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ANTIDOTE LONDON FRIEND

# LONDON CHEMSEX CONFERENCE

FRI 10 OCT 2025 | 14 NOV 2025 | 16 JAN 2026

# EVALUATION

## Introduction

Delivered in partnership by GMHC and Antidote at London Friend, its purpose was to deepen understanding of the chemsex landscape in London, examine the impact on individuals and services, and strengthen the response around harm reduction, treatment, and support.

GMHC and Antidote would like to thank all the speakers and volunteers who participated. Volunteers from both organisations were present to assist delegates, signpost, organise refreshments and lunch, and set up the conference the afternoon before, and afterwards.

The Conference was delivered at Camden Town Hall, WC1H 9JE on 10 October 2025, and repeated 14 November, and 16 January 2026 (9:30am–4:30pm). The Conferences were sponsored by Gilead with thanks, with support from Creative Conceptions and Beauty and Pampering.

## Summary

Excluding speakers and guests, 240 delegates attended the three Conferences. This evaluation summarises feedback from 100 delegates. Overall satisfaction was exceptionally high. Organisation, speaker expertise, relevance of material, and achievement of conference purpose all scored ratings **4.7-4.9/ 5** with strong performance (typically **80%+** 'strongly agree'). Retention was high, with **88%** attending the full day, indicating sustained engagement.

The strongest feedback related to speaker quality, breadth of expertise, and the learning value of concise, well-paced presentations. Delegates consistently reported leaving inspired, better informed, and more confident to apply learning in practice. Clinical and service-focused content, particularly GHB/ GBL dependence, emergency care, and specialist services, was repeatedly highlighted as impactful. Networking and the cross-sector mix in the room were also valued highly.

The principal area for improvement relates to venue capacity and comfort. The most frequent low-point comments concerned the room being too small, cramped seating, and external noise or distractions. Secondary issues included a desire for more time per speaker, fewer speakers with greater depth, and more interactive formats such as workshops or breakout groups. Technical issues were reported by a small minority. The organisers acknowledge this.

## Comparing 2024 and 2025 Conference Evaluations

Overall satisfaction increased from 2024 to 2025: 2024 was "rated highly" in narrative terms; 2025 shows quantitatively exceptional satisfaction (mean 4.7–4.9/5; and 98–99% agreement on core measures. Positive trends: stronger evidence of impact, clearer strengths (speaker quality, relevance, learning value), higher retention (88% full-day attendance in 2025), and more actionable feedback. The conference has matured from a successful pilot (2024) into a highly rated flagship event (2025). While it's outgrown its infrastructure, this is being addressed with a new central London venue in 2026.

## London Chemsex Conference 2026

In partnership with Antidote, an October (TBC) date is in the planning stage, with a focus on practice. A one-day event in a larger venue in central London. More details from February.

## Contents

**Q1. How long did you attend?**

- All day: 88
- Left early (PM): 10
- Left early (AM): 2

**Q2. Area of work/ interest (multi-selection)**

- Drug treatment: 54
- Sexual health (inc. HCV): 25
- HIV or LGBT+ org/ group: 19
- Public health (inc. policy/ strategy): 13
- Other: 13
- Criminal justice: 8
- NHS/ED/BBVs: 7
- Commissioning: 7
- Individual: 1

**Q3. "Overall, the conference was well organised."**

- Agree (4–5): 99% | Strongly agree (5): 83%
- Distribution: 1=1, 2=0, 3=0, 4=16, 5=83

**Q4. "Speakers/presenters were knowledgeable."**

- Agree (4–5): 99% | Strongly agree: 90%
- Distribution: 1=1, 2=0, 3=0, 4=9, 5=90

**Q5. "Material was presented in an engaging manner."**

- Agree (4–5): 94% | Strongly agree: 81%
- Distribution: 1=1, 2=2, 3=3, 4=13, 5=81

**Q6. "Material was relevant and helpful."**

- Agree (4–5): 98% | Strongly agree: 88%
- Distribution: 1=1, 2=0, 3=1, 4=10, 5=88

**Q7. "Conference space and facilities functioned well."**

- Agree (4–5): 82% | Strongly agree: 52%
- Distribution: 1=0, 2=3, 3=15, 4=30, 5=52

**Q8. "The purpose of the conference was met."**

- Agree (4–5): 98% | Strongly agree**:** 81%
- Distribution: 1=1, 2=0, 3=1, 4=17, 5=81

**Q9. "My expectations were met."**

- Agree (4–5): 95% | Strongly agree: 78%
- Distribution: 1=2, 2=1, 3=2, 4=17, 5=78

**Q12. Awareness of Antidote at London Friend (pre-conference)**

- Yes: 69 | No: 25 | Uncertain: 4
  (2 respondents did not provide a standard single answer)

**Q13. Awareness of GMHC (pre-conference)**

- Yes: 61 | No: 31 | Uncertain: 5 | "Yes, No" (selected both): 2
  (1 respondent appears missing/ blank

**Delegates were asked about a Conference high point (Q11)**
*For all comments see Appendix A, page 4.*

— High points overwhelmingly centred on speaker quality and expertise, with repeated praise for knowledgeable presenters, credible lived/ practice insight, and concise talks that maintained attention. Delegates also valued practical/ clinical content (notably GHB/ GBL dependence and service responses), and the cross-sector mix in the room—networking, partnership working, and feeling inspired/ called to action. Several singled out specific individuals/ teams and highlighted the atmosphere and shared commitment. A smaller number praised resources/ materials and refreshments. Overall sentiment is strongly positive and strongly action oriented.

**Delegates were asked about a Conference low point (Q10)**
*For all comments see Appendix B, page 6.*

— Low points were dominated by venue capacity/comfort (room too small, cramped seating) and delivery conditions (external noise/ distractions, occasional AV issues). A secondary theme was pacing/ time: some delegates wanted fewer speakers, more depth, slower delivery, and/ or more interaction. A small number flagged content mix (desire for more practical "toolbox" elements, more research, or different balance such as abstinence content). Very few reported genuinely sensitive/ emotional impacts (eg: suicide content). Overall, many explicitly stated no low point.

**Delegates were invited to make further comments**

— "Thanks for a great conference!"
— "Excellent day, thank you so much xx"
— "Brilliant conference far surpassed the previous year"
— "Conferences like this need to continue." (x1)
— "Much needed conference to learn but also connect with other services"
— "Very applicable to my service users"
— "Been a very positive day… Lots learnt and motivated…"
— "An excellent day that went well beyond my expectations…"
— "A really brilliant day… based in Liverpool… develop more chemsex awareness…"
— "Brilliant conference… Loved how inclusive it was…"
— "Well done to all organisers"
— "A bit more time for each of the speakers but understand…"
— "Bigger conference space, bit longer allocation of time for each presenter."
— "Excellent conference. Some workshops out breakout rooms/ tables…"
— "Bigger venue and more time/ interaction"
— "Workshops/ breakout rooms"
— "More time per speaker"
— "Larger space"
— Additional "thank you/ brilliant/ excellent" (each x1)

# APPENDIX A

## All high-point feedback, batched (unique comments shown; duplicates collapsed)

### 1) Speakers and presentations (quality/expertise) (36)

- "Exceptional speakers"
- "All the speakers"
- "All. Speakers/Hosts were brilliant"
- "All the fantastic speakers and having a chance to network"
- "All the presentations"
- "Very engaging and informative"
- "Engaging presenters"
- "Knowledgeable speakers"
- "Great speakers"
- "Speakers were excellent"
- "Speaker content"
- "Presentations"
- "The speakers"
- "The speakers were brilliant"
- "Excellent speakers"
- "Brilliant speakers"
- "Insightful speakers"
- "The presentations were great"
- "The way the speakers presented"
- "Concise presentations kept us engaged"
- "Short 10–15-minute presentations hold engagement well…"
- "All the good speakers who knew how to use a mic"
- "All informative speakers"
- "All of it!!"/ "All the presentations" (x1 each)
- "All the topics…"
- "All the speakers and the range of talks"
- "The panel"
- "The hosts"
- "Speaker knowledge"
- "Speaker expertise"
- "Brilliant content and delivery"
- "Excellent delivery"
- "Engaging sessions"
- "Great talks"
- "Very informative talks"

### 2) Learning value and content quality (17)

- "I learnt so much !"
- "Informative currently well research (evidence-based practice)"
- "A lot of information delivered in bite sized presentations resulted in a broad understanding…"
- "Content"
- "The content"
- "The entire conference"
- "Interesting"
- "learnt a lot of new things and things i hadnt considered before"
- "Lots of knowledge and action points"
- "Left feeling inspired and called to action"
- "Meticulous planning and absolutely brilliant content"
- "Everything - concise presentations that kept us engaged…"
- "Everything else was fantastic"
- "All informative"
- "All informative"
- "The content and learning"
- "Broad overview across themes"

### 3) Specific shout-outs (named individuals/organisations) (17)

- "Managing GHB and GBL dependence"
- "Alex and Helen."
- "Antidote and Dr Naomi"
- "Cliff and Patriic"
- "Patriic"
- "Marc s"
- "Patriic from GMHC passionate speech"
- "I thought Stephanie from Antidote was excellent"
- "I found it helpful hearing from the staff at London Friend especially"
- "Doctor speaking about ED and Cliff Askey so interesting"
- "Personally, it was the learnings from Kings College"
- "Club Drug Clinic input"
- "Hard to pick any but me presentation but enjoyed Alex's…"
- "Cliff…"
- "Antidote…"
- "Patriic GMHC…"
- "Kings College…"

### 4) Clinical/practice content (specific topics/services) (13)

- "Managing GHB and GBL dependence"
- "Club Drug Clinic input"
- "Doctor speaking about ED…"
- "Service responses/ what's working well"
- "Dependence and withdrawal"
- "Clinical management content"
- "Practical information on GHB/ GBL"
- "Service user relevance"
- "Treatment pathways insight"
- "Emergency department perspective"
- "Partnership working from a drug service perspective…"
- "Useful clinical detail"
- "Practice implications"

**5) Networking / community / atmosphere (11)**

- "Expertise and compassion in the room"
- "Amazing knowledge in the room and everyone is so passionate."
- "Such knowledge and passion!"
- "The lovely people and atmosphere"
- "The people I met"
- "Seeing so many people come together for a great cause"
- "lots of different people from different services and with a wealth of knowledge"
- "All the brilliant, rich and interconnected conversations"
- "Networking"
- "Chance to network"
- "People from different services"

**6) Inclusivity and representation (2)**

- "Brilliant conference… really enjoyed the trans and non-binary video presentation…"
- "Inclusive and wide range of backgrounds"

**7) Resources and materials (2)**

- "Resources are amazing"
- "Merchandise stalls and complimentary stuff"

**8) Catering / venue positives (2)**

- "Great sushi and an even better atmosphere"

# APPENDIX B

## All low-point feedback, batched (unique comments shown; duplicates collapsed)

### 1) Venue size, seating and comfort (27)

- "Limited seating / full house"
- "Room was too small"
- "The room was small"
- "The venue which is quite small for the number of attendees."
- "Could have had a bit more space, bigger venue."
- "It was a little cramped"
- "very cramped"
- "It was cramped"
- "The venue was too small"
- "The venue was small"
- "Room too small"
- "Small venue"
- "Too cramped"
- "Too small"
- "The venue was a bit small"
- "The room was quite small"
- "The space was cramped"
- "The seating was cramped"
- "Not enough seating"
- "Not enough seats"
- "Limited seating"
- "Full house"
- "Crowded"
- "Too many people for the room"
- "Room capacity"
- "Felt cramped"

### 2) Timing, pacing and agenda management (14)

- "Not enough time for the speakers" (x2)
- "The speakers were encouraged to speak very quickly making it very difficult to take any information in. Although all great less speakers would have felt more manageable. They could have then gone into a little more depth on their subject"
- "More time"
- "Not enough time"
- "Time"
- "More time for speakers"
- "More time for QandA"
- "Would have liked more time"
- "Could be longer"
- "Too short"
- "More breaks"
- "Pacing"

### 3) Audio / distractions / external noise (11)

- "Just the noisy wedding people"
- "The marriages! But not your fault! Also had some chatters next to me"
- "Doors opening/ closing when they broke"
- "All the good speakers who knew how to use a mic"
- "Noise"
- "External noise"
- "Noisy"
- "People talking"
- "Distractions"
- "Hard to hear at times"
- "Wedding noise"

### 4) Technical / AV issues (4)

- "Some of the tech issues"
- "Some tech issues delaying presentations"
- "Technical difficulties with videos and the audio quality"
- "Technology being unreliable"

### 5) Content mix (practicality, evidence, balance) (4)

- "Not enough research in the presentations"
- "No real low point but excited for next years 'toolbox' conference as it was very public health orientated and would like to have more practical tips (selfishly benefit my realm of work more!)"
- "Very little mention of abstinence-based therapy too much concentration on harm reduction"
- "The lived experience would be great- and more facts"

**6) Lived experience representation (3)**

- "No lived-in stories or experiences"
- "The lived experience would be great - and more facts"
- "Not enough lived experience represented/ talked about!"

**7) Format: wanted more interaction/ fewer speakers (2)**

- "Too many speakers - lack of interaction"
- "A lot of listening"

**8) Content overlap / repetition (2)**

- "felt like some of the speakers reiterated the same points however with their main presentation they were about different themes and topics"
- "Some repetition"

**9) Specific speaker critique (2)**

- "The speakers from XXX were very poor"
- "One of the speakers was not involved in chemsex at all"

**10) Pre-event information (1)**

- "I didn't manage to see the programme in advance"

**11) Temperature/ ventilation (1)**

- "External noise and temperature of the room (very cold sat under the vents)"

**12) Inclusivity and representation gaps (1)**

- "No input or question around trans as was a video and nothing much on lesbians"
  *Note: The video was shown in October. Speakers were present for Nov, and Jan.*

**13) Content intensity / triggering material (1)**

- "Chemsex suicide struck a painful chord"

**14) Other / specific item (4)**

- "More tofu sushi please!"
- "That it had to end, was such a great and informative day!!"
- "I would like to have seen a drug service represented and what they are doing well"
- "It was all amazing, but I did find it a bit hard to concentrate towards the end - the idea for next year to do more strategy-based/ toolbox is a great idea!"

**15) No low point / none stated (11)**

- "None" (x2)
- "Lunch" (x2)
- "N/ A"
- "None"
- "None comes to mind."
- "Unable to think of any."
- "I can't think of a low point."
- "Nothing I found it very informative."
- "Wasn't a low point for me found it all interesting."

# APPENDIX C

## Delegate Questions

When booking tickets, delegates were invited to ask a question. Unfortunately, Conference did not have the time to address or answer these specifically. However, listing the question may help generate conversations within your service. Across the three Conferences, the dominant themes (in priority order) are:

1. **Service delivery and pathways (mainstreaming + integration):** repeated demand for clear, consistent routes from sexual health, drugs services, ED/AandE, hospitals, mental health trusts, and statutory partners; plus how to make offers visible and accessible, including for people outside London.
2. **Harm reduction practice and clinical advice:** "what do we actually tell people" (safe dosing/measurement, safer injecting/slamming, drug effects and combinations, contaminants, detox options for GHB) and what practical tools/services are missing.
3. **Access, equity, and geography:** strong concern about postcode dependency—rural/small towns, outside London, and how London learning transfers nationally; implicit commissioning/funding questions.
4. **Mental health, trauma, and neurodiversity:** managing psychosis risk, trauma-informed approaches, ADHD/neurodivergence, and therapy when clients are in active use.
5. **Data and definitions:** need for agreed definitions (chemsex vs sexualised drug use), better recording, and trend/prevalence monitoring, including deaths and HIV transmission implications.
6. **Safeguarding, exploitation, and sexual violence:** grooming/exploitation, homelessness/sex-for-shelter, safeguarding duties, and whether assault reports are rising.

**OCTOBER 2025**

**Service delivery: pathways, integration, mainstreaming, ED/hospital, signposting**

- How can we best support Chemsex advice and support outside the metropolitan area, like Essex? Which has almost zero visibility.
- How can Emergency Departments better look after patients affected by chemsex?
- How do you sign post people to 12 step organisations
- How do you think "mainstream" or general services can best be adapted to provide quality support to people involved in chemsex?
- How do we work more collaboratively to ensure equity of access across the capital.
- How do we improve treatment outcomes for people partaking in chemsex who have COMHAD?
- What help and support would you advise clients and services wanting to support Chemsex users living outside of London?
- What should be the commissioning priorities over the next 1–3 years?
- What are the biggest barriers to people accessing treatment services ?
- What support is in place for friends and partners of service users who are engaging in chemsex
- How do we make mainstream drug treatment services more accessible for chemsex users needing support
- What have been the significant changes in drug usage concerning this issue and is treatment keeping apace
- How can interventions be integrated into a chemsex care pathway?
- Pathways into support from sexual health
- I work with people who are addicted to having sex while on heroin. Is there any way we can accommodate more co-working between opiate recovery and chemsex recovery?
- How would you encourage chems users to engage with services
- How can we empower colleagues to confidently engage with this patient group?
- How can statutory drug and alcohol services better support people involved in chemsex
- How can we make our offer of support more widely known?
- Community support programs outside London
- Has there been an increase on engagement for harm reduction across services
- What needs to change for this to be taken more seriously.
- What help and support would you advise clients and services wanting to support chemsex users living outside of London?
- How might the lessons we learn in the London communities be transferred into rural communities with less resources?
- How important do you think it is to adapt approaches to support to engage in harm reduction services with inner city and rural populations?

**Data, definitions, trends, prevalence, abstinence and outcomes**

- What are the most current harmful trends that are happening in London with regards to chemsex?
- What do you think is coming up in the future chemsex scene??
- What is the estimate of the prevalence of chemsex use in the UK
- What percentage of MSM using meth for chemsex manage abstinence?
- Do we have a nationally agreed definition of Chemsex
- How are chems related activities and misuse being recorded across the country.
- Do you know how many unfortunate deaths are linked to Chemsex?
- How can we collect the right data around death around Chemsex ?
- What information can you provide us with regards to abstinence?

**Harm reduction practice: safer use, equipment, drug effects and combinations**

- Where in the UK is there rehab for GHB use?
- What harm reduction equipment, advice and support do people who use drugs for chemsex need? What is not provided currently?
- What role do you think digital platforms like Grindr play in chemsex practices?
- How are dating sites involved/how can they be involved in health promotion around chemsex?
- Do poppers also “Relax” and “improve” the sexual experience for women?

**Equity and geography: outside London, national consistency, rural/regions**

- How might the lessons we learn in the London communities be transferred into rural communities with less resources?
- What help and support would you advise clients and services wanting to support Chemsex users living outside of London?
- Community support programs outside London

**Mental health, trauma and neurodiversity**

- Query: “What are some of the emotional or psychological reasons people might engage in chemsex, and how can support services better respond to these needs?”

**Safeguarding, exploitation and violence**

- Support for vulnerable young men who may be being groomed and exploited and then becoming mentally unwell
- What do we understand in terms of chemsex and exploitation of potentially vulnerable men

**Criminal justice, policing and legal/policy reform**

- What role can the Criminal Justice system play in supporting harm reduction for individuals engaged in Chemsex, and how do you think it can shift from punitive to health-centred??

**Digital platforms and dating apps**

- What role do you think digital platforms like Grindr play in chemsex practices?

**Population-specific needs and inclusion**

- There’s never just one “scene”… what do we know about behavioural trends and effective responses when factors such as age, and ethnicity are taken into account?

**NOVEMBER 2025**

**Service delivery: pathways, integration, mainstreaming, ED/hospital, signposting**

- How can local drug and alcohol treatment services better serve the needs of those involved with chemsex
- What can services do to better understand the rate of chemsex activity and provide quality support?
- Any guidelines on treatment at ED
- What does the treatment pathway for Chemsex look like
- It would be interesting to know how London's chemsex issues compare to the rest of the country.
- How can specialist chemsex services best interact with mainstream health services (hospitals, AandE, mental health trusts)
- How can we improve how "mainstream" substance use treatment services support people who engage in chemsex, both directly and through partnership with other organisations?
- What are the best options to let people know about the support we can offer people participating in themselves?
- What more can we do as services, to make our offer of support, more widely known?
- How are clients with English language as a barrier looked after when they attend treatment areas for chem sex
- Should areas with higher rates of GBL use receive increased funding for inpatient detox, and rehab…?
- HIV/chemsex/chaotic clients… regular missed doses of ART, selling sex.
- How can local drug and alcohol treatment services better serve the needs of those involved with chemsex (duplicate removed)
- How can specialist chemsex services best interact with mainstream health services (duplicate removed)
- How can we improve how "mainstream" substance use treatment services support people who engage in chemsex… (duplicate removed)

**Harm reduction practice: safer use, equipment, drug effects and combinations**

- What are the latest contaminants found in GHB, Ketamine, Methamphetamine, MDMA and Mephedrone illicitly bought from the streets?
- What are the current trends in drug combinations in chemsex? How should this inform harm reduction messaging and clinical response?
- What are you seeing regarding the interaction between anabolic steroid use and chems?
- What is the best advice to give someone to avoid the use of chems to give over the phone?

**Mental health, trauma and neurodiversity**

- What therapeutic approaches have proven most effective in supporting individuals engaged in chemsex who experience difficulties with intimacy, relationships, or identity?
- What role does intimacy avoidance or trauma-related dissociation play in the appeal of chemsex for some people?
- Exploring the link between chems use and ADHD… how to appropriately support those who find chems use stabilising
- How can we safely support individuals in the Chemsex community who are experiencing psychosis, or are at risk of experiencing psychosis?

**Population-specific needs and inclusion**

- Are we seeing an increase in chemsex… and is there an increase of use in heterosexual communities?
- How can we best support women and trans/non-binary people engaging in chemsex or sexualised drug use?

**Data, definitions, trends, prevalence, abstinence and outcomes**

- To what extent do you think cultural, social, or healthcare system differences explain why chemsex is more visible and widely discussed in the UK compared to other European contexts?

**Equity and geography: outside London, national consistency, rural/regions**

- What support available in small towns in North of England

**Safeguarding, exploitation and violence**

- How to support young homeless people out of the scene who are homeless and exchange sex for a roof over their head

**JANUARY 2026**

**Service delivery: pathways, integration, mainstreaming, ED/hospital, signposting**

- How can I best tailor my sexual health testing consultations to openly welcome disclosures of chemsex?
- How can the Antidote clients benefit from conferences like these?
- What more can frontline services do to offer support ?
- How can trauma-informed practice be applied in chemsex support services?

- How do you see the future development of Chemsex services, as it grows to be a more widespread societal practice?
- How can we help in mainstream services
- What do you How do you work with statutory agencies (police, NHS, social care) when there are safeguarding or criminal concerns and do you feel the current approach is sufficient, if so why?
- How can learning from London be shared with the rest of the UK?
- What is happening to help make Chemsex support less dependant on the part of the country you live
- Do we really feel we are doing as much as we possible can to make a difference where a change is noticeable.
- What are the most effective ways to engage individuals involved in Chemsex who are not currently accessing sexual health or substance misuse services…?
- How do we engage more service users
- How do current chemsex trends and emerging challenges influence the way services are designed and delivered, what is missing?
- What can we do to in regards to chem sex harm reduction in out of London
- What do you see as potential barriers to accessing support from 12-step fellowships such as Crystal Meth Anonymous?
- How can one efficiently support a client who needs to be under the influence to enjoy sex?
- What advice do you have counsellors or therapists for working with people in active addiction who aren't able to maintain sobriety for sessions?
- How might approaches to reducing harm relating to substance use also support us with other challenges our clients or service users might be experiencing?

**Harm reduction practice: safer use, equipment, drug effects and combinations**

- How to advice a patient on safe use of chems? What are the safe measurements of the drugs used?
- What harm reduction equipment, advice and support do people who use drugs for chemsex need? What is not provided currently?
- How big is ketamine in the chemsex scene currently?
- What is the most effective detox medication for G?
- Other than practising safe sex, what is the most crucial piece of advice around chemsex that we can offer…?
- Correct definition of Chemsex and Sexualised Drug Use
- What is slamming?
- There is some recent evidence that slamming T can cause hallucinations and cause damage/weakness to injection arm. Is this a well known phenomenon??
- The effect of the drugs on the body
- What are best practices for harm reduction when supporting someone involved in chemsex?
- How to counsel someone about staying safe whilst doing Chem sex.
- Why I can hear about newly arising problem to define chemsex or chillouts?
- What recent evidence is there on how chemsex practices influence HIV transmission dynamics, and how should this shape future prevention strategies?

**Data, definitions, trends, prevalence, abstinence and outcomes**

- What percentage of MSM using meth for chemsex manage abstinence?
- Is chemsex becoming more of a national trend?
- What age is chemsex mostly seen, and specific demographics

**Equity and geography: outside London, national consistency, rural/regions**

- How can learning from London be shared with the rest of the UK?
- What can we do to in regards to chem sex harm reduction in out of London

**Mental health, trauma and neurodiversity**

- What are the best ways to assess and manage the mental health impacts associated with chemsex use.
- Is there work being completed to diversify our understanding of chemsex and its impact on neurodivergent individuals?

**Safeguarding, exploitation and violence**

- What is our role in safeguarding others when we know someone is using chems but working with young or vulnerable people.
- Have reports of sexual assault associated with Chemsex risen in the past year

**Community supports and peer recovery (12-step, friends/partners)**

- What do you see as potential barriers to accessing support from 12-step fellowships such as Crystal Meth Anonymous?

**Other / uncategorised (kept because they are intelligible, but not easily keyword-classified)**

- Why has drugs like Crystal Meth found a market within Chem sex whilst in America it hasn't?
- Should we be making more noise in order for government to take seriously the issues our community are facing in relation to chemsex?
- Have any discussions been had with the police about using drug dealers to distribute harm reduction materials
- Improving data capture is really key, some search terms that we can have uniformity in would be helpful.
- One of the initial findings of my research… intra-group stigma… “good” vs “bad” chemsexer… what steps can be taken to minimise impact?
- I work with women on HIV prevention… meeting women who are engaging in chem sex. What provision is there to support their specific needs?

# APPENDIX D

## Delegate Demographics

This data has been sourced when delegates booked. There may be some duplication.

Delegate organisations are heavily London-centred, with representation spanning multiple London borough councils (eg: Hackney, Southwark, Lewisham, Merton, Hounslow, Barnet, Waltham Forest, Kingston, Hammersmith and Fulham, RBKC, Westminster) plus London-wide bodies (eg: Greater London Authority) and major London NHS providers (eg: SLaM, Barts). This indicates the strongest concentration is Greater London, particularly inner/ central and south London footprints (Hackney/ City, Westminster/ RBKC, Southwark/ Lambeth, Lewisham).

Outside London, delegates show a broad England and Wales spread with notable clusters in:

- West Midlands (Birmingham) via University Hospitals Birmingham/Heartlands.
- South West (Dorset) via Dorset sexual health/ Dorset HealthCare.
- East of England (Essex sexual health; Suffolk sexual health).
- South East (Berkshire healthcare; Brighton CGL).
- North West (Manchester City Council).
- South West/ Midlands academic links (Bristol, Nottingham) and regional services (Coventry, Gloucester).
- Wales appears via Powys (Kaleidoscope).

Overall: London dominates, with Birmingham and Dorset the strongest non-London hubs, followed by Essex/Suffolk and Berkshire/Brighton.