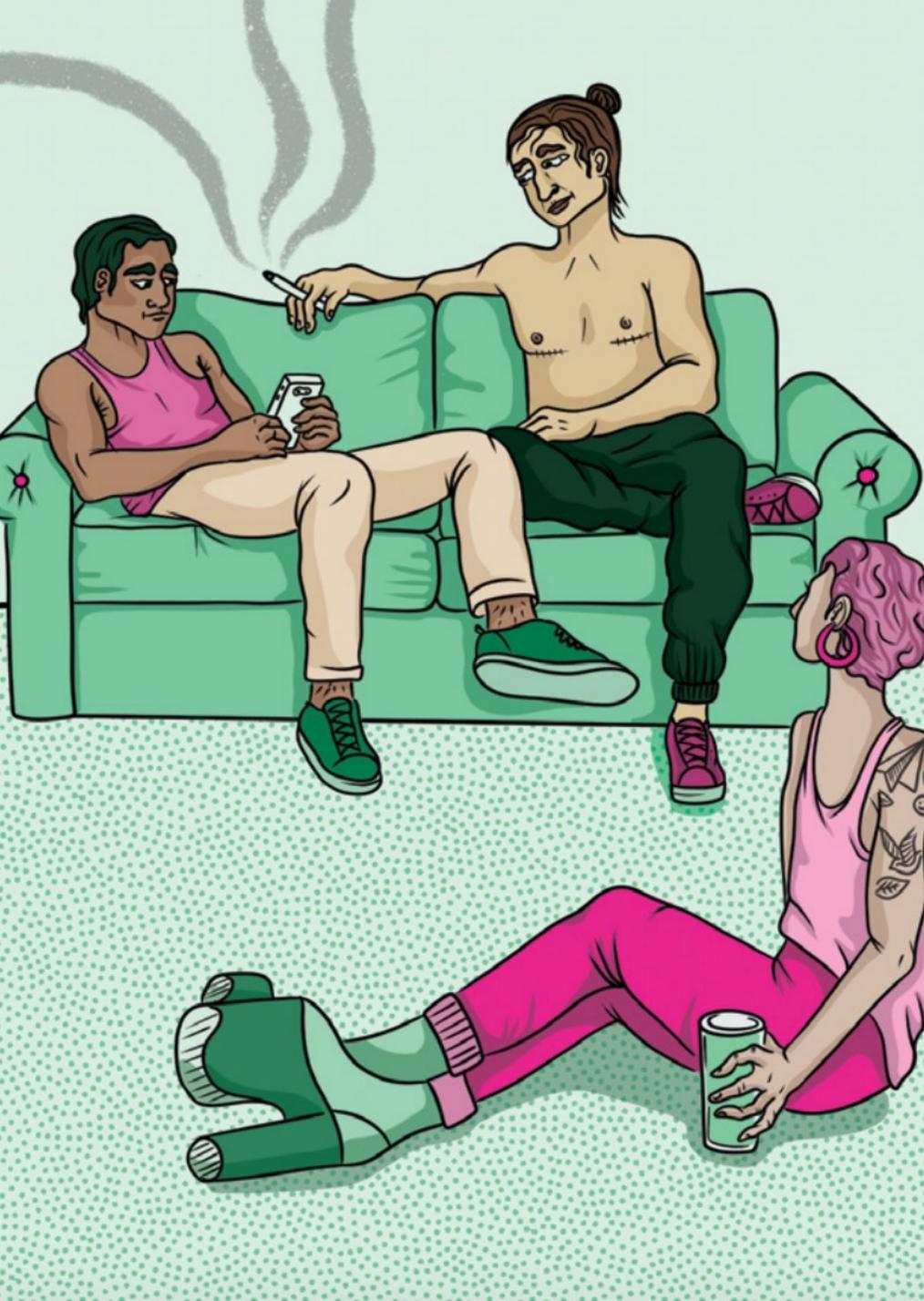


Meeting the chemsex needs of underserved queer communities

Leonardo Pavam, MD

Head of Development and Outreach, The Love Tank CIC



Contents

Who is underserved?

- 1) Scoping the (chemsex) literature
- 2) Community engagement

Meeting the needs

- 3) Harm reduction resources
- 4) Sex, Drugs and Care 4 All



2022 scoping review

> Questions

What is the nature and scale of substance use support needs in London?; How are they currently being met?

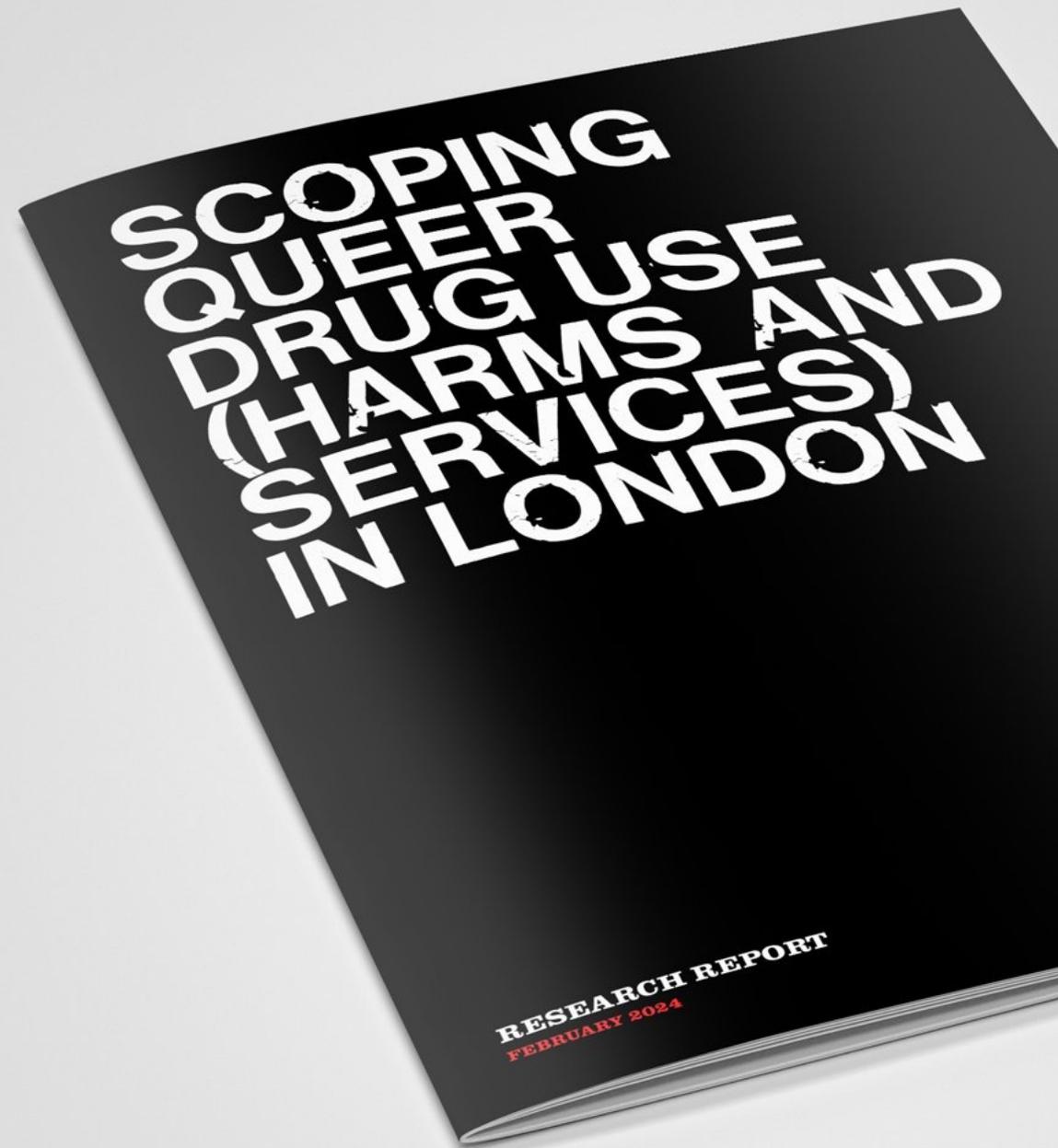
> Methods

Literature review (2010 onwards), supplementary interviews with service providers, review of online information about services



Key findings: What is chemsex?

- > Sexualised use of GHB/GBL, crystal meth, and mephedrone – predominantly among cisgender GBMSM
- > Associated with risks and harms – especially addiction and overdose
- > Subject to moral panic – overstating harms (e.g. mixed portrait of HIV risk) and pathologising pleasure

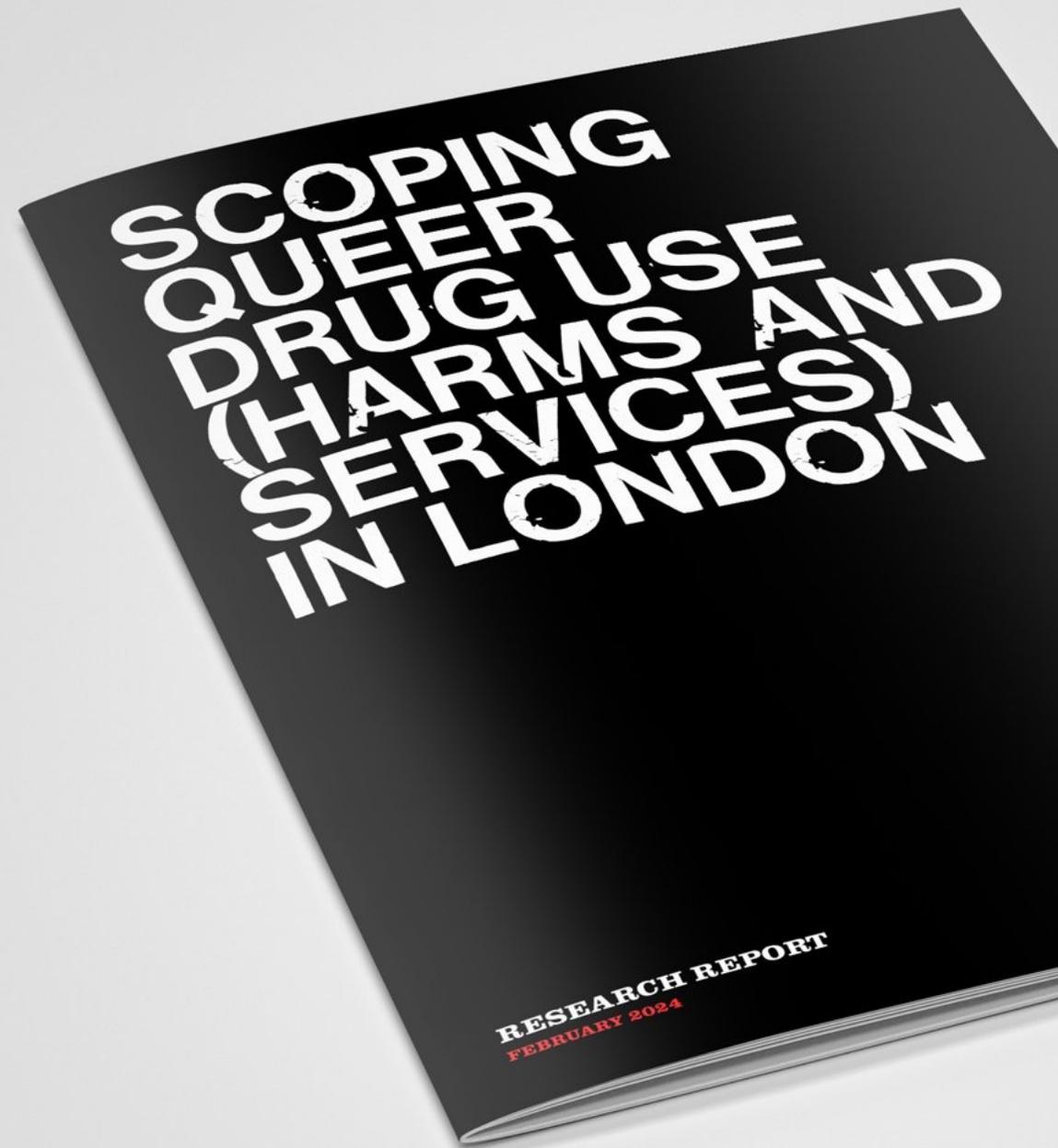


Key findings: What is chemsex?

Moral panic and entrepreneurship can occlude the fact that:

1. Chemsex represents a sliver of sexualised drug use (SDU)
2. SDU is a sliver of queer drug support needs*

*Since 1997, 33% of LGBTQ+ fatal drug-related overdoses amongst trans women, assoc. with opioids (Roberts et al., 2025)



Key findings: Who is vulnerable?

- > Chemsex research 2010-2022: lacking demographics
- > Limited studies suggest non-UK born (migrants) and transgender women especially likely to engage in SDU
- > Psychosocial literature suggest racially minoritised and younger queer people especially vulnerable to harm (inc. distanced from formal and informal care)



Key findings: What is available?

- > Mainstream drug and alcohol services not fit-for-purpose (absence of LGBTQ+ competency and barriers to access)
- > Excellent in-person and online support for chemsex – not other SDU or substance use - from LGBTQ+ specific services and sexual health
- > Majority of people accessing services are (white, British?) cisgender men



Key findings: Limits of support

> Lack of knowledge of support services (compared to sexual health services)

Perceived lack of 'middle ground':

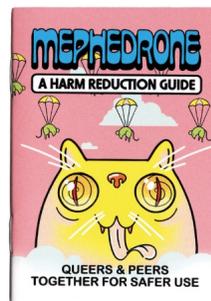
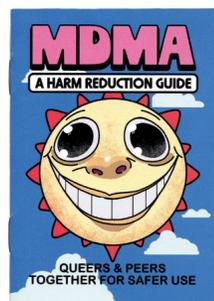
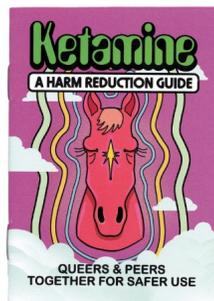
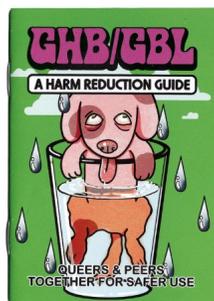
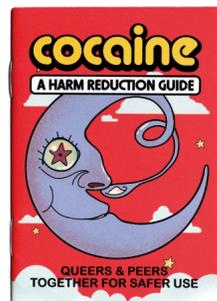
- > Support requires addiction
- > Support requires abstinence
- > Support requires attending services
- > Desire for **harm reduction and outreach**

Meeting the needs: Harm reduction resources



Informed by and responsive to needs:

- > Harm reduction approach
- > Multi-lingual
- > Signposting
- > Non-pathologising and community-oriented language (we don't say 'chemsex'!)
- > Inclusive imagery
- > Including and beyond chems and SDU
- > Tailored outreach strategy



LET'S MAKE CHILLOUTS SAFER TOGETHER.

After the successful launch of our peer-led programme, we're now looking for more queer people to help lead the way.

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CIG

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Sex Drugs and Care 4 All

- > Programme funded by and delivered in City and Hackney in collaboration with Antidote; co-produced with community knowledge
- > Peer-mobiliser model, informed by *Ask Me About PrEP* (n= 100, reaching 10,000)
- > Three training workshops: (1) harm reduction, (2) psychosocial education and mental health, (3) sexual health
- > Peer-mobilisers (currently, n~32) receive merch, resources, ongoing support and dedicated referral pathways
- > Diverse cohorts (including GBMSM of colour, migrants, women and femmes, trans and non-binary people)



Thank you! Want to learn more?

- > thelovetank.info/research
- > thelovetank.info/sdc4all
- > queerhealth.info/projects/sdc4all
- > queerhealth.info/projects/lbgt

Email me:
development@thelovetank.info