



ISSUE 10

# SEXUAL HEALTH NEWS

WELCOME TO ISSUE 10, SUMMER 2020



## #HOLDFIRM

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## Design & Print

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Every effort has been made by the Health Service Executive (HSE) to ensure the information in this publication is accurate. The information contained in this newsletter should in no way be a substitute for seeking expert advice from an appropriate health professional or agency.

The information that is written by the different contributors in this issue of Sexual Health News (SHN) is the view of the individual contributor/author and not that of the HSE.

Some photos may be posed by models for illustration purposes only.

# Welcome to Issue 10, Sexual Health News (SHN) magazine:

by Tracey Tobin, SHN Editor and Health Promotion Officer,  
HSE South East Health Care



This issue of Sexual Health News is being published in unusual and difficult times, as we cope with the health, social and economic impacts of the COVID-19 pandemic. For those working in our health service and other essential services, every day brings a further challenge to how we think and operate in this new environment. Although we are by no means out of the woods, at this point, we are beginning to see the beneficial impact of how people living in Ireland have pulled together to combat the greatest threat to health and wellbeing experienced in many generations. Our actions to mind ourselves and each other; to flatten the curve; and to protect our health service and frontline workers, have saved lives and will continue to do so.

In recognition of the efforts and sacrifices made by all in Ireland, the front cover of this edition of SHN features the internationally-adopted, rainbow motif; a symbol of hope and support during these dark times and of the wider HSE, Hold Firm campaign <https://healthservice.hse.ie/staff/news/coronavirus/hse-hold-firm-campaign.html>

Inside, our usual lively mix of articles on a broad range of sexual health topics has been supplemented with COVID-specific, sexual health items. This acknowledges that while sex and sexuality may not be a primary healthcare focus in the current environment, how we experience and act on our sexual drive at any time, can play a significant role in our overall wellbeing. We trust that the guidance, information and resources provided by the HSE and its NGO partners in the opening section of the newsletter, will help people to manage their sexual health, intimacy and relationships through the COVID-19 crisis.

In this issue of Sexual Health News, you will also find many contributions from our colleagues working in the broader area of sexual health in Ireland. Topics covered in this issue include: advances in HIV medicine, the influence of adverse childhood experiences, and a review of a research study on the topic of sexual pleasure. I hope that you will consider these and all the other SHN articles of interest and of relevance to your sexual health promotion practice with service users.

Finally, I would like to acknowledge Martin Grogan, my former SHN co-editor, for his commitment to this project from its outset, for his support and for the enthusiasm he always had for this newsletter.

SHN is disseminated via our own URL link, by clicking or uploading via this link. This URL link will allow you to access all previous editions under the section Read More [https://issuu.com/murphyprintdesign/docs/hse\\_sexualhealth57105r?e=30062790/60050452](https://issuu.com/murphyprintdesign/docs/hse_sexualhealth57105r?e=30062790/60050452)

SHN is available at <https://twitter.com/HSELive> and on the Irish Health Repository, LENU.S.

As always, please consider contributing to Issue 11, due out in the autumn/winter of 2020. The newsletter is a great way to share our work and to keep informed in what's happening within sexual health promotion in Ireland and further afield. **Closing date for receipt of submissions: 30th September 2020.**

*Tracey*

## Call for Submissions

If you have any feedback on the newsletter or would like to contribute to the next edition please contact Tracey Tobin [tracy.tobin@hse.ie](mailto:tracy.tobin@hse.ie) or Anita Ghafoor-Butt [anita.butt@hse.ie](mailto:anita.butt@hse.ie)

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SHN is funded by the HSE Sexual Health and Crisis Pregnancy Programme



Anita Ghafoor-Butt

## Coronavirus COVID-19



### Sexual health and wellbeing during the COVID-19 outbreak

#### Guidance from the HSE Sexual Health and Crisis Pregnancy Programme

The COVID-19 crisis has changed all aspects of our lives within a very short time.

While sex and sexuality may not be a primary healthcare focus in the current environment, how we experience and act on our sexual drive can play a significant role in our overall wellbeing.

To aid people's consideration of sexual activity during the COVID-19 crisis, the HSE Sexual Health and Crisis Pregnancy Programme, with support from the Health Protection Surveillance Centre (HPSC), the Gay Health Network and HIV Ireland, has developed the following guidance, available on [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie)

#### Sex and coronavirus (COVID-19)

While there is no evidence that coronavirus can be sexually transmitted, it can be passed on through close contact with someone who has the virus.

#### Reduce the risk of coronavirus during sex

You may not know if someone has coronavirus. Being sexually active with another person involves some risk of getting the virus. You can reduce this risk by following the advice below.

- Only be sexually active with a partner you live with who does not have the virus or symptoms of the virus.
- Avoid being sexually active with anyone outside your household.
- Avoid kissing anyone outside of your household and anyone with symptoms. Kissing can easily pass on coronavirus.
- Taking a break from physical and face-to-face interactions is worth considering, especially if you usually meet your sex partners online or make a living by having sex. Consider using video dates, sexting or chat rooms. Make sure to disinfect keyboards and touch screens that you share with others.
- Masturbation will not spread coronavirus, especially if you wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after.
- While the current advice is not to have sex with or kiss anyone outside of your household, if you do, it is important to limit it to as few partners as possible. Remember, close sexual contact with anyone you are not living with can put you and others at risk of coronavirus. Use condoms and dental dams to reduce contact with saliva or faeces, especially during oral or anal sex and avoid rimming (mouth on anus) as it might spread coronavirus.
- Wash before and after sex. This is more important than ever. Wash hands thoroughly and often with soap and water.

**Remember: close sexual contact with anyone you are not living with can put you and others at risk of coronavirus.**

### When you should consider avoiding sex

- Avoid sex and especially kissing if you or your partner has symptoms of coronavirus, for example, fever, cough or shortness of breath. If you develop symptoms of coronavirus, you should self-isolate and phone your doctor.
- Avoid sex if you or your partner has a medical condition that can lead to a serious illness because of coronavirus. Medical conditions include lung disease, heart disease, diabetes, cancer or a weakened immune system (for example, having unsuppressed HIV and a low CD4 count).

### Practising safer sex

Sexual activity can carry the risk of getting an STI and an unplanned pregnancy. It is important to take the usual safer sex precautions. Many public STI services are not currently providing a normal level of service due to coronavirus.

- Using condoms correctly every time you have sex reduces your risk of an STI.
- Condoms, contraception and emergency contraception help prevent unplanned pregnancies.
- Condoms, pre-exposure prophylaxis (PrEP) and being on effective treatment for HIV and having an undetectable viral load, all help prevent HIV transmission.

There is no evidence to suggest that people on PrEP or HIV treatment have additional protection against coronavirus.

***Sexual activity should only ever take place between consenting adults who have the legal capacity to make the decision.***

### Sexual Health Services during the coronavirus outbreak

#### Public STI services

Currently there are significant restrictions to public STI services because of the coronavirus situation.

Find out more about these restrictions by visiting <https://www.hivireland.ie/hiv/testing/free-hiv-sti-testing-centre-locator/>

#### Contraception prescriptions

Pharmacists can continue to provide you with your usual contraception prescription. If your prescription is due for renewal, and you're not in a position to get a new prescription, your pharmacist may be able to provide you with additional supplies of your contraception if it is safe and appropriate to do so.

#### Emergency contraception

You can get emergency (hormonal) contraception without prescription from your local pharmacy as usual. Pharmacies will continue to stay open during the coronavirus outbreak and emergency contraception consultations with pharmacists will continue. If you need emergency contraception, phone your pharmacist; they may be able to carry out the consultation over the phone, before you go to the pharmacy for the medicine. This will reduce the amount of time you need to spend in the pharmacy. Emergency hormonal contraception can be taken up to 5 days after unprotected sex. The sooner you take it, the more effective it is.

#### Crisis pregnancy services

If you are experiencing an unplanned pregnancy you can freephone My Options on 1800 828 010 for information and support. The helpline continues to support women to explore their options with regard to their pregnancy, providing a listening ear and counselling to anyone who needs it, either over the telephone or through the web chat facility.

Abortion services continue to be provided during the current COVID-19 emergency. For help and support with an unplanned pregnancy please visit [www.myoptions.ie](http://www.myoptions.ie)

For up-to-date information on coronavirus and sex, please visit <https://www.sexualwellbeing.ie/sexual-health/sex-and-coronavirus/>

**Information is correct at the time of going to print.**

## Unplanned pregnancy support service during the COVID-19 public health emergency

An unplanned pregnancy can be a stressful and worrying experience. But experiencing an unplanned pregnancy during the current COVID-19 pandemic may create additional stress and uncertainty.

It is important to know that there is support available from experienced counsellors who can help you talk through all your concerns.

Counsellors can offer non-directive and non-judgemental support and a listening ear. HSE-funded counselling services may not currently be seeing people face to face, but it is possible to access counselling and support over the phone or online. A list of HSE-funded counselling services can be found on [www.myoptions.ie](http://www.myoptions.ie)

You can also access counselling supports by calling the HSE My Options Helpline on **Freephone 1800 828 010**.



### My Options

The My Options service is the first point of contact for information and support in relation to an unplanned pregnancy. Professional and experienced counsellors provide free, non-directive information and support on all options, including continued pregnancy supports and how to access abortion services in Ireland. Counsellors can arrange access to telephone counselling. Post-abortion counselling can also be provided.

**Counsellors are available Monday to Friday, 9am to 8pm, and on Saturday from 10am to 2pm.**

My Options also provides a 24-hour nursing team for someone who is in the process of having or who has recently had an abortion and who needs medical advice.

The My Options service is also available to people outside of Ireland; they can contact the phone line on **+353 1 687 7044**.

The Irish Remote Interpreting Service (IRIS) can support people who are deaf with calls to My Options by providing a live video link to an Irish Sign Language interpreter.

Webchat can be accessed through the My Options website.

***During the current COVID-19 public health emergency, My Options is operating as normal.***

### Abortion consultations during the COVID-19 outbreak

During the current COVID-19 public health emergency, it may not be possible or suitable for someone to attend a doctor in person to access early abortion services.

A temporary Model of Care for termination of pregnancy in early pregnancy has been introduced. This revised Model of Care will apply for the duration of the public health emergency to facilitate remote consultation.

This means that doctors can carry out abortion consultations over the phone or through video link.

To have an abortion, you can contact:

- The My Options helpline on **freephone 1800 828 010**. Callers are made aware of the revised Model of Care for abortion services.
- A GP surgery that provides abortion services.
- A family planning clinic that provides abortion services.
- A women's health clinic that provides abortion services.



You need to have a pre-abortion consultation before having an abortion. This is to make sure that having an abortion is the right choice for you.

You can have this consultation over the phone or by video link. If the doctor needs to see you in person, they will tell you.

The GP or doctor will give you a date for the next consultation, which can also take place over the phone or by video link. The next consultation will be at least 3 days after the pre-abortion consultation. You can change your mind at any point up to the start of the abortion.

If you are up to 9 weeks pregnant, you can have an abortion by visiting a GP surgery or family planning or women's health clinic. If you are 9–12 weeks pregnant, you can only have an abortion in a hospital. Your doctor will refer you. After 12 weeks, you can only have an abortion in exceptional circumstances.

The doctor will explain the abortion procedure and ask you to give consent. If the consultation is by phone or video link, you can give this consent verbally.

If you are not having an abortion in the hospital, the doctor will advise you to collect the medication from the surgery or clinic. You can send someone else to collect the medication for you but you'll need to give their name to the doctor in advance. The doctor will provide you with instructions on how to take the medication.

If you have any questions or concerns after taking the medication, you should contact your doctor or call the My Options helpline on 1800 828 010 to speak to a nurse. Nurses are available 24/7 to take calls and give medical advice.

A follow-up consultation can take place with your doctor to make sure the abortion is complete. Your doctor can discuss the timing of this call with you.

The new Model of Care allows for the continuation of the early medical abortion service. Counselling and medical supports continue to be available through the My Options service on **1800 828 010**.

***If you are experiencing an unplanned pregnancy, freephone My Options on 1800 828 010 for information and support. Further information is available at [myoptions.ie](https://myoptions.ie).***

## Guide for sex workers launched by the Sexual Health Centre in Cork

by Olivia Teahan (Communications Officer), Susan Walsh (Outreach Worker), the Sexual Health Centre

Sex work has continued despite the COVID-19 outbreak. While sex workers would ideally take time off work in order to comply with social distancing measures, some individuals do not have that option. Workers are experiencing financial strain, stigma and fear. Unfortunately for many it is not feasible to move their work online, due to a lack of technology, internet and privacy. It is crucial that workers are aware of the risks posed by the pandemic, the preventative measures that they can take, and the supports at their disposal. The Sexual Health Centre in Cork launched the #SafeRsexwork initiative in April to advise workers who find themselves compelled to work during the pandemic. This practical, step-by-step harm reduction guide was published following consultation with sex workers across the country. By partnering with Ugly Mugs and the Sex Workers Alliance of Ireland (SWAI), our team has reached and supported the community at a time of increased isolation and fear.

Direct engagement with workers was pivotal to the production of this resource. Socially inclusive services, such as ours at the Sexual Health Centre, require a client-centred approach, particularly in times of crisis when marginalised communities are often ignored. Sex workers were consulted on a national level, and by incorporating feedback from the community, the Sexual Health Centre team created a relevant and accessible guide for those who must continue to work.

The #SafeRsexwork guide addresses workers' concerns in relation to health, safety, wellbeing and crime. For example, many individuals require additional support in preventing STI transmission due to restrictions on testing services. Where workers may have contacted the Gardaí before the pandemic if they were the victim of a crime, there is now a fear of arrest for not meeting social distancing requirements. The guide includes extensive practical advice on preventing community transmission of COVID-19.

**Continued on page 8**

## Continued from page 7

In response to the social exclusion of marginalised communities during the pandemic, the Sexual Health Centre adapted its services. Outreach and counselling services operate via phone and video call. The Centre operates a free condom postal service to the general public with over 2,000 condoms provided, free of charge, since the implementation of social distancing measures. Sex workers have been encouraged to avail of this service. Workers do not need to identify themselves as such and are advised to ask for “the bag”. A variety of condoms and a suitable quantity is sent to the postal address provided, and no information on the recipient is stored.

The #SafeRsexwork campaign is available at [www.sexualhealthcentre.com](http://www.sexualhealthcentre.com), as well as YouTube, Facebook, Twitter, Instagram and LinkedIn. This campaign followed the success of the Centre’s #SafeRsex campaign, which detailed the impact of COVID-19 on issues related to sexual relationships, including condom access and Sexually Transmitted Infections.

## COVID-19, HIV and sexual health

By HIV Ireland



For people living with or at increased vulnerability to acquiring HIV, the arrival of COVID-19 to Ireland in late February posed many questions particularly in the early stages of the pandemic. As new information emerged concerning symptoms, routes of transmission, prevention and the potential severity of the virus for those designated more vulnerable to its impact, so too did many myths, half-truths and factoids concerning COVID-19, HIV and sexual health. To dispel myths and correct misleading information, in so far as possible, HIV Ireland, MPOWER (an initiative of HIV Ireland), the Gay Health Network and the HSE Sexual Health and Crisis Pregnancy Programme agreed to collaborate on the production of clear, plain and unambiguous information concerning COVID-19, HIV and sexual health.

### COVID-19 and HIV

The early inclusion, without qualification, of HIV as an underlying condition which may lead to increased vulnerability to the effects of COVID-19 caused some alarm among people living with HIV (PLHIV) in Ireland. Most PLHIV are on effective treatment and have a low CD4 count, meaning they are not considered immunosuppressed. Confusion as to whether someone living with HIV who is on effective treatment is at increased risk of acquiring COVID-19 was compounded by conflicting information on social media and other sources. To address these and other information deficits, HIV Ireland compiled the guide ‘HIV and COVID-19: Information for people living with HIV’. The information was posted on the HIV Ireland website and shared widely by HSE SHCPP and others.

#### The advice is as follows:

- People living with HIV who are on effective treatment are not considered to have increased vulnerability to COVID-19.
- People who know or suspect that their immune system may be compromised (immunosuppressed) due to poor adherence to treatment, a viral load that is detectable, or any other reason, should assume increased vulnerability and follow advice on how to minimise the chances of acquiring COVID-19.
- People living with HIV on treatment should continue to take medication as prescribed.
- The HSE does not advise people living with HIV to cocoon unless they have another underlying condition as set out in the HSE guidelines.

### COVID-19 and sexual health

Guidance on general sexual health during the COVID-19 pandemic by SHCPP, HIV Ireland and the Gay Health Network was also provided and includes the following advice:

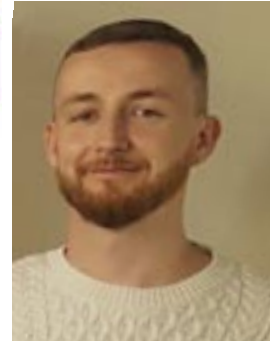
- COVID-19 is not a sexually transmitted infection. However, it is possible to acquire COVID-19 from kissing and/or close contact with another person.
- People who are displaying symptoms of COVID-19 should avoid sex and especially kissing.
- Only be sexually active with a partner you live with if they do not have the virus or symptoms of the virus.

More information on COVID-19, HIV and sexual health is available to view at [www.hivireland.ie](http://www.hivireland.ie)



## Empowering gay and bisexual men with sexual health and wellbeing advice during COVID-19

Adam Shanley, MPOWER Programme Manager at HIV Ireland



During the early weeks of the pandemic, as part of a suite of information by HIV Ireland, the HSE Sexual Health and Crisis Pregnancy Programme and the Gay Health Network, MPOWER published COVID-19 and Sexual Health: Information for gay, bisexual and men who have sex with men. The document contains advice and tips about looking after your sexual health and wellbeing during the COVID-19 outbreak.

It was noted that while COVID-19 is not sexually transmitted, sex itself is a contact sport. Touching, kissing and manoeuvring in your favourite sexual positions are ways to pass on the coronavirus. In addition, we are all being asked to maintain social distancing – keeping at least 2 metres (6ft) away from each other – making any kind of sex difficult. Advice includes:

- Stocking up on condoms and lube. Condoms are your best bet in preventing STIs in a time when treatment options are limited.
- If an unexpected sex opportunity happens, then you could use 'Event-Based' PrEP – that doesn't work for everyone and you must follow a specific regimen. Information is available from <https://www.sexualwellbeing.ie/sexual-health/prep/how-to-take-prep/>
- If you decided to have sex and you didn't use condoms or PrEP, you might want to consider accessing PEP.

A version of the MPOWER guidance in Portuguese is also available. Search **MPOWER Saude-Sexual-e-COVID 19**.

At the time of first publication, many STI clinics were closed or at very low capacity. As we continue to flatten the COVID-19 curve, many clinics are increasing services. HIV Ireland and HSE SHCPP have continued to liaise with clinics to track current opening times and capacity. Updated information on public sexual health services restrictions is available on the HIV Ireland website: <https://www.hivireland.ie/wp-content/uploads/Restricted-Public-Sexual-Health-Services.pdf>

The key message underpinning the work of the MPOWER programme is that the path to good sexual health and wellbeing starts with empowerment. An initiative of HIV Ireland, MPOWER is funded and supported by the HSE Sexual Health and Crisis Pregnancy Programme.

Under the current circumstances with COVID-19, the MPOWER Programme is unable to offer services that are based in venues such as community-based HIV testing. However, as social venues remain closed, gay and bisexual men continue to socialise online, which allows the MPOWER team to maintain digital outreach services to connect with and support the community on issues relating to their sexual health and wellbeing.

**For more information about the MPOWER Programme see [www.hivireland.ie/mpower](http://www.hivireland.ie/mpower)**



## COVID-19 and You

by Bill Foley

Gay Health Network (GHN) has been providing sexual health advice and information to MSM (gay men, bisexual men, trans men and other men who have sex with men) since 1994. The [www.ghn.ie](http://www.ghn.ie) website details research, advocacy, policy, and other relevant information. From 2010, GHN in partnership with the HSE SHCPP has promoted the [www.man2man.ie](http://www.man2man.ie) website and programme to provide HIV and sexual health information. This includes COVID-19 information for MSM available now in four key languages at <http://man2man.ie/resources/>



### Sex and COVID-19

Sex is extremely beneficial to your physical and mental health. Understanding how COVID 19 is passed on helps all of us to make safer choices in our sex lives see [www.hse.ie/coronavirus](http://www.hse.ie/coronavirus)

While COVID 19 is not an STI it is clear that the close proximity involved in sex puts us at risk.

Those of us in relationships living in the same household, and observing the same social distance guidelines, may decide to continue having sex as a vital part of our relationships. If our partner is not living with us travelling for sex would be necessary. This presents a risk in terms of maintaining social distance while travelling.

Hook-ups and meeting for casual sex is part of many gay men's lives. There are increased Covid-19 risks with the possibility of meeting someone who is unknowingly infected, and this risk increases with increased numbers of partners. Meeting someone who is not infected presents no risk for COVID-19 infection.

Some men may decide to stick with regular sex buddies (as recently suggested by the Dutch Health authorities). As society begins to open up, these are some of the factors we must consider in order to manage our sex lives and sexual health and well-being.

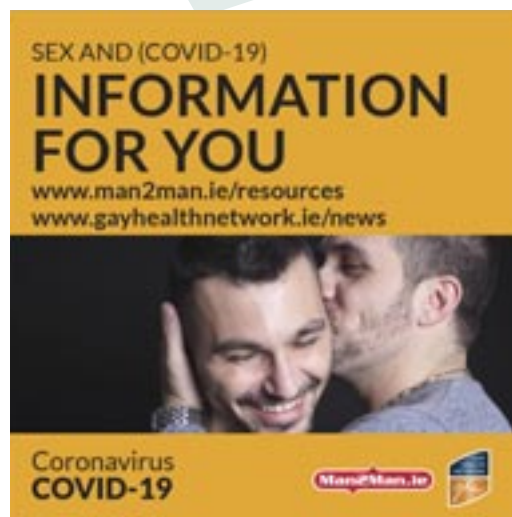
### Safer Sex

Safer sex remains the best advice to protect ourselves from HIV transmission and other STIs. Remember 'you are your safest sex partner'. Exploring fantasies with or without the help of sex toys, internet or media hook-ups can help provide safe stimulation and satisfaction. COVID 19 has not stopped STIs and HIV. It has restricted STI services.

**COVID 19 response has absorbed all available health services including sexual health services. As society opens up and more gay men return to healthy sex lives, we will need access to information, protection, and public HIV and STI treatment services as a matter of urgency.**

**For updates on current STI service restrictions see <https://www.hivireland.ie/hiv/testing/free-hiv-sti-testing-centre-locator>**

It is especially important that we avoid sex, and especially kissing, if we or our partner is not feeling well with symptoms of COVID-19. It is important to wash hands (and sex toys) before and after sex. Kissing and rimming are extremely high risk for transmission of COVID 19.



Sex is a vital part of all of our lives, and it can help to maintain positive mental and physical health. However difficult and frustrating it may be for us, we have to adapt our sexual expression to take account of COVID-19 transmission routes. 'We are in this together' The best advice is to adhere to the social distance guidelines. If you are having sex, we hope the guidelines set out in this article help you to make more informed safer choices for yourself.

**Further information available at:**

- [www.ghn.ie](http://www.ghn.ie)
- [www.man2man.ie](http://www.man2man.ie)
- [www.hse.ie/coronavirus](http://www.hse.ie/coronavirus) also **COVID-19 and Sex by the HSE** at <https://www.sexualwellbeing.ie/sexual-health/sex-and-coronavirus/>
- **COVID-19 information is available in various languages** at <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-translated-resources/>
- <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf>
- <https://www.sexualhealthcentre.com/news>
- **UNAIDS COVID-19 AND HIV:** <https://www.unaids.org/en/covid19>

## Navigating healthy relationships – a guide from the Sexual Health Centre

by Olivia Teahan (Communications Officer)

The striking lifestyle shift caused by the coronavirus has put a heavy burden on relationships. Our new way of living involves unprecedented changes in the amount of time spent with family, partners, children and friends. Latest figures from the Central Statistics Office indicate that satisfaction with personal relationships has fallen from 60% in 2018 to 42% in April 2020.

Though many aspects of this new way of life are out of our control, we hold significant influence over the challenges posed by relationships. We often underestimate both our potential to impact our relationships, and, just as importantly, the impact of those relationships on our wellbeing. We can, however, take small, frequent actions to maintain our relationships and create a positive environment at home.

In response to the increased pressure on marriages, families and other relationships, the Sexual Health Centre on Peter's Street put together a guide to navigating healthy relationships during the COVID-19 outbreak. It provides a toolkit of communication tips, interpersonal effectiveness skills, intimacy-building activities and targeted resources for various marginalised communities. This guide, created in collaboration with Daniel Flynn, Principal Psychology Manager of HSE Cork South Mental Health Services, highlights self-worth and emotional awareness as key to healthy relationships.

Self-worth can require special attention at times of loss. The COVID-19 pandemic has left communities awash with grief, illness and unemployment. Many thousands of people across the country are confronted with a kind of loneliness more daunting than we knew existed. In times of crisis, our relationships with ourselves and others are as important as they are challenging. The very emotions that we often rush to label as 'negative' are also important teachers. It is natural and even healthy to feel sadness, fear or anger at times. These experiences can act as signposts for important realisations about ourselves and our situations. The real problem lies not in heightened emotions, but in failing to identify our emotional reactions at all. It is impossible to make informed decisions in our interpersonal relationships if we cannot recognise what we are feeling.

Rather than labelling certain emotions as 'good' or 'bad', it would be reasonable to view them as mere messengers, trying to relay information. By accepting that our natural disposition involves a range of emotions, we are more likely to understand those emotions as they arise and learn from them instead of denying their existence.

The Sexual Health Centre team provides free counselling and virtual workshops on relationships and wellbeing, as well a free condom postal service. **For more information, call our helpline on 021-4276676 or email [info@sexualhealthcentre.com](mailto:info@sexualhealthcentre.com).**

**The #HealthyRelationships campaign is available on the Sexual Health Centre's website, Facebook, Twitter, Instagram and LinkedIn.**





## HSE Sexual Health and Crisis Pregnancy Programme partners with third-level institutions to make free condoms and sexual health information freely available on campuses

by Anita Ghafoor Butt,

Communications Manager Sexual Health and Crisis Pregnancy Programme



In November 2019, Minister for Health Simon Harris launched the HSE Sexual Health and Crisis Pregnancy Programme's roll-out of the National Condom Distribution Service (NCDS) in third-level campuses. Condom dispensers containing free condoms are now freely available for installation on campuses nationwide. Available with the condom dispensers are sexual health information leaflets, outlining how to use condoms correctly, emphasising the importance of using condoms consistently and every time sex happens, and directing students to [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie) and [man2man.ie](http://man2man.ie) for further information about sexual health and wellbeing. Since the launch last November, twenty-three third-level colleges have registered with the NCDS to access the scheme.

The NCDS has been introduced into in third-level settings in a bid to respond to increasing STI diagnoses among young adults. In the past, cost and access have been identified by young people as barriers to using condoms. This scheme is about increasing opportunities for sexually active young people in third-level settings to make safer-sex choices.

The NCDS is a central point for distributing free condoms and lubricant to services working directly with people who may be at increased risk of negative sexual health outcomes. The service facilitates statutory organisations and NGOs to promote condom use. For more information on the services working with the NCDS see here: <https://www.sexualwellbeing.ie/professionals/research/research-reports/ncds-2018-final.pdf>

The information leaflet 'How to use a condom' can be ordered free of charge from [www.healthpromotion.ie](http://www.healthpromotion.ie)

For enquiries about the NCDS please contact [david.mealia@hse.ie](mailto:david.mealia@hse.ie)

**Due to COVID-19 restrictions the condom distribution service at third level may be affected.**

## New condom campaign launched by HSE Sexual Health and Crisis Pregnancy Programme

by Aoibheann Ní Shúilleabháin, Programmes and Campaigns Manager, HSE Communications,



The HSE Sexual Health and Crisis Pregnancy Programme launched a new campaign recently, promoting condom use and good sexual health. The campaign was launched in November 2019 and is aimed at young adults (aged 18–30), who are at increased risk of acquiring sexually transmitted infections (STIs).

### The campaign objectives were to:

- build awareness about the risk of acquiring an STI
- emphasise the role of condoms in minimising this risk
- signpost people to [sexualwellbeing.ie](http://sexualwellbeing.ie) for further information about sexual health and wellbeing.

The campaign appeared across multiple channels. Posters appeared in colleges and social venues across the country, and digital posters were placed in high-footfall areas.

Videos were placed across YouTube, Facebook and Instagram, and digital display ads ran across platforms.



**The target audience for the campaign is 18–30-year-olds living in Ireland; this group was targeted for the following reasons:**

- STIs are on the rise.
- Over 14,000 STIs were diagnosed in Ireland in 2018.
- 15–24-year-olds are most at risk, with 25–29-year-olds a secondary risk group.

In developing information about the campaign, the HSE wanted to make sure that the insights, opinions and voices of young people were at the heart of the communications approach. In listening to young adults as part of this project, it was evident that they wanted the campaign to have clear information and messaging, with some humour and an educational element to it. This was reflected in the posters and messages used in the campaign.

**During focus group research young people said:**

- Some people do not even consider STIs a risk.
- Relationship status dictates condom usage.
- They find talking about sexual health and wellbeing embarrassing.
- Some use contraception primarily to prevent a pregnancy.
- There is limited condom use if a female is on the contraceptive pill.

Phase two of the campaign was launched on the 10th of February 2020 to coincide with Sexual Health Awareness Guidance (SHAG) Week.

‘Sex: Fact or Fiction?’ is a series of videos aiming to debunk myths around sexual health in an engaging fashion. The videos show real people responding to statements relating to sexual health and reinforce the importance of condom use to reduce the risks of STIs.

The videos align with the different poster messages, and encourage discussions on these topics, with a view to normalising broader discussions around sexual health and wellbeing.

These videos proved extremely popular in focus groups. The feedback was that they were considered highly entertaining and engaging and encouraged the viewer to get involved and play along. Viewers also felt that they were a novel way of providing education about sex and provided an appetite to learn more.



**The videos can be found across YouTube and social media channels.**



Link to video <https://bit.ly/39h96jN>



Twitter: @\_respectprotect



Facebook: @hserespectprotect



Instagram: @hserespectprotect

**Changes to sexual health services**

Due to the current coronavirus pandemic, there have been significant restrictions to public STI services.

**To find out more about sexual health service changes and the guidance on sexual activity in response to COVID-19 please visit [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie)**

## Communication Initiatives and Campaign Performance 2019

by Owen Brennan, Research Assistant, HSE Sexual Health and Crisis Pregnancy Programme



The HSE Sexual Health and Crisis Pregnancy Programme is responsible for developing and managing a number of websites and campaigns promoting sexual health and wellbeing for those living in Ireland. Some of these campaigns are managed in partnership with the Gay Health Network. The websites and campaigns include:

- **Sexualwellbeing.ie:** this website contains comprehensive information on contraception, HIV/STIs and sexual wellbeing. It is aimed at the general adult population, with information relevant to groups at increased risk of negative sexual health outcomes as well as parents/carers and professionals.
- **Man2man.ie:** a national HIV prevention and sexual health awareness website targeting gay, bisexual and other MSM in Ireland. The website provides information for MSM on HIV, STIs, where to avail of free HIV and STI testing and how to access free condoms and lube.
- **RespectProtect:** aimed at young adults aged 18–30, this campaign promotes condom use alongside messages for good sexual health practices such as contraception use, testing for STIs, and consent.
- **Foreign Bodies and Get Your Bits out for the Labs:** These campaigns are aimed at gay, bisexual and other MSM who are preparing to or have just returned from travel abroad. Foreign Bodies encourages men to take preventative measures such as getting vaccinated and accessing condoms, while Get Your Bits out for the Labs encourages them to test for HIV and STIs.
- **MyOptions:** aims to make individuals who are experiencing an unplanned pregnancy aware of the HSE My Options service and information website.

As a means of assessing the reach and impact of these communications initiatives with their target audiences, their performance in 2019 was measured with relevant online panels. Overall it was found that public awareness of the campaigns has improved and visits to these websites has increased, suggesting that these campaigns are increasingly directing people to information on sexual health and wellbeing and unplanned pregnancy supports.

### Some of the key findings in respect of the campaigns are as follows:

#### Sexualwellbeing.ie

There was an increase in awareness of sexualwellbeing.ie and an increase in the number of respondents who had visited the website compared to 2018. There were high levels of trust associated with the website and the main reason people visited was for information about STIs.

#### Man2Man.ie

There was an increase in awareness of Man2Man.ie compared to 2018 and an increase in the number of respondents who had visited the website. Respondents who had visited the website regarded it as easy to use, helpful and trustworthy.

#### Foreign Bodies Campaign

Awareness of levels for this campaign were similar to 2018. Many respondents said that the campaign would encourage them to visit Man2Man.ie for additional information and to get vaccinated.

#### RespectProtect Campaign

There was an increase in young adults recalling seeing or hearing promotions using the phrase 'RespectProtect' and digital channels were found to be performing very well in terms of promoting the campaign, with 1 in 3 young adults reporting having seen social media posts on condom use, contraception and STI testing associated with the campaign.

#### Get Your Bits Out For the Labs Campaign

Awareness levels for this campaign increased from 2018. Many respondents said that this campaign would encourage them to visit Man2Man.ie for additional information and to test for an STI.

#### MyOptions.ie

1 in 3 respondents reported being aware of the MyOptions telephone service due to this campaign. Radio, mentions in the media, and social media were reported as the most common sources of awareness of MyOptions.



The campaign measurement results indicate that awareness of and engagement with sexual health and wellbeing campaigns designed to drive people in Ireland to accurate information is growing, and that the campaign messages are generally clear and well received by their target audiences. This is positive as it suggests that these communications initiatives are resonating with their audiences and equipping more and more people with the information they need to safeguard their sexual health and wellbeing and to access services when required. This is important in light of the broader national strategy to improve sexual wellbeing and reduce negative sexual health outcomes, with education, prevention and promotion identified as a key goal in the broader strategic approach as a means of achieving this.

## HSE launches national campaign to address HIV-related stigma

by Caroline Hurley, Project Manager, Anita Ghafoor Butt, Communications Manager, HSE Sexual Health and Crisis Pregnancy Programme



The HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) recently launched a new campaign to address HIV-related stigma. The campaign focuses on the fact that someone on effective treatment cannot pass on HIV to partners and references the global U=U campaign (undetectable equals untransmittable). The campaign was developed in collaboration with community groups and sexual health NGOs.

HIV-related stigma can happen when misconceptions about HIV lead to negative attitudes towards people living with HIV or misunderstandings about what it means to receive a HIV diagnosis. HIV-related stigma can affect the mental wellbeing of people who are living with HIV; and fear of being discriminated against or judged negatively can prevent people living with HIV from disclosing their HIV status or accessing treatment. HIV-related stigma can also deter people who may have been exposed to HIV from testing because they fear getting a positive result.

The campaign was advertised on public transport, in social venues and in college locations across the country, as well as on digital platforms. The campaign aims to highlight the importance of treatment for those living with HIV, for their own health and so they do not have to worry about passing on HIV to partners. For the wider public, the campaign aims to highlight the progress that has been made in HIV treatment, progress which has meant that someone on effective treatment cannot pass on HIV to partners; and also to highlight the value of early testing and treatment to those who may be at risk.

The campaign was informed by robust evidence (1, 2) which shows that people with HIV who were taking treatment and who had an undetectable viral load did not pass on HIV to their sexual partner.

The HSE recommends that all people living with HIV attending HIV services in Ireland are offered ART as soon as possible and are informed of the benefits of ART in improving their personal health and reducing HIV infectiousness (3). In an audit of HIV clinics in Ireland carried out in 2018, it was found that of the 5,317 people attending for HIV care, 98% were on ART (4). Of those on ART, 95% were virally suppressed (to <200cpm).



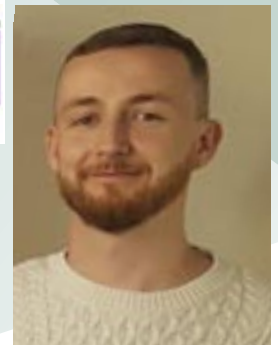
For more information about HIV testing and treatment, visit [www.sexualwellbeing.ie/HIV](http://www.sexualwellbeing.ie/HIV).

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## HIV Ireland aims to empower gay and bisexual men with new sexual health and wellbeing programme

Adam Shanley, MPOWER Programme Manager at HIV Ireland



Ireland has become a generally more open place with regard to sex and sexuality in terms of discourse, policy and services. Despite warmly welcomed developments which positively impact our community, such as last year's roll-out of free PrEP and this year's HSE 'U equals U' anti-stigma campaign, particular challenges which require a strategic and coordinated response persist.

Today, HIV disproportionately affects gay and bisexual men, with more than half of all new diagnoses occurring among this population. Over the last decade numbers of HIV notifications among this population has seen a steady rise. Similarly, we are seeing increases in bacterial infections like syphilis and gonorrhoea, the majority of which are acquired by gay and bisexual men. In addition, evidence from the recently published European Men who have sex with men Internet Survey 2017 (EMIS-2017 Ireland) report shows sub-optimal testing among gay and bisexual men, with 23% having never taken a HIV test and even poorer rates of first and repeat STI screening. Furthermore, members of our community are struggling with the sexualised use of drugs, such as GHB and crystal meth. This kind of problematic use can stem from issues relating to self-worth, self-esteem and desire to belong and can result in sexual ill-health, addiction and even death. All of these challenges require a coordinated, sensitive and holistic approach.

The MPOWER programme is a peer-led community-based response to the sexual health and wellbeing needs of gay and bisexual men. Led by HIV Ireland, the programme aims to empower gay and bisexual men with services that are sex-positive, judgement-free and harm-reduction based. MPOWER combines community-based sexual health testing opportunities with a holistic approach to sexual wellbeing, including support and advocacy. This support includes harm-reduction information, resources and research. The programme has been developed in response to community-identified needs and is provided with empathy and understanding by a growing team of staff and a peer group of volunteers from within the community.

The MPOWER Programme's outreach services are available in places men are known to seek and have sex, including on dating apps, and in bars, clubs, and 'sex on premises' venues such as gay saunas and sex clubs. These services offer information and advice on safer sex practices and harm reduction, as well as physical resources such as condoms and lubricant and, when necessary, referrals to clinical services for treatment. Another key component of the programme is rapid HIV testing, which involves a finger-prick test and offers a result within 60 seconds. The test, carried out discreetly and anonymously, is offered at a number of LGBT+ social venues across Dublin that have partnered with the MPOWER programme. Rapid testing has the potential to detect HIV at an earlier stage by engaging individuals who may not otherwise present for a HIV test in a clinical setting. This in turn can bring those living with HIV into treatment earlier and prevent further transmission.

Funding has also been received to pilot a number of innovative interventions which aim to encourage first-time and continued testing in tandem with information and support on sexual wellbeing among gay and bisexual men and those men who have traditionally been considered 'hard to reach'. Research and advocacy will also feature as important elements of the programme, with the aim of ensuring an improved evidence base to underpin the development of services and resources as trends develop and changes are experienced within our sexual lives.

The MPOWER Programme offers its testing, outreach and support services in English, Portuguese and Spanish, and intends to increase the languages spoken as the programme expands. This seeks to address a trend within the community of gay and bisexual men, which sees migrants, particularly those from Latin America, at elevated risk of acquiring HIV and other STIs due to cultural and language differences posing a potential barrier to accessing resources and services.

Another important consideration of the MPOWER programme is to ensure it is inclusive of all gay and bisexual men. Many trans men also identify as gay or bisexual; in addition, non-binary people who want to access gay-identified services will see the programme reflect their needs. Equally, the programme aims to speak to the needs of men who are questioning their sexuality or indeed who have sex with men but prefer to identify as straight or who are in heterosexual relationships. The programme is designed to also respond to the sexual health and wellbeing needs of these men.

The key message underpinning the work of the MPOWER programme is that the path to good sexual health and wellbeing starts with empowerment.

An initiative of HIV Ireland, MPOWER is funded and supported by the HSE Sexual Health and Crisis Pregnancy Programme (HSE SHCPP). The HSE SHCPP supported the development of a theory of change and logic model and a monitoring and evaluation framework to support the successful implementation of the programme.

For more information on the theory of change and logic model, please click here: <https://www.hivireland.ie>

For more information about the MPOWER Programme see [www.hivireland.ie/mpower](http://www.hivireland.ie/mpower)

## Know Your Stuff – A new Sexual Health Booklet for young people and parents

The topic of sexual health and relationships is very important and based on our experience of working with young people in Waterford it was decided that the production of a sexual health booklet would be of benefit to young people and parents alike.

This was a joint initiative between Tusla, HSE and Transgender Equality Network Ireland (TENI) as part of Waterford Children and Young People's Services Committee (CYPSC) and funded by Healthy Ireland.

Sexual health and relationships is such a broad topic. The booklet is not intended to be a comprehensive answer to all the topics but rather a starting point for information. The booklet seeks to provide current and up-to-date information on topics such as relationships, puberty, reproductive system, sexuality, dealing with a breakup, consent, online safety and contraception to name but a few.

Links to other resources are included within the booklet to assist young people and parents to access further information on each of the topics. Young people and parents were consulted and their feedback influenced the design, layout and content of the booklet.

We hope that Know Your Stuff is easy to read and will act as a reference point for information and a conversation starter.

**The booklet will be available to youth groups, schools, informal education settings, libraries, etc. and will be available in limited numbers in hard copy and available to download from [www.waterfordcypsc.ie](http://www.waterfordcypsc.ie)**



## Sexual Health Resources

### 1. How to put on a condom

This Information leaflet outlines how to use condoms correctly, and emphasises the importance of using condoms consistently and every time sex happens. The leaflet directs students to HSE-led and HSE-funded websites for further information about sexual health and wellbeing; [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie) and [www.man2man.ie](http://www.man2man.ie) You can order free copies from [www.healthpromotion.ie](http://www.healthpromotion.ie)



### 2. PrEP leaflets

PrEP stands for pre-exposure prophylaxis. PrEP is taken by HIV-negative people before having sex (pre-exposure) and after sex, to prevent HIV (this is called prophylaxis). PrEP is available free of charge through the HSE to those who are at substantial risk of sexual acquisition of HIV in Ireland.

Information is available for people who are taking PrEP or who are considering taking PrEP on [www.sexualwellbeing.ie/prep](http://www.sexualwellbeing.ie/prep). Printed patient information booklets are available in English, Portuguese, Spanish, French and Polish and can be ordered from <https://www.healthpromotion.ie>.



### 3. Free Condom Poster

Third-level institutions can now order free condom dispensers from the HSE, which will enable the provision of free condoms and sexual health information to students on campuses nationwide. This poster can be used to advertise the service in third-level institutions.

Third-level institutions can order a free poster from [www.healthpromotion.ie](http://www.healthpromotion.ie)



This section of the newsletter provides an update of new material that readers may find helpful in their respective roles. If there are any new resources, factsheets, infographics or booklets you are aware of please let the Sexual Health News team know and we can include details of these in the next edition.

### HSE and Gay Health Network release European Men who have Sex with Men Internet Survey Ireland findings

by Maeve O'Brien, Interim Programme Lead, Sexual Health and Crisis Pregnancy Programme



In October 2019, the former Minister for Health Promotion, Catherine Byrne, together with the HSE's Health Protection Surveillance Centre (HPSC) and Sexual Health and Crisis Pregnancy Programme (SHCPP), in partnership with the Gay Health Network (GHN), launched a report outlining findings from the Irish dataset of the European Men who have Sex with Men Internet Survey (EMIS-Ireland 2017).

This national report presents information from 2,083 gay, bisexual and other men who have sex with men (MSM) living in Ireland, who responded to an online survey about their sexual health and wellbeing. The Irish analysis was led by Dr. Derval Igoe from the HPSC, and was overseen by a multi-disciplinary steering group. The Irish study is part of an international online behavioural surveillance survey (EMIS, 2017) designed to generate data useful for planning HIV and STI prevention and care programmes. EMIS, 2017 was co-ordinated by Sigma Research at the London School of Hygiene and Tropical Medicine (LSHTM) in association with the Robert Koch Institute (RKI) in Berlin.

#### Key findings and considerations for practice include:

- Seven per cent of respondents were living with HIV and of these the vast majority were engaged in treatment (94%). Of the respondents on treatment, 97% had an undetectable viral load. This is very welcome as effective and timely HIV treatment keeps people with HIV healthy and prevents transmission to others.
- The proportion of men testing for HIV and sexually transmitted infections (STIs) increased in recent years. This is positive and likely to reflect work being undertaken by statutory and non-statutory organisations in encouraging testing and providing more options for where testing can be carried out, such as in community settings. However, 23% of respondents had never tested for HIV, rising to 47% in young men between 17 and 24 years of age. This emphasises the fact that more work needs to be done to promote regular testing with younger men in particular, and to expand options and opportunities for testing for the community.
- Twenty-nine per cent of respondents were found to have possible alcohol dependency, compared to an average of 18% in the European study. Forty-one per cent had used at least one illicit drug in the last 12 months, with cannabis, cocaine and ecstasy among the top three. Twenty-five per cent of men had scores indicating anxiety and 21% had scores indicating depression. The study therefore documents some of the broader health and wellbeing needs of respondents, as well as their sexual health needs, and emphasises that further work is needed to develop or direct health and wellbeing messaging and interventions to reach the community.
- The prevalence of chemsex (ever used drugs to make sex more intense or last longer) among respondents was higher in Ireland (20%) compared to the overall European prevalence (15%). Seventy-five per cent of those who had engaged in chemsex in the previous 12 months had done so with more than one partner – this was also higher than the overall European proportion (66%). Chemsex can be associated with sexual ill-health or lead to problematic use of drugs. It is an area that warrants further attention to sensitively respond to the emerging needs of those involved.



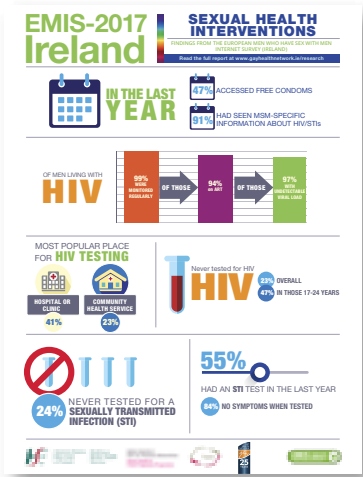
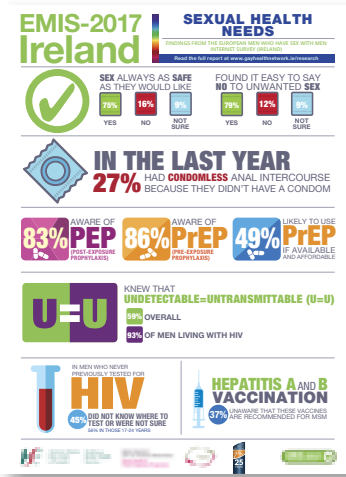
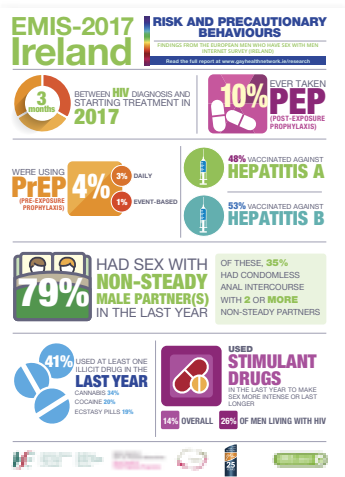
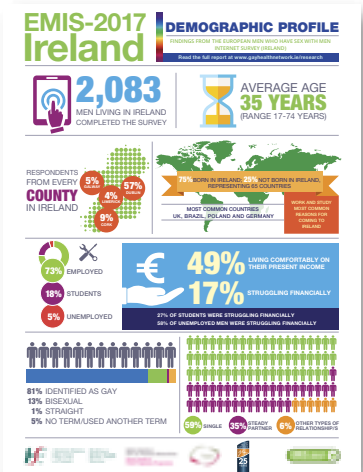
The study contains valuable information from the gay and bisexual community. While suggesting that positive improvements have taken place regarding testing and treatment, it raises concerning findings relating to mental health, alcohol and drug use.



The data emphasises the value of studies such as this in; measuring trends in knowledge and behaviours; measuring health-related improvements over time; and informing the future direction of programmatic and strategic work. The SHCPP and the HPSC will maintain and strengthen their partnerships with the Gay Health Network and with NGOs nationally to further develop primary prevention interventions, information and support in response to these findings.

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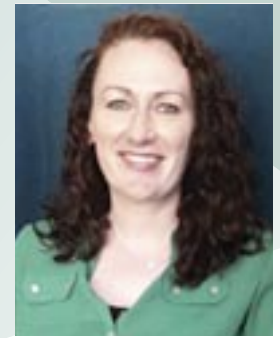
1. <http://gayhealthnetwork.ie/research/>
2. The EMIS-2017 Ireland infographic summaries can be downloaded here <https://www.sexualwellbeing.ie/for-professionals/research/research-summaries/>
3. The EMIS 2017 European Report can be found here <http://sigmaresearch.org.uk/reports/item/report2019a>



L to R: Claire Casey, Research Officer (EMIS Ireland 2017), Helen Deely, Acting Assistant National Director, HSE Health and Wellbeing, Minister with responsibility for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, Mick Quinlan, GHN, Dr. Derval Igoe, Health Protection Surveillance Centre and the Irish study's Principal Investigator, Kate O'Donnell PhD, Surveillance Scientist.

## Adverse Childhood Experiences (ACEs): Understanding trauma and resilience in the context of childhood experiences of abuse

Dr Sarah Morton, Assistant Professor in Community Engagement and Director of the Community Drugs Programme, School of Social Policy, Social Work and Social Justice, University College Dublin



Dr Megan Curran, Postdoctoral Research Scientist, Centre on Poverty and Social Policy, Columbia University, USA

Understanding and responding to an individual's trauma when working with personal issues such as sexual health and wellbeing is gaining increasing focus in Ireland, as in other jurisdictions. One approach that is gaining particular attention is consideration of and responses to the impact of Adverse Childhood Experiences (ACEs) in the lives of our adult clients. Major studies in the United States (US) and the United Kingdom (UK) have shown that the higher the number of ACEs experienced in childhood, the higher the chance of negative health and lifestyle issues in later life. ACEs include both direct maltreatment of a child and traumatic events within the household such as substance use, violence or mental health issues. Evidence indicates that routine enquiry for ACEs in health settings can help us intervene in intergenerational patterns of trauma, violence, substance use and long-term health issues, including those related to sexuality and sexual health.

Given this context, Cuan Saor Women's Refuge in Co. Tipperary embarked on a TUSLA-funded project to consider both the prevalence of ACEs for women accessing a domestic violence service and the integration of trauma-informed responses to women's childhood experiences into all areas of their practice. It was hoped the project would expand the Irish evidence base on the role of ACEs in service delivery and provide learning points for practitioners in other health settings who are considering how to respond to trauma histories with their service users, particularly where practitioners have a remit to work with personal and health issues.

### Health consequences of ACEs

There is now a large body of evidence that suggests that an ACE 'score' of four issues or more will significantly increase the likelihood of a child engaging in risky future behaviour, experiencing poor health outcomes (e.g. smoking, alcohol/drug misuse, poor diet and obesity, teen pregnancy, chronic disease, violence or incarceration), and having 'difficulty in changing course' as they move through adulthood. The range, and increasing severity, of potential effects of ACEs is often modelled in the pyramid image.

It is important to note that there is a gender difference in how the impact of ACEs may play out, with women significantly more likely to experience domestic violence both as children and adults than men. This 'lifespan' aspect is key. An important element of ACEs research emphasises the fact that different types of adverse experiences often co-occur for children (e.g. physical abuse or sexual abuse and mental illness in the household and parental separation) and the cumulative effect of these interrelationships is critical to understanding ACEs' long-term effects on health, including sexual health. Just as ACEs themselves co-occur, so too do their effects. In this way, ACEs may offer a useful framework for interventions and services, especially those that deal with complex cases that can be responded to with a trauma-informed approach to care and intervention.



Figure 1 Model of ACE impacts across the life course

Image reproduced from CDC (2016)

### Implementing routine enquiry for ACEs

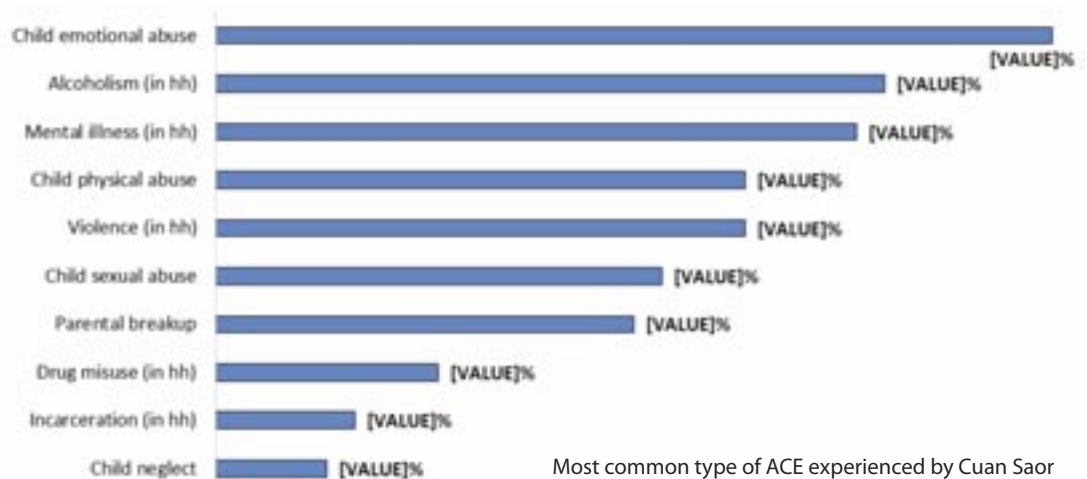
A range of routine enquiry tools for ACEs have emerged in recent years that use the child maltreatment (sexual, physical or verbal abuse) and child environment (domestic violence, parental separation, mental illness, alcohol abuse, drug abuse, incarceration) categories as the basis for a set of questions posed to the adult service user. Routine enquiry tends to be conducted face-to-face, though some organisations employ self-completed questionnaires. In practice, organisations also differ in terms of which service users they screen—some target only those individuals who present to a specific part of their service, while others adopt a universal approach, screening all service users



for ACEs, regardless of specialist or intensive need. The timing of the screening is also variable: some organisations implement it at first point of contact with a service user, while others consider it important to first have an established relationship with a client.

### ACEs for women accessing a domestic violence service

During the Cuan Saor project, 60 women were invited to participate in a self-administered ACEs routine enquiry over a four-month period. Women accessing Cuan Saor had significantly higher numbers of ACEs than shown in general population studies in the UK and US, with 33% of women having four or more ACEs, the general indicator for significant long-term impacts. General population studies have shown 14–16% of people have four or more ACEs. As can be seen in the graph, half of the service users surveyed experienced verbal/emotional abuse as a child. Over half (53 per cent) lived in a household where substances were misused (40 per cent with alcohol abuse and 13 per cent with drug misuse). Mental illness in the household was the third most common type of ACE experienced by Cuan Saor service users. Violence in the household, in the form of physical abuse of the child or physical abuse of other family members, affected one-third of respondents. Sexual abuse and parental breakup follow closely thereafter, affecting at least one-quarter of service users.



Most common type of ACE experienced by Cuan Saor service users (%) (n=60) (2019)

### Considerations for working with ACEs

Trauma-informed responses (TIR) are being widely discussed, considered and implemented in different social and community service settings, with ACEs being just one of these. In this project there were many examples of positive impacts from women completing the ACEs routine enquiry, and practitioners reported the potential of ACEs to provide a simple and explainable framework for considering the impact of childhood experiences. One key aspect was the potential for practitioners to work with women to address guilt and self-blame, particularly where a woman had children who subsequently experienced ACEs. The practitioners reported that the ACEs routine enquiry resulted in women experiencing an understanding of their past and igniting both desire and action to seek supports to address the impact of ACEs for themselves and their children; this may be useful where there are sexual health risk behaviours or health impacts. The completion by women of the ACEs enquiry gave practitioners greater understanding of clients' experiences and provided a basis for discussions about positive change and addressing of health impacts.

The ACEs questionnaire was not viewed as an all-encompassing solution to address childhood legacies of trauma, but instead as a mechanism for opening a topic or aspect of a client's life patterns. Just as practitioners need to consider how any trauma informed response (TIR) may be integrated into practice, organisations need to carefully consider their remit in regard to TIR, the tool or approach to be used, what training and support is required for practitioners, the follow-up and referral services for clients and how the introduction of a TIR is evaluated. Within this project, the 'simplicity' of the ACEs questionnaire was originally a concern for those implementing it, but in practice and within the organisation, this became a strength. While it is important not to position ACEs screening as causal identifications of later life outcomes, the evidence link in relation to patterns of association between ACEs and potential health implications of ACEs appeared useful in motivating services users to consider how they might be supported to change their life patterns and the long-term health implications of childhood experiences.

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<https://researchrepository.ucd.ie/handle/10197/11213>

### Review of a recent publication: Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing

by Dr. Emer O’Leary Health Promotion and Improvement Officer, HSE Community Health Care East



The recent commentary by Jessie Forde and colleagues (2019) aims to highlight sexual pleasure in the context of sexual health and sexual rights, and is an effort to renew attention to the important topic of sexual pleasure. The authors hope that this commentary will start and continue the efforts to promote sexual pleasure as a way of promoting sexual health and sexual rights. This has the ultimate goal of ensuring sexual pleasure has a place in public health policy and sexual health services.

While there are many definitions sexual pleasure has been defined by the Global Advisory Board for Sexual Health and Wellbeing (2016) as the *“physical and/or psychological satisfaction and enjoyment derived from solitary or shared erotic experiences, including thoughts, dreams and autoeroticism”*. This definition goes on to include links between sexual pleasure and sexual health and rights. The authors note that this definition enables sexual pleasure to be interpreted to mean different things to different people and have different meanings and importance over the lifespan, taking into account individual factors such as age, gender, sexual identity, sexual desires, sexual capacities, health status and trauma experiences.

Sexual pleasure can be said to be a driver of sexual behaviour and so warrants appropriate focus in relation to sexual health. Although sexual pleasure is often disregarded as a secondary aim or stigmatised, the authors discuss the importance of promoting it as a means to promote sexual health and rights. Considerable evidence indicates that sexual rights, sexual health and sexual pleasure as a whole are paramount to health and wellbeing.

The negative aspects of sexual health including fear, danger and disease remain the focus of sexuality-related education. The authors summarise some of the existing evidence and state that risk-focused sex-negative messaging often produces effects that are the opposite from those intended. Despite the clear rationale for an equal focus on sexual pleasure, positive aspects of sexuality such as pleasure are not so common in sexuality education. This is of concern as there is evidence showing that sexual health programmes and education that include sexual pleasure as a component improve attitudes and knowledge around sexual health, condom use and safer sex behaviours. The Global Advisory Board for Sexual Health and Wellbeing (2016) also advocate for a broader, more holistic approach to sexuality education. It is noteworthy how this evidence base is being utilised in Ireland, and the Foundation Programme for Sexual Health Promotion encompasses this broad holistic model of sexual health promotion and includes aspects of pleasure in its content.



While there is clear evidence for the need to name *“sexual pleasure”* to improve sexual health and wellbeing, the same can also be said in relation to sexual rights. Considerable work has been carried out to recognise sexual rights as fundamental human rights and to reduce stigma; however, the area of sexual pleasure has been precluded, highlighting that more work needs to be done.

Given the evidence in support of the inclusion of sexual pleasure as a pillar of sexual health programmes and education, is it surprising that we are slow to change our ways globally? Well, given the barriers that are at play perhaps not... Sexual pleasure, desire and passion have been historically viewed as a threat to society, and some fragments may remain today, highlighting a potential barrier in terms of mainstream education and programmes. Another barrier relates to gender inequality. While we have come a long way in recent years, there remains a gap, with a lack of attention to pleasure being reported by women, in particular young women who lack the tools, information or agency to negotiate pleasure. The authors note that another barrier to sexual pleasure is the *“systems of power, oppression and social inequality”*, with the authors explaining how sexual pleasure contributes to the maintenance of structures of power and status. In order to progress in this area, the intersectionality of class, race, gender and sexuality needs to be explored.

The authors' inspiring and daring vision draws upon current evidence of global sexual health and notes that it is now time to incorporate and acknowledge sexual pleasure as a key component of sexual health and rights. More research is warranted to grow the established evidence base, which will help further the pursuit, but in the meantime we can educate and advocate for inclusion of this important construct. The authors further state that *"to ignore sexual pleasure in global health is to present a conceptualisation of sexual health that is unrealistic and disconnected from people's experiences, aspirations and concerns"*.

**Research article references:** Jessie V. Ford, Esther Corona Vargas, Itor Finotelli Jr., J. Dennis Fortenberry, Eszter Kismödi, Anne Philpott, Eusebio Rubio-Aurioles & Eli Coleman (2019) Why Pleasure Matters: Its Global Relevance for Sexual Health, Sexual Rights and Wellbeing, International Journal of Sexual Health, 31:3, 217-230, DOI: 10.1080/19317611.2019.1654587

## Recent Graduates of the National Foundation Programme in Sexual Health Promotion (FPSHP)



Tallaght



Glasnevin



Limerick

## Foundation Programme in Sexual Health Promotion (FPSHP) 2020

All training in the 'Foundation Programme in Sexual Health Promotion' has been suspended indefinitely due to the on-going COVID-19 restrictions.

Updates will be posted on: <https://www.sexualwellbeing.ie/for-professionals/training/sexual-health-promotion>





The features section is made possible by the authors giving of their time and expertise in their respective fields; for any queries or further information on the features please contact the relevant author.

## HIV Prevention Education

by Susan Donlon, Prevention Education and Training Manager with HIV Ireland



With many options now available to prevent the acquisition and transmission of HIV, the way we talk and educate about HIV prevention must correspond with recent ground-breaking advances. For many years, the terms 'Unprotected Sex' and 'Safer Sex' have been used in HIV prevention education, and are generally known to mean respectively sex without, or with, a condom.

With the advent of Pre-exposure Prophylaxis (PrEP), and the benefits of HIV medication now rendering HIV untransmittable (U=U), the term 'unprotected sex' is now outdated in the context of HIV prevention, and the term 'safer sex' is being re-defined to mean much more than using condoms for sex. Safer sex to prevent the acquisition of HIV can now mean, for example, condomless sex with PrEP, or condomless sex with a person with HIV who has an undetectable viral load.

### So what is PrEP?

PrEP is a medication taken by HIV-negative people to reduce the chance of acquiring HIV from having sex without a condom. PrEP stops HIV from establishing itself inside the body and, when taken correctly, has been proven in many studies to be safe and highly effective at preventing HIV.

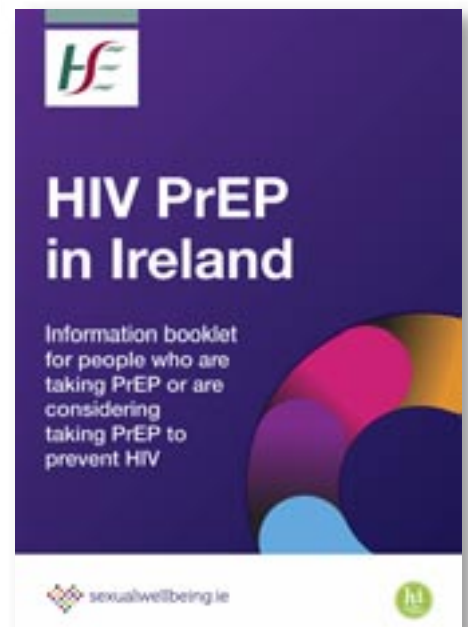
PrEP is available free of charge in Ireland through the HSE Primary Care Reimbursement Service (PCRS) for people who meet clinical eligibility criteria, which includes testing negative for HIV, being able to attend a clinic for a check-up at least once every 3 months, and being a person considered to be vulnerable to HIV acquisition.

A prescription is needed from an approved PrEP clinic, and once deemed eligible, a person will need a PPS number and a Drugs Payment Scheme (DPS) card or medical card to get PrEP free of charge from a pharmacy. A DPS card is available to anyone who is 'ordinarily resident' in Ireland and the €124 monthly limit will not apply once a person has a prescription for PrEP from an approved clinic. There is no means test for a DPS card but a PPS number is needed.

Some people may not be eligible for a DPS card because they are not 'ordinarily resident' in Ireland, for example, students from non-EU countries. If a person is not eligible for a DPS card and has been refused one, they can still get PrEP free of charge once they have a prescription from an approved clinic. The clinic prescribing PrEP will register the person with the HSE PCRS, and the pharmacy will need to contact PCRS (Pharmacy Function) to confirm the registration and that the person has been clinically approved for PrEP. Once confirmed, the pharmacy can dispense the prescription and will be reimbursed.

PrEP has been hailed as a game-changer for HIV prevention and reducing the number of new HIV acquisitions globally. The effectiveness of HIV treatment (ART – antiretroviral therapy) has, for many years now, played a significant role in decreasing the number of new HIV transmissions. A number of major studies took place to look at undetectable viral loads and the sexual transmission of HIV, and confirmed, absolutely, that when treatment is effective and keeps HIV at an undetectable level in the body, HIV cannot be passed on to sexual partners. This has become known globally as 'Undetectable equals Untransmittable' or U=U.

Acclaimed as a revolutionary message for people living with HIV and their partners, U=U frees people from the fear and anxiety of transmitting HIV to partners. It opens up a new social freedom, improving the lives of people living with HIV who now have sexual and reproductive choices never thought possible. Importantly for HIV prevention, knowledge of U=U can reduce anxiety associated with testing for HIV and indeed encourage and empower people to get tested. Increasing knowledge of U=U also helps to dismantle HIV-related stigma, challenging



misconceptions about the transmission of HIV, misconceptions that often lead to negative attitudes towards people living with HIV.

Until recent years, this information has not been widely known or promoted. In January 2020, the HSE launched a new campaign to promote the U=U message to address HIV-related stigma. Campaign posters appeared on public transport, in social venues and college locations across Ireland, as well as on social and digital platforms.

Notwithstanding the monumental importance of the U=U message, messaging delivered through education programmes and campaigns must also consider people who may not have an undetectable viral load. Care must be taken not to inadvertently cause more stigma for those who may have difficulties, for example, adhering to treatment, or for those who may not have access to treatment.

PrEP and U=U should not be promoted as the panacea for ending new HIV transmissions. Combination HIV prevention strategies (including early and frequent testing, condoms, PEP and PrEP), together with access to HIV treatment, care and support for people living with HIV, will all help to reach the goal of ending new HIV transmissions. Something unimaginable not long ago, is now a reality, but it must be delivered at a scale needed to make an impact. Stigma and discrimination continue to fuel the HIV epidemic globally and must be challenged in all its forms.

As educators, we have a key role to play to ensure that people are well informed about the range of HIV prevention strategies available to them. Enabling informed choices about preventing the acquisition and/or transmission of HIV requires an awareness that safer sex for HIV prevention goes beyond the use of condoms, and terms like 'unprotected sex' are redundant.

**Find out more about HIV, PrEP, undetectable viral loads and much more at [www.hivireland.ie](http://www.hivireland.ie), where you can also register to attend one of our many education and training programmes to learn more. Keep up to date with HIV news and research by subscribing to our NewsDesk Weekly, also via our website.**

## Cervical Cancer and Tobacco Use

by Leah Fitzsimons, BSc Public Health student at University College Cork



Cervical cancer affects the neck of the womb, where cells become abnormal and change after many years. In Ireland, approximately 300 women are diagnosed with cervical cancer every year and 90 die (HSE, 2019). The Institute of Public Health reported approximately 6,500 women required treatment for abnormal cervical cancer cells in 2018. It is important to note that since the introduction of a population-based, call/recall cervical screening programme, there has been a 7% decrease in the incidence of cervical cancer year on year since 2010. However, it still remains the second most common cancer causing death in women aged 25–39 years. The HPV virus causes the majority of cervical cancers, and the HPV vaccine protects against 7 out of 10 cervical cancers (Institute of Public Health, 2019).

Tobacco smoke is strongly associated with cervical cancer yet the molecular mechanism by which this occurs remains unknown. The International Agency for Research on Cancer concluded in 2004 that tobacco use is a cofactor of cervical cancer (Fonseca-Moutinho, 2011). Smoking increases the risk of developing and reduces the chances of surviving cervical cancer and many people remain unaware of these detrimental health defects. Plausible explanations suggest smoking inhibits an immune response to HPV due to abnormalities in systemic and peripheral immune systems of smokers. This can inhibit and suppress the production of lymphocytes and immunoglobulins due to a reduced number of Langerhans cells in the cervix. Cells already infected with HPV also become exposed to carcinogens found in tobacco smoke. Castle et al. (2008) reported a molecular response between carcinogens found in tobacco smoke and HPV synthesis, but a dose response relationship was not evident. Other research suggests the direct exposure of cervical cell DNA to nicotine and cotinine may cause carcinogenesis, and on examination of cervical mucus of a smoker, considerable amounts of tobacco constituents and metabolites were found (Fonseca-Moutinho, 2011). The effect of e-cigarettes on cervical cancer remains unknown.

### Second-hand smoke and cervical cancer

Second-hand smoke is a mixture of two components, smoke exhaled from the lungs and smoke from the physical burning of a cigarette. A smoker directly inhales approximately 15% of tobacco smoke; the rest is released into the atmosphere (Cancer.ie, 2019). Some of the chemicals second-hand smoke contains are benzene, tobacco-specific nitrosamines, carbon monoxide and formaldehyde, many of which are carcinogens (National Cancer Institute, 2019). Evidence demonstrates that exposure to passive smoke increases the risk of cervical cancer. A systematic review and meta-analysis found that the odds

of getting cervical cancer was 1.7 times greater in people exposed to passive smoke compared to those who are not exposed (Su et al., 2018). It is plausible that carcinogens and toxic chemicals inhaled from second-hand smoke will have similar effects to those of tobacco smoking on immune response to HPV and will contribute to abnormal cell growth in the cervix.

## Cervical Screening

Low grade changes are minor abnormalities of the cervix cells, 'low grade squamous intraepithelial lesions' (LSIL), or atypical squamous cells of undermined significance (ASCUS). Since April 2015 CervicalCheck has used HPV testing as an adjunct test when low-grade abnormalities (ASCUS or LSIL) are detected on cytology specimens. The laboratory tests for the presence of certain types of the HPV virus (high risk-HPV) which are associated with cervical intraepithelial neoplasia (CIN) and cervical cancer. The additional information provided by this reflex HPV test is used to determine the recall recommendation for these women (HSE.ie 2019).



### The benefits of adjunct HPV testing in the presence of low-grade cytological abnormalities (ASCUS / LSIL) include:

- Reduction in unnecessary repeat tests for women who are HPV negative
- Expedited referral to colposcopy for women who are HPV positive and who may require treatment
- Reassurance for those women who are HPV negative that the cellular abnormalities in the smear test are not considered clinically significant (HSE.ie 2019).

Matsumoto (2010) discovered LSIL regression over a two-year period was significantly lower in smokers compared to never-smokers. The risk of LSIL prolonging or worsening increases with smoking intensity, duration and age at which smoking began. Smokers had two-fold the risk of persistent HPV infection in contrast to non-smokers.

"High grade squamous intraepithelial lesions" (HSIL) is the term used to describe cytological abnormality found on the smear slide. Again, this is not indicative of cervical cancer but a referral for a colposcopy procedure is necessary for further assessment and/or treatment. A study on the 'Effects of smoking on high-grade cervical cancer in women' found that long-term smoking increased the risk of HSIL significantly. Smoking (either long term (8 years or more) or heavy (18 or more cigarettes/day) is highly responsible for the increased risk and progression of HSIL in high-risk HPV-positive women. This compares to women who have never smoked and the conclusion is that smoking leads to enhanced risk and progression of HSIL within at-risk populations of women (Fang JH, 2018).

## Tobacco Cessation Interventions and Cervical Screening

Seventy-two deaths occurred due to cervical cancer in 2016 of which nine were directly attributable to smoking (Kearney, 2016). A Healthy Ireland survey conducted in 2018 discovered that 1 in 5 women eligible for cervical screening were smokers (Health.gov.ie, 2019).

In Ireland, the HSE funds a diverse range of tobacco cessation interventions from pharmacological to behavioural. Pharmacological interventions include medication (prescription-varenicline and bupropion and non-prescription-Nicotine Replacement Therapy (NRT), which can double your chances of quitting (HIQA.ie, 2017). Behavioural interventions include individual and group support from HSE Smoking Cessation Clinics in various locations and QUITline—a Freephone support service. Smoking cessation practitioners are trained to a high level in intensive tobacco cessation and run this support. Internet-based support that is available to all can be found on: [www.quit.ie](http://www.quit.ie) (QUIT.ie, 2019).





Enhancing smoking cessation services within cervical screening will have many potential benefits. People will become more aware of the relationship between smoking and cervical cancer and more quit attempts can be encouraged and facilitated. A domino effect will result in healthier women, less tobacco-related harm and healthier pregnancies within this at-risk group. Both the CervicalCheck and QUIT programmes will grow in effectiveness. The Institute of Public Health cumulated evidence and found that tobacco-related brief intervention within cervical screening services would be widely accepted, feasible and potentially effective (Institute of Public Health, 2019).

Training staff involved in cervical screening on brief tobacco related intervention would improve routine cessation services within cervical screening programmes. Breath Carbon Monoxide monitoring incorporated into routine care would increase patient awareness of carbon monoxide levels and the physiological dangers it can cause. Stevens et al. (2019) conducted a study assessing the acceptability of receiving lifestyle advice at cervical cancer screening. Outcomes suggest that willingness to attend future cervical screening would not be affected and that most women would like this advice and support to be offered at the screening appointment. (Institute of Public Health, 2019).

## Quitline: 1800 201 203 Cervical Check: 1800 454 555

\* Leah Fitzsimons undertook her third year work placement with the HSE Tobacco Free Ireland Programme during the summer of 2019. As well as tobacco control, Leah has a keen interest in sexual health and penned this article as part of her work while on placement.

*These references were used in developing and extended version and so may not appear in the body of the article*

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## AIDS West to change name to Sexual Health West

AIDS West has changed its name to Sexual Health West from January 2020. Established in 1987, in response to the global pandemic of HIV/AIDS, we have always strived to serve our community with care and compassion. Our role has evolved over those years and expanded from that initial group of dedicated volunteers into a professional and committed team.

However with the significant improvements in medication and treatment over the last decade or so, a person living with HIV can now expect to live a normal healthy life and the name change is a reflection that the majority of people in Ireland living with HIV do not progress to AIDS.



### Sexual Health West CEO Joe McDonagh outlines

*"this is a very exciting time for all here—AIDS West has been known as a centre for reliable, informed and up-to-date information regarding all aspects of HIV and sexual health. We continue to offer evidence based skills training and support for people with issues about HIV and sexuality and relationships. Our primary function is to provide support for people living with HIV as we also look to further develop our extensive education programmes and information in relation to HIV and sexual health through our WISER (West of Ireland Sexuality Education Resource) programmes. We aim to encourage the development of openness and honesty around HIV and sexual health issues in the west of Ireland. We have an excellent and highly qualified staff team here and we look forward to future developments and challenges."*

### Evelyn Stevens Co-Founder AIDS West comments that

*"as co-founder of AIDS West and Board member I am really proud of the name change to Sexual Health West as it truly reflects a major deepening of the work of the organisation. When we started in 1987 we had two aims: to support people who were infected with HIV, and to promote 'safer sex' so people would not become infected. Since then the Education strand of AIDS West has gone from strength to strength; it now works with people in a holistic way, with the aim of preventing further HIV infections in the context of overall sexual health. It continues to be of huge importance that support for people with HIV is included in this holistic approach of Sexual Health West."*

### Sexual Health West Chairperson Patrick Towers outlines the background to the change of name

*"We moved from our name of 'AIDS West' to 'Sexual Health West' as the timely treatment of those identified with HIV and the developments in antiretroviral therapies had reduced considerably those dying from full blown AIDS. Preventing the spread of the HIV virus by early testing and by education became an important part of our work. Since HIV is spread primarily by sexual activity, we found ourselves addressing other sexual infections that can impede a person from living a healthy life. The needs of sexual health came to describe more accurately the work of our AIDS West Team. As with other forms of health we know that education well delivered to young people as well as to adults can considerably contribute to sexually healthy individuals and, as well, to a sexually healthy society."*

### Lorraine O'Connell Sexual Health West WISER Coordinator describes how

*"for years the reaction in schools to our name would leave students a bit uneasy, initially they thought that all we were going to cover was information on HIV/AIDS...Now with our new name change to 'Sexual Health West' it illustrates the ever expanding work we do within the area of sexual health education and promotion through our WISER (West of Ireland Sexuality Education Resource) Programmes."*

*"Sexual Health West is dedicated to delivering high-quality, relevant and inclusive interactive workshops by highly trained, experienced and enthusiastic staff. Topics covered include: Relationships, Sexuality, Consent, Reproduction, Anatomy, Pleasure, Contraception, Protection, STIs, Pornography and Gender Roles. The name change truly reflects the expansion and broadening of our work over the years within sexual health education throughout the West of Ireland."*

*"We are all aware of the major shift within Ireland highlighting the importance of sexual health ie ... from the launch of the Sexual Health Strategy, the review of RSE within our Primary and Post-Primary schools, the availability of PrEP, the referendum legalising same sex marriage and the repeal of the 8th Amendment. Having open conversations with our young people about Consent and Pornography, times are definitely changing and so much for the better!"*

For more info see [www.sexualhealthwest.ie](http://www.sexualhealthwest.ie)

For more info on the WISER Sexual Health Education Programmes see [www.bewiser.ie](http://www.bewiser.ie)

## The importance of partner notification (PN) as part of a sexually transmitted infection (STI) screening within primary care

by Sarah Hickey, Institute Nurse, Cork Institute of Technology



The aim of this article is to illustrate the importance of partner notification (PN) as part of sexually transmitted infection (STI) screening within a primary care setting, using a student health centre as an example. I am currently working as a third-level institute nurse where the students who use our service range in age from 17 to 25 years, with some mature students also. The Health Protection Surveillance Centre (HPSC, 2019) identified that STIs are most common among 15-24-year-olds and men who have sex with men (MSM). It is therefore imperative that the sexual health service provided to this high-risk population is adequate and complete. Sexual health advising, although not my primary professional role, is a key responsibility within my role. According to the Society of Sexual Advisors (SSHA, 2013), a sexual health advisor has many responsibilities, including STI management, health promotion, risk reduction and PN. The British Association of Sexual Health and HIV (BASHH, 2014) recommend all providers of STI services should at least instigate PN as a measure to reduce STIs.

The World Health Organization (WHO) report more than one million STIs are acquired daily worldwide (WHO, 2019). Evidence confirms STI notifications in Ireland are increasing (Kelleher et al. 2013), in particular, chlamydia and gonorrhoea (HSPC, 2019). According to HPSC (2019), there was a seven per cent increase in STI notifications Ireland in 2018, compared to 2017. The latest data shows that gonorrhoea and chlamydia have increased by seven per cent: from 2,249 to 2,406 cases of gonorrhoea and from 7,402 to 7,937 cases of chlamydia (HSPC, 2019). Nearly half (49%) of all chlamydia cases in 2018 were in young people between the ages of 15 and 24 years (HSPC, 2019). These latest statistics show STI diagnosis rates increasing in Ireland among young people, and therefore reiterate the importance of our STI service providing PN to help reduce the spread of STIs among the student population served (BASHH, 2012) (National Institute of Clinical Excellence (NICE), 2019).

PN reduces the incidence of STIs by breaking the chain of infection, thus reducing re-infection rates (European Centre for Disease Control (ECDC), 2013) (Herzog et al. 2011).

BASHH (2012) describe PN as the provision of specific healthcare to individuals who are sexual contacts of an index case (person diagnosed with an STI) and who may be at risk of infection. Consequently, advice, testing and treatment should be offered to these sexual contacts to break the chain of infection, reduce re-infection rates and prevent long-term complications of undiagnosed infection. Hogben (2007) describe PN as a primary means of reducing STIs. Doocey, Grogan and O'Toole (2016) identify chlamydia as a silent infection, in that many people who have it are unaware and PN is therefore imperative. The PN process includes detecting a look-back interval when infection may have been transmitted, agreeing a plan to notify previous sexual contacts with the index patient and documenting the results of PN (BASHH, 2012). There are three main strategies to PN: patient referral, provider referral and contract referral (Coleman and Lohan, 2007), (Bell and Potterat, 2011), (Peate, 2011), (BASHH, 2012), (ECDC, 2013), (SSHA, 2015). There are no national Irish guidelines on PN strategies, thus, Irish standards for PN are based on BASHH (2012) and SSHA (2015). ECDC (2013) has concluded that legislation regarding PN varies within Europe. In Ireland, although PN is not compulsory, it is routinely carried out for many STIs (ECDC, 2013).

PN is recognised as having a direct positive impact on public health as it is a vital component in reducing prevalence, controlling spread, and preventing reinfection and complications of STIs (BASHH, 2012) (ECDC, 2013). The WHO defines public health as:-

*“the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (WHO 2011).*

The Institute of Public Health (2019) state that public health aims to promote and protect the health of entire populations and communities by endorsing wellness and encouraging healthy behaviours. The role of IPH is to promote health and wellbeing in Ireland and in 2015 it contributed to the development of the National Sexual Health Strategy 2015–2020 (IPH, 2019). Ireland's first National Sexual Health Strategy was launched by the Health Service Executive's Sexual Health and Crisis Pregnancy Programme (SHCPP) to improve the structures required to provide a high-quality sexual health service in Ireland (Department of Health (DOH), 2015). One of the goals identified in achieving this vision is 'sexual health promotion, education and prevention' (DOH, 2015 p.7). Recommendations to achieve this goal include the prevention of STIs through clinical interventions such as PN, specifically, the evaluation of options to implement a plan to progress PN (DOH, 2015).

# SEXUAL HEALTH PROMOTION IN ACTION

WHO (2016) state that STI response should be a global priority to end STI endemics and once the Global Health Sector Strategy on STIs 2016–2021 is implemented, there will be a radical decline in STIs and an improvement in health and wellbeing for all. However, reports from HSPC (2019) and SHCPP (2018) still highlight an increase in STI notifications in Ireland. PN is recognised by WHO as a priority action to reduce STIs by identifying sex partners and offering them treatment, consequently preventing the spread of STIs (WHO, 2016).

Primary care providers make a valuable contribution to the provision of sexual health services once they are competent in addressing the needs of patients with STIs they communicate and consult with local genitourinary medicine (GUM) clinics and they establish strong links and referral pathways for patients to access same when necessary (Wright, 2006) (BASHH, 2014) (NICE, 2019). Peate (2011) agrees general practice has an important role in STI management, considering the treatment of STIs is becoming more frequent in non-specialist settings. All sexual health services should subsequently offer PN even if this only involves initiating the service or referring the patient to another service where PN can take place (BASHH, 2014).

In conclusion, I realise the importance of PN as part of an STI service within the primary care setting of a student health centre. I have subsequently adapted my professional practice as a sexual health advisor, gained competence in PN and contributed to public health by developing practice in PN.

## Recommendations

- All providers of STI services should at least instigate PN as a measure to reduce STIs (BASHH 2014).
- Clear national Irish guidelines for sexual health and prevention of STIs, including PN and guidelines for PN in general practice need to be developed (DOH, 2015) (ECDC, 2013).
- Health care workers providing PN in satellite clinics should build relations with GUM clinics and have clear and accessible referral pathways. (Wright, 2006) (BASHH, 2014) (NICE, 2019).

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## Boston Scientific: Our PRIDE journey

Boston Scientific is a worldwide leader in the development and manufacture of medical devices used in a broad range of medical specialities. The company is dedicated to transforming lives through innovative medical solutions that improve the health of patients around the world. Boston Scientific Clonmel was established in 2006 and the team there supports the development, manufacture and distribution of over 320,000 life-changing implantable devices include pacemakers, defibrillators, spinal cord stimulators, deep brain stimulators and men's health prostheses.



Diversity is one of the 6 core values that our company is built on. Our site strategy pillar of "Inclusive Winning Teams" recognises the importance of engagement and recognition of all our people on site. This pillar reflects that our success is built upon our people's commitment to achieving results and it is our job to allow everyone to bring their authentic self to work. Since 2014 we have launched 4 Employee Resource Groups (ERG) to build upon our diversity and inclusion programmes. These include the Women's Network, Young Professional Network, LEAD (Leadership, Education and Allies for Disabilities) and most recently Pride (Promoting Respect, Inclusion, Diversity and Equality).



The PRIDE group is a voluntary network of Boston Scientific LGBTQ+ employees and allies providing a welcoming environment while fostering professional growth, engagement and corporate citizenship for people of diverse sexual orientation and gender identity and has representation at all of the major sites globally.

PRIDE members support building a culture that fosters dialogue on the value of diversity and inclusion through mentoring, special events, and educational outreach across the company. PRIDE brings together a supportive network of employees who regularly discuss issues affecting the LGBTQ+ community, mentor each other, and collaborate on key business objectives including participation in impactful events in conjunction with the local community and LGBTQ+ national organisations.

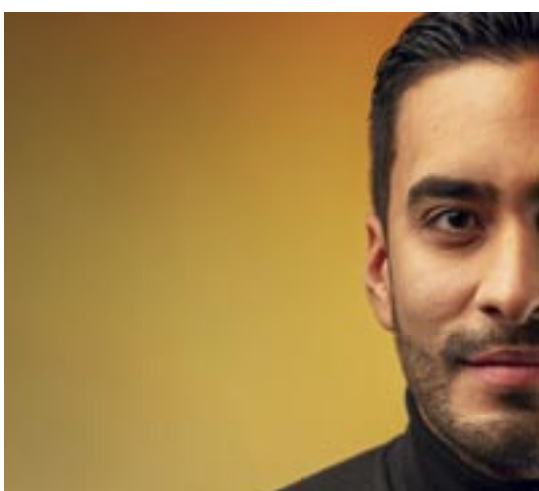
PRIDE at Boston Scientific Ireland is represented at all three manufacturing sites: Cork, Galway and Clonmel. The Clonmel PRIDE ERG was formed in May 2019, following a Diversity and Inclusion event in conjunction with the Cork and Galway sites. Since then the Clonmel PRIDE Team has gone from strength to strength not only on-site but locally with close ties to the LGBT Health Support Worker.

Throughout 2019 the teams held a number of successful and enjoyable events and attracted new members. We are fortunate to have the support of the local LGBT Health Support Worker, funded by HSE Social Inclusion.

The PRIDE Clonmel team has established what we want to achieve over the next three years. Our communication team will lead a number of annual events including a PRIDE parade. Our education team will run inclusion training and leadership days. We will collaborate with the other PRIDE sites, and our support team will continue to support our LGBTQ+ community.



With our strategy and vision now in play and with the continued support of the local LGBT Health Support Worker, we are set for success and look forward to continuously improving the diverse and inclusive culture at Boston Scientific Clonmel.



# EFFECTIVE TREATMENT MEANS YOU CAN'T PASS ON HIV TO PARTNERS.

## U=U

### **Undetectable equals Untransmittable.**

Effective treatment keeps HIV at an undetectable level in your body. This keeps you healthy and means the virus can't be transmitted to sexual partners.

For more information,  
visit [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie)

