

SUBSTANCES, SOCIALIZING, SEX, AND CONSENT

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In this lesson, participants will learn about the relationship between socializing and substance use among black gay men, the role substances play in sexual encounters, and how substances can impact one's ability to give and receive consent. Through small group discussions, personal reflection, and collaborative learning, participants will develop a comprehensive definition of consent and explore the ways in which substance use impacts their social and sexual identities.

KEYWORDS

Boundaries
Coming Out
Health/Sexual
Health
Safe Sex
Sexual Behavior
Sexual Negotiation

THEME

Sexual Health
& HIV

FORMAT

Workshop

TIME

95 minutes





PREPARATION

PREPARATION

The facilitator(s) should use this section to prepare for the lesson.

WHY THIS LESSON IS IMPORTANT FOR BLACK MEN

Gay men report high rates of substance abuse in response to stress related to social prejudice, discrimination, and violence (Green & Feinstein, 2012). Studies show that gay men abuse alcohol, marijuana, amphetamines, and heroin at higher rates than the general heterosexual population (A Provider's Introduction, 2012). Additionally, alcohol and tobacco are aggressively marketed to the gay community (Ostrow & Stall, 2008).

Among black gay men substance abuse rates are arguably even higher, attributed to a myriad of reasons included compounded minority stress (Green & Feinstein, 2012), increased discrimination in employment and housing, and internalized homophobia that may result from rejection by family and heterosexual black community members (A Provider's Guide, 2012). Substance use may also lead to higher risk sexual practices for this population, disproportionately increasing their risk of acquiring HIV or other sexually transmitted infections (Harawa et al., 2008). This is of special concern due to the already concentrated rates of HIV among gay black men (Halkitis & Jerome, 2008).

While all these statistics are alarming, it is important to recognize that not all substance use emerges as response to adverse circumstances, nor causes universal harm in the ways that have been previously established by health professionals. Additionally, what has become clearer from alternative perspectives is that there are ways to reduce and minimize the harm caused by using substances. For some, it may be useful to acknowledge that sex and drug use can be a fun and pleasurable experience that increases the likelihood that it will be used, regardless of the relative risks involved. Understanding both the costs and benefits of drug use in social situations and identifying how drug use or abuse can complicate consent is vital to promoting healthy sexuality.

GOAL

Participants will learn, practice, and internalize skills for thoughtful substance use decision-making in social settings, resulting in increased pleasure and lower risk behaviors.

OBJECTIVES

By the end of this lesson, participants will be able to:

- Define consent and describe how to clearly give and receive it from others.
- Assess the costs and benefits of substance use in social settings within their own lives.
- Name at least three strategies for negotiating safer sex while using substances.

SPECIAL CONSIDERATIONS

This session is best conducted in a classroom or meeting room setting. Chairs that can be moved around easily are needed for every participant. This lesson is written for groups of 8–15 with two co-facilitators.

Two facilitators are necessary for this session. It is entirely up to the facilitators how they divide up duties; one facilitator may want to take the lead while the other is available to “float” and assist participants with activities. The ideal facilitators for this activity are trained in an area of mental health counseling, particularly someone who can effectively address unanticipated emotional discomfort among participants without derailing the lesson itself.

KEY TERMS

Boundaries: personal rules or guidelines for how individuals wish to engage with others, indicating permissible and unacceptable behaviors.

Consent: a clear agreement between parties to engage in sexual activity. It is a mutual verbal, physical, and emotional agreement that happens without threats or coercion. It is ongoing throughout the encounter, mandatory every time, can be revoked in the middle of sex, and applies even in committed relationships.

Substance: any alcohol or drug in any form that is taken for the purpose of altering your mood. This includes both “natural” drugs like marijuana and “synthetic” drugs like K2.

Substance abuse: using alcohol or drugs in a way that causes problems at work/school, home, or in other social environments. Substance abuse may also negatively impact a person’s health.

Substance use: using alcohol or drugs for social purposes and/or to feel their effects.

Survival sex/Sex trade/Transaction sex: sexual acts exchanged for money, drugs, shelter, or other necessary items. Often arises out of extreme need. Common among people experiencing homelessness, addiction, or employment discrimination.

TIME

STEPS 1-7	Introductions and Opening Activity	30 min.
STEPS 8-12	Introduction to Consent	15 min.
–	Break (Optional)	10 min.
STEPS 13-16	Substances and Sex	25 min.
STEPS 17-19	Closing Activity	15 min.

REQUIRED BACKGROUND KNOWLEDGE FOR EDUCATORS

Educators should have a basic working knowledge of motivational interviewing techniques, familiarity with Maslow’s Hierarchy of Needs, the harm reduction model, the continuum of substance use, common drug slang terms, and issues related to the sex trade/survival sex work. More information on each model can be found at the links below:

Motivational Interviewing Techniques:

- https://ucedd.georgetown.edu/DDA/documents/mi_rationale_techniques.pdf
- Maslow’s Hierarchy of Needs: simplypsychology.org/maslow.html

Harm Reduction Model:

- <https://harmreduction.org/about-us/principles-of-harm-reduction/>

Alcohol and Drug Use:

- Continuum: <https://ncsacw.samhsa.gov/files/TrainingPackage/MOD2/AlcoholDrugUseContinuum.pdf>
(This relates substance abuse to child welfare. Only the left side of the chart is applicable.)

Common Drug Slang Terms:

- <https://ndews.umd.edu/sites/ndews.umd.edu/files/dea-drug-slang-terms-and-code-words-july2018.pdf>
(This is a comprehensive up-to-date list of drug slang terms developed by the Drug Enforcement Administration. Drug slang terms vary regionally and not every term on this list will be used by participants. Facilitators are advised to use context clues to determine drug slang terms used by participants.)

Sex Trade/Survival Sex:

- awid.org/publications/fact-sheets-about-sex-work

FACILITATION PREP

The facilitator(s) should complete the following tasks before the lesson starts:

- ❑ Prepare four separate sheets of flip chart paper with one of the following headings:
 - **Community Agreements** (*Optional: See Step 2, Procedure Section*)
 - **Substance Use and Sex**
 - **Consent Is...**
 - **Consent: a clear agreement between parties to engage in sexual activity.**

Leave ample space under each heading.
- ❑ Post the sheet labeled “Community Agreements” to the wall in a prominent location. Post the remaining flip chart sheets to the wall at the front of the room in a line. Fold the bottom half of each sheet twice over the top half, and then use the scotch tape to secure it and cover the contents of the sheet until you are ready to use it during the session.
- ❑ For this lesson, participants will be preparing a continuum of experiences using Post-it Notes and flip chart paper. Divide the number of expected participants by two, and then cut the equivalent number of flip chart paper sheets vertically down the middle of each sheet. Have those prepared for use along with 7–10 Post-it Notes for each participant prior to the beginning of the session.
- ❑ If your space will allow, set up your chairs in a semi-circle so that participants can easily see each other, the facilitators, and the flip chart sheets at the front of the room.

MATERIALS

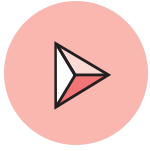
The facilitator(s) should have the following materials for the lesson:

- ❑ Name tags
- ❑ Permanent markers (*eight, in multiple colors*)
- ❑ Flip chart paper
- ❑ Tape
- ❑ Post-it Notes
- ❑ Blank index cards (*3–5 cards per participant*)
- ❑ Blank paper (*approx. 15–20 sheets min.*)
- ❑ Writing utensils (*one per participant*)

HANDOUTS

Each participant should be provided with the following printed materials:

- ❑ End-of-Session Evaluation



PROCEDURE

The facilitator(s) should follow the steps in this section to facilitate the session, and use the margin for notes and prompts.



Introductions and Opening Activity

STEP 1

Welcome participants to your session and conduct brief introductions (name, pronouns) with the group as needed. Take an emotional temperature of the group by asking participants the following question:

- “How are you feeling about being with this group today?”

Begin with yourself as the facilitator to model the introduction.

STEP 2

Thank everyone for checking in. Review all established group agreements, and reaffirm consent from the group. If group agreements have not been completed, create them at this time (*use the Community Agreements lesson, if necessary.*)

Ensure all participants are clear on what each community agreement means.

STEP 3

Explain to the group that it will be covering substance use, consent, and sex today while you distribute 7–10 Post-it Notes, one half-sheet of flip chart paper, and a writing utensil to each participant. Explain that while there are a lot of different ideas people may have about those three concepts (and substances in particular), people’s experiences vary from person to person, and it is important for each of us to evaluate the role that they play in our own lives.

STEP 4

Once all participants have their supplies, instruct them to take some time to brainstorm a list of every idea, experience, or potential result that comes to mind when they think of the phrase “Substance Use and Sex.” (*For those who are not clear of what the term “Substance Use” means, share the definition in the Key Terms section of this lesson.*) Instruct participants to write one idea on each Post-it Note, requesting more if they run out. Remind them that every answer is acceptable, and no answer should be ignored, no matter how “negative” or “positive” it may seem to them. (*Explain to participants that if a personal experience comes up for them, they do not have to write the details of that experience, but can instead write a general description, if they wish.*)

Give participants 1–2 minutes to brainstorm, plus additional time as needed.

STEP 5

Instruct participants to review their pile and begin organizing them into a continuum from “Least Challenging” to “Most Challenging”. When all their notes are organized, **instruct** participants to place them onto their half-sheet of flip chart paper in a horizontal line.

STEP 6

Proceed through the following Discussion Questions:

1. “What was it like doing this exercise?”
2. “What do you notice, in particular, about your continuum? Is there anything on it that surprises you, or concerns you?”
3. “How do you think this exercise relates to the experiences of gay men, or gay social culture?” *(It is likely that participant responses will include a mix of positive & negative impressions (e.g., drugs are fun, alcohol helps you relax, using substances gives you access to a new social group, internalized homophobia/ stigma, to cope with stress, peer pressure). **Validate** this ambivalence for the group and **reiterate** that while substance use can be a challenge for many people, others may also use substances for a variety of reasons, without experiencing life-threatening harm as a result.)*
4. “In looking at your continuum, where is the line where you might say that substance use and sex goes from being okay, maybe even beneficial, to being harmful?”
5. *(**Reveal** the flip chart sheet labeled “Substance Use and Sex”.)* “Do you believe there’s a difference between sex and substance use that’s okay vs. sex and substance use that’s harmful? If so, what would you say those differences are?” *(**Record** responses on the flip chart sheet.)*

STEP 7

Close out the conversation by reiterating major ideas that were shared, including any feelings of violation, betrayal, boundary crossing, or someone not feeling safe, as well as any described experiences that ended with people getting closer, feeling safe, and having a good time. **Explain** to participants that they will now transition to reflecting further about what creates safe and unsafe interpersonal situations in the next activity.



Introduction to Consent

STEP 8

Pass out an index card to each participant, and then ask them to think about the concept of “consent”. Instruct participants to imagine meeting someone who had never heard of the word before, and then write down a definition of the word for them on the card. Instruct participants to avoid putting their names on the card, as it will be shared anonymously with someone else in the group.

STEP 9

After everyone has completed their card, collect, shuffle, and redistribute them (Explain to participants that they may accidentally receive the card their own card, but that they should not announce it if they do.)

STEP 10

Unfold the flip chart sheet labeled “Consent Is...” Ask participants to read the card they received aloud. Write each response on the flip chart paper, and circle any repeated words or add check marks near repeated phrases or sentences.

STEP 11

Unfold the flip chart sheet with the definition of consent written on it, and read it aloud for the group. Proceed through the following Discussion Questions:

1. “What do you think of this definition of consent? How does it match or differ from the definitions that you all shared?”
2. “Based on what people wrote on the cards, would you say that this group thinks consent is important? Why or why not?”
3. “How does consent link to our previous discussion about substance use and sex?”
4. “Is there any way that consent can be connected with pleasure, or help make sex more pleasurable? If so, how?”

STEP 12

Thank participants for their contribution to the discussion, and explain that they will now take a break to prepare for the second half of the session.



Break

During the break, rearrange chairs in the room into groups of two or three, depending on overall group size, and with no more than 10 small groups total. If necessary, check in with any participants who may have experienced any emotional triggers or other challenges during the opening activity.



Substances and Sex

STEP 13

Reconvene the group and divide into small groups according to the chair arrangement established during the break.

STEP 14

Invite participants to review the parts of the last discussion that covered consent and its connection to substance use, sex, and pleasure. If the point hasn't yet been raised, explain to participants or encourage them to consider that a person's experience of substance use during sex may be directly related to the giving and receiving of consent for everyone involved. Remind participants that substance use can make getting and receiving consent more difficult. Explain to participants that they will now have the chance to think about how consent might best be managed in particular social situations.

STEP 15



Distribute one scenario from Facilitator Resource A, "What Do You Think: Sexual Relationships and Substance Use Scenarios" to each group, along with 2–3 sheets of blank paper. Inform participants that they will have 7–10 minutes to read and discuss the scenario they have been given. Instruct groups to read their scenario quietly to each other, and then discuss together how they would respond in that situation, coming up with:

- a. at least three specific strategies to make the encounter safer and more pleasurable for both parties, and
- b. at least one suggestion for how the people in the scenario could more clearly give or receive consent.

As support for their conversation flow, **encourage** participants to including the following questions as part of their discussion:

- “What are some things the people in this scenario know about one another? What don’t they know?”
- “What role are drugs or alcohol playing in this scenario?”
- “How are the people in this scenario communicating consent, if at all?”
- “What might be complicating how consent is being communicated in this scenario?”
- “What are some assumptions the people in your scenario might make?”

Instruct each small group to assign a scribe to write down the groups’ major discussion points, and a reporter to lead in reporting back to the larger group once the discussion is complete.

*(As groups are discussing their scenarios, **give** time checks every 2–3 minutes. If any groups have thoroughly discussed their scenario by the halfway point of the time allotted, give them another scenario from any that haven’t been selected. If all scenarios have been assigned, you may also choose to give them another group’s scenario to discuss as well.)*

STEP 16



Reconvene the large group after 7–10 minutes have passed. **Invite** the reporter from each pair/group to read their scenario aloud, and then share what was discussed among their group. As participants speak, **use [Facilitator Resource B, “Key Points for Scenarios”](#)** to offer points that may not have already been raised. As each group finishes sharing, **invite** other groups to offer any additional feedback about how they believe the situation should have been handled, particularly if they were assigned the same scenario. After all groups have had the opportunity to share, **proceed** through the following Discussion Questions:

1. “How was it discussing these scenarios? Did they seem like the kinds of situations that actually happen among gay Black men?”
2. “What one or two main lessons about consent could someone take away from your scenario?”

3. “In thinking about all the scenarios discussed, would you say that communicating sexual consent is an easy thing to do? Why or why not? What makes it comfortable or challenging?”
4. “What are the best ways to overcome the challenges involved in giving and getting sexual consent?”



Closing Activity

STEP 17

Ask if anyone has any final thoughts, questions, or comments about the session. Respond and encourage peers to respond to one another’s questions/comments when appropriate.

STEP 18

Distribute a copy of the End-of-Session Evaluation to each participant. Allow participants 5–7 minutes to complete the evaluation, and collect them as they are completed. After five minutes, invite any participants who have not completed the evaluation to do so after the next activity.

STEP 19

Close the session by asking participants to identify one way they might use the things we’ve discussed today in their own lives. Once all participants have responded, thank the group for its participation, and then adjourn the session.



FACILITATOR RESOURCE A

WHAT DO YOU THINK? SEXUAL RELATIONSHIPS AND SUBSTANCE USE SCENARIOS

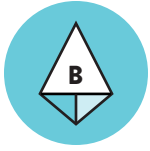
Directions: Cut out the scenarios below and distribute them in **STEP 15**.

1. Brandon lets you come back to his place after drinking with you all night. He accepted all the shots you bought him. You're now at his apartment and the two of you are alone. He places your hand on his penis. What is Brandon consenting to?
2. Anthony has been flirting with you over texts for weeks. He sends you sexually explicit texts and naked pictures of himself. You finally see him in person at a weekend party and you're both feeling pretty good. You know he's had a lot to drink. What has Anthony consented to?
3. Khalil is someone you've hooked up with before, usually when you've both been drinking, and you know he's into you. You see him out one night and he goes home with you. Khalil tells you, "I'm so ready to have sex with you again" and pulls you to him. What is Khalil consenting to?
4. Jeremiah is someone who has had sex with almost all of your friends. Everyone knows that Jeremiah sleeps with a lot of people. You find yourself alone with him, getting high. What does his previous behavior tell you about what he wants to happen tonight?
5. You are in the middle of hooking up with D'Ontae for the first time. You're both nervous so you smoke beforehand. You want to have anal sex with him, but you stop first and ask "Is this okay?" D'Ontae nods, and assists you with putting on the condom. He looks directly in your eyes and nods again. What is D'Ontae signaling with his body language and eye contact?
6. Rakim is your ex. You had a lot of great sex with him, especially when you were smoking and drinking. Rakim texts you late one night to see if you're up. You show up at his door with some weed. He leads you to his bedroom and begins to kiss you. What have you indicated to Rakim by coming to his house late at night with weed?
7. Faheem is a guy you met at a club last weekend. You were both pretty messed up and had some fun together. You hooked up but didn't have sex. You see Faheem again this weekend and he leads you into a single bathroom and begins to perform oral sex on you. What will tell you if you have his consent to do the same?



8. Elijah is someone you've messed around with a few times. He's always been down to have oral sex and anal sex. This time you bring another hookup along because Elijah is always down for anything you want to do, especially when he's high. You figure this is cool with him. He's high when you show up at his place. Do you have Elijah's consent for a threesome?
9. Abdul is someone you're newly dating, and you're really into each other. You're in love. You have sex at least once every time you see each other, sometimes when you're high and sometimes when you're sober. One night you're in bed together, smoking, and you start having sex. For seemingly no reason, Abdul tells you to stop. But you've already penetrated him and you know you're close to finishing. What should you do?
10. Sadiq is sometimes sloppy when he's drunk, and you know that he often drinks until he blacks out or comes very close to blacking out. You've slept with him before. He asks you over to his place, but when you get there, it seems like he's blacked out drunk. There's an empty bottle next to him. You know he wanted sex. How should you proceed?
11. Richard is your boyfriend of many years. You refer to him as your "husband." You've done pretty much everything sexual together that you can think of. Lately Richard gets so high that he passes out early. You're high too, on this particular night, and you really want sex because it's been awhile since you two have had it. He's your husband and he always wants sex. What should you do?
12. Eric is a guy you've just met and you know he's really into you. You see him out one night at a party. It's late and you've both been drinking. He comes right up to you and whispers in your ear that he wants you to go home with him. You let him take you home. He tells you what he wants to do to you. How can Eric be sure that you consent to sex?
13. You dated Isaiah on and off for years. When you see him now, you often have sex. One night you're hooking up with him and halfway through, he says he's not into it because you're too drunk. He says he doesn't want to have sex with you anymore because you're passing out. What do you think of Isaiah's decision? Why do you think he made this decision?
14. You are really attracted to Omar, but you don't know him that well. You've heard that he has a reputation for always having pills, and having sex with a lot of people. While out one night at a club, he pulls you into a bathroom, gives you a Xanax, and starts to kiss you. He passes you a condom. What is he giving his consent for?
15. Anthony is someone that you have chemistry with. He's really cute and you're just getting to know each other. At a party, you both have a few drinks and take a walk outside together. He starts to kiss you and you kiss him back. What is Anthony communicating to you? How is he communicating it? What do you have his consent to do?





FACILITATOR RESOURCE B

KEY POINTS FOR SCENARIOS

Directions: See **STEP 16**.

- 1. Brandon:** You do not owe someone sex if they buy you drinks or vice versa. Placing someone's hand on your genitals is not the same as explicit verbal consent. It may mean they only want you to touch their genitals. The person who placed your hand did not get your consent for that which is problematic. Going back to someone's apartment does not equal consent. It is important to get Brandon's clear consent for sex.
- 2. Anthony:** Receiving someone's naked pics does not mean they consent to sex with you. If you send someone your naked pics, it does not mean you consent to sex with them. Anthony has had a lot to drink which may mean he cannot clearly consent. You both like each other, but it is important that you get explicit verbal consent before having sex.
- 3. Khalil:** He has consented to sex with you by both body language and explicit verbal agreement. However, it is still important to make sure that he is comfortable and consenting at every step of the encounter. Make sure that you check in with him throughout. He can revoke consent at any time, even if you've hooked up with him before.
- 4. Jeremiah:** You have no idea what Jeremiah wants unless he explicitly tells you. A person's past behavior with others does not mean they consent to sex with you, or that you can reasonably expect sex from them. You are getting high together, which may impair your ability and his ability to clearly consent. It is important to get clear consent from Jeremiah before engaging in any kind of sexual activity.
- 5. D'Ontae:** He has clearly communicated that he wants to have anal sex with you. He is consenting to this specific act, and not any others, by giving you eye contact and nonverbal communication. If you want to do any other sexual activities with D'Ontae, you should get his consent for those activities as well. While smoking may enhance your experience and take away some of your nervousness, it is important that neither of you are too high to give clear consent. D'Ontae may revoke consent at any time, or only consent to anal intercourse and not other kinds of sex.
- 6. Rakim:** You have only indicated that you wanted to be at his house and share some weed with him. This is not consent for sexual activity. In order to have sex with Rakim, both of you need to clearly verbally consent to what you're doing. Showing up at someone's house at night doesn't equal consent, even if you have a prior relationship and had sex many times in the past. Being with someone familiar can feel great, but you still need explicit consent for sex. Weed may impair both of your abilities to provide clear consent.

7. **Faheem:** The only way you know if you have Faheem's consent to give him oral sex is by asking him if it's okay. In fact, Faheem should have asked you if you were into him giving you oral sex before he began doing it. You were both under the influence of substances the first time you hooked up, and being under the influence can impair your ability to get clear consent.
8. **Elijah:** You don't have Elijah's consent for a threesome unless you ask him and he answers yes. Since three people are involved, everyone needs to consent to what happens. Any one person can revoke their consent at any time. People can consent to doing one thing together and not another, for example yes to oral and no to anal, or yes to anal with one person and not the other person. Elijah may be more relaxed and chill if he's high, but being high may also mean he cannot give you clear consent.
9. **Abdul:** It is important for you to stop immediately. Abdul has the right to revoke consent at any time, for any activity, even if you are in a relationship. He can revoke consent even if you started the sexual activity and are close to finishing. Always listen to your partners. You have the same rights as a sexual partner as well—to revoke consent at any time, with someone you're dating, and in the middle of sex.
10. **Sadiq:** Do not have sex with Sadiq unless you get his explicit permission to have sex. If he is passed out, he cannot consent to you. Prior sexual relations you had with Sadiq still do not mean he consents to sex now or in the future.
11. **Richard:** You need to ask Richard if he consents to sex with you. If he is so high he is passing out, he cannot consent to sex. Even if he's your husband, you need to get his consent before doing anything sexual. Richard always wanting sex at other times does not mean he consents to sex now.
12. **Eric:** He can only be sure that you consent to sex if you give him your explicit consent. You can agree to all of what Eric wants to do, or only some. You can change your mind at anytime. Going home with Eric does not mean you consent to sex. Drinking may relax you and help you to feel good especially if you're nervous about being with someone new. If you have both had too much to drink, you may not be able to clearly consent.
13. **Isaiah:** Isaiah made the right decision because you cannot get someone's consent if they're passed out or in and out of consciousness. In order to get clear consent from someone, they have to be clear headed enough to know what is going on and what they're agreeing to. Isaiah was respecting you by stopping the sexual encounter.
14. **Omar:** Only kissing. Omar has given you consent to kiss him by beginning to kiss you, though he did not ask for your consent to kiss. Even though he passed you a condom, he is not giving you explicit consent for sex. If you want to have sex with Omar, you need to ask him what he wants to do. He can agree to some sexual acts but not others, and he can stop at anytime. If you begin to feel the affects of the ecstasy, your ability to consent may be impaired. It is possible that Omar is using substances as well, which means he may not be able to clearly consent.
15. **Anthony:** He is communicating that he's interested in you and wants to kiss you. At this point, you only have Anthony's consent to kiss. The few drinks may have loosened you both up and made you less inhibited, but being very drunk will impair both of your abilities to clearly consent to any sexual activity. Both you and Anthony can stop at any time. It is important that you both consent to sexual activity.