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HIV/AIDS: Controlling the Risks

Session Length: 90 minutes

Objectives

Participants will:

- Understand risks associated with sex and injection behaviors.
- Identify options for safer sex and safer injection practices.
- Practice condom utilization and syringe disinfecting (bleach) procedures.

Rationale

Changing HIV-risky injection and sex behaviors continues to be a challenge for many injection drug users. It is important to provide opportunities to discuss and practice risk-reduction strategies and to reinforce changes that have already been implemented. Time is allotted for group leader demonstrations as well as hands-on practice of correct condom use and the disinfecting of injection equipment.

Session Outline



	Procedure Steps	Time
1	Welcome/Introduction of Topic	05 minutes
2	Process Homework Assignment	10 minutes
3	Review HIV-Risk Behaviors	15 minutes
4	Healthy Options	10 minutes
5	Break	10 minutes
6	Safer Injection Demonstration & Practice	15 minutes
7	Condom Demonstration & Practice	15 minutes
8	Closure & Evaluation	10 minutes

Materials

Flip chart, newsprint, or erasable board

Markers or chalk

Masking tape (or regular tape or thumb tacks)

Overhead projector (optional)

Paper/pencils for participants

Demonstration supplies:

Latex condoms (lubricated, unlubricated, flavored), female “condom,” lubricants, condom demonstration models, plastic food wrap (Saran Wrap[®], Handiwrap[®]), thin latex gloves, syringes, new syringe packs, bleach, containers for bleach and rinse water.

Preparation Notes

Information Maps



Three information maps are used in this session.

(See pages 52-54 at the end of this chapter.) They are used to help focus attention on key points during the discussions of HIV risks and safety options.

Use these maps as handouts for participants.

In addition, it's recommended that group leaders create diagrams of these maps as visual aids during the presentation of the material. These diagrams may be prepared *before group* or created *during group* as the discussion proceeds.

For further clarification, review the suggestions for using information maps described in the *Preparation Notes* for Session One (pp. 3-4).

Exercises and Activities



HIV-Risk Behaviors

The *HIV-Risk Behaviors* activity is commonly used in HIV/AIDS training. It's a good way to involve participants, and at its conclusion, sex and injection behaviors are prominently displayed by risk category for easy discussion.

NO RISK, LOW RISK, AND HIGH RISK signs (used to create a continuum along a wall) are included at the end of the chapter (pp. 62-64) for easy copying, or you can draw your own. Likewise, the **HIV-Risk Behaviors** cards (pp. 57-61) for use in the activity are written out for you, three to a page. These can be copied and cut into cards for participants to use in the activity.



Safer Shooting/Safer Sex Demonstrations & Practice

This activity incorporates a “tell, show, and do” approach for teaching the basics of cleaning injection equipment and using condoms correctly. Have a small table set up in the front of the room to display your demonstration supplies. This will give you room to work comfortably.

You'll need syringes, water, bleach, containers, several types of latex condoms, condom demonstration models (wooden penises, cucumbers or zucchinis, or other phallic shapes), and a sample of the new female condom (vaginal pouch). Ideally, you should have enough syringes, condoms, and penis models for each participant to use for practice.

Reality[®] is a brand name for the female condom, also called vaginal pouch. It's available through some family planning and public health clinics. Check with clinics in your area to see if it's available. Wisconsin Pharmacal Company makes Reality[®] and will often provide a sample kit for education purposes. See **Resources Section** for more information.

Make Copies



HEALTHY OPTIONS Information Map (p. 52)

SAFER SHOOTING Information Map (p. 53)

USING CONDOMS Information Map (p. 54)

CONDOMS AND SAFER SEX Handout (p. 55)

FEMALE CONDOM Handout (p. 56)

Session Two Evaluation (pp. 65-66)

Procedure

Step 1 Welcome/Introduction of Topic



- Welcome participants as they arrive.

- Introduce session topic.

Tell participants that today's session will pick up where last week's session left off — talking seriously about HIV risk reduction. Remind them that the purpose of the group is to help them get in touch with their personal *right* to take action to protect themselves and those they care about from HIV infection.

- If necessary, review Group Guidelines.

It's often helpful to restate the need for confidentiality within the group and the importance of respecting each others' opinions.

Step 2 Process Homework Assignment



- Review the *Risk Game* homework assignment.



Use the following questions to lead the discussion:

Whom did you recruit as subjects for your “experiment?”

What kinds of reactions did you get?

How well were you able to predict other people’s risk-taking?

What did you learn from the experiment?

What did you tell your subjects about HIV / AIDS?

- Thank participants for their willingness to give the assignment a try.

Step 3 HIV-Risky Behaviors



This segment reviews injection and sex behaviors considered risky for HIV / AIDS and other diseases (such as gonorrhea, hepatitis, etc.). Even though the focus is on HIV, it’s helpful to point out that HIV prevention helps prevent other types of infection as well.

-  Begin by telling participants you’d like them to take part in an activity to review HIV-risky behaviors.

MASSAGE

FRENCH KISSING

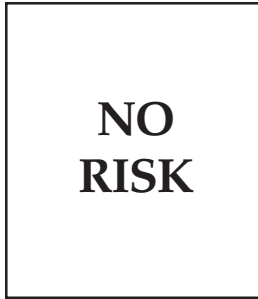
*Behavior Cards
shown on pp. 57-61.*

- Distribute *HIV-Risk Behaviors* cards to participants.

Give each person 1 or 2 cards depending on the size of the group. Ask them to read their cards and to decide if the

Step 3, continued

behavior described is “no risk,” “low risk,” or “high risk” for HIV infection, based on what they’ve heard.



Sample signs shown on
pp. 62-64.

- While participants are reading their cards, create a continuum by hanging NO RISK, LOW RISK, and HIGH RISK signs at equal distances along a wall in the meeting room.

- Next, ask all participants to walk around and place their cards next to the sign that best describes its level of risk.

Tell them it’s okay to hang a card *between* two of the signs if that’s where they think it belongs. Have a roll of masking tape available for participants to use hanging their cards.

- When all the cards are posted, review their placement along the risk continuum.



Encourage group discussion:

Why did you place your card (cards) where you did?

Who had a hard time deciding where to place their cards(s)? Why?

Are any of these cards out of place, in your opinion? Why?

Does anyone feel strongly that a card should be moved?

- Discuss any placement changes suggested by the group.

Allow participants to offer opinions and engage in friendly debate over changing card placements. Respond to suggestions by moving cards if there’s a consensus to do so.

**Step 3,
continued**

- **Conclude by briefly reviewing the risk potential for each of the behaviors on the cards.**

As you review information, move cards to their correct place on the continuum, if needed. Clarify any misconceptions about the potential risk of the behaviors. Include the following key points:

- 🔑 **Any activity that allows the blood, semen, or vaginal fluids of another person to come into contact with your bloodstream, rectum, mouth, vagina, or penis is potentially risky.**

The concern about sharing needles, syringes, and other equipment is that it may place tiny bits of HIV infected blood directly into a person's bloodstream.

- 🔑 **If HIV infected blood or sex fluids come in contact with cuts, sores, or irritated skin, the virus may be passed.**

Also, if these fluids come in contact with the body's *membrane* tissues, the virus may pass directly into the immune system. Membranes are special types of soft, wet, delicate skin, like the skin that lines the inside of the mouth, the inside of the vagina, inside of the rectum, and around the head and opening (meatus) of the penis. There is evidence that the virus can actually pass through these membranes and take hold in the body's immune system.

- 🔑 **Unless we can be 100% sure that the other person is not infected with HIV, we have the *right* to assume there's a potential risk to our health. Let's review *why* some behaviors are a bigger risk than others.**

NO RISK

Massage/body-to-body rubbing is considered a "no risk" activity.

Light kissing is considered no risk because there is little chance of blood contact.

**Step 3,
continued**

Masturbation is no risk. As Woody Allen once said, “Don’t knock masturbation. It’s sex with someone you really care about.”

Using vibrators and sex toys is not considered risky for HIV, provided you only use your own and don’t share.

Shooting drugs with a new syringe used only by you carries no risk for HIV transmission, provided you don’t share cookers, cottons, or water containers.

LOW RISK

French kissing (deep kissing) is considered “low risk”; however, the risk may be higher if either person has mouth sores, bleeding gums, etc.

Mutual masturbation is low risk, especially if latex gloves are used. Gloves are especially important if either person has cuts or sores on their hands (for example, hangnails, nails bitten to the quick, etc.).

Vaginal sex with a condom is low risk. However, it’s important to make sure the condom is used correctly.

Anal sex with a condom is low risk. Plenty of lubrication should be used so the dry tissue of the rectum doesn’t tear the condom.

Oral sex with a barrier is low risk. For going down on males, this means a condom over the penis. For going down on females, try plastic wrap (Saran Wrap) or an unlubricated condom cut length-wise down the middle of one side so that it can be opened into a flat piece of latex. Make sure the barrier covers the entire vaginal area.

Cleaning injection equipment with bleach makes injection low risk for HIV transmission. However, bleach **must** be used correctly and cleaning must be thorough to kill HIV.

HIGH RISK

Vaginal sex without a condom is considered “high risk.” HIV in semen can pass through the membranes in the vagina and HIV in vaginal fluids can enter through the membranes around the opening of the penis.

Anal sex without a condom is considered very high risk. The tissue of the rectum tears easily, and HIV in semen can enter the bloodstream.

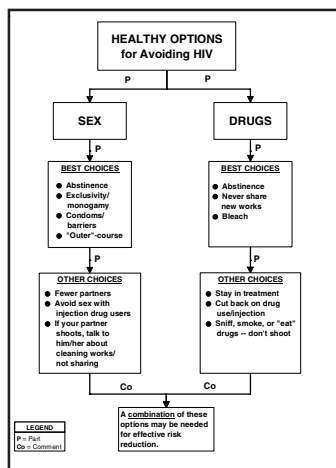
Oral sex without a barrier is high risk. Semen and vaginal fluids may contain HIV which can pass easily through the membranes of the mouth. Cuts, sores, or bleeding gums can increase the risk, both to the “giver” and the “receiver.”

Shooting up second/ sharing needles/works is very high risk. It gives HIV a direct path into your bloodstream.

Step 4 Healthy Options



- Introduce the *HEALTHY OPTIONS Information Map*, and distribute handouts.



Full size map shown on page 52.

Use the map to briefly review options for HIV risk reduction. Encourage participants to ask questions or share experiences as you cover the information. **Include the following key points:**

- 🔑 **Avoiding exposure to HIV is not about luck.**

It’s about exercising your *right* to take action, avoid exposure, and protect your health. There are lots of choices and options that can work for us.

- 🔑 **Best choices for reducing sex risks are:**

Abstinence or not having sex. In some circumstances it’s the right choice. For example, we might choose to put off having sex until we know someone better.

Exclusivity or monogamy with a partner we’re sure is not infected. If both partners are free of HIV and avoid future exposure (through injection or sex), then there’s no risk.

Latex condoms and barriers, including the new women’s condom, protect both partners against HIV and other

**Step 4,
continued**

sexual infections. We'll talk more about condoms later in today's session.

"Outer"-course (versus intercourse) includes mutual masturbation, using vibrators/sex toys, and other forms of sexual satisfaction that don't involve exposure to semen, vaginal fluids, or blood.

🔑 Other ideas for reducing sex risks:

Have fewer sex partners. You'll have fewer chances of being exposed to someone who may carry the virus.

Avoid sex with injection drug users. If you can't do this, at least use condoms when you have sex with someone who injects.

If your sex partner shoots, ask him/her to use clean needles and not to share works. This is an indirect way to reduce your sex risk. Encourage your partner to use new syringes or clean with bleach.

🔑 Best choices for reducing injection drug-related HIV risks include:

Abstinence or quitting use of injection drugs is the most effective way to reduce HIV risk.

Use new syringes (sterile, never used before). This protects you from HIV as well as other infections (abscesses, endocarditis, etc.).

Refuse to share any injection equipment (needles, syringes, cookers, cottons, water) with *anyone*, even your best friend.

Use bleach to disinfect equipment before you shoot. Later in today's session we'll talk about how to use bleach correctly.

🔑 Other ideas for reducing injection risks:

**Step 4,
continued**

Stay in treatment. This will help reinforce your decision to quit using and help you learn how to reduce cravings. Methadone treatment can help ease withdrawal and heroin cravings.

Cut back on your habit. Reduce the number of times you inject.

Smoke, sniff, or “eat” drugs, rather than inject them. If you aren’t ready to quit, at least quit shooting.

■ **Ask participants to comment on these options.**



Go around the room and ask each person to share with the group which sex risk-reduction option and which injection risk-reduction option seems the best or the easiest to do.

Which one of these options makes good sense to you?

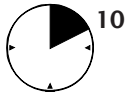
Which one would be the easiest to do all the time?

■ **Conclude by briefly encouraging HIV testing.**

If we know our HIV “status” (whether we are infected or not), we’re better able to take steps to preserve our health and prevent passing the virus to others. Early testing is especially important for women who suspect they are pregnant and for couples who are planning a pregnancy. AZT treatment may help a woman avoid passing HIV to her unborn infant, but this treatment should be started very early in the pregnancy for maximum effectiveness. AZT is a drug that helps slow down the virus’ damage to the immune system. We’ll spend more time discussing HIV testing in Session Four.

■ **Thank people for their ideas and contributions.**

Let the group know that after the break, the remainder of the session will focus on condoms and syringe disinfecting techniques.

Step 5 Break

Allow a 10-minute break.

Step 6**Safer Injection Demonstration & Practice****Note to Group Leader:**

It's important for risk-reduction education to include actual demonstrations and practice of proper cleaning techniques for syringes. We can't assume that people who have never tried cleaning their works will know what to do just by telling them. Showing and doing reinforce learning. However, as you are probably well aware, seeing and handling syringes may be a strong trigger that provokes cravings for some recovering people. Be alert to this possibility and be prepared to address it should you notice evidence among your group members. Likewise, discourage "war stories" and other glorified injection anecdotes or accounts of past drug use during the demonstrations and practice.

■ **Begin the discussion. Emphasize the importance of treatment as an important component of HIV risk reduction:**

Completing your treatment program is the best way to address your HIV risk. Treatment helps you stay clean, and staying clean is the most important thing you can do to reduce HIV risks associated with drug injection. We understand how hard it is to stay clean, especially after you leave treatment. Setbacks may happen, and it's important to know how to protect yourself against HIV if a slip or setback happens.

**Step 6,
continued**

If a slip happens, the most important point is not to share needles, syringes, cookers, or any equipment used for injection. If that's not possible, then clean equipment before using it.

■ **Ask participants:**

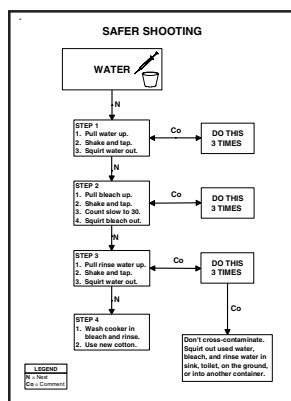


What have you heard about the best way to clean a rig to avoid HIV?

■ **Briefly discuss answers.**

Tell participants you'd like to show them the safest method for disinfecting equipment.

■ **Introduce the SAFER SHOOTING Information Map, and distribute handouts.**



Full size map shown on page 53.

Use the map to briefly review the steps for cleaning injection equipment with bleach. **Include the following key points and demonstrate correct cleaning procedures as you discuss them.** Encourage questions and comments. Use a syringe, cooker, water, bleach, and extra containers (in which to squirt used water and bleach).



The plastic syringes that most people use to shoot up with were designed to be disposable — they weren't intended to be reused.

Whenever possible, use a new, never-before-used syringe. If you must reuse syringes, never, never, never share. You have the *right* to be selfish with your rig in order to protect yourself. If you must share, disinfect with bleach *before* and *after* shooting.

**Step 6,
continued**

- **Begin with water (in a glass, cup, or straight from the faucet).**

Pull water into the syringe. Shake and tap it to dislodge and dissolve blood clots and other crud. Squirt the water out into the sink, toilet, spare container, or on the ground (never back into the original container). **REPEAT THIS THREE (3) TIMES.**

- **Next comes full-strength bleach (Clorox[®], etc.).**

Pull bleach into the syringe. **Count slowly to 30.** Shake and tap syringe to dissolve any crud. Squirt the bleach out into the sink, toilet, spare container, or on the ground. **REPEAT THIS THREE (3) TIMES.**

- **Now more water to rinse.**

Pull water in. Shake and tap to rinse well. Squirt the water out into the sink, toilet, spare container, or on the ground. **REPEAT THIS THREE (3) TIMES.**

- **Don't forget the cooker.**

Wash the cooker with full-strength bleach, too, then rinse well. Avoid using cotton that has been used by someone else.

- **Conclude by labeling this technique as "3 X 3."**

Tell participants to remember that each step should be repeated THREE (3) times for maximum disinfection and cleaning.

- **Allow each participant to practice cleaning and disinfecting a rig.**

If your group is small, have participants come up and gather around your demonstration table. Give each person

**Step 6,
continued**

a syringe, and slowly walk the group through the steps, stressing THREE (3) repetitions of each step. **Stress the importance of holding bleach in the rig for a “slow count of 30,” in order to more effectively kill HIV.**

Supervise the practice, and offer praise and encouragement for proper technique. **Encourage participants to share this information with people they think may need it.**

■ **Conclude by asking for questions:**



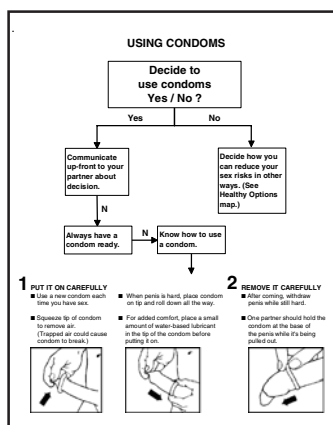
What other questions can I answer for you about using bleach?

Step 7



Condom Demonstration & Practice

■ **Introduce the *USING CONDOMS Information Map*, and distribute handouts.**



Full size map shown on page 54.

Use the map to briefly review how to correctly handle and put on a condom. **Include the following key points:**



Condoms provide protection by covering the penis, keeping semen and vaginal fluids from coming in contact with membranes or broken blood vessels.

Latex condoms provide the best protection — “natural” condoms made of animal membranes aren’t as effective in blocking the virus (and they’re unbelievably expensive as well). *Latex* condoms are inexpensive in stores and may also be available through many public health and family planning clinics at low cost or no cost.

Note to Group Leader:

If your program gives away free condoms, encourage clients to pick some up when they come for counseling sessions, medical visits, etc.

**Step 7,
continued****🔑 The first step is deciding.**

Sometimes denial about being at risk for HIV can interfere with our decision-making. Accepting our *right* to protect ourselves from HIV is the first step toward planning *how* we'll protect ourselves from sexual risks. If using condoms makes sense to you, then you'll give them a try.

🔑 If you're not ready to use condoms, then you'll want to think seriously about other ways to protect yourself from sexual risks.

As we discussed earlier, monogamy with a non-infected partner who avoids other HIV-risky behaviors is an option. For this option to work, both partners should be tested for HIV and counseled about risk reduction.

🔑 When we make the decision to use condoms, here's what we need to think about:

The key to successful condom use is **communication**. Talk with your partners and agree about using condoms *before* having sex. If you wait until you're caught up in strong sexual feelings, you may forget to use a condom. Talking about it ahead of time will help strengthen your decision. Remember, you have the *right* to protect your health by using a condom or asking your partner use a condom.

🔑 Have a condom available, at all times.

One of the primary reasons given for not using a condom is "I didn't have one/she didn't have one/we didn't have one." So, have one with you. Better yet, have a two or three.

🔑 Know how to use a condom.

Also, know how to prevent them from breaking and how to make them comfortable and pleasurable.

Step 7, continued ■ **Demonstrate the correct way to use a condom as you present the following instructions.**

Encourage questions and comments. Use a condom demonstration model, condoms, and lubricants. If a model is unavailable, demonstrate by rolling the condom over two fingers (or ask for a volunteer, and roll the condom over his/her fingers). **Cover the following key points:**

🔑 **Putting on a condom:**

1. The condom is put on when the penis gets hard, not before. Always use a new condom. A condom is used the same way for vaginal sex, oral sex on a man, and rectal sex.
2. Place the rolled condom over the end of the erect penis, then pinch the tip of the condom and squeeze it gently to push out any trapped air. (Trapped air in the tip is like a little balloon — it could burst during sex.)
3. Once the air is squeezed out, roll the condom down over the shaft of the penis. Leave space at the tip of the condom to catch the semen (cum).

🔑 **Make it comfortable:**

Try out several brands until you find the one that's most comfortable. Believe it or not — not all condoms are shaped the same. Condoms are available in different shapes and sizes.

Many men prefer a condom that allows a bit of friction at the tip and is thin enough to conduct warmth. Latex is strong, so even thin condoms offer good protection.

Condoms and lubricants containing nonoxynol-9, a type of chemical used in some birth control foams and gels, may help protect against HIV. However, many people are allergic to nonoxynol-9, and may develop irritation, burning, or a rash. If you develop irritation, switch to a condom or lubricant that doesn't have nonoxynol-9.

Step 7, continued

Before putting the condom on, put a tiny dab of lubricant (like K-Y® Lubrins, etc.) in the tip. (Don't use too much or the condom might slip off.) Then roll the condom on as discussed before. The tiny dab in the tip of the condom will help the head of the penis move smoothly inside the condom, and provide extra pleasure and sensations for the man.

If possible, keep several condoms "peeled" (with the wrapper off), and ready to go when you have sex. This way, if you are interrupted or if you like to start and stop while having sex, you'll have a new condom ready and waiting. You can use more than one condom per sex act — there's no rule that says *one* condom is the limit when you have sex.

Try out different colors and flavors. Flavored condoms are especially popular for oral sex.

🔑 **Keep the condom from breaking:**

Latex is a strong type of thin rubber, strong enough to bear up to even the most passionate love-making. However, it can be weakened — so be careful.

Never store condoms in extreme heat and don't freeze them. Don't use a condom that's been exposed to heat (for example, left for hours in a car in the summer time) or has been frozen (especially if it hasn't thawed out yet!).

Be careful with fingernails, jewelry, rings, or anything sharp that could break or tear a condom while it's being put on.

And most important — use only **water-based** lubricants with condoms. For example, K-Y® or any kind of lubricant sold in the condom section of stores. Some brands are called "personal" lubricants. When you read the box, it will say that the product is *safe for use with condoms*. Oily lubricants (like Vaseline®, baby oil, hand lotion, or massage oils) can actually weaken latex and make it easier to break. So don't put anything greasy/oily on your condom.

**Step 7,
continued**

🔑 Take care when you take it off:

After coming or climaxing, the penis should be pulled out soon. One partner should reach down and hold on to the condom at the base of the penis while pulling out. This will prevent the condom from slipping off.

Pull out carefully and take off the condom so that nothing spills out. You can tie a knot at the top so the cum can't spill out. Wrap it in some tissues and throw away in the trash can. Don't flush it down the toilet because it can clog up your pipes.

■ Demonstrate additional safer sex techniques for non-intercourse behaviors.

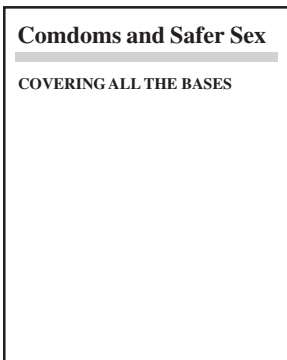
- ❖ **Discuss the use of flavored or unlubricated condoms to cover the penis during oral sex.**
- ❖ **Demonstrate how to cut an unlubricated or flavored condom length-wise down one side to create a barrier for covering the vaginal and anal area during for oral sex.** If available, demonstrate how dental dams also may be used as barriers. Also demonstrate the use of plastic food wrap (e.g., Saran Wrap®) for covering the vaginal and anal areas. Mention that these barriers should also be used for any oral-anal contact or foreplay activities (e.g., "rimming," etc.). **Stress that plastic wrap should not be used as a condom. Wrapping the penis in Saran Wrap® for intercourse or oral sex is not considered an effective barrier because semen can leak out.**
- ❖ **Demonstrate the use of a thin latex glove for mutual masturbation and sexual activities such as fingering, "fisting," and other activities where broken skin on the hand may come in contact with semen or vaginal fluids.**

**Step 7,
continued**

- Allow each participant to practice with condoms and barriers.

You can invite them to gather around the demonstration table, and take turns with the teaching model, if you only have one. Another approach is to put people in pairs, and have them demonstrate proper condom technique to each other using models, vegetables, or their fingers. Have them practice with barriers as well.

- Distribute *CONDOMS AND SAFER SEX* handout.



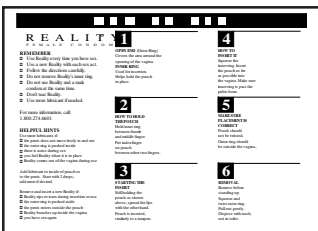
Full size handout shown on page 55.



Ask:

What did you learn today about condoms that you didn't know before?

- Distribute handout on the Reality® “female condom” (vaginal pouch).



Full size handout shown on page 56.

Review how the pouch is used, and pass a sample around for participants to inspect, if you have one available. Encourage questions and comments. Let participants know if and where the pouch is available in your community.

Cover the following key points:



The female condom is a thin, long pouch made out of a special type of strong plastic.

It protects both partners by lining the vagina so that there's no contact with semen or vaginal fluids. It has an outer ring to hold it in place around the opening of the vagina, and an inner ring used to guide it during insertion and hold it in place inside the vagina.



It is put inside the vagina, much like a diaphragm or tampon.

**Step 7,
continued**

The inner ring is folded and guided into the vagina, using a finger to push it into place past the pubic bone. Lubricant is then added to the opening of the pouch. Lubricant may also be placed on the man's penis. The man's penis is then guided to be *inside* the pouch, surrounded by the outer ring.

- **After sex, the pouch is removed before standing up by gently pulling and squeezing the outer ring.**

Wrap it in tissue and dispose of in the trash. Each pouch can only be used once. **The female condom should *not* be used together with a male condom.**

■ **Conclude with the following key points:**

- **Condoms and female condoms are barriers for making oral, vaginal, and rectal sex safer.**

For oral sex on women, you should use plastic wrap as a barrier, or an unlubricated (or flavored) condom cut lengthwise down the middle. These barriers should be placed over the entire vaginal and/or anal area. For oral sex on men, the penis should be covered with an unlubricated (or flavored) condom. (Lubricated condoms will work, but they may have an unpleasant taste.)

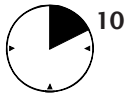
- **Other types of contraception, such as diaphragms, contraceptive sponges, or contraceptive gels and foams are not effective by themselves in stopping HIV. They must be used with a condom for complete protection.**

- **Condoms, female condoms, and barriers should be used every time you have sex.**

If you and your partner are moving into a steady or serious relationship, both of you may want to have HIV tests, and if that shows you are both non-infected, you may want to

switch to exclusivity/monogamy as your safer sex choice. **Don't stop using condoms or female condoms until you both have been tested and given a clean bill of health.**

Step 8 Closure/Evaluation



- Tell participants you have another “homework” type assignment for them for the week ahead.

Use the following key ideas to provide instructions:

- 🔑 Conduct an “informal” survey of about 3 or 4 of your friends, family members, neighbors — whoever you would feel comfortable talking with.
- 🔑 Find out what they know about HIV prevention.

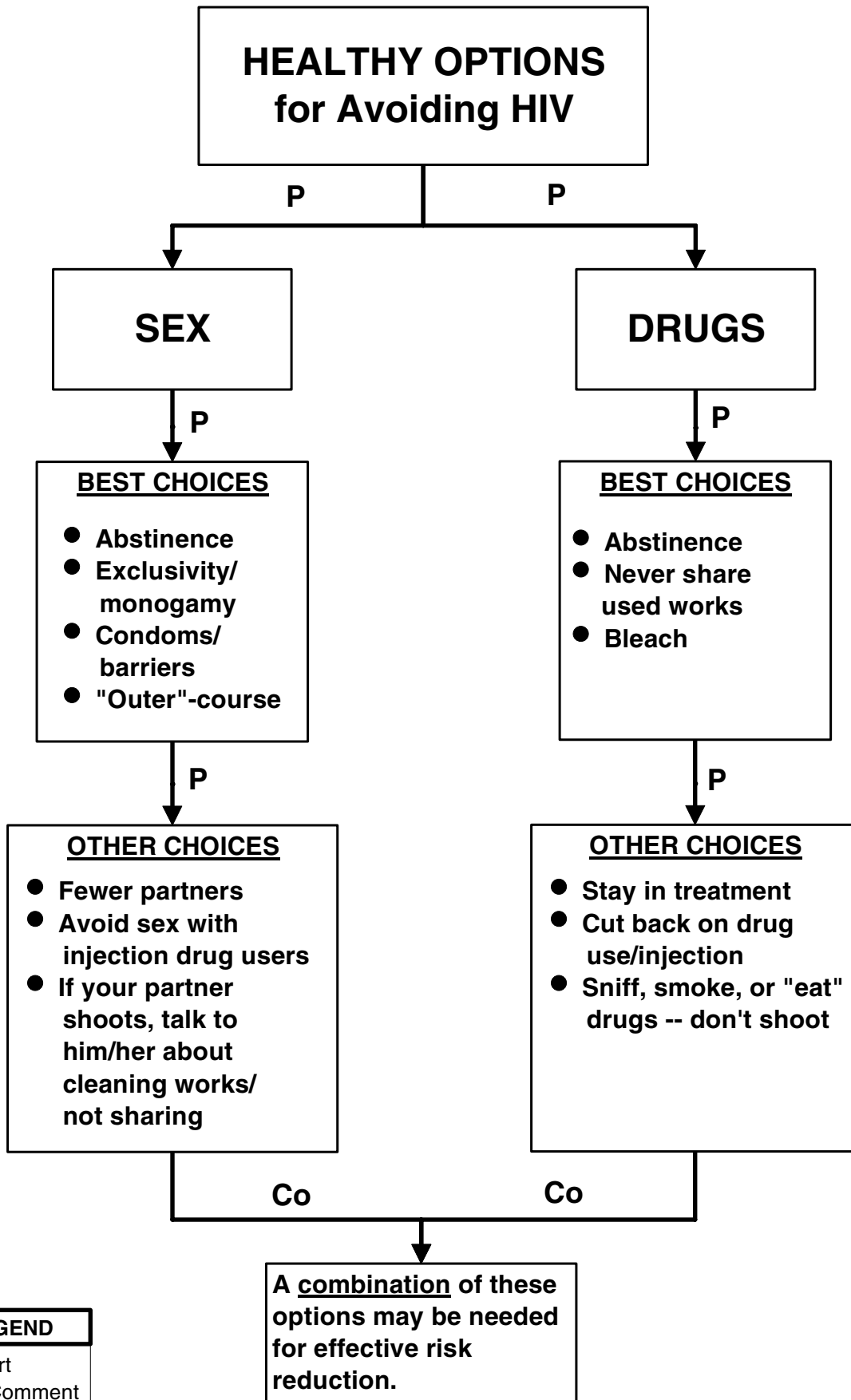
Pretend you're a roving reporter, like on TV, and get people to tell you their opinions. Find a way to ask, then just listen to what they tell you. Remember the key points they tell you, and we'll talk about what you hear next week. If you want, you can use what you've learned today to correct any bad information you hear.



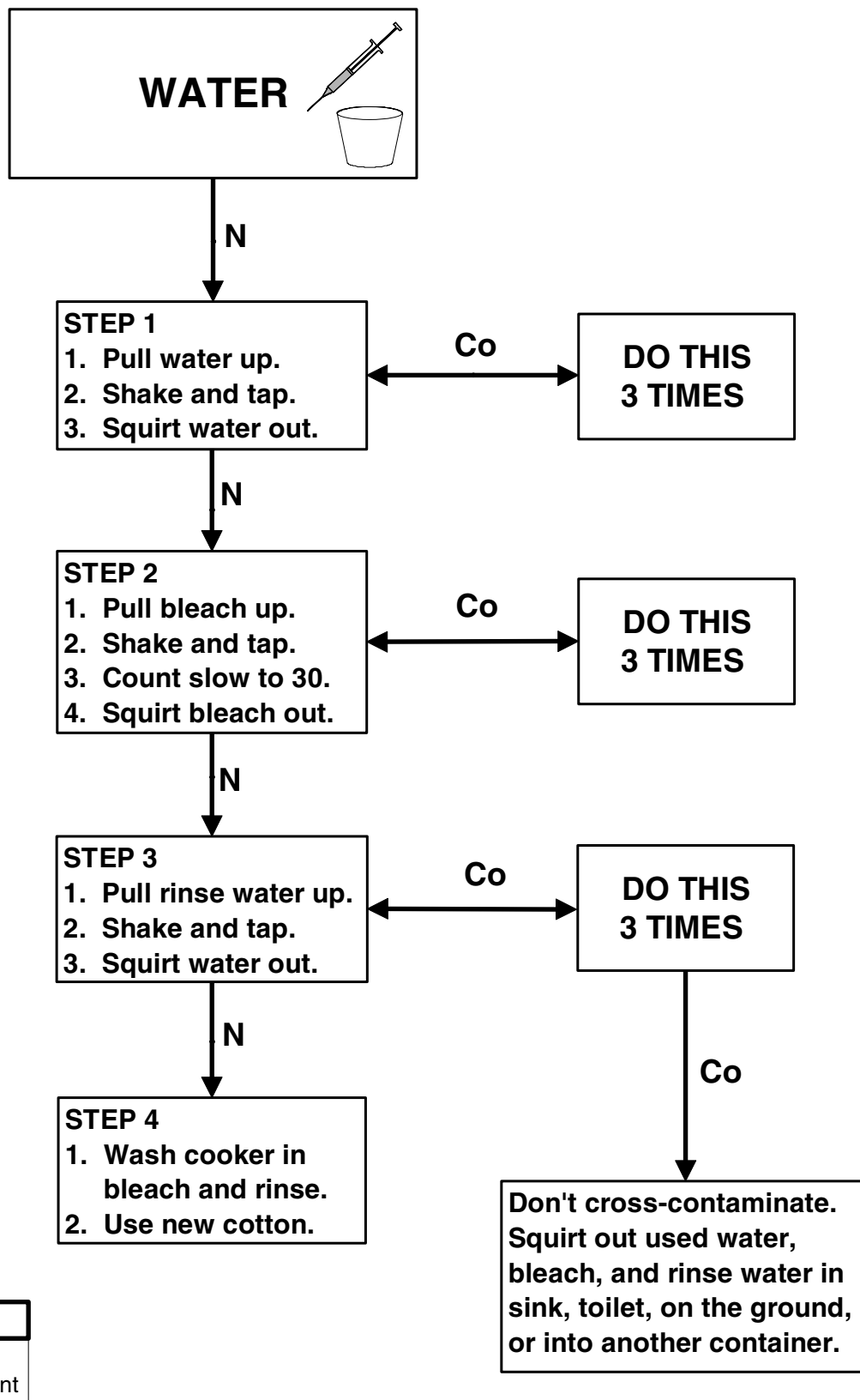
Ask your friends in whatever way feels comfortable to you. Here are ideas :

I'm doing a survey for this class I'm taking. What have you heard about the best way to protect yourself from AIDS if you shoot up or have sex?

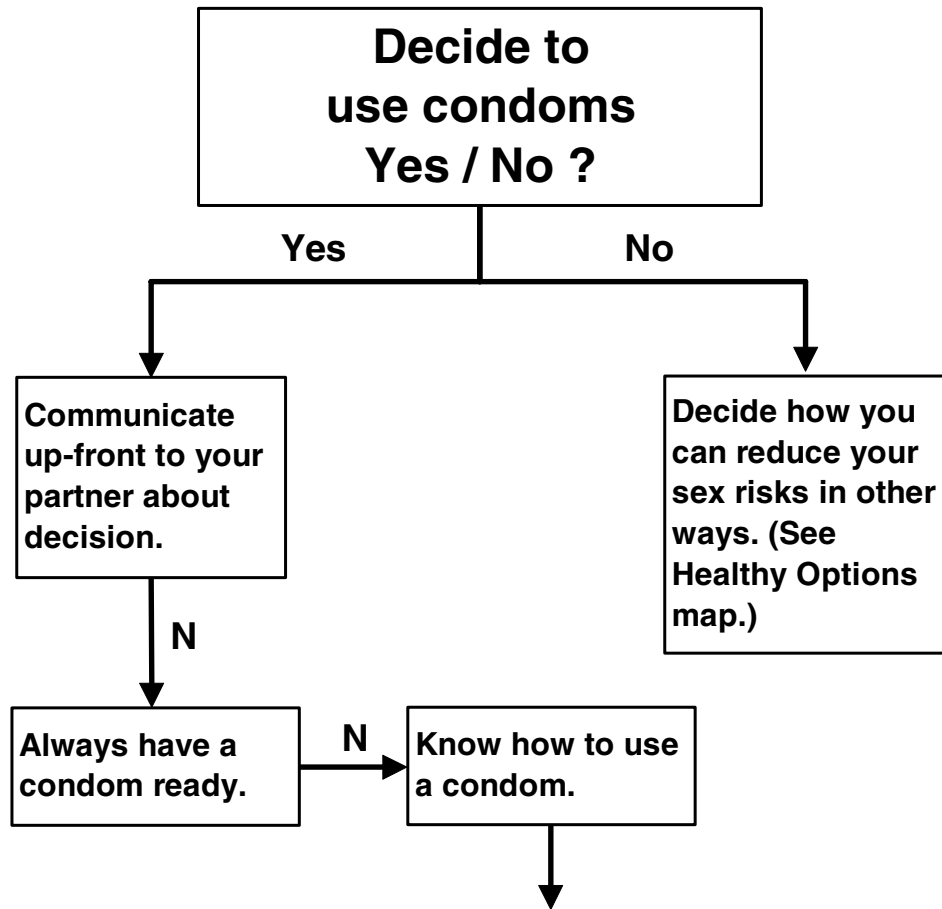
I was watching this TV show about AIDS. What have you heard about the best way to protect yourself against the AIDS virus when you have sex? How about if you shoot drugs?



SAFER SHOOTING

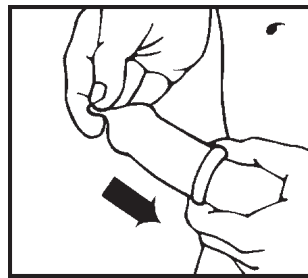
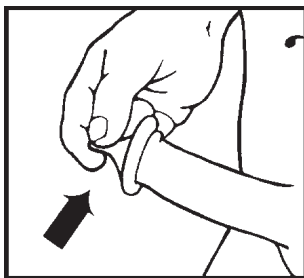


USING CONDOMS



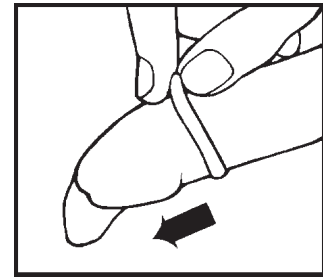
1 PUT IT ON CAREFULLY

- Use a new condom each time you have sex.
- Squeeze tip of condom to remove air. (Trapped air could cause condom to break.)
- When penis is hard, place condom on tip and roll down all the way.
- For added comfort, place a small amount of water-based lubricant in the tip of the condom before putting it on.



2 REMOVE IT CAREFULLY

- After coming, withdraw penis while still hard.
- One partner should hold the condom at the base of the penis while it's being pulled out.



LEGEND
N = Next

Artwork: Lifestyle Condoms, Ansell Medical Products.

CONDOMS AND SAFER SEX

Condoms provide safety and protection, but they **must** be used properly. It is recommended that only latex (latex rubber) condoms be used. Condoms made from animal skin membrane are not effective for preventing diseases. Here are some tips to help make condoms more effective.

COVERING ALL THE BASES

Putting On A Condom

A condom should be put on when the penis becomes hard, not before.

Always use a new condom.

Place the rolled condom over the end of the erect penis and squeeze the tip end of the condom to remove any trapped air. (Trapped air in the end of the condom could cause the condom to break, like a balloon.)

Once the air is squeezed out, roll the condom down the shaft of the penis, leaving space at the tip of the condom to catch the semen (cum).

Making the condom comfortable

Choose the style and brand of condom that best fits the man. It's a good idea to try different brands (they are not all the same). Most men prefer a condom that allows a bit of friction and is thin enough to conduct warmth.

Place a tiny dab of K-Y jelly or other water-based lubricant in the tip of the condom before rolling it on. Keep in mind that too much may cause the condom to slip-off. However, a tiny dab will help increase sensations for the man.

Keep several condoms ready for use when having sex. If you are interrupted, or if the erection is lost, you'll have a condom handy to start again.

Have fun with your condoms. Condoms come in different colors, with pretty patterns, even in **flavors** like strawberry and peppermint.

Keeping the condom from breaking

Never store condoms where they are exposed to heat or freezing. Heat or freezing can destroy the latex and make it break. Store condoms in a cool, dry place (such as a medicine cabinet or closet). Don't keep them in a wallet or glove box of the car.

Be careful with fingernails, rings and jewelry when putting on the condoms. Nails or anything sharp can tear the condom.

Use only water-based lubricants like K-Y jelly. Oil-based lubricants such as Vaseline, baby oil, hand lotion or cooking oil can cause the latex in the condom to break or tear.

Taking the condom off

After the man has come, withdraw the penis while it is still hard. One partner should hold on the condom at the base of the penis to keep it from slipping.

Remove the condom so that the semen (cum) can't spill on either of you. Gently slide the condom off the penis. Wrap in tissue and dispose of in the trash can. Avoid flushing condoms down the toilet as they may clog pipes.

HOW TO USE

REALITY[®]
FEMALE CONDOM

REMEMBER

- Use Reality every time you have sex.
- Use a new Reality with each sex act.
- Follow the directions carefully.
- Do not remove Reality's inner ring.
- Do not use Reality and a male condom at the same time.
- Don't tear Reality.
- Use more lubricant if needed.

For more information, call:
1.800.274.6601

HELPFUL HINTS

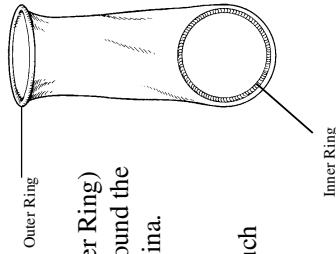
- Use more lubricants if:
 - the penis does not move freely in and out
 - the outer ring is pushed inside
 - there is noise during sex
 - you feel Reality when it is in place
- Reality comes out of the vagina during use

Add lubricant to inside of pouch or to the penis. Start with 2 drops; add more if desired.

Remove and insert a new Reality if:

- Reality rips or tears during insertion or use
- the outer ring is pushed aside
- the penis enters outside the pouch
- Reality bunches up inside the vagina
- you have sex again

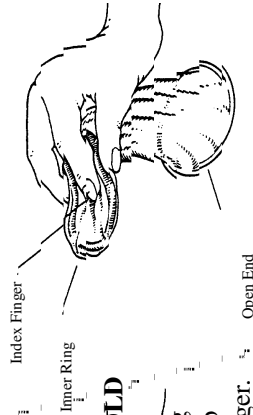
1



OPEN END (Outer Ring)
Covers the area around the opening of the vagina.

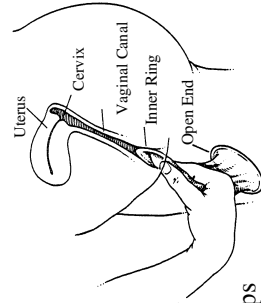
INNER RING
Used for insertion. Helps hold the pouch in place.

2



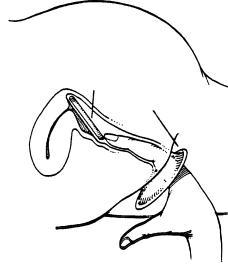
HOW TO HOLD THE POUCH
Hold inner ring between thumb and middle finger. Put index finger on pouch between other two fingers.

3



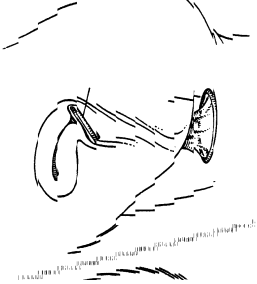
STARTING THE INSERT
Still holding the pouch as shown above, spread the lips with the other hand. Pouch is inserted, similarly to a tampon.

4



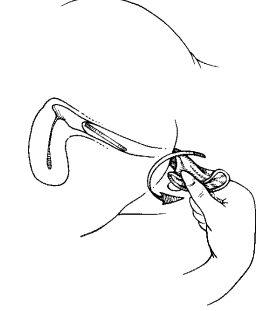
HOW TO INSERT IT
Squeeze the inner ring. Insert the pouch as far as possible into the vagina. Make sure inner ring is past the pubic bone.

5



MAKE SURE PLACEMENT IS CORRECT
Pouch should not be twisted. Outer ring should be outside the vagina..

6



REMOVAL
Remove before standing up. Squeeze and twist outer ring. Pull out gently. Dispose with trash, not in toilet.

MASSAGE

LIGHT KISSING

MASTURBATION

USING VIBRATORS/SEX TOYS

USING A NEW SYRINGE TO SHOOT

FRENCH KISSING

MUTUAL MASTURBATION

VAGINAL SEX WITH A CONDOM

ANAL SEX WITH A CONDOM

ORAL SEX WITH A BARRIER

CLEANING RIG WITH BLEACH BEFORE SHOOTING

VAGINAL SEX WITHOUT A CONDOM

ANAL SEX WITHOUT
A CONDOM

ORAL SEX WITHOUT
A BARRIER

SHARING NEEDLES,
SYRINGES, COOKER,
WATER

NO
RISK

LOW RISK

HIGH RISK

SESSION EVALUATION
HIV/AIDS Core Curriculum

SESSION 2

THIS BOX IS TO BE COMPLETED BY DATA COORDINATOR:

[FORM 047; CARD 01]

SITE #	CLIENT ID#	DATE:	COUNSELOR ID#
[6-7]	[8-13]	MO DAY YR [14-19]	[20-21]

INSTRUCTIONS: Please answer the following questions based on what you learned in today’s session. Circle 1 (True) or 2 (False) after each statement.

True	False
------	-------

1. Vaginal sex without a latex condom may be risky for HIV. 1 2 [22]
 2. Using bleach to clean injection equipment reduces HIV risk. 1 2 [23]
 3. Natural skin condoms work as well as latex ones. 1 2 [24]
 4. To disinfect injection works with bleach, you need only draw up the bleach once. 1 2 [25]
 5. An HIV test is a good idea, even for faithful couples. 1 2 [26]
 6. Baby oil or Vaseline can be used safely with latex condoms. 1 2 [27]
 7. There’s no need to use condoms or barriers for protection during oral sex. 1 2 [28]
 8. A pregnant woman with HIV will always pass the virus to her unborn baby. 1 2 [29]
 9. Injecting with a never-used-before syringe is an effective way to avoid HIV. 1 2 [30]
 10. Membrane tissues are found in the mouth, vagina, rectum, and penis. 1 2 [31]
- | | | | [32]

Session 2

Page 2

INSTRUCTIONS: Please take a minute to give us some feedback about how you liked this session.

1. Use one word to describe your feelings about this class. _____

2. What is the most important thing you learned today?

3. List two ways to prevent the spread of HIV.

4. On a scale of 1 to 10, how do you rate today's class? (Circle your rating.)

01 02 03 04 05 06 07 08 09 10
 Poor Pretty Good Excellent

5. Do you have any suggestions to help make this class better?