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# Let's Look After Each Other:

## Chemsex Among Gay and Bisexual Men in the UK

A REPORT BY LGB ALLIANCE



LGB Alliance is the UK's only charity working exclusively for lesbians, gay men and bisexuals and we believe the mental and sexual health of gay and bi men has been neglected. Our call is to ensure that our health and well-being becomes a high priority. This is why we are drawing attention to one ongoing concern about our health: chemsex.

Sexualised drug use is believed to be having a significant impact on the physical and mental health of gay and bisexual men. We commissioned a rapid evidence review to determine what the existing literature could tell us about the causes and consequences of this escalating public health crisis. This report summarises the key findings of that review and explains what must be done to address the problems arising from chemsex and to better support gay men.

### **What is chemsex?**

Chemsex is a specific form of sexualised drug use among gay men. It typically involves extended periods of sex with multiple partners during which participants take drugs such as crystal methamphetamine and GHB/GBL (often referred to as 'G') immediately before or during sex to enhance and prolong the sex for hours or even days (*Hillier et al, 2024*). Crystal meth is a hardcore stimulant which causes the release of dopamine and serotonin. It can increase the intensity of sexual experience, but it is also addictive, can cause paranoia and psychosis and is associated with aggressive behaviour. (*College of Policing, 2024*). GHB/GBL are sedatives which are used as muscle relaxants alongside crystal meth. They present the biggest challenge as they are associated with fatal overdoses and can be used to facilitate sexual assault.

Chemsex activities mainly happen in people's homes but may also take place in gay saunas and gay sex clubs. They are usually organised through hook-up apps like Grindr and Scruff (*Naulls et al., 2025*).

## Issues arising from chemsex

### SEXUALLY TRANSMITTED INFECTIONS

Previously, research into chemsex focused on HIV and other sexually transmitted infections (Kirby and Thornber-Dunwell, 2023). The introduction of PrEP in the past decade has contributed to decreasing rates of HIV and Hepatitis C among gay and bisexual men (Hibbert et al., 2020). There is a concern that PrEP has led to higher engagement in sexual behaviours which may increase the risk of contracting other sexually-transmitted infections, including in the context of chemsex (Traeger et al., 2018).

Risky sexual practices such as unprotected anal sex and fisting are associated with a higher risk of sexually transmitted infections and are common in chemsex settings. (Coronado-Munoz et al., 2024). There was a significant rise in chlamydia, gonorrhoea and syphilis diagnoses among men who have sex with men in the latter half of the 2010s (Public Health England, 2018).

*"I was at Snax [annual fetish party at Berghain in Berlin]. I'd met up with this really sexy guy. Big and muscly. We went into the sort of play area where there were slings. I got into the sling and he started playing with me, playing with my ass and dick. It was fun. He was sexy, but then I started passing out. I'd taken too much G. Next thing I come around and the man has gone. I realise that he had been fucking me while I was unconscious. I was completely freaked out (this was before people had started using PreP [pre-exposure prophylaxis], or even widespread use of combination therapy).*

*The next day I went to the hospital in Berlin and asked for PEP (post-exposure prophylaxis) but the doctor wouldn't give it to me because I didn't know for certain that the man who'd fucked me was HIV+.*

*And then back in London I discovered I was HIV+. I'd always been so careful before."*

Anonymous gay man

### DEATHS

The College of Policing estimates there are three chemsex-related deaths a month in London alone (College of Policing, 2024). Most of these deaths are related to the use of GHB/GBL. Both acute toxicity from 'G' use and the withdrawal from using it can be fatal. 'G' use can also cause unconsciousness, placing users at risk of coma, overdose and death. This unconsciousness can also make users more vulnerable to rape and even murder.

*"I lived with X at the time. He was such a lovely man. So generous and so positive. But he found it hard to get out of the partying habit. Never had a boyfriend; instead, quite often he would go out clubbing, get high at the club and bring boys back to the flat for a chill-out. This meant, the men would take off their clothes, keeping their underwear (or X would lend them speedos). Sexy men wandering around almost naked. Always sexually charged atmosphere. People would then take more drugs. Usually G (either GHB or GBL). It wasn't carefully dosed, I guess. Every now and then people would disappear into the bedroom to fool around, have sex. Sometimes they'd have sex or start getting off with each other in the main room. People would be having a laugh. Dancing, chatting, putting on wigs. But it was always about getting high and sex.*

*Someone must have given X too much G. Easy to do. He had this pipette and the usual dose was 1.5ml in a glass of fizzy drink or something like that. Then you'd have to wait at least an hour before taking another dose. But people often didn't wait. It was all just so silly, such fun, sexy fun. And then it wasn't. You're not supposed to drink alcohol with it, either. X knew that so I don't think that's what did it.*

*I wasn't there, but I heard afterwards that the moment they realised there was something wrong with X, they all left. Most of them were in the country illegally and didn't want to get caught up in anything. They couldn't get him to come round so they just left him. Someone called an ambulance, but he was dead when it arrived.*

*It's the saddest thing I've known. I miss him so much."*

Anonymous gay man

*"A was a handsome, fit young man. Bright, cheery and always friendly. He was single at the time, and was enjoying being able to play the field a bit. It wasn't really characteristic of him, but he thought he should experiment. So he said yes when invited to a sex chill-out at the flat of someone he met at a club. There were lots of sexy blokes there, all high (mainly on G). They were dancing around in their underpants, getting off with each other, some fooling around sexually. When A walked through the door the host gave him a glass of CocaCola with G mixed into it. A drank the whole lot, not realising that the glass contained several doses of G, not just one.*

*The host noticed him become dizzy and start passing out. Realising there was something not right, he called a cab and put A into it, telling the taxi driver where he lived. A died in the taxi on his way home."*

Anonymous gay man

## CRIME

Research around chemsex has shifted its focus in recent years from HIV and other STIs to victimisation and crime associated with chemsex. The drugs typically used in chemsex are now more accessible and are linked to serious and complex mental and physical health issues. Drug support services and police and probation services are very concerned about the increased use of GHB/GBL to commit sexual and other crimes (*Kirby and Thornber-Dunwell, 2023*).

According to the College of Policing report (2024), His Majesty's Prison and Probation Service (HMPPS) data revealed there were over 600 chemsex-related convictions in that year's conviction cohort. Metropolitan Police Service (MPS) data showed chemsex-related offences increased from 19 in 2018 to 363 in 2023. Over 30 police forces outside London have sought support from the MPS specialist response to chemsex.

Mental Health and Psychosocial Support (MHPSS) studied 174 offenders in the chemsex context and found that 6.5% had been perpetrators of fatal violence (*Shell, 2022*). We also know that sexual assault can be common in chemsex settings. GHB/GBL is sometimes given to victims without their consent or in larger doses than expected, which can incapacitate them increasing the ease with which they can be victimised sexually or otherwise (*Connolly et al, 2025*). It is possible that violence in the chemsex context may not always be understood as violence, assault or rape.

Other crimes which can happen in the chemsex context include blackmail, sharing and viewing indecent images of children, intimate partner violence, sexual slavery and organised drug crime.

Many gay and bisexual men still feel shame about their sex lives and maintain a high level of secrecy. This may be a driver towards chemsex, which also brings its own secrecy and shame. This shame can discourage men from admitting they have attended a chemsex party, and possibly been victimised, so crimes in the chemsex context often go unreported.

## MENTAL HEALTH ISSUES

Chemsex can bring with it a series of mental health issues. Mental health problems are often precursors to, as well as consequences of, problematic drug use in the chemsex context. This creates a vicious cycle - mental health problems drive gay men to engage in chemsex, which then exacerbates the existing issues and may even create new ones.

Addiction is a considerable risk for those engaged in chemsex. GHB/GBL can lead to physical dependence within as little as seven days of consistent use (College of Policing, 2024), while crystal meth has a higher relapse rate than other drugs (Kirby and Thornber-Dunwell, 2023).

Psychotic symptoms are a common result of crystal meth overdose (College of Policing, 2024), while anxiety and depression are common in those who have sex under the influence of psychoactive substances (Brunt et al., 2024). Again, it is a vicious cycle where anxiety and depression can drive men to chemsex, only for the chemsex to exacerbate the anxiety and depression.

Chemsex can also have a wider impact on men's social and professional lives. The time which chemsex takes up (some chemsex parties last for days, and some men go to a lot of them) can lead to lost friendships and relationships, and have a negative effect on men's careers (Bourne et al., 2014).

*"Z was a gentle and beautiful man. Israeli. He talked about how, after some years in London, he would return to Tel Aviv where gay men often paired up with lesbian couples to have kids. He was excited that this future waited for him after he was done partying in London's gay scene.*

*But it all collapsed for him when he discovered he was HIV+. This had happened because of a druggy hook-up. He'd been fucking a man using a condom but they were both high and after Z had cum, the bloke took the condom off and sat on Z's cock. Z pushed him off and found that his cock was covered in blood. He was pissed off but didn't think much of it.*

*But when he next tested, he discovered he was HIV+. He was inconsolable, not because he feared for his life and health, but because his dream of going back to Israel and having his own kids with lesbian friends was no longer feasible. I told him that he could get his sperm 'washed', or that there were ways that an HIV+ man could still conceive a child, but he wouldn't listen.*

*He then disappeared socially and I discovered that he'd started going to sex chill-outs every weekend, taking crystal meth combined with G. They say it's a dangerous combination as indeed it was; Z died while at a sex party, having taken too much. He simply stopped breathing."*

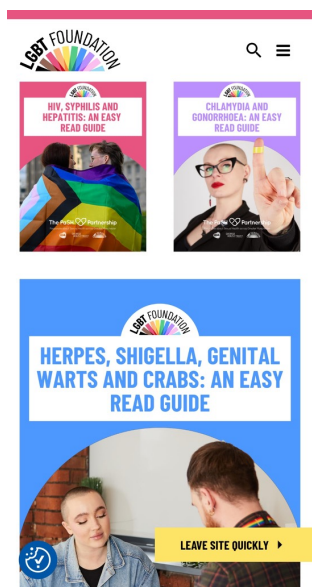
Anonymous gay man

## WHO DOES THIS AFFECT?

Chemsex participants are often men in their 30s and 40s or older (*College of Policing, 2024*). They typically live in densely populated areas like London and Manchester (*Schmidt et al., 2016*) and span a wide range of professions. They are typically experienced drug users (*Bourne et al., 2014*) and have often engaged in prior high-risk sexual behaviour, including unprotected sex with multiple partners. The men engaged in these practices are already vulnerable to mental health issues and may turn to chemsex as a way to escape stigma and social and psychological distress. These men can end up becoming criminals, as evidenced by the massive increase in chemsex-related offences which resulted in over 600 convictions in 2024.

## RE-GAYING OUR HEALTH

At LGB Alliance we can see that the infrastructure that existed to promote gay men's health has largely disappeared. The organisations that were set up to fight the HIV crisis were based on the belief that gay men speaking to other gay men was the most effective way to protect our community. But those organisations, such as Gay Men Fighting Aids (GMFA) have lost their focus to become "LGBTQIA+" organisations instead. Whilst widening the net of support may be a laudable ambition, practically speaking that means the specific, targeted support that gay men could rely on no longer exists.



Directing healthcare messages towards a heterosexual audience is not new. Following a period in which the major HIV organisations and the government preferred to suggest, falsely, that HIV was affecting everyone equally, the early 1990s was labelled the period of “re-gaying” the HIV response. It was an important development that reminded gay men that the risk had not moved on. It took a concerted push, using the best evidence, to restart that vital work with gay men. We need to re-gay organisations again. Gay men have specific health needs which differ to heterosexual people. Organisations, such as the “LGBT Foundation” which use images of women on all of their sexual health leaflets present a false picture of the need.

The Terrence Higgins Trust, set up to support gay men at the height of the AIDS crisis uses an image of a heterosexual couple in its HIV campaign.



## **WHAT WE NEED TO DO**

As gay men, we enjoy sex. It is an important part of our relationships but we are also open to sex with strangers, friends with benefits and sometimes in groups. We need to ask ourselves whether we are using it to address low self-esteem, isolation and loneliness. When we are using sex as a means to address isolation and make us feel better about ourselves, we may not always make the best decisions.

The chemsex scene has grown in recent years and thousands of us have experienced it once, occasionally or regularly. As with all sex, we need to make decisions that are good for us and, if it becomes compulsive or takes over our lives, we should try to address the problem. In gay men's health, we take a harm reduction approach. We want all gay men to be in control of their sex lives, to make healthy choices and to protect their sexual partners.

## **LET'S LOOK AFTER EACH OTHER**

As a community, gay men are stronger when we care about each other. We continue to face negative attitudes, especially when we are young, and continue to face stigma for who we love. Gender identity ideology has started to cast gay men as a privileged group and is even denying our history in the HIV crisis and the fight for gay rights. Our community is weaker than it has been for decades and many of the groups and support networks we could rely on have disappeared. LGB Alliance wants to help rebuild the gay community and the sense of love and solidarity between gay men. We should be proud of ourselves, our love for men and our community.



## RECOMMENDATIONS

### **The Government and NHS Trusts must reprioritise gay men's health**

To do this the Government must:

- **Disaggregate the LGBTQ+ acronym**

Gay men's health organisations have largely become LGBTQ+ organisations, with a huge shift in focus towards championing 'trans' healthcare. The healthcare needs of gay and bisexual men must be considered as distinct from lesbians, trans people and from those with a range of identities, many of them heterosexual, which are covered by the queer + labels.

- **Collect accurate data**

The collection of data relating to the health of gay and bi men, specifically, has stalled as organisations sought to be 'inclusive'. In practice, including those who are not gay or bi but who may identify as such, renders the data ineffective.

- **Increase targeted funding**

Sexualised drug use predominantly affects gay and bi men. It is vital that the Government and the NHS recognise this and focus their attention on addressing this issue amongst those most impacted by it.

Funding should be directed towards gay men's health organisations working to address issues around chemsex, and other issues, that specifically affect gay and bi men. Ministers and Trust officials should be wary of organisations that purport to support gay men but direct funding towards TQ+ issues, such as so-called 'gender-affirming care'. A focus on 'trans' healthcare can actively work against gay men's interests and needs.

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## **How you can help**

Send this report to your MP and to your local NHS Trust

The Government and the NHS need to know about the impact chemsex is having on the lives of many gay men. By raising this with your MP, you can increase their awareness of chemsex and how it affects their gay constituents. Your MP can then raise this with the Government, which can bring about policy change. The NHS needs to know as they will be treating those whose physical and mental health are affected by engagement in chemsex.

## **Get in touch**

We would like to hear from you. Your stories about your encounters with chemsex or how men you know have been affected by it will be really helpful in increasing our understanding of this phenomenon and making other men aware of it. We also want to know what more we can do to help those same-sex attracted men who are struggling with their mental health and, in some cases, turning to chemsex. You can contact us at **[contact@lgballiance.org.uk](mailto:contact@lgballiance.org.uk)** to tell us your stories and express your thoughts on this.

## **Support each other**

Do you know someone who is negatively affected by chemsex? It might be a good idea to check in with them to see how they are doing. There are resources below which could be helpful for them.

## **Resources**

**<https://lgballiance.org.uk/info-sheets/>** - You can find more information about chemsex, mental health, and other issues affecting gay people in our info sheets on our website. You can also find a blog about chemsex on our website here: **<https://lgballiance.org.uk/chemsex-a-supporters-experience/>**

**[controllingchemsex.com](http://controllingchemsex.com)** - Controlling Chemsex aims to support those struggling with chemsex, to help them take back control and improve their physical and mental health. They have many support services available on their website.