



MENTAL HEALTH AND CHEMSEX INTERVENTION PACKAGE

For internal use



Building upon a successful pilot in 2019 and 2020, SCDI launched the Community Field Lab for Stimulant Harm Reduction (**C-FLASH**) in Hanoi to reinforce the capacity building in stimulant harm reduction for organizations in Vietnam and Southeast Asia. **C-FLASH** is funded by ViiV Healthcare Positive Action and technically supported by Mainline International*.

**By the time this document is developed.*

General Information

The “Mental Health and Chemsex Intervention Package”, developed in C-FLASH, can be used by anyone working in harm reduction including project staff and community outreach workers (ORWs). The package assists ORWs in supporting/counselling and communications activities to provide clients with knowledge, information and skills which will help them take care of and promote their well-being.

This technical package consists of three parts:

Part 1: General, basic and harm reduction-based skills.

“General, basic and harm reduction-based skills” should be applied in both Mental Health and Chemsex Intervention Package.

Part 2: Mental Health Intervention Package.

Part 3: Chemsex Intervention Package.

The package has been consulted with community-based organizations (CBOs) from seven provinces/cities: Hanoi, Ho Chi Minh, Thai Binh, Hai Phong, Quang Ninh, Ninh Binh and Nghe An. It is available in English and Vietnamese. Mainline International and SCDI coauthor the English version.

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GENERAL, BASIC AND HARM REDUCTION-BASED SKILLS

GENERAL, BASIC AND HARM REDUCTION-BASED SKILLS

(This part consists of 05 sections)

1. Opening of the conversation

- The outreach workers (ORWs) always have a prior agreement with the client before inviting other people into the conversation.
- Before taking notes, ORWs should have the client's permission.
- ORWs ask clients about their time – Eg: So, how long can I speak with you today?
- ORWs ask more informal questions about life, job, family etc. before going to drug use – Eg: So, how's life recently?

How long can I speak with you today?

So, how's life recently?



2. Personal characteristics and communication skills

- ORWs are open-minded, approachable, and non-judgmental.
- ORWs are confident with words and demeanour.
- ORWs show good listening skills i.e. Let clients talk more, eye contact, lean forward, summarise, etc.
- When engaging with clients, ORWs ask open-ended questions.
- ORWs do **NOT** force their opinions or views on beneficiaries.
- ORWs allow clients time to talk without interruption – Use the 10-second rule.
- ORWs minimise the use of their phone while in conversation with clients.

- ORWs are confident, assured, and sensitive when talking about sensitive topics with clients.
- ORWs use appropriate, sensitive language while addressing sensitive sexual issues i.e. 'try to' instead of 'don't').
- ORWs address client's issues using clear, colloquial (informal) language.
- ORWs, when addressing abbreviated or non-universal terms (i.e. HIV, PrEP, PEP, Chemsex, risk behaviours), ensure that clients have a clear understanding of those terms.

3. Harm reduction offers

- ORWs always bring harm reduction materials and commodities such as tests, condoms, lube, Information, Education & Communications (IEC) material when doing outreach.
- When distributing commodities and IEC materials for clients, ORWs always explain why clients should use/read them; show them how to use commodities or guide clients to use IEC materials.



- ORWs ask clients for information about their lifestyle, their health, their risk behaviours, and their previous use **BEFORE** offering interventions.
- ORWs offer a specific harm reduction intervention appropriate to the lifestyle, health, frequency of usage and risk behaviour of the client.
- ORWs always aim to gain the client's opinions and voluntary acceptance of an intervention offered. Advice must take the form of a conversation, not a lecture.

4. Building conversation with clients

- When the client mentions using drugs with friends/sexual partners, ORWs dig deeper and ask for more information. ORWs may ask for a meeting with them if appropriate
- When clients talk about lots of topics in the conversation. Steer the conversation back and focus on only 2-3 topics to discuss.
- ORWs don't drop the topic. Solve each topic one at a time and then move to another topic.
- If the client brings something up (such as their mental health) always address it straight away, never ignore it.
- ORWs offer SPECIFIC harm reduction support and tips (e.g., not just advising to reduce the frequency of use).
- Choose one or two themes and keep them. Try not to over-confuse with many themes.
- ORWs positively reinforce positive/safe behaviour/attitude of clients.
- ORWs, where possible, informally action plan how the client will begin to apply intervention and note this for the next conversation.

5. End of conversation

- ORWs always summarise what was discussed – in brief.
- ORWs always attempt to arrange another appointment at the client's convenience – Give the client something to remind them/tell them you'll text them.
- ORWs, where appropriate, always invite clients to visit clinic/DIC/ communication session... Persuade and try to set a time if you think they really need it.
- ORWs encourage clients to attend a support group.
- ORWs provide relevant IEC materials when appropriate, and explain the content of the IEC and its benefit to the client.
- ORWs always finish the conversation informally.



TAKE CARE
OF



YOUR HEART
' & SOUL '

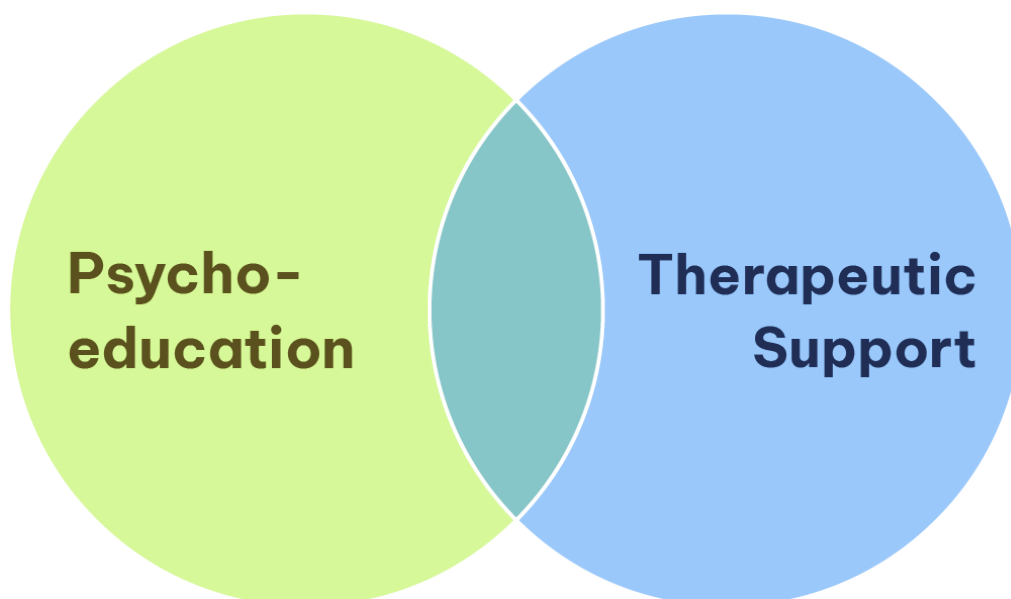
**MENTAL HEALTH
INTERVENTION
PACKAGE**

MENTAL HEALTH INTERVENTION PACKAGE

The following interventions are for outreach workers (ORWs) who offer low-threshold mental health support to people who use stimulant drugs. They are based on the harm reduction approach which aims to promote the mental health and well-being of people who use stimulant drugs. They focus on sustainable, positive change and on working with people without judgement or requiring that they stop (or reduce) their drug use. These interventions do not seek to encourage risk behaviour, their intention is to provide clients with a knowledge base and to empower them with skills to promote their mental well-being.

Interventions are structured into categories of **psychoeducation** (educating their clients about mental well-being), and **therapeutic support methods** of support that aim to empower a client to improve their level of mental health).

ORWs can adapt the implementation of these interventions based on their characteristics/personality, and the context, personality, and personal situation of their clients.



Psychoeducation interventions

- ORWs explain mental well-being with reference to emotional comfort, health and happiness, and explain through linking mental well-being to physical well-being.
- ORWs are able to explain the difference between serious mental health disorders e.g. depression and anxiety and more common mental health issues associated with drug use i.e. sadness, feeling tired, insomnia, comedowns, and loss of appetite.
- ORWs can explain universal long-term needs, and relate this effectively to the mental health situation of a client.
- ORWs address mental health myths and stigmas when expressed by clients i.e. addressing the myth that the use of methamphetamine destroys the brain, or that methamphetamine results in 'crazy' behaviour.
- ORWs can explain the relationship between methamphetamine and mental well-being i.e. effects of long-term release of dopamine into the brain.
- ORWs can support clients to identify stressors, explain the benefit of using healthy coping strategies, and empower the client to identify coping strategies.
- ORWs can explain the safety zone to clients, and how coping strategies can help to avoid hyper and hypo arousal.
- ORWs can explain the 'stacking effect' to clients i.e. that using small amounts might still result in experiencing mental health issues.

Therapeutic support

- ORWs encourage the client to address their feelings and communicates relevant universal long-term need to give the client context on how they could improve their feelings.
- ORWs establish the use of scaling as a method of screening and are able to address changes to a client's number in detail with a client (either positive to negative or negative to positive) and offer relevant interventions based upon this.
- ORWs can offer “Eat, Sleep, Drink, Repeat” as a support intervention, and effectively address client resistance to eating, sleeping, and drinking through offering effective alternatives e.g. drinking a little shower water.
- ORWs provide psychoeducation on the benefits of using self-soothing as a coping strategy.
- ORWs offers clients structure on how to perform self-soothing for themselves.



Scaling



CHEMSEX INTERVENTION PACKAGE

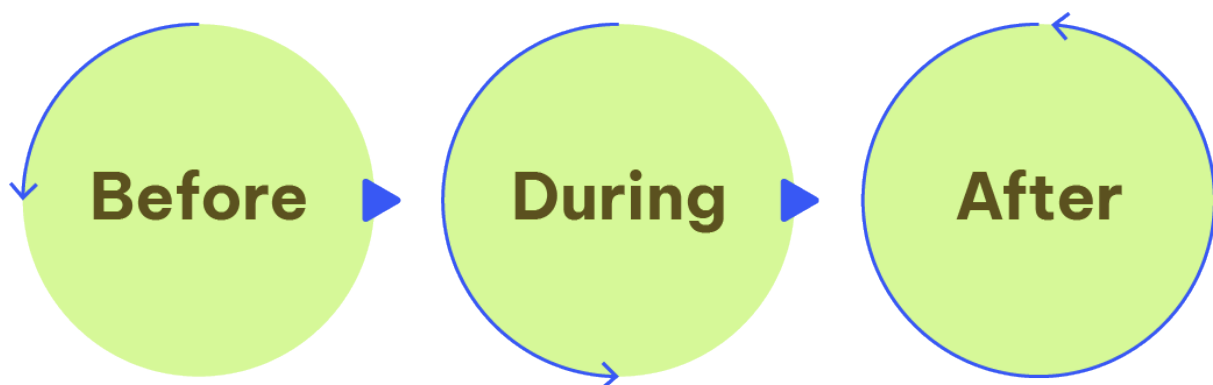
CHEMSEX INTERVENTION PACKAGE

The following interventions are for outreach workers (ORWs) who offer advice to people who participate in chemsex. They are based on the harm reduction approach: they aim to promote the health and well-being of people who participate in chemsex. They focus on positive change and on working with people without judgement or requiring that they stop (or reduce) their drug use. These interventions do not seek to encourage risk behaviour, their intention is to provide clients with a knowledge base and to empower them with skills to promote their well-being.

Interventions are structured into categories of interventions that should be offered **before** a person attends a session, **during** the session, and **after** the person has left the session. These categories are split into sub-sections which describe, (in emboldened brackets), whether they are aimed at promoting the person's physical, mental, or sexual health.

ORWs can adapt the implementation of these interventions based on their characteristics/personality, and the context, personality, and personal situation of their clients.

Chemsex Harm Reduction Interventions



Help clients to improve



Physical health















Mental health












Sexual health

Client interventions for BEFORE a chemsex session

- ORWs advise clients on choosing a safe location for a chemsex session (scope the building, attend early) and explain the importance of doing so. /
- ORWs advise clients appropriately on preparing the session location (prepare a relax room, place condoms in strategic locations, have latex gloves, dress beds/sofas with plastic sheets, place healthy snacks and drinks in view, etc.).  
- ORWs are able to advise clients on the importance of body preparation (cleanliness, hygiene, shaving, douching) and explain the importance (minimising risk of bacterial infection). 
- ORWs can advise clients to eat, sleep, and drink before the session and explain the importance (likelihood of not eating, drinking, or resting for days). 
- ORWs can encourage clients to prepare their own substance use and sexual equipment and for use in a chemsex session (including substances, pipes, condoms, sex toys), and explain the importance of this.  
- ORWs ask about the kinds of substances clients use and methods of use and advise on safe usage if appropriate. 
- ORWs ask about poly-drug use during chemsex sessions and offer appropriate harm reduction advice (use smaller amounts if combining, use stimulant first, try to avoid combining D&D or S&S, not at the same time, wait until fully feeling the effect of first before using the other). 
- ORWs encourage clients to think about the recovery in advance and encourage them to adequately prepare for it (prepare self-soothing items, prepare easy-to-eat food, prepare a good relax space, etc.). 
- ORWs address safe sex in a non-moralising manner (opening

conversation about condoms and their benefits, whilst remaining objective and understanding that some might choose not to use). 

- ORWs address risks of unprotected sex, whilst offering alternatives to unprotected sex (PrEP, PEP, regular STI/HIV testing). 
- ORWs openly address boundaries and consent and offer clients structure on how to negotiate boundaries (reflect on one's own boundaries before the party, discuss boundaries with sexual partner before sexual contact, informally debrief with sexual partner i.e. I liked it when [...] next time I'd prefer [...]).  
- ORWs encourage clients to mentally prepare how methamphetamine (and other substances) might affect their behaviour during sessions (lowers inhibitions, makes boundaries less clear, etc.). 
- ORWs address chemsex specific sensitive issues i.e. crystal dick, low libido, aversion to vanilla sex and offer appropriate pre-session interventions (exercise before a session, eat fruit, veggies and nuts, try not to focus too much on getting hard/wet).  
- ORWs encourage clients to prepare a party pack, which could include condoms, lube, sex toy cleaning fluid, latex gloves, easy-to-consume snacks such as a banana or a protein bar, and hydration).   

Note

 Physical health

 Mental health

 Sexual health

CHEMSEX PARTY PLANNING



PARTY 'N PLAY FORM

Keep a record of what you're taking, when, and how much. This is handy for knowing when to take more, but it is also useful to know what you've taken in case something goes wrong

SEX TOYS

Make sure all toys are properly disinfected in chloride and water for at least 5 minutes.

PLASTIC SHEETS

Use on the sofa + bed. Easier to degrease + disinfect (+ dry up if piss play is involved) when changing partners or roles.

FOOD

Put protein bars, granola bars, and bananas in the space or in the chillout corner to remind folks to refuel.



SAFE SEX SUPPLIES

- * Place condoms + lube throughout the space!
- * Don't use saliva as lubricant - it dries quickly and our bodies produce less when using drugs
- * Latex gloves if your party is going to involve fisting

CHILLOUT CORNER

Create a space where folks can take a break that is conducive to resting and chatting. Consider putting out info on HIV, PrEP, and HCV.

HARM REDUCTION SUPPLIES

- * Snorting, smoking, booty-bumping, and injection supplies are essential
- * Never re-use syringes + never share!

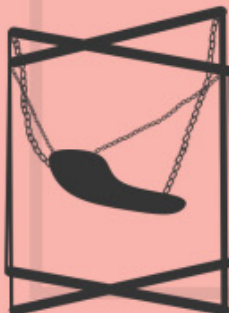
CLEANING SUPPLIES



- * Place strategically throughout the space
- * Include all-purpose cleaner, paper towels, clean towels, + disinfection wipes
- * Degrease residue before disinfecting

SLING

Have cleaning supplies easily accessible to clean (sling + chains) before changing partners or roles.



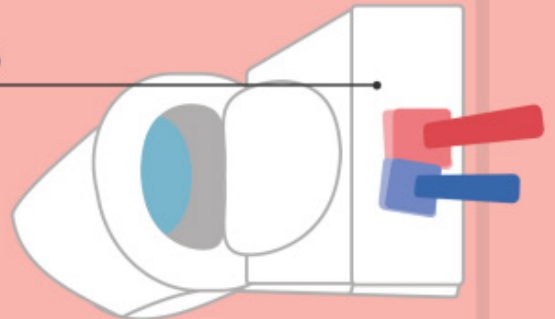
WATER + SPORTS DRINKS

- * Place throughout. Make it easy to remember to drink something, by jogging folks' memory.
- * Don't drink more than 3 glasses of water / juice in an hour, as this can cause fluid intoxication.

CHEMSEX PARTY PLANNING

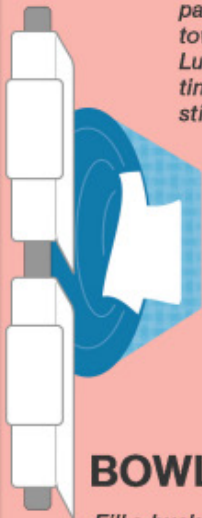
RECTAL DOUCHES

If possible, use only your own rectal douche. Otherwise, wipe any that you use clean of oil or grease and disinfect it in the bleach solution before use.



TOWELS

Provide a clean towel for each participant. Leave more clean towels next to the sling + bed. Lubricant residue containing tiny particles of blood can stick to used towels.



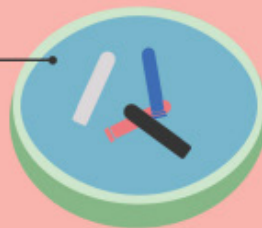
DISINFECTANT

Degrease and disinfect your arms and hands before changing partner or role.



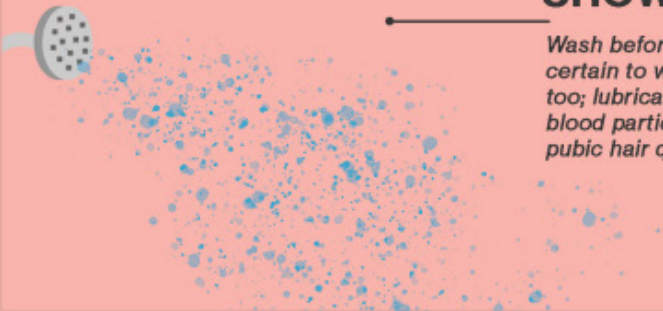
BOWL OR BUCKET

Fill a bucket with a mix of bleach and water (1:9). Disinfect dildos, toys, and rectal douches by letting them soak for at least 5 minutes. Make sure you wipe off any oily / greasy residue before doing so. Rinse thoroughly with water before use.



SHOWER

Wash before and after. Be certain to wash your pubic hair too; lubricant residue containing blood particles can stick to your pubic hair quite easily.









Client interventions for DURING a chemsex session

- ORWs provide, whenever possible and appropriate, condoms, lubricant, sex toy cleaning fluid, latex gloves and/or address the important role each one can have during a session. 🍷
- ORWs encourage clients to attend sessions with people they already know/feel comfortable with. 🗣️ 🧠 🍷



- ORWs provide information and advice on what to do in the case of encountering/ experiencing a methamphetamine (or other stimulants) overamping at a session (recovery position, keeping cool, checking pulse, responsive, etc.). 🗣️
- ORWs provide information and advice on what to do in the case of encountering/ experiencing a depressant overdose at a session (recovery position, clearing airways, checking pulse, keeping responsive, etc.). 🗣️
- ORWs are able to advise clients on what to do within emergency situations at a chemsex session (act as a mediator, calling someone

friendly, staying with somebody, keeping a person as responsive as possible), and when to call emergency services as a last resort. 

- ORWs are able to talk about sexual activities and consent – and provide a safe space for clients to talk about / informally action plan for this. 
- ORWs can encourage clients to take rest during long sessions and explain the benefit of this. 
- ORWs can encourage clients to keep track of their substance use or prescribed medication intake at a chemsex session (i.e. by setting an alarm to space dosage, or by setting a reminder alarm to take prescribed medication).  
- ORWs can encourage clients to keep track of time, if appropriate, while at a session, so as not to lose control of the length of time spent at the session. 








Note

 Physical health

 Mental health

 Sexual health

Client interventions for AFTER a chemsex session

- ORWs are able to address common physical effects of chemsex participation (anal/vaginal tearing, penis damage, throat sensitivity) and offer appropriate interventions (referral to hospital, rest, keeping sensitive areas clean and being gentle, easy-to-consume nutrition). 
- ORWs can explain the effects of methamphetamine use on the lips, skin and hair (dryness, dehydration, discomfort, irritability), and suggest appropriate interventions (cool shower, moisturise skin and lips, keep cool, hydrate). 
- ORWs are able to help clients reflect on common mental effects of chemsex participation, (tiredness, guilt/shame, withdrawal, loneliness), why these effects happen (the effect of dopamine release in the brain) and offer appropriate interventions (i.e. rest on the first yawn, eat and drink, take a shower, try to be active). 
- ORWs are able to offer interventions specific to a comedown (spend the day in bed, distract yourself, hang out with friends, remind yourself it's only temporary). 
- ORWs can offer appropriate community-based mental health interventions (eat - sleep - drink - repeat, meditation, grounding, self-soothing, scaling) and explain the benefit of each. 
- ORWs are able to address common sexual (health) issues that occur within chemsex (HIV/STI transmission, bacterial infections, boundary setting issues with clients, and advise appropriate interventions (i.e. condoms, HIV test, STI test, PEP, negotiation of boundaries). 
- ORWs can encourage clients to habitually reflect on the highfun session i.e. What they enjoyed, what they didn't enjoy so much, what they want to do differently. 



Note

 Physical health

 Mental health

 Sexual health

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