

LONDON
FRIEND

LGBT HERO
FOR HEALTH. FOR RIGHTS. FOR HAPPIER LIVES.

**LGBTQ+ SERVICES
FOR DRUGS AND
CHEMSEX IN
LONDON
REPORT**





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Introduction

LGBT HERO worked with London Friend to investigate and understand the needs of the LGBTQ+ community in London when accessing support services for substance use and chemsex.

Context

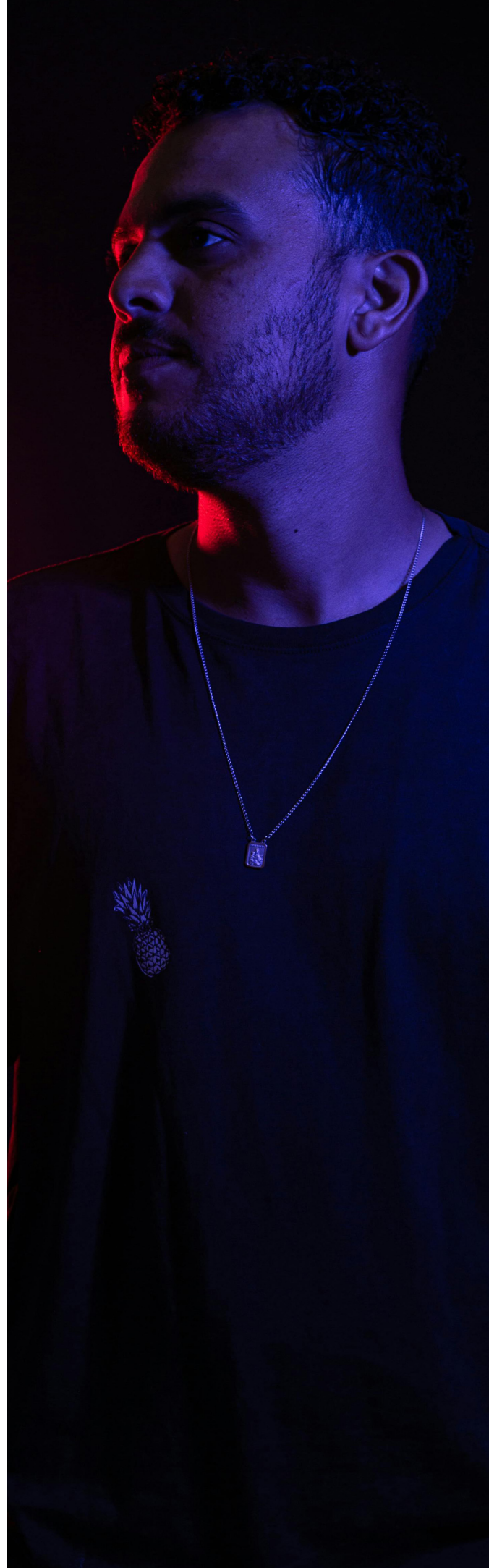
Chemsex can be defined as sexual activity mostly between men while under the influence of drugs, often taking place with one or multiple sexual partners, and chemsex has long been recognised as a significant public health issue within London's LGBTQ+ communities, particularly among gay, bisexual, and other men who have sex with men.

It sits at the intersection of sexual culture, drug use, mental health, and wider structural inequalities, including discrimination, social isolation, and unequal access to healthcare.

For some, chemsex is experienced as a form of connection or coping; for others, it becomes associated with escalating harm, dependence, and deteriorating mental wellbeing.

London is home to several specialist services responding to chemsex and drug use, including LGBTQ+-specific organisations, sexual health clinics, and statutory drug and alcohol services. Programmes such as Antidote, Controlling Chemsex, and NHS and local authority pathways play a crucial role in providing harm reduction, counselling, and recovery support. However, provision varies significantly by borough, and demand consistently exceeds capacity.

This report brings together what we found: the challenges, the needs, and the hopes LGBTQ+ people have for substance and chemsex services in London. It also includes practical recommendations to help shape the future of chemsex services for LGBTQ+ communities across the city.





EXECUTIVE SUMMARY

Chemsex remains a significant health inequality for LGBTQ+ people in London, shaped by intersecting factors including trauma, shame, loneliness, stigma, and ongoing mental health distress. While many LGBTQ+ people access drug and chemsex support services, some cannot access the support they need, and the harms linked to chemsex continue to affect parts of the community.

This report draws on survey responses from 334 LGBTQ+ people to map current patterns of drug use and chemsex involvement, explore key harms and barriers to support, and identify what people say they need from future services. Together, the findings provide a clear and timely picture of an issue that requires sustained, targeted, and culturally competent action.

Overall, the findings reveal high levels of chemsex and drug use, widespread concern about harm, significant barriers to accessing support, and a strong demand for LGBTQ+-affirming, mental-health focused, and peer-led services. These patterns reflect deep structural gaps across London's current provision and highlight the need for intentional, coordinated system-level change.

While the survey is self-selected, the consistency and strength of responses indicate a clear and widespread need for improved, accessible support across London.

Key findings

High prevalence of drug and chemsex use:

- 78% used drugs in the past 12 months
- 69% used substances specifically for chemsex.

High levels of concern about harm: Among recent drug users, 79% were worried about their use.

Common concerns included:

- Mental health impact (73%)
- Overuse (66%)
- Dependence (65%)
- Physical health risks (62%).

Strong demand for LGBTQ+-affirming care:

- 72% said LGBTQ+-friendly support was very important
- Support from LGBTQ+ peers with lived experience was the top-rated need (85%).

Mixed but generally positive experiences with support:

- 18% rated services as excellent
- 35% very good
- 31% fair
- 16% poor or very poor.

Barriers remain significant:

- Waiting lists (41%)
- Limited number of sessions (35%)
- Financial barriers (31%)
- Not knowing what support to seek next (28%).

Large group not accessing help at all: Among people using substances in the past year:

- 41% had never sought support
- 55% felt they could manage alone
- 33% did not view their use as a problem
- 24% did not want to stop.

Clear expectations for improved support: Respondents favoured services that are:

- Delivered by LGBTQ+ peers
- Non-judgmental and inclusive
- Informed by mental health expertise
- Sex-positive, stigma-free, flexible, and affordable.

Across the survey, several patterns appeared again and again. The lists below summarise the top concerns people reported, the barriers they faced, and what they most want from future support.

<p>Top 5 concerns (from recent users):</p> <ul style="list-style-type: none"> • Mental health impact – 73% • Using too much / overuse – 66% • Dependence or addiction – 65% • Physical health risks – 62% • Impact on work / functioning – 57% 	<p>Top 5 barriers to accessing support:</p> <ul style="list-style-type: none"> • Waiting lists – 41% • Limited number of sessions – 35% • Travel/distance to services – 34% • Financial barriers – 31% • Not knowing what support to seek next – 28%
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<p>Top 5 desired service features:</p> <ul style="list-style-type: none"> • 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%
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BACKGROUND

In October 2025, London Friend partnered with LGBT HERO to conduct a survey exploring how LGBTQ+ people in London experience support around drugs, alcohol, and chemsex.

Chemsex has long been recognised as a significant public health concern in London, shaped by complex intersections between sexuality, stigma, mental health, and community. While services such as Antidote, Controlling Chemsex, and various NHS and local drug treatment pathways exist, provision remains uneven across boroughs and demand continues to outpace capacity, leaving many LGBTQ+ people without timely or appropriate support.

This survey captures experiences across a diverse cross-section of LGBTQ+ people. It examines:

- drug-use patterns and contexts
- concerns related to harm
- service access and quality
- barriers to engagement
- preferences for future support.

The findings offer up-to-date insight into community need and service gaps, providing evidence to inform future service design, commissioning, and investment.

About the survey

- Total respondents: 334 LGBTQ+ people
- Target audience: LGBTQ+ people with experience of drug use and/or chemsex in London
- Content areas: Demographics; recent and historical drug use; concerns about harm; support-seeking; experiences of services; barriers; and preferred types of support
- Geography: London-focused, though 32% currently live outside London, reflecting the regional draw of London's LGBTQ+ scene and services
- Survey type: Self-reported and voluntary.

The survey asked about drug use in two time periods, within the past 12 months and before that, to understand both current and historical patterns.

Notes on scope and limitations

While this assessment provides valuable insight into the experiences and expectations of LGBTQ+ people engaging in drug use and chemsex, there are several important limitations to consider.

Self-reported data

As the survey relies on self-reported information, the findings may be affected by recall bias, under- or over-reporting, and personal interpretation of behaviours and experiences.

Sample size and community scope

With 334 respondents, the findings offer valuable insight but may not fully represent the diversity of experiences across London's broader LGBTQ+ population. Because the survey largely reached LGBTQ+ people already connected to community services or networks, it may not fully reflect the experiences of those who are more marginalised or disconnected from support.



Representation and reach

Although the dataset spans varied ages, identities, and lived experiences, future engagement efforts should consider more targeted outreach, particularly through grassroots and community partners, to better reach underrepresented groups.

Depth and intersectionality

The survey provides broad insight into London's LGBTQ+ chemsex landscape, but its depth and intersectional detail are limited. Experiences of groups who face overlapping marginalisation, such as trans people, bisexual men, LGBTQ+ people of colour, those with disabilities, and people on lower incomes, are only partially reflected here. These intersecting factors likely shape how individuals experience chemsex, harm, and access to support. Future research should explore these intersections more deeply to build a fuller picture of need and inequality.

Despite these limitations, the data offers a valuable snapshot of current experiences and highlights clear priorities for improving LGBTQ+ chemsex and drug support in London.



Who took part?

A total of 334 LGBTQ+ people completed the survey, representing a wide range of ages, identities, and experiences. Most respondents were based in London, with a significant minority living outside the city but still accessing (or seeking) London-based support.

Substance use and chemsex

- 79% used substances in the past 12 months
- 69% used substances specifically for chemsex in the past 12 months
- 55% have used substances more than 12 months ago
- 47% have previously used substances for chemsex.

Sexuality

- 84% gay
- 7% bisexual
- 4% queer
- 1% lesbian
- 1% asexual
- 1% pansexual
- 2% heterosexual/straight.

Gender identity

- 89% men (including trans men)
- 4% women (including trans women)
- 2% non-binary
- 1% gender fluid
- 1% agender
- 2% other.

Trans-identifying

- 7% yes
- 89% no
- 3% unsure
- 1% prefer not to say.

Age

- 18–24: 5%
- 25–34: 21%
- 35–44: 25%
- 45–54: 26%
- 55–64: 18%
- 65–74: 4%
- 75–84: 1%.

Ethnicity

- 54% White British
- 14% White, any other background
- 6% Asian Indian/Pakistani
- 4% Mixed ethnicity
- 3% Black African/Caribbean
- 3% Latin American
- 2% Chinese
- 2% Other
- 2% prefer not to say.

Location

• Highest representation from boroughs linked with LGBTQ+ nightlife and support services:

- Lambeth (9%),
- Southwark (8%),
- Hammersmith & Fulham (6%)

• 32% live outside London, reflecting the city's role as a regional hub for LGBTQ+ support.

Overall, the survey reached a broad mix of LGBTQ+ people, with strong representation across multiple age groups and identities, although participation from women, trans people, and LGBTQ+ people of colour was lower and should be a focus for future research.

MAIN FINDINGS

Three key themes were identified across the survey, which provide insights into accessing substance and chemsex support for LGBTQ+ people in London.

1: Drug and chemsex use patterns

2: Seeking and accessing support

3: Training and competence

Drug and chemsex use patterns

Recent use (past 12 months):

- 79% of the total respondents used substances
- 69% of the total respondents engaged in chemsex
- Frequency varied: 10% used daily, 17% several times per week, 15% every few weeks.

Most commonly used substances:

- Crystal meth (68%)
- GHB/GBL (63%)
- Poppers (65%)
- Cocaine (54%)
- Ketamine (51%).

Drug use occurred in multiple settings, including at home with others (66%), alone (63%), at friends' homes (58%), and at sex parties (43%).

Historical use (before past 12 months):

- 55% used substances
- 47% used them for chemsex
- Higher mephedrone use historically (52%) and lower crystal meth use (48%) compared with current patterns.

These changes indicate a shift toward higher-risk substances like crystal meth, and an increase in people using alone, both associated with greater harm.

Concerns about drug use

Recent users reported high levels of concern about:

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

"I used to... abuse drugs because I couldn't cope with what was going on in my life. I was severely depressed and riddled with anxiety at a time where I was expected to constantly produce work (both and work and university) and I just could not find the motivation to do it. So, I started taking things like speed and cocaine so that I could stay on top of it. After about a year of doing this, I realised that my mental health had deteriorated so much that even drugs weren't helping me be productive anymore."

"I started experimenting with drugs through hookups, decided I wanted to always be open to giving anything a go. That very quickly snowballed into a serious crystal meth, GHB and ketamine addiction. At its worst I was shooting up meth at least once a week. I almost lost my job. I was able to get clean and living a healthy life away from chemsex due in a huge way to the local drug recovery programme."

Seeking and accessing support

Support seeking

Among people with recent drug use (past 12 months):

- 27% are currently seeking support
- 31% have sought support previously
- 41% have never sought support.

Among people with historical drug use (more than 12 months ago):

- 31% are currently seeking support
- 35% previously sought support
- 34% have never sought support.

A large minority, around four in ten, have never accessed support despite concerns about their drug use.

Where support was sought

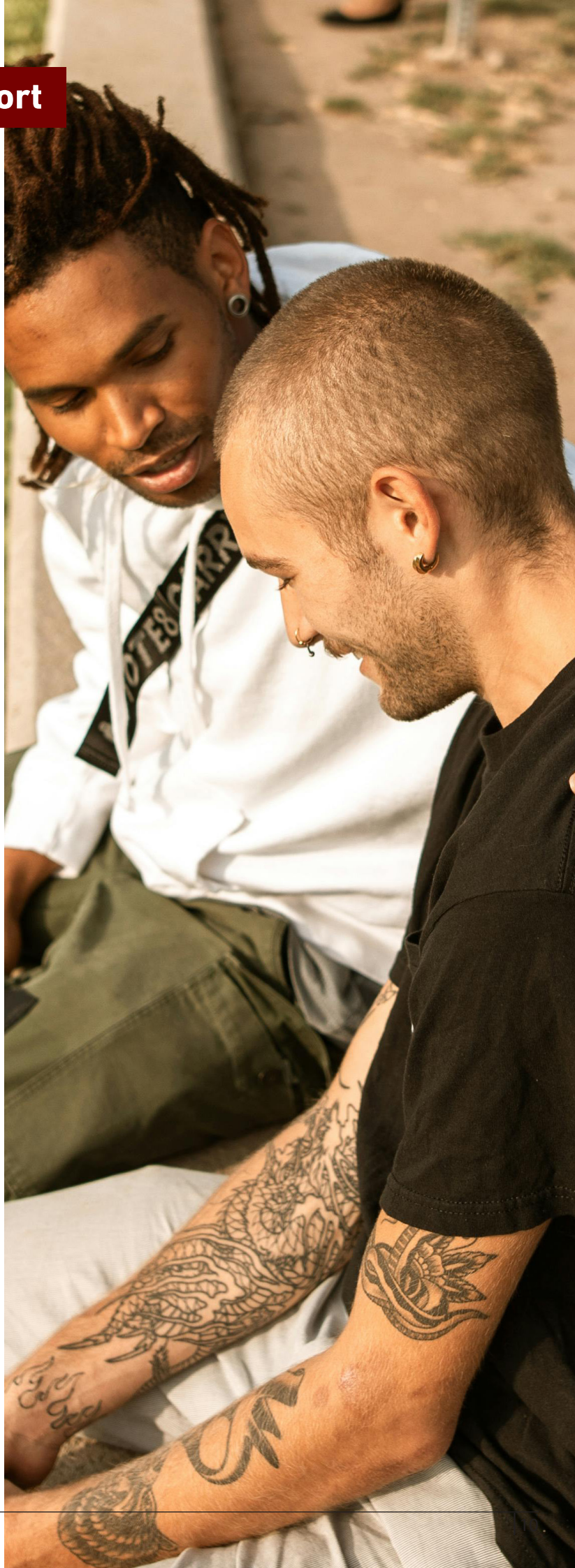
- Counselling/therapy – 54%
- Antidote – 45%
- Local authority drug services – 35%
- Sexual health clinics – 28%
- 12-step groups – 27%.

Counselling and LGBTQ+-specific services such as Antidote were the most commonly used forms of support, while engagement with mainstream drug services and 12-step groups was lower. These numbers might be skewed due to the nature of how the survey was advertised but this should not be ignored, particularly given the limited number of LGBTQ+ specialist services available in London, therefore an independent version of this survey would likely show similar results.

Support experiences

- “Excellent” or “very good”: 53%
- “Fair”: 31%
- “Poor” or “very poor”: 16%.

Most people who accessed support rated their experience positively, but around one in six had poor experiences, indicating inconsistent quality and gaps in LGBTQ+-affirming care.



The majority of respondents had positive experiences of support, with a minority having negative experiences, with both outlined in some of the feedback below:

“I’ve registered with Antidote for 1-to-1 drop-in sessions, but didn’t make it to the meetings as ended up not being able to attend the sessions. As the session date would come up I’d be stuck in my own head with a mix of shame and on a procrastinating looping, never really making it to leave home for the session. I’ve also have many chats with my nurse at my sexual health clinic, in Camberwell, which was extremely helpful in order to keep up with the motivation to remain extra aware of my relationship with the substance use, and willing to work towards reducing/better managing the way and how often I use it, with the focus of making it to the support meetings.”

“For the immediate breaking of my most recent period of increased chemsex, I found the initial drop-ins useful to hold myself accountable. When I was a few weeks sober I moved to 1-1 key worker at the Axis clinic. This was helpful to remind how much I’ve worked on this and encourage me to continue if that is what I wanted to do. It was zero shaming, and incredibly supportive. But was only limited to 30 minutes sessions so was unable to do the deeper work. I feel now I’m struggling with my new identity and grieving for the loss of my old one and would benefit from therapy and counselling and also sober group for that peer-to-peer understanding and validate my experience.”

“Rehab isn’t beneficial. The rehab I attended was more concerned with cleaning (would cancel treatment sessions in order for us to clean) and was a money making scheme primarily. Sober social activities and 12 step meetings most beneficial.”

“I was shocked actually at how quickly I managed to get some 1-1 support when I expressed a need at the sexual health clinic. I had 1-1 counselling sessions and found it invaluable.”

Overall, people with both recent and historical drug use commonly seek support, most often through counselling, LGBTQ+

services like Antidote, or local services, with generally positive experiences. A notable minority report barriers, mixed outcomes, and a need for more accessible, personalised forms of help.

Takeaway: Despite high levels of concern about drug and chemsex use, many people delay or avoid seeking help, and those who do access support sometimes have mixed outcomes. This highlights the need for more accessible, LGBTQ+-affirming, and reliable pathways into care.

What was helpful

Top helpful interventions:

- 1-to-1 keywork (63%)
- Counselling (42%)
- Group programmes (31%)
- Sober friends/groups (30%)
- Regular check-ins (30%).

“The Antidote service at London Friend has been quite helpful, but I’ve not had many sessions. I’ve started attending another service (not queer but not anti-queer) regarding my alcohol misuse, but I’m still new to that one also.”

“I think the group sessions I did were not helpful for my sobriety but definitely beneficial for my mental health. I discovered I wasn’t alone; I wasn’t so awful and monstrous and others understood the addiction experience and got it. I think the counselling really really helped, because it helped me understand why I was using and what my triggers were, which enabled me to build and work through on a plan towards sobriety.”

One-to-one keyworking, counselling, group programmes, sober social networks, and regular check-ins were reported as the most helpful supports, with personal accounts highlighting the value of counselling for understanding triggers and the reassurance of shared experiences even when group sessions did not directly support sobriety.



What was unhelpful

- Some found keywork (21%) and counselling (15%) unhelpful, illustrating highly varied needs
- 28% reported that none of the support was unhelpful.

A full breakdown of services and support respondents found unhelpful:

- One-to-one ('keywork') - 21%
- 12-step - 18%
- Group programme - 17%
- Counselling - 15%
- Residential treatment - 8%
- Online support group - 8%
- Sober social activities - 8%
- Regular drop-in/check-ins - 8%
- Paper/online resources - 7%
- Themed group workshops - 7%
- Sober friends/groups - 7%
- Harm reduction/minimisation - 6%
- In-patient detox - 4%
- SMART Recovery - 4%.

"It wasn't for me - I struggle with digital communication."

"It turned into a group of who was the most addicted and I realised my problem wasn't as bad as others. There was a lot of judgement and bias based on which substance was being abused."

"For me lots was wrapped up in shame and the idea of talking about that in front of a group even now feels very overwhelming."

While some found keywork and counselling unhelpful, and a minority experienced shame, judgement, or challenges with group or digital formats, 28% reported no negative experiences, highlighting the diversity of individual needs and responses to support.

Impact of support:

- 41% said support reduced drug use,
- 44% said partially, compared to those who used substances over 12 months ago, with 79% saying support reduced drug use
- Only 8% said support did not help, compared to 1% outside of the 12 months.

"I reached out to antidote and was assigned a key worker. I remember she was really lovely and kind. I however at that time still didn't believe I had a problem that needed treating so I never attended the key working sessions. But they did advise me to go to an NA meeting. And I did around a year later and that changed my life and I haven't used a drug since."

"When I realised I had a problem I approached (a service) and started using their services. I had a key worker and was given 12 sessions of therapy. During this time I also started attending Narcotic Anonymous. I relapsed twice in my first 6 months. I attend NA meetings regularly and now have six years clean."

Support was reported to reduce or partially reduce drug use, particularly among those with longer-term use, with personal accounts illustrating how keyworkers, therapy, and peer support contributed to recovery.



Barriers to accessing support

For recent drug use, key barriers to accessing support included:

- Waiting lists – 41%
- Limited number of sessions – 35%
- Travel/distance – 34%
- Finances – 31%
- Not knowing what support to access next – 28%
- Wanting 1-to-1 support but unable to get it – 20%
- Stigma – 11%.

People with historical drug use reported similar obstacles, with waiting lists (38%), limited types of support (31%), and stigma (23%) featuring strongly.

“Barriers were my own specifically around stigma. When I went to controlling chem sex they were interested in helping me without any self-identification. I accessed this anonymously.”

“I wanted 1-to-1 support and was only referred to a group by GP and was dismissed by other doctors.”

These findings show that long waits, limited options, and lack of clear pathways are major barriers, compounded by shame, stigma, and difficulty accessing LGBTQ+ affirming one-to-one support.

Choosing not to seek support

Among respondents who have never sought help:

- 55% felt they could manage on their own
- 33% didn't think their use was a problem
- 24% didn't want to stop
- 24% worried about confidentiality
- 22% were worried about being judged
- 22% felt ashamed
- 16% feared their workplace or employer would find out.

A smaller but notable group identified fears of homophobia (5%), transphobia (3%) as barriers.

“Honestly, I'm not sure I want to seek support currently. Even though I'm aware I do experience issues with my substance use, I would prefer to deal with it on my own and still have the option to do substances without feeling like I'm letting someone else down.”

“I'd like groups specifically for trans people, especially for trans men/masculine people. More group support, especially trans support groups. Help with figuring out if my use is 'bad' enough to warrant support or using public services.”

“I wanted gay chemsex support, not generic substance abuse support.”



Many who avoid seeking support believe they can manage independently or do not view their use as problematic. Others avoid services due to confidentiality concerns, shame, fear of judgement, and the lack of LGBTQ+-specific or trans-inclusive options.

Takeaway: Practical barriers (waiting lists, cost, distance) combine with emotional and identity-related barriers (shame, fear of judgement, lack of LGBTQ+-specific care). This creates a system where many LGBTQ+ people struggle to access appropriate support, even when they recognise harm or want help.

Awareness and willingness to use services

46% of respondents were not aware of, or had not looked into, any of the listed services available for drugs and chemsex support. Awareness was highest for sexual health clinics (37%), reflecting their visibility and established role within LGBTQ+ healthcare.

Willingness to consider support in the future was highest for:

- Sexual health clinics – 40%
- LGBT drug services (e.g Controlling Chemsex, Antidote) – 36%
- Paper/online resources – 23%
- Themed workshops – 23%
- However, 25% said they would not consider any services.

“I find judgement from many NHS practitioners, or encouragement just to stop but that is not a realistic goal for me. I prefer data-led info and self-help, or peer support. I struggle with being led by figures of authority and would be more likely to fail.”

“It needs to be discreet and effective, and it needs to be able to fit invisibly into my existing schedule and commitments with minimal disruption. This is another unrealistic expectation.”

Awareness of chemsex and drug support services is limited overall. While sexual health clinics are the most recognised and preferred option, willingness to engage varies widely.

Many respondents emphasised the importance of discreet, flexible, peer-led, or self-directed support, and expressed discomfort with authority-led or judgemental environments.

Takeaway: Low awareness, mistrust of mainstream services, and the need for discreet, flexible, LGBTQ+-affirming options all contribute to limited engagement. Improving visibility and offering accessible, non-judgmental pathways into support is essential.

WHAT THE DATA TELLS US

London's chemsex landscape

The data shows that chemsex remains a significant and complex issue across London's LGBTQ+ communities. Drug use is widespread: 79% used substances in the past year and 69% engaged in chemsex, with crystal meth, GHB/GBL and mephedrone central to this landscape. Many people use frequently and across varied settings, increasingly on their own, which is associated with higher levels of harm.

Mental health harm emerges as the strongest driver of and consequence from chemsex. High levels of anxiety, depression, shame, and fear of dependence highlight deep links between chemsex, emotional distress, trauma, identity, and loneliness. Many respondents described cycles of using to cope, followed by shame, relapse, or renewed distress, emphasising the need for holistic, mental-health-led support rather than purely substance-focused interventions.

Chemsex-related harms and barriers are often amplified for groups facing intersecting inequalities, including trans people, bisexual men, LGBTQ+ people of colour, and those on lower incomes or with disabilities, whose specific needs are not consistently addressed in current service models.

Key takeaway: Chemsex in London is closely tied to emotional wellbeing, identity, trauma, and isolation, with rising patterns of higher-risk drug use and solo use that existing services are not equipped to meet.

Where support is not meeting demand

Although many people have sought help at some point, large gaps remain. Among recent users, 41% have never accessed support, often because they did not believe their use was "serious enough," preferred to self-manage, feared being judged, or were worried about confidentiality or being pushed toward abstinence.

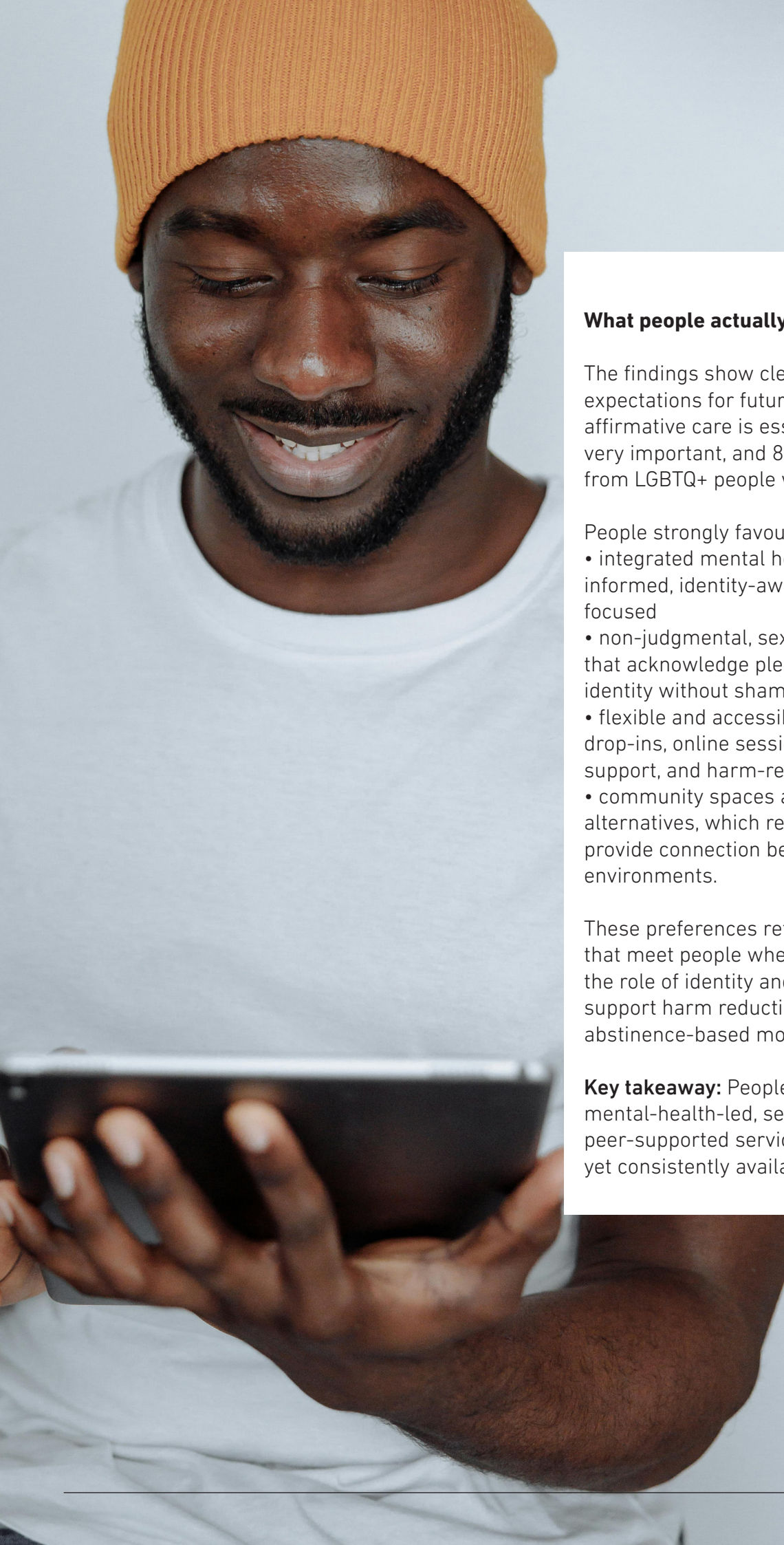
For those who did seek support, the quality and consistency of provision varied significantly.

Common frustrations included:

- long waiting lists
- limited numbers of sessions
- financial barriers
- lack of clarity about next steps
- difficulty accessing one-to-one support.

Many felt that generic or non-LGBTQ+ services lacked understanding of chemsex culture and the role of sexuality, shame, and community. Group settings were often intimidating for people dealing with stigma, privacy concerns, or anxiety. These structural and cultural gaps prevent many from receiving support early, consistently, or in the format that actually works for them.

Key takeaway: Despite widespread need, significant barriers, practical, emotional, and cultural, prevent people from accessing appropriate support, and mainstream services often fail to provide safe, relevant, or LGBTQ+ affirming care.



What people actually want from services

The findings show clear and consistent expectations for future support. LGBTQ+ affirmative care is essential: 72% said this was very important, and 85% want peer support from LGBTQ+ people with lived experience.

People strongly favoured:

- integrated mental health support; trauma informed, identity-aware, and emotionally focused
- non-judgmental, sex-positive environments that acknowledge pleasure, intimacy, kink, and identity without shame
- flexible and accessible options such as drop-ins, online sessions, free or low-cost support, and harm-reduction pathways
- community spaces and sober social alternatives, which reduce isolation and provide connection beyond chemsex environments.

These preferences reflect a desire for services that meet people where they are, recognise the role of identity and community, and support harm reduction rather than purely abstinence-based models.

Key takeaway: People want LGBTQ+ affirming, mental-health-led, sex-positive, flexible, and peer-supported services, a model that is not yet consistently available across London.

INITIAL RECOMMENDATIONS AND NEXT STEPS

The recommendations below are based on the survey findings and are intended to shape future service development, investment, and commissioning across London.

1. Expand access to LGBTQ+-specific care

Why this matters: Culturally competent, LGBTQ+-affirming support increases engagement, improves trust, and leads to better outcomes.

Goal: Increase the availability and consistency of LGBTQ+ specific chemsex and drug support.

Practical actions:

- Increase staffing capacity for LGBTQ+ specific keywork, groups, and counselling (e.g., part-time keyworkers, sessional therapists, peer groups).
- Introduce mandatory LGBTQ+ awareness training for all frontline staff, including chemsex culture and gender diversity.
- Create borough-level referral agreements to ensure fast, reliable access to specialist LGBTQ+ services.

2. Integrate mental health support into chemsex pathways

Why this matters: Mental health is the strongest driver of harmful chemsex use, with shame, trauma, and anxiety described repeatedly by respondents.

Goal: Address the emotional and psychological factors that underpin drug and chemsex use.

Practical actions:

- Embed therapists within chemsex and drug services (sessional or part-time).
- Develop mental-health-focused support groups led by clinicians or trained facilitators.
- Establish joint mental health and sexual health pathways, including warm handovers between services.

3. Commission a structured LGBTQ+ peer mentor programme

Why this matters: Peer support was the highest priority in the survey, with 85% wanting LGBTQ+ mentors with lived experience.

Goal: Expand lived-experience support to improve engagement, reduce isolation, and provide ongoing motivation.

Practical actions:

- Fund peer mentor roles trained in harm reduction, boundaries, and motivational support.
- Offer 1:1 mentorship, regular check-ins, and accountability support.
- Create sober social spaces (monthly events, walks, workshops).
- Provide peer-led groups on shame, relapse management, and community connection.



4. Increase community-led and peer-led interventions

Why this matters: Community organisations are trusted by LGBTQ+ people and can provide relevant, accessible, and culturally competent care.

Goal: Strengthen the role of community partners in delivering prevention and early intervention.

Practical actions:

- Provide small-grant funding to LGBTQ+ groups to run workshops, drop-ins, support groups, or outreach
- Develop partnership models where community organisations co-deliver programmes with statutory services.

5. Reduce practical barriers and improve accessibility

Why this matters: Waiting lists, limited sessions, travel difficulties, and lack of flexibility were named by over a third of respondents.

Goal: Make support easier to reach, more flexible, and quicker to access.

Practical actions:

- Offer hybrid delivery: online appointments, evening/weekend sessions, drop-ins
- Provide low-intensity interim support (moderated WhatsApp/Telegram groups, online check-ins, digital chat hours)
- Run clinics or outreach in outer boroughs and underserved areas.

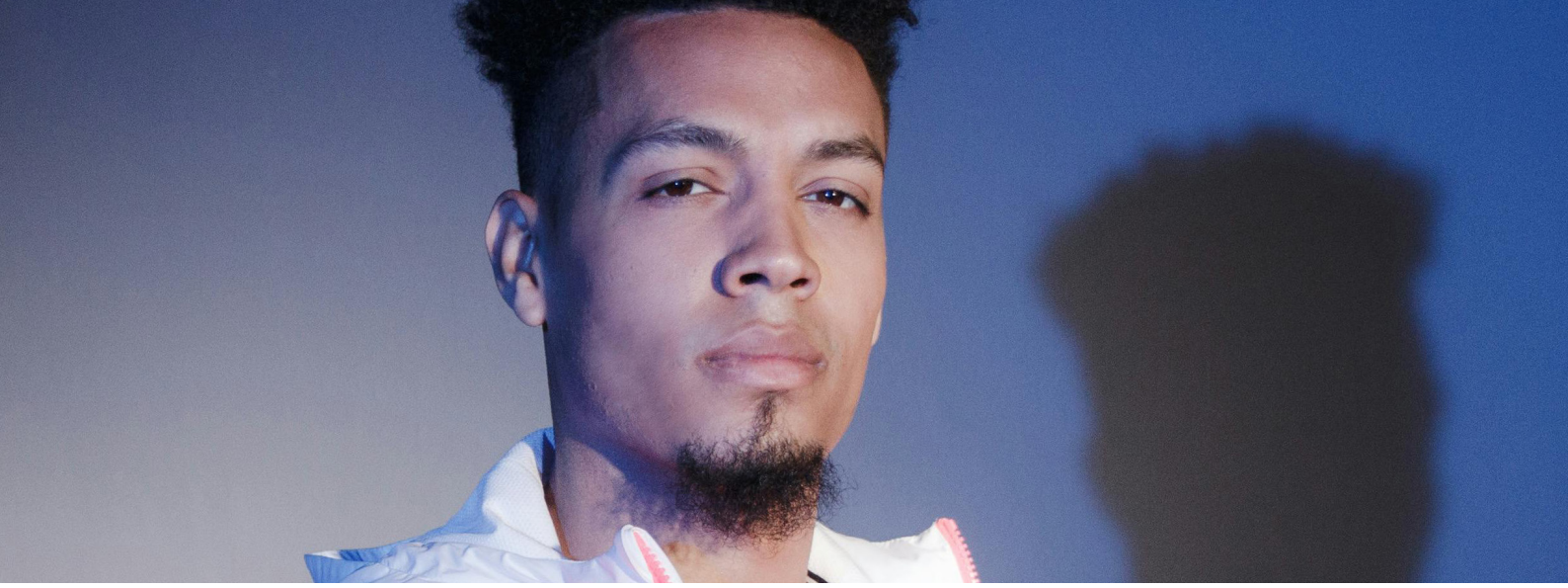
6. Strengthen harm reduction communications

Why this matters: Clear, targeted harm-reduction information prevents harm and supports safer choices.

Goal: Reduce health risks associated with chemsex and drug use.

Practical actions:

- Develop chemsex-specific harm reduction packs (GHB dosing guides, safer injecting info, emergency planning tools)
- Deliver harm-reduction workshops with sexual health clinics, LGBTQ+ organisations, and LGBTQ+ venues
- Provide accessible, anonymous online resources.



7. Improve visibility and public information

Why this matters: Nearly half of respondents were unaware of available support. Visibility increases confidence, safety, and engagement.

Goal: Increase awareness of services and reduce uncertainty about how to seek help.

Practical actions:

- Run targeted awareness campaigns via apps, LGBTQ+ venues, community centres, and social media
- Create simple visual “pathway maps” showing services and entry points
- Ensure messaging emphasises confidentiality, intersectionality, and harm reduction.

8. Tackle stigma and shame

Why this matters: Shame and fear of judgement are major barriers to seeking support and staying engaged.

Goal: Create environments where people feel safe, respected, and able to seek help early.

Practical actions:

- Use sex-positive, non-judgmental messaging across all services
- Embed chemsex conversations into routine sexual health visits
- Train staff in LGBTQ+ awareness, shame sensitivity, and motivational interviewing.

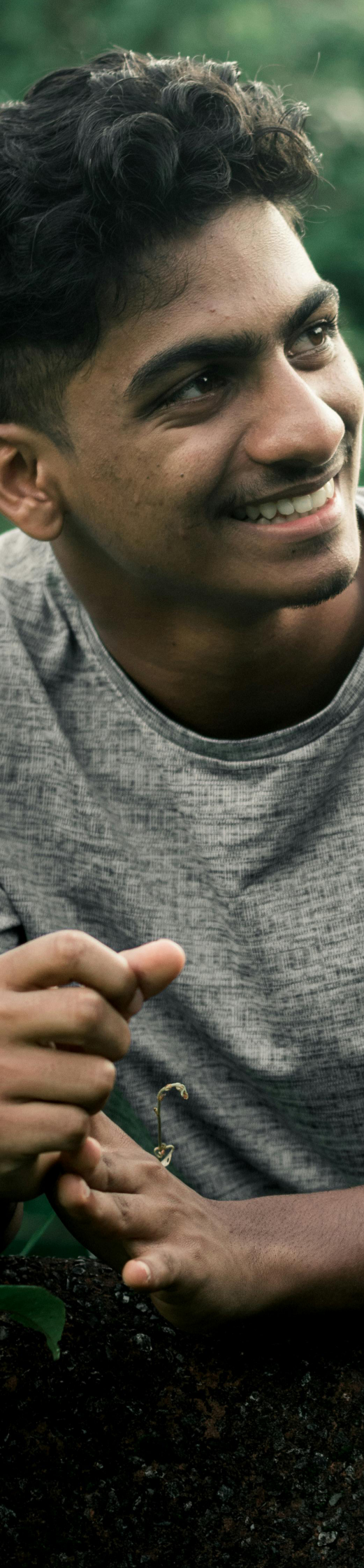
9. Strengthen research and ongoing monitoring

Why this matters: Continuous data collection ensures services remain responsive and inclusive.

Goal: Build a more detailed and intersectional understanding of LGBTQ+ chemsex and drug use.

Practical actions:

- Conduct annual or biennial surveys with targeted recruitment for under-represented groups (trans people, bisexual men, older LGBTQ+ people, people outside London)
- Run focus groups exploring intersectional experiences and barriers
- Monitor outcomes to identify which models drive the best engagement and recovery.



CONCLUSION

The findings of this report paint a clear and urgent picture of London's chemsex landscape. Chemsex remains a significant health inequality within LGBTQ+ communities, driven by a complex mix of trauma, loneliness, identity, shame, and mental health distress.

Substance use is widespread, patterns are shifting toward higher-risk drugs, and more people are using alone, all of which signal increasing levels of vulnerability and harm.

Despite this, a large proportion of LGBTQ+ people who need support never access it. Those who do often face long waits, limited sessions, unclear pathways, and services that are not designed with LGBTQ+ lives, chemsex culture, or mental health needs in mind.

Stigma, shame, fear of judgement, and concerns about confidentiality continue to prevent many from reaching out early, or at all. Intersectional barriers remain particularly acute for trans people, bisexual men, LGBTQ+ people of colour, and those with lower incomes or disabilities.

Yet the message from the community is equally clear: LGBTQ+ people know what works. They want culturally competent, sex-positive, mental-health-integrated support delivered by people who understand their lives. They want peer mentors, trauma informed counselling, flexible access options, harm-reduction information they can trust, and community spaces that reduce isolation and offer alternatives to chemsex environments. They want services that help them stay safe, not ones that judge, shame, or push abstinence when that isn't what they need.

This report outlines a roadmap for how London can respond: expanding LGBTQ+ specific provision, integrating mental health within chemsex pathways, investing in lived-experience support, reducing practical and emotional barriers, boosting harm reduction communication, increasing visibility, addressing stigma, and building a more robust evidence base over time. These recommendations are practical, realistic, and rooted directly in the experiences of 334 LGBTQ+ people across London and beyond.

Taken together, the evidence shows that London needs a more joined-up, LGBTQ+-affirming, mental-health-led, and community-connected system of chemsex support. Without targeted investment in this model, harm will continue to rise, service gaps will widen, and many LGBTQ+ people will remain without the support they need. With the right commitment, London has the opportunity to build a system that meets people where they are, reduces harm, and supports LGBTQ+ people to live healthier, safer, and more connected lives.



About LGBT HERO

LGBT HERO is the national health and wellbeing charity for LGBTQ+ people. We work to improve the health, mental wellbeing, and social inclusion of LGBTQ+ communities through information, peer-support, community-led research, and campaigns. Our mission is to create a world where LGBTQ+ people can live free from stigma, feel empowered to look after their health, and have access to the support and care they deserve.

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LGBT HERO is the trading name for the Health Equality and Rights Organisation.
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About LONDON FRIEND

Established in 1972, London Friend is the UK's oldest Lesbian, Gay, Bisexual and Trans charity. They are here to support the health and mental wellbeing of the LGBT community in and around London. They offer counselling and support around issues such as same-sex relationships, sexual and gender identity and promoting personal growth and self-confidence. They are also home to Antidote - the UK's oldest LGBT drug and alcohol service. Services are delivered by trained Lesbian, Gay, Bisexual and Trans volunteers.

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