



EXPANDING DELIVERY OF
AND ACCESS TO EVIDENCE-BASED

SEXUALISED SUBSTANCE USE

SERVICES AMONG MEN WHO
HAVE SEX WITH MEN (MSM)
AND TRANSGENDER PERSONS
IN INDIA

DEVELOPED BY DEBASHIS MUKHERJEE



ELTON JOHN
AIDS FOUNDATION



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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 Training Manual by Alliance India and the Delhi State AIDS Control Society is an effort to build capacities 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 training manual – as intended – will help fast track the implementation of 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. Capacity building efforts are therefore critical so that the support services can be designed and delivered at scale. We are optimistic that this manual will be useful in laying the foundations for community systems strengthening and long-term sustainability of the same. 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 Training Manual contributes to critical efforts aimed at strengthening service delivery systems at the community level and 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 Training Manual and sincerely hope that it contributes in developing trained and capacitated human resources and systems that support the expansion of lifesaving services in India and beyond – leaving no one behind.

Thomas Brigden

Portfolio Lead – People who use drugs
Elton John AIDS Foundation

ACKNOWLEDGMENTS

This Training Manual was prepared by Debashis Mukherjee with assistance from 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.

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 training manual is the consequence of this natural evolution process that SAMARTH undertook over the years.

In the context of India's AIDS response, while the direct cause and effect of injecting through non-sterile needles and syringes and sex without condom has been known since the very beginning of the AIDS response; the indirect causes like use of certain drugs that enhance sexual pleasure, and at the same time escalate the HIV risks by virtue of being used through needles and syringes has also come to light over a period of time. It is also important to underscore that this form of drug use also affects the cognitive behavior leading to inconsistencies in condom use and/or other safe sex options. The use of such drugs or substances are now referred to as Sexualised Substance Use (SSU).

It was also found that many of the “users” are not aware about these drugs or their effects on human body - especially about the harms they may be causing in both the short and long run. Considering these drugs and their use is relatively new, awareness about these drugs remains low including among the service providers of the HIV interventions i.e., managers, doctors, nurses, counsellors, outreach workers and peer educators was also found to be low.

To better understand the training needs and to respond to the unique capacity needs of the service providers, a pilot training programme was organized for the Delhi based targeted interventions. While the participants to this training included service providers from the MSM, TG and Hijra targeted interventions – many amongst them were also members of the community themselves. Unlike traditional community based and/or community led interventions; the knowledge and understanding about SSU was quite poor, thus necessitating the need for developing this training manual.

Further, in order to achieve the SDG target 3.3, the UNAIDS Fast-Track strategy for ending AIDS by 2030, and the affirmation of the 95-95-95 target by the National HIV programme it is crucial to address the needs of people who use Sexualized Substances and 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 behind.

This training manual is therefore intended for training and orienting the service providers and the community members on the use of SSU and the harms they may cause – specially HIV and other blood borne viruses. The manual also includes chapters on how to prevent sexualized substance use related harms.

Debashis Mukherjee
Consultant,
Alliance India

Dr J K Mishra
Joint Director – TI
Delhi State AIDS Control Society

NOTE TO THE FACILITATORS

The manual is meant for training of various cadres working in the HIV prevention treatment and care among Men who have sex with Men, Hijra/Transgender persons, Female Sex workers and Injecting drug Users.

The manual provides the sequence of the various sessions, step wise instructions to deliver them and resource materials to standardise the inputs. The resource materials (power point presentations) are provided separately.

The resource persons are requested to go through the entire manual and familiarize themselves with the power point presentations and other resource materials before conducting.

This manual also contains a questionnaire (Annexure-5) that can be used for assessment of this training. The assessment is made on the basis of knowledge gained, attitude changed, and skills enhanced through the training.

There are also some games and energisers some of which may also be used for dividing the participants into smaller groups for various activities.

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

AGENDA FOR TRAINING

ON SEXUALISED SUBSTANCE USE RELATED STI, HIV PREVENTION TREATMENT AND CARE SERVICES AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER PERSONS

DAY 1

9.00-9.30	Registration
9.30-10.00	Introduction to the training
10.00-11.15	Drug basics
11.15-11.30	Tea break
11.30-12.45	Understanding Sexualised Substance Use
12.45-13.45	Lunch break
13.45-15.00	Understanding Harms from Sexualised Substance Use
15.00-15.15	Tea break
15.15-16.15	Understanding Harm Reduction in the context of Sexualised Substance Use
16.15-17.30	Risk assessment for people in Sexualised Substance Use

DAY 2

9.00-9.30	Recapitulation
9.30-10.45	Reducing harms -safer injecting and safer sex
10.45-11.00	Tea break
10.00-11.00	Counselling for injecting risk reduction
11.00-12.00	Counselling for sexual risk reduction
12.00-13.00	Prevention and management of overdose
13.00-14.00	Lunch break
14.00-15.15	Mental health and Sexualised Substance Use
15.15-15.30	Tea break
15.30-16.45	Integrating Sexualised Substance Use related harm reduction into the HIV programme
16.45-17.15	Valediction

SESSION 1

INTRODUCTION TO THE TRAINING

Objectives of the session:

- To introduce the participants and the resource persons to each other
- To set the tone for the training
- To share the agenda of the training
- To share the ground rules for the training

Time allotted: 30 minutes

Materials/preparation required:

1. Name tags for participants and resource persons
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes

Methodologies involved:

- Game for introduction

Step 1: (10 minutes)

The resource person /facilitator requests the participants to write a note for introducing themselves in their note books/pads- in any language they are comfortable in. He/she also mentions that the following points must be included in their notes:

- Name:
- Participants preferred pronoun:
- Organisation where he/she works :
- Designation:
- Years of experience in this job:
- One good point they like about this job and one not-so good point about this job

Time allotted for preparation is 2 minutes.

Once all the participants have completed their notes the facilitator requests them to come out of their seats and stand in a circle.

Step 2: (5 minutes)

He/she now requests the participants to choose someone from the opposite side of the circle as his/her partner, stand with each other and exchange their notes with one another. Once the exchange is done, the facilitator requests one pair of participants to come out and stand in the centre of the circle -with their backs to each other and both 'introduce their partners' by speaking at the same time as the facilitator says 'go'. They are specially instructed to continue with their sharing in spite of 'whatever problem' they face. He/she then asks the other participants 'can anyone tell me how long have each been working in their current jobs? Or 'the good points and bad points shared by each'. The facilitator repeats this with two more pairs and then requests all the pairs to share about their partners as he/she says 'go'.

Step 3: (5 minutes)

The facilitator then asks the participants 'what did they learn from the recent events?' in the context of the training ahead and noted the responses on a chart paper/whit board. He/she then explains:

'Sexual acts need focus, calm and little or no distraction in-order- to practice safer sex. Drug use in itself has the potential to be chaotic in nature- affecting cognition, concentration, judgement and ability to respond quickly to a given risky situation and safer handling of drugs. When both sex and drug use are combined- there is high chance of double the risk- more amplified during group sex under the influence of drugs. We shall be discussing this double trouble in details during this training and try to understand how to reduce them.'

Step 4: (10 minutes)

The facilitator then follows up by request the participants to come out of the circle and introduce their partners one-at-a-time.

SESSION 2

DRUG BASICS

Objectives of the session:

- To introduce the participants to the various types of drugs being used in India
- To enable the participants to categorise the various drugs being used
- To help the participants understand the effects of these drug types on human beings

Time allotted: 1 hour and 15 minutes

Materials/preparation required:

1. Flash cards or A4 sized white paper cut/torn into four pieces.
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes
6. Small paper chits with names of the various drugs written on them [Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

Methodologies involved:

- Group activities
- Interactive discussion aided by power point presentation

The input processes

Step 1: (10 minutes)

The facilitator requests the participants to divide into six groups. (the facilitator may use one of the games provided at the end of the document to divide them or simply request them to count 1,2,3,4,5,6). She/he then requests them to sit in their groups. The facilitator then requests them first to work individually and write down the names of five drugs that are being used in the area.

Once all the participants have completed their notes the facilitator requests them to come out of their seats and stand in a circle.

Step 2: (5 minutes)

She/he then goes to each group and requests them to pick up a chit (with the names of the various drug groups written on them) and assigns the names 'picked' by them to their group.

- Alcohol
- Sedative hypnotics
- Opioids
- Stimulants
- Hallucinogens
- Volatile solvents (Inhalants)

Step 3: (5 minutes)

The facilitator then follows up by discussing the section on 'Understanding Drugs' using the presentation *Session 2- Drug basics*

Step 4: (10 minutes)

The facilitator then requests the participants to discuss in their groups and sort the various drugs listed (on their individual cards) into the following categories according to their understanding.

- Alcohol
- Sedative hypnotics
- Opioids
- Stimulants
- Hallucinogens
- Volatile solvents (Inhalants)

Step 5: (15 minutes)

Once the sorting is complete- the facilitator requests each groups to set up kiosks with chart papers bearing the names of their groups on the nearby walls or boards. She/he will then request the groups to take their sorted drugs to the respective groups i.e. alcohol, sedative hypnotics etc. and submit to them. The group members may reject one or more drugs as they may feel that the 'given' drug does not belong to their drug group. In such cases the submitting group will need to wait for the decision of the facilitator. The groups will paste the accepted drugs on their chart papers.

Step 6: (15 minutes)

Once all the submission and pastings are done the facilitator will request the groups to read out the names of the drugs posted on their charts. The facilitator will request the rest of the groups to provide their inputs on whether the drugs have been posted correctly or not. In case a drug name is contested the facilitator will have the final say.

Once all the groups have presented their drugs the facilitator will discuss the section on 'Understanding effects of drugs' using the remaining part of the presentation *Session 2- Drug basics*.

SESSION 3

UNDERSTANDING SEXUALISED SUBSTANCE USE (SSU)

Objectives of the session:

- To introduce the participants to the specially being used for SSU in India
- To enable the participants to understand the effects of these drugs
- To help the participants understand the harms that may be caused by these drugs

Time allotted: 31 hour and 15 minutes

Materials/preparation required:

1. Flash cards or A4 sized white paper cut/torn into four pieces.
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes

Methodologies involved:

- Interactive discussion aided by power point presentation

The input processes

Step 1: (1 hour 15 minutes)

The facilitator discusses the drugs with special significance to SSU using the power-point presentation Session 3-SSU drugs.

SESSION 4

UNDERSTANDING HARMS FROM SEXUALISED SUBSTANCE USE

Objectives of the session:

- To introduce the participants to the various types of harms that originate from the SSU drugs
- To enable the participants to categorise the various types of harms from the SSU drugs

Time allotted: 1 hour and 15 minutes

Materials/preparation required:

1. Flash cards or A4 sized white paper cut/torn into four pieces.
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes
6. Small paper chits with names of the various drugs written on them [Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

Methodologies involved:

- Group activities
- Interactive discussion aided by power point presentation

The input processes

Step 1: (30 minutes)

The facilitator divides the participants into five groups and provides each group with a summary of one of the five major drugs used in SSU in India (provided at the end of this chapter) i.e.:

- Cocaine
- Ecstasy
- Crystal Meth (ATS)
- GHB
- Tryptamines

He/she requests each group to work out the probable harms related to the drug provided to them. And prepare presentations on chart papers based on the following tables:

Mode of use	Drug name
Oral	
Snorted/ insufflated/ inhaled	
Smoked	
Injected	

Mode of use	Drug name
Cognition	
Judgement	
Motor skills	
Dependence	
Violence	
Overdose	

Step 2: (30 minutes)

Once the groups are ready with their presentations, the facilitator requests the participants to come up and present their findings. The facilitator involves the larger group to provide inputs for improving upon the presentations. He/she too provides inputs as and when required to help ensure the correct information and deal with any difference of opinions among the participants.

Step 3: (15 minutes)

Once all the groups have presented, the facilitator summarises using the power point presentation Session 4- Harms from SSU and reducing them

SESSION 5

UNDERSTANDING HARM REDUCTION IN THE CONTEXT OF SEXUALISED SUBSTANCE USE

Objectives of the session:

- To introduce the participants to the various strategies for reducing drug related problems
- To enable the participants to understand the concept of harm reduction
- To help the participants understand the services for harm reduction

Time allotted: 1 hour and 15 minutes

Materials/preparation required:

1. Flash cards or A4 sized white paper cut/torn into four pieces.
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes
6. Small paper chits with names of the various drugs written on them
[Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents
(Inhalants)]

Methodologies involved:

- Group activities
- Interactive discussion aided by power point presentation

The input processes

Step 1: (30 minutes)

The facilitator introduces harm reduction by using the presentation on *Session 5- Understanding Harm Reduction in the context of Sexualised Substance Use*

Step 2: (30 minutes)

The facilitator divides the participants into four groups and requests each group to take up one domain from the list below.

Group 1: Injection related harms

Group 2: Sex related harms

Group 3: Other physical harms

Group 4: Harms to intimate partners

He/she requests them to list out the harms people experience when engaging in sexualised substance Use in the domain given to them. Once ready the groups are requested to make their presentations. The facilitator requests the larger group of participants to provide feedbacks to help improve the presentations.

Step 3: (15 minutes)

The facilitator summarises the harms in various domains that affect people who engage in SSU using the remaining part of the presentation *Session 5- Understanding Harm Reduction in the context of Sexualised Substance Use*.

SESSION 6

RISK ASSESSMENT FOR PEOPLE IN SEXUALISED SUBSTANCE USE

Objectives of the session:

- To introduce the participants to the various types of drugs being used in India
- To enable the participants to categorise the various drugs being used
- To help the participants understand the effects of these drug types on human beings

Time allotted: 1 hour and 15 minutes

Materials/preparation required:

1. Flash cards or A4 sized white paper cut/torn into four pieces.
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes
6. Small paper chits with names of the various drugs written on them
[Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

Methodologies involved:

- Group activities
- Interactive discussion aided by power point presentation

The input processes

Step 1: (10 minutes)

The facilitator initiates the discussion by asking the participants 'What is risk assessment?' and 'Why do we need to conduct risk assessment?' and notes the response on the chart paper/white board.

Step 2: (10 minutes)

He/she follows this up by introducing risk assessment using the power point presentation *Session 6- Risk assessment*.

Step 3: (10 minutes)

The facilitator, follows this up by dividing the participants into four groups and requests them to be seated with their team members. He/she offers the case studies as folded chits and the groups are requested to pick up their case study.

Case 1

'W' is a man who has sex with other men and also transgenders. He uses Crystal meth and GHB, poppers and Viagra before sex- he also uses alcohol and sometimes some cannabis joints during sex. He goes into rave parties at least once a month.

Case 2

'Y' is a trans-man and transacts sexual services. She is often asked by her clients to use GHB and Crystal meth. She uses alcohol and poppers regularly and sometimes uses GHB and Crystal meth too. Sometimes she also attends parties with her clients.

Case 3

'X' is a man who prefers to have sex with men and transgender persons. He sometimes attends 'high-fun' parties with similar persons. He does not drink or smoke but during such parties he uses cocaine with 'friends' and also erectile dysfunction drugs.

Case 4

'Z' is a Hijra person and engages in transactional sex. She visits places selected by her clients and engages in type of acts they prefer. She earns more if she agrees to use drugs offered by her clients before and during sex. Her clients use Cocaine, MD and Poppers through the injecting route as well as through smoking.

Step 4: (20 minutes)

The facilitator then requests the groups to conduct risk assessment based on their case study using the risk assessment form provided at the end of this chapter. The groups are requested to write down their findings on chart papers. The groups are given 15 minutes to complete their assignment.

Step 5: (30 minutes)

Once the groups have completed their assignment, they are requested to come up and present their risk assessment findings. The facilitator requests the other groups to provide their feedback to help improve the assessments. The facilitator too provides his/her opinion to help identify all the risks as and when necessary.

SESSION 7

REDUCING HARMS -SAFER INJECTING AND SAFER SEX

Objectives of the session:

- To help the participants identify the injection related risks of people who use SSU
- To help the participants assess the commodities needed to reduce injection related risks

Time allotted: 31 hour and 15 minutes

Materials/preparation required:

1. Four printed copies of needle syringe requirement data (provided as annexure 2)
2. Four printed copies of condom requirement data (provided as annexure 3)
3. Marker pens and 4. Chart papers
5. Clips and board for hanging chart paper/s
6. Cello tapes/double sided tapes
7. Small paper chits with names of the various drugs written on them [Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

The input processes

Step 1: (15 minutes)

The facilitator makes a presentation Using the power point presentation *Session 7-Reducing harms -safer injecting and safer sex* and discusses the services and commodities required for reducing HIV and STI risks.

Step 2: (15 minutes)

The facilitator follows this up by dividing the participants into four groups. He/she distributes one copy of 'Needle & Syringe Requirement data' to groups one and three and 'Condom Requirement data' to groups two and four. He/she requests them to work in their groups and calculate the number and types of needle syringes (for groups one and three) required every week and number of condoms required (for groups two and three) every month, based on the data provided. The groups are requested to present their findings on chart papers.

Step 3: (20 minutes)

The facilitator then requests the groups to come and present their findings. The facilitator requests the other groups to provide inputs to help improve the presentations. He/she also provides inputs as necessary to help the groups to learn the correct method of calculations.

Step 4: (10 minutes)

When all the groups are done the facilitator sums up the session.

SESSION 8

COUNSELLING FOR INJECTING RISK REDUCTION

Objectives of the session:

- To help the participants identify the injection related risks of people who use SSU
- To help the participants assess the commodities needed to reduce injection related risks

Time allotted: 1 hour

Materials/preparation required:

1. Flash cards or A4 sized white paper cut/torn into four pieces.
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes
6. Small paper chits with names of the various drugs written on them
[Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

Methodologies involved:

- Interactive discussion aided by power point presentation
- Demonstration of counselling sessions

The input processes

Step 1: (15 minutes)

The facilitator initiates the session with an interactive discussion *Session- 8- Counselling for injecting risk reduction* using the power point presentation on overdose

Step 2: (10 minutes)

The facilitator then divides the participants into three groups and requests them to pick a one chit each with the following cases written on them.

Case 1

X, a male injects cocaine alone.

Case 2

Y, a transgender male injects Ecstasy mixed in water when in groups.

Case 3

Z, a transgender female usually drinks alcohol before sex but during parties sometimes injects crystal meth.

The facilitator then requests the group members to discuss among themselves and demonstrate a counselling session for reducing risks related to injecting drugs. The counselling should be based on the presentation made in the previous step. The facilitator allots five minutes to prepare for the demonstration.

Step 3: (30 minutes)

The facilitator then requests the groups to take turn and present their demonstrations. At the end of each demonstration the facilitator asks the larger group for feedbacks to help improve the counselling.

The facilitator may ask the following questions to help the larger group provided objective feedback:

- Did the counsellor help the client identify the points of harms related to injecting?
- Did the counsellor provide education on injection related risks?
- Did the counsellor help the client identify safer options for injecting drugs?
- Did the counsellor educate on testing for HIV and Hepatitis C?

Step 4: (5 minutes)

When all the groups are done the facilitator summarises the session.

SESSION 9

COUNSELLING FOR SEXUAL RISK REDUCTION

Objectives of the session:

- To help the participants identify the injection related risks of people who use SSU
- To help the participants assess the commodities needed to reduce injection related risks

Time allotted: 1 hour

Materials/preparation required:

1. Four printed copies of needle syringe requirement data (provided as annexure 2)
2. Four printed copies of condom requirement data (provided as annexure 3)
3. Marker pens and 4. Chart papers
5. Clips and board for hanging chart paper/s
6. Cello tapes/double sided tapes
7. Small paper chits with names of the various drugs written on them [Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

Methodologies involved:

- Interactive discussion aided by power point presentation
- Group activities

The input processes

Step 1: (15 minutes)

The facilitator request the participants to continue in the same groups and take up one chit each with a case related to sexual risk. He/she requests the groups to prepare for a demonstration session on counselling reducing sex related risks. The participants are given five minutes to prepare.

Case 1

A, a male, connects with other men for transactional sex over the virtual platforms. He also uses cocaine and alcohol before sex during parties.

Case 2

B, a transgender female, married engages in sex at parties. She/he drinks alcohol and uses MDMA at such parties.

Case 3

C, a transgender male usually drinks alcohol before sex but during parties sometimes injects crystal meth. He/she also engages in transactional sex.

Step 2: (30 minutes)

The facilitator then requests the groups to take turn and present their demonstrations. At the end of each demonstration the facilitator asks the larger group for feedbacks to help improve the counselling.

The facilitator may ask the following questions to help the larger group provided objective feedback:

- Did the counsellor help the client identify the points of harms related to sex after using drugs?
- Did the counsellor provide education on sex related risks under the influence of SSU?
- Did the counsellor help the client identify safer options for sex under the influence of SSU?
- Did the counsellor educate on testing for HIV and Hepatitis C?

Step 3: (15 minutes)

When all the groups are done the facilitator summarises the session using the presentation *Session 9- Counselling for sexual risk reduction*.

SESSION 10

PREVENTION AND MANAGEMENT OF OVERDOSE

Objectives of the session:

- To help the participants identify the injection related risks of people who use SSU
- To help the participants assess the commodities needed to reduce injection related risks

Time allotted: 1 hour

Materials/preparation required:

1. Marker pens and Chart papers
2. Clips and board for hanging chart paper/s
3. Cello tapes/double sided tapes
4. Small paper chits with names of the various drugs written on them [Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

Methodologies involved:

- Interactive discussion aided by power point presentation
- Group activities

The input processes

Step 1: (15 minutes)

The facilitator initiates the discussion by asking the participants :

- If they have seen someone overdose?
- If yes, do they know what drugs they had used?
- What was happening to the person who had overdosed?
- What did the people around him/her do?
- Was any medical treatment provided?
- What happened to the person who had overdosed?

The facilitator notes down the responses on a chart paper/ white board.

Step 2: (15 minutes)

He/she follows up by making the presentation on *Session 10- Prevention and management of overdose*.

Step 3: (30 minutes)

The facilitator then divides the participants into four groups.

Group 1: Signs and symptoms of opioid sedative overdose

Group 2: Signs and symptoms of Stimulant overdose

Group 3: Managing opioid overdose

Group 4: Managing stimulant overdose

SESSION 11

MENTAL HEALTH AND SEXUALISED SUBSTANCE USE

Objectives of the session:

- To help the participants identify the injection related risks of people who use SSU
- To help the participants assess the commodities needed to reduce injection related risks

Time allotted: 1 hour and 15 minutes

Materials/preparation required:

1. Printouts of mental health assessment tools for each participant (provided as annexure 4)
2. Marker pens
3. Chart papers
4. Clips and board for hanging chart paper/s
5. Cello tapes/double sided tapes
6. Small paper chits with names of the various drugs written on them [Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (In-halants)]

Methodologies involved:

- Interactive discussion aided by power point presentation
- Group activities

The input processes

Step 1: (15 minutes)

The facilitator initiates the session with an interactive discussion using *Session 11- Mental health and Sexualised Substance Use*.

Step 2: (10 minutes)

The facilitator follows this up by introducing the (DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult) tool to identify potential mental health issues among people who use SSU. (slides provided in the presentation).

Step 3: (20 minutes)

The facilitator then requests the participants to pair up with each other and practice conducting the assessment among themselves. When all are done, the facilitator shares the scoring system and helps the participants learn to use the same.

Step 4: (5 minutes)

The facilitator summarises the session using the remaining slides of the presentation.

SESSION 12

INTEGRATING SEXUALISED SUBSTANCE USE RELATED HARM REDUCTION INTO THE HIV PROGRAMME

Objectives of the session:

- To help the participants identify the injection related risks of people who use SSU
- To help the participants assess the commodities needed to reduce injection related risks

Time allotted: 1 hour and 15 minutes

Materials/preparation required:

1. Marker pens
2. Chart papers
3. Clips and board for hanging chart paper/s
4. Cello tapes/double sided tapes
5. Small paper chits with names of the various drugs written on them [Alcohol, Sedatives, Opioids, Stimulants, Hallucinogens, Volatile solvents (Inhalants)]

Methodologies involved:

- Interactive discussion aided by power point presentation
- Group activities

The input processes

Step 1: (15 minutes)

The facilitator divides the participants into six groups and gives each group their topic as given in the table.

Group	Steps	Activities	Processes	Resources required
Group 1	Estimation and mapping of people who use SSU			
Group 2	Risk assessment of people who use SSU			
Group 3	Commodity required for reducing harms among people who use SSU			
Group 4	Service delivery mechanisms			
Group 5	Networking and Referral			
Group 6	Monitoring			

The facilitator then requests each group to work on their given topic and answer the related questions as applicable for incorporating SSU activities into the given TI interventions among MSM, Hijra/Transgender persons.

Step 2: (30 minutes)

Once all the groups are ready , the facilitator requests the group members to come and make their presentations. He/she requests the larger group to provide inputs to help improve the presentation.

Step 3: (15 minutes)

The facilitator summarises the session using the presentation on *Session 12- Integrating*.

ANNEXURE I RISK ASSESSMENT FORM

Short query		
1.	Age (in completed years)	
2.	Sex	Male=1, Female=2, Transgender=3
3.	Marital status	Never married =1
		Married =2
		Divorced/separated=3
4.	Sexual practices (within last 6 months)	a. Receptive vaginal sex (no=1/yes=2)
		b. Insertive vaginal sex (no=1/yes=2)
		c. Receptive anal sex (no=1/yes=2)
		d. Insertive oral sex (no=1/yes=2)
		e. Receptive oral sex (no=1/yes=2)
		f. Insertive oral sex (no=1/yes=2)
		g. Group sex (no=1/yes=2)
5.	Do you have a regular partner	(no=1/yes=2)
6.	Did you have paid sex in the last 6 months?	(no=1/yes=2)
7.	Drugs used within the last 6 months	a. Alcohol (no=1/yes=2)
		b. Cannabis (no=1/yes=2)
		c. Sedatives (sleeping pills) (no=1/yes=2)
		d. Heroin (no=1/yes=2)
		e. Pharmaceutical opioids (no=1/yes=2)
		f. Cocaine (no=1/yes=2)
		g. Amphetamine type stimulants (ATS)
		h. Others
		i. If, others, please name
8.	Ever injected drugs	No=1 Yes=2
9.	Last injection with new needle	No=1 Yes=2
10.	When was the last sex act	Within last one year=1, More than one year=2
11.	Used condom during the last sex act	No=1, Yes=2
12.	Last tested for HIV	Within last one year=1, More than one year=2
13.	Know your HIV status	No=1, Yes=2
14.	Use any drugs before or during sex?	No=1, Yes=2
15.	If yes, please name the drug/s you have used in the last one year before or during sex.	a. Alcohol (no=1/yes=2)
		b. Cannabis (no=1/yes=2)
		c. Sedatives (sleeping pills) (no=1/yes=2)
		d. Heroin (no=1/yes=2)

		e. Pharmaceutical opioids (no=1/yes=2)	
		f. Cocaine (Cocaine, Coke, White) (no=1/yes=2)	
		g. Ecstasy (MD, Ecstasy) (no=1/yes=2)	
		h. Crystal Meth (ATS) (Ice, YaBa, WY and Bhul Bhuliya) (no=1/yes=2)	
		i. GHB (Easy Lay, EZ Lay, Liquid Ecstasy, Clear X, Liquid X, Liquid Dream) (no=1/yes=2)	
		j. Tryptamines ('Foxy-Methoxy'(5-MeO-DIPT)'alpha-O''alpha', magic mushroom) (no=1/yes=2)	
		k. Others (no=1/yes=2)	
		l. If, others, please name	
16.	If yes, what was/were your mode/s of use	a. Oral (no=1/yes=2)	
		b. Smoked (no=1/yes=2)	
		c. Snorted/insufflate (no=1/yes=2)	
		d. Injected (no=1/yes=2)	

ANNEXURE II

Needle & Syringe Requirement data										
S N o	Injecting Load			Type of Syringes required					Type of Needles Required	
	Average no of injecting days in last 1 Week	Average no of injecting acts per day in last 1 Week	Total injecting acts per Week	1ml	2 ml	3 ml	5 ml	10ml	24 Gauge	26 Gauge
2	5	1	5	0	0	0	20	0	Y	0
4	5	1	5	0	0	0	20	0	Y	0
5	5	1	5	0	0	0	20	N	Y	N
6	5	1	5	0	0	20	0	N	Y	N
7	5	1	5	0	0	20	0	N	Y	N
8	5	1	5	0	0	20	0	N	Y	N
9	5	1	5	0	0	20	0	N	Y	N
10	2	1	2	0	0	0	8	N	Y	N
11	5	1	5	0	0	0	20	N	Y	N
12	5	1	5	0	0	20	0	0	Y	0

ANNEXURE III

Condom Requirement data						
Sl. No	Marital Status	If unmarried, has a regular sex partner	Living with spouse / regular sex partner	Average no of sex work days per month	Average no of sex acts on a given day	Total no of paid sex acts per month
2	M	Y	1	0	0	0
4	M	Y	0	0	0	0
5	M	Y	1	0	0	0
6	M	Y	0	0	0	0
7	M	Y	0	0	0	0
8	M	Y	0	0	0	0
9	M	Y	0	0	0	0
10	M	Y	0	0	0	0
11	M	Y	0	0	0	0
12	M	Y	0	0	0	0

ANNEXURE IV

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ Age: _____ Sex: 0 Male 0 Female Date: _____

If this questionnaire is completed by an informant, what is your relationship with the individual?

In a typical week, approximately how much time do you spend with the individual? _____
hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the past TWO (2) WEEKS.

During the past TWO (2) WEEKS, how much (or how often) have you been bothered by the following problems?			None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1.	Little interest or pleasure in doing things?	0	1	2	3	4	
	2.	Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3.	Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4.	Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5.	Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6.	Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7.	Feeling panic or being frightened?	0	1	2	3	4	
	8.	Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9.	Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10.	Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11.	Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12.	Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13.	Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	

VIII .	14.	Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15.	Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16.	Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17.	Feeling driven to perform certain behaviours or mental acts over and over again?	0	1	2	3	4	
XI.	18.	Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19.	Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20.	Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII .	21.	Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22.	Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23.	Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

ANNEXURE V

TRAINING EVALUATION TOOL

The following is a questionnaire to measure the effectiveness of the training conducted. The same questionnaire should be used before (pre) and after (post) training. The resultant difference between the average of the marks obtained post and pre (post-pre) training should be considered as the score of the change effected by the training.

Sample questionnaire provided below- correct answers are marked in bold.

(Please remove the bold markings before distributing to the participants)

SL. No.	Question	Answer	
(Tick the correct answers)			
1.	All drugs affect the brain and various activities controlled by it	True	
		False	
2.	Only stimulant drugs are used for Sexualised Substance Use	True	
		False	
3.	Methamphetamine is not a sedative	True	
		False	
4.	Drugs used for Sexualised Substance Use do not cause dependence	True	
		False	
5.	Only MSM and Hijra/Transgender people engage in Sexualised Substance Use	True	
		False	
6.	Sexualised Substance Use only happens in group settings	True	
		False	
7.	Sexualised Substance Use only causes sex related harms	True	
		False	
8.	Counselling does not help in reducing Sexualised Substance Use related harms	True	
		False	
9.	Smoking methamphetamine using the same glass pipe is safe	True	
		False	
10.	Stimulant overdose can be treated using Naloxone	True	
		False	
11.	Poppers can safely be used with Erectile Dysfunction drugs (e.g. Viagra)	True	
		False	
12.	Sharing of drugs used for injecting does not cause any harm	True	
		False	
13.	Gamma (γ)-hydroxybutyric acid (GHB) is mainly used to reduce pain during sex	True	
		False	
14.	One needs to change the condom for engaging in sex with each different partner during group sex	True	
		False	
15.	Opioid Substitution Therapy can treat people with Sexualised Substance Use related problems	True	
		False	

Scoring- each correct answer carries 1 mark- so add the total correct answers for aggregate scores and find the average score for the pre and post training results.

GAMES AND ENERGISERS

Here are some short games we can use to divide the participants into groups or as energizers

Spelling Coconut

The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. All participants then try this together.

Body writing

The facilitator asks the participants to write their name in the air with a part of their body. They may choose to use any part of their body like the elbow, leg etc. and change for some other until everyone has written his or her name with several body parts.

Who are you?

Ask for a volunteer to leave the room. While the volunteer is away, the rest of the participants decide on an occupation for him/her, such as a driver, or a fisherman.

When the volunteer returns, the rest of the participants mime activities. The volunteer must guess the occupation that has been chosen for him/her from the activities that are mimed.

Clap and point

Participants form a circle. The facilitator sends a clap all the way around the circle, first in one direction, then in the other direction. The facilitator then shows participants how they can change the direction of the clap, by pointing the clapping hands in the opposite direction. Repeat this until the clap is running smoothly around the group and changing direction without missing a beat.

Finally, show how you can 'throw' the clap by pointing the clapping hands at someone across the circle.

Countdown

Ask participants to form a circle. Explain that the group needs to count together from one to 50. There are a few rules: they are not to say 'seven' or any number which is a multiple of seven. Instead, they have to clap their hands. Once someone claps their hands, the group must count the numbers in reverse. If someone says seven or a multiple of seven, start the counting again.

Taxi rides

Ask participants to pretend that they are getting into taxis. The taxis can only hold a certain number of people, such as two, four, or eight. When the taxis stop, the participants have to run to get into the right sized groups. This is a useful game for randomly dividing participants into groups.

Five islands

Draw five circles with chalk on the floor, big enough to accommodate all of the participants. Give each island a name. Ask everyone to choose the island that they would like to live on. Then warn participants that one of the islands will sink into the sea very soon and participants on that island will be forced to move quickly to another island. Allow the suspense to build and then call out the name of the island that is sinking. Participants run to the other four islands. The game continues until everyone is squashed onto one island.

Mood-changers

Apart from energisers the facilitators can also use mood-changers like having volunteers from the participants to share a joke or sing a song, etc.

