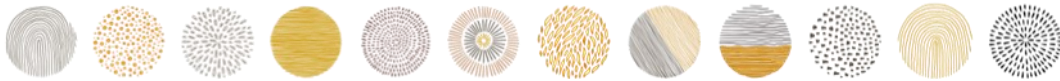


HOLD ME NOW



Cool Beans Vol. 3

About

Cool Beans booklets are supplements to the Safer 2 pack, produced to help you stay safer and signpost to the support you may need, when you need it. While there's a focus on chems, many health issues addressed here affect us all.

Safer 2 is our take on being gay and queer today, joining up the dots of our health and well-being. It's not perfect, it's sometimes messy, but it's ours.

We're not health professionals, rather gay men passionate about our health and wellbeing—some with direct experience of chems, problematic drug use, and recovery. This pack has been edited, tweaked and proofed by peers, shags, allies, organisations and services, who have given their time generously at every turn.**

There is no escaping it, we continue to live in tough times and the health support we need may be difficult to find and access. However, we hope the information here will point you in the right direction.

Hope

We continue to see unhelpful reporting on chemsex in the media and bleak narratives by some organisations. Yes, navigating support can be challenging [shit] but over the past year services and commissioning bodies have started coming together—with many LGBT+ staff and volunteers (some in recovery) at the forefront of this change. Safer 2 is part of this.

Though our LGBT+ paths and life experiences vary, many of us face shared challenges: from phobias and heteronormativity to discrimination; stigma; hate crimes; a lack of dedicated support; and long waits for treatment. While this pack was produced by gay men, we hope there is something useful for everyone.

Words of caution

Not all gay men use drugs, or do so for sex, or in problematic ways. The needs of gay men are not best served by suggesting chemsex is universal. In fact, suggesting it's universal runs the risk of giving the impression that it is both inevitable and impossible to escape.***

Letters and words

LGBT+ stands for Lesbian, Gay, Bisexual, and Transgender, with the plus sign ('+') acknowledging Queer, Intersex, Asexual, and other identities not captured by these letters. It's an umbrella term for the community, with several variations. Safer 2 has chosen to use LGBT+.

When we say 'gay men', we include queer, bisexual, men who have sex with men, and those who don't like labels. We see you. We hear you. We love you.

The small print

The information supplied is provided for educational and harm reduction purposes only. It is not medical advice and does not encourage or condone drug use. Any reliance you place on the information supplied here is at your own risk.

* 2023-2025

** Ju, Da, Ed, Fr, Ga, Ha, Ma, Ni, Sw, Nw, Bh, Pa, Be, Ki, Co, To, Le, Cl, Ra, Gl, Ad, Ki, Sh, Da, Pe, Al, and Lu.

*** FH.

What's inside me

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Why this guide

If someone you love or care for is tangled up in chems, or you're concerned they might be, this guide aims to provide a bit of steadiness, especially if things get messy.

It's a guide, not medical advice, written by gay men who've been close to this, some in recovery, edited with help from our community.

Some of the language used here may be completely new and includes suggestions outside of your comfort zone. If, at any time, you feel out of your depth, overwhelmed, or unsafe reach out! This may include a GP, health professional, drugs or mental health service, legal advice, or a trusted friend.

If you are in danger call 999 immediately.

This journey may not be easy. Do not forget, you deserve support too, space to breathe, grieve, and choose courage over rescue.

COOL BEANS VOL. 3 HOLD ME | 1ST EDITION | AUG 2025 | GMHC.CO.UK

Indicators and signs

While not exhaustive, this list indicates when something maybe wrong, or not as it seems.

- › Losing track of time for days
- › Sudden mood swings, paranoia, or verbal aggression
- › Going missing or ignoring contact for long periods
- › Unprotected sex (without PrEP) and/ or multiple STIs/ reinfection
- › Erratic spending or unusual spending (patterns) or short of money
- › Weight loss, poor hygiene, or repeated bouts of illness
- › Signs of psychosis or talk of suicidal thoughts

Chemsex can mask deeper issues: trauma, loneliness, internalised shame, or untreated mental health conditions, even within relationships and families.

Don't ignore red flags or your gut just because the person seems "fine" after they sleep it off.

Changes in behaviour

Problematic drug, dependence and addiction reshapes priorities. Someone using 'G', meth or mephedrone regularly may lie, hide, or emotionally manipulate. This isn't necessarily cruelty, it's often desperation, denial, and survival instinct.

You may experience:

- › Repeated broken promises
- › Gaslighting: "You're overreacting", "It's not that bad"
- › Stealing
- › Manipulation or pressure you to give them money
- › Sudden charm and "no probs" when consequences loom
- › Confusion between real affection and dependency

The person you care about may not mean to hurt you, but they might still put you in harm's way. You are allowed to name the behaviour, protect yourself, and still care.



Respond safely

LGBT+ people often prioritise loyalty, chosen family, or 'rescuing' others. When someone's behaviour puts you or others at risk consider these safety tips:

- › Lock away or remove medications, valuables, or chems
- › Change locks or passwords if needed
- › Let trusted friends know what's going on
- › Avoid giving cash or sharing bank access
- › Keep a list of crisis contacts handy

If a situation feels unsafe, step back, even if you're not ready to cut contact yet.

Trust your gut.



Systems don't always

Some NHS and statutory services:

work

- › Don't always understand chemsex or LGBT+ lives
- › Mis-classify chemsex as only 'recreational'
- › Focus on opiates or addiction (not 'G', crystal, or meph)
- › Minimise identity, culture, or trauma histories

These mismatches can derail and complicate timely support. When where you can, insist on culturally competent care:

- › "Does this service understand chemsex?"
- › "Are there LGBT+ workers available?"
- › "Is this person being seen as a whole person, not just a person who uses drugs?"

If not, you can:

- Complain to PALS at the NHS Trust
- Contact your local councillor or Healthwatch
- Seek LGBT+ specific services



It's not easy, and you may not have the bandwidth, but it makes a difference.

10 ways to offer support

› **Focus on 'I' statements**

Express how their drug use affects you. Focus on your personal feelings which are harder to dispute, and avoid direct confrontation that can backfire. For example, instead saying "You are using again and lying about it", It can be more effective to say "I feel worried and scared when I don't hear from you, and it makes it hard for me to trust what's happening."

› **Choose the right time and place**

Aim for a quiet private space, and have conversations when they are sober. Avoid talking during or immediately after a (drugs) binge.

› **Offer support, not solutions**

Offer your help (your being there) without taking over, doing all the work, or 'heavy lifting' for them. For example: "I can't make this stop, but I can sit with you while you make a call to a support service," or "I'm willing to go with you to an appointment if you arrange it."



› **Define and hold your boundaries**

Clearly define your boundaries and the consequences of them being crossed. It can be helpful to write them down. This reinforces the idea that boundaries are about your own limitations, not about punishment. Make sure they are clear as this is more effective than ultimatums or compromises. For example, "I will not give you money for any reason." "I will not lie to your employer or family to cover for you." "If there are drugs in my home, I will ask you to leave."

› **Listen without judgment**

Be prepared to listen to what they have to say, even if it's difficult to hear. Make an effort to understand their perspective without interrupting or offering your own.



› **Avoid enabling behaviour**

Enabling means shielding them from the consequences of their actions. For example: Giving them money, lying for them, taking on their responsibilities, paying bills, doing their bit around the home. While it may be 'helping' in the short term, this can get in the way of incentives for change.



› **Educate yourself**

Learn about the drugs being used, how they re-wire the brain, and that addiction, for example, is a chronic disease, not a failing on your part or theirs.

› **Be specific and factual**

While you may be full of emotions, try to avoid vague accusations. Instead, use specific, factual examples of behaviours and the impact they have. For example, vague would sound like "You're always a mess." Specific would be "Last Tuesday, when you missed your friend's birthday, they felt really hurt. I'm worried your drug use is starting to damage these important relationships." Consider keeping a diary of events, even on your phone.

› **Express concern and hope**

Frame conversations with love and concern, not just anger and frustration. Reassure them that you are speaking up because you care about their well-being. It can be powerful to remind them of who they are without drugs and express your belief in their ability to recover.

For example: "I'm telling you this because I love you, and I'm scared of what might happen. I miss the way we used to [share a positive memory], and I believe you can get back to that place. I want to help you get there."

› **Liaising with support services**

If you are in contact with services, be persistent, push for chemsex knowledge/ expertise, LGBT+ competent care, and seek services that see people holistically. Systems won't always understand this, so be aware you may need to need to make a complaint. Get legal advice if the police, probation service, or judiciary are involved.

› **Prepare for a marathon, not a sprint**

Understand that recovery is a long journey, often with setbacks. A single conversation will not solve the problem. Be prepared for denial, anger, and broken promises. The goal of the first conversation is often just to keep a door open. Patience and persistence are more effective than dramatic confrontations. Acknowledge that relapse can be part of the process and does not mean they have failed.



21 ways to 'help' someone and why they backfire

- › **Keep their secrets to "protect" them**
Secrecy protects harm, isolates, and blocks timely help. You become an accomplice, a 'risk' manager for them.
- › **Hand over cash, bank access, or cover their debts**
Money is rocket fuel for binges and cycles of debt. You become part of the supply chain.
- › **Hide, "store," or ration their chems**
You're now 'logistics'. It enables use and puts you at legal and personal risk. You'll be blamed when supplies run out.
- › **DIY detoxes at home**
High medical risks, including withdrawal-related psychosis. Get professional advice and/ or call 999.
- › **Believe charm over patterns**
Cycles of "I'm fine now" are common. Look at behaviour over time, not today's promise. Trust your gut.
- › **Make threats you won't keep: "One more time and I'm done"**
Empty ultimatums teach them your boundaries are negotiable, even worthless. Hold lines you can actually hold.
- › **Do all the admin: call services/ write emails/ fix every crisis**
You burn out. They don't build their own engagement with care. You need to protect yourself (bandwidth).
- › **Chase them for days when they disappear**
You become their safety net and surveillance. It doesn't stop the cycle, and trains you to accept chaos.
- › **Let them move in 'temporarily' with no plan**
Crisis cohabiting quickly becomes indefinite, risky, and financially/ emotionally draining.
- › **Share your meds, HIV meds, or sedatives to 'stabilise' them**
Dangerous drug interactions and legal/ clinical problems. You're not a prescriber.
- › **Babysit their phone, apps, or socials to manage their contacts/ dealers**
You become a gatekeeper and collateral damage when problems arise. It complicates your own privacy and security.





› **Do detective work: track them, quiz their friends, read their messages**

Hyper-vigilance erodes trust and your mental health. It doesn't create change.

› **Downplay aggression, paranoia, or psychosis**

Minimising risks lets situations escalate. Safety beats sentiment. In an emergency call 999.

› **Ignore missing money, valuables, or 'small' thefts**

Unaddressed theft normalises harm and financial abuse. Lock down meds, cards/ cash, valuables, and passwords.

› **Lie to employers/ landlords/ family to keep the peace**

You carry the consequences. It prolongs harm and deepens secrecy.

› **Accept homophobia or stigma from services because "at least they're offering something"**

A lack of expertise and cultural awareness can derail care and recovery. Ask for LGBT+ informed, chemsex literate support. Push for competent alternatives.

› **Treat chemsex as either 'harmless' fun or 'the end'**

Both extremes are unhelpful and miss nuance. Be informed from trustworthy sources, avoid fatalism, and 'end of days' type narratives. Recovery is possible!

› **Conflate (mix up) love with rescue**

"Rescuing" often equals enabling. Boundaries can be the most caring or loving act for both of you.

› **Handle legal/ sectioning talk like a magic fix, or refuse to consider it at all**

It's neither cure-all or betrayal. Sometimes it's the only route to safety though it's also heavy and imperfect. Document concerns and seek professional advice.

› **Make it your job to cure trauma, shame, or mental health**

You're not their clinician; acting as one traps you both, and delays the professional help they need.

› **Keep going until you're empty**

Exhaustion helps no one. You can't pour from an empty cup. You deserve support too.



When the police or legal system are involved

This is guidance, not legal advice.

Navigating the police, or the courts (the judiciary) can be challenging and frightening, especially when you're already dealing with a crisis. Systems don't always understand chemsex or LGBT+ lives, but knowing some basics can help you protect yourself and the person you care about. Remember, the goal is to secure safety and care, not to escalate a situation into a criminal one.

Your rights

It's easy to feel pressured, but it's important to know your rights. You are not legally obligated to go to the police tell them about a crime committed by a friend or family member. However, you are legally obligated not to help them evade justice. If you actively assist them in any way (by hiding them, destroying evidence, or lying to the police), you could be committing a crime yourself.

If the person is arrested

If the person you care for is arrested, the most important thing to remember is their right to legal representation. Emphasise that they have the right to free and independent legal advice.

They should not agree to a police interview without a solicitor present. They can say, "I am not answering any questions until I have spoken to my solicitor."

Finding legal support

If legal issues arise, finding the right support is key.

› **Solicitors and law specialists**

You can search for solicitors who specialise in drug-related offences or mental health law.

› **Drugs and drugs laws**

Release release.org.uk provides a free confidential and non-judgemental national information and advice service in relation to drugs and drug laws.

› **Law centres**

Your local Law Centre/ Citizens Advice can often provide initial guidance or point you in the right direction.

› **Ask for recommendations**

LGBT+ specific services may be able to suggest law firms known to be culturally competent and understanding of chemsex-related issues.

Sectioning

This is guidance, not legal advice.

Events can escalate beyond what love or logic can manage. If someone is experiencing psychosis, at risk of suicide, or a danger to themselves or others, detention under the Mental Health Act (“sectioning”) may be necessary. A person can be held in hospital for mental health treatment without their consent:

- › Section 2: up to 28 days (assessment)
- › Section 3: up to 6 months (treatment)
- › Section 136: if police find someone in crisis in public



More about Section 136 on page 16.

Chemsex-induced psychosis is a valid reason for sectioning.

Starting the process, you can contact

- › Local crisis mental health team (GP or NHS 111)
- › Social services (for vulnerable adults)
- › Police (if someone is violent or acutely unwell)
- › GP or ED (A&E) can trigger urgent mental health assessments

You can’t “section” someone yourself — it takes two doctors and an Approved Mental Health Professional (AMHP). But your observations matter.

If there’s no next of kin

LGBT+ people are often estranged from family or live without a legal next of kin. That doesn’t prevent intervention. The State can act if the person is clearly unwell, and anyone (partner, friend, neighbour) can escalate concerns.

Not a magic fix

Sectioning is not a magic fix. It can feel traumatic, you feel emotional and guilty; and services are overstretched. But when someone is deeply unwell, it may be the only route to safety: for them, and for you.

Records

A section stays on your NHS health records permanently. It’s not a criminal record and does not appear on standard DBS checks, but there are other long term implications.



You deserve support too

None of us are perfect. You don't need to have all the answers, but you do deserve support.

Loving someone with problematic drug use, dependency and/or addiction is messy, but setting boundaries or making tough decisions doesn't make you a bad person.

Supporting someone in these situations can be exhausting, some say it's like 'grief in slow motion'. It can be complicated by identity and sexuality, police involvement and the criminal justice system, and services you've never heard of before.

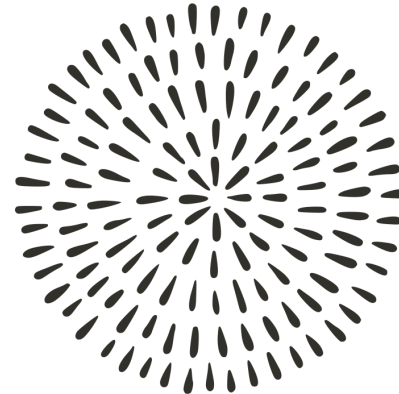
You may feel

- › Guilt for setting boundaries
- › Fear of what might happen if you stop helping
- › Shame for hiding the truth from others
- › Anger at being lied to or used
- › Confusion over what is supporting and what is enabling
- › Exhaustion from carrying it all

These feelings are normal. You are not weak for feeling or expressing them.

Whether you're a boyfriend, partner, ex, or family member, you may want to understand what's going on drug-wise. That might include learning about the drugs involved, the LGBT+ scene, or realising for the first time that your child is gay.

When seeking support, treatment, or safer chems (harm-reduction) advice, the volume of information on chemsex can be overwhelming. Focus on what you need to know rather than going down a rabbit hole.



Switchboard LGBT+ 0800 0119 100 *switchboard.lgbt*

Free, anonymous listening for LGBT+ people

Samaritans Helpline 24/ 7 116 123 *samaritans.org*

Free, confidential service to talk about anything that's upsetting you

You Are Loved *youare-loved.com*

Free weekly LGBTQ+ led and judgement free space, supporting each other through the grief of having lost a loved one to suicide or drugs.

Adfam *adfam.org.uk*

Family support around drug use (not a helpline)

Families Anonymous *famanon.org.uk*

Peer support groups for friends/ family

Release *release.org.uk*

Free confidential and non-judgemental national information and advice service in relation to drugs and drug laws.

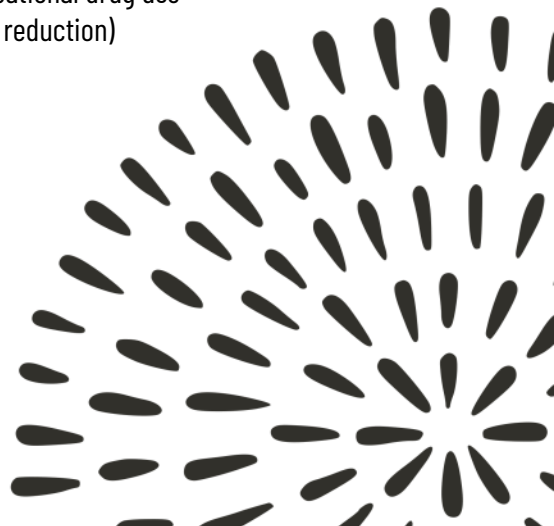
Mind Legal Advice *mind.org.uk/information-support/legal-rights*

Rights around sectioning and mental health care

MENRUS.CO.UK

A comprehensive health and wellbeing website for gay men with support for the wider LGBT+ community. Hundreds of topics with 16,000+ hyperlinks signposting to support, supplementary information/ further reading. Including:

- › Helplines
- › LGBT+ services and organisations
- › Drug and alcohol services (listed by London Borough)
- › Sexual health services (listed by London Borough)
- › Chemsex, and recreational drug use
- › Safer chems (harm reduction)
- › Drugs and the law
- › Coming out



Section 136 see page 11

Sometimes, the police are the first to respond when someone is in crisis, typically a 999 call. If police find someone in a public place who appears to be suffering from a mental disorder and in need of immediate care, they can use Section 136 of the Mental Health Act to take them to a place of safety (like a hospital) for an assessment.

It is crucial to understand that this is a health intervention, not an arrest for a crime. It is a way to get someone into a clinical setting for an urgent mental health assessment, similar to what might be triggered at Emergency Departments (A&E).



Glossary

Bandwidth

In this context, your available mental energy and attention at a given moment—the capacity to take on tasks without becoming overloaded.

Gaslighting

A form of psychological manipulation where someone makes you doubt your own memory, perception, or sanity—often by denying facts, lying, or twisting events to gain control.

Healthwatch

An independent, statutory champion for people using NHS and social care in England—gathering feedback, influencing services, and signposting to help (it's not part of the NHS).

LGBT+

LGBT+ is a term for people who are lesbian, gay, bisexual, transgender, or part of other diverse sexual orientations and gender identities. Variations include LGBTQ+ and LGBTQIA+.

NHS PALS (Patient Advice and Liaison Service)

Helps patients and families resolve concerns, give feedback, and get information about NHS care—informally and quickly, before it becomes a formal complaint.

NHS (Foundation) Trust

Publicly funded ‘umbrella’ organisation in England that runs specific NHS services, like hospitals or community care, and managing staff, budgets, and delivery of care in its area.

Psychosis

Psychosis is when someone loses touch with reality, which can cause them to see, hear, or believe things that aren’t real.

PrEP

A daily pill or occasional medication that, when taken correctly, greatly reduces the risk of getting HIV.

Subject matter expertise

A deep, proven knowledge and judgment in a specific domain, built through sustained study and experience.

Suicidal thoughts

Suicidal thoughts are when someone thinks about ending their own life, whether fleetingly or in a more planned way.

