



A BRIEF ASSESSMENT ON
**SEXUALIZED
SUBSTANCE
USE AND
SERVICES**
NEEDED AMONG MEN WHO
HAVE SEX WITH MEN (MSM)
AND TRANSGENDER
PERSONS IN DELHI

CONDUCTED BY
DELHI STATE AIDS CONTROL SOCIETY and
ALLIANCE INDIA





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CONTENTS


PREFACE	I
FOREWORD	III
ACKNOWLEDGEMENTS	V
ABBREVIATIONS USED	VI
INTRODUCTION	1
BACKGROUND	3
FGD FINDINGS	18
RECOMMENDATIONS	50

PREFACE

Sexualized Substance Use is an emerging public health issue among men who have sex with men, transgender and hijra populations in India. Due to limited evidence and understanding, until very recent the focus on sexualized substance use in India was more as a reflection of the associated harms. Only very recently and in the context of new HIV infections world over there seems to be a better realization that it is important to understand sexualized substance use and its associations with risk behaviors. Anecdotal evidence from Delhi suggests that some of the reasons suggested for MSM and TG engagement in SSU are also likely to apply to other subgroups of women and young people.

Infact, the link between drug use and HIV is well documented across a wide range of substances, modes of administration, and contexts. Nevertheless, the diverse and constantly evolving nature of drug use continues to challenge identification and implementation of effective interventions to mitigate drug-use-related disease risks. While there are now proven, highly effective interventions to reduce the risk of HIV and other diseases associated with injecting drug use, additional differentiated solutions are needed to mitigate the risks associated with the global expansion of sexualized substance use.

This assessment by Alliance India and the Delhi State AIDS Control Society is an effort to eventually generate evidence to build consensus on strategies public health practitioners and community-based service providers can employ to minimize the impact that SSU may have on risks of acquiring or transmitting HIV and other infections. It is also expected that for individuals who wish to reduce their use of drugs, the public health approach also facilitates access to services beyond HIV testing and linkages.



This assessment by Alliance India and the Delhi State AIDS Control Society is an effort to eventually generate evidence to build consensus on strategies public health practitioners and community-based service providers can employ to minimize the impact that SSU may have on risks of acquiring or transmitting HIV and other infections. It is also expected that for individuals who wish to reduce their use of drugs, the public health approach also facilitates access to services beyond HIV testing and linkages.

We are very hopeful that this assessment – as intended – will help identify and implement HIV prevention, testing, and treatment activities that are more attractive, relevant, and responsive to individuals who engage in sexualized substance use.

While tailored sexualized substance use support interventions have begun to emerge in other parts of the world in one form or the other, effective and efficient services to address sexualized substance use support in India are still lacking as we are still in early stages of understanding this phenomenon. Comprehensive surveys in this regard are required to obtain a clearer picture from India so that the support services can be designed and delivered at scale. We are optimistic that this study has been successful in laying the foundation for epidemiological studies to follow in order to assess the problem not only from the substance use point of view and its impact on mental health but also in relation to its role in STI acquisition and transmission. It is also vital that we should have a nonjudgmental approach about sexualized substance use to ensure no one is left behind and ending AIDS is a reality !

Rajiv Dua
Chief Executive,
Alliance India

Dr Parveen Kumar
Additional PD,
Delhi State AIDS Control Society

FOREWORD


If we are to end AIDS by 2030, it is critical that no-one is left behind in the HIV response.

We have the tools to prevent new HIV transmissions, and advances in treatment mean that living a full, healthy life is now a reality for so many people globally. India is a testament to the impact of early diagnosis and scaled prevention activities, with new HIV transmissions falling significantly since 2010.

However, to meet UNAIDS targets we must ensure that interventions meet people where they are and pay close attention to the multiple and intersecting factors that place individuals at elevated risk of acquiring HIV. In doing so, we can address the 'last mile' challenges of ending AIDS as a public health threat.

As the UNODC World Drug Report states as of 2021, 1 in 17 people had used a drug worldwide. In the same year, 58 million people had used amphetamines or cocaine. According to recent WHO guidelines, chemsex and sexualised substance use – involving the use of drugs such as these to enhance and extend sexual activity – has been documented globally, including increased prevalence in Asia.

While traditional harm reduction programmes have focused primarily on opioid and injection drug use, there is now compelling evidence that such interventions must also focus on reducing the harms associated with stimulant and non-injection drug use. These services need to be non-judgemental, and care and support must be provided in a tailored way to reduce the HIV and health risks associated with chemsex and sexualised substance use.



This Brief Assessment contributes to this emerging evidence base and can act as a key catalyst for the absorption and integration of approaches into national HIV programmes and strategies. We know that people do not live single issue lives. Many people face multiple challenges related to mental health, criminalisation, stigma and discrimination, and problematic drug use. By generating much-needed insights into chemsex and sexualised drug use, this study highlights emerging risk factors and recommended approaches for reducing harm.

Ensuring that HIV prevention programmes are responsive to the diverse needs of all communities who use drugs is a crucial step in ending AIDS. That's why at the Elton John AIDS Foundation, we have made it a priority to support innovative projects that seek to respond to the multiple needs of key populations, including LGBTQ+ communities and men who have sex with men who use drugs. We welcome the publication of this Brief Assessment and look forward to additional studies and research that can support the expansion of lifesaving services in India and beyond.

Thomas Brigden

Portfolio Lead – People who use drugs
Elton John AIDS Foundation

ACKNOWLEDGMENTS

This Brief Assessment was finalised by Debashis Mukherjee with assistance from Upendra Singh Soibam, the SAMARTH Project Team of Alliance India, the MSM and TG targeted interventions of Delhi State AIDS Control Society and additional contributions by Dr. J K Mishra on behalf of Delhi State AIDS Control Society. Its development was supervised by Kunal Kishore of Alliance India and Dr Parveen Kumar of Delhi State AIDS Control Society with technical review by Thomas Brigden of the Elton John AIDS Foundation.

ABBREVIATIONS USED

AIDS - Acquired Immuno Deficiency Syndrome

FSW - Female Sex Worker

HCP - Health Care Provider

HIV - Human Immuno Deficiency Virus

IDU - Injecting Drug Use

KP - Key Populations

MHPs - Mental Health Professionals

MSM - Men who have sex with men

NACO - National AIDS Control Organisations

NACP - National AIDS Control Programme

PLHIV - People Living with HIV

RTI - Reproductive Tract Infections

SRH - Sexual and Reproductive Health

SRS - Sex Reassignment Surgery

STI - Sexually Transmitted Infections

TG - Transgender

TI - Targeted Intervention


UTI - Urinary Tract Infection

INTRODUCTION

Since its inception in 2016 with support from Elton John AIDS Foundation, Samarth, (meaning competent) started as a one of its kind project in India which strived to introduce and scale up community-led HIV screening and treatment linkages for men who have sex with men (MSM), transgender and hijra (TGH) populations. Building on the synergies of its consortium partners of experienced community-based organizations; Alliance India transformed the project into a mission by prioritizing prevention of new HIV infections as its key strategy. It is in this context that sexualized substance use was identified as the strategic priority for the ongoing phase (3) along with Lakshya Trust (Gujarat), Amitie Trust (West Bengal) and Shaan Foundation (Jalandhar) as the implementing partners.

As part of the project efforts to respond to sexualized substance use, the project worked closely with NACO and the respective State AIDS Control Societies to identify, engage and reach out to new community groups and address intersectionalities by generating evidence, developing capacities to respond, and strengthening community systems to sustain the responses. This brief assessment is the consequence of this natural evolution process that SAMARTH undertook over the years.

As a matter of fact, since the beginning of the HIV epidemic, the focus on HIV prevention, treatment and care among people who use drugs has concentrated on the needs of people who inject drugs; specially those who inject opioids. However, data suggests that there are HIV-related risks associated with the use of non-injecting stimulant drugs, as well as with the unsafe injection of such drugs, including cocaine, amphetamine-type stimulants (ATS) (excluding MDMA), and new psychoactive substances. Use of such drugs has also been associated with higher risk of HIV transmission through unsafe sexual behaviours in certain subsets of key populations.



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This study aims to improve the understanding on the problems associated with SSU, and determine responses and serve as primary evidence for planning and / or setting up community friendly services in key locations. More detailed operational researches and other forms of evidence generation exercises in due course may be needed to quantify the problem and for scaling up services.

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BACKGROUND

Sexualized substance use (SSU) is the practice of psychotropic substance use before or during sex to increase sexual pleasure¹. While, Chemsex, considered a subset of SSU, and is commonly defined as the use of specific drugs (methamphetamine, mephedrone, gamma hydroxy butyrate (GHB/GBL), ketamine and cocaine) before or during sexual intercourse, SSU is not limited to these drugs but may also include alcohol, cannabinoids and other illicit drugs such as, amyl nitrate (poppers), erectile dysfunction treatment drugs too- before or during sex.

SSU is more common among homosexuals, bisexuals, and other men who have sex with men (MSM). According to qualitative research, MSM frequently engaged in SSU/chemsex because they believed that psychoactive chemicals may boost arousal and stamina, enabling prolonged sex sessions. Other reasons included the following: overcoming lack of confidence, increasing the emotional bond with sex partners, and managing stress². To get a greater rush, methamphetamine or mephedrone can also be injected. This is a high-risk behaviour that can result in HIV and Hepatitis C transmission using shared injecting equipment³. Additionally, SSU is also known to have a role in survival sex practices, which includes the selling of sex for subsistence needs such as shelter, food, drugs, or money. A positive association between co-administration of cocaine and methamphetamine with an increased likelihood of involvement in survival sex work was observed in a study among female sex workers association with sexually transmitted infections (STIs) including HIV and viral Hepatitis.

Since the beginning of the HIV epidemic, the focus on HIV prevention, treatment and care among people who use drugs has concentrated on the needs of people who inject drugs, and mainly on those who inject opioids. However, data show that there are HIV-related risks associated with the use of non-injecting stimulant drugs, as well as with the unsafe injection of such drugs, including cocaine, amphetamine-type stimulants (ATS) (excluding MDMA), 1 and stimulant new psychoactive substances (NPS). Use of stimulant drugs has also been associated with higher risk of HIV transmission through unsafe sexual behaviours in certain subsets of key populations⁵.


1. Marik, B.; Mahajan, N.; Sarkar, R.; Mitra, R.; Dua, R.; Aggarwal, S. A Qualitative Assessment among Personnel Working in Community-Led Development Program Settings Regarding Sexualized Substance Use. *Brain Sci.* 2022, 12, 1590. <https://doi.org/10.3390/brainsci12111590>

2. Compton, W.M.; Jones, C.M. Substance Use among Men Who Have Sex with Men. *N. Engl. J. Med.* 2021, 385, 352–356.

3. Wenz, B.; the DRUCK Study group; Nielsen, S.; Gassowski, M.; Santos-Hövenner, C.; Cai, W.; Ross, R.S.; Bock, C.-T.; Ratsch, B.-A.; Kücherer, C.; et al. High variability of HIV and HCV seroprevalence and risk behaviours among people who inject drugs: Results from a cross-sectional study using respondent-driven sampling in eight German cities (2011–14). *BMC Public Health* 2016, 16, 927.

4. Chettiar, J.; Shannon, K.; Wood, E.; Zhang, R.; Kerr, T. Survival sex work involvement among street-involved youth who use drugs in a Canadian setting. *J. Public Health* 2010, 32, 322–327.

5. Systematic literature review. Risk and transmission of HIV, HCV & HBV among stimulant drugs users: a review of the evidence (A). Part 1/5: methodology and summary. Vienna, United Nations Office on Drugs and Crime, 2017 (http://www.unodc.org/documents/hiv-aids/2017/1_Stim_HIV_Syst_Lit_rev_Part_1_methodology_and_summary.pdf, accessed 15 January 2019).



Studies have found that people who use cocaine or amphetamine engage in higher-risk sexual behaviours and have similar HIV prevalence than people who inject opioids. Those individuals have more sexual partners and more frequent intercourse with casual partners and regular partners than PWID who inject other drugs.

Moreover, a systematic review found that the risk of acquiring HIV was more than 3 times greater among people who injected cocaine than among non-injecting cocaine users, and 3.0 times greater among people who injected amphetamines than among non-injecting amphetamines users. Psychostimulants especially methamphetamine and mephedrone also figure quite prominently among groups of men who have sex with men (MSM) engaging in Chemsex. There is strong evidence of higher risk sexual behaviours and higher HIV prevalence among MSM who use amphetamines than among MSM who use other drugs. Thus, the burden of disease attributed to psychostimulants could be much higher than actually estimated.

The use of psychostimulants also figures prominently within the polydrug use phenomenon especially their use with depressants such as opioids or alcohol to alter the positive effects or reduce adverse effects of psychostimulants. Also, the concurrent or sequential injecting of psychostimulants such as amphetamines and opioids is of concern because of increased risk of HIV, overdose, and other negative health consequences⁶.

Research from across the world indicates that men who have sex with men (MSM) are more likely to use illicit drugs than the general population (Bourne, 2012). The higher levels of drug use has typically been attributed to the fact that the majority of commercial spaces that MSM occupy are those in which alcohol is served and drugs are available or has been associated with a higher likelihood of stressful life events (such as 'coming out' receiving a HIV diagnosis or hostile reactions from family or community), which drugs help to alleviate.

6. United Nations Office on Drugs and Crime. Treatment of Stimulant Use Disorders: Current Practices and Promising Perspectives Discussion Paper-www.unodc.org/documents/drug-prevention-and-treatment/Treatment_of_PSUD_for_website_24.05.19.pdf.

An increasing number of studies in countries around the world are noting a rise in what have been termed 'new psychoactive substances'. The use of amphetamine-type stimulants increased from 17.5% in 2005 and to 20.8% in 2007 in Thailand among MSM, as an example. High rates of amphetamine-type stimulant use have been reported amongst MSM in parts of Asia, including Indonesia (15.0%), Malaysia (23.9%), Thailand (32.0%), and China (13.3%) (Lim, Guadamuz & Altice, 2013). Anecdotal evidence given that there is a serious lack of real data in the region suggest that we are seeing similar situations developing in Lao PDR, Philippines, and likely other countries. The studies that are available from the region show a rise in the use of methamphetamine (ice), ketamine (k), gamma hydroxyl butyrate (GHB), gamma butyrolactone (GBL) and other stimulant drugs amongst gay/MSM communities in the region especially in major cities such as Bangkok, Chang Mai, Jakarta, Ho Chi Min, Hanoi, Manila, and Kuala Lumpur. According to anecdotal data, intravenous injecting is becoming a more frequent practice amongst MSM who use drugs.


Recently presented data in Malaysia showed that 17% of 990 respondents to an online survey had engaged in Chemsex in the previous 12 months (Iskander et al, 2016). The relatively small qualitative studies conducted highlighted a wide-range of harm may be associated with Chemsex including: the transmission of HIV and other sexual infections; impacts on broader sexual well-being and relationship satisfaction; acute harms to mental health; overdose; non-consensual sex while under the influence of drugs; and injuries associated with the injection (intravenously and intra-rectally) of drugs during chemsex⁷.

Evidence from India

Evidence from India was not particularly available on SSU or people engaging in it. However the National Survey on Extent and Pattern of Substance Use in India (2019) -Magnitude of Substance Use in India reported use of Cocaine (0.10%) and Amphetamine Type Stimulants (0.18%), along with other drugs⁸.

7. A qualitative scoping review of sexualised drug use (including Chemsex) of men who have sex with men and transgender women in Asia-APCOM 2021. Available at -www.aidsdatahub.org/sites/default/files/resource/apcom-qualitative-scoping-review-sexualised-drug-use-including-chemsex-2021.pdf

8. Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK on behalf of the group of investigators for the National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India.



A study on 'Substance use and risk of HIV infection among Men who have Sex with Men in India' based on analysis of National IBBS data (collected between October 2014 and November 2015), India reported that about 51.3% of MSM were alcohol consumers of which 56.2% consumed alcohol during or before sex. Moreover, 2.5% of the MSM were IDUs of which 40.8% shared their needles/syringes. Nearly 6.7% of the MSM reported that they consumed oral drugs and 1.4% were combination users of all 3.

This study categorized those MSM as multi-risk MSM (MR-MSM) who consumed alcohol specifically during or before sex, who consumed oral drugs such as Heroin or Ganja (Cannabis) and who reported injecting drug use. Within the MR-MSM, 67.7% only consumed alcohol during or before sex, 8.3% were consumers of oral drugs alone and 2.9% were IDU only. On the other hand, 12.6% were both alcohol consumers during and before sex and consumers of oral drugs, 1.7% were consumers of oral/injecting drugs, 2.3% were alcohol consumers during and before sex and consumers of injecting drugs and 4.6% were users of all 3 substances.

Similarly, the proportion involved in commercial sex behaviour was higher among MR-MSM and were less likely to be consistent in their condom usage than MSM. Specifically, MSM who do not use substances were less likely to have casual or paid female partners. Nevertheless, the inconsistent condom usage was invariably higher with regular female partners among both MR-MSM and MSM. A higher proportion of MR-MSM was symptomatic of any STIs (33.7 vs 23.7), while the awareness of the term HIV was above 95% in both categories

HIV prevalence among MR-MSM was 3.8%, which was 17 times higher than that of the general population. Overall, HIV prevalence among MR-MSM was significantly higher when compared to MSM (3.8% vs 3.2%, $P < .05$) and in particular, MR-MSM were 1.2 times at a higher risk of acquiring the infection than the MSM. Risk-specific HIV prevalence within the MR-MSM shows the highest prevalence among IDU-MSM (6.1%), followed by consumers of alcohol before or during sex (4.1%)¹⁰.

9. Kumar P, Aridoss S, Mathiyazhakan M, Balasubramanian G, Jaganathasamy N, Natesan M, V M P, David JK, Rajan S, Adhikary R, Arumugam E. Substance use and risk of HIV infection among Men who have Sex with Men in India: Analysis of National IBBS data, India. *Medicine (Baltimore)*. 2020 Aug 28;99(35):e21360. doi: 10.1097/MD.00000000000021360. PMID: 32871863; PMCID: PMC7458168.

10. Kumar P, Aridoss S, Mathiyazhakan M, Balasubramanian G, Jaganathasamy N, Natesan M, V M P, David JK, Rajan S, Adhikary R, Arumugam E. Substance use and risk of HIV infection among Men who have Sex with Men in India: Analysis of National IBBS data, India. *Medicine (Baltimore)*. 2020 Aug 28;99(35):e21360. doi: 10.1097/MD.00000000000021360. PMID: 32871863; PMCID: PMC7458168.

Need for a study on SSU

Oral consumption of addictive substances such as alcohol, Ganja (Cannabis), or Heroin does not transmit HIV directly, whereas injecting drugs for non-medical purposes increases the risk of infection through needle/syringe sharing. Nonetheless, the intake of narcotics, especially during or before sex, inflicts unsafe sexual behaviour, thereby increasing the risk of HIV infection. Identifying such multi-risk behaviours within the high-risk population and developing integrated interventions will accelerate HIV preventive measures.

Such integrated measures must address alcohol /drugs related issues besides promoting safe-sex practices among MSM. Awareness through IEC activities on the adverse effects of alcohol/drug addiction, providing sterile needles to IDU-MSM, and advocating protected sex with female partners are some of the recommended measures. Priority lies in prompt behavioural changes and sensible utilization of HIV-related community services to break the disease transmission linkages. If not intervened now, the MR-MSM community poses serious transmission risks, eventually leading to unmanageable HIV outcomes¹¹.

For the reasons mentioned above and the lack of pharmacological treatment of psychostimulants the institutional response to substance use disorders in most regions has focused primarily on opioids in general. The large population of individuals who only use stimulants have not received the necessary attention or access to appropriate and specific treatment programs.

To achieve SDG target 3.3 and the UNAIDS Fast-Track strategy for ending AIDS by 2030, it is crucial to address the needs of people who use stimulant drugs who are at risk of HIV, with specific attention to the intersections among key populations. Ending the AIDS epidemic is only achievable if we ensure that the right people access the right services, delivered in the right place at the right time, leaving no one behind¹².

11. Kumar P, Aridoss S, Mathiyazhakan M, Balasubramanian G, Jaganathasamy N, Natesan M, V M P, David JK, Rajan S, Adhikary R, Arumugam E. Substance use and risk of HIV infection among Men who have Sex with Men in India: Analysis of National IBB5 data, India. *Medicine (Baltimore)*. 2020 Aug 28;99(35):e21360. doi: 10.1097/MD.00000000000021360. PMID: 32871863; PMCID: PMC7458168.

12. United Nations Office on Drugs and Crime. HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs. Technical Guide UNODC; Vienna 2019.



But in order to take evidence informed action and design appropriate interventions to plug the gaps and overcome the barriers posed- relevant evidence is necessary.

Thus, Delhi State AIDS Control Society (DSACS) and Alliance India decided to conduct A Brief Assessment on Sexualized Substance Use and Services Needed Among Men Who Have Sex With Men (MSM) And Transgender Persons in Delhi.

OBJECTIVES OF THE ASSESSMENT

The objectives of the assessment were:

- To document the drugs being used as part of SSU by the MSM and Hijra/ Transgender persons in Delhi
- To document the types of risk practices associated with the SSU among the MSM and Hijra/Transgender persons in Delhi
- To understand the awareness related to the SSU drugs being used and risks associated with them among MSM and Hijra/Transgender persons in Delhi
- To understand the health seeking behaviour (or lack of it) related to SSU among MSM and Hijra/Transgender persons in Delhi

METHODOLOGY

The Methodology used included collecting mainly qualitative data through:

- FGDs among MSM and Hijra/Transgender community members
- The participants responses during the FGDs were further quantified, wherever possible using 'search' for key words/phrases that matched.
- The findings have retained both the qualitative responses and quantified proportions as and when available.

In addition, brief qualitative information (FGD demographics) that was collected to facilitate selection of participants for the FGDs were also analysed. In total 26 FGDs were conducted, wherein 208 respondents from the community participated. Because of the hidden nature of drug use and the legal issues associated it is difficult to find respondents open to sharing related information. In order to ensure that relevant data can be generated, the sampling was purposive in nature. Community members (i.e. MSM and Hijra/Transgender persons) with experiences of using alcohol, opioids, stimulants before sex only were included.

Thus the findings reported here should be regarded as those pertaining to the respondents who participated in these FGDs only and the proportions reported cannot be generalised or used to extrapolate for estimates among the MSM and Hijra/Transgender community.

FINDINGS

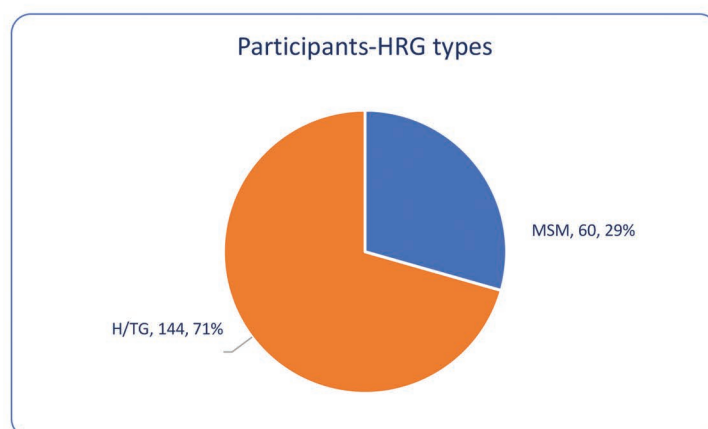
FGD demographics analysis

Some quantitative data was collected from the participants of the FGDs- mainly for maintaining demographic parity among the respondents. These were analysed to understand the profile of the respondents.

The findings from these analysis are presented below:

Sex and high risk groups

The participants were from the Male Sex with Male (MSM) (29%-60/204) and Hijra/Transgender (H/TG) (71%-144/204) communities.



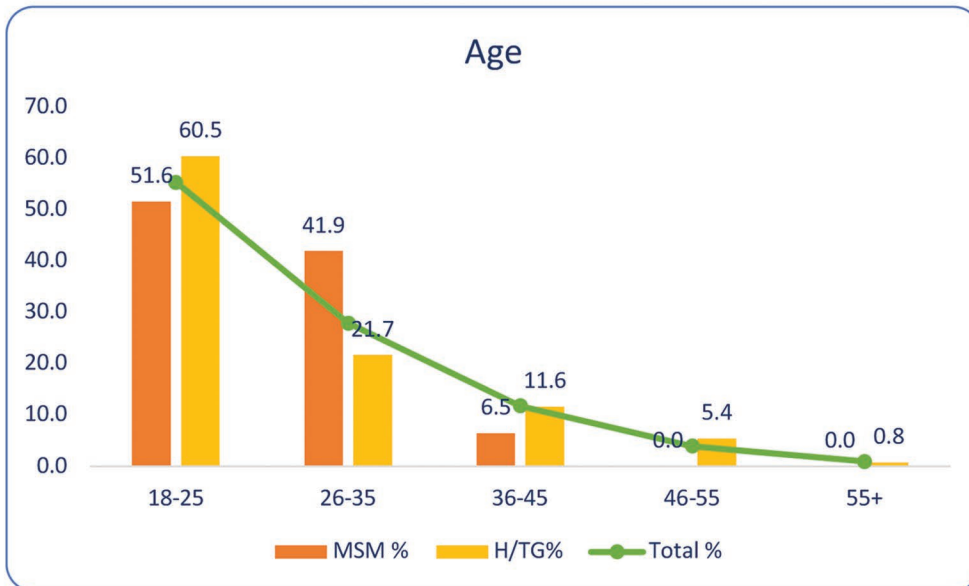
While 63.2% (129/204) of the respondents identified themselves as Hijra/Transgender persons, 21.6% (44/204) identified as male and 15.2% (31/204) as females. All those who identified themselves as females reported that they had undergone sex reassignment surgeries. While 16% (23/144) of the H/TGs identified as females 13.3% (8/60) of the MSMs identified as MSM.

Sex	MSM	MSM %	H/TG	H/TG%	Total	Total %
Female	8	13.3	23	16.0	31	15.2
Male	41	68.3	3	2.1	44	21.6
H/TG	11	18.3	118	81.9	129	63.2
Total	60	100.0	144	100.0	204	100.0

Age

More than half of the respondents (55.4%- 113/204) were from the age group of 18-25 years, with more than another quarter(27.9%-57/204) being between 26-35 years. Proportionately more H/TG persons were from the age group of 36 to 55 years than the MSM persons (16.7%: 6.5%).

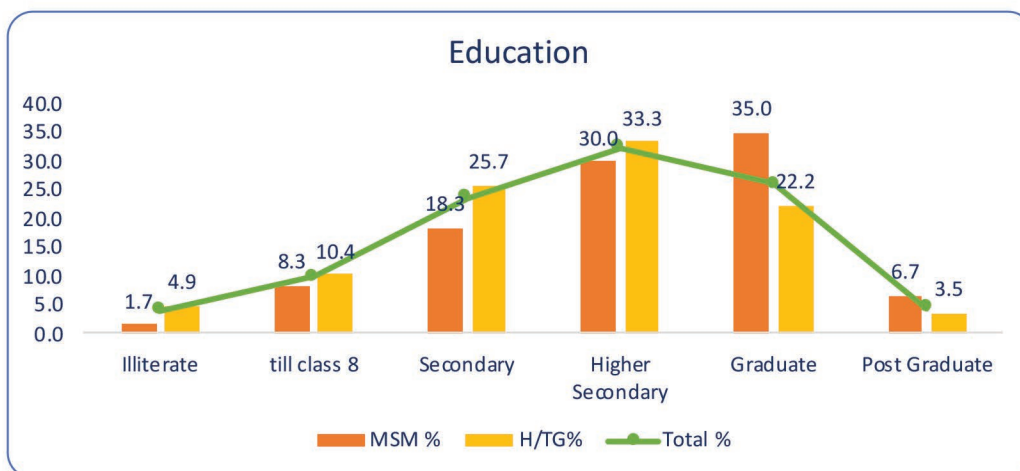
Age	MSM	MSM %	H/TG	H/TG%	Total	Total %
18-25	30	51.6	83	60.5	113	55.4
26-35	22	41.9	35	21.7	57	27.9
36-45	6	6.5	18	11.6	24	11.8
46-55	1	0.0	7	5.4	8	3.9
55+	1	0.0	1	0.8	2	1.0
Total	60	100	144	100.0	204	100.0



Education

While almost one third (32.4%-66/204) of the respondents had completed Higher Secondary level of education, more than a quarter (26%-53/204) had completed education till Graduation. Greater proportion of MSM persons had completed graduation (35.0%: 22.2%).

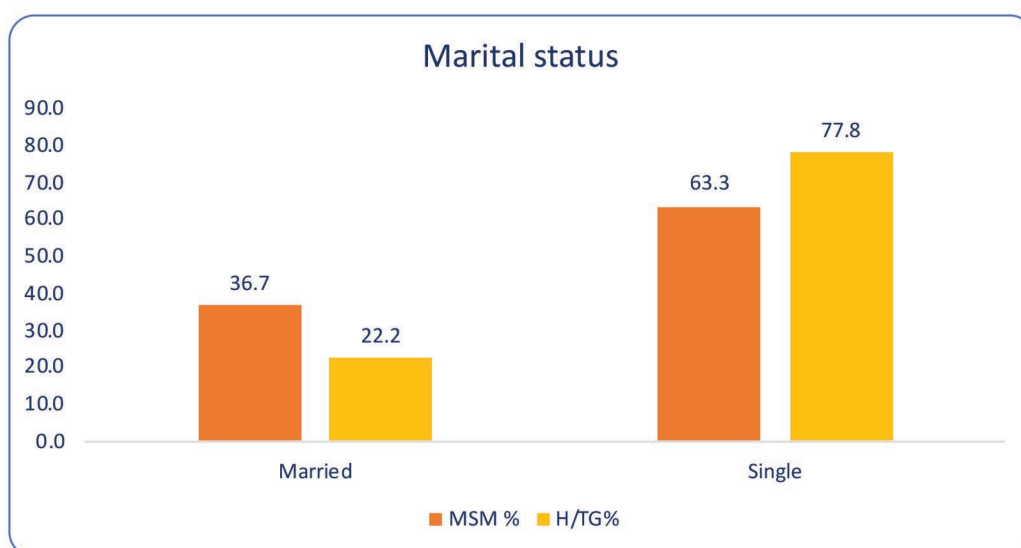
Education	MSM	MSM %	H/H/TG	H/TG%	Total	Total %
Illiterate	1	1.7	7	4.9	8	3.9
Till class 8	5	8.3	15	10.4	20	9.8
Secondary	11	18.3	37	25.7	48	23.5
Higher Secondary	18	30.0	48	33.3	66	32.4
Graduate	21	35.0	32	22.2	53	26.0
Post Graduate	4	6.7	5	3.5	9	4.4
Total	60	100.0	144	100.0	204	100.0



Marital Status

Almost three fourths of the respondents were single, with greater proportion of the MSM persons being married than the H/TG persons (36.7%: 22.2%).

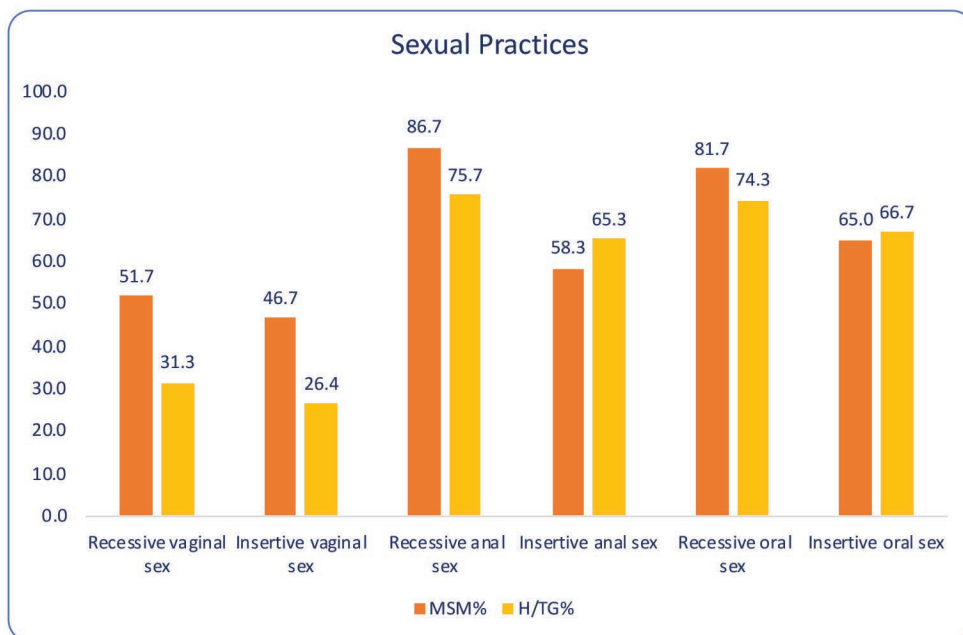
Marital Status	MSM	MSM %	H/TG	H/TG%	Total	Total %
Married	22	36.7	32	22.2	54	26.5
Single	38	63.3	112	77.8	150	73.5
Total	60	100.0	144	100.0	204	100.0



Sexual practices

Receptive anal (78.9%-161/204) and recessive oral (76.5%-156/204) were the top two types of sexual acts reported by the respondents with proportionately more MSM persons reporting both types than the H/TG persons. Proportionately more H/TG persons reported engaging in penetrative anal sex than the MSM persons (65.3%:58.3%).

Sexual practices	MSM	MSM % (n=60)	H/TG	H/TG% (n= 144)	Total	Total % (n=204)
Receptive vaginal sex	31	51.7	45	31.3	76	37.3
Insertive vaginal sex	28	46.7	38	26.4	66	32.4
Receptive anal sex	52	86.7	109	75.7	161	78.9
Insertive anal sex	35	58.3	94	65.3	129	63.2
Receptive oral sex	49	81.7	107	74.3	156	76.5
Insertive oral sex	39	65.0	96	66.7	135	66.2



Regular partner

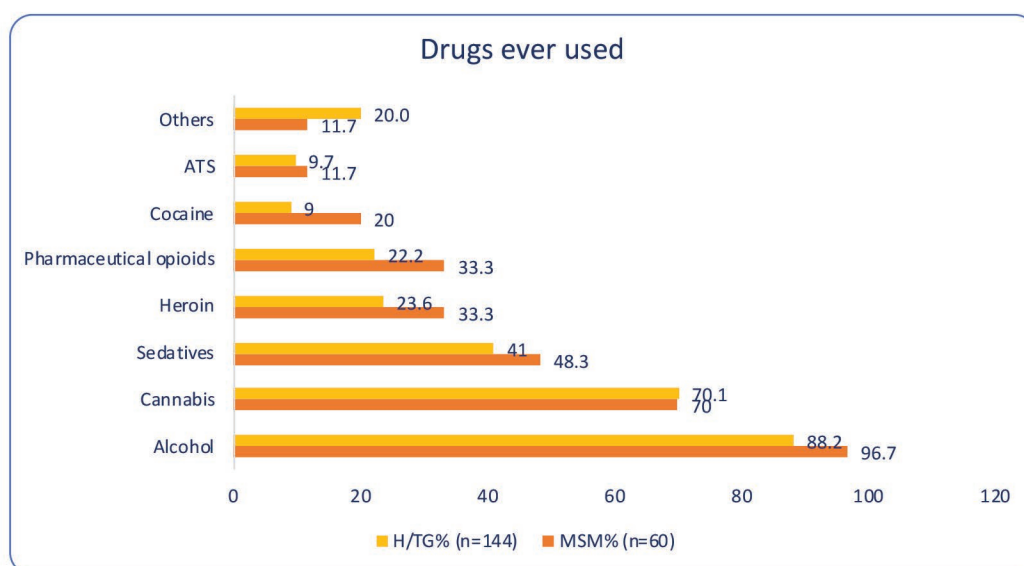
More than half the respondents reported having regular partners with proportionately more H/TG persons reporting the same that the MSM persons (56.9%:40%).

Regular partner	MSM	MSM%	H/TG	H/TG%	Total	Total %
No	36	60	62	43.1	98	48.0
Yes	24	40	82	56.9	106	52.0
Total	60	100	144	100.0	204	100.0

Drugs ever used

Alcohol was reported to be ever used by 90.7% (185/204) of the respondents, followed by cannabis by 70.1% (143/204), sedative hypnotics 43.1% (88/204), heroin by 26.5% (54/204), pharmaceutical opioids by 25.5% and Amphetamine Type Stimulants (ATS) 37.3%, and cocaine 12.7%.

Drugs ever used	MSM	MSM% (n=60)	H/TG	H/TG% (n=144)	Total	Total % (n=204)
Alcohol	58	96.7	127	88.2	185	90.7
Cannabis	42	70	101	70.1	143	70.1
Sedatives	29	48.3	59	41	88	43.1
Heroin	20	33.3	34	23.6	54	26.5
Pharmaceutical opioids	20	33.3	32	22.2	52	25.5
ATS	23	11.7	53	9.7	76	37.3
Cocaine	12	20	14	9	26	12.7
Others	7	11.7	12	20.0	19	9.3



Among the other drugs reported to have been used by the participants- Gamma Hydroxybutyrate (GHB) was reported by 2%, L Plus by 1.5% and Mirtaz by 1.5%

Others	MSM	MSM% (n=60)	H/TG	H/TG % (n=144)	Total	Total % (n=204)
Bhola (Bhang)	3	5.0	3	2.1	6	2.9
GHB ¹³	2	3.3	2	1.4	4	2.0
L Plus ¹⁴	0	0.0	3	2.1	3	1.5

13. GHB is a depressant commonly used by sexual predators who covertly administer the drug for its sedative and amnesic effects and club-goers (rave parties) who take the drug for its euphoric effects.

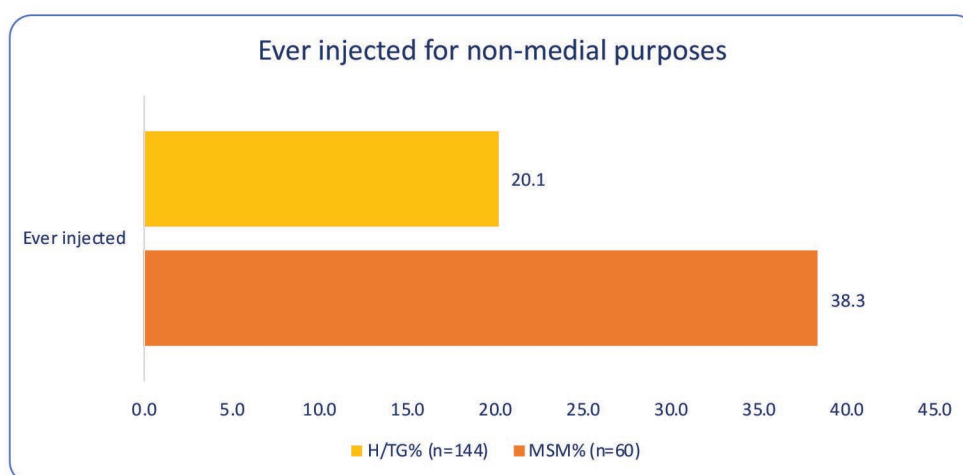
14. Plus is a combination of Levosulpiride + Rabeprazole used in the treatment of gastroesophageal reflux disease (acid reflux), intestinal ulcers and irritable bowel syndrome. Common side effects include- Absence of menstrual periods, Breast enlargement in male, Unusual production of breast milk in women and men, Altered libido

Foxy ¹⁵	0	0.0	1	0.7	1	0.5
Inhalants (shoe lotion)	1	1.7	2	1.4	3	1.5
Mirtaz ¹⁶	1	1.7	1	0.7	2	1.0
Total	7	12	12	8	19	9

Injecting drug use

A quarter (25.5%-52/204) of the respondents had ever injected for non-medical purposes, proportionately greater percentage of MSM persons had ever injected than the H/TG persons.

Ever injected	MSM	MSM% (n=60)	H/TG	H/TG% (n=144)	Total	Total % (n=204)
Ever injected	23	38.3	29	20.1	52	25.5



Among those who reported to have ever injected drugs, 92.3% (48/52) had not used a new set of needles and syringes when they injected the last time.

Last injection	MSM	MSM% (n=23)	H/TG	H/TG% (n=29)	Total	Total % (n=52)
Not with new needle and syringe	21	91	27	93.1	48	92.3
Not sure	0	0	2	6.9	2	3.8

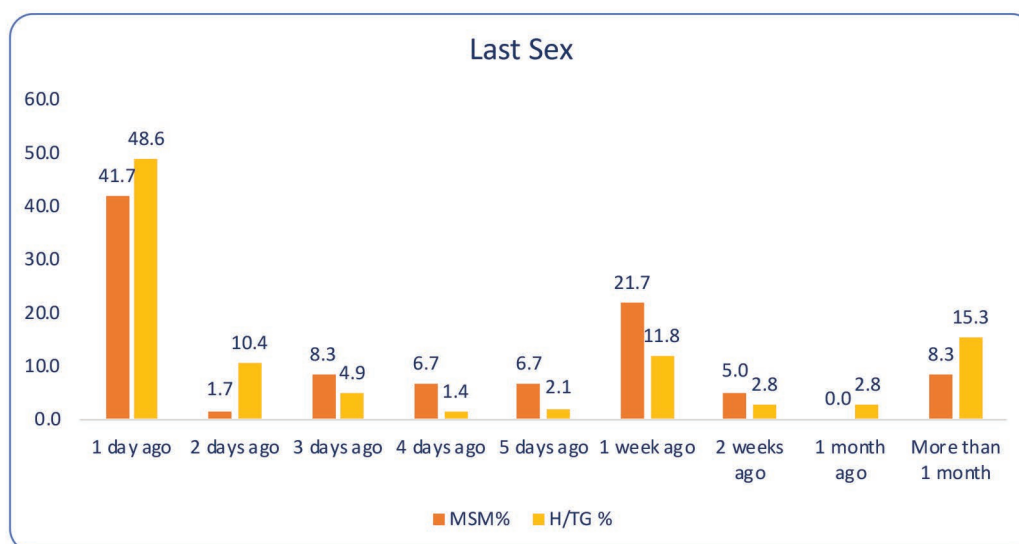
15. Foxy is a street name for Tryptamines.

16. Mirtaz 30 Tablet is used in the treatment of depression. This medicine works by increasing the level of chemical messengers (serotonin and noradrenaline) in the brain that help calm the brain and relax the nerves, thus treating your depression.

Sex

Among the participants 46.6% (95/204) reported having sex one day before the FGD.

Last sex	MSM	MSM%	H/TG	H/TG%	Total	Total %
1 day ago	25	41.7	70	48.6	95	46.6
2 days ago	1	1.7	15	10.4	16	7.8
3 days ago	5	8.3	7	4.9	12	5.9
4 days ago	4	6.7	2	1.4	6	2.9
5 days ago	4	6.7	3	2.1	7	3.4
1 week ago	13	21.7	17	11.8	30	14.7
2 weeks ago	3	5.0	4	2.8	7	3.4
1 month ago	0	0.0	4	2.8	4	2.0
More than 1 month	5	8.3	22	15.3	27	13.2
Total	60	100.0	144	100.0	204	100.0



Among the respondents 88.2% (180/204) had used condom during the last sex act.

Used Condom	MSM	MSM% (n=60)	H/TG	H/TG% (n=144)	Total	Total % (n=204)
Used condom at last sex	54	90	126	87.5	180	88.2

HIV testing

Ninety five percent (95.6%-195/204) of the respondents have been tested for HIV within the last three months.

Last tested for HIV	MSM	MSM%	H/TG	H/TG%	Total	Total %
Within last 3 months	55	91.7	140	97.2	195	95.6
No	5	8.3	4	2.8	9	4.4
Total	60	100.0	144	100.0	204	100.0

All those who had tested for HIV within the last three months also reported that they knew about their HIV status.

Know HIV Status	MSM	MSM%	H/TG	H/TG%	Total	Total %
Yes	55	91.7	140	97.2	195	95.6
No	5	8.3	4	2.8	9	4.4
Total	60	100.0	144	100.0	204	100.0

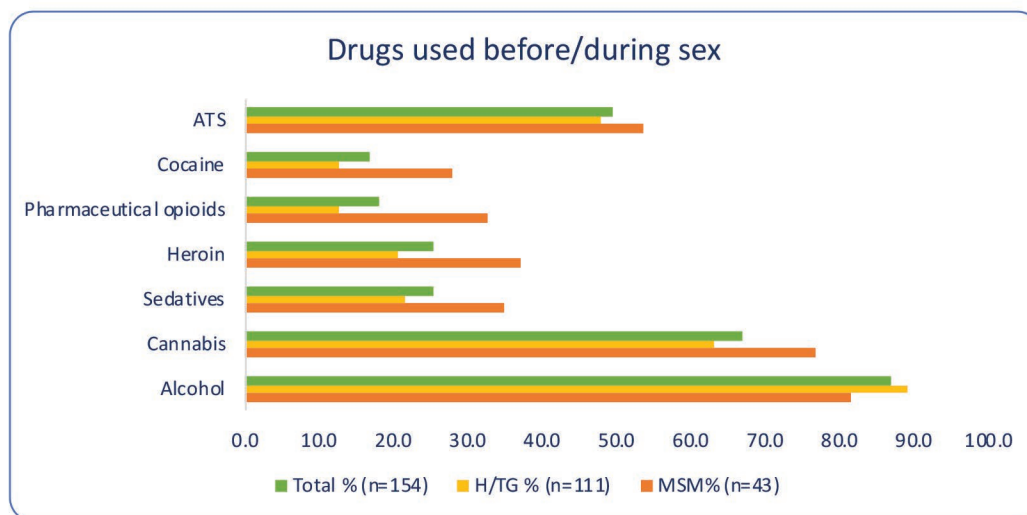
Drug use before or during sex

Three fourths (75.5%-154/204) of the respondents reported having used drugs before or during sex. Greater proportion of H/TG persons reported such drug use when compared with the MSM persons (77.1%:71.7%).

Used drugs before/ during sex	MSM	MSM% (n=60)	H/TG	H/TG % (n=144)	Total	Total % (n=204)
Yes	43	71.7	111	77.1	154	75.5
No	17	28.3	33	22.9	50	24.5
Total	60	100.0	144	100.0	204	100.0

Almost half (49.4%-76/154) of the respondents reported using ATS drugs and another 16.9% reported using cocaine before or during sex. Proportionately more MSM persons reported using cocaine than H/TG persons (27.9%: 12.6%).

Drugs used before/during sex	MSM	MSM% (n=43)	H/TG	H/TG % (n=111)	Total	Total % (n=154)
Alcohol	35	81.4	99	89.2	134	87.0
Cannabis	33	76.7	70	63.1	103	66.9
Sedatives	15	34.9	24	21.6	39	25.3
Heroin	16	37.2	23	20.7	39	25.3
Pharmaceutical opioids	14	32.6	14	12.6	28	18.2
Cocaine	12	27.9	14	12.6	26	16.9
ATS	23	53.5	53	47.7	76	49.4
Others	12	27.9	16	14.4	28	18.2



Among those who reported using other drugs 7.8% reported GHB and 5.2% reported Viagra. Proportionately more MSM persons reported using them than the H/TG persons.

Others	MSM	MSM% (n=43)	H/TG	H/TG % (n=111)	Total	Total % (n=154)
Bichchhu	1	2.3	5	4.5	6	3.9
GHB	4	9.3	8	7.2	12	7.8
Viagra	6	14.0	2	1.8	8	5.2
Solvent	0	0.0	1	0.9	1	0.6
Mirtaz	1	2.3	0	0.0	1	0.6
Total	12		16		28	

FGD FINDINGS

METHODOLOGY

The methodology used included collecting mainly qualitative data through:

- FGDs among MSM and Hijra/Transgender community members
- Key Informant Interviews with experts and service providers

Though the methodology used collected qualitative data, the participants responses during the FGDs were further quantified, wherever possible using 'search' for key words/phrases that matched. This process was done manually by going through each of the FGD transcriptions and counting responses that were identical.

General health of the respondents

While most of the respondents reported '*I do not have any problem-I am healthy*', some reported some ailments that were reasons for their concern.

Less appetite, weakness, not feeling well were commonly reported (8.7%-18/208).

'I do not have appetite. I am taking calcium tablet. I feel weakness most of the time. I have gone for blood test and my blood count is low. I am taking medicine.' - FGD participant

Stomach infection and cough and cold were both reported by 5.8% (12/208) of the participants. Other ailments affecting the respondents were Hypertension (1.9%), Jaundice/ liver problems (1.9%), Tuberculosis (1.0%) and Diabetes (1.0%).

Health issues	Numbers	Percentage (n=208)
Less appetite, weakness, not feeling well	18	8.7
Stomach infection	12	5.8
Cough and cold	12	5.8
Hypertension (BP)	4	1.9
Jaundice/liver problem	4	1.9
Tuberculosis	2	1.0
Diabetes	2	1.0

Mental health of the respondents

While some reported 'anxiety/tension' caused due to not being able to come out with their sexual identity –i.e. as MSM or as transgender person, some reported anxiety due to not having enough clients and as such low income. The pressure from 'guru' to earn more was a common cause for anxiety. Some also reported anxiety due to issues related to 'romantic'/ sexual relationships. Some reported anxiety due to not being able to undergo Sex Reassignment Surgery (SRS).

'I am in tension. I thought how I can live a life like this. Actually I want to leave my family and totally involved in kinnar life.' -FGD Participant

'I have so much tension about my gidiya (client) that I took poison. My family took me to the hospital and stayed there for some time but now I am alright.' - FGD participant.

'Stress' and 'feeling of being depressed' was reported by 7.7% (16/208), sleep problems by 4.8% (10/208) and suicide attempt and ideation was reported by 3.8%(8/208)

'Many times I feel like committing suicide but could not do.'
-FGD participant

Use of drugs (alcohol, ganja, heroin/brown sugar, opium) have been reported by 14.4% (30/208) and (8.7%-18/208) reported problems due to withdrawal from such drugs.

One participant reported 'fainting' after drug use for sexual activities and needed to be hospitalised.

'Few days ago I used drugs during sex activities and after that I was faint and hospitalized due to drug taken. Now I am fine.' -FGD participant

'Two times one incident happened with me. I was waiting for cab then some boys pulled me inside the car then Haryana police protected me and help me to safely reached to my home. After that I was getting depression and not went club for 4-5 days.' -FGD Participant

One reported being 'depressed' after sexual violence and two reported being diagnosed with depression and being under medication.

Mental Health issues	Numbers	Percentage (n=208)
Anxiety	76	36.5
Drug use (alcohol, ganja, heroin/brown sugar, opium)	30	14.4
Drug withdrawal	18	8.7
Stress/depressed	16	7.7
Sleep problems	10	4.8
Suicide attempt/ideation	8	3.8
Violence on others	6	2.9
Headaches	6	2.9
Mental health centre	4	1.9
Depression (diagnosed)	2	1.0

Settings where the respondents had sex

While hotel rooms (23.1%-48/208) were reported to be the most common place of sex, respondents' own room was reported by 22.1% (46/208).

Almost one in five (19.25-40/208) reported having sex in party places. Such 'parties' are pre-arranged and involve detailed planning -not only about the place but also the type of alcohol and other drugs to be used. The respondents were also very clear about the purpose of such drug use – which was to enhance the power of sex and pleasure.

'When I plan for sex with partner then first make a plan like, which type of alcohol will use, which type of substance use to increase sex power, which type of place and securities with my partner then prepared setup and go to have sex.' -FGD participant

'Before meeting I prepare the plan like which type of hotel, which type of food and drink/alcohol then meet.' - FGD participant

'I make a plan with my partner like where we will meet, which type of alcohol will use, which type of drugs will use so that we can enjoy long time. First Confirm with my partner for sex and place. if we have recommendation then ok otherwise we book OYO for long time enjoyment.' - FGD participant

Place/setting of sex	Numbers	Percentage (n=208)
Hotel room	48	23.1
Own room	46	22.1
In and around the hotspot	44	21.2
Party places	40	19.2
Room of partner/client's place	34	16.3
Behind/near bush/roadside	30	14.4
Public toilet	26	12.5
Park	20	9.6
Behind truck/transport hub	18	8.7
Car	10	4.8
SMP	2	1.0

'I do khanjara so wherever I stand at the hot spots I normally get clients so I used to have sex in the nearby bush (Jhare), public toilet or any convenient places near the hotspots.' -FGD participant

'I would stand near the metro station and solicit gidiya they would understand my signal they would follow me sometime inside the metro toilet, nearby park or sometime goes to gidiya's place.' -FGD participant

'When I plan for sex then I prefer a place where I can meet many clients, a hill station. I use dating app where sex activity takes place like grinder, blue etc. I talk to people on this app.' -FGD participant

'I do body massage and for it I go to hotel, client's home, called them on my room also. Client want happy end after body massage then i do it for their satisfaction. So in this way I do sex.' -FGD participant

'I have gidiya and my gidiya have 2-3 friends. They have a car and inside car we are having sex in the group and enjoy sex.' -FGD participant

'I have sex in many place like daggar, hotel, room, road side, jungle, and washroom. Anywhere I find client I have sex.' -FGD participant

'I do hi-fun during sex therefore I cannot sex at road side and jungle-jhari. Without hi-fun and drugs, I cannot do sex. So I preferred go to hotel or client's flat.' -FGD participant

Types of people the respondents had sex with

The respondents reported that they had sex with paid customers as well as unpaid partners and 'friends'. The type of clients and partners also varied in the type of sex act they preferred. While many wanted penetrative anal or oral sex some wanted receptive anal and there were also people who wanted both type of acts.

'Many types of clients come to me. Some are top, some are bottom and some are versatile. I don't have any problem to have sex with them. Both female and MSM come to me for having sex.' - FGD participant

'Some clients like 3-Some, some like 4-Some. Mostly bottom type come to me. They come to me as top and become bottom. I have sex with them' - FGD participant

'I go to khanjra then many variety of person come there like "dohrana" type, having anal sex and also fucking their anal (both receptive and insertive), do khomar (Oral), kothi etc.' - FGD participant

'Mostly versatile person came I don't know whether they are gidiya or kothi. Some are gupt (secret) kothiya and if they are TG then they want to have sex with only TG to maintain secrecy that means they have khomar or bottle dohrana'-FGD participant

The sex of the partners reported was male, female as well as transgender. Some reported have group sex with male, female as well as transgender persons.


'When I go to have sex, some of the clients also came with female friends also so sometime I need to have sex with female also but I am always interested in sex with male. Sometime I also have sex with kinnar.' - FGD participant

Some picked up these partners from hotspots/ soliciting zones others reported using virtual platforms like 'Planet Romeo', Grindr.

'To contact clients I use grinder site and Planet Romeo social web site and have sex. Before this I used to solicit clients on the roadside but used to faced lots of problems like goonda used to harass us, beat up, tore our clothes / dress etc and sometime police used to come sometimes and beat us up and sometimes when I was raped or faced harassment police never helped us or took any action against the culprit.'-FGD participant

Some reported drugs or alcohol being pre-included in the menu of services to be provided.

'My partner is gidiya. Make a plan before sex. My gidiya takes drugs and he also force me to take drugs for increasing enjoyment for long time and I take drugs for him because I fear that he might leave me.'
- FGD participant



'I have sex with any type of people who give me ganja or any another type of drugs.' -FGD participant

'Mostly males sometimes I have sex in group, it depends on situation. It's our work, we have to do it.' -FGD participant

'I have sex with men. Some person wants to sex without condom I explained the problem about sex without condom but he can't understand and pay extra money for it.' -FGD participant

'When client called me at room. On call he told me he was alone. Initially only one person present in the room but 4-5 people were hidden in the room they came out and have sex with all of them.' -FGD participant

'For me I have a fantasy of having sex with some body builder who also have large penis.' -FGD participant

Pre sex activities

Many of the respondents (84.8%-173/208) reported using alcohol or some other drug before they had sex.

'I drink (nasha) a lot before having sex.' - FGD participant

'Before sex my partner and me both were drunk and taken opium for increasing stamina and then start sex.' - FGD participant

Use of drugs is often pre-planned, sometimes in person and sometime over virtual platforms and apps. The plan often includes type of drugs and alcohol to be used. The objective of using these drugs is to enhance sex related pleasure.

'Make a plan before sex. My gidiya takes drugs and he also force me to take drugs for increasing enjoyment for long time and I take for him' - FGD participant

'I use many dating apps and mostly make a plan like type of place, sex type, type of drugs, alcohol etc. All plan is fixed on app then move on activity' - FGD participant

I make a plan with my partner like where we will meet, which type of alcohol will use, which type of drugs will use so that we can enjoy long time. First Confirm with my partner for sex and place. if we have recommendation then ok otherwise we book OYO for long time enjoyment’ -FGD participant


‘When I plan for sex with partner then first make a plan like, which type of alcohol will use, which type of substance use to increase sex power, which type of place and securities with my partner then prepared setup and go to sex.’ - FGD participant

Drug use before sex

The respondents reported using various types of drugs before sex. While alcohol topped the list (86.5%), followed by cannabis (63%), sedative hypnotics (Nitrazepam-10-23.1%), Crystal Meth (30.3%), Cocaine (20.2 %), Ecstasy (16.3%) , Poppers (13.5%) and GHB (1.9%) were reported being used before sex. Use of Heroin (27.9%), pharmaceutical opioids (22.6%) and raw opium (18.3%) were also reported. While poppers was reported by 13.5%, GHB was reported by 1.9% and Viagra by 3.8%.

Among the respondents 8.7% reported using drugs they did not know about.

Drugs used before/during sex	Numbers	Percentage (n=208)
Alcohol	180	86.5
Cannabis	131	63.0
Sedatives	48	23.1
Heroin	58	27.9
Opium	38	18.3
Pharmaceutical opioids	47	22.6
Cocaine	42	20.2
Ecstasy	34	16.3
Crystal Meth	63	30.3
GHB	4	1.9
Poppers	28	13.5
Viagra	8	3.8
Not known	18	8.7



'I drink and take opium. Opium is put in the mouth or swallowed and then taken a tea/sweets.' -FGD participant

'I drink beer and my partner brought the powder and break it by coin and inhaled with paper.' -FGD participant

'I have used multiple types of drugs like meth, hash, poppers, MD, ganja etc.'
-FGD participant

'I inhaled the drugs like chini ke dane after grinding it by metro card or ATM card and make a line of it and inhale one line at a time.' -FGD participant

Reasons for using drugs before sex

The respondents reported various reasons for using drugs before sex.

Mood setting

Some said that drugs and alcohol helped get them in the mood for sex.

'If you have taken drugs then it's easy to have any type of sex, may be vaginal, anal, oral.' - FGD participant

'After taking drugs we are comfortable with partner. As a transgender when met male we are a little hesitated to unclothed. But after using drugs we are comfortable to each other. And we have sex as per choice of partner, satisfied with each other.'
- FGD participant

'I use drugs to remove hesitation, fear. For confident also so that I can face any situation.' - FGD participant

'After using drugs the ability to think and understand is reduced and feel more excitement during having sex.' - FGD participant

'I have a problem in body smell so that I take drink before sex then I can intimate easily.' - FGD participant

'Before having sex I do khilwa to attend the customer. Khilwa means to drink alcohol. So that I do not get irritated. After khilwa then no matter how they speak in any way I am okay as I am totally drunk that time and I am happy' -FGD participant

'When we stand for clients in the traffic light area. We become less shy and have more confidence after taking drinks. Do lots of local drinks.'
- FGD participant

'Yes, using drugs either before sex or during having sex, I Feel excitement, free of hesitation from gender, openness.'
- FGD participant

Drug use before sex

Some reported that the drugs used before sex gave them stamina to have sex for long hours and with multiple partners.


'I take drugs to have sex. - FGD participant

'I use drugs to increased stamina, performance and my partner satisfied with me. For physically and wild sex drug use is required.'
- FGD participant

'Yes, I use drugs before having sex and my partner who come to me has also takes drugs. After using drug, I can do sex and enjoy it. My partner use, ganza, MD and alcohol.' - FGD participant

' I work in spa. And when I am tired after sex with 2-3 clients then take opium and ganza to increase sex with more client. And take drugs to make myself comfortable.' - FGD participant

I take alcohol normally sometime client bring substance that I don't know but we take after that we have sex for long time. Increased timing.' - FGD participant



'I would like to share that I have many relationship with Transgenders. I used to dress up and look for situation. I used to meet lot of "bhatuye". We used to inject together. Now I know how to inject myself also. I am feeling sad most of the time so I used to inject drugs regularly. After injection the time of sex duration also increases and clients are happy about it and I used to get more money and clients used to give more cared to me so I am taking drugs regularly.'-FGD participant

'Mostly jananiya/we go to daggar for khanjra and we take drugs if somebody came there then we can fight with them and to handle more gidiya. Another reason for taking drugs is for having nonstop sex till morning without tiredness.'-FGD participant

Reduce/overcome pain

Some of the respondent said that the drugs helped them reduce or overcome the pain they felt during (anal) sex. This helps them to attend to more clients.

'Some client brings tablets or capsules. They give me the capsule and also mixed with drink before sex. After using the tablet or capsule sex power increased and during sex I don't feel pain.' - FGD participant

'My few friends go to daggar to have sex with clients and I feel pain during sex. To reduce the pain, I take drugs. So that I can attend to more clients. Usually many of us take injectable drugs.' - FGD participant

'Some client brings tablets or capsules. They give me the capsule and also mixed with drink before sex. After using the tablet or capsule sex power increased and during sex I don't feel pain.' - FGD participant

'When I take injectable drugs the feeling go to such high level and enjoy having hard sex.' - FGD participant

'I do khanjra and sometime I have sex with more than 10 clients in whole night. When I don't use drugs then I can't because you feel pain and tired with one client. It's necessary to take drugs to have more client. After taking drugs we are not conscious. So I can attended to 10-15 client.' - FGD participant

To give company

Some used drugs or alcohol simply to give company to their partners/customers.

'No we don't do drugs but sometime I drink alcohol but gidiya used to come after taking drugs have sex for 2-3 hours'- FGD participant

'We do drugs to do khanjra without drugs or alcohol not possible to do khanjra.- FGD participant

I start with alcohol but clients bring many types of drugs. They force me to take it. Drugs like, ganza, poppers, chiji, injectable. Now I am addicted.' - FGD participant

'I drink or take any tablet before having sex. My client inhale drugs before having sex. One time I go to client's home he mixed drug called MD into my drink. I had headache after taking it.' - FGD participant

'It depends on the mood, partner's choice, whatever partner prefer, availability. Many times it happens that we are in such a place where we cannot use drug then we prefer alcohol, wine, joint, smoke. Many times we have sex specifically, have a time then use MD, chiji. It depends on the situation, types of partner, times etc.' - FGD participant

At party

Some respondents reported using drugs or 'high-fun' especially at parties.

'When I use drugs or high-fun that time I am not conscious and not keep in mind how sex is happened, client use condom or not, how many clients have sex with me. The only thing that remains in my mind is that I might get sick.- FGD

Overcome withdrawal

Some also drink alcohol and use drugs to overcome the withdrawal from the drugs they have been using regularly or to overcome their craving.

'I am addicted to drugs and without it I can't do anything, watering eye, feel restlessness. If it taken, then mind will be fresh and concentrate on work.'

- FGD participant

'Yes, without drugs I feel lethargic. I feel less pain in anal sex when taken drugs.'

- FGD participant

'When I see somebody take drink then I also want to drink.' - FGD participant

'I take drugs to forget my sadness and enjoyed.' - FGD participant

'If I have tension or stress then take drug and enjoy.' - FGD participant

Modes of using drugs

Various modes of using drugs were reported by the respondents.

Snorting/sniff

'I used ATM/credit card to break the MD putting on the top of my mobile screen and break into pieces with the card and make 3-4 thin line of powder. I make a small paper pipe using Rs 100/500 notes and used the pipe to inhale/sniff the powder through my nostrils closing one side. I sniff/snort the powder so strongly that it goes straight to my brain and later put little powder on the tips of my tongue to increase the kick'

- FGD participant

'I put the drugs on the phone screen and cut into pieces by ATM care and make lines then inhale it with a small pipe made of paper.' - FGD participant

'I use a drugs which comes in a bottle soaked it in a piece of cloth then sniff or inhale it.' - FGD participant

'When my friend told me then I have tried a drug to sniff it with support of note after burning.' - FGD participant

Injecting

'I inject MD. Cut into small pieces mix with water and inject it'
- FGD participant

'I have seen a friend take injectable drugs and before using it he crushed the crystal form of MD made powder. dilute it with distilled water and injected into body and I snorted.' - FGD participant

'Partners injected me in the arm vein before having sex I don't know what is it but it may be anaesthesia.' - FGD participant

'I drink or take any tablet before having sex. My client inhale drugs before having sex. One time I go to client's home he mixed drug called MD into my drink. I had headache after taking it.' - FGD participant

'I use number 10 tab and also adhnok table dilute it with avil using 24 number syringe and inject it using 26 number syringe. And feel strong. Inject it into guchhe also and any place of body. I also take N-10 tablet with water.' - FGD participant

Smoking

'I use smack on foil paper and make a pipe then burn it from below side and inhale the smoke. I use MD after crushing on the phone screen and inhale it. Sometime customer bring spray and bam.'
- FGD participant

Mixed mode

'I use MD, chiji. I can use it through injection or sniff, finger licking. Earlier I did not take this but due to increase in customers I start using drugs. I use it to increase the sex power, increase time of sex activity, remove tiredness, painless feeling.'
- FGD participant

Type of sex acts after using drugs

The respondents reported various types of sex they engage in after using the drugs. While 63.5% reported engaging in receptive anal sex, 51.0% reported penetrative anal, 29.8% said that they had penetrative vaginal sex with female partners. Penetrative oral was reported by 54% and receptive oral by 74%. Use of toys (dildo, sex dolls, vegetables) during sex was reported by 28.8%. Engaging in group sex was reported by 71.2%.

	Numbers	Percentage (n=208)
Types of sex after using drugs	yes	(n=208)
Receptive anal	132	63.5
Penetrative anal	106	51.0
Penetrative Vaginal (with female)	62	29.8
Penetrative oral	114	54.8
Receptive oral	154	74.0
Toys	60	28.8
Group sex	148	71.2

Type of sex acts after using drugs

'Have anal sex and also getting anal sex from other I like both.'

- FGD participant

'After using drugs I like Wild sex, like bite my male partner. I have anal sex and getting anal sex from other I like both.' - FGD participant

'Mostly people whom I met with want both type like having and getting sex (dhulne and dhulwaane). I also like both type. I also met people who becomes a kothhi and doing khanjra.' - FGD participant

'I like having anal sex with male and vaginal sex with female.' - FGD participant

'I like anal sex with male and vaginal sex with female both. I like oral/chuppa/k-homar sex also after using drugs.' - FGD participant

'Whether drugs or not I want sex but with drugs I feel like we can keep on doing with my partners.' - FGD participant

Using Toys/accessories

'After drugs sometime I have sex with different toys are used like dildo, Brinjal, Carrot, etc.' - FGD participant

'Sometime I don't want to call anybody then I use dildo, doll and make comfortable and enjoy myself after using drugs.' - FGD participant

'When I go to the club that time I make clean, clean pubic hair. After finished makeup, I kept condom as a protection with touch up items in my bag. I am used to keeping condom.' - FGD participant

'After using drugs mostly jananiya have many types of sex like dirty sex, 3 some, 4 some.' - FGD participant

'Some time we called online clients and if they not came then we use dildo and enjoy sex after using drugs. Few people want to enjoy sex in another role like female so we also do penetrative sex to our clients.'
- FGD participant


'Sometime my client use brinjal and insert it into me. I also insert into him. I feel better. I like new type of sex and I enjoy and have fun in this type of sex.' - FGD participant

Party/high-fun

'I sometime do group sex, bottom sex, high-fun, mixed group sex with both male & female after using drugs.' - FGD participant

Group sex

'I have done group sex of 3 people in which 1 female and 2 males also called 3 some. I also done home party somebody put drugs in my drink person and have wild sex with them.' - FGD participant



'I have group sex. Sometime I have seen in a group one person get a less drug and another are overdose with drugs. Then they forcedly have wild sex with person who get are overdose.'

- FGD participant

'I like Vaginal sex with female group'- FGD participant

BDSM/ Torture/ Violence

'After having normal sex I want something different. One of my partner took me to OYO room and have torture sex. He handcuffed my hands and had sex while hitting me with his belt after that I also do the same things to him.'

- FGD participant

'Mostly gidiya come to me who want to use abusive language during sex and also want me to hit them (beat) and also want to hit me back during sex.'

- FGD participant

'Mostly gidiya come to me who wants different type of sex. They want me to spit on them. Do "sutar" on their waist. One time my gidiya took me to a farm house and there were 4-5 guys there. They forced me to have group sex on gun point.'

- FGD participant

'I have to do as partner told otherwise he torture me.'

- FGD participant

'I have done wild sex in group like pulling each hair, beat with a belt on body etc. after using drugs.'- FGD participant

'Some client tells me to tie a belt around my neck and tie my hands. Then I have to do.' - FGD participant

'After drugs my mind is lost and normally like to have wild sex. I love hitting my partners, pulling hairs, licking ass and anal and violence during sex.'

- FGD participant

Role playing

'Once a customer of mine told me to become a dog. Then again he said, I am your dog and you are my master. Told me to tie a belt around his neck, I do toilet on his face. This sex was very dirty but I did it because of money.' - FGD participant

'Sometime clients come for role play. I play the role of Bhabhi. I do anal sex and oral sex.' - FGD participant

Do not like group sex

'I would like to share that I do not like group sex after drugs I like privacy and would like have sex with my partners only.'
- FGD participant

'I have sex with my partner alone and do not like group sex.'
- FGD participant

'I want calm sex like kiss, chumma-chati, komar'
- FGD participant

Frequency of using these drugs

More than half of the respondents reported that they used the drugs of their choice daily.

Use drugs daily	Numbers	Percentage (n=208)
At least one	114	54.8

'I use drugs many times and every time before of sex. I use capsule, cocaine crystal type, gola, Viagra.' - FGD participant

'I use drugs one times in a day if purchased with my money. If free then 2-3 times in a day' - FGD participant

'I do sex only after taken drug. So daily I use drug. Without using drugs, I cannot enjoy during sex.' - FGD participant

Condom use during these sex acts

Use condoms	Numbers	Percentage (n=208)
Yes always	50	24.0
No condom under influence of drugs	69	33.2
Not with intimate partners	30	14.4
No condom for extra money/customer pressure	20	9.6
No condom in high-fun	18	8.7
Condom breaks during sex	16	7.7
Use double condoms	12	5.8
No condom for oral sex	8	3.8

Almost a quarter (24%) of the respondents reported that they always use condoms,

Use condom regularly/at all types of sex

'I always use condom in any types of sex anal or oral.' - FGD participant

'Many times client itself bring condom.' - FGD participant

'After drinking I am always careful of two things. One is to take money and 2nd is to use condom no matter how high I am I always use condom.' - FGD participant

'Whenever I drink I always drink in my limit and make sure that I use condom.'
- FGD participant

'When I inject I am always in my sense and always make sure that I use condom.'
- FGD participant

However, more than one-third of the respondents reported not being able to use condoms when under the influence of drugs and alcohol.

No condom under the influence of drugs

'I use condom if taken drugs in low quantity but in heavy quantity drugs I can't use. In heavy dose with drinks or smacks condom never used in anal sex'- FGD participant

*'When I take in large quantity/overdose condom never used'.
- FGD participant*

'And sometime we forget to putting condom due to using drug we are unconscious.'- FGD participant

*'In the state of intoxication I don't have any idea about the use of condom if I use the condom then no idea it is use in right way or not or torn during sex. In the morning or when go to toilet then I found.'
- FGD participant*


'In a state of intoxication chance are very low to use condom during sex'- FGD participant

'When we are high on drugs and alcohol the power to think and understand decreases and avoid to use condom during sex.'- FGD participant

*'During sex I have tried to use condom but I can't do it, condom do come on the penis as I was more concentrate in having sex.'
- FGD participant*

'I take MD and after getting high I feel so powerful and energetic so when I am energetic I sometime remember to use condom sometime not.- FGD participant

'I was drunk and high and not in my sense so there was no question of condom.'- FGD participant



'Yes. I go to daggar. I use condom but some time like one out of 10 I am not able to use condom because off excess taken drugs.' - FGD participant

'One of my friends take so much drugs that she does not know how many gidiya have sex with her and whether they use condom or not.' - FGD participant

Condom is not used (8.7%) when engaging in High -fun parties under the influence of drugs.

No condom in high-fun

'In high-fun sex I avoid condom' - FGD participant

Condom is not used for sex with intimate or special partners (14.4%).

Not with special/intimate partners

'I used condom to protect ourselves from disease while having sex with clients but there are special partners we trust with them I don't use condom.'
- FGD participant

'There are gidiya whom I feel it's mine and not going to leave me and I don't use condom with them.' - FGD participant

Almost one in ten (9.6%) respondents said that they do not use condom when customers offer extra money or pressurise them.

No condom for more money/customer pressure

'Condom not used if they offered more money because some clients offer extra money to have sex without condom.' - FGD participant

'Customer refuse to use condom and offer extra charges for having sex without condom and there are cases of condom breakage also during sex.'
- FGD participant

The respondents (7.7%) reported that condoms break or come off during sex.

Condom gets torn/comes off during sex

'When condom gets torn during sex and when using condom penis not discharged after remove it penis discharged.' - FGD participant

'When I used condom it gets broken every time and also I enjoyed without condom.' - FGD participant

In order to save themselves from being infected some use double condoms.

Use double condoms

'I normally use 2 condom at a time so that during the incident of condom breakage I am saved'.- FGD participant

Oral sex is considered to be safe and thus many do not believe in using condoms for oral sex -whether receptive or penetrative.

No condoms for oral sex

'Condom is never used during oral sex'- FGD participant

'While having oral sex there is little chance of getting HIV as our saliva kills the virus so it is very rare that we used condom during oral sex.'
- FGD participant

'It depends on Janani. When chisa, godi type gidiya met with Janani and condom not available then they have anal sex without condom and in oral sex condom is not use because there is no fun. We cannot enjoy until our skin are touched but mostly use condom with clients.'
- FGD participant

'In 69 sex I cannot use condom, in oral sex I cannot use. I use condom in anal sex.' - FGD participant

Teenagers/adolescents not using condoms

'Now teenager also come on dating app and normally do not use condom.'

- FGD participant

Injecting drug use

	Numbers	Percentage (n=208)
Do not inject any drugs	28	13.5
Inject drugs	24	11.5
Partner/customer inject drugs into me	22	10.6
partner/customer inject drugs	18	8.7

Some of the respondents (13.5) reported that they do not inject any drugs but know others who do.

'I do not inject but have seen others do it'

'I do not inject myself but I have seen many Janani injecting and do sex work.'

- FGD participant

'I do not inject but people inject Phenergan, Fortwin, Avil'- FGD participant

'There are 3-4 people living next to my flat who do sex work and take injection.'

- FGD participant

'In my friend circle, my two friend do sex after using injectable drugs they are involve in sex work. Cocaine and chiji use in injectable drug.'- FGD participant

Some others (11.5%) reported that they injected drugs before sex with the primary objective of enhancing sexual pleasure and the duration of sex time (before ejaculation).

'I inject drugs for sexual pleasure/enhance sex time'

'I called some client at my room and to increase the period of sex and have more fun I take injectable drug.' - FGD participant

'I use injectable drugs but I don't know name.' - FGD participant

'Last week I have injected MD' - FGD participant

'I inject morphine tablet mix with Avil in my vein. I injected with new syringes from the chemist shop or with syringes provided by NGO worker.' - FGD participant

'I have seen my friend taking injectable drugs. Before taking she cannot enjoy sex and have fun. She does sex without condom. After taking the drugs she goes to another world full of fun. After taking it she wants sex with more gidiya.' - FGD participant

Intimate partners and customers have been reported to be injecting drugs.


'I don't but partner/customers inject drugs before sex'

'I have seen that one time my partner taken injectable drugs.'
- FGD participant

'My partner take sukha drugs, injectable drugs then have sex.'
- FGD participant

'I don't use injectable drugs but some clients take it before sex. They told me to inject drugs to his hand vein. Clients bring drugs.'
- FGD participant

'I start with alcohol but clients bring many types of drugs. They force me to take it. drugs like, ganja, poppers, chiji, injectable.'
- FGD participant



Some of these intimate partners/customers also help (as well as pressurise) the respondents to inject drugs/ the intimate partners/customers help in injecting the drugs into the respondents. Such incidents are more common in group sex settings.

'Partner/customers inject me with drugs for sexual pleasure'

'Once I went to a party there were 15-20 boys and I went there to do sex work they inject me with some drugs which I don't know after that all the 20-25 boys had sex with me.' - FGD participant

'I don't do that (injectable) type of drug but they mixed some drugs and inject me and I lost sense and don't know what happened after that.'
- FGD participant

'I use injectable drugs. My clients also bring injectable drugs. Both use injectable drugs. I enjoy more after taken injectable drugs. Later on I tried looking out for the same client for it.' - FGD participant

'I have seen a friend take injectable drugs and before using it he crushed the crystal form of MD made powder, dilute it with distilled water and injected into body and I snorted. One time I also injected and after that more enjoyable in sex.' - FGD participant

'When I have in group and 3-4 boy take injectable drugs that time I also told them to please inject me also. Powder like drugs mixed with solution then shake it and filled into syringe and then inject into vein.' - FGD participant

'When I do group sex then that time they take injectable drugs and they give me also. So I use injectable drugs.' - FGD participant

'I met one customer through grinder App. He offered me coconut water maybe mixed with something. I became senseless and I think he injected me with drugs after that I don't know how much or what kind of sex he did to me.' - FGD participant

Some of them did not know the names of the drugs they inject.

Inject drugs but do not know the name

'I use injectable drugs but I don't know the name.' - FGD participant

Effects of these drugs on sex

	Numbers	Percentage (n=208)
How drugs affect sex	yes	(n=208)
Increase stamina	60	28.8
Remove hesitation	54	26.0
No/less pain	82	39.4

While 28.8% of the respondents reported that their stamina increased after using the drugs and so they could have sex for a longer period of time and with greater number of customers/partners than they can without using drugs.

Stamina/more time/more customers

'Full of enjoyment during sex after taking drugs. Good understanding with partner and increase timing after taking drugs' - FGD participant

'When I have sex after taking drugs I have no fear and feel relaxed and increases the duration of sex and openly talk and do sex'
- FGD participant

'When I do not use drug then I discharge quickly but using drug increases` excitement and stamina and I can have sex 2-4 times more.'
- FGD participant

More than a quarter (26%) reported that the use of drugs helped remove their hesitation and helped them converse, communicate better with the customers or partners. Thus helping them pick up more customers



Removes hesitation

Removed hesitation and having sex openly using drugs to increased excitement and stamina. - FGD participant

'If you do not use drugs then could not make an eye contact, no conversation but after taken drink you can start talking to each other and make an understanding between them. Without drink sex is like a work and nothing. Partner cannot open up with you.' - FGD participant

'Without taking drink you not feel comfortable, you hesitate with partner but after drink start talking and have enjoyment.' - FGD participant

'When not taken drugs I am worried whether people would see me or not. After taking drugs I have confident and remove hesitation and increased stamina.' - FGD participant

Sex with more customers

'Without taking drink sex is like just have sex and go but after taking drink you can talk to each other and have sex and enjoyment. After taking drink you can have sex with more gidiya and earn more money.' - FGD participant

Reduction of pain, often reported in anal and oral sex is reduced for 39.4% of the respondents, thus helping them have more sex with more number of partners.

Less/no pain

'If you take drugs but you feel no pain but if both of us take drugs then made good understanding between us. You have sex for long time with enjoyment.' - FGD participant

'When I use drugs during sex then I don't know about my bleeding while forcibly have sex or any cut.' - FGD participant

'When I do sex without drugs then I cry because I feel so much pain. After using drugs, I do sex with enjoyment. Feel energy.'

- FGD participant

'I go for Khanjra (sex work) and I felt lots of pain while having sex without drugs I started taking drugs to reduce the pain during sex and after sex. Normally we can have sex anywhere after taken drugs.'

- FGD participant

'I am unable to do oral sex without using drugs because off smell but after using drug I can do easily.' - FGD participant

How do these drugs affect the users

Some believed that these drugs can cause overdose.

'As we don't do drugs no effect but using drugs can cause overdose, HIV and other illness' - FGD participant

'Using drug can cause overdose , become mad and even death'-FGD participant.' - FGD participant

Some reported that such drug use can transmit HIV, STIs, TB etc.

'If my partner is HIV positive then I also become HIV positive. Another disease is STI, syphilis and some infection in private parts, red spot, rashes, itching in private parts.'-- FGD participant

'Sometime sharing infected syringes among Janani may cause HIV or lead to death.' - FGD participant

'I am using drugs but it effects on our liver, kidney, lungs. We may suffer with TB, HIV, cancer etc. It's very harmful for us. I don't know about the disease of client.' - FGD participant

Some believed that such drugs can also cause mental health problems



"After using drugs my mind goes to out of control and there are fights with partners and vandalism." - FGD participant

'If use drug, then we very much unconscious we do not know what we are doing. It effect on my health also.' - FGD participant

'Whenever I don't take injection I feel anxiety, panic, fear and weakness but after injection I feel alright with injection I feel scared, anxiety and panic and faced lots of problem.' - FGD participant

'Due to use of drugs I feel loss of memory and has a big effect of using drug.'
- FGD participant

Such drugs can also effect loss of appetite

'Loss of appetite, affected on relationship with our friend and family. They badly treat' - FGD participant

'Whenever I have MD I have no appetite and could not eat. I vomit if I eat forcefully so usually I drink Frooti.' - FGD participant

Such drugs can also have tremor effects the next day

'I feel loneliness, my hand and legs tremor the next days of using drugs.'
- FGD participant

'The next day after using drugs my body become inactive, my hand and legs tremor.' - FGD participant

Such drugs can cause financial problems too

'It has brought me money problems and made me inancially weak'
- FGD participant

Some felt that these drugs affected their kidneys and livers.

Kidney and liver effected. Feel more headache. - FGD participant

'Kidney and liver effected. And it's very harmful for us.' - FGD participant

Some of the respondents reported that they knew that such drug use increased the chances of HIV, STI, Hepatitis-B, Hepatitis-C..

'Yes, when I take drugs then sometime I forget protection then increase the risk of HIV infection.' - FGD participant

'Yes, my body not in my control and I forget using condom and increased risk of HIV, Hep-B, Hep-C.' - FGD participant

'Yes, Increase chances of HIV disease when condom torn during sex, Chance of TB increases as it can be transmitted to each other during kissing' - FGD participant

Some felt that use of such drugs affected their cognition and senses that in turn affected their safety. Under the influence of such drugs they either forgot to use condoms or put it wrongly and condoms slipped off or broke during sex.

'Yes when using drugs I forget the safety for sex, if I use condom and break during sex then again increased the risk.' - FGD participant

'After alcohol we are not in our sense. There is a huge risk of STI as I have many wild sex after drugs and alcohol.' - FGD participant

'Yes. When I used drugs then my presence of mind does not work. I forget protection.' - FGD participant

'Mostly I have seen that among Janani STI is quite common in our anus, penis and even in our mouth sometime but not come across cases of TB.' - FGD participant

'Yes when using drugs I am not conscious and not able to put condom and have sex without condom that increases risk of HIV & STI. And when I am smooching with partner it increases the risk of TB.' - FGD participant

'When I take drink then I have no idea condom is torn or not and chances increase for HIV infection, syphilis.' -- FGD participant

'I don't know my clients have HIV, STI, TB or not.' - FGD participant

'Yes, my clients do not used condom and told me do sucking and fucking both and give extra money for it so increase chances of infection.' - FGD participant

'Yes when using drugs chances to increased TB.' -- FGD participant

'Yes If partner have TB then I will also be infected.' - FGD participant

'Yes. Chances of TB may be increase, if we are kissing and smooching with partner' - FGD participant


Such drugs can also effect loss of appetite

Received treatment	Numbers	Percentage (n=208)
Yes	12	5.8

Very few (5.8%) of the respondents reported ever receiving any kind of treatment for their drug use related issues. Treatment in residential deaddiction centres and OST were the most commonly reported.

'Yes, admitted in de-addiction centre and family also given medicine also for it' - FGD participant

'My family put me the rehab centre for treatment alcoholism. They gave me some medicine to stop alcohol but after the treatment craving for alcohol continues after coming out from the centre' - FGD participant



'Yes, Onetime I use injectable drugs then I have abscess in my hand then manager of Shape India sent me to OST centre and where I refer to urban hospital and took treatment there. Now I am fine.' - FGD participant

'When I started injecting my family put me the rehab centre for some time but I was introduced to more drugs inside the rehab centre but now I am taking OST medicine from the government centre.'
- FGD participant

Respondents were not very keen in going for drug treatment

'Yes, I have taken medicine for it but not affected' - FGD participant

'I do not want because I have enjoyment after taking drugs.'
- FGD participant

I am aware about my drug addiction and its treatment but I don't take.
- FGD participant

RECOMMENDATIONS

EVIDENCE GENERATION

- Large scale studies with representative sample size and more scientific methodologies need to be conducted on SSU and their effects on people engaging in them
- All future mapping and size estimation exercises will need to include provisions for evidence generation on SSU

POLICY RELATED

- SSU will need to be included as a separate type of risk practice and not clubbed together with mere sexual risks or injecting risks
- Policy documents will need to include need for intervention among people who practice SSU
- National AIDS Control Programme policies will need to direct all future mapping and National Integrated Biological and Behavioural Surveillance to collect evidences on SSU among all High Risk Groups
- Targeted intervention documents of the National AIDS Control Programmes will need to reflect need for additional and specialised intervention among people who engage in SSU and allocate requisite resources
- Ministry of Social Justice and Empowerment (MSJE), Government of India will need to emphasise the problems associated with SSU as those enhancing the burden on Transgender persons and allocate requisite resources
- MSJE will also need to emphasise the need for alcohol and drug use related intervention among those engaging in SSU and allocate resources as required
- Advocacy meetings will need to be conducted with the various stakeholders for ensuring the policy changes and their effective transition into interventions

AWARENESS GENERATION

- IEC materials needed to generate awareness related to SSU need to be developed. As much of the SSU related communication happen on virtual platforms- social media, dating apps etc. IEC materials need to be developed to suit such digital communication

INTERVENTION

- SSU related risk reduction intervention among MSM, Hijra Transgender persons need to be initiated at the earliest
- SSU related evidence generated from other High Risk Groups of Female Sex Workers (FSW), Injecting drug users (IDU) should guide future interventions among them
- Interventions will need to work through intersectionality of MSM, Hijra/ Transgender, IDUs and FSWs TIs to avoid overlap and duplication

QUALITY ASSURANCE

- Quality assurance materials like Standard Operating Procedures (SOP) will need to be developed to ensure standard service provision and delivery for SSU related interventions

CAPACITY BUILDING

- Capacity of the service providers will need to be built for providing evidence based risk reduction and treatment services
- Capacity will specially need to be built on risk reduction counselling for SSU
- Capacity building materials will need to be developed to build capacity of the following types of service providers:
 - Doctors
 - Nurses
 - Counsellors
 - Outreach workers and Peer educators
 - Policy makers and local administrators as well as other stakeholders as may be deemed necessary

COMMUNITY ENGAGEMENT

- Community networks of MSM, Hijra/Transgender, FSWs and IDUs should be involved at all levels of evidence generation, policy development, intervention planning and execution, quality assurance and capacity building
- Community leaders will need to be specially trained for awareness generation among the community members digital communication

NOTES



