EVALUATION

LONDON CHEMSEX CONFERENCE 2026

WED 14 OCT 2026
MARY WARD HOUSE, WC1

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Doing it for ourselves

GMHC organised the first London Chemsex Conference in 2024 because nobody else was bringing an event like this together. So, we took a punt and "did it for ourselves". We drew on community knowledge, relationships and a singular drive to make it happen on a shoestring budget.

It's worth noting we duplicated the 2024 and 2025 conferences three times due to demand, and because we couldn't afford a larger venue. It is testament to the speakers who returned repeatedly; and the handful of volunteers who ferried and carried, set up the room, collected lunch, managed refreshments, made up badges, and welcomed delegates.

Three years on, Conference has grown year-on-year, as have expectations, which we take as a good sign. Thank you to everyone who completed the evaluation. Nearly all of you rated the speakers highly, and almost everyone wants to return in 2027.

You were also clear about what didn't work and told us about content, discussion time, representation, comfort and accessibility, and those lessons will shape what we plan next.

BTW: Event and conference chairs are rarely comfy. Bring a cushion! And yes, perhaps the rows were cramped but this is because we wanted everyone to be there; and we could have sold more tickets.

We also want to be open about what delivering this event involves. GMHC is a small, volunteer-led organisation with limited funding and capacity. Delegates see the day itself; less visible are 9 months planning, nurturing the grassroots vibe, 1000s of volunteer hours, meeting with speakers, and making substantial payments that fall due before tickets are sold. So, while the Conference grows, the work and the financial risk grow with it; resources don't automatically follow.

Finding speakers is a particular challenge. We want a broader range of communities and perspectives, and identifying practitioners with the right expertise who can contribute within our means takes time. Not every invitation is accepted, and not every plan works out on the day, as this year showed.

Your feedback matters should we proceed with a 2027 Conference. Some suggestions are about improving the event offered; others would expand its scope considerably: Perhaps a two-day event or one day split between the main hall and longer specialist sessions in other rooms. We want to take both seriously, and to be realistic about what a small organisation can carry. Another possibly would be to pass the Conference to a larger organisation, or include high profile commercial sponsors, though we believe this would erode the community grassroots vibe.

Strengthening the response to chemsex is a shared responsibility across organisations, services and communities. If you would like to help, whether by turning a suggestion into action, recommending or approaching speakers, or finding sponsorship, we would love to hear from you. We would also welcome others starting events, groups and learning opportunities of their own.

GMHC would like to thank i-base (an exceptional HIV treatment resource FYI) who attended the Conference and have provided a bulletin/ special report here.

We should be collectively proud of what has been built together and grateful to everyone who has contributed. The Conference's success is a reason to raise expectations, and a reason to share the work of meeting them.

Patriic Gayle
Projects Lead
GMHC *1-11-26*

Summary

The 2026 London Chemsex Conference was very well received. 96 people completed the evaluation, and nearly all of them rated the event highly.

- **96%** agreed the speakers were knowledgeable.
- **94%** agreed the conference was well organised.
- **89%** agreed the conference met its purpose.
- **96%** want to attend a 2027 conference.

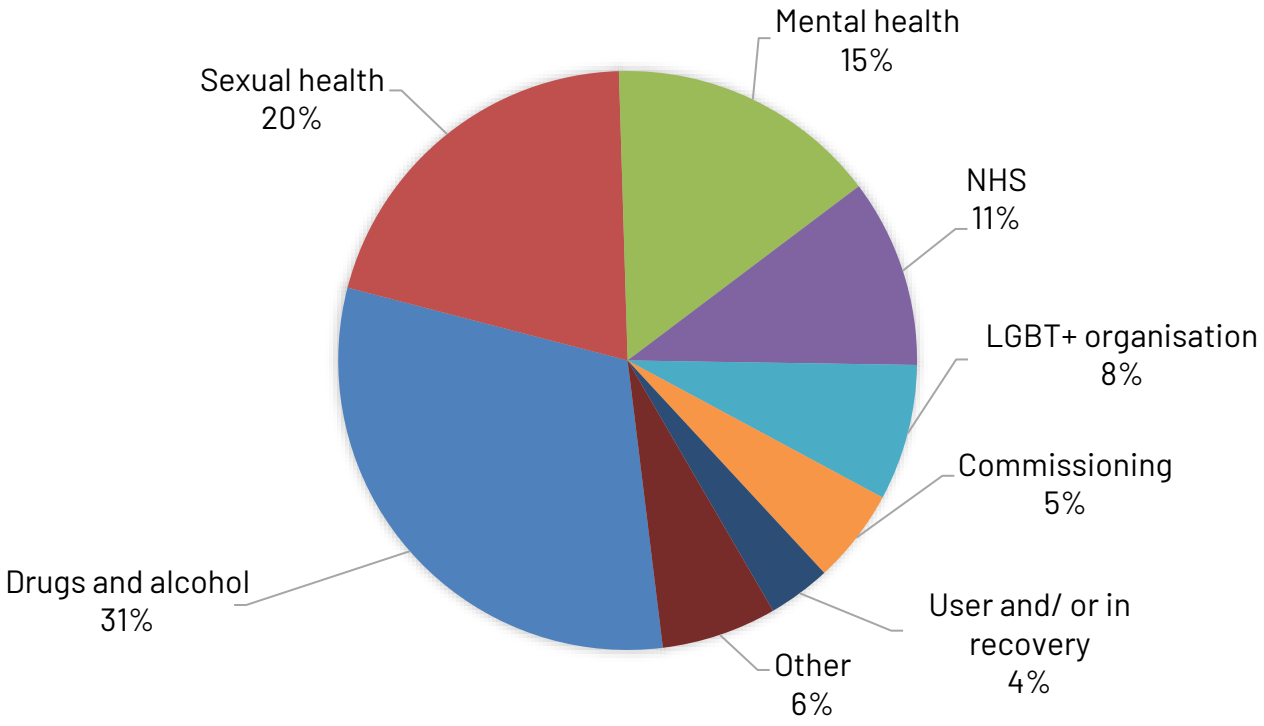
Strongest learning: why services need to work together (94% agreed). Lived and living experience, safeguarding and heteronormativity in services also scored well. The weakest result was neurodiversity: only 21% said they understood it better. The neurodiversity speaker did not attend due to illness, and many people said this was a real loss.

Main complaints: uncomfortable, cramped seating, too many short talks with too little time for questions and networking, and the Metropolitan Police presentation. Several people also asked for more on trans and non-binary people, people of colour, data on who is affected, and practical clinical and harm reduction detail.

About the evaluation

The online form received 96 responses between 14 and 20 October. Most (71) came in on the day of the conference. Not everyone answered every question, so the totals vary slightly. People rated each statement from 1 to 5 (1 means strongly disagree and 5 means strongly agree). In this report, "agree" means a score of 4 or 5. "Disagree" means 1 or 2. A score of 3 is treated as neutral. Two people scored almost everything as 1, but their written comments were positive. They probably read the scale the wrong way round. Their scores have been left in, so the true results are slightly better than shown. One speaker also scored the learning statements low because they already knew the subject well.

Delegates: area of work



Where delegates came from *approx.*

The Conference attracted delegates from across London, other parts of England and overseas. Of the 234 delegates recorded attending, at least **112 (48%)** were identifiable as London-based, with a further **26** from elsewhere in England, including the Northwest, Midlands, Yorkshire, Southeast, Southwest and East of England.

International representation included delegates affiliated with organisations in the Netherlands, Republic of Ireland, Germany, Italy and Malta.

Note: As geographical location was not specifically requested during registration, these figures are approximate and based on organisational information supplied by delegates. The location of **87** delegates could not be reliably determined.

What people learned

Eight of the nine statements were agreed by two thirds or more of respondents.
The table runs from highest to lowest agreement.

Statement	Agree	Neutral	Disagree	Avg. score (out of 5)
I better understand why services need to work together	**94%**	3%	3%	4.7
The police response to chemsex needs to improve significantly	**87%**	8%	5%	4.5
I better understand the contribution of lived experience	**86%**	7%	6%	4.4
I have a better understanding of the current chemsex landscape	**84%**	12%	4%	4.3
I am better able to recognise safeguarding concerns	**84%**	9%	7%	4.2
I better understand how heteronormativity in services can block access to support	**82%**	11%	7%	4.2
I have a better understanding of chemsex-related harms	**72%**	18%	10%	4.1
I am better able to identify harm reduction approaches for my role	**68%**	21%	11%	3.9

The event itself

The event scored highly on every measure. The speakers and the organisation stood out.

Statement	Agree	Neutral	Disagree	Avg. score (out of 5)
The speakers were knowledgeable	**96%**	0%	4%	4.7
The conference was well organised	**94%**	4%	2%	4.6
The purpose of the conference was met	**89%**	7%	4%	4.4
The space and facilities worked well	**86%**	8%	5%	4.4
The format worked well	**85%**	10%	4%	4.4

Format and facilities scored a little lower than the rest, and the written comments explain why. Seating was the most common practical complaint: about eight people said the chairs were uncomfortable or too close together. People also mentioned queues for toilets and lunch, the heat, and there was nowhere to sit for lunch. Others said the day was packed, with too many short talks and too little time for questions and networking.

What people said

The written answers back up the scores. The same handful of themes came up repeatedly. Counts are approximate, as some delegates raised several points in one answer.

- **Working together**
  About 18 delegates said the most important thing they learned was the need for services to collaborate and join up. Many planned to contact services they had not worked with before.
- **Lived and living experience**
  About 18 delegates named this as their key learning, and 13 called it a high point. The idea of "living" experience (current drug use) alongside "lived" experience was new to many and made a strong impression.
- **London Ambulance Service**
  Around 19 delegates mentioned the ambulance service talk. Several now plan to contact their own local ambulance service.
- **Safeguarding and heteronormativity**
  Both were often named as key learning, including the idea of "collusion versus intrusion" in consultations.
- **Neurodiversity session**
  About 20 delegates named neurodiversity as the area where they still need training. Several said it was the main reason for attending.



- **The police presentation**
  This was the most common low point, named by about 17 delegates. They felt it was off topic, read like an advert, and did not answer criticism of the police. Some still thought it was right that the police attended.
- **Gaps in who was represented**
  About 10 delegates asked for more on trans and non-binary delegates, and about 8 on people of colour. Others asked about women, sex workers, and men who have sex with men who do not identify as gay or LGBTQ+.

- **Depth and practical detail**
  A minority felt the content was too basic for experienced workers. Some talks were seen as service adverts. Delegates asked for prevalence data, clinical guidance on 'G' and crystal meth, and practical harm reduction.
- **Time and format:** About 12 delegates said the day was too packed. They wanted fewer, longer talks, more time for questions, and structured networking.
- **Speakers named as high points:** included Ben Collins, Dr Mauricio Alvarez, Seba Dyer, Jimmy Hutton, Fiona Hamilton, Peter Kingsley, Dr Michael Yates and Patriic's opening keynote.
- **Looking ahead to 2027:** 91 of 95 delegates (96%) are interested in a 2027 conference, and 81 gave the top score. Only two delegates said they were not interested.

2026 Sponsors

Conference would like to thank Turning Point, Change Grow Live, and Impulse LDN for supporting this year's Conference.

2027 Conference

The suggestions delegates made for a potential 2027 conference fall into these areas:

1. **Seating and venue**
   More comfortable seats with more space, better signs to water, and shorter queues for toilets and lunch.
2. **Programme**
   Fewer speakers with longer slots, more time for questions, and talks that share learning rather than describing services.
3. **Networking**
   A structured networking session or activity, an attendee list, presenter contact details in the booklet, and coloured lanyards by sector.
4. **Representation**
   More trans, non-binary, women's and people of colour perspectives, and sex workers. Pronouns on name badges, gender-neutral toilets, and speakers giving their pronouns.
5. **Content**
   Prevalence and demographic data, clinical guidance on G and crystal meth, a short harm reduction basics session for newcomers, psychological approaches, and international examples.
6. **Police**
   Only invite the police back in a format that allows challenge, such as a panel.
7. **Accessibility**
   A working hearing loop and live speech-to-text captions and slides readable from the back of the room.
8. **After the event**
   Share slides and provide CPD certificates of attendance.

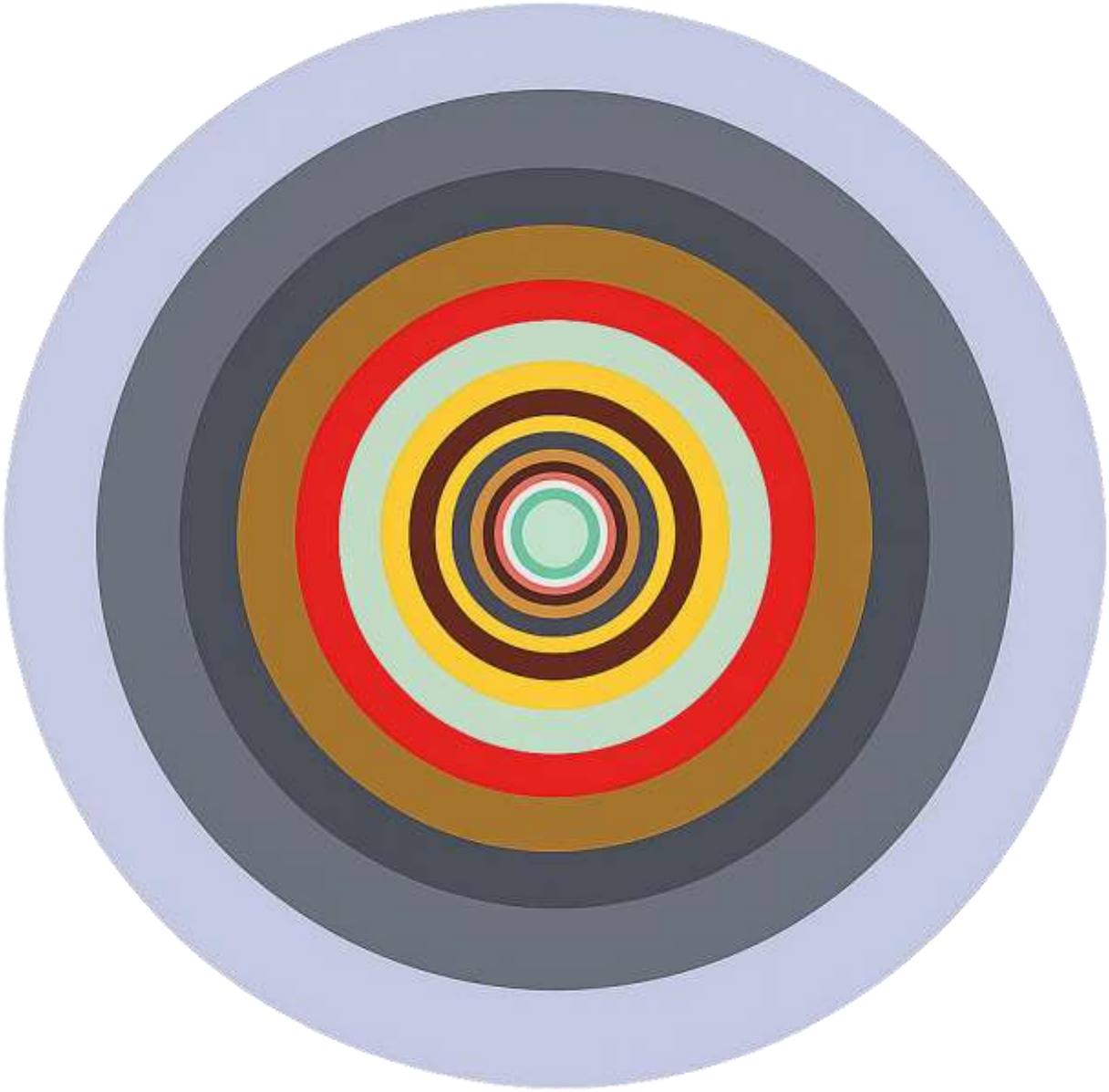
Appendix A
Most important thing learned *(87 answers)*

These are all written answers, as people wrote them, with minor spelling corrections. Blank answers, "no", "none", "n/a" and similar are left out. Email addresses have been removed.

- Collaboration with other services and individuals. You are not alone and will be better able to support others if you get support yourself.
- Heteronormative services unhelpful
- Living vs lived experience
- Police issues
- Mauricio, Peter and Ben Collins talks were great
- Safeguarding in the chemsex context
- Impact of living experience, systemic barriers to service implementation,
- Safeguarding in a chemsex capacity
- The need for a coordinated approach and pan london strategies
- The importance of collaboration and offering a space that does not jump to assumptions
- Amulance service information on rise in chem sex support
- The breadth of work taking place across London
- The Edward case
- The importance of challenging neoliberal practices
- I found the nuances of safeguarding really helpful
- The landscape of different orgs I can refer to
- Networking and connections - this will really help me in my work
- How to approach my employer/ managerial systems about improvements and suggestions to support people engaging in sexualised drug use / chems
- collaboration is key. there's so much good work going on and it's needs to be more collaborative
- The importance of understanding both lived and living experience
- Coming together and collaborating is the key
- Thinking about safeguarding presentation
- The storm is coming and we must be ready
- We need to work together.
- Safeguarding and supporting chemsex clients within the criminal justice
- The role LAS plays in supporting chems users who are unwell was very revelatory
- That we need to do much better as a collaborative network to effect change
- Different organisations and what work they do
- How big the community is
- "Living Experience" as a term
- Loved the part on living experience
- Living experience vs lived experience when designing services, importance of network working,
- GHB care in custody
- The importance of working with other services in a more integrated approach
- Questions to understand if safeguarding is necessary.
- Initially focus on sexual activity rather than substances,
- The unique context that our service users bring and what things to keep in mind and ask about
- Role of ambulance service
- Heteronormitivty, considersations for service development
- How much more I need to become more knowledgeable
- Partnership work across the system is needed.
- The importance of connection with services outside of the usual circles - loved the connection to LAS and will be looking into our local ambulance service for joint approaches
- Importance of appropriate language, collaboration and awareness raising outside of sexual health and drug & alcohol agencies
- Importance of lived and living experience being centred, shortcomings of police, nuanced approaches to safeguarding and risk assessment, criminal justice and homelessness complexities,
- Importantance of partnership work

- Really enjoyed LAS, Safeguarding talk (Mauricio) and how to the homelessness team
- New term: "living experience" as opposed to "lived experience", and total respect to the speakers who stood up and acknowledged their "living experience" (subtext current drug use) in their professional roles
- Better understanding of hidden harm
- Importance of networking and engaging all providers
- I learned about the importance of working together, what other organisations are doing and keeping person centred approaches where you focus on what chemsex support means and ensuring you're not assuming sobriety as a goal.
- Updates from LAS, The Times journo, the CJ elements and psychiatric services
- how the ambulance service works and how they signpost - super interesting.
- Living experience!
- The scope of professionals working with chemsex
- Mainly tips about reaching out to other services (eg local ambulance) and leaning on public health to gain a better understanding of the needs in my area
- Mainstream services are still fragmented and underfunded.
- I really enjoyed the final speaker and thinking about learning from other countries/cities that have a joined-up approach and funding to support those impacted by Chemsex
- 'Living' experience would be really fundamental and powerful within our sector, and it should be celebrated more
- Coordinated response, harms are increasing, challenging heteronormativity.
- LAS has done some work on signposting early, (at the scene), this could be incorporated in A&E / RESUS for patients / relatives / that are affected by chemsex.
- I didnt realise how many agencies across London, including LAS are treating this as a high concern and was great to meet them.
- Clarification on safeguarding complexities and the scale of the issue from LAS
- We're all as fucked as each other so let's stop waiting for commissioners to come and fix it for us because all available evidence suggests this is a pipe dream
- The importance of centring and valuing current living experience
- About Heteronormativity
- The complexity of chem sex and need for multi agency response.
- How awareness has infused my thinking more!
- How much we don't know about the problem in local authorities. There is no doubt that cheeses and related harms have been happening for a long time, but we have only just started hearing and learning about it.
- Regarding people with living experience as valued contributors rather than regarding their living experience as something that needs to be fixed.
- Lived and living experience phraseology as applies to my own life.
- Loved "lived and living experience", the harm and care talk, the safeguarding talk, heternormativity talk, homelessness talk, peer recovery talk, paramedic talk
- Different approaches to understanding people's goals, priorities, and "risks" from service users' perspective
- The breadth of the community
- As a drug Service, we can also offer 2 tier support as well as Tier 3
- To be open to each individual's experience and not assume, and how important it is to educate myself about chem sex if I am to offer a safe space for people so that they don't have to educate me.
- Gained insight on how to bring conversation into a clinical setting.
- Don't feel as loneky in my work
- We need to do much more locally to improve the pathway and response
- Print out cue cards with bigger writing on before the morning of the event
- Fiona Hamilton's information and the homelessness
- That the attending organisations in london (and further) are doing some of

the most important work in our community since the HIV crisis of the late 20th century. I am humbled and awed.
- About living experience
- Possibile contribution of both living and lived experiences
- I learned the value of Living experience as well as lived. Also, the need for services to remove heteronormativity in practice.
- How police and emergency services respond
- Living experience
- About the disjointedness of chemsex related care and the urgent need for a joined-up approach



Appendix B
What people will do differently *(86 answers)*

These are all written answers, as people wrote them, with minor spelling corrections. Blank answers, "no", "none", "n/a" and similar are left out. Email addresses have been removed.

- Reach out to services with my locality
- Closer ties with D&A commissioners
- Work on service cultural competency
- Advocating more for neurodiverse clients to be able to access rehab
- Yes, creating better conditions for people to be able to participate
- Assessment and outreach
- Be more professionally curious
- Train hetro staff to understand queer culture and chem sex in drug and alcohol services
- Look for opportunity to develop training for clinicians outside of urban areas
- Better informed at harm reduction advice
- Need to get busy with MOUs in my area
- Implementing a policy
- Looking at our language use, subtle indicators that a conversation about chems is available
- Many things!
- Be more of a professional annoyance when pushing education and better support to other professionals
- approach to safeguarding
- This will expand the research we are currently being carried out
- Try to reach out to services to understsnd and connect them better with my work
- Try doubly hard to get some pan London commissioning off the ground
- Contributing in delivering a professional service
- Be more person centered.
- There were too many presentations. I would like fewer of them and longer.
- Raise conversations and awareness among colleagues regarding chems users and services of referral
- Advocate for greater discussion of chemsex and to bring together partners and evidence to lobby for change
- More coordinated response
- More teamwork
- Renewed effort for exchange between European capitals
- Partnerships with others met
- Safeguarding contexts, collusion vs intrusion during consultations
- Improve network with local ambulance service
- Reach out to mental health services again and try to make a pathway, encourgae more referrals from sexual health, reach out to the ambulance service
- Be more inquisitive, and ask more focused questions to make the person I am supporting, feel as if I am giving them space to talk about these subjects. Then know what to do, or who to sign post to
- Implement chems training. Strengthen links with sexual health services.
- Ask questions more confidently and signpost to more relevant services
- Seek to work more collaboratively with other services across London
- Lots , some really important themes to take , staff deveopment , system development in local area, LIVING EXPERIENCE
- Make more effort with networking
- Pull together commissioners, local services to review current chems landscape.
- Connecting to services outside of usual remit
- Establish regional Chemsex working group
- Think more carefully and deeply about blind spots, assumptions, and working with colleagues to form a network.
- Will contact ambulance service and bring them onboard
- Ask more open questions about Chems use from Michael's talk
- Look at my living experience in my role
- Cultural changes and making sure that heteronormativity in services
- Adding reflective practice, engaging with networks in Croydon and commissioners
- Ensure that keep pushing in own workplace to keep chemsex as a priority topic. Ensuring that I'm asking specific and correct questions to really understand what a support they actually need.

- Allow this new information to inform my work as trainer in Camden for CGL.
- unsure. but I'm more aware of how some services function and how to inform people about them if they're worried about how they work (since I work at a no barrier service and otherwise with people in nightlife). I might be slightly more willing to call the ambulance.
- Approach it all through a different lens
- Ask more people in my service to educate themselves and attend the next conference, start a group specific to queerness
- Reaching out to other services and start work to hopefully get some feedback from lgbtq groups, to focus where my service can start work/ prioritise
- To collaborate with external agencies that support chemsex clients.
- Think about how we might contribute to data and drug related deaths. Think about Chemsex group that isn't NA/12-step approach, but more neutral
- Ask clarifying questions, not assume responses/circumstances, offer training for all staff so chemsex is organisationally important recognised rather than 'specialist'
- More collaboration with LAS, other drug and alcohol services, sexual health
- Utilise some of the relevant services to signpost individuals for self referral.
- In Southwark we are just in process of developing a chemsex pathway and glad now have more resouces to draw from
- Will feedback all the info and ideas back to our lead commissioners and use it when developing drug checking for chemsex users
- Being more mindful of trans and nonbinary community
- nothing major, keep loving, keep chipping away
- I'll take opportunities to expand the chemsex provision and networks in my city
- More focus on Criminal Justice and how pathways can improve
- Contact Ambulance Trust to get data. Approach organisations who attended the event to see what training is avaliable.
- Look deeper into my client work & education with colleagues around this subject.
- Review our services across SH and Drugs & Alcohol to ensure the staff are better equipped to notice chemsed and provide sensitive, welcoming support
- I've got more connections and networks to speak with
- Be prouder of living experience. Consider intrusion vs collusion.
- meet others in person more
- Not much
- Apply my learning to my daily practice.
- Ask better questions about chems use
- encourage the service to offer a tier 2 service for chems clients
- More open dialogue
- Knowledge is power - supporting service user and signposting where they can access help.
- Connect and speak with managers
- Develop a pathway
- I will try and connect with more people/services
- Focus more on criminality and homelessness, the marginalisation.
- I am now connected with many of the delegates and speakers. This connectivity will have a huge impact on my work as a health engineering researcher.
- Cross referrals
- Working for a network response to chemsex
- I will develop our pathway in the north, accordingly, working towards making spaces more inclusive and looking to get some living/lived experience integrated into our pathway with correct safeguards in place for these individuals.
- Share my knowledge with our Tier 4 leads
- continue to wkr hard to improve our services to support those engaging in Chemsex
- I am primarily an academic researcher, so the conference gave me a lot of material to better understand the current landscape

Appendix C
Areas where people still want knowledge or training *(66 answers)*

These are all written answers, as people wrote them, with minor spelling corrections. Blank answers, "no", "none", "n/a" and similar are left out. Email addresses have been removed.

- Psychological interventions ranging from Substance, to compulsive Sexual Behaviour Disorder
- Data collection
- Neurodivergence
- How we can formulate a person-centered service for neurodiverse clients
- Neurodiversity was missing
- Specific harm reduction
- Polices response to rise in chem sex risks and wrongful treatement of chem sexers
- Culture sensitivite approach when dealing with Chemsex
- Addressing acute presentations in case things go sideways mid session
- Neurodiversity
- Neurodiversity speaker would've been super interesting!
- Maybe something around synthetic subs and new and emerging subs
- Therapy + NB and Chems
- Not personally
- Neurodiversity and chemsex was missing and I am hugely disappointed
- Shame the neurodiversity presenter wasn't able to come as this would be very relevant and interesting to my work
- Neurodivergency
- Neurodiversity and chemsex
- Practical medical knowledge when managing chems crisis'.
- The neurodiversity session that didn't happen, but was a primary reason for attending
- Severe mental health and dual diagnosis which is the area I work in
- Peer consulting
- Neurodivergence / ADHD x Chemsex
- Neurodiversity with chems & trans/non-binary
- It's a pity that the neurodiversity talk didn't go ahead - significant number of patients I see have ADHD/ASD
- I feel all areas were covered well in the times given
- How to outreach chemsex communities, how to bid for funding
- neuro diversity, as it was not covered today unfortunately
- Develop my understanding of 'G' use, addiction and withdrawal.
- The psychological underpinnings of why people engage in Chemsex and how we can meet those needs
- Intersectionality - specific to sex workers, POC, trans people etc! Would also love a moment of slightly more organised networking within the day rather than just during breaks.
- Workforce devekopment and training
- All
- A lot of mention of LGBTQIA+ people and services but what about the needs of MSM who do not identify as LGBTQIA+? Are these services unintentionally excluding people who need support?
- Neurodivergence in relation to chems and how this might differ support options and engagement
- How to engage with local police agencies
- More trans and non-binary and female perspectives on sexualised drug use.
- Psychological interventions directly, talks from Manchester or abroad, and maybe something on chemsex in POC populations
- I think that a lot of the topics about really successfully, however, some of them recapped what their services do rather than sharing specific learning and recommendations.
- CJ - how your service CGL can do more within criminal justice settings
- don't think so
- chemsex among non-cismen
- It gave me a great insight into what's working well. I just need to develop my own training and I will be reaching out and booking onto whatever training I can
- More on the pharmaciligical aspects of treatment that goes hand in hand with keyworking srssions.

- Neurodiversity and clients who feel they are 'self-medicating' with crystal meth and using it daily to function
- People of colour- data around prevalence. Is it that chemsex doesnt affect POC equally hence the lack of representation, or are services and support not reaching them?
- Overall, the information distributed was well thought out but felt generic. It would be beneficial to have more shared experiences from users (current and recovering). Utilise the day for brainstorming and interaction to identify research ideas and directions of care (involve the audience into discussion). Dive into further the clinical aspect of managing an individual that is hospitalised after g or crystal meth overdose, or withdrawal, discuss cases and treatment options throughout the journey and identify opportunities for intervention/support.
- I think Dr Yates message on safeguarding in a chemsex environment was great, I would like to revisit this topic
- Yes - everything. There is a lot to learn
- Not overtly. I feel it was all very well covered.
- The was no data on current numbers of people using chems or demographics. The term LGBTQIA+ was used through out the day but Im no clearer on who us using. I assume its mostly gsy and bisexual, men who have sex with men. If so, they were hardly mentioned.
- Lived experience & living experience? While working in organisations and in general.
- Quantifying the problem, especially when the communities have been disenfranchised by current systems, so it's hard to get a good idea of the scope of the problem
- Trans/NB. Shame for lack of neurodivergence talk and hope that can be covered in future!
- trans issues
- I really didn't feel like I learned anything really. The talks all felt very surface level and didn't seem to provide any concrete learning points. It mostly felt like an advertising service for different services. I think most attendees are very knowledgeable in the area of Chemsex and this level of knowledge was not met by the speakers. It felt quite rudimentary and lacking.
- Interesting lack of talks from psychiatrists involved in the field.
- Neurodivergence and chemsex
- Support for frontline workers/selfcare
- Yes, and will be in touch re training
- I was very sad the neurodiversity piece wasn't there.
- Details on demographics would be helpful
- Neurodiversity
- I would like more information regarding harms with G and some clinical guidance or some frameworks of clinical guidance regarding thsi as it is not funded so there is near to nothing regarding the issue.
- neuodiversity and service provision
- I wanted more information on how people deal with the threat of arrest and how it might affect 999 calls.

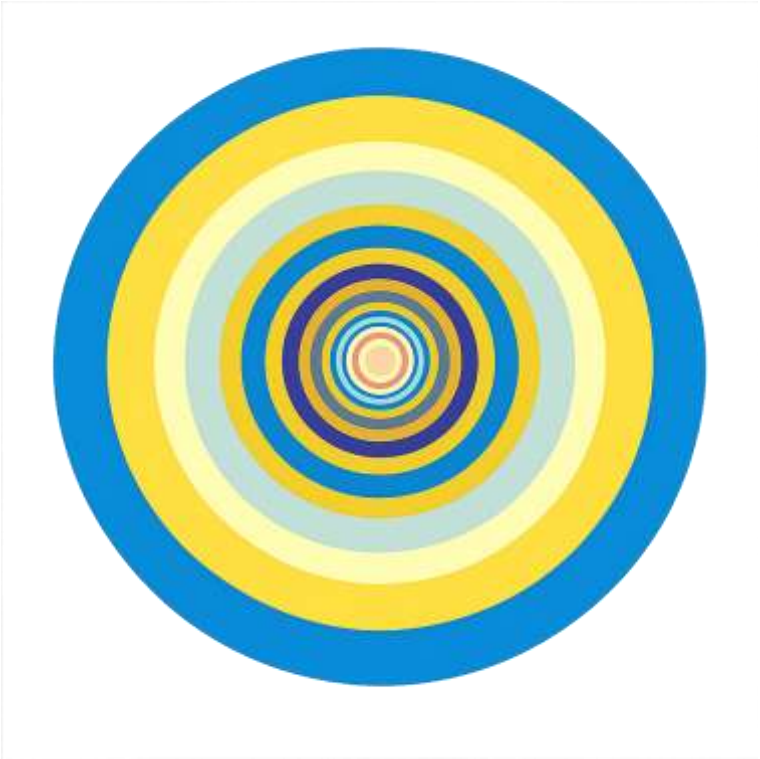


Appendix D
High points *(81 answers)*

These are all written answers, as people wrote them, with minor spelling corrections. Blank answers, "no", "none", "n/a" and similar are left out. Email addresses have been removed.

- Participation from those who have lived and are living with
- Lived/living experience
- Networking with several speakers with aligned purpose
- Hearing lived/living experience
- Lunch
- Lived experience NA
- Hearing about community work and recent research
- Challanging hetronormativity in services
- The diversity of speakers and attendees
- All of it
- Ben Collins
- Talk from E1 Clinic
- Sense of real community and mutual support
- All of the speakers
- Listening to the gent from LAS, as it prompted me to think about reaching out to our ambulance service
- first talk by seba
- Understanding of activities being undertaken by institutions like police to encourage engagement.
- Chemsex 12 step and Ben Collins presentation
- The enthusiasm and quality of presenters
- Various experiences
- The speakers were very knowledgeable.
- The regular breaks to allow networking and discussions
- The lived and living experience shared
- The events energy
- The building
- Lived exeperience speaker
- Very diverse; well informed, and enthusiastic group of speak
- Dedicates Q&A at the end of morning & afternoon
- Lived experience talk
- The talk at the end on how things can change, and that neoliberal ideology is finally being challenged and criticised.
- Lived and living experience advocates.
- Ambulance q and a, criminal justice. Be there messaging
- Living experience
- The diversity of services that spoke
- Focus on safeguarding.
- All of the speakers were so interesting and incredibly knowledgeable
- Networking and range of speakers
- Connection, variety of perspectives.
- All were great
- The talks
- Dr Beale. LGBT I+ chemsex and homelessness
- Ambulance presentation, Ben Kaye's and Dr Alvarez
- Too many to pick
- Talks by Saba Dyer, Ben Kaye, Dr Mauricio Alvarez, Dr Michael Yates, Jimmy Hutton, Dr Alex Tridico and Peter Kingsley
- The speakers
- hearing people's own life and career trajectories
- Amazing speakers
- Networking
- Lived / living experience has really stuck with me. I fully believe the experts are the people I'm working with
- Meeting people whi are passionate in these matters.
- Final speaker and the LAS chat/Q&A
- The whole day was brilliant, inspiring and informative
- Introduction to organisations I was not aware of before
- Advanced paramedic practitioner discussion about the opportunities that LAS has for treatment.
- Ben Collins was great (they were all great) and also the passion from Fiona Hamilton. The whole conference was excellant
- The large number of specialist and informed speakers
- Ben Collins!
- Seba Dyers talk. It was eye opening and a great call to arms
- The presentations and networking
- Short presentations with key headlines. Covered a lot of issues.
- Communicating with other organisations and fellow colleagues.

- Ben Collins from reshape was very inspiring, and felt like a great note to end on with a strong call to action
- Catching up with many in the sector who recognise my knowledge and experience,
- The wonderful crowd laughing together, uplifting speakers during moments of nervousness, asking interesting questions of the panel.
- Patriic was awesome!!!
- Presentations from Ray, Jimmy, Dan, Mauricio, Peter and Michael
- I thought Jimmy Hutton's talk
- Learning that there is another offer we, as a Drug service can offer clients
- The multiple layers of learning and the sense of community in the room and outside - also becoming more aware of services in this field. Also found jimmy Hutton very inspiring and hopeful
- Hearing the lived experience
- Ben C Seba Patriic
- Lived experience testimonial
- Mixing with so many people from my past, seeing those who have helped me, many who I have helped and also a large number who have the jobs I created either doing well in their roles or have even moved on to bigger and better things
- The relaxed interview between Fraser and Peter
- Patriic's opening speech, Mau's presentation, Seba's poetry, Peter Kingsley's fireside chat, Fraser's artful moderation, and of course the lunch and coffee breaks where we could meet and reflect on the talks.
- The honesty of some speakers
- Listening to practical experiences
- Hearing the passion of each speaker and the knowledge they expressed in conference that we can take on and develop in practice.
- All of it fabulous event
- The openness and lived experiences shared throughout the day were truly impactful. There was a clear passion and commitment in the room to supporting each other, improving services, and challenging discrimination.
- Mauricio Alvarez's presentation - provided close clinical discussion that felt sometimes lacking elsewhere; also the final presentation on neoliberalism. Also, the journalist's talk



Appendix E
Low points *(66 answers)*

These are all written answers, as people wrote them, with minor spelling corrections. Blank answers, "no", "none", "n/a" and similar are left out. Email addresses have been removed.

- Too much to digest in a day. Split content over 2 days with more audience participation rather then be spoken to about what is happening. Networking. If possible attendees and participants list.
- Time to reflect and converse limited
- The comfort of the chairs
- Polices response
- Nothing
- MET Police rep spending 10min of the speakers time to talk about the actual topic.
- The Neurodiverse talk missing
- The chars were far too close together - maybe a little longer for comfort breaks
- The chairs, very sore back from sitting so long in quite cramped rows
- the police basically not saying they haven't done anything
- Police force presentation felt like it was not related to this but more an internal training.
- My back ache!
- Missing of some speakers
- Lack of representation of Asian LGBTQ+ organisations.
- The case of edward Cornes was an excellent talk and the speaker Fiona was very engaging. It was an emotionally low point given the topic under discussion.
- The gap for neurodiversity
- Too much focus on what others are not doing
- The air in the conference room
- Not enough time for networking / exchange between sessions
- Long day information heavy
- Chairs
- Police speaking and not taking accountability for barriers between them and our community
- Hearing about the negligence of police, I know how problematic they are but it is always triggering being reminded. But I really appreciated the work that the journalist is doing
- All good.
- Presentation from the police - sounded like it was written by chat GPT!!!
- A lot of information in a short time
- Hardly any mention of GBMSM. No prevalence data on current chem sex scene.
- Uncomfy seats!
- Nothing. All good!
- The police presentation
- Queue for the toilet
- I'm deaf/hearing aid user. If loop was on, I didn't pick it up. The acoustics and echo of the room highlights louder isn't clearer. Could we have speech to text next year please?
- Not having somewhere to sit for lunch, thats it - honestly it was fab!
- Met presentation
- The line up was jam packed, which was great! But did lead to a little bit of death by PowerPoint. Given we were discussing the importance of reaching out and working together, it would have been great to have some structured networking time, or many large groups activities to ensure people meet one another!
- Not long though for the speakers
- met police. Not so much the nurse even, it's interesting to hear how those things are handled, but could have heard more from her and less from her colleague
- No low point!
- Venue is still inadequate for the high number of attendees.
- Police rep talk - it felt like an advert as opposed to being informative, but I think it's important they attend
- Short speeches with no time for questions
- Most of the speakers delivered written speeches, which limited spontaneity and interaction.
- Not a low point as such, but I think an example or two of safeguarding would have given me a better understanding of how sg in may look slightly different in chemsex
- It was very packed tight time-wise and not enough time to interact with stallholders downstairs which I would have loved more time to do
- The police's continued capacity to obfuscate and swerve

- Met police saying “they will listen”. We all know that’s a lie, or rather they will listen and then either make things worse or don’t change a thing
- Nothing low
- No mention of men who have sex with, and using broad acronyms as if we are all one homogeneous group.
- Speaker on neurodiversity didn’t attend
- Warm and cramped together in the room. Queuing for toilets and to get in and out of spaces.
- Met presentation
- The complete lack of response around GBH/GBL related deaths and toxicology from members of the Met in attendance to present on GHB/GBL.
- Too poltiical and not practical enough
- There were no "take aways" in terms of new information other than the existence of services which we may not have already heard of. I heard many people say the same thing as I am writing here. We expected there to be new approaches identified rather than telling us stuff that the majority of people already knew. It was great for those that have no preexisting knowledge around chemsex but not for those with lived experience or "seasoned professionals". The 2025 conference was amazing and so I had high expectations. Also, the chair were EXTREMELY uncomfortable
- Apart from section on neurodivergence not taking place (which wasn’t that bad!) I did not have one.
- Lunch queue
- Lack of detail of drugs used and best harm reduction approach
- Not delivering what I planned to even if it was still OK and got the similar message out there just a little less slick
- hearing people gossip negatively and bad-mouthing others.
- I was underwhelmed by the Met's presentation and presence, tbh. An invitation to collaborate rings empty without offering anything to the community in return.
- Disorganised planning about where to access water, initial mapping of the venue
- Missing some speaker
- Question time vcould have been longer, I felt people were rushed through questions when they should've been allowed the space to talk and explore questions further. As many know it is a nuanced issue, and questions were unlikely to be answered without follow-ups. Maybe more time to allow for this in the next conferences would help.
- Nothing
- that the day went so quickly!
- The met presentation. It was totally bizarre. A bunch of empty buzz words about working together and then a presentation on how they now make sure people don't die of GHB withdrawal as significant progress while ignoring all the critiques made of them, and saying nothing about the fear of arrest inhibiting people from asking for help. I would not invite them again unless they agree to actually engage in a dialogue with criticism (e.g. on a panel).



Appendix F
Further comments *(50 answers)*

These are all written answers, as people wrote them, with minor spelling corrections. Blank answers, "no", "none", "n/a" and similar are left out. Email addresses have been removed.

- Please provide copies of any slides re presentations as well as CPD certificates of attendance.
- Brilliant event, thank you
- Really good day to focus on this topic
- Thank-you
- Excellent
- Thanks and well done!
- Thank you for putting together a brilliant event!
- Would like more info on therapy, traumasexuality, best practices and sla versus chemsex
- Thanks for putting this all together
- Really well organised conference and very friendly environment
- Oh, yea: living and lived experience: wow!
- Superb conference. Thoroughly enjoyed the day and really learned a lot. More trans specific info and insight from Trans advocates
- Can I get the slides?
- Lack of POC speakers. This was the case last year as well.
- Thoroghly enjoyable session. Very knowledgable presenters
- Excellent conference. Thanks to all involved with organising it.
- Would be great to have at least one "activity" within the day to keep everyone engaged and facilitate networking. Also would have liked to hear some people speak for longer - potentially slightly fewer speakers to allow for this!
- Loved it thankyou so much
- Well organised, informative, great speakers.
- Great event...thanks a million
- Thank you!!
- Great conference but chairs so uncomfortable!!
- Really enjoyable! Any chance we can invite any international services that are doing good work to share it with us
- Great conference. Thank you
- Might be too hard to carry out but it would be useful to maybe have different coloured lanyards for different sectors so that people know who they may want to keep an eye out. Eg blue for sexual health, red for drug and alcohol, green for LGBT/ or charity sector, yellow for any other. Not a deal breaker but might be worth a thought!
- more perspectives from trans and gender diverse community, and sex workers of all genders! I heard a question at the end where someone answered that there isn't much data, but there are sex workers who could talk on drug use and sex. often our communities don't speak about it as chem sex because that term is associated with gay male sexualised drug use! but there is no real difference. I'd recommend asking [email removed] for someone from Release's hub, or people from the love tank, SWARM, maybe THORN :) all with the aim of linking our queer communities and hoping to create less isolation
- Maybe something to consider for future conferences could be having a bit of 'latest harm reduction advice' / chemsex harm reduction 101. For someone with no chemsex lived experience it would be great to have a section just outlining the main risks and advice (if even possible). However I do realise that there are also a lot of people at the event with way more knowledge on this than myself... so know this may not be for this event/forum. I will definitely be completing more training and meeting with other services so I can better support people coming to my service. I really enjoyed hearing different perspectives / views and stories, including emergency service and journalists. A really thought provoking and interesting conference. Thank you to all involved in the hard work to organise. Hopefully I can be back next year (with a bit more knowledge and training!)
- Thank you so much GMHC and everyone involved in making today happen! You are paving the way for a better future for those who need this most and I personally really appreciate everything you do
- Please can we have a networking platform where people can leave their contacts for future interests and projects outside of the

conference? Could be a simple fishbowl to drop cards in, or a online platform. Contact details for all presenters (if they agree) could be in the booklet
- Overall, well done to everyone putting this day together. All charities involved seem to be doing great work.
- No coffee available after lunch!:)
- A big thank you to all concerned. An amazing event as always
- Thanks to all for a great day
- I think there was not enough focus on cisnormativity and the experiences of trans people as well as black and brown people (especially in the current climate). The conference had big blind spots that were not addressed. Gendered toilets. Speakers not introducing themselves with pronouns. Very few black and brown attendees and very undiverse viewpoints and positionalities. Despite all of this I think it was an incredible conference, had excellent content and expertise and was passionate and provided an urgent call to arms. We need much more of this and I'm so glad it happened. The above is just what I think would make it even better :) good job!
- Thank you for an amazing day!!!
- Very leading questions in this survey. For next time - More data, no mention of sexual health needs, no mention on how to address those using chems who don't identify as LGBTQIA or queer.
- Great work in putting a fantastic and insightful conference together, you must be extremely proud of yourself with all the people who have contributed and all the volunteers that make this happen! Big up Patriic!!!!!!
- Key outcome of the conference was to share and involve others not to be siloed and to share best practice. That message needs to resonate across the organisers of the event too.
- Please please add pronouns onto name badges so that people don't assume
- a great vibe well done gmhc
- Thanks for all of your hard work! Fantastic conference and community support.
- It was very hard to read presentation slides at the back of the room - some presenters had too much text on a slide or text was too small - very difficult to read some which was a shame. Hopefully a library of the slides could be shared?
- Thank you. I am grateful for the event and the different learnings and understanding it has given me.
- Fantasicday. Looking forward to 2027. Patrick's presentation hit the mark
- I hated scoring negatively, but my knowledge around this area is already good, but the day was fantastic, I loved the venue, how well it all worked and how hard everyone worked to make it happen, I would love to be part of the next one in any format I can be, and if that means persuading my senior management to sponsor the event again I will try, but I can definitely buy more tickets directly for the next event and support that way as soon as they go on sale let me know. Seriously LOVED the day you must all be so F%$£ing proud as well as probably exhausted. I really hope it manages to reach more people including those in power and sway in terms of £££££. GREAT JOB WELL DONE
- Thank you very much for your important work.
- No further comments, the conference was amazing and I enjoyed meeting everyone.
- A well organised event learnt so much thank you!!
- It was one of the most impactful conferences I have attended. The honesty, emotion, passion, and enthusiasm people shared demonstrated just how much this subject matters and the commitment to driving meaningful change.
- Overall it was a fantastic conference, really well organised and clearly a labour of love from an underfunded organisation. I would suggest in the future that there are fewer presentations and more time given for lengthier presentations and discussions. Some of the presenters treated their 15 minutes as basically an advertisement of their service for commissioners or whoever else - I don't think that was really worth anyone's time or could be bunched together in one go - whereas other presentations could have been much more in depth about the kind of actual chemsex support work going on. Also, as somebody who works in the field of critical chemsex studies, it would be nice to bring some representation from this area of academic research into future conferences.