

Group Three

HARM REDUCTION WITH LATEX

Skills to Be Taught

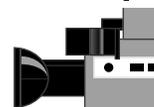
- Identifying the Harm of Unsafe Sexual Practices
- Learning Harm Reduction Techniques (e.g., condom selection and application)



COUNSELOR TOOL BOX

Multi-modal Presentation of Material:

- Verbal**
 - Didactic presentation of material
 - Questioning
 - Group discussion
- Visual**
 - Visual presentation of major points using slides
 - Group responses written on flipchart by counselor
 - Written/Pictorial handouts provided in Client Workbook
 - Video of condom application
- Experiential**
 - Demonstration of correct latex use
 - Condom application practice
 - Condom application team game
 - Post-group quiz
- Materials**
 - Flipchart and markers
 - Overhead projector and slides
 - Audio tape player and relaxation tape
 - TV, VCR, and video cued to condom application
 - Latex condoms for each group member (with reservoir tip)
 - Sheepskin condom with nonoxynol-9 (for warning purposes only)
 - Dental dams
 - Latex gloves
 - Water-based lubricants without nonoxynol-9
 - Female condom (Reality)
 - Bananas (for each group member for condom practice)
 - Penis model (optional)
 - Vagina model (optional)
 - Prizes
 - “Loaner” Client Workbooks
 - Handouts:
 - Group agenda
 - Group quiz
 - The ABCs of Reducing Harm with Latex (double-sided)
 - Using the Male Condom
 - Using the Female Condom
 - Certificate of Achievement (as warranted)
- Reminders**
 - Ensure that all material on quiz is covered well during group.
 - Quiz material is indicated by **QUIZ ITEM** in the text.
 - Instructions to counselors are provided in this typeface.



AGENDA

(Two-hour group: Adjust times based on beginning time)

- 0:00 **Begin Group** (5 mins)
- Introductions – Rules – Time keeper assignment
- 0:05 **Introduction to Topic: “Reducing Harm with Latex”** (5 mins)
- 0:10 **Harm Caused by Unsafe Sexual Practices** (10 mins)
- 0:20 **Harm Reduction ABCs** (10 mins)
- 0:30 **Discussion: How and When to Use Latex** (10 mins)
- 0:40 **Personal Vulnerability** (5 mins)
- 0:45 **Condom Application Demo Video** (10 mins)
- 0:55 BREAK** (10 mins)
- 1:05 **Review** (5 mins)
- 1:10 **Key Steps for Safer Sex** (5 mins)
- 1:15 **Individual Practice with Condoms** (10 mins)
- 1:25 **Team Condom Application Game** (10 mins)
- 1:35 **Discussion: Barriers to Using Latex** (10 mins)
- 1:45 **Quiz and Feedback** (5 mins)
- 1:50 **Relaxation Tape** (10 mins)
- 2:00 **End**

BEGINNING OF EVERY GROUP (5 mins)

- Group members and counselors introduce themselves and welcome new members
- Group rules are reviewed

Visual

HHRP⁺
GROUP RULES RESPECT

R*elaxation* (complete quiet...no talking, shuffling of papers, or walking around during relaxation exercise)

E*ating* (No eating during group)

S*ober* (don't come to group high)

P*unctuality* (come to group on time)

E*veryone can't talk at once* (no crosstalk)

C*onfidentiality* (what's said in group, stays in group)

T*eamwork* (group members work together towards recovery)

Show Slide 3.1

- Copy of agenda for today's group is distributed to group members
- Ask for a volunteer to serve as time-keeper (to keep group on track and on time)
- Announcement of any graduates from the group today
- Presentation of Certificate of Achievement to those who complete in good standing

Verbal

Counselor provides introduction to today's topic. (5 mins)

In other groups we talk about the need to always “be prepared” by knowing how to reduce the harm of drug use in the event that you have a "slip". However, unlike drug use, sexual activity is not something, presumably, that you are trying to give up, but it is probably a part of your life about which you may have conflicting feelings. On the one hand, sexual intimacy in a caring relationship can greatly enrich your life; on the other hand, unsafe sexual practices can threaten the health and even the life of both yourself and your partner. Therefore, in addition to being prepared for situations that place you at high risk for drug use, you also need to be prepared for situations in which you are at risk for engaging in high risk sexual activities.

That’s what we will be talking about today. Here’s our friendly boy scout, again very well prepared for any high risk sexual situation he might encounter.



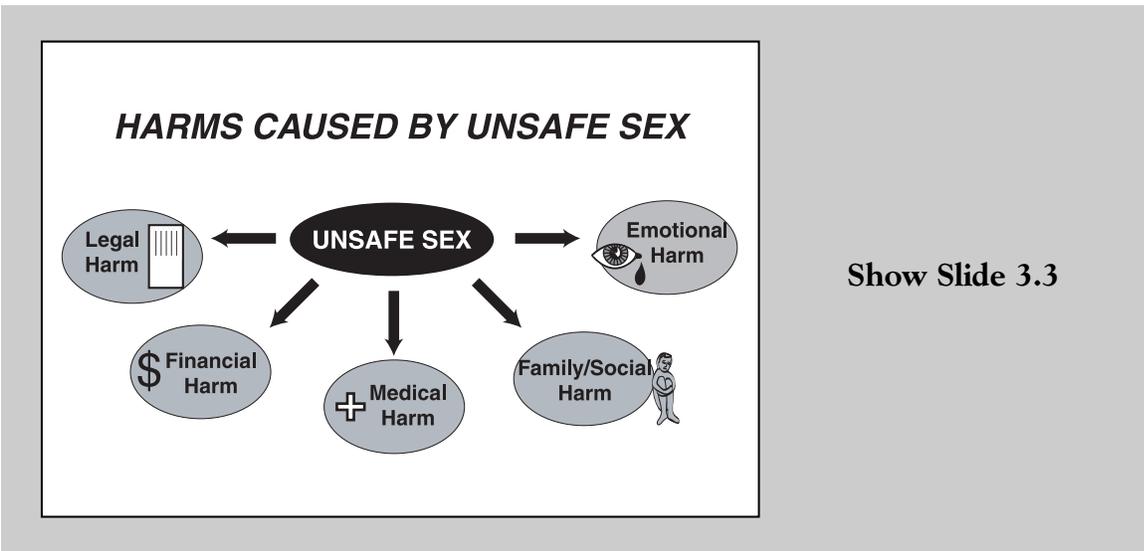
Visual

This is often the image people have of safer sex—that you need to be protected from head to toe, clean and sterile, as if entering an operating room. It is an amusing image to be sure. However, “being prepared” and knowing how to reduce the harm of sexual activity is a very important part of your decision to create for yourself a new and healthy lifestyle.

Counselor leads a discussion on the harms caused by unsafe sex. (10 mins)

Discussion

Before we talk about harm reduction, let’s identify the harm that unsafe sex can cause.



Visual

QUESTIONS: What legal harm is caused by unsafe sex?
What emotional/psychological harm?
What family/social harm?
What financial harm?
What medical harm?

Counselor writes group's responses on flipchart, grouping the responses by the above categories. *For example:*

- **Legal Harm** = legal consequences of nondisclosure of HIV status (*note:* varies by State); paternity/child support claims; prostitution-related arrests
- **Emotional Harm** = fear, anxiety, depression, loss of self-respect
- **Family/Social Harm** = unwanted pregnancy, transmission of HIV to unborn child
- **Financial Harm** = expenses of medical care, pregnancy, childcare
- **Medical Harm** = transmission of infections (including HIV and other sexually-transmitted diseases and blood-borne infections)

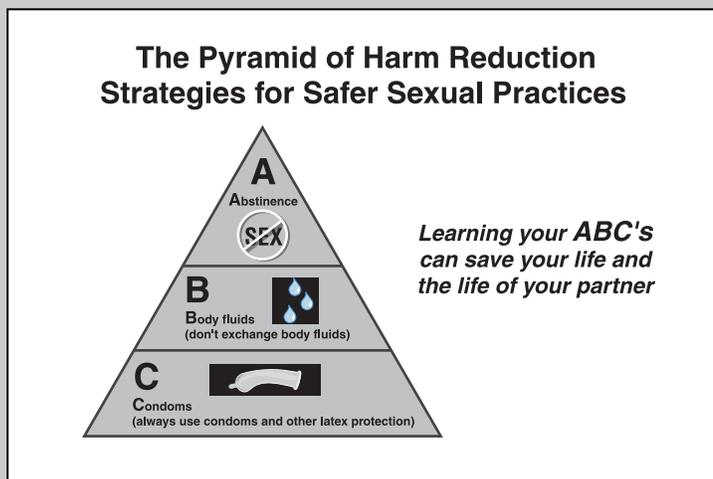
**Verbal/
Didactic**

Counselor provides instruction on harm reduction. (10 mins)

We know that some people who have tested positive for HIV may continue to have unprotected sex. The harm reduction techniques we will be teaching you today will help protect you and your partner from one of the most damaging consequences of unsafe sex—transmission of infections.

Harm reduction is as simple as **A B C**.

Visual



Show Slide 3.4

A = Abstinence.

Experts don't always agree on the relative risks of various sexual activities. They do agree, however, that **the only way to completely prevent all harm is to abstain** from sexual activity.

B = Don't exchange Body Fluids.

Sexual relations contribute substantially to the quality of many people's lives. Therefore you may have chosen not to be celibate. However, it is important to look at the costs and benefits to you and your partner of being sexually active, and to do whatever you can to reduce the potential harm of sexual intimacy. Therefore, if you decide you are not going to be celibate, the best way to reduce harm would be to engage only in those sexual practices that **do not involve the exchange of body fluids.**

QUESTION: Can anyone think of examples of ways to be sexually intimate without the exchange of body fluids?

Counselor writes group responses on the board under the following headings:

Examples of activities to include for discussion:

- Erotic massage
- Bathing together
- Erotic dancing
- Sharing fantasies
- Phone sex
- Using personal (unshared) sex toys
- Mutual masturbation
- Consensual voyeurism
- Watching, reading erotic material

C = Always use Condoms and other latex protection

QUESTION: If you are going to engage in sexual activity that does involve the exchange of body fluids, what are the three little words you should always remember? I'll give you a hint; it's not "I love you."

Visual



Show Slide 3.5

Instead, **show** your partner you care by remembering these three little words—latex, latex, latex. The best way to reduce the potential medical harm of sexual intimacy is to **always use condoms and other latex protection.**

- **Latex** condoms for vaginal and anal intercourse (penis to vagina or penis to anus) and oral sex (mouth to penis)

Counselor shows group a latex male condom.
Counselor shows group a female condom.
Counselor shows group where to look for the expiration date.

We will be providing a demonstration of how to use both male and female condoms later.

- Latex dental dams for oral sex (mouth to vagina, mouth to anus). If you cannot find or afford dental dams, you can cut up a condom to use as a barrier.

Counselor shows the group a dental dam. Counselor also demonstrates how to cut a condom to use as a barrier during oral sex.

- Latex gloves for hand to penis, vagina, or anus, especially if there are any abrasions or broken skin on hands or fingers.

Counselor holds up a pair of latex gloves.

Counselor leads a discussion on how and when to use latex. (10 mins)

Discussion

Visual

DISCUSSION QUESTIONS

1. *Does a man need to use a condom if he does not ejaculate (come) inside his partner?*
2. *Are all condoms equally effective in reducing harm?*
3. *What kind of lubricant should you use and why?*
4. *What is nonoxynol-9?*
5. *When should you put on a condom?*
6. *When should you remove a condom?*

Show Slide 3.6

QUESTION: Does a man need to use a condom if he does not ejaculate (come) inside his partner?

Answer: Yes.

- a) Even if the male does not ejaculate (come) inside the partner's vagina, mouth, or anus, infection can be transmitted through the pre-ejaculatory fluid that can leak from the penis prior to ejaculation. So it is very important to place a condom on the penis as soon as the male achieves an erection.
- b) Infection can also be transmitted through blood from the vagina or anus. In addition to obvious sources of blood (e.g., a woman's menstrual cycle), there may be hidden sources, such as internal sores or abrasions caused by friction during sexual activity.

QUESTION: Are all condoms equally effective in reducing harm?

Answer: No. Only latex condoms reduce the risk of HIV infection. Animal skin condoms such as lambskin, can prevent pregnancy, but they do not prevent the transmission of HIV. The pores in these condoms are small enough that they do not allow sperm through, thus preventing pregnancy, but are large enough to allow the HIV virus to pass through.

Counselor shows the group a sample of both a latex condom and a lambskin condom, and instructs group how to differentiate between the two when buying condoms.

QUESTION: What kind of lubricant should you use with condoms, and why?

Answer: Use only water-based lubricant with latex condoms. Oil-based lubricants can damage latex condoms and reduce their effectiveness. Lubricants can increase sensation and pleasure.

QUESTION: What is nonoxynol-9?

Answer: Nonoxynol-9 is a spermicide found in lubricants, contraceptive gels, and on many latex products because it was once thought to provide protection against HIV. However, in August 2000, the CDC issued **a warning against the use of nonoxynol-9**. This was based on the results of research showing that nonoxynol-9 was actually **not** effective in preventing HIV and may, under certain circumstances, even **increase the risk** for HIV transmissions. We therefore no longer recommend the use of lubricants with nonoxynol-9 or condoms with nonoxynol-9.

Counselor shows group members different condoms and lubricants so that they can identify the condoms and water-based lubricants with and without nonoxynol-9. Counselors should also review any updates to CDC guidelines.

QUESTION: When should you put on a condom?

Answer: Both male and female condoms should be put on/in before any sexual contact. Male condoms should be put on as soon as the penis is erect. Female condoms can be inserted well in advance of any sexual activity.

QUESTION: When should you remove the condom?

Answer: A man should pull out of vagina/anus/mouth immediately after ejaculating/coming; hold the condom at the base when pulling out to prevent the condom from slipping off, and carefully "milk" the condom off the penis, and tie a knot in it to ensure that no semen escapes. A female condom should also be removed as soon as possible, wrapped, and disposed of safely.

Counselor instructs group members on personal vulnerability. (5 mins)

Verbal/
Didactic

QUESTION: Why should you worry about using latex if you are already HIV-positive?

Visual

Reasons to CARE, about SAFER SEX

Compromised Immune System *(HIV+ individuals are susceptible to other life threatening sexually transmitted infections)*

Altruism *(you can help protect others)*

Reinfection *(you can be reinfected with a strain of HIV virus that is resistant to new medications)*

Evidence *(Research shows that condoms reduce the spread of HIV and other sexually-transmitted diseases)*

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1. **C = Compromised immune system.** **QUIZ ITEM** When you are HIV-positive, your immune system, which helps your body fight infection, has been weakened. Exposure to any other infections is potentially very dangerous, because your body has less ability to fight infection, and as a result can hasten the disease process.
2. **A = Altruism.** **QUIZ ITEM** That means having concern for the welfare of others – you don't want to spread HIV and other infections to your partner or unborn children.
3. **R = Reinfection.** **QUIZ ITEM** By sharing needles or works or having unsafe sex, individuals with HIV can become re-infected with a strain of HIV that is resistant to some of the newer treatments. Therefore, you may greatly reduce your treatment options.
4. **E = Evidence.** HIV is transmitted sexually by the sharing of body fluids (blood, semen, vaginal secretions, breast milk). **QUIZ ITEM** Only latex can reduce the sexual-transmission of HIV. You need to use latex protection for vaginal, anal, and oral sex, and for hand-to-genital or anal contact.

QUESTION: Do you need to use latex protection even if you are monogamous (have sex with only one person) and your partner is also HIV-positive?

QUIZ ITEM

Answer: Yes. Although being monogamous is safer than having multiple partners, you and your partner could potentially infect each other with medication-resistant strains of HIV. HIV can mutate, or change, readily even within the same person, so you never know what you are exposing yourself and your partner to if you engage in unprotected sex or share needles or other drug paraphernalia. Also you or your partner could have an infection due to drug use or some other cause that could be transmitted sexually, and that could have serious consequences to your health due to your immune system being weakened by HIV. So, insisting on the use of latex in a monogamous relationship does not imply a lack of trust in your partner's fidelity. If either you or your partner is an HIV-positive drug user, you both need to practice harm reduction—even if you are monogamous. **QUIZ ITEM** So, there are very good reasons for an individual who is HIV-positive to C.A.R.E. about latex.

We are now going to show you a video which demonstrates the correct way to select and use condoms and other latex protection.

Visual

Show Video of Condom Application (10 mins)

Break

(10 mins)

Review

Counselor reviews material covered before break. (5 mins)

Before the break we talked about the harm caused by unsafe sexual practices, and the difference between harm prevention and harm reduction. We focused on the medical harms of unsafe sex, and the reasons why someone who is already HIV positive should **C-A-R-E** about using latex even if his or her sexual partner is also HIV-positive: **QUIZ ITEM** **C=compromised immune system, A=altruism, R=reinfection, E=evidence** that latex can reduce the spread of HIV. **QUIZ ITEM** We went over the **ABCs** of harm reduction: **A = Abstinence**; the only way to prevent or avoid harm is abstinence. The ways to reduce harm are **B = never exchange Body fluids** (including semen, vaginal secretions, blood, or breast milk) **QUIZ ITEM**, and **C = always use Condoms** and other latex protection. The three little words to remember before having sex are—latex, latex, latex. **QUIZ ITEM** We also discussed the difference between latex and lambskin condoms and oil- and water-based lubricants, and why it is important to always use latex condoms and water-based lubricants. **QUIZ ITEM** Then right before the

break you saw a demonstration of the correct way to select and use latex. Let's go over the important points to remember about latex protection.

KEY STEPS FOR SAFER SEX (5 MINS)

Counselor directs group members to their Client Workbooks (or provides handout) and reviews the ABCs of Reducing Harm with Latex hand-out, as follows:

**Verbal/
Didactic**

1. The only way to completely prevent harm is abstinence.
2. Safer sex = no exchange of bodily fluids.
3. The first step to having safer sex is being sober.
4. Besides not having sex, the best way to protect yourself against sexually transmitted diseases (STDs) is by always using latex or polyurethane condoms.
5. Condoms that are kept on all the way through sex help prevent the spread of sexually transmitted viruses, including HIV, hepatitis B and C, and other STDs.
6. STDs often cause genital lesions or sores that make it easier for you to get infected with HIV, and hepatitis B and C, and also make it easier for you to infect others if you are already infected.
7. Use only latex or polyurethane condoms. Condoms made of lambskin, sheepskin, and other natural materials do **not** protect you from getting HIV, hepatitis B or C, or other sexually transmitted diseases.
8. Always check expiration date on condom package.
9. Store condoms in a cool, dry place; out of direct sunlight.
10. Use only water-based lubricants; never use oil-based lubricants with latex.
11. Use lubricants inside partner and inside tip of condom for increased sensation.
12. Put on condom before any genital contact.
13. Don't open condom package with teeth; you can tear the condom.
14. Roll condom down over penis to base; don't pull it.
15. Pull out of vagina/anus/mouth right after ejaculating/coming.
16. Tie knot in condom and dispose of it.
17. Never reuse male or female condoms, and never use both at the same time.
18. Female condoms are polyurethane, baglike devices that are placed in the female genital canal to protect it from seminal fluid and blood.
19. Female condoms reduce the risk of acquiring diseases, such as HIV, hepatitis C and B, and other STDs, and of becoming pregnant.
20. For oral sex, use non-lubricated condoms for oral-penis contact, and use dental dams for oral-vaginal and oral-anal contact. If no dental dams are

available, a piece of condom or latex glove or nonmicrowavable plastic wrap, such as Saran Wrap® could be used; wash off the talcum powder if using latex).

21. Use latex gloves for hand-to-genital/hand-to-anal contact. Wash talcum off exterior of glove prior to use.
22. Clean lubricant applicators and sex toys after use.
23. Spermicides, such as diaphragm jelly and contraceptive sponges, do **not** kill HIV or hepatitis B or C, so they should never be used instead of condoms.
24. Avoid having sex during a woman's menstrual period.
25. Do not consume breast milk.

You will now have ten minutes to practice condom application on a banana. Everyone should be able to demonstrate applying a condom the way it was shown on the video. The banana is yours to keep!

Experiential/ Practice

Counselor provides each group member with the following: (10 mins)
Latex condom (with appropriate expiration date)
Banana
Water-based lubricant without nonoxynol-9 (shared among group)
Counselors walk around the room and help group members as needed.
When everyone has practiced at least once, condoms are disposed of, and counselor provides instruction for group game.

Game

(10 mins)

Materials

- Basket of condoms (include expired condom, lambskin condom, and latex condoms with and without nonoxynol-9)
- Penis replica
- Lubricants (include oil-based and water-based; with and without nonoxynol-9)
- Clock with second hand
- Prizes (e.g., novelty latex products, female condoms, water-based lubricants)

Therapeutic goals of the game

- Teach group members how to select appropriate latex protection and lubricants.

- Improve condom application skills.
- Encourage teamwork and appropriate social interaction.

Instructions

1. I'm going to divide the group into teams.
2. Each team will have 5 minutes to elect a representative to demonstrate the correct way to select and apply a condom and to coach that representative (you cannot help your representative during the demonstration).
3. Taking turns, each representative selects a condom and lubricant and demonstrates the correct method of putting a condom on a penis replica.
4. I will assign points for each correct step. I will also time the demonstration. The person with the fastest time earns a bonus point in case of a tie. During the demonstration, the other teams should watch closely so that they can assist in the assignment of points.
5. The team with the most points wins the game and a prize.

Counselor divides the group into two or three teams depending on size of the group, places the materials on the table, provides instruction, and allows five minutes for each team to elect a representative to provide the demonstration to the group, and to verbally coach the representative. At the end of five minutes, the representative demonstrates the selection of the appropriate condom and lubricant and correctly applying it to a penis replica in front of the entire group. The counselor times each demonstration, and evaluates the demonstration using the scoring criteria below. Criteria and points awarded for each team are written on a flipchart by counselor during demonstration (hidden from view of the group until all teams have provided their demonstrations). When all demonstrations are completed, the counselor provides feedback to each team (inviting input from the other team members). The winning team is announced and prizes awarded to each team member in the winning team.

Scoring criteria and points to be awarded:

	Points
• Selection of condom:	
Selected latex without nonoxynol-9, not lambskin and not latex with nonoxynol-9	1
Looked at expiration date	1

- Selection of lubricant:
 - Selected water-based not oil-based 1
 - Selected lubricant **without** nonoxynol-9 1
- Opening of package:
 - Did not open with teeth 1
- Use of lubricant:
 - Placed lubricant in tip/reservoir 1
- Condom application:
 - Rolled to base of penis replica 1
- Condom removal:
 - Removed immediately 1
 - “Milked” condom off 1
- Condom disposal:
 - Tied knot and disposed of properly 1

Score **xx/10 = ___ %**

Bonus point
Fastest time (in event of a tie) 1

**Verbal/
Didactic**

Counselor addresses ways to remove perceived barriers to using latex.
(10 mins)

People used to believe that using latex products takes all the fun and spontaneity out of sex. However, you are really only limited by your imagination.

Visual

Great Lovers use Latex

Creativity
increase the pleasure with creative use of latex

Communication
talk to your partner about his/her dislikes

Caring
show your partner that you care about his/her health

Show Slide 3.8

In a sexual relationship latex products can improve:

- Creativity (increase the pleasure of foreplay with creative use of latex)
- Communication (talk to your partner about his/her likes and dislikes)
- Caring (show your partner that you care about his/her health)

So don't think of latex as spoiling your fun, think of latex as a way to make you a better lover—a lover whose motto is “no latex, no sex, no harm”.

NO LATEX – NO SEX – NO HARM

DON'T HAVE SEX ←

If you are sexually intimate,
DON'T EXCHANGE BODY FLUIDS

If you are sexually intimate,
and you are going to engage in
vaginal or anal intercourse, or oral sex,
ALWAYS USE LATEX PROTECTION

IF YOU DON'T HAVE LATEX PROTECTION

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Visual

Remember, to **prevent** sexually-transmitted diseases...don't have sex. To **reduce the harm** of sexual activity...don't exchange bodily fluids and always use latex protection. If you don't have latex protection...don't have penetrative sex.

In the next group, we will be discussing how to talk to your partner about using safer sexual practices and how to overcome any objections and how to make latex more fun.

QUIZ WITH IMMEDIATE FEEDBACK (5 mins)

Quiz

As you know, we end each group with a quiz and a 10 minute relaxation exercise. I'm going to pass around the quiz now.

Counselor distributes the quiz (attached), and reads the items aloud, providing sufficient time for group members to mark their answers.

Detailed feedback:

Counselor re-reads each item aloud to the group, providing the correct answer after reading each item.

1. What body fluids should you avoid sharing during sexual activity? The answer is **(d)** all of the above—semen, vaginal secretions, and blood.
2. Is this statement true or false—“An HIV-positive drug user should use a condom even if his or her partner is also HIV-positive”? The answer is **(a)** true—even if your partner is HIV-positive you should use condoms to protect both of you against additional infections or drug resistant virus.
3. What are some of the reasons why a person who is HIV-positive should care about practicing safer sex? The answer is **(d)** all of the above—a compromised immune system makes you vulnerable to infections, you should be altruistic—care about the welfare of others, and you’ll want to avoid risk of re-infection with a strain of HIV that is resistant to treatment.
4. What are the three little words to remember before having sex? The answer is **(c)** latex, latex, latex.
5. Which of those listed was an unsafe sexual practice? The answer is **(d)** all of the above—oil-based lubricants damage latex condoms, lamb-skin condoms don’t protect against HIV, and opening a condom package with your teeth can tear a latex condom.

**Stress
Management**

STRESS MANAGEMENT/RELAXATION EXERCISE (10 mins)

We are going to conclude by doing a brief relaxation exercise. I’ll be dimming the lights and playing an audiotape. I’d like you to get comfortable in your chair, uncross your legs, and sit quietly with your eyes closed and just follow along with the tape as it asks you to imagine various relaxing scenes. Remember that learning to relax is a skill that takes practice, so if you feel restless at first, just remind yourself that this is a ten minute gift of quiet time that you give to yourself and to the other members of the group. With practice, you can use this technique in many areas of your life.

Counselor dims the lights, says "quiet please," and begins the tape.

END SESSION