



Sexually Transmitted Infections (STIs)

January 2011

FPA defines sexual health as *the capacity and freedom to enjoy and express sexuality without exploitation, oppression or physical or emotional harm*. FPA believes that all people need to be equipped with the knowledge and skills to negotiate safer sex and must be able to access information and advice; appropriately trained, supported and resourced professionals; and fast and efficient STI testing and treatment services when necessary.

1. FPA believes that all people need to be equipped with the knowledge and skills to develop sexual behaviour that is safe, responsible and enjoyable, including full information about STIs including HIV.
2. FPA believes that all young people have the right to high quality, appropriate and relevant sex and relationships education (SRE) which should include discussion of risk behaviour and safer sex.
3. FPA believes that the National Chlamydia Screening Programme should be maintained and rolled out across the UK.
4. FPA believes that continued investment is required to support genito-urinary medicine (GUM) clinics to offer swift access to services.
5. FPA believes that there needs to be greater development and innovation to integrate STI services effectively within settings other than GUM clinics, in particular, general practice and contraceptive clinics.

Over the last decade, diagnoses of STIs across the UK have risen sharply: in 2009 there were 482,696 new diagnoses of STIs in GUM clinics across the UK, compared to 244,282 diagnoses in 1998¹. STIs are on the rise across all age groups, although young people under 24 accounted for 65 per cent of all chlamydia infections, 55 per cent of genital warts and 50 per cent of gonorrhoea infections diagnosed at GUM clinics in England in 2009² and over the first five years of the National Chlamydia Screening Programme in England around 1 in 10 of the young people aged 16–24 who were screened were found to be positive³. Although many people may not experience or notice symptoms, the consequences of STIs can be devastating. Some STIs can cause complications such as pelvic inflammatory disease (PID), testicular infections and ectopic pregnancy, and can lead to reduced fertility or infertility if left untreated.

There have also been record levels of HIV diagnoses and an estimated 86,500 people were living with HIV in the UK at the end of 2009 of whom around a quarter (26 per cent) were unaware of their infection. Although the

number of new diagnoses of HIV has been declining in recent years, there have been increasing diagnoses among the heterosexual community. Around 54 per cent of people diagnosed in 2009 acquired their infection through heterosexual contact, of whom 68 per cent acquired their infection abroad. The growth in the numbers of people testing HIV positive has been coupled with a decline in mortality rates as a result of the availability of effective treatments. In 2009, there were 65,319 diagnosed people seen for HIV care in the UK, representing nearly a three-fold increase since 2000⁴.

A number of factors have led to this rise in infections. The National Survey of Sexual Attitudes and Lifestyles has shown an increase in behaviours associated with higher risk of STI transmission⁵. For both men and women the number of sexual partners has increased, as has the proportion having more than one partner at the same time. There have been increases in the proportion of men who have ever had a homosexual partner, in the number of men paying for sex, and in anal sex for both men and women. Although the survey showed an increase in condom use, overall there has been an increase in the proportion of the population engaging in 'high risk behaviour', that is who reported two or more partners in the past year and did not use condoms consistently⁶.

The increase in risky behaviour may be due in part to a lack of information and awareness about STIs. There have been limited public health campaigns on STIs, HIV and safer sex since the 1980s, and the increasing availability of effective HIV treatment has decreased the fear previously associated with it. SRE varies in quality and effectiveness, and although young people are now taught about STIs and HIV as part of the National Curriculum, many people in older age groups may not have received such information when they were at school and therefore may have less awareness of the risks.

There is strong evidence that high quality school-based SRE is effective in reducing adolescent sexual risk behaviour and is vitally important in getting messages about safer sex to young people *before* they become sexually active. Research has shown that SRE that aims to prevent STIs should be initiated early, before patterns of sexual behaviour are established⁷. There is a need to improve SRE in schools which discusses the risk of STIs and backs this up with strategies for negotiating safer sex. SRE must put the facts about STIs into the context of behaviour and relationships in order for it to be effective.

Evidence shows that the most effective interventions, which aim to prevent STI transmission and reduce related risk behaviours as well as promote sexual health, are those which are well targeted and tailored in terms of age, gender, culture and background. They also include behavioural skills training, which improves individuals' confidence in saying 'no' and in avoiding being pressured into risky situations⁸. It is important that all interventions, as well as information, advice and services, aim to remove the stigma surrounding sexual health, in particular STIs, in order to encourage people to access advice and services when necessary.

Delays in accessing treatment can have serious consequences: the risk of onward transmission is very high, as many people remain sexually active while undiagnosed. Difficulties in getting an appointment can also mean that some people remain untreated, particularly when they have few or no symptoms.

We welcome the improvements that have been made in sexual health service provision in recent years, notably on the target of providing access to GUM clinics within 48 hours. However, sexual health is still not seen as a top priority for many PCTs. A review of the National Strategy found that almost two thirds of the money allocated to sexual health services in the 2004 Choosing Health White Paper did not reach its intended targets in 2006/07⁹. In addition, around a quarter of sexual health/HIV commissioners had been in their posts for less than a year¹⁰. At a local and regional level innovative plans and sufficient investment needs to be put in place to continue progress with improving sexual health services.

As the first point of contact for people with a variety of health needs, general practice has a major opportunity to identify and respond to sexual health needs. However, progress with the delivery of sexual health services through general practice has been variable. It is important to ensure that professionals have access to training and support across all settings to deliver high quality services. Greater use could be made of Locally Enhanced Services to commission services to identify and treat STIs in general practice.

There is a need to explore innovative ways of reaching out to groups which are less likely to access mainstream services. Outreach work such as making STI information, and in some cases testing, available through a range of locations including pharmacies, workplaces and youth and community settings, would help to reach groups such as young people, black and minority ethnic communities and men, who might otherwise find it difficult to access these services.

Further information

FPA policies on *Sex and Relationships Education and Young People*, 2011.

FPA factsheet on *Sexually Transmitted Infections*, 2010.

¹ Health Protection Agency, 'STIs annual data' <www.hpa.org.uk> accessed 14 January 2011

² *Ibid*

³ National Chlamydia Screening Programme, *NCSP: Five Years – the fifth annual report of the National Chlamydia Screening Programme 2007/08* (London: NCSP, 2008)

⁴ Health Protection Agency, *HIV in the United Kingdom: 2010 Report* (London: HPA, 2010)

⁵ Johnson A et al, 'Sexual behaviour in Britain: partnerships, practices and HIV risk behaviours', *The Lancet*, vol 358, no 9296 (December 2001), 1835-1842

⁶ *Ibid*

⁷ Health Development Agency, *Prevention of STIs: a review of reviews into the effectiveness of non-clinical interventions* (London: HDA, 2004)

⁸ *Ibid*

⁹ Medical Foundation for AIDS and Sexual Health, *Progress and priorities – working together for high quality sexual health: review of the National Strategy for Sexual Health and HIV* (London: Independent Advisory Group on Sexual Health and HIV, 2008)

¹⁰ *Ibid*