

RULES.



Module 4: Real Talk – Navigating the Gray Areas

Moving from the pamphlet to the bedroom.

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THE PAMPHLET VS. THE REALITY

THEORY: The Pamphlet

Sobriety

Vanilla

Perfect Use

Binary Safety

PRACTICE: The Reality

Impulses

Kink

Substances

Mistakes

Negotiation

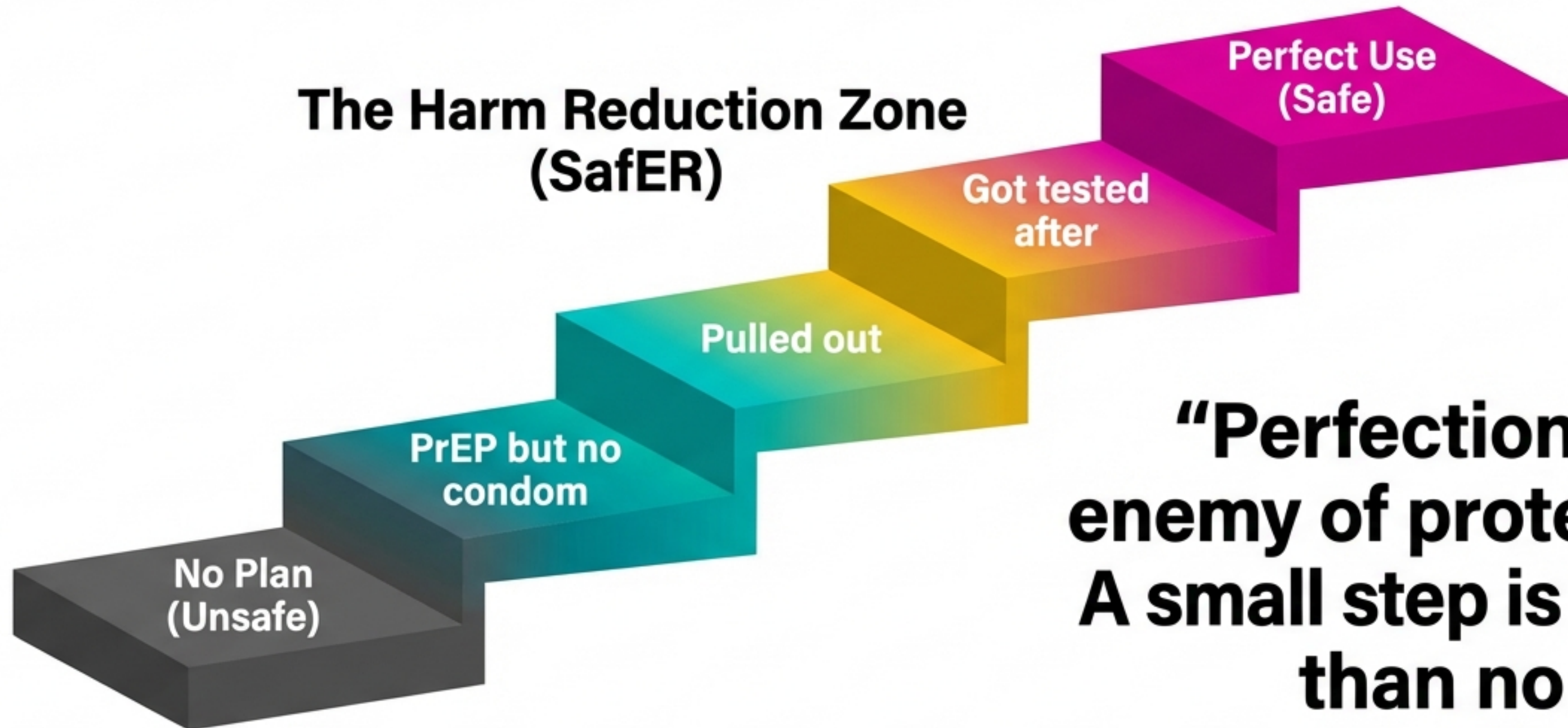
Real life is messy. Traditional advice often fails because it demands perfection rather than preparation.

The Paradigm Shift: Harm Reduction

Meeting people where they are, not where they “should” be.

Abstinence-Only	Harm Reduction
<p data-bbox="666 900 1249 1013">Just say no.</p> <p data-bbox="349 1163 1566 1285">If you slip up, you failed.</p> <p data-bbox="683 1491 1216 1603">Judgment.</p>	<p data-bbox="1765 900 2965 1013">Use PrEP and test often.</p> <p data-bbox="1799 1134 2932 1378">Carry Narcan & have a safety buddy.</p> <p data-bbox="1982 1491 2748 1603">Empowerment.</p>

The “Good Enough” Standard



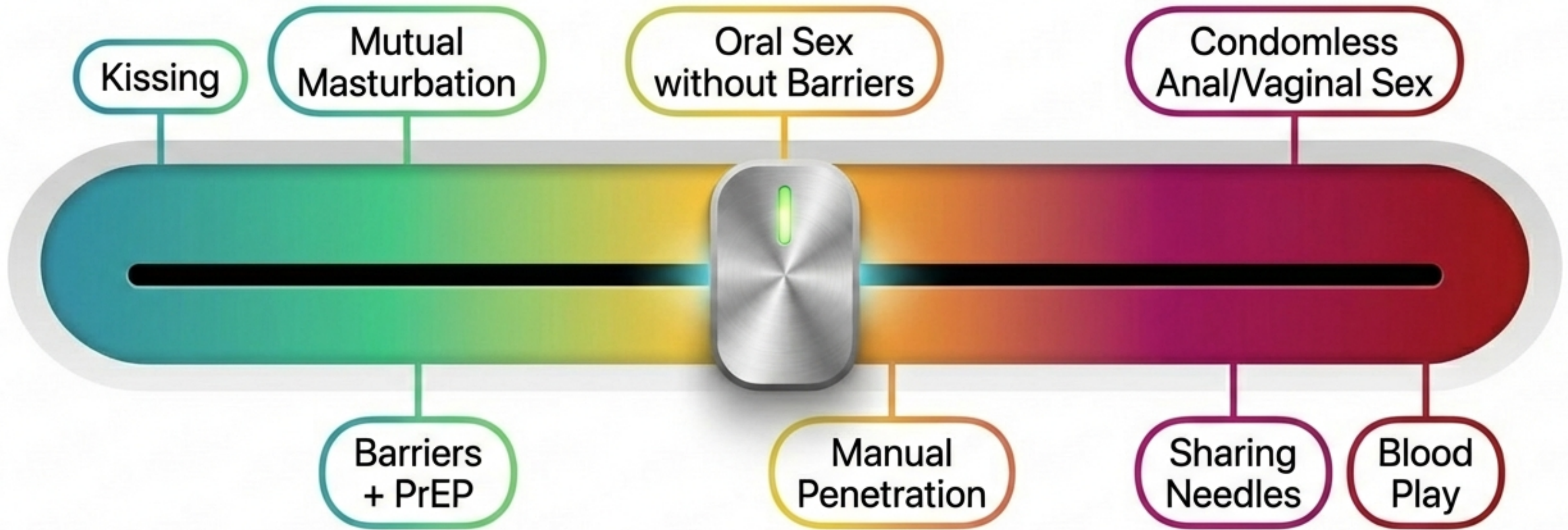
“Perfection is the enemy of protection. A small step is better than no step.”

The Risk Continuum



We stop asking "Is this safe?" and start asking "How can I shift this to the left?".

Mapping the Activities



Activities are not static. Their position on the line depends on the layers of protection you add.

The Strategy: Shift Left



You don't have to stop the activity to lower the risk.
You just need to add layers.

Deep Dive: Pleasures, Kinks, & Fetishes

Your desires are valid. Kink is not inherently 'unsafe,' but requires specific strategies.

Kink:

Unconventional sexual practices (e.g., impact play, roleplay).

Fetish:

Specific focus necessary for arousal (e.g., feet, leather).

Frameworks for Consent

SSC

(Safe, Sane,
Consensual)

RACK
(Risk-Aware
Consensual Kink)

Acknowledges that risk is present,
but all parties understand and
consent to those specific risks.

FRIES:

Freely given,
Reversible,
Informed,
Enthusiastic,
Specific.

Scenario: Anal Play

The Risks

- ❖ Micro-tears in tissue
- ❖ Higher HIV/STI transmission rates

Shift Left



The Shift Left Strategy

Shift
Left



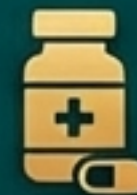
Lube: Silicone-based (thicker, lasts longer).

Shift
Left



Pacing: Slow entry & relaxation.

Shift
Left



Biomedical: PrEP (biological safety net).

Shift
Left



Barriers: Internal/ External condoms.

Scenario: Impact & Fisting

The Risks

- ❖ Internal injury
- ❖ Bruising
- ❖ Unintended trauma

The Shift Left Strategy

Shift Left



Shift
Left



Preparation: Trimmed & filed nails.

Shift
Left



Signals: Safe Word (Red/Yellow/Green).

Shift
Left



Hygiene: Sterile gloves & copious lubrication.

Shift
Left



Aftercare: Emotional & physical check-ins.

Scenario: Blood Play

RISK LEVEL: HIGH ⚠️

Direct path for blood-borne pathogens (HIV, Hep C).

The Risks

- ❖ Micro-tears and direct entry to bloodstream.

The Shift Left Strategy

Shift Left



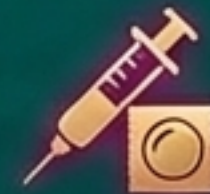
Safety

Shift
Left



Rule 1: NEVER share blades or cutting tools.

Shift
Left



Rule 2: Single-use, sterile gear only.

Shift
Left



Rule 3: Avoid major arteries.

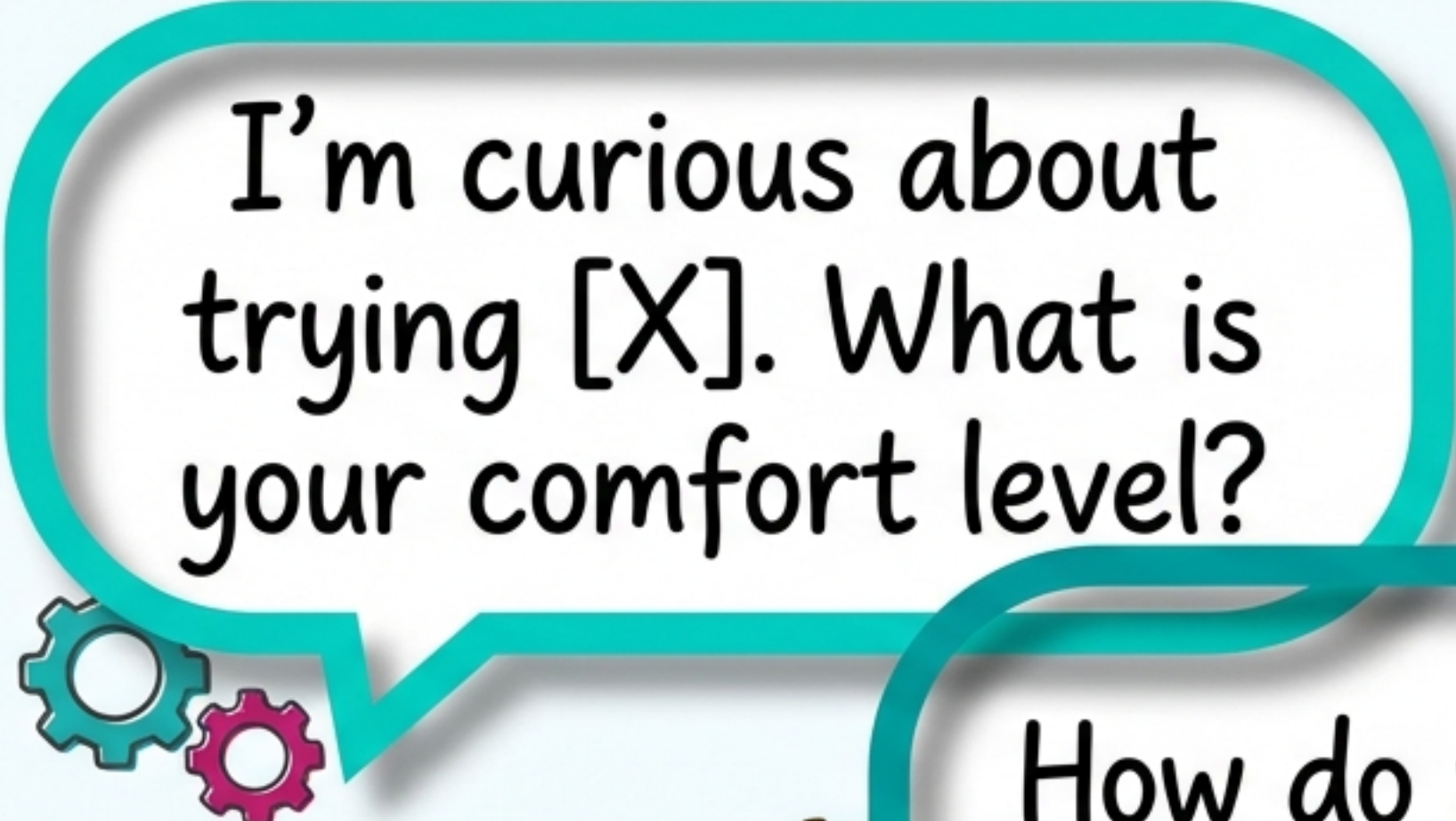
Shift
Left



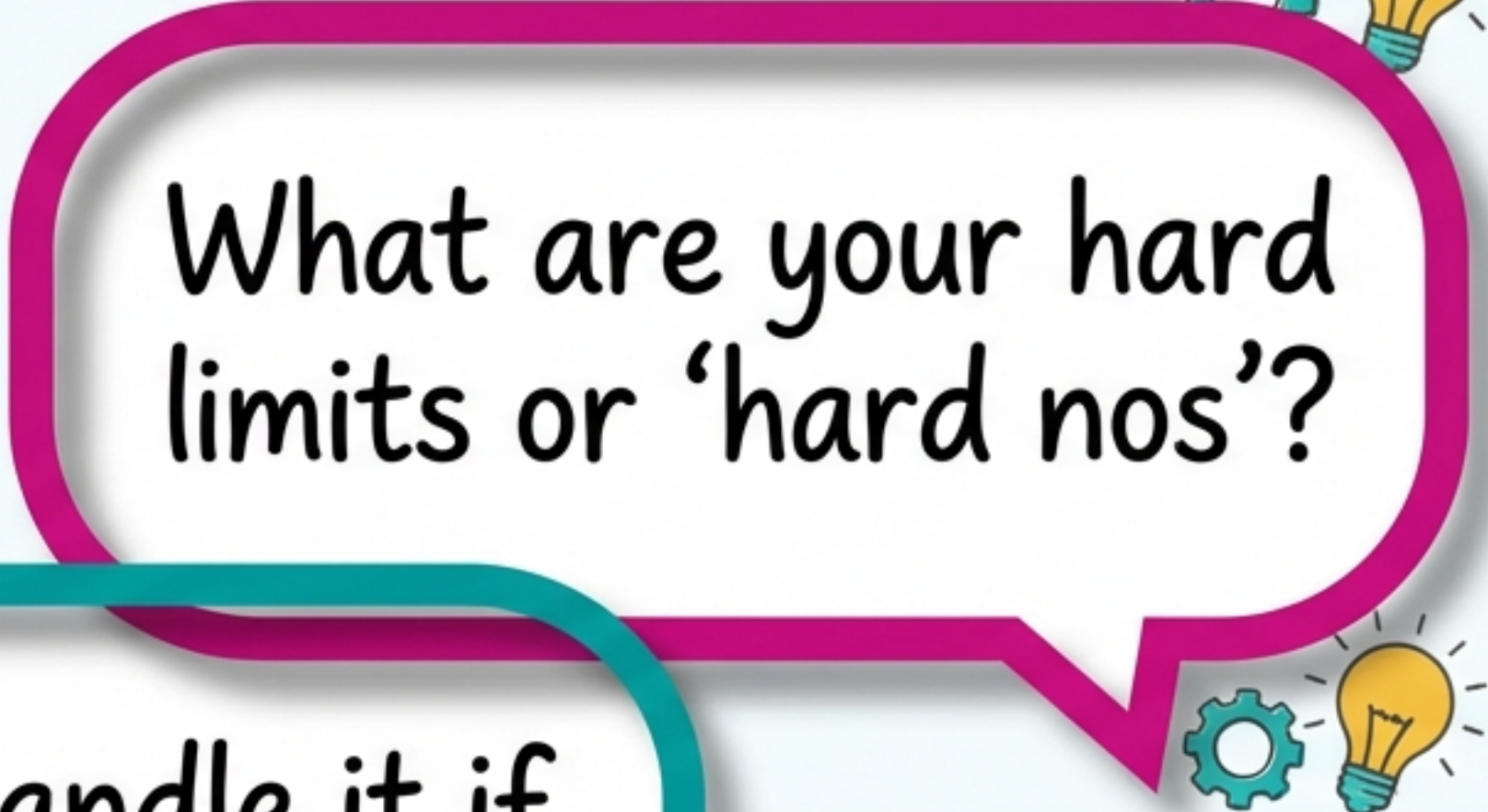
Vaccination: Hep B immunity is critical.

The Negotiation Script

Don't guess. Ask.



I'm curious about trying [X]. What is your comfort level?



What are your hard limits or 'hard nos'?



How do we handle it if one of us needs to stop?

Substances & Consent

Sex and **substances** often mix. Judgment doesn't keep people safe; **planning does.**

The **Golden Rule**: Plan **BEFORE** the high.

Sober State

- ◆ Set boundaries
- ◆ Pre-dose PrEP
- ◆ Prepare supplies
(condoms/lube accessible)

Altered State

Decisions are
harder to make

Harm Reduction for Substance Use



Hydration
(Set alarms)



Buddy System
(Designated safety friend)



Testing
(Fentanyl strips)



Emergency
(Narcan availability)

The Pivot: When Partners Refuse

Partner says: "I don't like condoms"
or "I'm clean, trust me."

Hold Boundary

"Condoms help me relax. Without one, I can't get into it."

The Pivot Point

The Pivot (Harm Reduction)

If proceeding without a condom,
Shift Left using layers:



Are we both on PrEP?



Use Doxy-PEP afterwards.



Stick to lower-risk activities (oral/manual).

Group Play & Multi-Partner Sex

More people = more variables = higher cumulative risk.



Testing Circles:
Vetting participants
beforehand.

Barrier Rules:
“Condoms for everyone”
vs. “Fluid-bonding only
with primary”.

The Check-In:
Signal with your buddy
to leave if unsafe.

When the Plan Fails


Condoms break. Pills get missed. This is human.



SHAME

leads to **hiding, silence,**
avoiding doctors.

Shame is a health risk.



COMPASSION
leads to **action, honesty,**
PEP/Testing.

Compassion is a survival tool.

The Emergency Toolkit

PEP:
Post-Exposure
Prophylaxis
(The 72-Hour Window).



Doxy-PEP:
Antibiotic for
Syphilis/Chlamydia
(within 72 hours).



**Emergency
Contraception:**
Plan B / Ella.



Testing:
Schedule follow-up
for 2-4 weeks.



Reflection: Your Safety Net

If a friend called you in a panic because a condom broke, what would you say to them? Say that to yourself.



I protect myself because I'm worth it.



Fearless doesn't mean careless.

Fearless, Aware, and Protected

Fearless:
You validate
your desires.

HARNESSES

Aware:
You know the risks
and the tools.

Protected:
You have layers
(The Risk Continuum).

Real life is messy. Your plan should be
strong enough to handle the mess.

Next Up: Module 5: Your Perfect MATCH