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A Collaborative Approach to Sexual Health and Targeting Sexual Health Information in Merseyside
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This presentation is in 2 halves. Firstly I will be looking at factors that we feel contributed to the increase in gonorrhoea locally in Liverpool and will then discuss how alliances have been made with other agencies to try to combat this increase. The second part of the presentation looks at a number of sexual health campaigns developed locally in Merseyside which also tries to combat the increase in STI's locally. Liverpool is a city in the North West of England well known for its football teams and the Beatles. It has many characteristics that make it a city with great need of local accessible sexual health services. It has a vibrant nightlife and club scene, attracting people from a wide geographical area. There is a large student population holding 3 universities. The port of Liverpool is increasing in trade with the rest of the world and there are a large number of foreign ships and lorry drivers accessing the port. Liverpool also has a large gay community and has close proximity to other gay communities such as Manchester and Blackpool. There is a large sex trade industry in Liverpool both on the streets and off the street venues. The city is an assessment center for asylum seekers. There are also high levels of social deprivation leading to increased rates of teenage pregnancy.

The GUM Department in Liverpool is based in a very busy teaching hospital on the outskirts of the city centre and is well served by public transport.

In the year 2002 the clinic seen just under 33 and a half thousand patients. Just over 18 thousand of these were with new episodes.

The Department has 5 full time equivalent health advisers.

Gonorrhoea is one of the oldest infections known to humankind, with references dating back to the Old Testament.

Humans are the only natural hosts.

GC is a bacterium that survives in moist areas of the body.

The gonococcus finds it easy to penetrate the single layered cells of the urethra, cervix, rectum and pharynx. It is highly infectious, the risk of infection from a single exposure being 60-90% in women and 20-50% in men.

Men are so quick to seek advice as most GC infections in men produce symptoms. Urethral infection commonly causes urethral discharge and/or dysuria. A small percentage of men can be asymptomatic.

Infections among women do not have recognisable symptoms until complications such as pelvic inflammatory disease have occurred.

Since 1997 the number of people diagnosed with gonorrhoea within the local GUM clinic has increased year on year. With a spectacular rise in cases in the year 2000. It should also be noted at this point there was a rise in ciproxin-resistant gonorrhoea. Where initially, on investigation, this resistant strain was found to be imported from abroad, particularly Thailand, however there has been a swing to apparently home-grown resistant strains.

The Medical Director from the Dept raised the issue with the Director of Public Health and an emergency meeting was called. The meeting was multidisciplinary with professionals from different areas of the public health field. There was a concern that this outbreak could explode and become a much bigger public health problem.

It was identified through a retrospective case note study performed in the local GUM that clinic that female commercial sex workers and club and pub goers seemed to play a significant role in the spread of this infection. Also cases of gonorrhoea amongst gay men had trebled.

The aim of this initiative was to raise awareness about the GC outbreak, to improve access to certain groups into GUM and to decrease the incidence of GC.

From here it took a two-prong approach; one targeting commercial sex workers and the other targeting pub and club goers.

3 separate information campaigns were initiated 1 for sex workers, 1 for pub and club goers and the other for gay men. I will be looking at these campaigns in more details shortly.

It became apparent that we had to look at initiatives that would enable sex workers access to GUM services and how these services could adapt to accommodate this.

Financial support was sort and made available from the Health Authority to employ a GUM based Nurse Practitioner who worked in partnership with outreach workers from the Portside project. These workers had already established relationships with the female workers in the saunas and massage parlours.

The Nurse Practitioner gives out sexual health information and refers women as necessary into the GUM clinic to see her for full sexual health screening. This is a fast track service.

It is a new initiative and early results indicate it to be very successful.

It has become apparent that some saunas have 24hr opening hours over the weekends. This is to serve the clients who have been out clubbing and wish to use this service on their way home.

The health advisers within the local GUM department began to notice a changing trend in GC diagnoses about 3 years ago. They identified other factors, which they felt contributed locally to this increase.

Alcohol seemed to play a significant role in relation to people having unprotected casual sex. They would often hear comments such as "I had one too many" and "I was too drunk to think about condoms". This unfortunately was having a marked effect on the ability to notify partners.

Partner notification is only as good as the information supplied by the index patient. It is very difficult to notify anyone when the only information given is 'I think her name is Julie..... Or Jacqui and she lives over the water.

The Health Advisers were finding too often that patients were only able to provide extremely limited information about their casual sexual partners. The fact that the act happened in a dark corner of the club or in a dark alleyway their way home and they were seeing double at the time, made contacting that sexual partner highly unlikely.

A large proportion of these casual sexual encounters took place during or after a visit to a pub or club. In the majority of cases a casual partner was defined as one episode of unprotected sex with a person they had met for the first time or 'a one night stand'.

The Health Advisers were finding that in some cases only unprotected oral sex had occurred. Some people do not class this as a sexual act and therefore they felt that they were not being unfaithful to their regular partner.

(I do believe we have Bill Clinton to thank for this).

They also think that this is safe. So often we here 'I didn't think I could catch anything if I only had oral sex'. But how wrong they were.

A disturbing side effect of this was that the index patient was likely to have a regular partner who was unaware of the situation and so was potentially at risk of developing gonorrhoea.

We found that some of the clients did not divulge they had a regular partner, through fear of relationship breakdown and they would return at a later date re-infected from their regular partner. The Health Advisers can discuss ways of negotiating their partner's attendance. We are not there to break up relationships.

The health advisers recognised that there usual practices to reduce the incidence of GC were not working.

They needed to take the message of safer sex out into the community to reach the population most at risk. With this in mind they started to document venues where clients were meeting casual contacts and any other relevant details that might provide a link.

They then contacted a number of different clubs that appeared regularly on this list to see if they could set up a sexual health stall, where they could give out advice and free condoms. They tried to organise these nights in conjunction with a major sexual health event, for instance national condom week. The media were involved in highlighting the increase in GC and our response to it. This included both radio and TV interviews.

However, the media have been known on occasions to exaggerate some aspects of the news. 'The dirty dozen' inferred that 12 pubs and clubs in the city were solely responsible for the rise in STI's.

It was fortunate that we had such good relationships with the clubs and they were aware of how the press can manipulate such items of news and was very understanding. Obviously this was potentially damaging to public relations with the clubs and could have caused problems.

Financial constraints and increasing clinic workload had a negative impact on the community activity of the health advisers. They were unable to organise and attend sexual health promotion events at the level that was required.

However, through collaboration with our community colleagues we teamed up with SO to Speak. This was a new young persons sexual health outreach team for Liverpool and Sefton funded by teenage pregnancy monies. This team are the operational side of the teenage pregnancy strategy. They work face to face with young people in schools and other organisations.

We also teamed up with workers from the Armistead Project. This is a healthy lifestyle project for gay and bisexual men in Liverpool, Sefton and West Lancashire, with a particular emphasis on HIV prevention.

They also run health awareness promotions in gay pubs, clubs and other venues.

The links were made and there have been many successful events working in partnership, with members from both teams present.

This has enabled us to cover more venues on a regular basis.

We held an event at Liverpool University Student Union Bar. The Scarlet Ball for World AIDS day. It was very interactive and we also had lots of fun whilst getting across some very important sexual health messages.

There has also been a good response from some of the clubs management. For certain events the club management provided stickers with useful sexual health agencies telephone number on one side whilst advertising their next big event on the other. These stickers were placed on the condoms that were distributed to the club goers.

I will now move on to the 2nd part of this presentation. I would now like to look at a number of sexual health campaigns developed locally in Merseyside to try and deal with some of the problems mentioned earlier in my presentation.

We had identified an obvious need to raise awareness of the risks of STIs with:

Female sex workers

Young people in general, this includes the large numbers of students who attend the Universities and colleges in Liverpool

Gay and bisexual men

And more recent work identified a need for

Asylum seekers and refugees

The first campaign was Whip Crack Away.

It was aimed at female sex workers in order to raise awareness of the risks of STIs, and high-risk activities including oral sex.

The design of the campaign was tongue in cheek, playing on a dominatrix stereotypical sex worker in order to engage the target group

This resource is distributed through the saunas, massage parlours and to the street working women by outreach teams and the specially appointed GUM outreach nurse.

A number of women sex workers were used to focus test the resource and significantly influence the content and feel of the resource.

As a result of the work of the outreach teams, the GUM outreach nurse and hopefully this resource we have seen a significant rise in the number of sex workers attending GUM for sexual health checks

We adapted the title from Whip Crack Away - featured in **The Deadwood Stage** from the musical **Calamity Jane** & sung by Doris Day.

We substituted Crack for Clap - slang term for Gonorrhoea.

S- Guide is a resource aimed at all young people between the ages of about 12 and 16. We used young people to give their feedback on the content and appearance of this resource. It has been well received and has been distributed widely across schools, youth clubs and other places where young people go to socialise.

The S-Guide is a holistic guide for young people and covers a number of different subjects from bullying to drug abuse, and where to seek confidential advice and support. The S-Guide is mainly about sexual health and local services for young people. It introduces different subject areas and uses cartoon characters to highlight the issues.

Some of the issues covered are around:

Relationships

Sex

Sexual infections

Sexuality.

The next campaign is called Protection, and has 3 component parts to it, Sex, Drugs and travel. Aimed at young people

The Sex booklet was designed to raise awareness of STIs. Working with young people, it was distributed through bars and clubs as well as health centres used by students from the universities

We tried to make the resources as attractive as possible in order that the young people would be interested enough to pick one up and hopefully keep them.

We included the contact details for local confidential sexual health services in order to make access to services easier.

There has been a noticeable increase in young people accessing GUM services across Merseyside. Many of the young people have no symptoms, but are accessing services in order to get checked out.

The protection campaign had many different components. They consisted of

Posters and T-shirts

Condom packs

Club branding

'Mixmag' advert
Radio commercials
News coverage
And 3 booklets

The sex component also appeared as a billboard poster.

I was told from one member of staff that on her way into work, her bus passed the billboard and every head on the bus turned to have a look at it.

The Beasties campaign consists of 5 circular flyers with information on the reverse about sexual infections and where to go for help.

The first one was THRUSH

2nd - gonorrhoea

3rd - genital warts

4th - chlamydia

5th - cystitis

This resource was very useful when we did the work in the pubs and clubs. We would scatter them around on the bar and tables and they could be used as useful beer mats.

We decided when developing the sex workers whip clap away, that it would also be a great opportunity to create a new resource aimed at gay and bisexual men. It was decided to target those gay men that access the gay scene. This is in itself a very diverse group in terms of age, social background, ethnicity etc.

There was a worrying level of complacency about the risks of HIV infection and poor knowledge about STIs in general

For the imagery, we decided that the dominatrix figure needed to be a feature of this resource, but during focus testing some gay men felt that they would not have realised that the resource was for them when seeing the dominatrix figure. We decided to use a glittering cowboy hat as the main image, as this tied in with a number of themes.

The calamity Jane connection, Madonna (latest image) and also then to develop this to include the Village Peoples various hats which appear throughout the resource.

This imagery built upon the 1970s revival, currently being seen in the UK

We were also very careful not to use the body beautiful images used in many gay mens resources. These images can alienate gay men who feel that don't relate to those images.

There was an obvious need to raise awareness of the risks of HIV with asylum seekers and refugees.

Along with colleagues from the Asylum Seekers Support Team and Health Promotion we produced a number of multi-lingual resources that look at risks associated with HIV transmission and information about HIV antibody testing and safer sex, the languages are:

French and Portuguese

Somali and Swahili

Czech and Russian

Arabic and Kurdish

Farsi and Albanian

The resource depicts a number of activities that cannot pass on HIV virus, like sharing cups and food, kissing and hugging. It also highlights activities where HIV can be transmitted and goes on to explain how the HIV test is carried out and graphically shows how a condom should be put on correctly.

These campaigns are currently under evaluation and early results show that in the main it has been successful. There has been an increase in uptake of GUM services. Followed by some evidence of a change in risk taking activities – the local clinic has seen a decrease in gonorrhoea diagnoses but still have a problem with resistance to ciproxin. We need to re-invent campaign materials and design to stay up to date, appropriate and desirable. And start all over again!

And to finish the recently published National Strategy for Sexual Health and HIV main objectives is to ensure that all individuals have access to knowledge and skills to achieve positive sexual health. This ten-year plan sets out a sustained programme of investment and reform designed to deliver faster, better quality and more patient centred care.

The theme throughout the document is closer working and collaboration of services. I do believe that in Liverpool we have moved towards this way of working and this piece of work highlights this.

