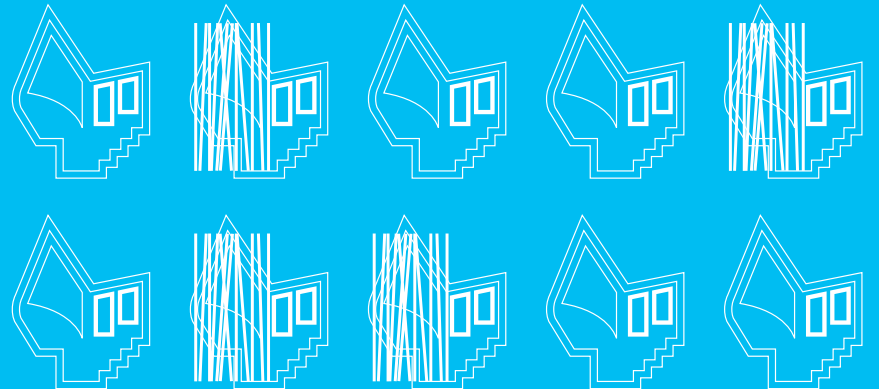




# HIV and Sexual Health: 20 things Government in Scotland can do



The HIV and sexual health charity for life

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"For sexual health to be attained and maintained,  
the sexual rights of all persons must be respected,  
protected and fulfilled."

**World Health Organisation: definition of sexual health**

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## Dear Reader

In November 2006 two leading Scottish HIV and sexual health charities, PHACE Scotland and REACH OUT Highland, merged with Terrence Higgins Trust (THT) to form THT Scotland. Our new organisation aims to bring together the combined experience of all three agencies, to create a new and dynamic national charity committed to advocating on behalf of people living with HIV, reducing the spread of the virus and improving the sexual health and wellbeing of Scotland's people. This publication sets out the 20 points that we would like Government in Scotland to take action on which we will also be campaigning on in the coming months and years.

Scotland's sexual health is poor. Rates of chlamydia among young adults have increased by more than 500% since 1996; recent years have seen a resurgence in sexually transmitted infections (STIs) such as syphilis and gonorrhoea, and HIV diagnoses have almost doubled since the 1990s. Despite this, HIV has increasingly come to be seen as an issue for other countries and not ours. The reality is that 2005 saw the highest number of HIV diagnoses in Scotland's history. For the two most affected groups, men who have sex with men (MSM) and migrants from world regions where HIV is common such as sub-Saharan Africa, HIV still represents a significant concern.

Whilst treatments have improved the health and quality of life of many, living with HIV can still be very difficult. HIV hits hardest when it hits the poorest. Sticking to a drug regime is often extremely challenging for people living in poverty or with employment, family, housing, immigration or addiction problems. Similarly, HIV is not simply a health condition; prejudice and stigma still abound and can impact fundamentally on every aspect of a person's life.

It doesn't have to be this way. There are a number of things we can do to improve the situation in Scotland. This document sets out specific actions the Scottish Parliament, the Scottish Government and MSPs can take or support to improve the lives of people living with HIV and promote better sexual health for everyone. We hope that, having read through them, you'll feel inspired to take action and we look forward to working with you in the years ahead.

**Terrence Higgins Trust Scotland**

October 2007

## 1. Reduce undiagnosed HIV from 32% to 25% by 2012

Currently around a third of people living with HIV in Scotland don't know they have it; that's more than 1,200 people.

Among some groups this proportion can be even higher. Figures published by the Medical Research Council indicate that approximately 40% of gay men with HIV in Scotland remain undiagnosed and that in Glasgow, 50% of gay men with the virus don't know they have it - the highest percentage in the UK.

Reducing the rate of undiagnosed HIV has to be a central part of tackling our epidemic. People who are unaware of their condition are not only more likely to pass the virus on; they are also at greater risk of deteriorating ill health due to a lack of treatment. Around a quarter of HIV related deaths in the UK last year could have been avoided if people had tested and accessed treatment earlier.

We would like to see the Scottish Government set a target to reduce the percentage of people living with undiagnosed HIV from 32% to 25% by 2012. We believe that this would be a realistic target, achievable through a holistic strategy including raising awareness, reducing stigma and improving outreach programmes and community testing. The voluntary sector also has a significant role to play and Terrence Higgins Trust Scotland looks forward to working with the Scottish Government and Parliament to help make this happen.

Action:

**We call on the Scottish Government to set a target to reduce the rate of undiagnosed HIV infection from 32% to 25% by 2012.**

## 2. Clarify and reform the law on criminal prosecution

The use of wide ranging common law offences to prosecute transmission of HIV in recent years has caused a dangerous level of confusion amongst legal and medical professionals, people with HIV, and the general public about what may or may not be an offence. This has potentially damaging consequences for public health by creating fear and unwillingness to be open among people living with HIV, and a false sense of security amongst the wider public.

Because these legal cases relate to a highly stigmatised condition it should be incumbent upon everyone involved to display an accurate understanding of HIV. Unfortunately, this has not been the case and a number of erroneous or inflammatory statements have been made by police, court officials and the media. This apparent lack of awareness has the potential to reinforce stigma and further marginalise people living with HIV from openly discussing or seeking support with complex issues such as relationships, disclosure of their HIV status and partner notification.

There is an urgent need for the Crown Office to clarify the law as it stands on HIV transmission. This must be done in consultation with people living with HIV; in order to promote maximum understanding of the issues involved. We would like to see a cessation of prosecutions in all circumstances where both parties were responsible for a decision to participate in unprotected sex.

Action:

**We call on the Scottish Government to work with the Crown Office and other concerned parties to clarify the current criminal law in regard to the transmission of HIV and other serious blood-borne conditions.**

### 3. Review HIV prevention funding

HIV is now the fastest growing serious health condition in the UK. 2005 saw 407 new cases of HIV diagnosed in Scotland. That's more than double the average 178 cases reported annually during the 1990s and a 17% increase on the 347 reported at the height of the epidemic in 1986. Despite this upsurge in cases, HIV prevention funding has continued to diminish in real terms over the last two decades.

Prior to 2000, prevention monies were ring-fenced and allocated to NHS Boards in line with HIV prevalence rates. Since then funding has been opened up to incorporate other blood-borne viruses (BBVs). Given the burgeoning rates of HIV and BBVs reported in recent years (Hepatitis C is now estimated to affect 1% of the population) this funding stream has become increasingly overwhelmed.

Diminishing funding has also coincided with a decrease in the kind of social support which can play an important role in securing the best outcomes for people and reducing the spread of the virus. People living with HIV often face a range of debilitating social pressures. People from African migrant communities for example can find their access to statutory services restricted by cultural or language barriers. It is therefore vital that funding reflects the need for a holistic approach to HIV treatment and support.

The last comprehensive review of the HIV Health Promotion Strategy took place in 2001 using data from 1999. Clearly the situation has altered considerably since that time and there is now a real need to revisit and review HIV prevention funding arrangements in light of rising levels of HIV and other BBVs.

Action:

**We call on the Scottish Government to review HIV prevention funding in Scotland to ensure that it is fit for purpose and reflective of changes in epidemiology.**

### 4. Commit to a long term National Sexual Health Strategy

There is no quick fix solution to tackling Scotland's poor record on sexual health. Chronic under funding and low prioritisation by some NHS Boards over a number of years mean that the quality and availability of sexual health services vary widely across the country.

The £15 million provided over three years (2005-08) to implement Scotland's first sexual health strategy, Respect and Responsibility, has been welcome. However, a longer term commitment is essential to allow stakeholders to take the action needed to sustain progress and raise standards, such as securing staff and planning beyond the initial three year period. In addition, whilst the first three years has understandably focussed on improving clinical services, there is still huge scope for developing a broader range of sexual health interventions, like those delivered directly by the communities most affected who are also often the least well served by statutory services.

The stigma surrounding sexual ill health and the lack of a vocal constituency also make sexual health services particularly vulnerable within NHS budgets. Research work undertaken by THT has found that NHS funders across the UK frequently struggle to maintain sexual health work as a priority and resources can often be diverted to meet targets elsewhere.

We would like to see the Scottish Government and MSPs support the continuance of a national sexual health strategy beyond the initial three year period. This strategy should be extended long term, beyond 2011; with recurrent ring-fenced funding made available to enhance local planning and development.

Action:

**We call on the Scottish Government to recognise sexual health as a long-term public health priority and to commit to the delivery of a national sexual health strategy, with appropriated funding, to 2011 and beyond.**

## 5. Introduce a universal vaccination programme for HPV

Human papillomaviruses (HPV) are a diverse group of viruses, some sexually transmitted strains of which are associated with the development of cervical cancer, genital warts and other types of genital, oral, and anal cancers.

A new vaccine has just been licensed in the UK which offers protection against the HPV strains most associated with genital warts, cervical and a number of other cancers. Other similar vaccines are also in development. The vaccine is likely to be highly cost effective if widely administered as it will reduce the need for spending on associated cancer treatment. Substantial savings could also be expected in genitourinary medicine (GUM) as genital warts remain the most commonly diagnosed STI in clinics in both men and women in Scotland.

To be effective, vaccination should take place before a person becomes sexually active and is exposed to HPV. The vaccine is licensed for young people aged between nine and 25 years old and we would like to see it given to both boys and girls to promote maximum protection. Sadly, objections have already been raised about the vaccine being given to young people on the basis that it will encourage them to have riskier sex at an earlier age. This is groundless scaremongering and we call on MSPs and Ministers to stand firm to protect the health of future generations of Scottish men and women.

Action:

**We call on the Scottish Government to implement an HPV vaccination programme for all pre-teen boys and girls in Scotland.**

## 6. Monitor the delivery of Sex and Relationships Education in schools

High quality Sex and Relationships Education (SRE) has been found to have a positive impact on young people's knowledge and reduce the level of reported regret over first sexual intercourse. Given that Scotland's young people suffer from some of the worst sexual health in Western Europe, SRE provides a valuable resource which can be used to empower young people; helping them to make informed decisions and protect themselves from STIs.

Despite recommendations made by the Scottish Working Group on Sex Education in 2000, the quality and delivery of SRE in Scottish schools is still patchy. Recent research backed by the Scottish Executive has found that teachers without training and support often feel uncomfortable with, and fail to deliver, essential aspects of SRE because they find it embarrassing, controversial or difficult. Despite this, SRE does not form an essential part of the teacher training curriculum.

Robust monitoring of SRE in Scottish schools is therefore essential in order to ensure that every pupil receives a comprehensive education in this area. By requiring HM Inspectorate of Education (HMIE) to measure nationally identified priorities such as SRE in its inspection of schools, the Scottish Government could better ensure that such subjects are being delivered to a high standard. This would also provide the impetus for increased support, training and professional development for teachers.

**We call on the Scottish Government to introduce robust monitoring of Sex and Relationships Education in schools via HMIE. Inspections should measure SRE against national best practice and guidance and promote teaching on all forms of sexuality to avoid disadvantaging lesbian, gay, bisexual and transgender young people.**

Action:

## 7. Extend the Highlands & Islands Patient Travel Scheme

According to national guidelines, people reporting symptoms of STIs should expect to be seen by services within two working days and should have a choice of sexual healthcare provider. For services in rural and remote settings however, achieving this standard of care presents a number of significant challenges. Staffing issues and limited services often mean less options and longer waiting times. A recent mystery shopper survey of rural and remote clinics in Scotland found wide variation in appointment waiting times ranging from 72 hours to in excess of a week.

The issue of perceived confidentiality can also take on increased significance in rural and remote settings. Young people in particular, may be apprehensive about accessing services in their local area due to fear of recognition. It is therefore essential that people in such circumstances are able to travel to access prompt and confidential assessment without being restricted by costs.

We believe that an enhanced patient travel scheme available to all people from significantly rural and remote areas in Scotland could greatly improve access to sexual health services. The range of services for which travel costs are provided should be extended to include those delivered in the primary care setting and by the voluntary sector. THT in Highland for example provide services including: free testing for HIV, Hepatitis and STIs, provision of free safer sex materials and support for lesbian, gay, bisexual and transgender people.

Action:

**We call on the Scottish Government to extend the Highlands and Islands Patient Travel Scheme to incorporate all significantly rural and remote areas in Scotland and to include access to services provided by primary care and the voluntary sector.**

## 8. Increase numbers of school nurses by 50%

Whilst school based sex and relationships education has been found to have a positive impact on young people's knowledge and experiences, evidence suggests that it is most effective when it is linked with sexual health and contraception services. Young people however, often find it difficult to access such services. Clinics can be intimidating and their opening hours or location mean that young people may have to play truant from school to attend.

School nurses are ideally placed to bridge the gap between education and services for young people. The Royal College of Nursing (RCN) has called for school nurses working in secondary schools to be allowed to provide all forms of contraception, including condoms and the morning after pill. We support this call as we believe it forms an integral part of the multi-disciplinary approach needed to improve young people's sexual health.

Currently in Scotland school nurses can expect to cover an average of nine schools and approximately 2,300 pupils. We would like to see the Scottish Government doubling the number of school nurses. We believe that this should be carried out as part of a staged process, with initial consideration given to the areas with the greatest need in terms of levels of sexual ill health, teenage pregnancy and geographical remoteness.

Action:

**We call on the Scottish Government to increase the numbers of school nurses in Scotland by 50% to ensure that all young people have access to nursing staff with sexual health knowledge, skills and safer sex materials.**

## 9. Introduce measures to improve sexual health and reduce blood-borne viruses in prisons

In recent years the Scottish Prison Service (SPS) has made progress towards introducing comprehensive harm reduction measures in Scottish prisons for both STIs and blood-borne viruses such as Hepatitis C. A needle exchange programme in Craiginches Prison in Aberdeen and a safer sex pilot scheme in Greenock Prison have been progressed with the aim of identifying the best way forward for the SPS.

The scale of the problem in Scottish prisons is considerable and pressing. It is estimated that 70% of Scottish prisoners have a drug problem when they enter prison. Of those who admit to injecting whilst inside, 69% say they do so by sharing equipment and recent figures outlined in the Hepatitis C Action Plan for Scotland indicate that as many as one in five prisoners have Hepatitis C.

Whilst there is a lack of specific evidence on the extent of sexual activity in Scottish prisons, it is generally accepted that both consensual sex and coercive sexual behaviour occur; the risks of which cannot be ignored. Making condoms freely available to prisoners is the most obvious and cost effective way of tackling the spread of both HIV and other STIs in prisons.

UN guidelines state that prisons should provide prisoners with access to HIV-related education, prevention (including condoms, bleach and clean injecting equipment) and care as well as ensuring their confidentiality. We call on MSPs and the Scottish Government to support the SPS's recent actions in attempting to honour these guidelines, protect the prison population and safeguard wider public health.

Action:

**We call on the Scottish Parliament and its Government to support the SPS in making harm reduction measures, including confidential access to safer sex materials and sterile injecting equipment, available to all prisoners in Scotland without delay.**

## 10. Set a national target of 50% for chlamydia testing

In 2006 nearly 18,000 people were diagnosed with chlamydia in Scotland, 72% of whom were young people under 25. Most people with chlamydia will have no symptoms and the infection can remain undetected. If left untreated, this can mean problems such as infertility and ectopic pregnancy in later life. Given the 69% increase in recorded diagnoses since 2001, chlamydia now represents a major health concern for Scotland's young people and a potential fertility time bomb for future generations.

To effectively tackle the epidemic, a significant upturn in testing among young people will be required. We believe that a national target set by the Scottish Government, in consultation with stakeholders, would give the issue added impetus and would ensure that NHS Boards receive sufficient funding to support maximised working in this area.

A range of innovative testing and outreach options such as community based and postal testing will need to be rolled out across Scotland in order to successfully engage young people. In order to maximise involvement, the Scottish Government must ensure that every NHS Board is willing and able to consider the full range of testing options at the earliest opportunity. In addition, we believe that the voluntary sector has a valuable role to play in increasing testing uptake and a national target could encourage more partnership working in this area.

Action:

**We call on the Scottish Government to set a national target of 50% for chlamydia testing in young people under 25 and to make additional funding available for its implementation.**

## 11. Update the list of conditions conferring prescription charge exemption

The NHS list of medical exemptions to prescription charges was drawn up in 1968 and has never been updated. This has led to inconsistency in the availability of free prescriptions. Currently people with conditions such as epilepsy and diabetes get their prescriptions free of charge while people with other conditions, including HIV, have to pay for all prescriptions dispensed through GPs.

The current charging arrangements also disadvantage people living in rural and remote locations in the treatment of STIs. Currently prescriptions issued by genitourinary medicine clinics carry no cost. However, the same prescription issued via primary care services is subject to charges. This means that people living in areas where GUM services are not readily available are more likely to incur costs.

The current charging arrangements are outdated and, to ensure all conditions receive fair and equal treatment from the NHS they need urgent review. In recent years there has been acknowledgment and public discussion of these issues in Scotland and we would urge the Scottish Government to undertake a comprehensive review and update at the earliest opportunity.

Action:

**We call on the Scottish Government to review and update the list of medical conditions conferring prescription charge exemption and to add HIV and STIs to the list.**

## 12. Run a national anti-stigma campaign on HIV

People living with HIV in Scotland frequently encounter prejudice and, in many instances, harassment in direct relation to their condition. Terrence Higgins Trust Scotland has dealt with countless cases in which people's lives have been turned upside down as a result of stigma and discrimination. Incidents include children being removed from school or families having to move homes after the HIV status of a parent has been disclosed.

Lack of public understanding of the nature of HIV and how it is transmitted creates an environment where misinformation and prejudice can prevail. Negative attitudes towards HIV are often compounded further by homophobia, racism, poverty and social exclusion. The fear and isolation this can create not only impacts on those people and families currently affected by HIV, it also acts as a major barrier to testing; discouraging those at risk from coming forward.

In recent years the award winning "See Me" campaign has had success in publicly addressing the stigma associated with mental ill-health, through partnership with mental health charities. In particular, the campaign has made a significant contribution to public discourse by challenging the print media to change their approach towards mental health issues. THT would like to see the Scottish Government take a similar approach towards HIV related stigma and discrimination by initiating a campaign in partnership with HIV charities.

Action:

**We call on the Scottish Government to work with key stakeholders to develop and run a national anti-stigma campaign on HIV.**

### 13. Promote STI testing to recreational drug users

Whilst the link between intravenous drug use and increased risk of HIV, Hepatitis C and other STIs is well documented, the connection between risk and the recreational use of drugs such as alcohol, ecstasy and cocaine is more complex and often under-reported. In recent years however, a growing body of research has begun to expose the extent to which recreational drug use can increase the likelihood of sexual risk taking and contracting STIs.

A survey of 'dance' drug users in Edinburgh in 2004 found that 39% reported having had unprotected sex whilst under the influence of drugs. Similarly the 2005 Gay Men's Sex Survey found a positive correlation between high numbers of sexual partners and the use of non-opiate drugs such as speed, ketamine and cocaine. For young people, research in Scotland indicates that individuals abusing alcohol or other drugs are more likely to have sex with someone they have just met, engage in risky sexual behaviour and regret intercourse afterwards.

More needs to be done to encourage all drug users, including those abusing alcohol, to recognise the related sexual health risks and to test regularly for STIs.

Action:

**We call on the Scottish Government to increase investment in projects which raise awareness of the link between recreational drug use and sexual ill health and promote HIV, Hepatitis and other STI testing to drug users.**

### 14. Reinvest in specialist HIV mental health services

People living with HIV are more likely to experience depression and other mental health problems than the general population. A 2002 Sigma Research study found that 67% of people living with HIV interviewed had experienced problems with anxiety or depression in the preceding year and that 19% of those had not received any help to address their problems.

Since that report was produced there has been a significant disinvestment in specialist HIV mental health and counselling services in many areas. As treatments have improved for HIV, people have increasingly found their engagement with the health service confined to exchanges on medical aspects of their treatment and less about the psychological or social impact of their condition.

People living with HIV often find it difficult to identify or access suitable mental health services or find themselves subject to lengthy waiting times. Helping people get the support they need at an early stage reduces the likelihood that their condition will worsen to the point of a critical episode and can save money for the NHS in the long run. There needs to be increased investment in these specialist support services, particularly as the numbers of people needing them continue to grow.

Action:

**We call on the Scottish Government to promote reinvestment in specialist HIV counselling services to improve the quality of life for people living with HIV and minimise ill health.**

## 15. Legalise and regulate home testing for HIV

One in three people with HIV in the UK are currently unaware of their condition, because they have not taken an HIV test. Increasing testing options has an important role to play in managing, and eventually reducing the spread of the virus.

Recent advances in testing technologies have begun to lead to the development of reliable and easy to use home testing kits for HIV. Many people prefer these tests as they are quick and do not require time to be taken off work, or travel for clinic visits. However, such home testing for HIV is illegal. It is legal to use a test at home as long as it is clinically supervised and is sent to a lab but this takes longer and is not as convenient as a test taken entirely at home.

Most kits currently being used outside the clinic system by people in Scotland are bought over the internet from other countries. They are not subject to any form of recognised quality control, nor do they carry any information about local sources of support for people considering the test. Indeed, they may not come with any information at all beyond the basic instructions for use and are often dangerously inaccurate. However, the use of such kits is spreading and we would like to see proper quality control and management of home testing for HIV.

Action:

**We call on the Scottish Parliament to reform the HIV Testing Kits and Services Regulations 1992 to move towards giving people the choice of testing for HIV safely and securely in their own homes.**

## 16. Increase HIV training for primary care practitioners

A recent survey carried out at City University found that around half of participants living with HIV in London who had faced HIV prejudice or discrimination in the preceding year said it had been at the hands of a medical professional, usually their GP or dentist. Whilst there is a lack of comparable research in this country, Terrence Higgins Trust Scotland's experience of supporting people in similar situations suggests that this problem is not confined to a particular part of the UK.

All primary care staff need to be given clear guidance, relevant to their profession, on how to respond appropriately to people living with HIV. In particular all staff need to be aware of patient concerns about confidentiality and the reasons for this. Some, including dentists, need to be aware of their responsibilities under the Disability Discrimination Act around the provision of goods and services to stop them refusing services to those in need.

GPs also have an important role to play in diagnosing people with HIV and providing them with ongoing care. It is essential that GPs feel confident about this rapidly changing area of medical science and the Scottish Government Health Department should support the development of regularly updated guidelines for GPs on best practice around issues including testing, referrals and information.

Action:

**We call on the Scottish Government to support the development of clear guidelines for the training of all new and existing primary care staff to ensure equitable and quality treatment for people living with HIV.**

## 17. Reconvene the Expert Group on Prostitution

The Expert Group on Prostitution was set up in 2003 to examine, amongst other things, the health and social justice issues for people involved in selling sex in Scotland. The Group elected to break down their review into three in-depth reports over a number of years. The first report *Being Outside*, published in December 2004 focussed on the issues for women involved in selling sex in 'on street' environments. The second and third reports were earmarked to examine the issues for women in 'off street' locations and for men involved in selling sex respectively.

A number of considerations, including the time constraints imposed by the Scottish Parliamentary elections in 2007, meant that the group did not complete the latter reports. Terrence Higgins Trust believes that these reports could have made a significant contribution to informing understanding and future policy on two significantly marginalised and unseen populations.

Men involved in selling sex are one of the hardest to reach and most vulnerable groups of men in Scotland. There is little known about the context or circumstances surrounding male sex work compared to the more robust evidence base on that involving women. Whilst this is entirely understandable given the disproportionate numbers involved, it does however mean that an already at risk group are in danger of being further marginalised or ignored within the policy making process.

A study carried out by the Medical Research Council in Glasgow in 2002 found that contracting HIV was a major concern for men selling sex and that there was a significant need for enhanced services for this particular group. We believe that the Scottish Government should seek to honour the review process outlined by the Expert Group on Prostitution in 2003 in order to ensure that the health and social justice issues of these vulnerable groups are not ignored.

Action:

**We call on the Scottish Government to reconvene the Expert Group on Prostitution to examine the health and social justice issues for both women involved in selling sex in 'off street' environments and male sex workers.**

## 18. Encourage routine screening for Hepatitis C

Hepatitis C is a growing public health concern. Health Protection Scotland estimates that around 50,000 people have been infected with the virus; that's 1% of the population. Only around a third of these people are aware that they have it. It's clear that far more needs to be done to promote Hepatitis C testing in a range of accessible clinical and community settings.

Whilst injecting drug use carries the greatest risk of infection, a number of other routes of transmission are possible, including sexual contact. Given the estimated prevalence of undiagnosed Hepatitis C in Scotland, sexual health clinics have a valuable contribution to make in diagnosing the virus. It's vital that we do more to increase the proportion of people who are encouraged to test when they turn up at a sexual health clinic for other reasons.

Currently everyone attending a clinic is asked a series of questions to determine if they may have been exposed to HIV and other STIs. We believe that if, in their preliminary interview at a clinic, a person indicates that they may have engaged in behaviours leaving them at risk of Hepatitis C, they should routinely be offered a Hepatitis C test. In order for this to be effective, clinic staff should also receive regular training on routes of Hepatitis C transmission.

**We call on the Scottish Government Health Department to issue guidance to sexual health clinics in Scotland instructing them to offer Hepatitis C screening to anyone identified as being at risk in preliminary interviews.**

Action:

## 19. Include sexual health in the planning of major tourist, music and sporting events

Scotland is increasingly becoming a destination for major events. In addition to home-grown annual events like the Edinburgh Festivals, Scotland is frequently competing on the international stage to host gatherings such as the European Champions League Final and the 2014 Commonwealth Games. Much of the focus in preparation for these events relates to developing facilities and other economic concerns. However, we believe that to be a responsible host nation, countries must also include sexual health in the planning process.

The carnival atmosphere and associated increases in drug and alcohol consumption during major events has been found to increase sexual risk taking. In Edinburgh the population almost doubles during the month of August; its festivals attracting thousands of visitors and temporary workers. Anecdotal evidence tells us that demand for contraception and sexual health services in the city increase during this period. Similarly, some Scottish clinics have reported a rise in cases of STIs immediately following major music events.

In response to research which found a significant increase in clinic attendance and rates of STIs during the Sydney Olympics in 2000, the Victorian State Government initiated a month long public health safer sex campaign to coincide with the 2006 Melbourne Commonwealth Games. The campaign was aimed at Melbournians, interstate and overseas visitors and evaluated extremely well as an opportunity to promote the safer sex message. We believe that similar opportunities will present themselves as Scotland continues to raise its profile as a major events destination.

Action:

**We call on the Scottish Government to ensure that sexual health issues are integrated into the planning of major sporting, music and tourist events and to explore opportunities for collaboration with such events to promote sexual health to the wider population.**

## 20. Keep Hepatitis B vaccination policy under review

Hepatitis B (HBV) is a virus that infects the liver. In many cases people with HBV will not have any symptoms, but for some the virus can lead to acute jaundice, serious liver disease or cancer. HBV is passed on via blood to blood or sexual contact in the same way as HIV. However, Hepatitis B has been found to be between 50 and 100 times more infectious.

In 1991 the World Health Organisation (WHO) called on all countries to add the Hepatitis B vaccine to their national immunisation programmes. Whilst the UK elected to adopt a programme of targeted immunisation due to relatively low rates of HBV, a number of other countries like Germany and Spain with similar prevalence rates have adopted universal vaccination.

In 2005 there were 372 new diagnoses of HBV in Scotland. The populations most at risk from Hepatitis B are men who have sex with men (MSM), injecting drug users, migrants from areas of high prevalence and sex workers. These groups are relatively hard to identify and reach within the population making it difficult to both deliver and monitor the effectiveness of selective immunisation. MSM for example may be difficult to identify within primary care or more general sexual health services. It is likely then that targeting for this group will only be able to be monitored within the limited services designed specifically for MSM.

The British Medical Association has called for a review of Hepatitis B immunisation policy to take in to consideration the efficacy of targeted vaccination and data from other countries with universal programmes. We believe that a programme which immunises all children against the disease, as recommended by WHO, would go a long way towards protecting the vulnerable and potentially eradicating the virus in Scotland. In addition, as international travel becomes more popular, the issue of Hepatitis B could increase in significance as more people travel to areas of the world where there is a higher prevalence.

**We call on the Scottish Government to consider a universal Hepatitis B vaccination programme in order to provide equity of protection for everyone in Scotland.**

Action:

**Terrence Higgins Trust**

HIV and sexual health policy, campaigning, health promotion and service delivery organisation for Scotland, England and Wales  
[www.tht.org.uk](http://www.tht.org.uk)

**National Aids Trust**

UK HIV and AIDS policy development and campaigning organisation  
[www.nat.org.uk](http://www.nat.org.uk)

**African HIV Policy Network**

Umbrella organisation representing African community groups addressing HIV, AIDS and sexual health  
[www.ahpn.org](http://www.ahpn.org)

**HIV Scotland**

National policy and strategic HIV charity  
[www.hivscotland.com](http://www.hivscotland.com)

**Waverley Care**

Edinburgh based support and services organisation for people living with HIV and Hepatitis C  
[www.waverleycare.org](http://www.waverleycare.org)

**The Scottish Government**

The devolved Government for Scotland  
[www.scotland.gov.uk/Topics/Health/health/sexualhealth](http://www.scotland.gov.uk/Topics/Health/health/sexualhealth)

**NHS Health Scotland**

Scotland's health improvement agency  
[www.healthscotland.com](http://www.healthscotland.com)

**Health Protection Scotland**

Information on communicable diseases, including statistical data  
[www.hps.scot.nhs.uk](http://www.hps.scot.nhs.uk)

**UNAIDS**

United Nations Joint Programme for HIV and AIDS  
[www.unaids.org](http://www.unaids.org)

**Sigma Research**

Social research group specialising in the behavioural and policy aspects of HIV and sexual health  
[www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk)

**NAM**

UK and global HIV information  
[www.nam.org.uk](http://www.nam.org.uk)

**The British Association for Sexual Health and HIV**

Forum for sexual health and HIV clinicians  
[www.bashh.org](http://www.bashh.org)

**The British HIV Association**

Forum for HIV Clinicians  
[www.bhiva.org](http://www.bhiva.org)

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