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Highs and Lows: Chemsex and Mental Health in London's LGBT+ Community

Introduction

'Chemsex' refers to use of specific psychoactive drugs before or during sexual activity to enhance arousal, pleasure or endurance. The drugs most associated with chemsex are methamphetamine, mephedrone, GHB/GBL and ketamine (1). These drugs are often taken in combination with other substances such as Viagra, alcohol, ketamine or amyl/alkyl nitrates(2). Chemsex has primarily linked with men who have sex with men (MSM) and has been a growing phenomenon both in the UK and internationally. It can take place in many locations such as homes, saunas, clubs and hotels. London, as a large and diverse city with a vibrant nightlife and student population, has seen a notable rise in chemsex-related activity. According to GOV UK 2021, one in five MSM in London reported taking part in chemsex (3). Similar trends have been observed in other major cities such as Barcelona and Los Angeles.

Chemsex is important to psychiatry and public health because it combines substance use with high-risky behaviour. There is an increased risk of sexually transmitted infections and increased prevalence of HIV. Studies have shown that you are 5 times more likely to be diagnosed with HIV and 9 times more likely to be diagnosed with hepatitis C when engaging in chemsex(4). Beyond its physical health implications, chemsex poses serious risk to mental health.

The intense 'highs' and psychiatric 'lows' means users face drug dependency, acute psychosis, and mental health issues such as depression and anxiety. In addition, the long-term effects can result in withdrawal symptoms, PTSD and deteriorated social relationships. Some users can find themselves in a never-ending cycle which can pose a risk to their life. This essay explores the intersection between chemsex and mental health, particularly within London's LGBT+ community. It examines the underlying motivations, psychiatric consequences, and the current healthcare responses, with the aim of understanding how psychiatry can better support this vulnerable population.

Who is engaging?

Chemsex in the UK is overwhelmingly associated with gay and bisexual men, with particular high prevalence among HIV-positive MSM: estimates suggesting that up to 40% of this group report recent chemsex(5). Although the use of drugs and alcohol in sexual contexts have occurred for thousands of years across both heterosexual and homosexual populations, the term 'chemsex' has emerged specifically in relation to recent patterns observed within the LBGTQ+ community. It is important to explore why chemsex is more prevalent among this population. One argument is that it relates to the distinctiveness of gay sex and the culture that has developed around it over recent decades. The uniqueness includes cultural and psychological factors that have influenced sexual expression and pleasure among MSM, as summarised in Figure 1. Chemsex may serve to disinhibit individuals from internalised stigma or societal pressures, thereby enhancing sexual freedom fuelling its popularity (2).

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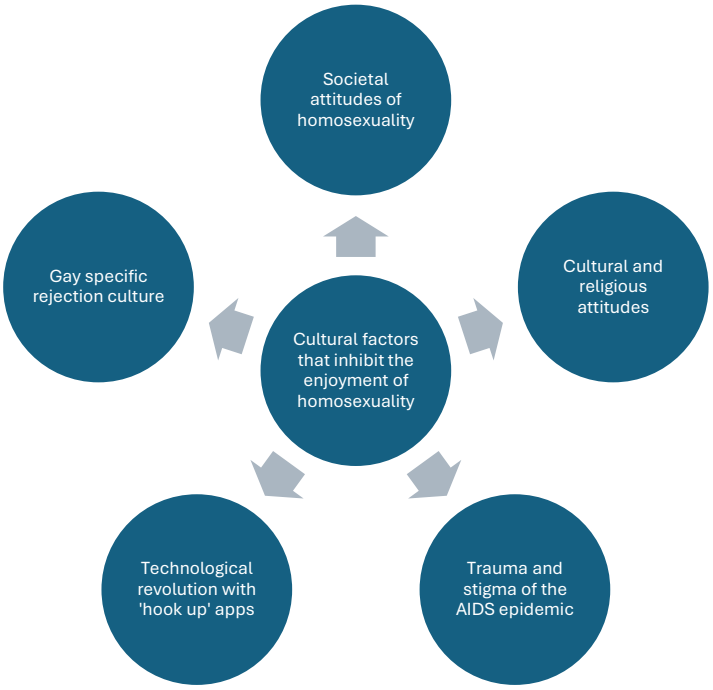

Figure 1 summaries the cultural factors that could be fuelling the popularity of chemsex in the LGBTQ population [Adapted from David Stuart, 2019]

The motivations for engaging in chemsex are complex and multifaced. Intertwined with cultural obstacles is the increasing prevalence of mental health issues within the LGBTQ community. Research consistently shows that LGBTQ+ individuals experience significantly higher rates of mental health problems compared to the general population. For instance, the National LGBT survey (2018) reported that 24% of people reported accessing mental health services in the last 12 months(6). This elevated incidence of psychological distress can be understood through the Minority Stress Model, which provides a useful framework for understanding these disparities.

<u>The Minority Stress Model</u>
The Minority Stress Model posits that members of marginalised groups experience unique stressors – both proximal and distal – that contribute to adverse health outcomes (7). These include distal stressors such as trauma, abuse, discrimination and societal rejection, as well proximal stressors, which are internalised conflicts that stem from these experiences. For LGBTQ+ individuals, such stressors often chronic and cumulative. Transgender individuals, in particular, report disproportionately high rates of suicidal ideation and self-harming behaviours when compared to this cisgender peers.

It can be argued that chemsex functions, in some cases, as a maladaptive coping mechanism in response to these deeper emotional wounds. The temporary euphoria and sense of connection associated with chemsex may offer relief from the persistent psychological burden created by minority stress.

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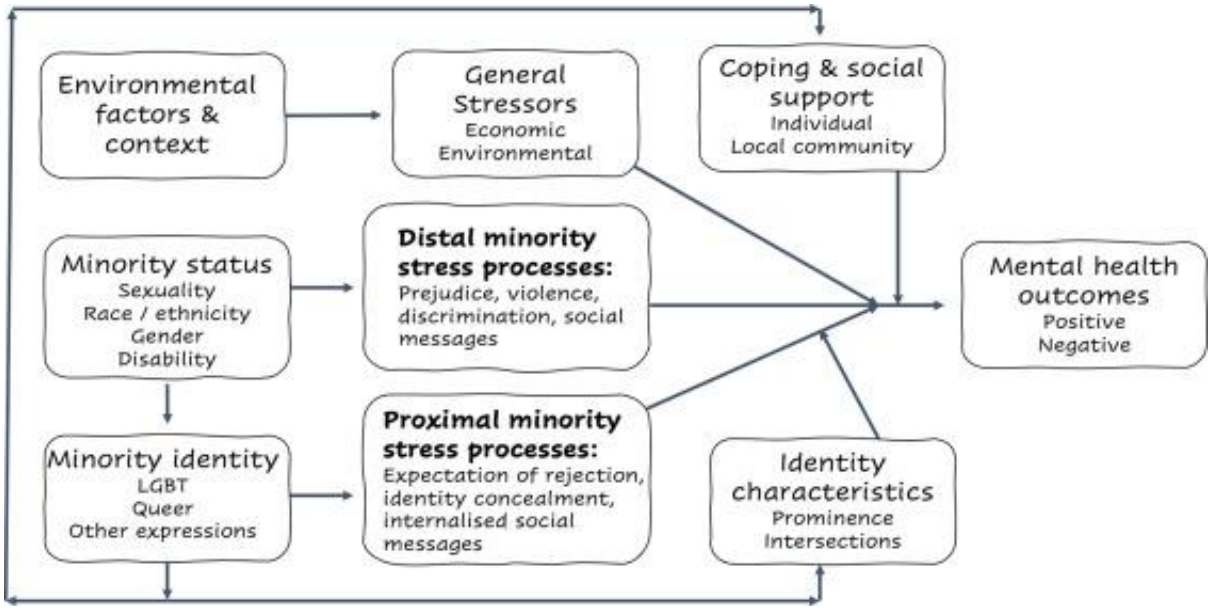

Figure 2 demonstrates the proximal and distal stressors that impact marginalised populations and how it has an effect on their mental health(8)

A contemporary example of a distal stressor is the UK government's stance on transgender rights. The UK Supreme Court's recent ruling that the legal definition of 'women' is based solely on biological sex mirrors similar developments in the United States. Such policies are deeply distressing for many transgender individuals, reinforcing societal exclusion and invalidation. This legal and political rejection intensifies the distal and proximal stressors, potentially leading to increased rates of chemsex use, among transgender people. In contact, other segments of the LGBTQ+ community may experience slightly less public scrutiny, possibly contributing to differential rates of chemsex engagement with the broader LGBTQ+ population.

<u>Identity Process Theory</u>

The Identity Process Theory offers an interesting framework for interpreting the complex rise of chemsex use among LGBTQ+ individuals (9). The Theory suggests people maintain and develop their identity through two key processes:

- Assimilation-accommodation: taking in new experiences (assimilation) and adjusting identity structures accordingly (accommodation).
- Evaluation: assigning meaning and value to aspects of identity and experience.

These processes above are governed by four motivational principles:

- Continuity (a sense of self over time)
- Distinctiveness (feeling unique)
- Self-efficacy (feeling in control)
- Self-esteem (feeling valued)

When any of these processes are threatened – especially in the face of stigma, discrimination or marginalisation – individuals may engage in coping strategies to preserve their sense of self.

The process above is influenced by social representations and impact its assimilation and accommodation. For example, being gay is stigmatised in society and an individual may struggle with assimilating this with their identity (10). Within the IPT context, it can be understood that substances like GHB can create a heightened sense of confidence, social efficacy, sexual liberation and pleasure – boosting self-efficacy and self-esteem in the short term. Moreover, chemsex scenes often foster a sense of in-group belonging and disctivness, allowing participants to be part of a sub-culture. This experience may be appealing to individuals who feel excluded from mainstream LGBTQ+ spaces due racism, body image or HIV-related stigma (11). These subcultures can be easily accessible with online dating apps which have made it effortless (such as Grindr). Here, the culture grows with shorthand abbreviations that run on the app such as 'G' and 'T' which normalises the practice and reinforces this subculture. By aligning with the values and rituals of the chemsex subculture, individuals may temporarily resolve tensions between conflicting identity roles, such as being religious and queer.

However, these strategies are ultimately unsustainable. While chemsex may temporarily soothe identity threats, it often exacerbates long-term psychological distress and social alienation, particularly when the experience ends in emotional comedown, addiction, or regret (2). Thus, IPT not only provides insight into why individuals may turn to chemsex but also highlights the fragility of identity under threat and the urgent need for affirming, community-based mental health interventions that address the root causes of that threat.

What drugs are involved?

As previously stated, the far most common drugs involved are crystal methamphetamine (also known as Tina, T), mephedrone and GHB (also known as G). These drugs can be taken orally, nasally and can also be injected during sex. These effects of these different drugs differ.

Methamphetamine and mephedrone are strong central nervous system stimulants. They surge dopamine, serotonin and noradrenaline producing euphoria, increased energy and sexual arousal, often for hours/days depending on how much the user takes. GHB is a depressant sedative that enhance relaxation and sexual disinhibition. Low doses of GHB produce mild euphoria, lower inhibitions and heightened touch. It is a GABA-B agonist and alters dopamine and serotonin. Acute overdoses of GHB can cause sudden unconsciousness and respiratory depression which can be easily done with just a few millimetres more.

In addition to these drugs both, cocaine, ketamine, alkyl nitrite (slang term, poppers) are often used in combination, to extend sessions and to increase euphoria feelings.

Psychiatric complications: acute and chronic setting

Acute complications

It is not surprising that high doses of stimulants can trigger psychotic symptoms. It can cause severe anxiety, hallucinations, delusions and violent behaviour. In some circumstances, this violent behaviour can lead to unconsented acts which can be traumatising for the people involved. In a systemic review conducted, 42.9% of

people reported non-consensual sex, 10% had sex while unconscious and 2% were filmed or injected whilst unconscious (12). Sexual assault can often end in medical emergencies because of extreme exhaustion and dehydration. It is important to note that this may not show the entire picture. There are no standard tools to measure sexualised drug use, and this is often an unreported crime. Users may not want to label their experience or may feel like authorities will not do anything about it.

Under the influence you are more likely to engage in risky behaviour such as unprotected sex which can increased the risk of sexually transmitted infections. In addition, under the influence you can engage in risky behaviour, for example unprotected sex but in the context of hallucinations, can lead to suicidal thoughts and accidental or interntial self-harm, especially as it is very easy to overdose on these drugs.

In a tragic case that underscores the dangers of chemsex and the stigma surrounding it, 32-year-old Neil Cuckson from Salford was sentenced to six years in prison after failing to seek medical help when his sexual partner, Hiran Chauhan, 24, died following a chemsex session involving GHB and crystal meth (13) . The two men met through the dating app Grindr and discussed consensually using drugs. After taking the drugs, Cuckson woke up to find Chauhan unresponsive. Instead of calling emergency services, Cuckson concealed the death, keeping his body inside the house for five days and later tried to dump it. Though he told police that Chauhan had overdosed, his failure to act when help might have made a difference had devastating consequences.

This heartbreaking case raises important public health questions. Prompt medical attention might have saved Hiran Chauhan's life. However, the fear of exposure, legal repercussions and deep-rooted stigma around chemsex and LGBTQ+ drug use may have shaped Cuckston's decision not to seek help. GHB is notoriously difficult to dose correctly and can increase the risk of fatal incomes. As chemsex becomes more common, there is a growing need to acutely reframe chemsex-related incidents through the lens of compassion rather than criminality that could prevent further tragedies. Lives like Hiran Chauhan's might still be saved – if people feel safe enough to call for help in an acute situation.

<u>Chronic complications</u>
The repeated chemsex and the constant cycles of binges and comedowns can have an impact on mood and cognition. Many chronic users experience depression, anxiety and insomnia between sessions. Research shows that men who engage in chemsex report higher levels of depressive and anxiety symptoms than non-users (1).

Many participants endure upsetting experiences during chemsex which can include violence, rape or life-threatening drug events. In one study, nearly 12% of chemsex-participating MSM screened positive for PTSD symptoms – a rate much higher than the general population (1). In addition, the challenges of drug addiction can lead to people becoming socially isolated in severe cases as they struggle with their addiction. Families and friends may not also be understanding of their addiction which can also drive their social isolation. The chemsex 'parties' can often last hours or days, and users can lose track of time and money. Drugs are expensive and place

pressure on finances, as they may be unable to keep a job due to being high or withdrawing. It can lead to chronic cardiovascular and respiratory health problems. One study that one in five people had missed their HIV appointments due to recreational drug use, uncontrolled viral-load can lead to a wide range of complications in the future affecting multiple body systems (5).

Chemsex is not just a one-night risk, it can carry long-term chronic consequences across mental, physical and social dimensions.

Services in London

London has recognised chemsex as a public health issue and hosts a range of specialised services. For example, 56 Dean Street (Chelsea and Westminster Hospital) runs a Chemsex Support service with phone assessments and risk-reduction counselling. Their website explicitly advertises confidential help with GBL dependency or overdoses. In addition, Mortimer Market Centre in central London and The Alive project run chemsex projects for gay men.

A notable specialise service is Antidote, operated by charity London Friend. It is the 'UK's only LGBTQ+ run and targeted drug and alcohol support service'. It is pioneered for LGBT-focused addiction help in 2002. It offers one-to-one key working, group therapy and relapse prevention. The crucial importance is that the staff are LGBT themselves, helping clients feel understood and can help reduce stigma. The service also provides professional training – it has trained 700 healthcare workers on chemsex and LGBT drug issues.

London friend has been able to help launch the Axis Clinic in South London, as a model of integrated care. Based at Kings College Hospital, Axis brings together Antidote (community), King's sexual health/HIV teams and the SLAM liaison service. It provides an MSM and trans focused drop-in for chemsex, offering harm reduction service, STI/HIV screening, PREP/PEP access and mental health triage. This multi-disciplinary model – combining psychiatry, sexual health and community outreach – exemplifies best practice. This can be a one-stop clinic for chemsex users which is helpful as users may feel already feel reluctant to seek help.

In addition, some services have created areas of safe practice, and these clinics have been dubbed as 'slamming kits'. The Burrel Street Sexual Health Clinic opened in 2012. It provides kits to men who choose to inject to ensure it is done as safely as possible. They contain colour-coded needles, lessening the chance of accidentally using the wrong needle, and provide measurements – as you can easily overdose with GBL as discussed previously.

The London nightclub scene has also recognised the rise of chemsex and has also provided guidance to users. Howl Worldwide is a grassroot organisation which organises events and peer support groups. They offer advice on Instagram about safe practices which is effective in reaching the users of a certain demographic. They appear to have made a successful attempt at reducing stigmas and providing practice and safe advice. They focus ensuring acts are consensual, identify signs of physical and mental deterioration, promote safe sexual acts and advice on how to seek help.

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Limitations of services

Howl Worldwide is a good example of support in London as may chemsex users avoid conventual services. A study conducted in South London that users had not accessed services due to fear of being judged and lack of sexual-crisis expertise (14). In addition, Pubic Health England similarly notes that MSM 'may not engage' with healthcare due to stigma and believing that services aren't equipped for their needs (15).

There are also service gaps. Generic drug treatment programs are often tailored to heroin/opioid users, not to fast-binging stimulant patterns seen in chemsex. In the same study, it was highlighted that mainstream drug services 'may not be sufficiently resourced' to meet the needs of acute gay men in chemsex settings (14). For example, standard clinics may not ask about group sex or consent, and healthcare professionals may be uncomfortable or not aware of homosexual sex practices. Moreover, funding for LGBT-specific addiction work is limited. Waiting lists and strict entry criteria mean some chemsex-dependent men fall through the cracks, especially when some already feel socially excluded from society. Despite Londonn having some robust clinics for chemsex users, this practice is not mainstream around the UK.

Opportunities in Psychiatry

Psychiatrists and allied healthcare professionals have a vital role to play in the landscape. First psychiatry can address co-occurring mental illnesses and addiction in chemsex users. This includes diagnosing and treating depression, anxiety disorders or PTSD that can underlie chemsex behaviour. It also means managing acute substance-related issues, for example providing detoxification support in hospital and refer to services outside. Integrating sexual health (HIV/STI screening) into psychiatric care for LGBT patients would also close a gap.

Multi-disciplinary and peer-led models, such as The Axis Clinic, shows how embedding mental health into sexual health works. It involves psychiatrists, peer mentors, addiction counsellors and outreach clients. It can create an 'one-stop' clinic for chemsex users which would make engagement easier. In the future, I hope integrated services like this would be widespread throughout the UK, not just seen in London.

Psychiatry needs to be trauma-informed and culturally competent. Training in LGBT mental health issues is crucial. Clinicians should explicitly understand minority stress: discrimination and internalized stigma often drives practices. They should make an environment where they feel safe to discuss all aspects of their care. London Friend provides training for front-line workers with knowledge and practical skills to help with LGBTQ + issues in a supportive way, ensuring that services meet their responsibilities under the Equality Act 2010.

Psychiatrists – as advocates and leaders in mental health – have a vital role in addressing the growing stigma and inequalities faced by LGBTQ+ individuals. Promoting LGBTQ+ inclusive care within mental health trusts. This work is more urgent than ever in 2025. Across the UK and globally, recent political shifts have ushered in harsher, exclusionary policies affecting transgender people, especially

trans women, who are now, in some jurisdictions, excluded from female hospital wards. These decisions – recently reinforced by high-profile rulings in both the UK and US supreme court – send a chilling message of exclusion. For trans patients, this not only reinforces structural stigma but also erodes trust in healthcare systems, making them less likely to seek support when they most need it.

The British Medical Association (BMA) has openly condemned anti-trans legislation and has called for healthcare environments that respect and affirm gender-diverse identities. Similarly, the World Psychiatric Association has emphasised the link between exclusionary policies and worsening mental health among queer people. Psychiatrists should continue to place pressure on government bodies, not only to protect patient wellbeing but to uphold the ethical foundation of medicine itself: **do no harm**. Where governments fail to protect vulnerable populations, the healthcare community must speak louder.

Conclusion

Chemsex is a psychiatric and public health issue deeply entwined with stigma and inequality in the LGBTQ+ community. The pleasure of intensified sex with drugs comes at a high cost: depression, psychosis and in extreme circumstances suicidality. These harms reflect unmet needs, especially in people who have faced discrimination, loneliness or trauma. London's robust community response with specialised clinics and grassroot organisations demonstrates progress but gaps remain, especially nationwide.

Psychiatry can be part of the solution by being more inclusive and trauma informed. It should train clinicians to understand experiences of queer people. Multi-disciplinary models and peer-led support should be expanded, ensuring users find the door open in both mental health and sexual health services. The challenge for psychiatry is not to judge behaviours, but to treat the underlying distress that drives them. By offering culturally competent trauma-aware care and most importantly advocating for a more equal society – mental health professionals can help turn the tide on this silent crisis in the London's LGBT+ community.

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