

LINE ON LIFE

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Aphrodisiacs *

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People in our culture tend to rely on drugs as short cuts to get what they want out of life – even in the area of sexuality. Over centuries, man has tried to find drugs that will enhance sexual performance. Has he been successful?

Unfortunately, **aphrodisiacs** *do not exist*. There are *no* drugs that directly cause an increase in sexual desire or activity. Even so, people continue to believe in aphrodisiacs. As with other legends (stories told as true) about sex, this believe reflects male fantasies or wishes. Sex legends depict men as "*having sex freely and guiltlessly with a variety of women.*" In aphrodisiac stories, men are able to transform "*nice*" women into wild, sex-mad, insatiable creatures by merely slipping Spanish fly into a drink. Supposedly, a man could "*have*" any woman he wanted. Men's magazines play into this fantasy with ads like, "*Placebo Aphrodisiacs: Authentic Potent Placebo. Turn Her on With Spanish Fly Powder!*" Although these "*miracle drugs*" are not advertised as **placeboes**, that is exactly what they are. If they work at all, it is only because the user *believes* they will work.

However, some drugs may release sexual inhibitions, trigger sexual desires you already have or improve sexual aspects of lovemaking. If we change the definition of aphrodisiacs to include these effects, some drugs – most obviously alcohol and marijuana – may be seen as aphrodisiacs. Rather than being a sexual "*turn on*," alcohol merely acts on the brain to "*knock out*" control mechanisms. With this change, you are likely to interpret your relaxed inhibitions as an increase in desire. In fact, all these drugs do is allow pre-existing tendencies – sexual or otherwise – to become more evident.

Alcohol is probably the best known and the most widely used drug taken to help sexual activities. Its effects are even noted in a classic line from William Shakespeare's *Macbeth*. When asked what drinking causes, a character replies, "*Lechery, sire, it provokes and unprovokes; it provokes the desire but takes away from the performance.*" This short statement announces both the beginning and the end of alcohol as an aphrodisiac. In small amounts, it reduces sexual inhibitions. In larger amounts, it leads to erection problems with men and lack of orgasm in women. Even in moderation, it may lead to temporary sexual problems.

Not only does alcohol knock out brain centers that inhibit sexual responsiveness, but it also dilates (opens up) surface blood vessels. This dilation allows more blood to come to the surface of the body, giving an experience of warmth and well being. However, it takes 45 minutes to two hours for all the alcohol to be absorbed. Inexperienced drinkers may drink too much before they feel the full effect – resulting in sexual difficulties.

The effects of alcohol on sexual functioning vary according to the amount consumed. After *small* amounts, women typically experience fewer inhibitions, feelings of warmth, increased desire, more enjoyment of foreplay and a better orgasm. Similarly, men are likely to experience a reduction of sexual inhibitions, increased desire, increased aggression, and less penile tumescence – their erection is not as firm.

After *moderate* amounts of alcohol, women tend to have fewer and less satisfying orgasms, less lubrication and need longer foreplay. Men need more time for foreplay and to achieve an erection, have trouble keeping an erection and have a less satisfying orgasm.

After *large* amounts of alcohol, women tend to be non-orgasmic and fail to lubricate. Men tend to experience erection or ejaculatory difficulties, unpleasant ejaculation and more aggressiveness.

As *alcoholics*, women might experience a lack of sexual desire, arousal or orgasmic difficulties or even infertility. Alcoholic men might suffer from a loss of libido (sex drive), erection problems, decreased testosterone levels and other problems.

Although alcohol might raise the level of desire by reducing inhibitions, *aggression* is also released. Alcohol is typically involved in rape. Psychological studies show that about half of the men convicted of rape were drinking immediately prior to the rape. The inhibition of their aggressive impulses – once released by alcohol – can lead to sexual hostility.

Marijuana also increases sexual pleasure for some people. Like alcohol, it reduces inhibitions. In addition, by distorting the perception of time, marijuana makes sexual sensations more prolonged and pleasurable. There is no scientific evidence that marijuana increases sexual drive, but there is some evidence that marijuana smokers have a higher incidence of erection problems than nonusers. Heavy marijuana users have both lowered testosterone levels and lowered sperm counts. Luckily, both testosterone levels and sperm counts return to normal, when marijuana use stops.

Unlike depressants like marijuana and alcohol, **cocaine** is a stimulant. Even so, cocaine knocks out the brain's control centers, which in turn loosen sexual inhibitions. Cocaine also creates a feeling of wellbeing, giving a great sense of sexual arousal and responsiveness. Among users, cocaine is reputed to increase erotic awareness during lovemaking by delaying orgasm – or making it impossible. Cocaine can become addictive. The desire for cocaine can become so strong that it overrides any sexual desire.

Crack or **freebase** is a form of cocaine that is inhaled in a smoke form rather than snorted as a powder through the nose. Crack is especially hazardous because of its high addiction potential and the intense effects it produces. Even though it first leads to a greater feeling of sexual well being, long-term consequences of crack include a complete loss of sexual desire. The desire for crack overrides every other concern.

MDMA or "*ecstasy*" is a psychoactive drug made from nutmeg. Although there is little research on MDMA, its short-term effects are widely known. About a half-hour after

taking MDMA, a person experiences an initial disorientation lasting about 15 minutes. Following this disorientation, the person begins to experience a great sense of openness or expansiveness – feeling more at ease, trusting and intimate. Sexuality becomes more enhanced by this sense of intimacy. This good feeling lasts about 2-3 hours. It is followed by a hangover lasting from one to three days.

Initial side effects of MDMA include blurred vision, nervousness, claustrophobia, nausea, irregular heartbeat, increased heart rate and high blood pressure. Beside these initial effects, the hangover effects mentioned previously may include exhaustion, inability to concentrate, headaches, depression and sleeplessness. Because MDMA depresses the immune system, it can allow infections to develop that would not even be noticed otherwise.

Spanish fly (derived from a beetle found in southern Europe) has an old – but false – reputation as an aphrodisiac. It is only effective in treating warts. As an aphrodisiac, Spanish fly is a disaster. Taken internally, it can inflame the urethra – the tube that empties the bladder. Taken excessively, it can cause serious illness or even death. At best, it can cause an erection, but not one accompanied by sexual desire. Spanish fly may cause a woman to rub her sexual organs, but this is because of the irritation to her urethra – not any sexual desire.

Unfortunately, because the use of drugs is so controversial, there is serious concern as to whether or not most studies are value-free. Even scientists are human. If they have extremely strong emotional feelings either way, they are more likely to notice only the results that go along with their point of view.

The only true aphrodisiac is an attractive, willing and available sex partner.

Testosterone, a hormone, is the only known substance that will actually raise sexual desire. It is produced in both sexes. At puberty, the testicles greatly increase their production of testosterone, so it is often called the "*male hormone*." Among men, additional testosterone will only increase sexual desire if there is an existing deficiency. With women, sexual interest may be raised a little by extra testosterone, even if she is already hormonally balanced. Generally speaking, however, if the lack of desire is not caused by a hormonal deficiency, more testosterone will not increase sexual desire.

Although erection problems can be related to psychological difficulties, sometimes it is related to a lack of testosterone. In a 1980 study, 37 of 105 men with erection problems were found to have low testosterone levels. With hormonal therapy to raise testosterone levels, 33 of these 37 men had their erection abilities restored. However, unless there is a lack of testosterone, more testosterone will not improve sexual functioning.

On the other hand, **anaphrodisiacs** are substances that are supposed to *reduce* desire. One of these, **saltpeter**, has been used in boys' schools and in the army to reduce sexual desires. However, saltpeter is only a diuretic, causing frequent urination. First, it was used to deal with physical fevers. From this, someone decided that it might also reduce "*sexual fevers*." Of course, if a guy is spending all of his time going to the bathroom, he probably won't be too occupied with sex.

Other drugs have unintended side effects that might reduce sex drives. Some women have less sex desire when taking oral contraceptives. Tranquilizers frequently depress the sex drive. Smoking – by lowering the testosterone level in the blood and constricting blood vessels – may also reduce sexual activity.

However, you should know that there is one true aphrodisiac – an attractive, willing and available sex partner.

* Adapted from Bryan Strong and Christine DeVault's *Understanding Our Sexuality*, West Publishing, 1988, pages 157-159.