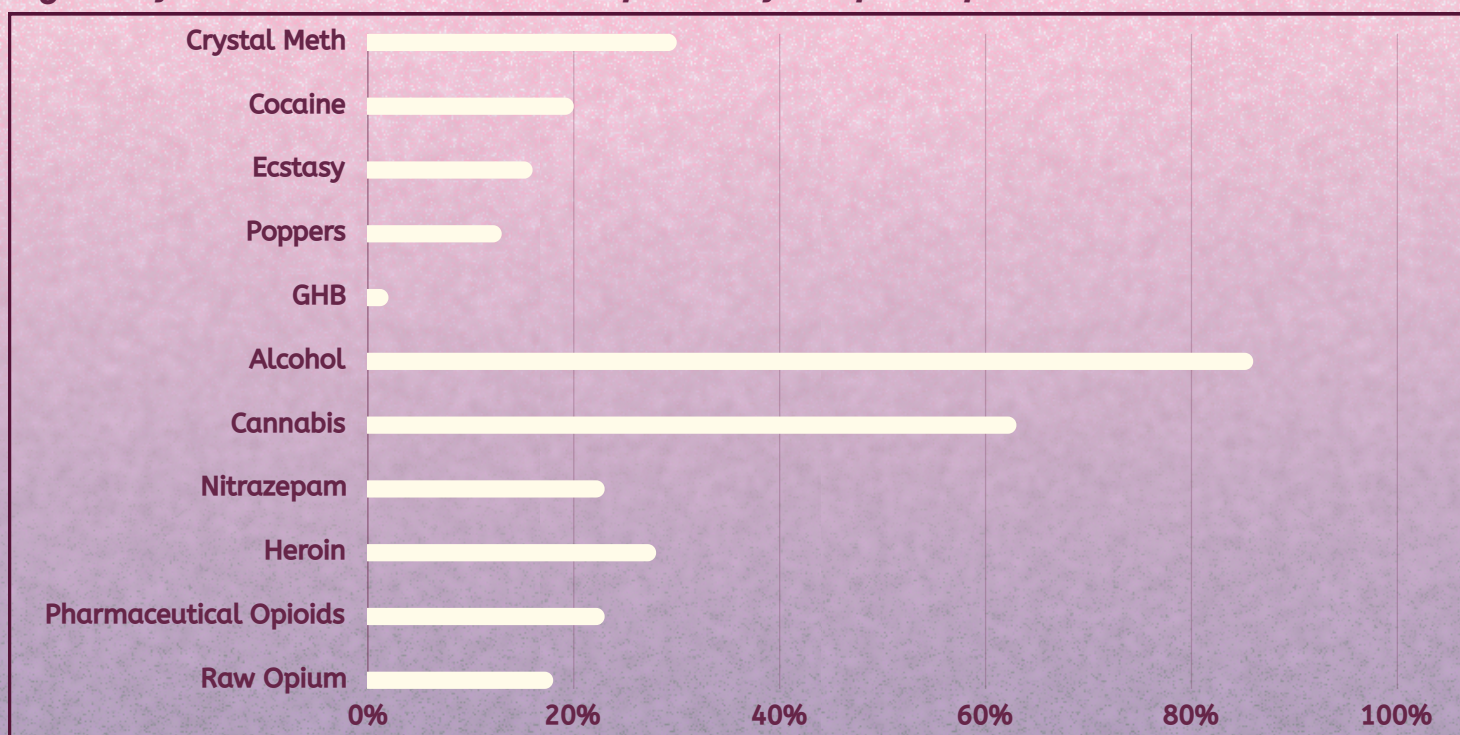
A study on 'Substance use and risk of HIV infection among Men who have Sex with Men in India' based on analysis of National IBBS data (collected between October 2014 and November 2015)(2) reported consumption of drugs before or during sex, thus setting drug use in the sexual context. Two other studies (One study by Wilkerson and colleagues (3) and another by Alliance India (4)) reported use of drugs in the context of sex - both conducted among MSM and Transgender and Hijra (TGH) communities.

## The Delhi Study

A study was conducted by Delhi State AIDS Control Society and Alliance India in 2023 among MSM and TGH community members in Delhi (5) primarily to understand substance use among them in the context of sex, after ethics committee approval. Using a cross-sectional study design, 208 participants who had reported use of cocaine, amphetamine type stimulants (Ecstasy, Crystal Meth), Gamma Hydroxyl Butyrate (GHB), Tryptamines (Easy Lay, EZ Lay, Liquid Ecstasy) or Poppers (Amyl Nitrite) before or during sex, at least once within the last 12 months were approached. They were selected through purposive sampling and were physically interviewed across 14 sites of Delhi. The study reported use of various chemsex drugs including Crystal Meth (30%),

Cocaine (20%), Ecstasy (16%), Poppers (13%) and GHB (2%) before or during sex. It also reported use of other drugs like alcohol (86%), cannabis (63%), sedative/hypnotics such as Nitrazepam (23%), heroin (28%), pharmaceutical opioids (23%) and raw opium (18%) which are included in the list of Sexualised Substance Use (Fig. 1). Such drugs were often used in combination with medicines for erectile dysfunction medicines (such as sildenafil and tadalafil). While mostly taken orally or by smoking, sniffing, or snorting, some reported injecting drugs like heroin, cocaine and MDMA. More than half (55%) of the participants reported using the chemsex drugs at least once daily. Some reported the need for using the chemsex drugs to overcome withdrawals caused by use of substances such as alcohol, heroin, and pharmaceutical opioids.

**Fig. 1: Psychoactive substance use reported by the participants**



## Contexts of Use

Use of all these drugs were reported in the context of sex – before or during sex for the purpose of enhancing sexual pleasure. The participants provided various reasons for using these drugs including responses such as ‘mood setting’, ‘enhance stamina to have sex for long hours’, ‘reduce/overcome pain’ experienced during (repeated) sex act, especially anal. The drugs were also reported to be used ‘to give company (to clients/customers/sex partners’ and also when attending parties.

Roughly one-third (29%) of the respondents reported that their stamina increased after using the drugs due to which they could have sex for a longer period and with greater number of customers/partners than they can without using drugs. More than a quarter (26%) reported that the use of drugs helped remove their hesitation and helped them converse, communicate better with the customers or partners, thereby helping them pick up more customers. Reduction of pain, often reported in anal and oral sex was

by 39% respondents, thus helping them have more sex with more partners. The participants reported participating in various types of sex acts after using these drugs. While receptive (63.5%) as well as penetrative (51%) anal was high on the list, group sex too was reported by a significant proportion (71%). Use of toys, role playing and bondage, discipline, sadism, and masochism (BDSM) and sex acts involving torture and violence were also reported to be practiced under the influence of such drugs. People advertise their preference for such sexual acts under the influence of these drugs on the dating apps and other virtual platforms and refer to them as 'High fun'.

## Effects of Substance Use

Some participants in the study were aware that these drugs can cause overdose and some of them did see others overdosing. Some reported that such drugs can transmit HIV and Hepatitis-C especially when injected. Some believed that such drugs can also cause mental health problems. Some felt that use of such drugs affected their cognition and senses that, in turn, affected their safety. Under the influence of such drugs, they either forgot to use condoms or put it wrongly and condoms slipped off or broke during sex. While a quarter (24%) of respondents reported using condoms always, 42% reported not using condoms when under the influence of such drugs. About 14% did not use condoms with intimate partners, while 10% reported no condom use under pressure from the customers or for extra money.



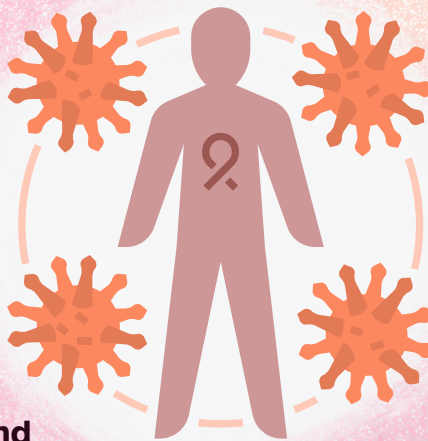
## Complications due to Sexualised Substance Use

An earlier study on 'Substance use and risk of HIV infection among Men who have Sex with Men in India' (6), reported 3.8% HIV prevalence among its respondents who used various drugs before or during sex; the HIV prevalence was 17 times higher than that of the general population. Risk-specific HIV prevalence among the respondents showed the highest prevalence among MSM who also injected drugs (6.1%), followed by consumers of alcohol before or during sex (4.1%). Another study on Psychoactive Substance use and HIV risk among MSM, Transgender Women & Hijra Population in India reported that the proportion of HIV seropositive (54%) MSM and TGW/H individuals who consumed psychoactive substances was significantly higher than HIV seronegative individuals (44.4%) in the last 6 months (7).

The use of drugs in sexual context has a strong relation with sexual risk behaviours that contribute to the increased risk of HIV transmission among MSM and TGH persons as seen in our study as well. The risk behaviours include higher sex frequency, unprotected sex with multiple partners, group sex, inconsistent condom use, internal

ejaculation, lower expectation of sex partners to use condom, less concern regarding HIV and Sexual transmitted infection (STI) status of their sex partners, and imbalanced power relations. Consequently, the SSU practice increases the odds of contracting HIV and other sexually acquired infections.

In addition, some evidence indicates that such drug use is also associated with mental health issue, such as suicidal risk, depression, and anxiety. Regular use of these drugs can also lead to dependence on them. Moreover, most of the drugs used in sexual context are illicit and both consumption and possession are prohibited by law. Thus, there is a higher risk of legal harms too.



## Conclusion

To conclude, while SSU is well documented in India, chemsex also is not uncommon in India, especially in metropolitan cities. Chemsex, especially in relation to MSM and TGH, poses various problems to the community, which can increase their vulnerability to various harms. There is an urgent need to conduct such studies at large-scale level to ascertain the magnitude of chemsex in India to mount effective response to this increasing problem.



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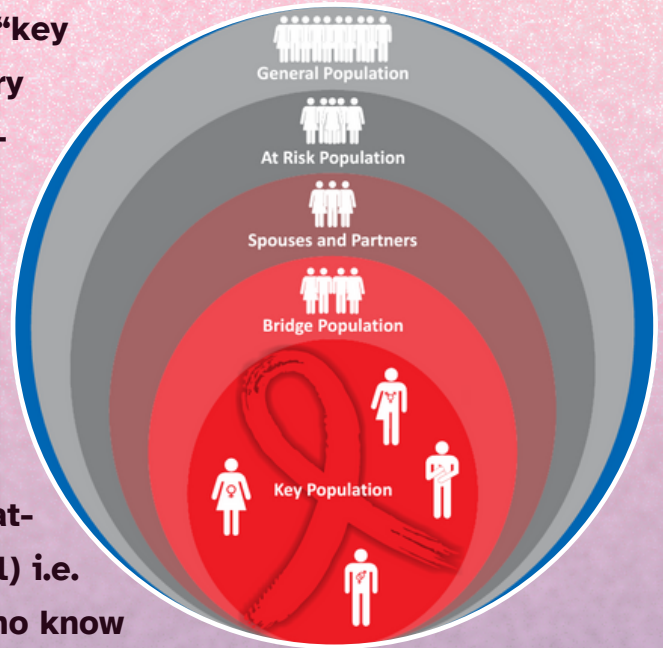
# High on harms! - Addressing HIV and chemsex among virtual populations in India



Aditya Singh, Rishi S Baba

## India's AIDS Control Programme

As per the National AIDS Control Organisation (NACO) estimates published in 2023, HIV prevalence in the country is concentrated among “key populations”. While adult prevalence in the country stands at 0.20%, the prevalence among men-who-have-sex-with-men (MSM), Hijra & Transgender (H/TG) populations are considerably higher at 3.26% and 3.78%, respectively. NACO's prevention programme is implemented by over 1600 NGOs across the country, with coverage districts and “hots-pots” pan-India. However, recently the focus is transitioning towards “unreached” populations, as India finds itself at 79% (of the 95% goal) i.e. estimated population of people living with HIV who know their HIV-positive status. Some studies (1-3) have shown that the strongest predictor of HIV incidence among MSM in India was a prior history of injection drug use, and substance use was also strongly correlated with failure to achieve viral suppression among MSM (3). In some cities, about 25% of people who inject drugs (PWID) reported MSM behaviour. Further, with the penetration of internet and dating/hook-up apps (e.g., Grindr, Blue'd, etc.) there are an increasing proportion of people seeking partners online.



## “Unreached” Populations in Virtual Spaces

Populations operating in the virtual/online space, who seek partners, solicit clients, and develop larger “invisible” sexual and injecting networks are difficult to reach given the anonymity and privacy considerations. To address these gaps, NACO is working through its existing framework and through partner agencies to identify novel ways to effectively reach these populations. ACCELERATE is one such flagship program implemented by Johns Hopkins University (JHU) in collaboration with NACO, providing technical assistance to the HIV programmes to address such challenges. ACCELERATE implements a virtual platform [www.safezindagi.in](http://www.safezindagi.in) (or SafeZindagi) which reaches out to virtual/online populations, primarily in the 18-35 years age group, linking them to “physical” HIV-related services such as testing, Pre-exposure Prophylaxis (PrEP), and

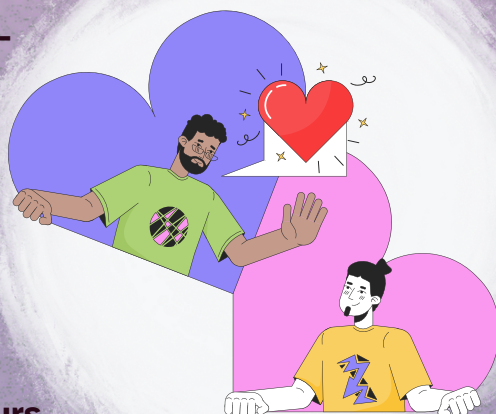
treatment. SafeZindagi, over a four-year period, has consistently reported HIV case detection between 6-8%. Majority of the clients accessing SafeZindagi identify with being from the “LGBTQIA” umbrella. SafeZindagi has been successful in reaching these populations because of its community-friendly design and customizable delivery of services to suit individual needs, including the provision of HIV self-testing (HIV-ST).

## **Understanding Chemsex practices through [www.safezindagi.in](http://www.safezindagi.in)**

All clients of SafeZindagi complete a voluntary risk questionnaire that captures information on use of psychoactive substances and alcohol, including a question on the practice of “chemsex”. Other terms used for chemsex are “High-Fun/HF”, “chem-fun”, “Party’N’Play” (PnP) or more formally “sexualized substance use”. We are currently trying to quantify the burden of “chemsex”, the emergent practices and HIV risks, to inform the design of service delivery packages for these populations. The most hard-to-reach, at risk for HIV population, such as users who seek dating and sexual partners through virtual applications are reached online through this integrated online platform, with a team of Sexual Health Managers (who are in effect virtual outreach workers). This cadre navigates clients through relevant services, subject to their need and HIV-related risk assessment at the time of contact.



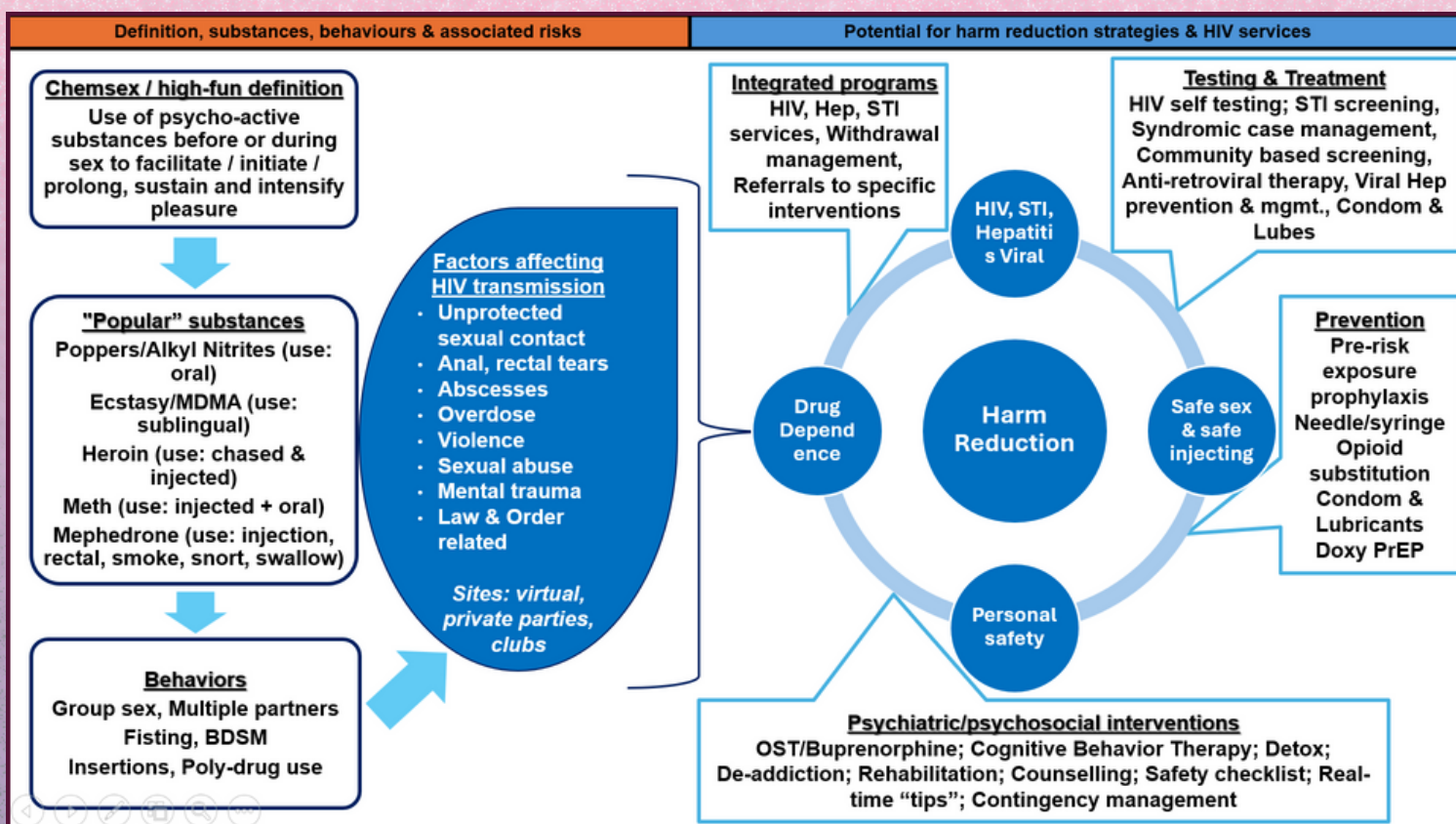
Through this platform, we developed social media content on chemsex and assessed the populations that were reaching out for services and queries related to “chemsex”. About 100 clients indulging in chemsex were reached through virtual dating applications, such as Grindr and Planet Romeo, and chatted with the sexual health managers of SafeZindagi and provided information on risk behaviours. Among SafeZindagi clients, the main drugs of choice were reportedly MDMA, heroin, and methamphetamines, which are accessed through house parties, gay parties, escort sites and apps. Some of the commonly reported risk behaviours were condomless sex, experimenting with kink/bondage, dominance, submission, sadism, masochism or “BDSM”, fisting and sexual enactment/roleplay involving the use of physical force, including penetrative sex. Clients revealed experiences of genital injuries, history of HIV/STI, sexual violence and other physical injuries, due to inability to provide consent and/or “blurred lines of consent”. This also leads to several mental health challenges such as anxiety, depression,



dependence on substances, and self-reported “addiction on high-risk behaviours” to perceive pleasure under the influence of substances. When clients report such incidents, online counselling is provided on reducing harms and on seeking specialised referral and/or (subject to client’s need) linkage for law-enforcement support. Clients reported difficulty in consulting medical professionals due to fear of stigma and discrimination and limited reliable avenues to address these issues, result in lack of redressal and continued mental health challenges.

## Potential for Harm Reduction and HIV Services

Based on our interactions with populations self-reportedly engaging in chemsex, the problems and potential solutions for reducing risks related to chemsex can be summarised as follows:



## The Need for Integrated, Person-centric Strategies

The discussion points to the necessity of integrating HIV and other chemsex prevention and outreach strategies. While HIV is a concern among individuals who practice chemsex, it is important to customise interventions to specific service requirements and meeting clients where they are at. It is essential to treat such cases with empathy, sensitivity, and broader understanding of chemsex, the nature of sexual activities involved, dynamics and nature of same-sex relationships, same-sex dating, and dating applications. Additionally, there should be a common protocol for situations requiring immediate support. Through virtual and confidential media, awareness needs to be generated on harm reduction measures pertaining to chemsex and develop referral

networks with sensitive mental health professionals, led by local community-based organizations, which may provide an easy access to the community.

The discussion points to the necessity of integrating HIV and other chemsex prevention and outreach strategies. While HIV is a concern among individuals who practice chemsex, it is important to customise interventions to specific service requirements and meeting clients where they are at. It is essential to treat such cases with empathy, sensitivity, and broader understanding of chemsex, the nature of sexual activities involved, dynamics and nature of same-sex relationships, same-sex dating, and dating applications. Additionally, there should be a common protocol for situations requiring immediate support. Through virtual and confidential media, awareness needs to be generated on harm reduction measures pertaining to chemsex and develop referral networks with sensitive mental health professionals, led by local community-based organizations, which may provide an easy access to the community.

## **Recommendations for the HIV Program**

Chemsex should be considered as a priority area under the national program, acknowledging their emerging risks and vulnerabilities, especially among clients in the virtual platforms and design an intervention for chemsex. A “harm reduction” approach is essential in reaching out to the population to address the physical, psycho-social, economic, other harms related to chemsex. The aim should initially be on reducing risk with an overall objective of reducing the frequency of engaging in “chemsex”. Programs may consider initiating a mapping exercise with agencies implementing virtual interventions. The HIV program also needs to collaborate and integrate with responses from other ministries and departments to provide customized interventions intervention with multiple referral points. Virtual interventions should be utilised and community-based models developed to deliver an essential package of services, including linkages with private providers for PrEP, HIV self-testing and decentralized/doorstep services. Further, NACO and the State AIDS Control Societies (SACS) should endorse a common directory of service providers who can be accessed by the implementing agencies to refer and link clients to the required services.

A specialized training module for service providers that cater to this target population should be produced, inclusive of protocols for immediate client support and risk categorization. Dissemination of information targeted towards chemsex should be propagated through IEC materials, including social media and other relevant virtual platforms. Virtual intervention platforms (for example, SafeZindagi) can promote and provide access to PrEP and HIV self-testing whilst ensuring confidentiality. can promote and provide access to PrEP and HIV self-testing whilst ensuring confidentiality.

Furthermore, it is suggested that partnerships with event organizers are fostered in designating contacts with these networks as community leaders, facilitating access to appropriate services for individuals engaging in chemsex.



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### **Chemsex Scenario among Transgender and MSM in Manipur**

Manipur state has a prominent presence of TG women who prefer to go by the name Nupi Manabi (loosely translated to 'like women'). Anecdotal evidence indicates that the estimated population of Transgenders (TG) and MSM in Manipur is roughly 6000–7000. A significant number of TG and MSM frequently use alcohol and other psychotropic substances. In addition to alcohol, this population report use of other psychotropic drugs. The most prevalent substances popular among this population were methamphetamine (WY, Yaba) and heroin attributed to easy accessibility and availability of these substances in the state.

Given that this pattern of methamphetamine use is emerging in the state, field workers perceive it as a novel health challenge. It has been observed that population in the age range of 18 to 40 years engage in the use of these substances. Those who are sexually active, report a higher daily consumption of WY and heroin as part of their sexual and social activities. These substances are commonly used preceding a sexual act, with most encounters taking place in rented houses, rooms, or hotels. Furthermore, some population also regularly consume these substances in the evening, gathering at their preferred locations for social interactions and sexual encounters.

The broad reasons and motivations behind substance use preceding a sexual encounter are as below:

- The use of substance enhances their sexual pleasure, vigor, and the duration of sexual act.
- They feel bored, uncomfortable, and unable to derive pleasure during sex without drugs.
- The male paid sexual partners also encourage them to use the drug before the act.
- The population also uses substance to gain confidence and capability to approach clients for paid sex.
- The use of substances makes them appear more attractive to their partners.

Despite being aware of the harms associated with substance use, a considerable portion of the TG population found themselves unable to curtail their consumption, owing to the cycle of dependence.

*Bonita Pabam*

*Transgender Rights activist, Manipur*

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# Chemsex – Why should it matter to addiction treatment providers?

Jayakrishnan Menon T N

Chemsex is associated with multiple potential harms. Use of substances prior to intercourse is associated with high-risk sexual behaviours including multiple sexual partners, Condomless Anal Intercourse (CAI), risk of Sexually Transmitted Infection (STI), intense and prolonged sexual activity leading to injuries that, in turn, further increases the risk of STI such as HIV, Hepatitis B and C, syphilis, gonorrhoea, and shigellosis. There is also risk of non-consensual sex and violence during sex. Intoxication with chemsex drugs can lead to unintentional sex and trading sex for drug (1, 2). Escalating substance use can lead to overdose death and physical complications like cardio or cerebrovascular events. There is increased incidence of Severe Mental Illness such as substance induced psychotic disorders, schizophrenia, and bipolar disorder. While varied drugs are used in chemsex, stimulants such as methamphetamine and MDMA form a common category of chemsex drugs. Withdrawal syndrome from stimulants mimics depression. MSM and TG/H, who are more vulnerable for using chemsex drugs, are a marginalized group. This stress can lead to loneliness, anxiety, and depression, which can, in turn, lead to use of substances as a coping thereby creating a vicious cycle of substance use and mental illness. All these lead to a higher incidence of suicidality (2).



## Treatment Considerations

Stimulant intoxication can lead to physical problems such as tachycardia, hypertension, arrhythmias, myocardial infarctions, or seizures. Physical signs that help identify a stimulant toxidrome are mydriasis, increased pulse rate, blood pressure, and temperature, and diaphoresis. The latter helps distinguish from anticholinergic intoxication. Urine drug testing can be done when available. ECG should be taken if there is chest pain. Investigation such as kidney function test should be done as stimulant use can lead to risk of Acute Kidney Injury. Similarly, electrolytes should be tested due to risk of hyponatremia. CT or MRI should be done if there is headache. Behavioural issues such as agitation, or intoxication related psychosis may be present. Acute

management such as agitation, or intoxication related psychosis may be present. Acute management consists of use of parenteral benzodiazepines to manage agitation. In case of high blood pressure, intravenous alpha-blocking antihypertensives such as Phentolamine should be given (3).

Management of dependence is challenging. Psychotic symptoms might persist which needs to be treated with antipsychotic appropriately. During the withdrawal phase, there may be symptoms mimicking depression. In recent systematic reviews for methamphetamine and cocaine dependence, no agent was found to have convincing evidence for treatment of dependence. Methylphenidate and bupropion have shown efficacy in some studies. Both these agents should be started after ruling out any comorbid psychosis. Other agents include topiramate, naltrexone and mirtazapine (4, 5). Individuals with stimulant dependence may also have other comorbid substance use. Psychological interventions form the mainstay of treatment of stimulant dependence. Though review shows that contingency management as an effective method of intervention, there are no such programmes in India. Moreover it has drawn criticisms regarding its generalisability following the termination of therapy and may lead to a reduction in internal drive to change (6, 7).



Multiple factors lead to an intersection of psychiatric and drug use related morbidity among MSM and TG/H. Social and cultural factors may contribute to concealment of identity. The process of coming out regarding identity is stressful. There may be loss of support within family and among friends. Members can be subjected to bullying based on their orientation. Abandonment could lead to homelessness. There is a greater risk of physical and sexual abuse. All these stresses can lead to anxiety and depression which in turn can lead to substance use as a coping strategy. Presence of HIV often adds onto the stigma and stress (8).

Engaging clients in treatment is often challenging. Users often feel that they are not “addicted,” “they are only having fun” and hence don’t need addiction treatment services. This indicates the need for outreach services and education about harms. When accessing peer services such as NA, they are uncomfortable to discuss about their gender or orientation. There still are no specialized prevention, targeted intervention, and treatment services at large (9, 10).

## Way Forward

Chemsex is a newer entity whose dimensions are not entirely known, especially in India. MSM and TG/H are vulnerable to use chemsex drugs due to various factors that can increase their vulnerability. The user community also face stigma on account of their orientation. It takes great effort for people to access services overcoming the intersecting stigmatizing barriers due to their gender and orientation, HIV positive status, diagnosis of a psychiatric illness, and financial difficulties. There needs to be greater awareness among treatment providers and authorities regarding chemsex. Greater training of Mental health professionals in provision of LGBTQIA affirmative mental health care is required. Integrated services need to be designed to handle the multiple treatment challenges. Most importantly, medical service providers need to be empathetic, and non-judgmental with wide ranging skills to address complex clinical needs of this population.



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# RECENT ADVANCES

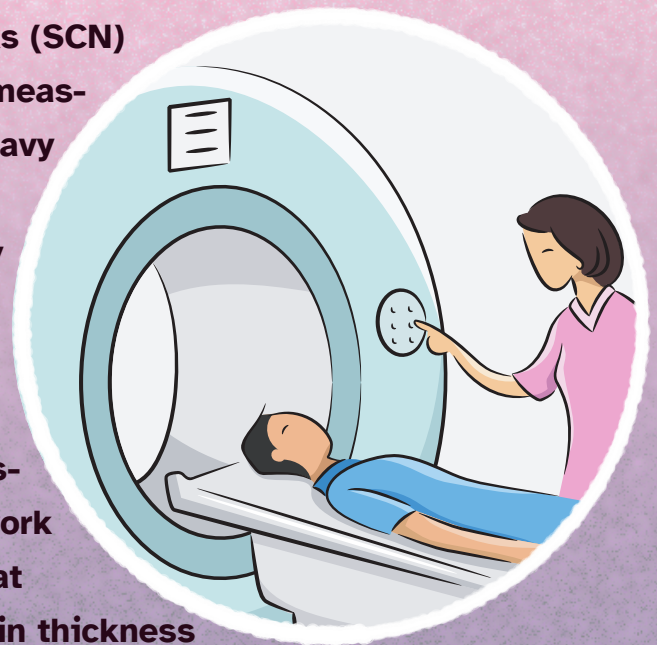


## Identification of individuals at high risk for addiction

The field of addiction medicine has, for many years, sought to identify individuals who are at high risk for the development of addiction. An accurate identification of the same would enable targeted approaches for prevention, early identification, and treatment. Two recent studies have utilised different approaches to address this issue.

### Neuroimaging based study

The first study used structural covariance networks (SCN) from magnetic resonance imaging (MRI)-derived measurements of brain cortical thickness to identify heavy alcohol users in three independent studies ( $n = 1047$ ). Cases ( $n=179$ ) were defined based on heavy alcohol use patterns or former alcohol use disorder (AUD) diagnoses. Controls ( $n=868$ ) had none or low alcohol use, or absence of AUD. Graph theory metrics of segregation and integration were used to summarize SCN. Cases exhibited lower network segregation and higher integration, suggesting that adjacent brain regions or nodes were less similar in thickness

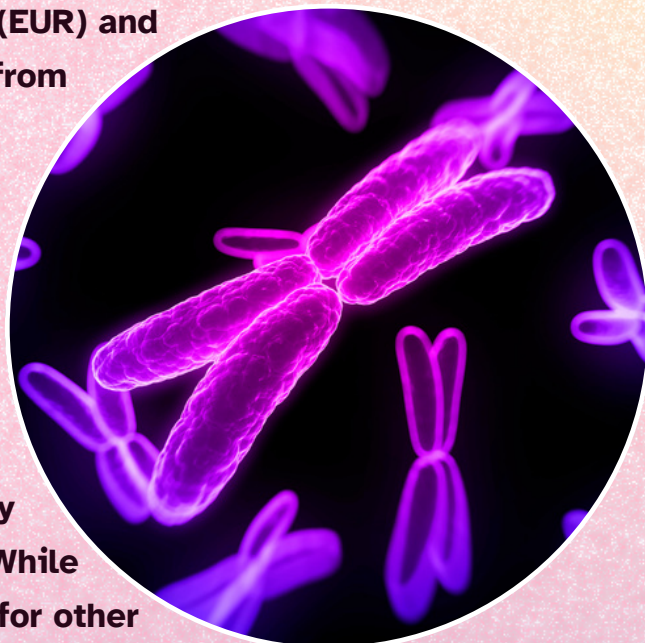


whereas spatially distant brain regions were more similar. This lower segregation in the cases were mainly observed in the frontal and parietal regions in the following nodes – left inferior parietal, right inferior parietal, left superior parietal and left paracentral nodes. This points to the fact that SCN differences in the brain may constitute an early marker of heavy alcohol use (1). However, causality cannot be established as the study was cross-sectional.

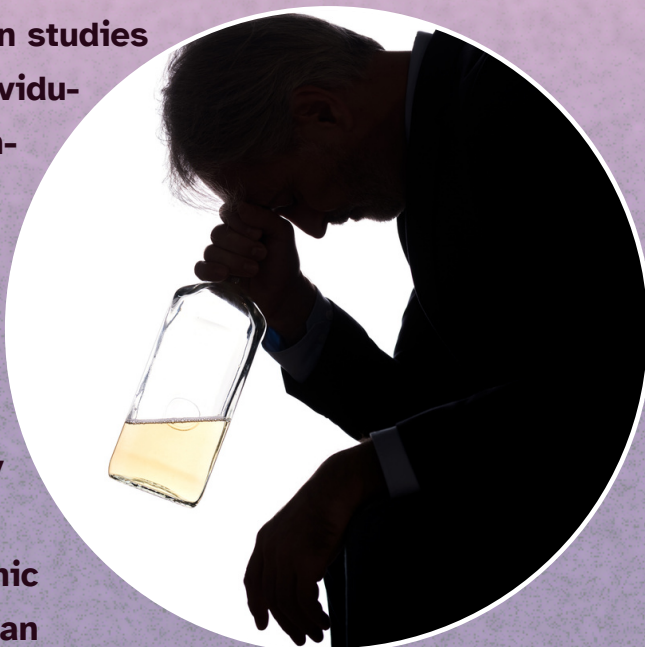
### Use of Polygenic Risk Score to Predict Substance Use Disorder

The second study measured the impact of genetic risk for substance use disorders (SUDs) measured using a polygenic risk score (PRS) on first substance use, regular use, substance-related problems, dependence diagnosis, and progression from regular use to onset of problems and dependence for alcohol, opioids and smoking. The target sample

comprised of 5692 European-ancestry individuals (EUR) and 4918 African-ancestry individuals (AFR) recruited from 2000 to 2020 from US inpatient or outpatient settings or through advertisements. They found that among EUR, higher PRS for AUD predicted earlier onset and more rapid progression to alcohol-related problems and alcohol dependence diagnosis irrespective of age of onset of drinking. Among AFR, higher PRS for AUD was positively associated with alcohol dependence diagnosis only among those with later onset of regular drinking. While the results were consistent for AUD, it was not so for other drugs. The PRS for opioid use disorder EUR also predicted earlier onset of the respective milestones, but in case of AFR, PRS for OUD was not associated with any of the opioid-related milestones. Also, in the case of smoking, while PRS in EUR predicted age of onset of the smoking milestones, it was not associated with progression from regular smoking to smoking-related problems or smoking dependence in both populations (2). This study highlights the fact that the influence of PRS can be different for different races.



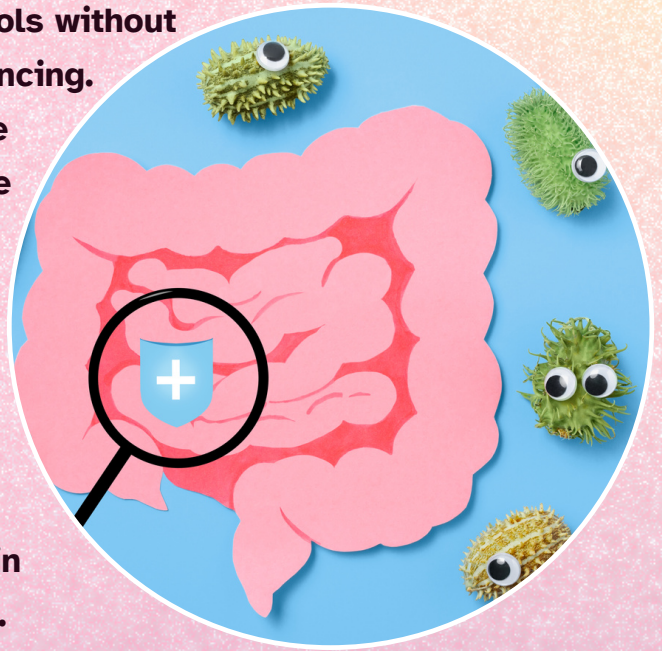
Two major multi-ancestry genome-wide association studies of AUD and CUD with 1,079,947 and 1,054,365 individuals respectively have also expanded our understanding of the genetics of substance use disorders (SUD) substantially. A total of 110 and 22 causal variants were identified in EUR for AUD and CUD, respectively. They highlighted that ancestrally diverse samples can increase the power to identify causal variants for SUD and that cross-ancestry PRS showed better performance of association in independent samples than single-ancestry polygenic risk scores. The under-representation of South Asian populations remains a significant gap suggesting the need and potential for such research in the future (3,4).



## **Relation between gut microbiome and SUD**

The gut microbiome and its role in the progression of SUD is another area of active research. A study from China evaluated the gut microbiome in 333 patients with SUD

(predominantly methamphetamine) and 143 controls without a history of drug use, using 16S rRNA gene sequencing. It found that there was lower diversity and a more homogeneous gut microbiota community structure among participants with substance use disorder. *Bacteroides*, *Prevotella\_9*, *Faecalibacterium*, and *Blautia* were identified as important biomarkers associated with SUD. Further, a machine learning model could distinguish faecal samples of substance users and nonsubstance users with reasonable accuracy, indicating its potential use in predicting and screening individuals with SUD (5).



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# Alcohol and Tobacco

Sukriti Mukherjee, Aniruddha Basu



The current arsenal of pharmacological treatments for tobacco dependence namely, nicotine replacement therapy, bupropion and varenicline have modest success rates in aiding tobacco cessation. There is a dearth of new medications for tobacco dependence entering the market for nearly two decades. Newer modalities of tobacco dependence treatment are needed in view of high burden of tobacco dependence in the community. Recent studies have tried to explore both drugs and neurostimulation for smoking cessation.

## Cytisinicline

Cytisinicline, a plant alkaloid, already used in some parts of Europe for smoking cessation, can serve as a potential candidate for tobacco dependence treatment. Similar to varenicline, it targets  $\alpha 4\beta 2$  nicotinic acetylcholine receptors that play a critical role in tobacco addiction. As a partial agonist at these receptors, it reduces the withdrawal symptoms and prevents nicotine reinforcement from repeated usage. Previously, the efficacy of cytisinicline as 1.5 mg tablets taken 6 times a day tapered over 25 days was demonstrated in some trials; however, such frequent regimens is cumbersome and the rationale behind such a regimen was not established (1, 2).

Rigotti et al. (2023) compared 6 or 12-week cytisinicline regimens with placebo in 810 daily cigarette smokers desiring cessation across 17 US sites in a 3-group, double-blind, placebo-controlled, randomized trial (3). The participants were randomised to receive either placebo thrice daily for 12 weeks, or cytisinicline 3 mg thrice daily for 6 weeks and placebo thrice daily for another six weeks, or cytisinicline 3 mg thrice daily for twelve weeks. All participants received behavioural support. Abstinence from tobacco smoking was assessed using both self-report (not smoking more than 5 cigarettes since last visit) and breath carbon monoxide levels (less than 10 ppm) at various time points till 24 weeks after treatment completion. Results showed that both cytisinicline groups

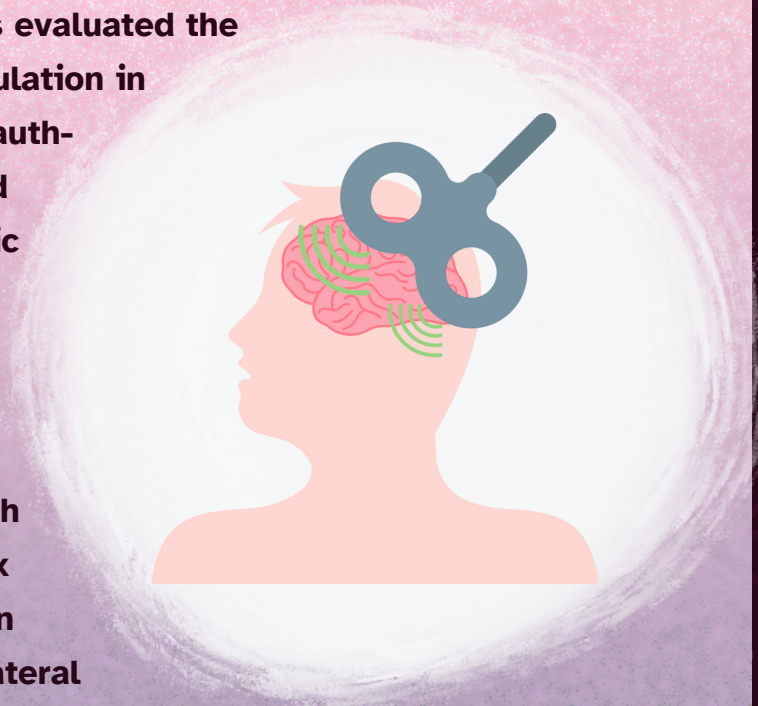


had 6- to 8-fold higher odds of biochemically confirmed continuous smoking abstinence during the last 4 weeks of active medication compared to those receiving placebo. Also, continuous abstinence rates till 24 weeks of study follow up were significantly higher in active medication group compared to placebo. The most common adverse effects reported were nausea, abnormal dreams, and insomnia, which were infrequent. Only 2.9% discontinued treatment due to adverse events. The study was conducted on participants who smoked only cigarettes; other forms of tobacco use was not considered. Hence, it remains to be seen if the efficacy of cytisinicline persists in those who smoke beedi or use smokeless form of tobacco as well.

## **Neurostimulation**

A recent systematic review and meta-analysis evaluated the level of evidence of the efficacy of neuromodulation in various substance use disorders. In this, the authors analysed sixteen studies that investigated the efficacy of repetitive transcranial magnetic stimulation (rTMS) for tobacco use disorder specifically. Almost all these studies showed reductions in tobacco craving and cigarette consumption with active rTMS compared to sham, except for two studies - one study which targeted the left dorsolateral prefrontal cortex (DLPFC) in a single high-frequency stimulation session and another study which targeted bilateral DLPFC in high-frequency stimulation among individuals with comorbid schizophrenia. Other studies utilizing deep-TMS on these regions (PFC and insula) again reported significant reductions in tobacco consumption and craving, particularly with high-frequency stimulation. Meta-analyses of all these studies, revealed mixed results, with single-session rTMS showing no significant effect on cue-induced craving, but multiple sessions rTMS showing a significant reduction in cigarette use but not much impact on craving.

The same meta-analysis also included eleven studies that explored the effect of transcranial direct current stimulation (tDCS) in participants with TUD. While most studies applied 2.0 mA stimulation for 15–30 minutes, two studies applied 1.0 mA for 20 minutes. Positive effects on craving and/or cigarette consumption were reported in seven studies, favouring right anodal dorsolateral prefrontal cortex (DLPFC) stimulation, especially with multi-session protocols. Extended tDCS treatment over 12 weeks showed higher abstinence rates compared to shorter durations. However, this was not seen to



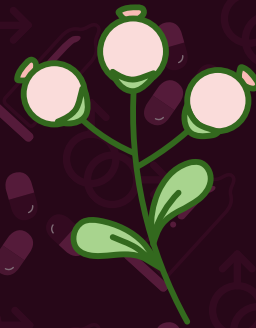
be consistent across studies, with subgroup analyses indicating non-significant effects on craving and consumption across single and multi-session trials. Therefore, the evidence here must be interpreted with caution and further research is needed. (4)

Overall, the meta-analysis reports little benefit of neuromodulation in patients with tobacco use disorder. In studies that showed positive outcomes, most conducted the assessment within a short time following the neuromodulation intervention. Long term follow-ups (12 weeks or more) have not found these effects to be sustained. Hence, based on the current understanding, while neuromodulation may be a useful adjunct for some patients with tobacco use disorder in the short term, its usefulness in promoting long-term abstinence from tobacco is still debatable.



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# Illicit Substances

**Navratan Suthar, Sandhyadeepa Pany**

Retention is a major challenge in addiction treatment. Even Opioid Agonist Treatment (OAT) with buprenorphine and methadone, considered as the gold standard treatment for opioid dependence, shows modest retention rate (1). A major impediment to higher retention rate is the requirement for the individual on OAT to visit the clinic frequently to receive their OAT dose (2). Recent advances in therapeutics have led to development of depot formulations of buprenorphine which can help in improving the adherence to treatment. Earlier experimental studies have found that extended-release buprenorphine depot formulation led to higher abstinence rates from illicit opioids compared to daily supervised buprenorphine treatment (3). Studies on its real-world effectiveness are also emerging from different countries.

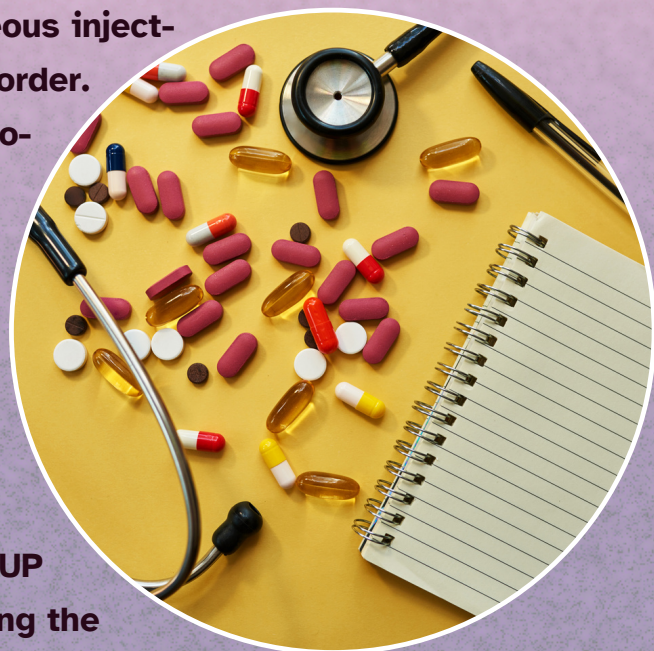
## **Extended-Release Buprenorphine formulation**

Extended-Release buprenorphine depot (XR-BUP) was approved by the USA Federal Drug Agency (FDA) in 2017 as a once-monthly subcutaneous injection for treatment of individuals with opioid use disorder.

The availability of this formulation led to expectations that it will bring landmark improvement in the treatment retention and in treatment adherence.

However, most studies till-date have been experimental studies. A recent retrospective cohort study conducted in Germany tried to evaluate the real-world efficacy of XR-BUP in treatment retention. The study assessed the retention of individuals with opioid use disorder who were prescribed XR-BUP between 2018 and 2020. The study found that among the

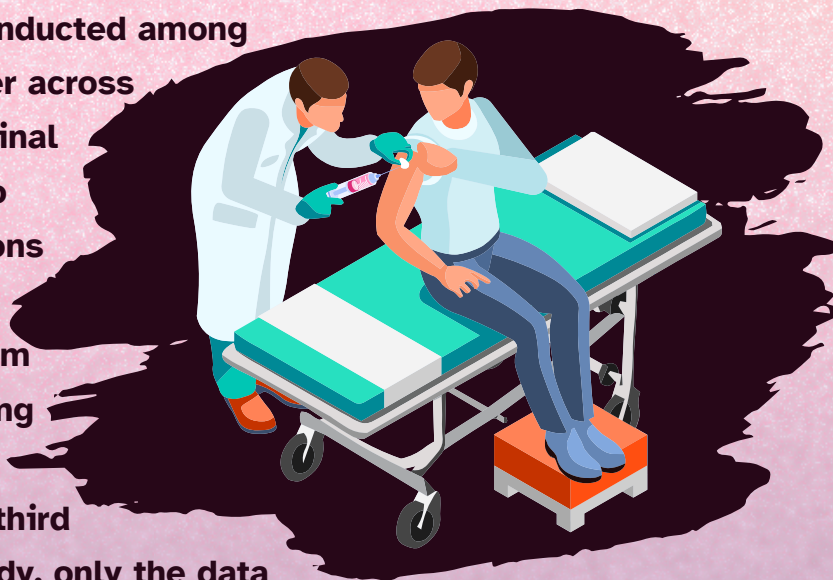
118 patients who received XR-BUP, nearly 70.3% were retained in treatment at the end of six months compared to only 36.5% of the 115 patients who were prescribed XR-BUP but did not receive the same. The study also found that those who received XR-BUP had higher odds of urine negative drug screens compared to those who did not receive XR-BUP (4). XR-BUP can help in achieving sustained buprenorphine plasma levels which can help patients with opioid use disorder to achieve sustained relief from craving and withdrawals. The formulation can also help the patient in reducing the travel time to



visit the clinic for their dose and in reducing the time needed to be away from their work for their dose.

## **Optimal dose of Extended-Release Buprenorphine for Agonist Maintenance Treatment**

Another study compared the efficacy and safety of different doses of XR-BUP on patients with opioid use disorder. The study was a secondary analysis of an earlier double-blind, randomised placebo-controlled study conducted among 665 participants with opioid use disorder across 36 treatment centres in USA. In the original study, participants were randomised into three arms: one arm received six injections of XR-BUP 300 milligram (mg) every month for 6 months, while the second arm received two injections of XR-BUP 300 mg for initial two months followed by XR-BUP 100 mg for next 4 months, and the third arm received placebo. In the current study, only the data of those participants who received XR-BUP was included. Also, only the data of the last four months, where the dose was different for the two groups were included for analysis. The study found that 300 mg maintenance dose was associated with higher abstinence rate compared to 100 mg maintenance dose in those patients who injected opioids at baseline. While in non-injecting participants, there was no difference in the abstinence rates between 100 mg and 300 mg maintenance dose of XR-BUP. The study also found that injecting participants required higher plasma buprenorphine concentrations of 5 to 6 ng/ml to get maximum efficacy compared to 2 to 3 ng/ml in case of non-injecting participants. This study confirms with the existing literature that higher doses of buprenorphine is associated with better retention, especially in patients who inject opioids (5).



## **Optimal Plasma Naltrexone Level in Extended-Release Naltrexone**

Injectable, extended-release naltrexone is approved by the FDA for relapse prevention in opioid use disorder and has been found to be better than oral naltrexone due to better bioavailability, longer half-life, and steady state levels of naltrexone (6). Also, the once-monthly injection has been found to improve the patient's treatment adherence and overall retention rate. However, the dose of extended-release naltrexone required for relapse prevention is still debatable.

A recent study tried to assess the plasma level of naltrexone that is needed in

extended-release naltrexone injection to be effective in preventing relapse. They conducted an individual-level analysis of data collected in an earlier study. The earlier study included 12 non-treatment seeking participants with opioid use disorder who were detoxified and then given a single dose of either 192 mg (6 participants) or 384 mg of extended-release naltrexone injection subcutaneously. Following this, all the participants were given 25 mg of intravenous heroin as challenge dose every week for a period of six weeks and the subjective effects in the form of drug liking was assessed using a 100-mm visual analogue scale (VAS). The drug liking was assessed at 4 minutes, 40 minutes and 90 minutes following heroin administration and the average rating on VAS was calculated. Plasma Naltrexone levels were assessed at baseline and at multiple time points over the period of 6 weeks – daily for initial 7 days and then twice weekly. The study found that when the plasma naltrexone levels were more than 2 ng/mL, the subjective ratings for drug liking was similar to that of placebo, while at lower levels, there was higher scores for drug liking. This study shows the importance of adequate plasma level of naltrexone in producing opioid blockade. Since there can be individual variations in the metabolism of naltrexone, measuring plasma level of naltrexone can be beneficial in adjusting the dose or frequency of the extended release naltrexone for optimum benefits in some patients, when clinically indicated (7).



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# Special Populations

Piyali Mandal



## Representations of alcohol in women's magazines

Women's magazines are potential sources for disseminating public health messages about alcohol. They can also act as a point of reference for women to comprehend the social norms for various behaviours, including alcohol drinking. A recent study by Atkinson and colleagues explored how alcohol and drinking were depicted in UK women's magazines over a six-month period between August 2020 and January 2021 using mixed methodology (quantitative content and qualitative thematic analysis). Their analysis of 70 editions of 20 printed magazines in the United Kingdom found that nearly one third of texts (36%)



promoted alcohol use either directly or indirectly by promoting alcohol brands, supermarket offers, or articles reviewing recent alcohol releases. Also, more than two-thirds (70%) of the texts or images that depicted individuals consuming alcohol, depicted women. Pro-alcohol and commercial messages highlighted pink products and low-calorie options. Around one-fourth of alcohol-related texts referred to the effects and consequences of drinking, with most articles reporting on adverse consequences of drinking or providing information on reducing or stopping alcohol use. However, the study observed that the alcohol-related harms were discussed in a way that overlooked the structural causes of alcohol-related harms and reproduced regressive gender norms and expectations. For example, some texts deflected responsibility for physical violence or sexual assault from the perpetrator to the alcohol. Also, the health messages like the benefits of not drinking, were underpinned by unequal expectations of women around beauty or physical appearance, domestic responsibilities, and public behaviour (1). This study highlights the fact that across the board in women's magazines, alcohol use is discussed in gendered ways. Also, women receive mixed and contradictory messages on alcohol use from magazines.

## **Social media: another tool to normalize alcohol use among mothers**

Alcohol is often portrayed as a fun and interactive coping strategy for mothers to manage the demands of motherhood in majority of the drinking cultures. A scoping review by Reisdorfer and colleagues tried to map the evidence on social media influences and alcohol consumption among mothers of children and teenagers. The study, which analysed data from seven related articles, found that the factors that are related to alcohol consumption in motherhood can be collated into two major themes, namely – ‘modern motherhood’ and ‘normalising alcohol consumption’. Under modern motherhood theme, alcohol use



was depicted as a way of bonding or social support, to cope with mother’s mental health issues and to resist traditional gendered identity of motherhood. Under normalizing alcohol consumption, posts showed alcohol use in a positive manner, alcohol was portrayed as a symbol of freedom or promoting mompreneurs to sell alcohol, or showing mompreneurs who combine alcohol use with other activities creating a false image of being a ‘supermom’. This study shows an important concept of how social media can influence the alcohol use among women, including mothers.

## **Fetal alcohol spectrum disorder (FASD) - Rephrasing the prevention message**

With the changing societal norms and increasing social acceptance of alcohol use among females, concerns related to Fetal alcohol spectrum disorder (FASD) is increasing. A recent commentary by Evans (2023) has elegantly brought in the challenges in preventing FASD in this changing scenario. Examining the public health message ‘FASD is ‘entirely preventable’’, Evans argues that this message may not only be misleading, but also may exacerbate the already existing barriers for women with alcohol dependence to seek help as considerable number of pregnancies are unplanned, and many women who consume alcohol



may continue to drink before they even know that they are pregnant. This makes FASD prevention difficult. This dominant approach by the health professionals that FASD is completely preventable can lead to a great deal of shame among the women who are already struggling with a dependence on alcohol and then become pregnant. This may cause them to avoid healthcare altogether during pregnancy, or to try and conceal their alcohol use. The author suggests that a more advisable message for this group may be, “If you are pregnant and having trouble quitting alcohol you are not alone and there is help.” Using non-judgmental messages to advocate for treatment can help in increasing the accessibility of substance use treatment services for this hard-to-reach population.



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## Psychedelic Synergy: “hippy flipping” and “candy flipping”

The history of psychedelic-assisted psychotherapy spans decades with research on substances like LSD and psilocybin. Over the past decade, clinical trials have explored their efficacy in treating conditions like depression, post-traumatic stress disorder (PTSD), and substance use disorder (SUD). However, psychedelics can produce positive peak experiences at times and ‘bad trips’ or challenging experiences at times (causing grief, paranoia or fear). These challenging experiences can make healthcare providers and patients hesitant to use psychedelics in psychotherapy. There have also been reports of emergence of psychiatric illnesses and even suicidality after these experiences. Recent studies are trying to find ways to reduce these challenging experiences.

A recent article conducted a secondary analysis of two earlier studies (N=698) to examine whether the co-use of MDMA along with psychedelics, psilocybin (hippy flipping) or LSD (candy flipping), compared to those using psychedelics alone can alter the intensity of challenging experiences and enhance positive ones among individuals with intention to use a psychedelic substance. Results indicate that co-use of low doses of MDMA (but not medium or high dose) along with psilocybin or LSD significantly reduced total challenging experiences, when compared to psilocybin/LSD use alone (N=671) (1). While these findings suggest that low dose MDMA may buffer against some adverse psychedelic effects and enhance positive aspects, the study has several limitations. The study was based on participant’s self-report and the exact dose of MDMA considered as low or medium/high is not known. The number of controls in the study was nearly 30 times the number of cases. This can lead to detection of very small change in outcome, which may not be clinically meaningful (2). This emphasizes the need for further research to confirm / refute these findings, which in turn can help in exploring their role for therapeutic implications in various psychiatric disorders in the future (1).



## **MDMA-assisted therapy (MDMA-AT) for PTSD**

A randomised, double-blind, placebo-controlled, confirmatory phase 3 study conducted across 13 sites in USA and Israel assessed the efficacy and safety of MDMA-assisted therapy (MDMA-AT) compared to placebo with identical therapy along with placebo in individuals with moderate to severe PTSD. Blinded, independent assessors evaluated the changes in the primary endpoint with the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) total severity score, and the key secondary endpoint, the Sheehan Disability Scale (SDS) functional impairment score. The trial consisted of 53 participants in the MDMA-AT group and 51 participants in the placebo group, all of whom received identical manualized therapy. Results showed a significant reduction in CAPS-5 score with a medium effect size ( $P < 0.001$ ,  $d = 0.7$ ) and SDS score with a small effect size ( $P = 0.03$ ,  $d = 0.4$ ) for MDMA-AT compared to placebo with therapy. While 98.1% participants reported one or more treatment-emergent adverse effects (TEAE), only seven participants experienced severe TEAE, with no deaths reported. Overall, the treatment was generally well-tolerated and efficacious (3). While this study does show promise of MDMA assisted therapy for PTSD, it is essential to exercise caution due to various reasons, high prevalence of TEAE, and absence of long-term follow-up data. Also, the set and setting - the influence of participant expectations and the settings in which MDMA should also be considered.



## **ASAM/AAAP practice Guidelines on the management of stimulant use disorder**

Stimulant use and stimulant use disorder (StUDs) are increasing closer to home in Southeast Asia and are increasingly reported in India as well. The American Society of Addiction Medicine (ASAM) and the American Academy of Addiction Psychiatry (AAAP) have recently come out with clinical practice guidelines (CPG) on the management of StUDs (4). The CPG offers evidence-based strategies and standards of care for the treatment of stimulant use disorders (StUDs), stimulant intoxication, and stimulant withdrawal. Additionally, it aims to address the secondary and tertiary prevention of harms associated with stimulant use. As per the recommendations, Contingency management (CM) has exhibited the best effectiveness in managing StUD and can be integrated with additional psychosocial interventions and behavioural therapies. Pharmacotherapies may be used off-label to treat StUD with co-occurring disorders. All

the non-stimulant pharmacological options available have low certainty evidence with conditional recommendation (LC/CR), except bupropion plus naltrexone combination having medium certainty with conditional recommendation (MC/CR) for amphetamine-type substances (ATS). Whereas among the stimulant medications, only extended-release mixed amphetamine salts in combination with topiramate have the medium certainty with conditional recommendation (MC/CR) for cocaine use disorder.



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## References

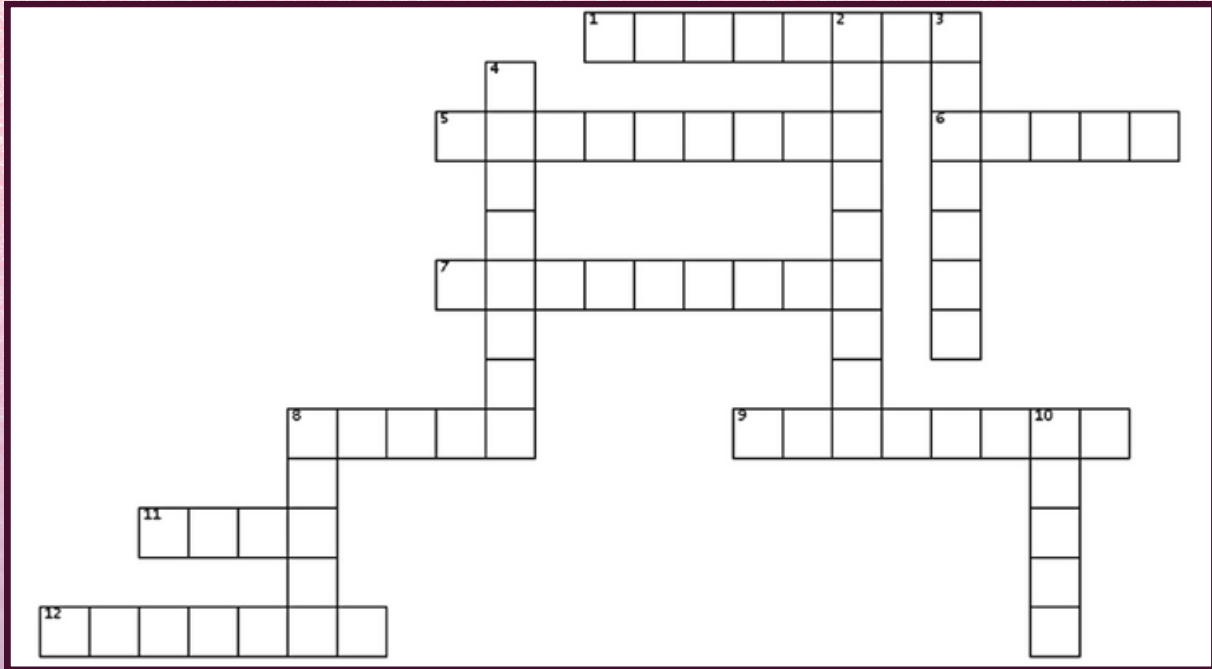
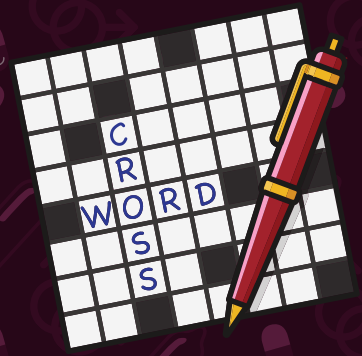
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# CREATIVE SECTION

# APSI Mindbender

## Challenge Your Brain!!



### ACROSS

1. The only drug category where the prevalence among children and adolescents was found to be higher than adults in India
5. The major psychoactive substance in Peyote
6. The preparation of Cannabis that is not banned under NDPS act
7. A pattern of substance use that increases the risk of physical or mental harms according to ICD 11 is called as \_\_\_\_ substance use
8. Heavy episodic drinking refers to the use of \_\_\_ grams or more of pure alcohol on at least one occasion in the past 30 days
9. What does 'O' stand for in the SOS initiative by WHO-UNODC
11. The antagonist action at this receptor is responsible for reduced tolerance development in methadone
12. A pattern of drug use in which multiple doses of steroids are taken over a specific period of time, followed by stopping for a period, and starting again.

### DOWN

2. Caffeine is an antagonist at \_\_\_\_\_ receptors
3. Deep TMS has been approved by FDA as an aid for short-term treatment for \_\_\_\_ smoking
4. Acute tolerance to alcohol is also called as \_\_\_\_ effect
8. Name of the country where the first cannabis social club was formed
10. Tobacco-induced \_\_\_\_ disorder is the only tobacco-induced disorder recognized in DSM 5

# Solution for previous APSI Mindbender

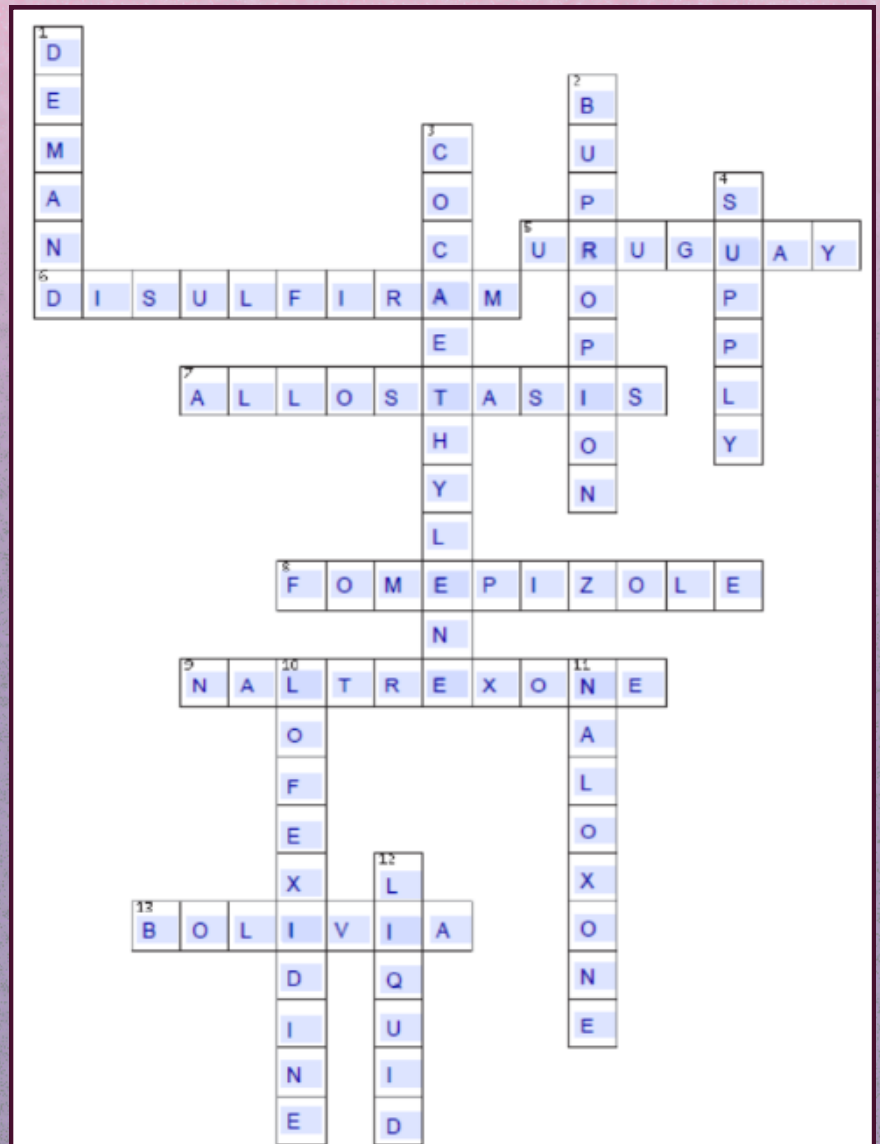


## ACROSS

- 5) First country to legalise cannabis use or recreational purpose in December 2013- Uruguay
- 6) Earlier used as an aversive agent, currently being used as a deterrent agent in treatment of alcohol dependence- Disulfiram
- 7) Gradual change in the homeostatic set-point for hedonic state caused by repeated intake of drugs- Allostasis
- 8) The antidote for methanol poisoning- Fomepizole
- 9) An anti-craving agent which also has been found to help in reducing impulsivity- Naltrexone
- 13) The country which temporarily withdrew from the UN 1961 Single Convention as a protest against the classification of coca leaves as a narcotic drug- Bolivia

## DOWN

- 1) Treating patients with drug dependence is a type of \_\_\_\_\_ reduction strategy of drug control- Demand
- 2) An antidepressant used in management of nicotine dependence- Bupropion
- 3) The active metabolite formed when Alcohol and cocaine are taken simultaneously- Cocaethylene
- 4) Prohibition of use of a substance in an area is considered as a type of \_\_\_\_\_ reduction strategy of drug control- Supply
- 10) The first non-opioid medication which got FDA approval for management of opioid withdrawals- Lofexidine
- 11) Drug of choice to manage Opioid Overdose- Naloxone
- 12) Gamma hydroxy butyrate is also called as \_\_\_\_\_ Ecstasy- Liquid

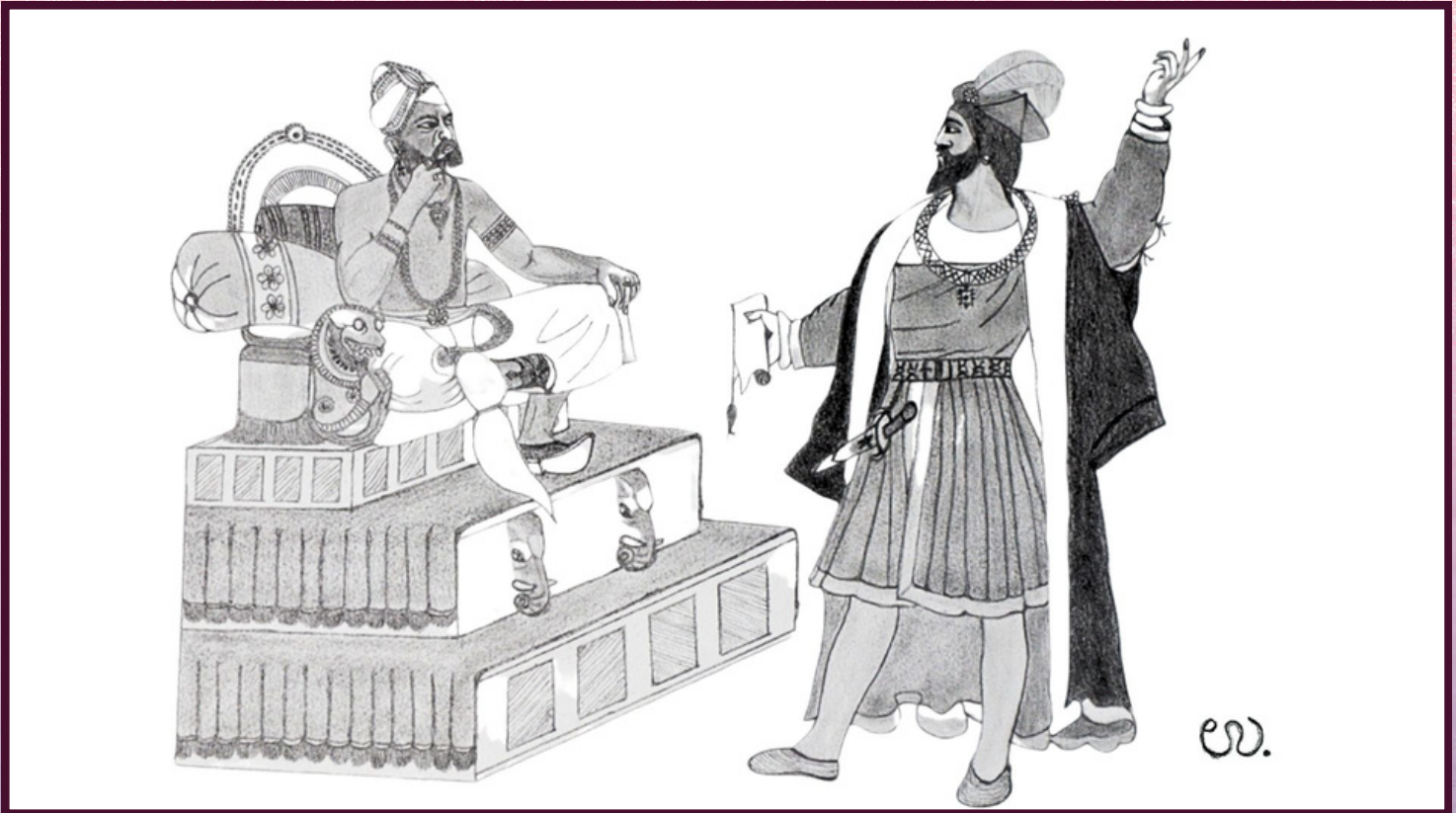


# Art Work

## Introduction of Tobacco to India



Upendra Bhojani



This sketch depicts one of the imaginations about how Vasco da Gama, a Portuguese explorer, would have met Samoothiri (Zamorin), the Nair monarch and the ruler of Calicut (today's Kozhikode) in Southern India in 1498 on the former arriving in India first time through a sea route from Portugal. The Portuguese introduced tobacco, a plant originating in the Americas, to India. Tobacco's spread across the world is linked with the spread of colonialism. Tobacco, after initial restrictions, became popular in India. Soon, it got exploited as a commodity for transoceanic trade fuelling the colonial empire. Portugal, which introduced tobacco to the world, has proposed a legislation to severely restrict tobacco use and sales to raise a tobacco-free generation by the year 2040. India, on the other hand, is among the largest consumers and producers of tobacco in the world. Governments in India have taken several measures to reduce tobacco use in society to reduce tobacco-related harms and deaths. This sketch is based on a painting by José Maria Veloso Salgado in 1898 (out of copyright now).

# Poem: Pangs of Desire

Shyam Sundar K



With pangs of desire, for the elixir of my senses  
I woke up with shivers - *'Dear Alcohol, Here I come!'*  
I trembled my way to the elixir shop,  
Pulled towards it by a golden whop.



My wife cried a river,  
children gave a quiver.  
Though I see them perish in hell,  
I rather focused to relish my drink well.  
*'How will I miss out on the fun?  
This life is to binge and not just to run.'*  
*'My perfect time to quit will come'*  
I lied to myself and moved on with a thrum.



Days, weeks and even years passed,  
but the perfect time to sober, never once came.  
I threw up blood - red, red, red, and  
despite meds, I bled, bled, bled.  
Tummy bloated, and limbs went slender,  
I looked like a pufferfish that's about to thunder.

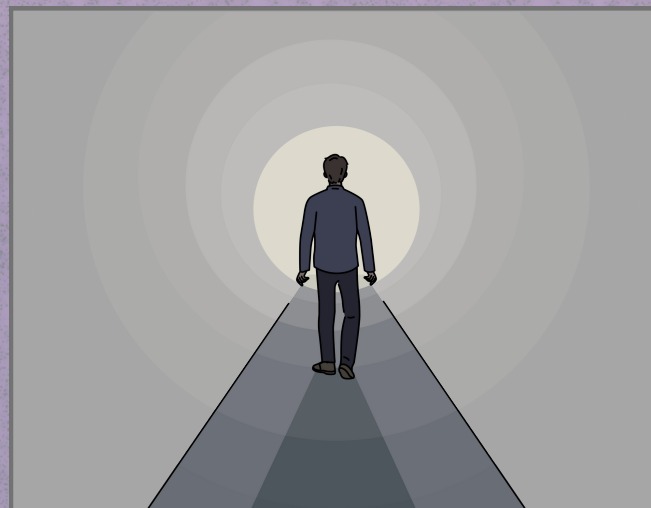
I heard voices all around...  
Doctor saying I might die  
Nurse pleading I could still try  
Wife stroke on my forehead, a streak of holy ash  
*'That I was soon to become'* I thought in a flash.



Voices, voices and voices all around  
Asking me to quit my elixir.



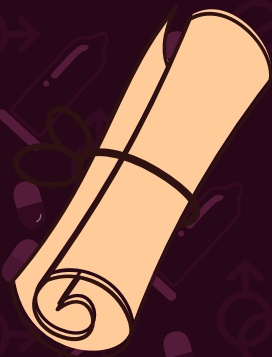
The rope of life hung above my head,  
*'To hold it and climb or miss it and drop dead?'.*  
My head was spinning in the wheel of past,  
in the blunders I made and battles I lost.  
Walls of change enclosed me as if I was passing through a never-ending  
tunnel  
from nowhere came a voice from inside me, and this time I chose to listen.



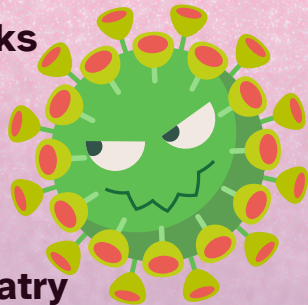
**Poem:**

# **On the nature of people and problems**

**Hemant Chaudhary**



I recall  
My deaddiction postings  
The walls stood cold  
With hushed conversations  
We pulled on our masks  
While Covid rolled



I was fresh for Psychiatry  
They taught us about some  
Chronic relapsing illness  
We listened  
Took a note  
The words bounced off

There were patients  
With nicotine fresh on fingertips  
Smoke swirling around the corners  
Alcohol ruled their mornings  
And gleeful shots were fired  
Into veins, leaving  
Bloodshot eyes  
Looking for the next fix  
With a painful plea



The admissions rolled in  
We talked and talked  
Circled back  
And talked  
Discharged them  
With confident cures

I followed up some  
In the OPD  
Over telephone  
Nodding heads  
Wishing cures  
From the olden days of medicine



Over the months, I learned  
As relapses felt like a norm  
Admissions, readmissions, record  
admissions  
I heard it again somewhere  
Chronic, relapsing illness  
I could feel the words hit home



## **APSI National Mid Term CME on “Enhancing Collaborative Care: Intersection of Addiction & Other Medical Illnesses”**



**Organised by:** Addiction Psychiatry Society of India and Indian Psychiatric Society, Odisha State Branch

**When:** 30 to 31 March 2024

**Where:** Shri Jagannath Medical College, Puri, Odisha

## **ADDICON 2024: Annual National Conference of APSI**

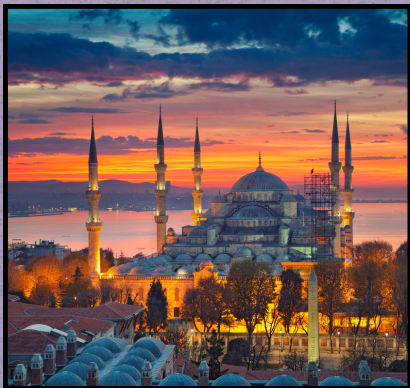


**Organised by:** Sher-I-Kashmir Institute of Medical Sciences, Srinagar

**When:** 3 to 5 October 2024

**Where:** Srinagar, Jammu and Kashmir

## **International Society of Addiction Medicine 2024 Congress**



**Organised by:** International Society of Addiction Medicine and Bağımlılık Psikiyatrisi Vakfı (Addiction Psychiatry Foundation of Türkiye)

**When:** 5 to 8 September 2024

**Where:** Istanbul, Turkey





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Share your Personal experience /  
Narrative / Painting / Poem



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**Links to the Addiction Psychiatry Society of India below**

