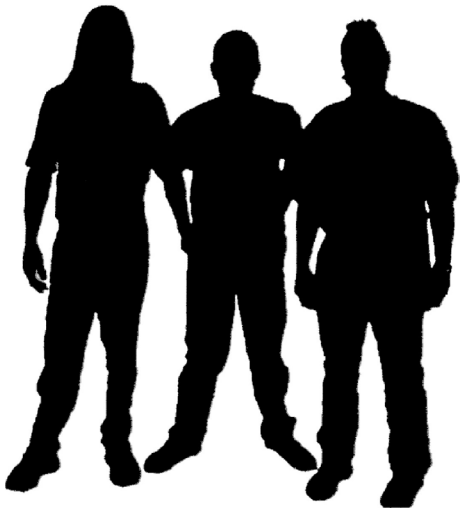
Friends Community Center

A Division of Friends Research Institute, Inc.

G.U.Y.S.

(Guys Understanding Your Situation)



SKILLS BUILDING GROUPS

- **EMOTIONS, DEPRESSION, AND SUBSTANCE USE**
- **ENTERING THE WORKFORCE OR CONTINUING YOUR EDUCATION**
- **PREPARING FOR CHANGE**
- **HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS**
- **SELF-ESTEEM AND HOMOPHOBIA**
- **SEX, DRUGS, AND RISKS**
- **ENDING THE HIV EPIDEMIC**

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G.U.Y.S.

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EMOTIONS, DEPRESSION, AND SUBSTANCE USE

GROUP SUPPLIES

Participant Sign-in Sheet

Tripod, Flipchart Paper, Tape OR White Board

Markers

Paper and Pen, if virtual

"Emotion Cards" and "Physical Sympton Cards"

EMOTIONS, DEPRESSION, AND SUBSTANCE USE

Objectives

By the end of this sixty-minute group, participants will be able to:

1. Identify the difference between the typical or common feelings and emotions that come up in everyday life, clinical depression, and the psychological side effects of substance use;

2. Recognize the situations that lead to specific feelings or emotions;

3. Learn different coping mechanisms to deal with feelings and emotions that do not involve using drugs and/or alcohol; and

4. Learn different strategies for coping with depression including treatment options.

Group Structure and Activities

Objective 1

Facilitator will explain how living on the streets and surviving in Hollywood is hard work and can be emotionally draining. Facilitator will explain the difference between typical or common feelings and emotions including feeling depressed, anxious, sad, or angry, and other more serious types of depression that must be diagnosed by a doctor or mental health professional including clinical depression. Facilitator will explain that there are various types of depression such as clinical depression, seasonal depression (aka Seasonal Affective Disorder, or SAD), psychotic depression and define each type:

» **Emotion**
A spontaneous mental response to a situation (often accompanied by physical changes) rather than a response made through conscious effort; feelings.

» **Depression**
Feelings of sadness, helplessness, and hopelessness. Feelings of depression are often caused in response to the environment (e.g., unfortunate life circumstances like death or bad news). Depression is a fairly common emotion but in its more serious or prolonged forms may require treatment.

» **Clinical Depression**

Feelings of sadness, helplessness, and hopelessness so severe as to be considered abnormal, either because of no obvious environmental causes, or because the reaction to unfortunate life circumstances is more intense or prolonged than would generally be expected.

» **Seasonal Depression**

A type of depression that occurs with seasons, typically when there is less sunlight during the fall and winter seasons, often associated with changes in the amount of natural light.

» **Psychotic Depression**

A state of depression so severe that the person loses contact with reality and suffers from a variety of symptoms that may include hallucinations, delusions, other perceptual disturbances, or break from reality. In order for psychotic depression to be accurately diagnosed, the psychosis CANNOT be the result of substance use; therefore, it is very difficult to diagnose psychotic depression in a substance user. Psychotic depression is diagnosed by a doctor or mental health professional.

CLINICAL DEPRESSION	**Depressed mood, loss of interest or pleasure.** Symptoms accompanying depression include: changes in appetite, feelings of guilt, failure, worthlessness, thoughts of death, fatigue and difficulty concentrating, withdrawal, inactivity, slow speech, walking slow, irritability, confusion, crying easily, inability to enjoy things, insecurity, anxiety, sore shoulders and neck, hair can become wiry, lower back pain, no interest in sex, binge eating, inability to show affection, void of other emotions, disorganized, having trouble making decisions, feelings of regret for past decisions, inability to function, feeling like no one understands, boredom, fear, desire to be taken care of, irrational fears, easily frustrated. Clinical depression must be diagnosed by a doctor or mental health professional.

SEASONAL DEPRESSION	**Known as Seasonal Affective Disorder aka SAD or "Winter Blues" is a type of depression that occurs around the same time every year.** Symptoms usually start in the fall and may continue into the winter months and may include symptoms listed above under Clinical Depression; Seasonal Affective Disorder saps energy and make you feel moody. Less often, Seasonal Affective Disorder causes depression in the spring or early summer. SAD must be diagnosed by a doctor or mental health professional.

PSYCHOTIC DEPRESSION	**Occurs when a severe depression has a co-existing form of psychosis.** The psychosis could be hallucinations, delusions, or some other break with reality. Psychotic depression affects roughly one out of every four people admitted to the hospital for depression. Psychotic depression must be diagnosed by a doctor or mental health professional.

Facilitator will explain the differences between feelings/emotions, depression and the psychological side effects of substance use. Feelings or physical symptoms can be caused or triggered by depression or substance use, but can also be the result of depression or substance use. Sometimes it's hard to tell what caused what. Facilitator will explain that sometimes we can feel an emotion and identify it ("I feel sad"); other times, we can tell we're having a particular feeling or emotion based on what our body is telling us ("I'm crying"). Physical symptoms and feelings don't always match up (crying because I'm relieved or happy) but both emotions and physical symptoms give us clues about how we're feeling and how our body is doing.

Facilitator will place a series of ***"Emotion Cards"*** and ***"Physical Symptoms Cards"*** on the floor or will screenshare if the group is virtual. Facilitator will ask each participant to pick one ***"Emotion Card"*** OR one ***"Physical Symptom Card"*** that best describes a feeling or physical symptom they experienced in the past week.

"Feeling/Emotion Cards"				
Angry	Hurt	Happy	Blissful	Grateful
Lonely	Grief	Hopeless	Carefree	Hopeful
Sad	Joyous	Abandoned	Depressed	Mad
Afraid	Proud	Bored	Exhausted	Peaceful

"Physical Symptoms Cards"		
Tired	Change in appetite	Neck pain
Exhaustion	Stomachache	No appetite
Headaches	Back pain	Change in weight
Problems sleeping	Shoulder pain	Digestive problems

Facilitator will ask the participants if the card they have picked represents a feeling/emotion, a symptom of depression, or a side effect of substance use. *[Note: It is important for the facilitator to know the difference between emotions, symptoms of depression and side effects of substance use, including withdrawal from drugs*

and alcohol]. The discussion should emphasize that it can be difficult to tell the difference among emotions, symptoms of depression, side effects of substance use, and the same feeling or physical symptom may be associated with any or all of these. The facilitator will explain how using certain substances can create withdrawal symptoms that can be misinterpreted as depression. The main difference between drug use side effects and depressive symptoms is that drug use side effects are short term while symptoms of depression can last for weeks or months.

Objective 2

Facilitator will explain that feelings and emotions often start with or are triggered by a specific situation. Facilitator will read a few examples of situations and the feelings/ emotions that can come from a situation (choose a few from the following list):

"The police harassed me and I felt terrified."

"My boyfriend cheated on me and I feel hurt and betrayed."

"I hooked up with a stranger because I felt lonely."

"I felt completely hopeless all week because I haven't been able to find a job."

"I felt that everything was bothering me all week; I felt sad."

"I had to use drugs because I couldn't get going, I felt exhausted."

"My family doesn't know that I am HIV+ and I feel ashamed."

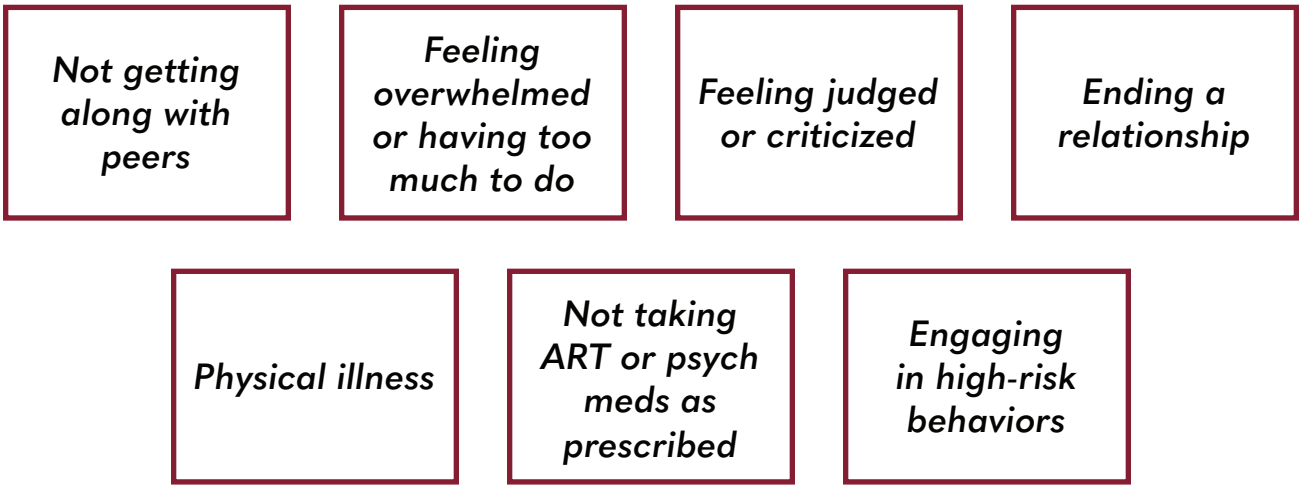
"I have lost contact with friends and family and I feel abandoned."

"I stopped taking my HIV meds/PrEP and I feel hopeless."

"I know I should take my psych meds everyday but I don't so I feel like a failure."

After reading some of the examples above, facilitator will ask participants to, if possible, identify and name the specific situations that led them to choose their "Emotion Card" or "Physical Symptom Card." Facilitator will write the participants responses on the board or, if virtual, on a piece of paper and then screenshare.

Facilitator will explain that certain situations can trigger feelings of depression. Here are some examples:



Objective 3

Facilitator will ask participants to brainstorm coping mechanisms for dealing with difficult situations that do not include using drugs or alcohol. It is important for the facilitator to address how our moods and emotions change when we use drugs and alcohol. This can make it difficult to know if what we are feeling is a side effect of substance use, an everyday feeling or emotion, or clinical depression.

Facilitator will explain that because drugs and alcohol use can influence our emotions, substance use can hinder our ability to cope with everyday life as well as clinical depression. Facilitator will ask participants to explore how feelings change when they are high on drugs and/or alcohol.

Facilitator will take the same situations generated in Objective 2 and make a chart. Facilitator will ask participants to explore how drug and/or alcohol use changes their emotional responses to situations. Facilitator will fill in the chart on the white board or, if virtual, on a piece of paper to screenshare. A sample chart might be:

SITUATION	FEELING ON DRUGS	FEELING NOT ON DRUGS
The police harassed me	Angry/ Rage	Scared/ Terrified
My boyfriend cheated on me	Pissed-off/ Jealous	Hurt/ Betrayed
I hooked up	Uncaring	Lonely/Detached /Withdrawn
I lost contact with family	Angry	Sad/Abandoned /Rejected

Facilitator will discuss how drugs and/or alcohol use often help us escape and numb feelings. This group helped us to identify the feelings that come up in our daily life, explore the situations that lead to emotions, or the onset of a depressive episode and examine the different ways we respond to situations when we are high on drugs and/or alcohol and when we are not high on drugs and/or alcohol.

Objective 4

Facilitator will explain different strategies that participants can put into practice to help them cope with depression. Below are some examples of coping strategies. Facilitators can ask participants to brainstorm others.

1. **Keep active.**

   Physical activity has been shown to improve mood. Long-term regular exercise can help prevent depression.

2. **Get as much sleep as you can.**

   Try to plan ahead for finding a safe place to sleep. Try to find places with people you trust and maybe switch off resting and being awake if need be.

3

Eat as well as you can.

Try to incorporate as many vegetables, fruits, and whole grains into your diet, and drink plenty of water. Well-balanced eating will help you feel better now and later as you battle depression.

- *Avoid alcohol and caffeine, which can contribute to depression and anxiety.*

4

Life on the streets can be very stressful.

Unfortunately, stress can make depression worse. Find ways to have fun that don't include drugs or alcohol as a way to relieve stress as much as possible. Use positive terms when referring to yourself such as, "I'm a great guy" or "I know I will make the right choices." Look for free events and other ways to give yourself a break.

5

Take care of your body as best you can.

Seek medical help from free clinics and other providers so you can stay as healthy as possible:

- *If you inject drugs, access needle exchanges.*
- *If you take prescribed medications, take them as prescribed.*

Taking care of your physical health can improve your mental health.

Facilitator will explain that while these coping strategies can be helpful, it is also important to know what treatments are available if a participant suspects he might be suffering from clinical depression or seasonal affective disorder. A participant may also want to seek help from a doctor or mental health professional if they are experiencing psychotic symptoms like hallucinations or delusions. While these may be the result of substance use, they could also be symptoms of clinical or psychotic depression. Only a doctor or mental health worker can help you know for sure. If you think you need professional help, ask a member of our team to give you a referral.

ENTERING THE WORKFORCE OR CONTINUING YOUR EDUCATION

GROUP SUPPLIES

Participant Sign-in Sheet

Tripod, Flipchart Paper, Tape OR White Board

Markers

Paper and Pen, if virtual

ENTERING THE WORKFORCE OR CONTINUING YOUR EDUCATION

Objectives

By the end of this sixty-minute group, participants will be able to:

1. Identify how job development or continuing one's education can increase self-esteem and financial stability;

2. Identify the required documentation when applying for a job or returning to school; and

3. Develop tools for entering the workforce and/or continuing your school.

Group Structure and Activities

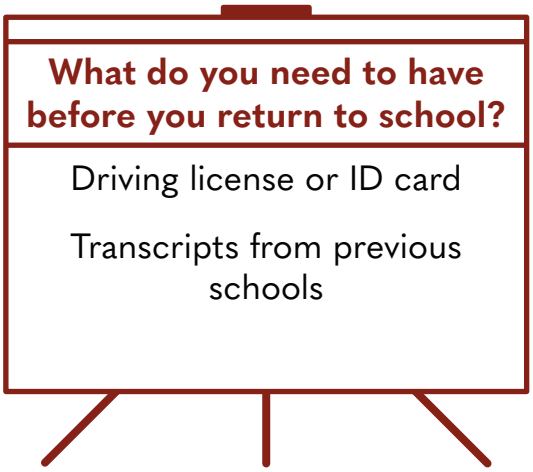
Objective 1

Facilitator will draw a line down the middle of a piece of flipchart paper, a whiteboard or, if virtual, a piece of paper to screenshare. On one side the facilitator will write, ***"No Job/Limited Education"*** and on the other side the facilitator will write, ***"Having a Job/Having More Education."*** Facilitator will ask participants to brainstorm and express their thoughts regarding the topic. Some responses might be:

NO JOB/ LIMITED EDUCATION	HAVING A JOB/MORE EDUCATION
No Money or Little Money	Money
Lower Self-Esteem	Increased Self-Esteem
Marginal or Unstable Housing	Rent a Room or Apartment
Dependent of Others	Independent
Lots of Free Time	Time Commitments

Facilitator will then review the thoughts expressed and facilitate a discussion on the pros and cons of having a job and/or continuing your education. Facilitator will stress the connection between a job and/or education and increased self-esteem and financial stability.

Facilitator will write on a flipchart, whiteboard or, if virtual, on a piece of paper to screenshare the documentation that is needed when applying for a job.



Facilitator will explain that if you are interested in entering the workforce or continuing your education, ask a member of our team to give you the information necessary to obtain the required documentation.

Objective 3, Part I - ***Entering the workforce***

Facilitator will explain to participants that when applying for a job it is helpful to have a resume ready to give to a potential employer. Additionally, facilitator will explain how it may be necessary to adjust a resume to fit the current job search. Facilitator will write on a flipchart, whiteboard or, if virtual, on a piece of paper to screenshare, the appropriate components of a work resume. The components of a resume might include, but are not limited to:

Objective	***Education***	***Work Experience***	***Languages Spoken***
Professional References	***Certifications***	***Acquired Skills***	***Interests and Hobbies***

Facilitator will pass out or, if virtual, screenshare a sample resume. Facilitator will validate participant responses and discuss that different jobs have different hiring procedures but that all job applications require similar information.

Facilitator will acknowledge that if one has unstable housing it may be difficult to get access to a computer. Facilitator will inform participants that they can make an appointment for computer time at a local public library.

Facilitator will ask participants to brainstorm useful tools to have when looking for a job or going on a job interview. Facilitator will review some suggestions for an interview:

• *Dress appropriately. (Wear nice slacks and an appropriate shirt. Dress conservatively).* • *Show up 10 to 15 minutes before for the interview.* • *Take copies of your resume with you.* • *Find out what the company does before you go in for your interview, go to the company website.* • *When you meet the interviewer, introduce yourself.*	• *Think of some questions you can ask about the company to show that you are interested and know about what they do.* • *Be prepared to answer questions about your experience outside of the work place.* • *Be prepared to answer questions about where you have worked before.* • *Be professional and honest about your skills and abilities.*	• *Ask what your job responsibilities will be.* • *Ask about company pay and benefits packages.* • *After the interview, thank the interviewer.* • *Try to get the name and contact information of who you interviewed with, ask for a business card.* • *If you are able, follow up with a "thank you" email, thanking the people with whom you interviewed.*

Facilitator will explain that if you are interested in developing a resume and beginning the job search process, ask a member of our team to give you the information necessary to start the discussion. Facilitator will remind participants that they are available to discuss entering the workforce during individual sessions. Facilitator will ask participants to brainstorm ideas of where they can search for a job and which organizations are likely to hire someone that is looking to re-enter the workforce.

Facilitator will discuss agencies or programs within agencies that provide assistance with the process of entering the workforce. Facilitator will remind participants that while it is important to find a job that one can feel good about, it is also important to start the process by looking for a job and getting a job, even if it is not an ideal job. Practicing working and having job experience is the first step in seeking and getting better jobs in the future.

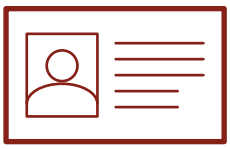
Objective 3, Part II - *Continuing Your Education*

Facilitator will introduce the topic of continuing your education. Facilitator will explain that for those who have not graduated high school, the HSE (High School Equivalency) may be an option. There are several options for HSE testing, including GED (General Education Development) and HiSET (High School Equivalency Test). HSE is the first step that is completed before considering any further education, including community college or trade schools. Facilitator will explain that the HSE is a way to complete the requirements for high school without actually going back to school. Facilitator may ask participants to briefly discuss why they might consider getting an HSE. Facilitator should remind participants that although it is possible to find a job without an HSE, having it can improve their chances of finding a job and may help them to find a better or more desirable job.

Completing the HSE requires taking and passing a series of tests. In the Los Angeles County Unified School District (LA USD), the HSE program offers the HiSET, and is managed by the HiSET Center. Facilitator will write on a flipchart, whiteboard or, if virtual, on a piece of paper to screenshare the link to access information online: https://achieve.lausd.net/hsetestcenter. General Information about the HiSET:

18 YEARS

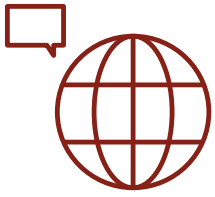
Eligibility
You must be at least 18 years of age or within 60 days of your 18th birthday



ID
You will need a valid photo ID in order to take the test

$150*

Cost
Taking the HiSET test will cost $150 (cash or money order only) **As of 2022*



Language
Can be taken in English, Spanish or French

Test Preparation
There are various ways to prepare for the HiSET. Classes and individual instruction are available.

Contact
Call or have a staff member call (213) 625-3276 for more information.

If you are interested in continuing your education, ask a member of our team to give you the necessary information. Facilitator will remind participants that they are available to discuss continuing their education during individual sessions.

PREPARING FOR CHANGE

GROUP SUPPLIES

Participant Sign-in Sheet

Tripod, Flipchart Paper, Tape OR White Board

Markers

Paper and Pen, if virtual

Flipchart paper with pre-written 4 steps to problem solving

Index Cards

Flipchart paper with pre-written examples of identified problems

PREPARING FOR CHANGE

Objectives

By the end of this sixty-minute group, participants will be able to:

1. Identify different high-risk situations;

2. Learn problem solving skills and how to apply these skills to their specific situation;

3. Develop one action step toward achieving their selected solution or goal; and

4. Identify potential challenges to change and how to resolve each challenge.

Group Structure and Activities

Objectives 1 & 2

Facilitator will have the four steps to problem solving pre-written on a flipchart paper, whiteboard or, if virtual, on a piece of paper to screenshare and provide a brief explanation of each step.

STEP 1 Define the Problem and Figure Out the Goal	**STEP 2** Brainstorm Possible Solutions	**STEP 3** Pick a Solution and Develop an Action Plan	**STEP 4** Do It and Review It
What has to be solved or fixed? How do you want this situation to come out?	There are many ways to fix a problem. Think of as many ideas as you can but don't evaluate the alternatives.	Select the best action to take and plan how you are going to do it.	Try out the action plan you selected. Did it work? Do you need to revise the action plan?

Facilitator will explain that many life situations (e.g., living on the streets, sex work, using drugs and/or alcohol) can lead to unsafe behaviors and practices and that the goal of this group will be to help participants prepare for change to some of their situations by using the four problem solving steps. Facilitator will explain that problems can arise due to different life situations, and these situations can lead to risky behaviors. Some of these situations might be:

- *Using drugs and/or alcohol*
- *During sex work, being offered more money to have sex without a condom*
- *Sharing needles*
- *Difficulties in finding housing*
- *Not treating your HIV infection, if HIV positive or not taking your ART medication as prescribed*
- *If HIV negative, not initiating PrEP or not taking your PrEP as prescribed*

Facilitator will explain that although all of these situations are difficult, it is still possible to be safe.

1 Define the Problem and Figure Out the Goal

Facilitator will explain the importance of identifying one specific problem to address, although there may be many problems that each participant is dealing with. If in person, facilitator will distribute index cards to each participant and ask each participant to write one issue or problem that they would like to address on the index card. If virtual, facilitator will ask each participant to find a piece of paper and a pen. Facilitator will provide the following examples on a flipchart, whiteboard or, if virtual, on paper to screenshare:

"I have nowhere to sleep." ***"I have sex in order to get drugs or money."***

"I can only have sex when I'm high." ***"I'm living on the streets."***

"When I use drugs, I don't care about HIV or STIs."

"I got beat up and/or raped." ***"I share needles with people I get high with."***

"I get paid more if I don't use a condom during sex work."

"I am HIV positive, but I am not taking HIV medication."

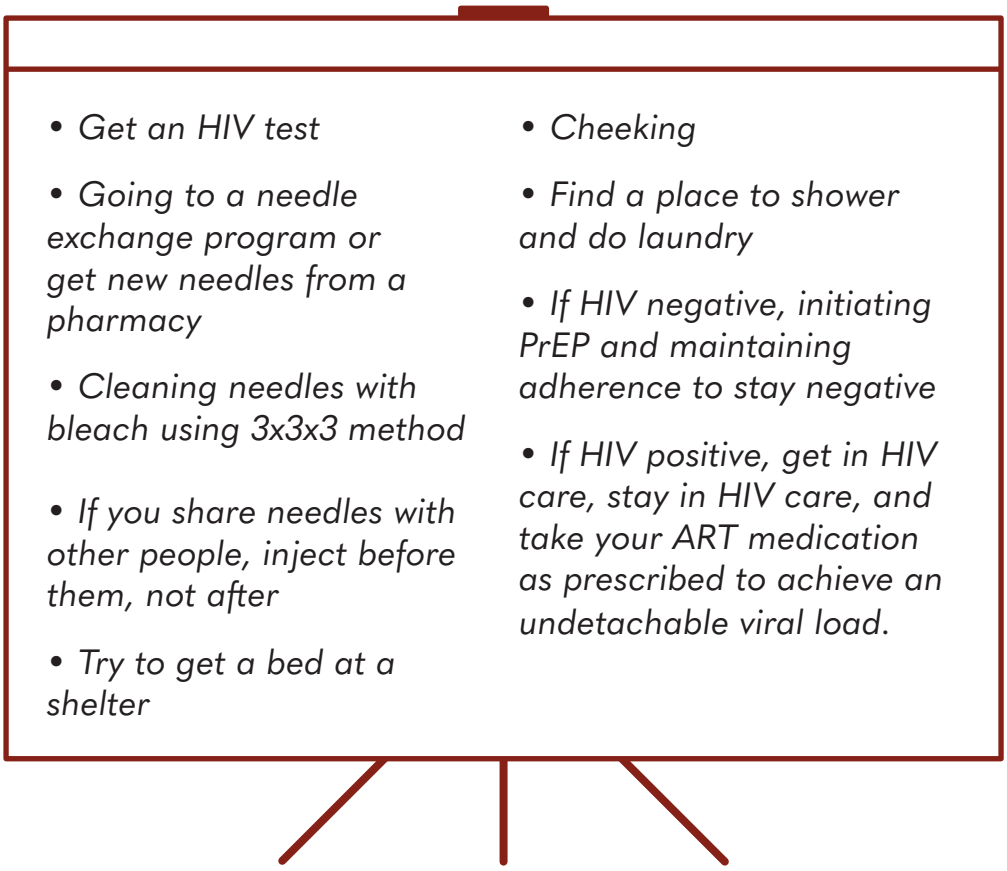
"I am HIV negative and engaged in high-risk behaviors, but I am not taking PrEP."

When all of the participants have finished writing a problem on their index card or paper, the facilitator will ask participants if they would like to add other life situations or problems to the flipchart, whiteboard or, if virtual, to the paper to screenshare. Participants may share what they wrote or they can make up another situation or problem. Facilitator will write responses on the flipchart, whiteboard or, if virtual, on paper to screenshare. Facilitator will then open the group for a discussion about the links between these situations/problems, behaviors, HIV, STIs, and other health concerns.

Facilitator will ask the participants to identify at least one goal or outcome that they would like to achieve to address their problem (e.g., to get social support, to protect against HIV and other STIs, to reduce drug use).

② Brainstorm Possible Solutions

Facilitator will ask the group to brainstorm different possible solutions to the situations/problems that have been identified. Facilitator will write responses on the flipchart, whiteboard or, if virtual, on a piece of paper to screenshare.
Some responses might be:



Objective 3

Pick a Solution and Develop an Action Plan

Facilitator will ask each participant to write a solution on the back of their index card (facilitator will need to tell participants to leave space on their index card to write their action plan) or piece of paper. Facilitator will then ask participants if they would like to share their solution with the other group participants. *[If none of the participants would like to share their solutions, then facilitator will brainstorm possible solutions.]* Facilitator will assist participants in weighing the pros and cons of each solution and help them to make a decision based on their goals and values. Facilitator will ask the group what possible action steps they can take to achieve their solution. Facilitator will ask the participants to write their personal action plan on the back of their index card or piece of paper, on the other side of the problem. Facilitator will provide the necessary resources or information to help participants in executing their action plan. Facilitator will acknowledge that it is often very difficult to find solutions to problems and to create an action plan.

Do It and Review It

Facilitator will explain that the final step is to actually do the action plan. This is often difficult and may require more direct, one-on-one assistance. Facilitator will remind participants that they are available to discuss problem solving and action plans during individual sessions.

Objective 4

Facilitator will discuss the possible outcomes of different action plans and how to prepare for change. Facilitator will also explain how outcomes may not be exactly as planned, in those situations the "review it" portion of the process is useful. Facilitator will discuss how to review the process to find out why a different outcome had been reached.

***Challenge:* I want to move off the streets.**
Possible Resolution: Facilitator will explain that while this is a good goal, different people will have different ideas of success and that it can be a long process. While the goal may be to get long-term housing, short term solutions such as shelters, SROs or sober living facilities may be the first steps.

***Challenge:* I want to get a job.**
Possible Resolution: Facilitator will acknowledge that this is a good goal and that it requires a lot of work to achieve. Facilitator will explain how to look for a job, how to create a resume, how to dress for a job interview, and how to answer questions during a job interview. Facilitator will explain that after getting a job, good work habits are required such as following the rules, listening to a supervisor, and showing up on time. After spending time outside of the workplace, this may be a major transition.

***Challenge:* I want to start PrEP but I don't have any health insurance.**
Possible Resolution: Facilitator will explain that many agencies offer PrEP navigation and can help participants get PrEP without any out-of-pocket cost. Many of these agencies have benefit navigators as well. Benefit navigators can help participants get health insurance at low or no cost, if they qualify. The facilitator will also explain that part of achieving this goal is keeping appointments and showing up on time. Once on PrEP, participants must continue to take the medication as prescribed for it to be effective. Facilitator will also explain the option of long-acting injectable PrEP.

***Challenge:* I want to reduce my HIV viral load to undetectable levels.**
Possible Resolution: Once diagnosed as HIV-positive, doctors will start ART (anti-retroviral therapy) as soon as possible, usually the same day. Attending HIV care medical appointments regularly and taking medication as prescribed most often will result in an undetectable viral load. For participants that are unhoused, there may be barriers related to ART medication adherence. It is important to find a medication management program that works for those experiencing housing instability.. There are several programs in Los Angeles that can assist with medication management. If you interested in finding a medication management program, ask a member of our team to give you the necessary information. Facilitator will remind participants that they are available to discuss medication management during individual sessions.

***Challenge:* I want to stop or reduce my substance use.**
Possible Resolution: Facilitator will acknowledge that this is a good goal and may require work. Some people will require a medical detox period before starting substance use treatment. Recovery from substance use is an ongoing process and will vary from person to person. A residential or intensive outpatient treatment program is a good way to start, as these programs will teach techniques and strategies to build and maintain a substance-free lifestyle, if that is what the participant wants. If the participant wants to reduce their substance use, then harm reduction strategies such as switching from alcohol use to cannabis use, or switching from injection drug use to snorting or smoking are more appropriate.

Facilitator will remind participants that they are available to discuss high-risk situations, problems and problem solving strategies, action steps, challenges and possible resolutions during individual sessions.

HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS

GROUP SUPPLIES

Participant Sign-in Sheet

Tripod, Flipchart Paper, Tape OR White Board

Markers

Paper and Pen, if virtual

Participant Handout

Dildo, Condoms, and Latex Barrier

HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS

Objectives

By the end of this sixty-minute group, participants will be able to:

1. Explain the difference between Hepatitis A, B, and C, and identify modes of transmission, symptoms and treatments;

2. Identify the most common STIs among MSM in Los Angeles County and identify modes of transmission, symptoms and treatments;

3. Identify how, if exposed to HIV, having an STI makes it easier to transmit HIV;

4. Identify symptoms of different STIs using images and scenarios; and

5. Demonstrate how to properly use a condom.

Group Structure and Activities

Objective 1

Facilitator will explain that there are several different types of Hepatitis, but they all have one thing is common: each form of Hepatitis is an inflammation of the liver.

Facilitator will explain that the liver is an important organ that processes nutrients, filters our blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause or worsen Hepatitis. There are currently five known strains of Hepatitis but the three most common are Hepatitis A, B, and C.

Facilitator will discuss Hepatitis A, B, and C transmission, symptoms, and treatment.

TRANSMISSION	**Hepatitis A:** Spread when a person ingests fecal matter (i.e., shit, poop) even in a very small amount. This can happen during oral-anal sexual contact (i.e., rimming or scatting) or through a finger or sex toys that have fecal matter on it. Hepatitis A can also be spread by ingestion of contaminated food or drinks.
	Hepatitis B: Spread through bodily fluids such as semen (cum) or blood, and can transmitted during anal and vaginal sex, and while sharing injection paraphernalia (needles, syringes and other injection equipment), semen, vaginal secretions (most common), saliva (rare), or being born to an infected mother. Hepatitis B is 50 to 100 times more infectious than HIV and is easily transmitted.
	Hepatitis C: Spread through blood when sharing injection paraphernalia (needles, syringes and other injection equipment - very common), sexual contact (anal - rare, vaginal - very rare), tattoos and body piercings if the equipment is not sterile (common), being born to infected mother (rare). Hepatitis is easily transmitted.

SYMPTOMS	**Heptatits A:** Flu-like symptoms, jaundice (yellowing of the skin and eyes), fatigue, nausea, fever, vomiting, dark urine, light stool, abdominal pain, muscle and joint pain, loss of appetite; 70%-80% of infected people will develop acute symptoms, particularly jaundice.
	Hepatitis B: Flu-like symptoms, jaundice (yellowing of the skin and eyes), fatigue, nausea, fever, vomiting, dark urine, light stool, abdominal pain, muscle and joint pain, loss of appetite and can become chronic and lead to liver damage, cirrhosis, liver cancer in 15%-25% of adults; 30%-50% of persons will develop acute symptoms.
	Hepatitis C: Most commonly no symptoms appear until damage has occurred (can go up to 10-30 years with no symptoms), leads to chronic liver disease, cirrhosis, or liver cancer in 60%-70% of infected persons; 20%-30% of infected people will develop acute symptoms.

TREATMENT	
	Hepatitis A: There is no treatment for Hepatitis A. Rest, water, and good nutrition are recommended. If exposed, Hepatitis A vaccination can prevent severe symptoms if administered within 2 weeks.
	Hepatitis B: There are several treatments for Hepatitis B that can improve your health and delay or reverse the effects of liver disease. A doctor can prescribe the appropriate treatment.
	Hepatitis C: There are several treatments for Hepatitis C that can clear the virus (HCV) from bloodstream. Clearance of HCV from bloodstream does not prevent reinfection. A doctor can prescribe the appropriate treatment.

Facilitator will explain that there are vaccines that can protect you from Hepatitis A and B, but there is currently no vaccine for Hepatitis C. Experts recommend that all MSM get vaccinated for Hepatitis A and B.

Objective 2

Facilitator will ask participants to brainstorm the most common STIs among MSM in Los Angeles County and write each on the flipchart, whiteboard or, if virtual, on a piece of paper to screenshare. Facilitator will acknowledge that this list is not exhaustive, and that there are several other STIs, but that these are the most common among MSM in Los Angeles County.

Facilitator will then identify the three most common STIs among MSM in LA County (syphilis, gonorrhea, and chlamydia) and will explain why these STIs are the most common among MSM communities. Facilitator will discussion transmission, symptoms, and treatment for syphilis, gonorrhea, and chlamydia.

TRANSMISSION	
	Syphilis: Skin-to-skin contact during 1st and 2nd stages of infection, vaginal, anal, and oral sex. Transmission through casual skin-to-skin contact (fingering, touching). Transmission during childbirth.
	Gonorrhea: Bodily fluids exchanged during vaginal, anal, and oral sex. Transmission during childbirth.
	Chlamydia: Bodily fluids exchanged during vaginal, anal, and oral sex. Transmission during childbirth.

SYMPTOMS	**Syphilis:** Primary stage: chancres (shank-urs) painless sores, clears up in about 2 weeks Secondary stage: skin rash on torso, hands, and feet; swollen lymph nodes, and fever, may be mild and go unnoticed. Appears 2-10 weeks after initial infection Latent stage: no signs or symptoms, infection goes dormant. Tertiary stage: meningitis, numbness, loss of vision, nerve damage, loss of coordination.
	Gonorrhea: Greenish yellow drip from penis, pain during urination. For women: possible discharge or pain urinating, but usually no symptoms.
	Chlamydia: Possible clear drip from penis and/or pain during urination, but commonly no symptoms. For women: Possible bleeding between periods, possible discharge, possible pain during urination, but commonly no symptoms.

TREATMENT	**Syphilis:** Antibiotics, injection (single dose) in primary, secondary or early latent stages; three weekly injections during late latent or tertiary stages.
	Gonorrhea: Antibiotics, injection (single dose).
	Chlamydia: Antibiotics, oral (single dose).

Only a doctor can determine which treatment will be most effective. Treatments should be followed as prescribed to make sure that the treatment is successful.

Facilitator will explain that, if untreated, syphilis can cause significant health problems including damage to the brain, nerves, eyes, and heart.

Facilitator will put up large images on the flipchart, white board, or, if virtual, will screenshare, of different symptoms of syphilis, gonorrhea, and chlamydia infection and explain each photo (infection and symptom).

Objective 3

Facilitator will ask participants to brainstorm how the co-infection of HIV and STIs can affect their immune system. Facilitator will also explain how, if exposed to HIV, having an STI makes it easier to become HIV infected or re-infected. Some responses might be:

Lower immune system	*Increase progression from HIV to AIDS*	*HIV, Hepatitis B & C medication can be toxic to the liver*
Increase progression of liver disease to liver failure, liver cancer or cirrhosis (Hepatitis B & C)	*Having open sores caused by STIs can provide points of entry for HIV*	

Objective 4

Facilitator will provide different scenarios in which characters have different STIs. Facilitator will list the symptoms of that STI and ask participants to point out which image on the flipchart, white board, or screenshare best matches the symptoms listed in the scenario, with emphasis on getting tested by a medical professional. Once the correct STI has been matched to the scenario, facilitator will ask the participants how it is typically treated.

Facilitator note: if the names in the below scenarios are the same as the name of participants in the group, use a different name in the scenario.

Derrick has not had a sexual partner in over 6 weeks. He has had flu-like symptoms for the past 2 weeks such as fatigue, muscle pain, fever, and swollen glands.	
What does this sound like?	***Answer:*** *Could be HIV, Hepatitis A, Hepatitis B*

Bob has no symptoms and feels normal. His former partner called and told him he just got back from the doctor and that he has chlamydia.	
What should Bob do?	***Answer:*** *Get tested to know for certain*

Michael is HIV negative and on PrEP so he had no concerns about having receptive anal sex without a condom. He has noticed a lacy rash on the bottom of his feet and palms. He does not have any other symptoms and his partner told him he was tested before they hooked up.	
What does this sound like?	***Answer:*** *Syphilis*

Robbie topped an anonymous partner without a condom last week. When he pulled out, he noticed blood on his penis. Now he feels like he has to pee all the time and it hurts when he does.	
What does this sound like?	***Answer:*** *Gonorrhea*

Kameron's partner called him and told him he had a painless sore on his penis. Kameron swears he has no symptoms.	
What could have happened?	***Answer:*** *Syphilis, chancre is painless, so he couldn't see the symptom*

William woke with a sore throat and swollen lymph nodes one morning. There's a white coating on the back of his throat. He takes some cold medicine but it doesn't help.	
What does this sound like?	***Answer:*** *Oral gonorrhea, maybe chlamydia*

Blair quit using injection drugs two months ago. The other day he noticed that he has white-colored shit and his eyes have yellowed, but those symptoms went away after a couple of weeks.	
What does this sound like?	***Answer:*** *Hepatitis A or Hepatitis C*

Ryan feels a painful sore around his anus. It's painful for him to bottom during anal sex and shit.	
What does this sound like?	***Answer:*** *Syphilis*

Objective 5

Facilitator will demonstrate how to properly use a condom.

PROPER CONDOM USE
1. Check expiration date on condom and open the package carefully, being sure that the condom is not torn on the foil wrapper.
2. Put a drop of water-based lubricant inside the tip of the condom.
3. Make sure that the condom is right-side out, and that it will properly roll down the shaft of the penis. If the condom is put on incorrectly, you must start over with a new condom.
4. Put the condom against the head of the hard penis.
5. Squeeze any air out of the tip of the condom and roll it down to the base of the penis.
6. When taking off a condom, pull out gently while the penis is still hard.
7. Hold the condom at the base of the penis while pulling out so the condom does not leak or slip off.
8. With cum inside the condom, tie the condom in a knot.
9. Throw the condom away in the trash. Never use a condom twice.

PROPER DENTAL DAM USE
1. Use a new latex or polyurethane dental dam for rimming.
2. To make a new dental dam from a condom, cut off the tip of the condom and then cut down the “shaft” of the condom, creating rectangular sheet.
3. Place the dental dam flat to cover the vagina or the anus.
4. Throw the dental dam away in the trash. Never use a dental dam twice.

SELF-ESTEEM AND HOMOPHOBIA

GROUP SUPPLIES

Participant Sign-in Sheet

Tripod, Flipchart Paper, Tape OR White Board

Markers

Paper and Pen, if virtual

Index Cards

SELF-ESTEEM AND HOMOPHOBIA

Objectives

By the end of this sixty-minute group, participants will be able to:

1. Identify and distinguish the difference between high self-esteem and low self-esteem;

2. Define and distinguish between homophobia and internalized homophobia;

3. Identify how homophobia and/or internalized homophobia can affect self-esteem, which can contribute to HIV infection or medication nonadherence; and

4. Name 2 behavioral changes that can lead to increased self-esteem.

Group Structure and Activities

Objective 1

Facilitator will post two poster papers, or will draw a line down the white board, or, if virtual, will screenshare two pieces of paper, one will be labeled "High Self-esteem" and the other will be labeled "Low Self-esteem." Facilitator will begin by defining the word "self-esteem" as the belief in oneself and will explain that the feelings a person has about himself can influence his behaviors. Facilitator will ask participants to brainstorm words and/or phrases that are associated with high and low self-esteem. Participants will write at least one response for high and low self-esteem. Some responses might be:

"I have to get high to work the streets."

"I'm on PrEP because I work the streets."

"I took a shower today."

"I hate what I see when I look in the mirror."

"I've been going to the needle exchange and only using clean needles."

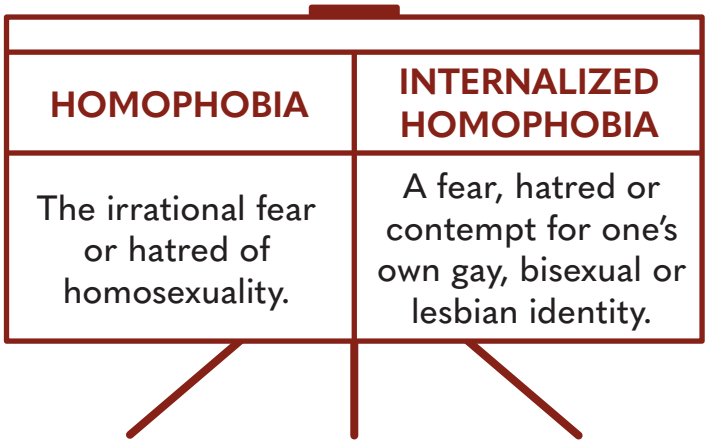
"I make lots of money, I get lots of dates."

"I'm undetectable because I take my HIV meds every day."

Facilitator will explain how low self-esteem can lead to not taking care of ourselves, which can lead to not taking our HIV meds (ART or PrEP) and HIV transmission. Conversely, high self-esteem can lead to taking care of ourselves, others, and our community.

Objective 2

Facilitator will ask participants to define homophobia and internalized homophobia. Facilitator will write the responses on a flipchart, white board, or, if virtual, on a piece of paper and screenshare. Facilitator will then define homophobia and internalized homophobia as follows:



Facilitator will draw a line down the middle of the flipchart, white board or, if virtual, will use two pieces of paper, and make two columns and mark one column ***"Homophobia"*** and the other column ***"Internalized Homophobia."*** Facilitator will ask participants to give examples of how homophobia or internalized homophobia have affected their lives. Facilitator will write responses in the appropriate column. Some responses might be:

Sex equals love	***Police harassment***	***Parents kicked me out of the house***
Self-hate	***Suicide***	***Isolation***
Gay bashing, gay bullying, and/ or gay-related hate crimes		

Objective 3

Facilitator will draw a "number line" from ***"0"*** to ***"10."*** Under the number "0" the facilitator will write ***"very low self-esteem"*** and under the number "10" the facilitator will write ***"very high self-esteem."*** Facilitator will then distribute 8 blank cards to each participant or, if virtual, ask participants to respond in "chat."

Facilitator will explain that most of us have faced some challenges from society as a result of our sexual identity. As a result, many of us have internalized some degree of homophobia. Facilitator will continue to explain that internalized homophobia inevitably affects our self-esteem. Therefore, all of us have some degree of internalized homophobia that then affects our self-esteem. *[Facilitator may share a personal story at this point.]*

Facilitator will read the following nine statements out loud and ask participants to write a number from "0" to "10" on their blank cards or, if virtual, in chat. The number they write should represent whether they feel the statement read is an example of low or high self-esteem. After each statement is read, the facilitator will give each participant a minute to write their number, and then ask participants to share why they chose the number that is written on their card or in chat.

"I always assume my sex partners are HIV positive and not taking ART."

"I really want to use condoms because I'm not on PrEP, but he's too hot to ask."

"I will talk to my doctor about PrEP."

"Being gay is cool, as long as you act straight."

"I don't care. I don't need to be tested"

"I don't share needles. I go to the needle exchange."

"He's a big boy and I'm a big boy, and we're all responsible for ourselves."

"I'd rather be safe than sorry."

"I take my meds every day to stay undetectable."

Facilitator will explain how homophobia and internalized homophobia can lead to lower self-esteem, which can lead to not taking our HIV meds (ART or PrEP) and HIV transmission. Taking pride in who we are can lead to increased self-esteem and esteem for our friends and our community.

Objective 4

Facilitator will give each participant another blank card or, if virtual, ask participants to get a piece of paper and pen. Facilitator will ask the participants to write two actions that they can take to increase their self-esteem. Facilitator will remind participants that they should think about small attainable steps to increase their self-esteem; action steps that can be reached such as take a shower today, eat a healthy meal, drink plenty of water, or take your meds. Facilitator may assist or provide examples if participants have a difficult time coming up with their own.

SEX, DRUGS, AND RISKS

GROUP SUPPLIES

Participant Sign-in Sheet

Tripod, Flipchart Paper, Tape OR White Board

Markers

Paper and Pen, if virtual

Response Cards Set written: "LOW RISK" "MEDIUM RISK" "HIGH RISK" - one set of cards per participant

Dildo, condoms, and latex barrier

SEX, DRUGS, AND RISKS

Objectives

By the end of this sixty-minute group, participants will be able to:

1. Discuss what makes an activity a risk;

2. Identify common street drugs, their effects and how substance use can increase a person's risk for HIV and other STIs;

3. Identify which sexual activities are the highest risk for transmitting HIV and other STIs;

4. Discuss hookup app lingo and safer meeting strategies;

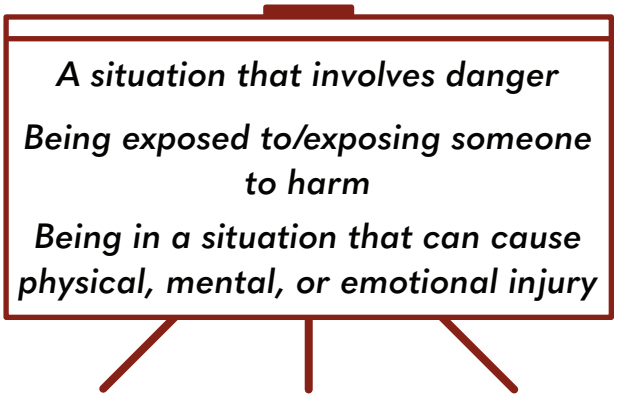
5. Discuss barriers to staying safe and risk reduction strategies while high; and

6. Demonstrate how to clean needles properly and how to put on a condom and dental dam.

Group Structure and Activities

Objective 1

Facilitator will start a discussion about risks by asking participants to brainstorm what defines a risk. Facilitator will validate participant responses and write them on the flipchart, white board or, if virtual, on a piece of paper and screenshare. Some responses might be:



Objective 2

Facilitator will ask participants to brainstorm the most commonly used drugs on the streets of Hollywood (using formal and street names). Facilitator will write responses on a flipchart, white board or, if virtual, on a piece of paper to screenshare. Some responses might be:

Drug	Street Name
Methamphetamine	Meth, speed, crystal, tina
Amphetamine	Speed, addys, Ritalin
Marijuana	Weed, cannabis, grass, trees, 420, pot
Poppers	Video head cleaner, amyl nitrite, rush
Heroin	China white, black tar, smack, dope
Cocaine	Blow, snow, ski
Crack	Rock, smokable cocaine, nuggets
Alcohol	Beer/wine, liquor, booze
GHB	Water, "G," date rape drug, gina
Ecstasy	X, E, beans, rolls, Molly, MDMA, pure
Ketamine	K, Special K, horse tranquilizer
PCP	Angel dust, dip sticks
Mushrooms	Shrooms

Facilitator will ask participants to brainstorm the effects that different drugs have on their body. Facilitator will write responses on a flipchart, white board or, if virtual, on a piece of paper to screenshare. Some responses might be:

Effects Drugs Have on the Body	*Drug(s) with This Effect*
Tweaky and sketchy	Meth, crack
Lots of energy	Ecstasy, meth
Lowered inhibitions	Alcohol, meth
Buzzed, dizzy	Alcohol, beer
Loss of appetite	Crack, meth
Munchies	Marijuana
Irritable, anxious	Crack, meth
Paranoid	Crack, meth, marijuana
Horny	Meth, poppers, GHB
Nodding out	Heroin, ketamine, ecstasy, alchol
Can't get hard	Meth, marijuana
Low energy, motivation	Marijuana, alcohol, ketamine, heroin
Hallucinations	PCP, shrooms

Facilitator will discuss how using drugs can increase a person's risk for HIV and other STIs. Facilitator will explain that drinking alcohol or getting high can lower a person's inhibitions and affect one's decision-making process thereby causing them to do things that they would not normally do, like taking risks. Facilitator will ask the participants, "What are other ways that using alcohol and drugs can put someone at risk for HIV and other STIs?" Some responses might be:

Having sex for longer periods of time/ marathon sex	***Having sex with multiple partners***	***Too high to use a condom or to negotiate safer sex***
Not taking meds on time particularly when engaged in marathon sex or nodding out	***Sharing other drug equipment (e.g. pipes, straws, cookers, cotton, syringes) that can transmit HIV and hepatitis***	
Eating "booty bumping" or smoking meth that can create open sores in the mouth	***Sharing or using unclean needles that can transmit HIV, STIs, and hepatitis***	

Facilitator will summarize the responses and reiterate the message that using drugs can increase a person's risk for HIV, STIs and hepatitis.

Objective 3

Facilitator will explain that not all sexual activities pose the same risk for transmission of HIV and other STIs. Facilitator will distribute or, if virtual, screenshare ***LOW RISK, MEDIUM RISK,*** and ***HIGH RISK*** response cards to each participant.

Facilitator will read out loud different statements from each risk categories and ask participants hold up the card (i.e., either "low," "medium," or "high") to indicate the level of risk involved in the sexual activity. Facilitators will ask participants to explain their responses.

NO/LOW RISK (No exchange of semen, vaginal secretions or blood)

- Masturbating alone
- Hugging, massage, kissing
- Mutual masturbation with only touching on the outside
- Sex between the thighs with no penetration
- Mutual masturbation with orgasm on, not in partner
- Golden showers
- Fisting with a glove

If you and your sexual partner are either HIV-negative and on PrEP and medication adherent OR HIV-positive and are medication adherent and have an undetectable viral load: oral or anal sex without a condom, specifically:

- If you are HIV-positive and are medication adherent and have an undetectable viral load: oral or anal sex without a condom
- If you are HIV-negative and are on PrEP and are medication adherent: oral or anal sex without a condom

MEDIUM RISK (maybe some exchange of semen, vaginal secretions or blood)

- Oral sex on a woman with a dental dam
- Oral sex on a man without using a condom
- Oral sex on a man without using a condom, but pulling out before he cums
- Oral sex on a man using a condom until he cums
- Vaginal sex with a condom and pulling out before cumming
- Anal sex with a condom and pulling out before cumming
- Vaginal sex and cumming inside a condom
- Anal sex and cumming inside a condom
- Rimming
- Fisting without a glove

HIGH RISK (definitely exchange of semen, vaginal secretions or blood)

- Using sex toys by more than one partner and/or not sterilized
- Oral sex on a man and cumming in your mouth
- Vaginal sex without a condom and cumming inside
- Anal sex without a condom, but pulling out before cumming
- Anal sex and cumming inside without a condom
- Scat play (specifically for hepatitis A and shigellosis)
- Felching

Objective 4

Facilitator will discuss hookup apps/websites and ask the group to name the hookup apps/websites that are commonly used among gay, bisexual, and other men who have sex with men. Responses may include (but are not limited to):

Grindr	*Tinder*
Scruff	*Jack'd*
Adam 4Adam	*Hornet*
	BBRT

Facilitator will validate responses and ask the group about risks associated with meeting people using hookup apps/websites. Responses may include (but are not limited to):

- ***Not knowing someone's HIV/ STI status***
- ***Someone not being who they say they are "catfishing"***
- ***Pressure to use drugs during sex (party and play)***
- ***Potential violence, abuse and/or harassment - physical, sexual, or emotional***

Facilitator will discuss with the group different ways to mitigate these risks. Responses may include (but are not limited to):

- ***Using condoms***
- ***PrEP/ART adherence***
- ***Meeting someone in a neutral environment such as a bathhouse***

Objective 5

Facilitator will have a group discussion about the barriers that can keep you from being safe while using alcohol and/or drugs. Facilitator will write responses on a flipchart, white board or, if virtual, on a piece of paper to screenshare. Some responses might be (refer to the left column below):

Barrier:* Enjoy having sex without a condom *(i.e., like it raw)	• Discuss risks of HIV, STIs and hepatitis • Discuss different types of condoms and lubricants that can enhance sexual pleasure • Discuss U=U (Undetectable equals Untransmittable)/TasP (Treatment as Prevention) and PrEP and the risk for STI's and hepatitis while virtually eliminating HIV risk

***Barrier:* Passed out or too wasted**	• Monitor amount and type of drugs used • Use buddy system • Drink lots of water to reduce chance of passing out

***Barrier:* Too into the sex**	• Discuss risks of HIV, STIs and hepatitis • Discuss how condoms and lubricants can be used as part of foreplay • Provide necessary educational information regarding risks • If HIV positive, get on ART, be adherent and have an undetectable viral load • If HIV negative, get on PrEP and be adherent

***Barrier:* Couldn't get erect for insertion, so engaged in receptive anal sex**	• Discuss other low risk sex acts • If HIV positive, get on ART, be adherent and have an undetectable viral load • If HIV negative, get on PrEP and be adherent

***Barrier:* Too high to use a condom or did not have a condom**	• Have condoms available before getting high • Discuss barriers to using condoms while being high and brainstorm strategies • Free condoms are available at most bars/agencies/FCC • If HIV positive, get on ART, be adherent and have an undetectable viral load • If HIV negative, get on PrEP and be adherent

***Barrier:* Already HIV positive**	• Discuss possibility of reinfection, drug resistant viruses, impact on overall health, risk of STIs, can increase HIV disease progression, disclosure

Facilitator will acknowledge that it is often very difficult to make the decision to stay safe and avoid risk. Facilitator will discuss biomedical HIV prevention strategies with the group. Facilitator will introduce these strategies in three topics:

1 PrEP	PrEP stands for *Pre-Exposure Prophylaxis*. PrEP is an antiretroviral medication that is prescribed to prevent the transmission of HIV. Facilitator will discuss the different PrEP medications that are currently available: oral-daily PrEP, on demand (2:1:1) PrEP, and long-acting injectable PrEP. *Facilitator note: on demand PrEP is not recommended for substance users.*

2 PEP	PEP stands for *Post-Exposure Prophylaxis*. PEP is an antiretroviral medication that must be started within 72 hours of someone's potential exposure to HIV and must be taken every day for 28 days to prevent HIV infection.
3 U=U/ TasP	U=U stands for *Undetectable = Untransmittable* and TasP stands for *Treatment as Prevention*. Facilitator will explain that when a person is HIV positive and they take their prescribed HIV medications every day, the number of copies of the virus in their blood is reduced to a level so low that blood tests cannot detect it, which is called an *undetectable* viral load. When an HIV positive person's viral load is so low it cannot be detected, the virus cannot be transmitted to partners during sex. However, it is important to note, that an undetectable viral load must be sustained for the U=U / TasP strategy to work. If an HIV positive person stops taking their medication as prescribed, their viral load can increase to detectable levels again and HIV can be transmitted to partners.

Objective 6

Facilitator will demonstrate proper needle cleaning technique, "3x3x3 Method" and condom use:

3x3x3 METHOD
1. Draw water and completely fill the needle and syringe with fresh, clean, room temperature water at least 3 times. While the syringe is full of water, shake and tap it. Empty the syringe and discard the water. Do not re-use water. Rinse at least 3 times. A little dish soap in the water can help break up blood clots.
2. Completely fill the needle and syringe with full-strength liquid bleach at least 3 times, holding bleach in the syringe for a minimum of 30 seconds each time. While the syringe is full of bleach, shake and tap it. Empty syringe. Do not dilute or re-use bleach.
3. Draw water and completely fill the needle and syringe with fresh, clean, room temperature water at least 3 times. While the syringe is full of water, shake and tap it. Empty the syringe and discard the water. Do not re-use water. Rinse at least 3 times. A little dish soap in the water can help break up blood clots.

Facilitator will also explain the importance of cleaning the injection site with an antiseptic alcohol wipe. Facilitator will inform participants of local agencies that work with active users to improve their overall health care. If you need more information about safer injection protocols or ways to reduce your injection risks, ask a member of our team to give you a referral.

PROPER CONDOM USE
1. Check expiration date on condom and open the package carefully, being sure that the condom is not torn on the foil wrapper.
2. Put a drop of water-based lubricant inside the tip of the condom.
3. Make sure that the condom is right-side out, and that it will properly roll down the shaft of the penis. If the condom is put on incorrectly, you must start over with a new condom.
4. Put the condom against the head of the hard penis.
5. Squeeze any air out of the tip of the condom and roll it down to the base of the penis.
6. When taking off a condom, pull out gently while the penis is still hard.
7. Hold the condom at the base of the penis while pulling out so the condom does not leak or slip off.
8. With cum inside the condom, tie the condom in a knot.
9. Throw the condom away in the trash. Never use a condom twice.

PROPER DENTAL DAM USE
1. Use a new latex or polyurethane dental dam for rimming.
2. To make a new dental dam from a condom, cut off the tip of the condom and then cut down the “shaft” of the condom, creating rectangular sheet.
3. Place the dental dam flat to cover the vagina or the anus.
4. Throw the dental dam away in the trash. Never use a dental dam twice.

ENDING THE HIV EPIDEMIC

GROUP SUPPLIES

Participant Sign-in Sheet

Tripod, Flipchart Paper, Tape OR White Board

Markers

Paper and Pen, if virtual

HIV Prevention, PrEP, and Care Continua Images

End the HIV Epidemic Initiative Pillar Images - Diagnose, Treat, Prevent, Respond

ENDING THE HIV EPIDEMIC

Objectives

By the end of this sixty-minute group, participants will be able to:

1. Explain the HIV Prevention and PrEP Continua;

2. Explain the HIV Care Continuum;

3. Discuss PrEP (oral daily and long-acting injectable) PEP, TasP (treatment as prevention) and U=U;

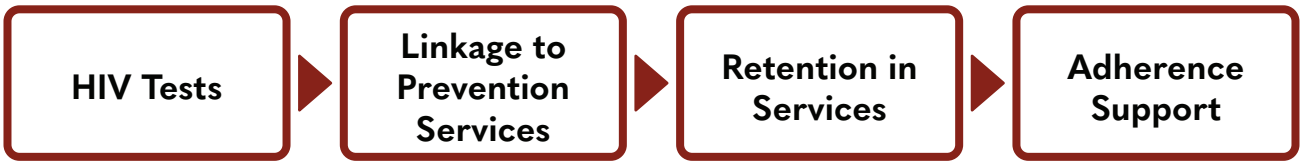
4. Identify where they are placed on either the HIV Prevention, PrEP or Care Continua and how to advance through the Continuum that reflects their HIV status; and

5. Explain the End the HIV Epidemic pillars and identify how they can contribute to ending the HIV epidemic.

Group Structure and Activities

Objective 1 (Part I)

Facilitator will explain that the HIV Prevention Continuum is the structure of steps in the plan to prevent the acquisition of HIV. Facilitator will display (screenshare, if virtual) an image of the HIV Prevention Continuum and provide a brief explanation of each step:



- **HIV Tests:** Individuals take a test to know their status

- **Linkage to Prevention Services:** Individuals are referred to prevention services that fit with their risk behaviors such as PrEP, PEP, condoms, clean syringes, TasP, regular testing, limiting number of partners, not using alcohol or drugs during sex, less risky sexual activities

• **Retention in Services:** Individuals are provided with ongoing counseling, support, and outreach to conduct check-ins and identify any barriers to accessing identified prevention services

• **Adherence Support:** Individuals are maintained in identified prevention strategies and conduct regular HIV testing. If individual situations change, services will be identified to adapt to the individual

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Objective 1 (Part II)

Facilitator will explain that the HIV PrEP Continuum is the structure of steps in the plan to link and maintain an individual in PrEP care. Facilitator will display (or screenshare, if virtual) an image of the HIV PrEP Continuum and provide a brief explanation of each step:

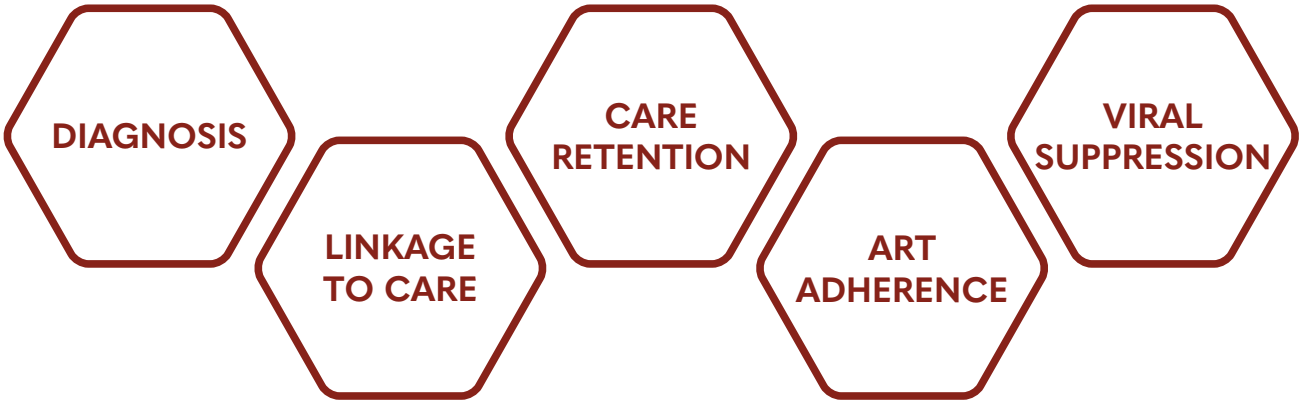
• **Awareness and Acceptability:** An individual is screened to identify if they are at-risk for HIV acquisition and if they are a good candidate for PrEP. Each individual will also be screened on interest and willingness to take oral daily or long-acting injectable PrEP.

• **Uptake:** Identified and interested individuals are provided with a referral to a provider that can prescribe PrEP. Individuals attend their first appointment and start their PrEP prescription.

• **Adherence and Retention:** Individuals adhere to oral daily or long- acting injectable PrEP medication and attend follow-up appointments with their provider.

Objective 2

Facilitator will explain that the HIV Care Continuum is the structure of steps that individuals living with HIV go through to reach viral suppression. Facilitator will display (or screenshare, if virtual) the HIV Care Continuum and provide a brief explanation of each step:



- **Diagnosis:** An individual takes an HIV test and receives a reactive or positive diagnosis.
- **Linkage to Care:** The individual receives a referral to an HIV healthcare provider to begin ART medication.
- **Care Retention:** The individual maintains adherence to medical appointments and can be defined as visiting their clinician twice during a calendar year at least 3 months apart.
- **ART Adherence:** The individual maintains their prescribed ART medication to achieve viral suppression.
- **Viral Suppression:** The individual completes all the steps of the HIV Care Continuum, resulting in viral suppression, which is defined as equal to or less than 200 copies of HIV per milliliter of blood.

Objective 3

Facilitator will ask participants to define PrEP, PEP, TasP, and U=U, and describe how they can be used as prevention.

Oral Daily PrEP *(Pre-Exposure Prophylaxis)*
FDA-approved HIV medication that is taken once daily by someone who is HIV-negative to prevent HIV infection. PrEP must be prescribed by a physician.

Long-acting Injectable PrEP
FDA-approved cabotegravir, sometime referred to as CAB-LA, is PrEP in an injectable form rather than a pill form. Initially taken as two injections one month apart and, after that, taken as one injection every two months.

PEP *(Post-Exposure Prophylaxis)*
FDA approved medication taken by an HIV-negative person within 72 hours of possible HIV exposure to prevent seroconversion. PEP must be prescribed by a physician. There are multiple medications that are approved for use as PEP, Truvada being the most common. The medication must be taken for the entire 28-day schedule as prescribed.

TasP *(Treatment as Prevention)*
In an HIV-positive person, ART *(antiretroviral therapy)* medications reduce the levels of HIV in the body to levels so low that a test cannot detect it. This is called an undetectable viral load. Once the viral load has reached undetectable levels, studies show there is effectively no risk of passing HIV to sexual partners.

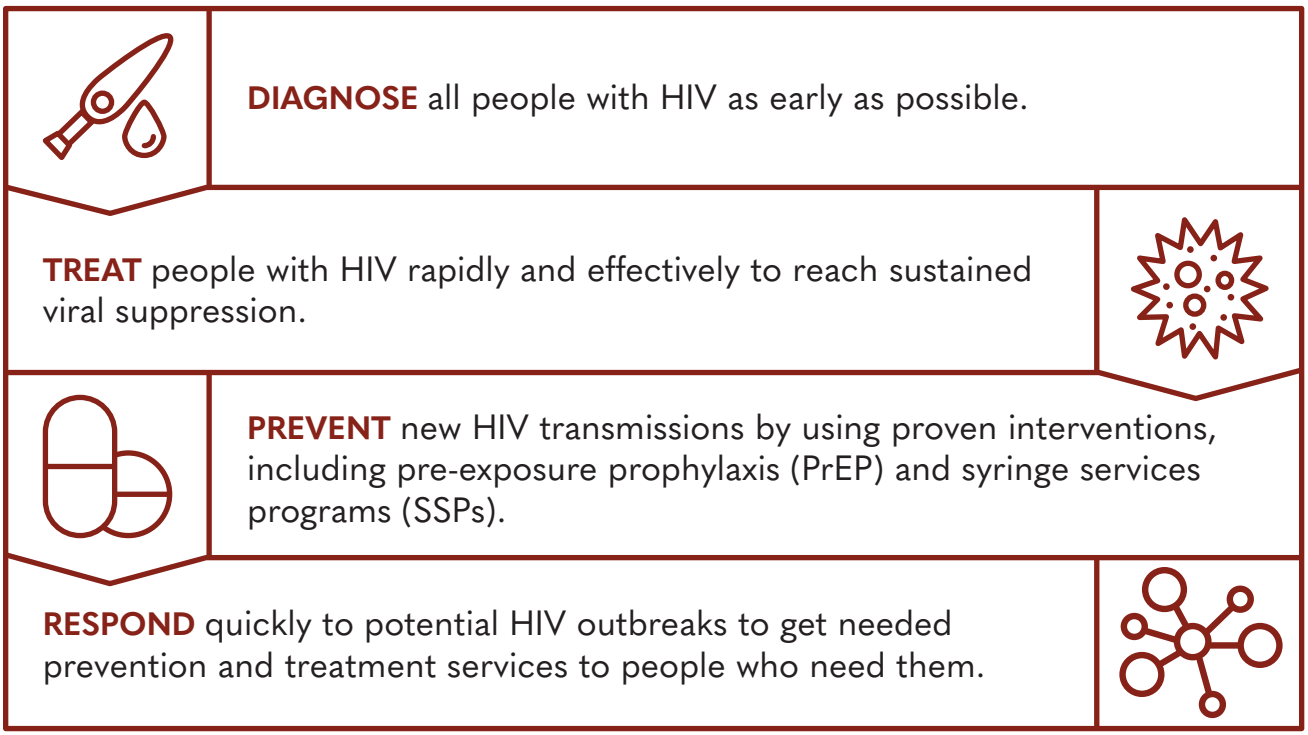
U=U *(Undetectable = Untransmittable)*
When an HIV-positive person has achieved and maintained an undetectable viral load, they cannot transmit the virus to their partners via sexual contact.

Objective 4

Facilitator will place images of the HIV Prevention, PrEP and Care Continua on the flipchart, white board or, if virtual, will screenshare. Facilitator will ask each participant to silently identify which bar they are on in the Continuum based on their HIV status. Facilitator will then ask each participant if they are NOT in the far-right bar or the HIV Prevention, PrEP or Care Continua to silently think about effective strategies to advance to the farthest bar on the Continuum that reflects their HIV status.

Objective 5

Facilitator will place an image of the End the HIV Epidemic pillars on the flipchart, white board or, if virtual, will screenshare and will explain each.



DIAGNOSE	It is important to get tested for HIV regularly as many individuals living with HIV are unaware of their HIV status. Additionally, testing every 3 months is recommended by the CDC for at-risk individuals as regular testing can lead to learning about newly acquired infections as soon as possible.
TREAT	Promptly linking newly diagnosed individuals with HIV to care and treatment can help lead to viral suppression and healthier lives. Individuals who are virally suppressed have effectively no risk of sexually transmitting HIV to a partner.
PREVENT	Using proven interventions and strategies can lead to the prevention of new HIV infections. Prevention strategies will look different for each individual depending on their risk factors.
RESPOND	The CDC and local public health officials are using new methods to see where HIV is most rapidly spreading to provide support and treatment services to those who need them.

Facilitator will ask participants to brainstorm ways that they can each contribute to ending the HIV epidemic and will write the responses on a flipchart, white board or, if virtual, on a piece of paper to screenshare. Facilitator will remind participants that if they are interested in learning more about the HIV Prevention, PrEP, and/or HIV Care Continua, or the End the HIV Epidemic pillars, a staff member is available to discuss these during individual sessions.