LGB Alliance Submission of Evidence for the LGBT+ health evidence review to the Equality and Health Inequalities Hub
27 August 2025

This scope of evidence review seeks to understand the following:

- Barriers to healthcare for LGBT+ people
- Inequalities in access, experience and outcomes
- Evaluated solutions and best practice

Introduction

This submission is made on behalf of LGB Alliance. LGB Alliance is an organisation made up of and representing lesbian, gay and bisexual people exclusively. We are therefore almost unique in the United Kingdom because we believe that sex is real, binary and immutable. Our position as sex realists is especially pertinent in a medical setting where erroneous notions of 'gender identity' or 'gender expression' can confuse public health officials and clinicians and disrupt the provision of appropriate care to the detriment of our communities.

We welcome the intention of this review to disaggregate data and approaches between the different groups combined into the current list of initials "LGBT+" and other variations. The needs of lesbians are entirely different to heterosexual cross-dressing men. The health profile of gay men has nothing to do with the many other groups included in the "+". However, we point out that current data is extremely corrupted by the approach of many NHS bodies to record gender rather than sex. Heterosexual women who consider themselves "queer" or call themselves gay men should not be included in the data for homosexual men. We strongly endorse Professor Alice Sullivan's Independent review of data, statistics and research on sex and gender and its recommendations that biological sex should always be recorded accurately. We also note the Supreme Court ruling in For Women Scotland that the Equality Act puts a duty on public bodies to interpret "man" and "woman" only as in terms of biological sex. We fear that great damage has already been done and a lot of data should be regarded as corrupted.

Similarly, the provision of services and the targeting of health promotion messages have to be different for lesbian, gay and bisexual people than for the many other identities which have attached themselves. We do not oppose people with gender dysphoria receiving evidence-based care. We object to having to share services with inappropriate and very different groups and for health promotion messages to be made meaningless through the use of gender identity ideology.

For this review, we welcome the opportunity to contribute to an evidence review into an area of the highest importance to gay and bisexual men. If you have any questions regarding our response, please contact steven.young@lgballiance.org.uk

Why we are interested in this evidence review?

Chemsex represents an escalating public health crisis impacting gay and bisexual men. Specialist organisations which would once have provided appropriate services and support to gay and bi men have become "LGBT+" organisations and cater to a much broader, and ever-expanding, audience. Few specialist providers remain. We will show that the health and wellbeing of gay and bisexual men has become neglected as a consequence and illustrate the profound consequences of that neglect.

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).

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).

- Barriers to healthcare for LGBT+ people

Here we will look specifically at the barriers to healthcare for gay and bisexual men.

The rise in Chemsex is happening against a backdrop in which the infrastructure that existed to promote gay men's health and well-being has 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. However, organisations such as Gay Men Fighting Aids (GMFA) have changed their focus and become "LGBTQIA+" organisations.

The pivot in focus of organisations that formerly supported gay and bi men is clear. The Terrence Higgins Trust leads its HIV campaign with an image of a heterosexual couple.

The "LGBT Foundation" shows images of women on all of its sexual health leaflets despite it being clear that gay men have a greater need for support. The provision of single-sex services for gay and bi men who are engaged in, or concerned about, chemsex has disappeared.

Men are not accessing services which they do not perceive to be designed to meet their specific needs. In addition, men who understand that sex is real, immutable and binary can be fearful or uncomfortable accessing organisations which prioritise 'gender expression' over sex and may be hostile to their views and, by inference, to their lifestyle.

- Inequalities in access, experience and outcomes

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.

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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 off, 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
Let's Look After Each Other Report, LGB Alliance 2025)

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 TelAviv 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
Let's Look After Each Other Report, LGB Alliance 2025)

- Evaluated solutions and best practice

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

Gay men's health organisations have largely become LGBTQ+ organisations, with a huge shift in focus towards 'trans' healthcare. As such, gay men are ill-served by these organisations. Sexualised drug use predominantly affects gay 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. Treating this as an LGBTQ+ issue will cause confusion and will not help the vulnerable gay men who are being harmed. While men who call themselves 'trans' may be affected by chemsex, they are being affected because they are gay men engaging in sexualised drug use with other men.

Funding should be directed towards gay men's health organisations working to address issues around chemsex, along with other matters that specifically affect gay men.

Ministers and Trust officials should be careful of organisations that fundraise off the backs of gay men, but focus their funding and efforts on TQ+ issues, such as so-called 'gender-affirming care'. Not only do these organisations end up not working for gay men, a focus on 'trans' healthcare can actively work against gay men's needs.

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