

Chemsex Uncovered

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The Impact of Harmful Chemsex

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Conflicts of interest

Have received speaker fees from Gilead

Introduction

Sexual pleasure is a natural and meaningful part of what it is to be human

What is harmful chemsex?

- Chemsex is not always harmful
- Physical harm – prolonged sex
- Addiction and dependency
- Mental health crises
- Severe STIs and HIV
- Sexual assault and violence
- Loss of consent
- Criminality
- Death (underreported)



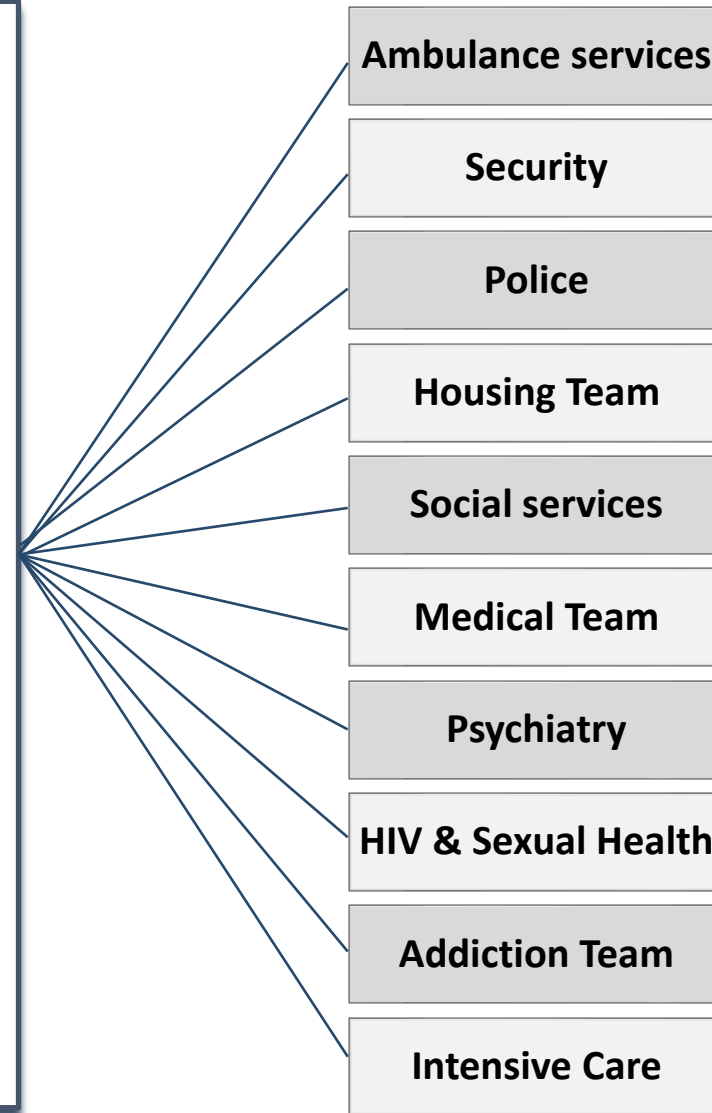
“Chemsex is a term for the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience.

Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs (also known as slamming). These practices can have an adverse impact on a person’s health and wellbeing.”

Public Health England (2015)

We noticed a problem at King's...

- Increased attendances at A&E and sexual health and HIV clinic settings due to **crystal meth and GHB/GBL related harm**
- **Meth induced psychosis**
- Exacerbation of pre-existing mental health conditions
- Sepsis
- Severe STIs – neurosyphilis
- Trauma
- Death
- Disengagement from HIV care
- Isolation and psycho-social collapse



6 week snapshot of chems related admissions

ETHNICITY	SEXUALITY	HIV STATUS	ENGAGED IN HIV CARE	OTHER STIS	SEX WORK?
Latin American	MSM	Positive	No	Syphilis	Yes
North African	MSM	Positive	Yes	Nil recorded	Unknown
Black Afican	Heterosexual	Positive	No	Nil recorded	Unknown
Asian	Undisclosed	Positive	No	Neurosyphilis	Unknown
White European	MSM	Positive	No	Syphilis	Yes
White British	MSM	Positive	No	Nil recorded	No
Unknown?	MSM	Positive	Yes	Nil recorded	Yes

Chems Related Admissions at Kings College Hospital

Aim

To evaluate the impact of “Chems” use in the London Borough of Southwark with a particular focus on People Living with HIV (PLWHV) and identity at-risk populations to inform future intervention strategy.

Methods

- Retrospective case note review over a 13-month period between November 2023 to December 2024
- Patients (n=177) were identified using ICD-10 codes pertaining to *“Intoxication”*, *“Recreational Drug misuse”* and *“Drug Induced Psychosis”*
- Eligibility criteria included documentation of current or historical use of one or more of the three key chems refining the data set (n=48)
- Data was collected on patient demographics, reason for admission, sexual health and HIV history, substance use and psychiatric history

Results

- **A total of 177 drug-related admissions**
- **48 (27%) were associated with the use of chemsex drugs**
 - Average age 43 years

25 (52%) of chemsex related admission had medical complications - reduced Glasgow Coma Scale (GCS) physical injuries, or general medical complaints such as infections

23 (48%) presented with psychiatric complications including psychosis, suicidal ideation or self-harm, and behavioural disturbances

HIV and Sexual Health in chems related admissions

25% of chems related admissions affected people living with HIV

50% disengaged from care

Average viral load 247,999 copies/ml

Average CD4 count 251 cells/uL

24% reported previous sexual assault

20% reported sex work

40% had previous STI treatment most commonly for syphilis

Psychosocial Intersectionality in chems related admissions

76 % had a concurrent mental health diagnosis

44 % had drug-induced psychosis requiring psychiatric admission

84% (21) of patients were unemployed at time of admission, many citing chems use as a contributing factor

**Depression
Personality Disorders
Schizophrenia**

**52% (13) reported unstable housing
A further 20% (5) reported street homelessness**

Conclusions

- Harmful chemsex is a barrier to providing optimal HIV care among GBMSM
- Threat to reaching Fast Track Cities 2030 targets
- Disproportionately impacts individuals with pre-existing intersecting vulnerabilities
- Leads to significant morbidity and mortality

What can we do?

- **Work with what you've got and work together** - reach out to third party organisations and addiction services
- **Educate**
- **Advocate**
- **Speak to patients, ask questions**
- **Coding and reporting**
- **Speak to commissioners** – this data led to local needs assessment
- **MDT – cross sector**
- **Community leadership and peer support**
- **Address stigma**
- Embed **routine, trauma informed, conversations** into our services



Developing local chemsex services

Drew Hawkinson
City & Hackney Public Health
City of London Corporation | London Borough of Hackney
Co-Chair, London Chemsex Steering Group

Conflicts of interest

I have no conflicts of interest

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1. Assessing need

It is difficult to estimate the prevalence of local chemsex activity

GUMCAD and local sexual health data

A&E data on GHB/GBL overdoses and acute psychosis

Mental health admissions for acute psychosis

Ambulance and police callouts

National Drug Treatment Monitoring System (NDTMS) data

30%

of GBMSM+TGNC in London have ever engaged in chemsex

30

ambulance callouts
a month

30

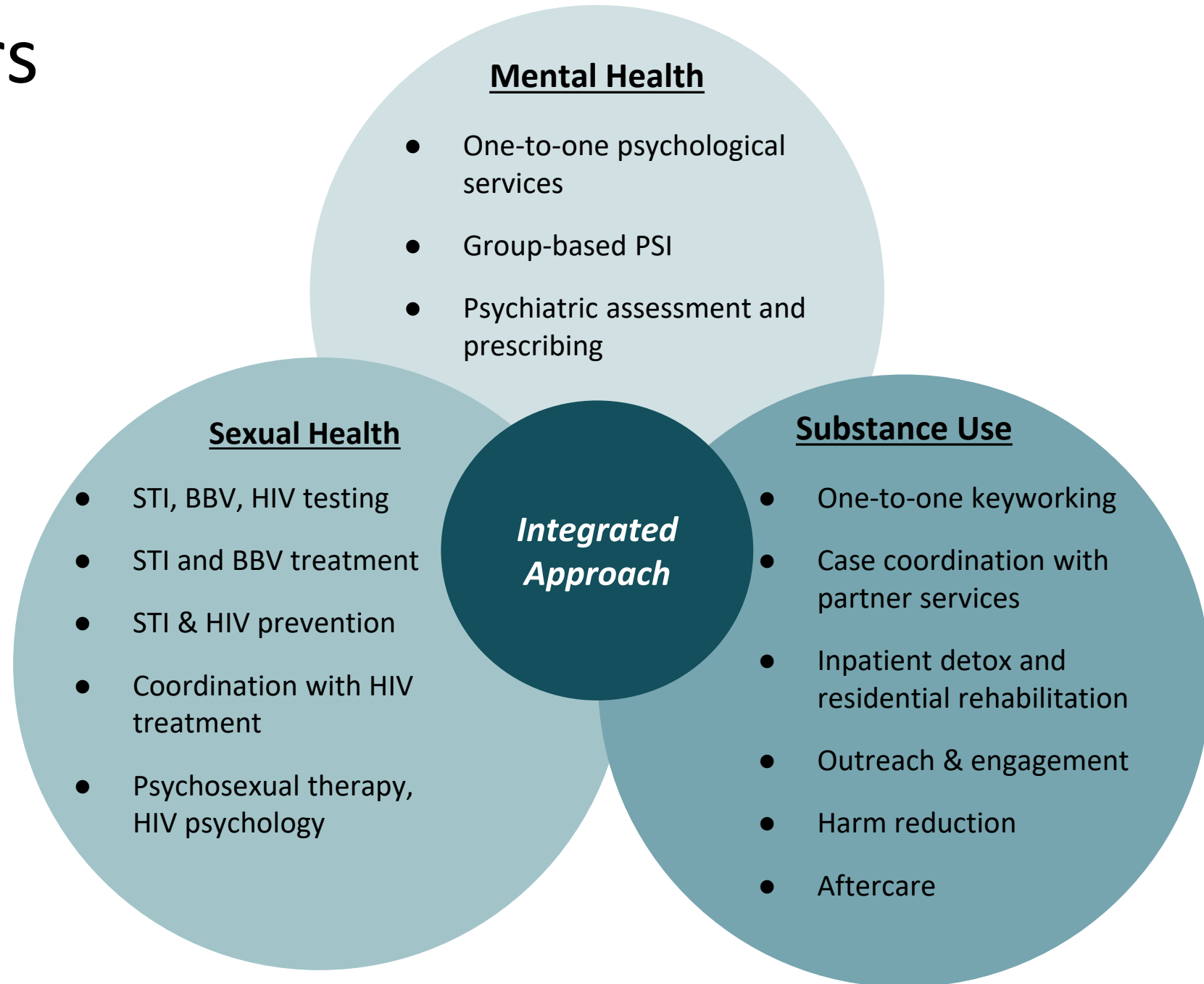
hospitalisations a
month

30

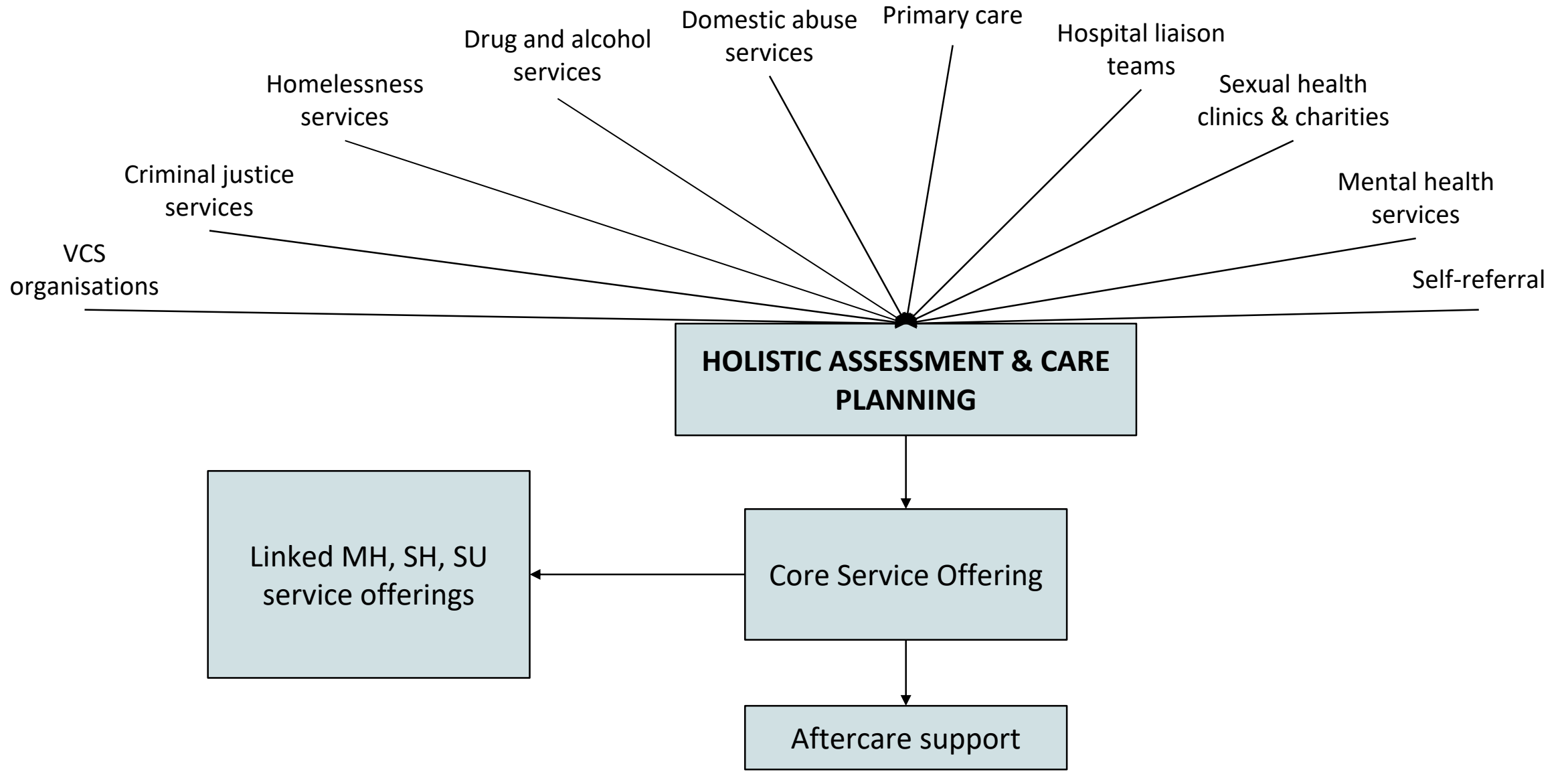
deaths a year

2. Aligning sectors

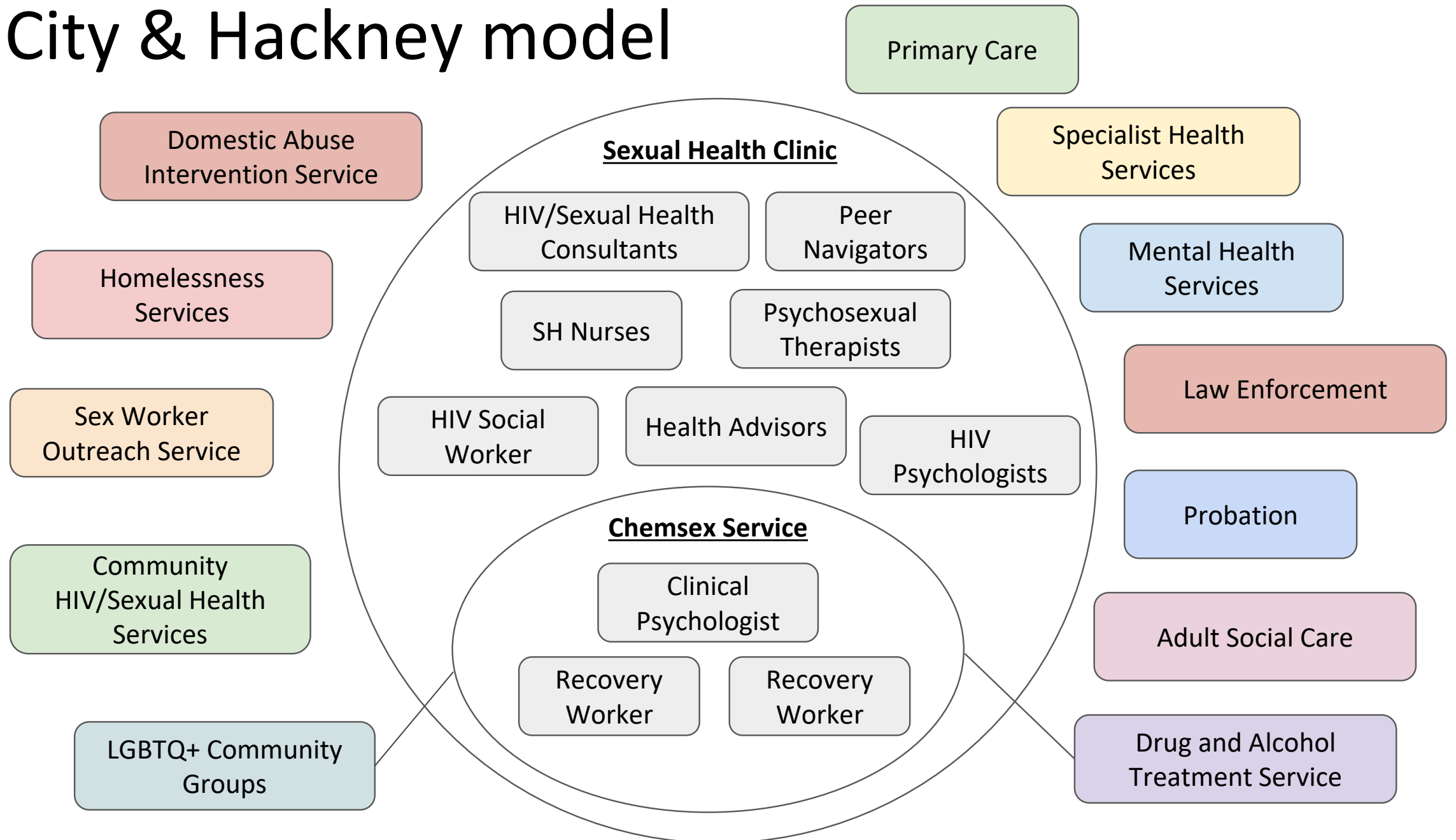
- Clearly delineated responsibilities
- Multidisciplinary team approach
- Colocated practitioners
- Holistic care planning
- Flexible pathways
- Group safeguarding
- Explicit cultural competence
- Sex-positive, trauma-informed, and person-centred



3. Operationalising the model



4. City & Hackney model



Community Approaches to Chemsex Support

Monty Moncrieff MBE, Chief Executive, London Friend

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Who are London Friend?

- LGBTQ+ health and wellbeing charity
- Direct services
 - Mental health; sexual health; drugs and alcohol
- Antidote
 - Psychosocial interventions; partnerships with drug treatment and sexual health services
 - Chemsex since 2008

Antidote services

- Founded 2002 within a drug treatment service
- Interventions rooted in drug treatment
 - Assessment; care planning; Motivational Interviewing; CBT; psychoeducational; psychotherapy
 - One to one and group interventions
- Cultural competence – “by and for” LGBTQ+
- Known barriers for LGBTQ+ people when accessing healthcare

2025 engagement

In 2025 London Friend was commissioned to undertake a chemsex needs assessment by the London Borough of Hammersmith & Fulham.

We worked with LGBT HERO to run a survey of LGBTQ+ people with a drug or alcohol support need.

We also ran a survey and a focus group for healthcare professionals working in the Borough, plus a focus group with Antidote clients.

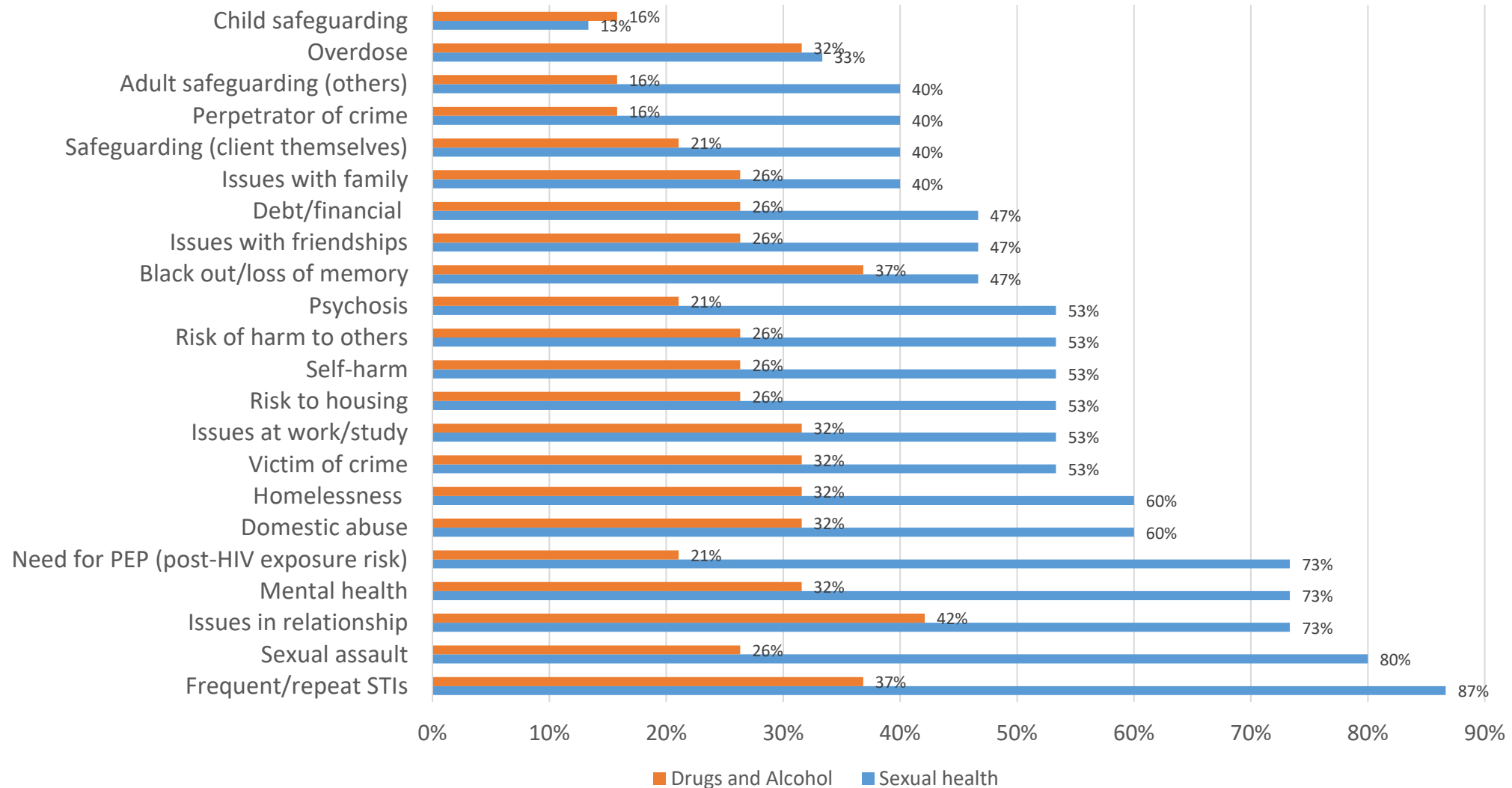
Concerns (survey)

- Mental health (73%)
- Using too much (66%)
- Dependence/addiction (65%)
- Physical health (62%)
- Impact on work (57%)
- Impact on social life (54%)
- Stigma/shame (43%)
- Risk of overdose (35%)

What would be helpful? (survey)

- Support from LGBTQ+ peers with lived experience – 85%
 - Mental health support tailored to LGBTQ+ needs – 77%
 - Non-judgmental and inclusive environments – 76%
 - Free or low-cost support options – 70%
 - Sex-positive, stigma-free service approach – 58%
-
- 72% said LGBTQ+ specific support was 'very important' (top of a 5-point scale)

Complex presenting needs



The Antidote approach services

- LGBTQ+ run – “by and for”, rooted within the community
- Staff and volunteers with lived experience
- Interventions addressing drug use, sexual health and behaviour, and mental health holistically
- New and adapted interventions
 - ChemCheck group
 - Real Chemistry workshops

The Antidote approach - funding

- Partnerships with mainstream drug treatment providers and sexual health clinics
- Subcontracted workers through lead providers
- Direct contracts for specific services
 - Drug treatment and sexual health budgets
- Grants for infrastructure
 - London wide work
 - Work that is not a statutory responsibility

Recommendations

- Increase provision of support and treatment delivered by and for LGBTQ+ people
- Co-locate more support in sexual health services
- Increase access to harm reduction information
- Develop LGBTQ+ peer support
- Increase training and professional development opportunities
- Improved alignment with mental health support
- Improved multi-agency care coordination

Contact & follow us

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- Instagram: [londonfriendlgbt](https://www.instagram.com/londonfriendlgbt)
- 50thbirthday.londonfriend.org.uk

A Public Health Approach to Chemsex

Helen Corkin

London Chemsex Steering Group and UKHSA
Fast Track Cities London Leadership Group
London HIV Prevention Programme Board
SwitchBoard

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Chemsex: What's needed & What You can do

UNDERSTAND A PUBLIC HEALTH APPROACH TO CHEMSEX & WHY IT IS USEFUL.

ILLUSTRATE WHY HARM REDUCTION AND INTEGRATED CARE ARE FOUNDATIONAL—NOT OPTIONAL.

HIGHLIGHT THE ESSENTIAL ROLE OF FUNDED STRATEGIES AND WORK AT EACH LEVEL.

Be Proactive!

- Champion **culturally competent** pathways in your services.
- **Build relationships** with community groups and cross sector partners.
- **Use the evidence we do have** (perfect is the enemy of good).
- Advocate for systems that treat **LGBT+ communities** and **drug users** with **dignity, nuance, and respect**.

Challenging Assumptions & Understanding Context

Chemsex & its spaces help some people negotiate intimacy & find community

- **Recognise diversity of experience:** to understand “*why chemsex is joyful and connecting for some; harmful and life disrupting for others*” (Hakim 2018)
- **Reflect on heteronormative and stigmatised assumptions** that shape how we may —as humans, professionals and institutions—view Chemsex and those engaged in it.
- **Challenge dominant paradigm** that views gay men’s drug use purely as: ‘*anti-social hedonism, reaction to internalised homophobia or a drive toward self-destruction*’
- Trans Chems users’ motivations may differ – chems dampen gender/genital dysphoria, helps navigate hormonal influence on Libido.
- **The search for intimacy, connection and autonomy** has evolved alongside **political, economic and spatial changes** in gay/queer life.
- **Assess Desire alongside Risk & re-centre Sex positive** approaches and **Gay male & Trans cultural norms**

Why this matters:

- **Public health seeks to educate about health; prevent and mitigate harm .**
- **Our assumptions influence assessment, care pathways, commissioning priorities and clinical risk perception.**

Understanding Chemsex: Beyond simple narratives

Start by understanding “why”, not only “what.”

Public Health England 's 2015 definition gives us a neutral starting point, but we must go further.

Chemsex is shaped by:

- Context: community norms, spaces, technology, stigma
- Identity: sexuality, minority stress, historical pathologisation
- Intention: connection, confidence, pleasure, coping

A culturally competent approach must avoid reproducing:

- Homophobia, moralisation, pathologising narratives
- “One size fits all” assumptions from heteronormative criminal justice and drug services.
- Judgement - effective public health requires curiosity and empathy.

Why Public Health?

Chemsex sits within wider health inequity — the World Health Organisation model (WHO) helps us respond holistically.

*A public health approach gives us a **structured, evidence-based way forward.***

Using WHO programme principles, we can:

1. Understand **risk and vulnerability** (structural, social, individual).
2. Recognise health inequities linked to **stigma, criminalisation and minority stress.**
3. Address chemsex within wider **sexual, mental, and social wellbeing** frameworks.
4. Focus on **population-level interventions** that are culturally competent and grounded in community insight.
5. Build systems that are **preventive, integrated and sustainable**, not crisis-driven.

Harm reduction keeps people alive, connected, and able to access care.

Harm reduction is both:

- **A practical toolkit** (safer injecting, safer sex, overdose prevention, peer support).
- **A philosophy:** meeting people where they are, not where systems wish they were.

With a strong evidence base across substance use, medicine, HIV prevention, and sexual health. It:

- Improves engagement
- Reduces morbidity and mortality
- Enhances trust and service retention

Chemsex Harm Reduction acknowledges pleasure, coping and agency — key to designing interventions that people will actually use

Integrated care is not optional for Chemsex work—it is the intervention

Chemsex Harms span physical, psychological, and structural domains and cannot be addressed by any single sector.

A comprehensive response requires collaboration across:

- * Sexual health * HIV services
- * Substance use treatment * Mental health services
- Community and VCS organisations (who have been leading this work for years)

Why integration matters:

- Chemsex involves sexual health, drug use and psychological wellbeing simultaneously.
- Siloed commissioning = fragmented care and missed opportunities.
- Dual diagnosis and siloes create ongoing barriers
- Collaborative pathways allow earlier intervention, continuity, safety and shared learning.

Population level data remain patchy, which impacts commissioning — *though we do already know enough to act.*

A Public Health Approach Wishlist

- **Paradigm shift:** Move from moral panic & criminalisation toward neutral, evidence-based professional stance.
- **Holistic approach:** Address physical, mental and social determinants of health.
- **End commissioning silos:** Integrate planning/delivery of Sexual Health, Drugs & Mental Health services.
- **VCS leadership:** Recognise and fund community organisations who already lead much of this work.
- **Culturally competent practice:** Support Chemsex participants to access information and care without judgement; ensure services are safe, inclusive and relevant.
- **Ongoing research:** Develop, refine, and evaluate interventions; best practice through continuous learning.
- **WHO sexual health programme model:** Framework for strategic, whole-system public health responses.
- **Action plan:** To improve harm reduction, service provision and data collection for positive, evidence-based action on Chemsex

Safe access saves lives.



Harm reduction first

People must feel safe to access information and services.



Affirming & evidence-based

Chemsex responses must be grounded in evidence and cultural humility, not stigma.



Community-informed

Design with communities, not for them.

This is achievable.

It improves health, save lives, and money .

Learn more

Scan for resources & the Chemsex Conference (October)



Acknowledgements & Thanks

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Alex Dymock , Maurice Nagington *for the cross-disciplinary
challenges & conversations*

Chems users , VCS , LGBT+ community & Switchboard

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- **London Chemsex steering Group review 2026**

Link to presenters' slides and further resources



[www.londonfriend.org.uk
/bbconference2026](http://www.londonfriend.org.uk/bbconference2026)