

Equalities, Human Rights and Civil Justice Committee

HIV Anti-Stigma Campaign/Achieving Zero New Transmission of HIV in Scotland by 2030

Supplementary evidence from Nicky Coia, Health Improvement Manager (Sexual Health), NHS Greater Glasgow and Clyde and co-Chair of the Scottish Sexual Health Promotion Specialists Group (SSHPS)

Evelyn Tweed MSP asked the following question:

I was concerned to read that 31 per cent of Scots think that they are not the type of person who could contract HIV. That is an issue when we consider the number of heterosexuals who are testing positive. What work is being done to tackle that misconception?

Response from Nicky Coia:

I am concerned that the Committee may have been left with the impression that no such work is taking place in Scotland that is of relevance to heterosexual people and I would like to summarise some of the work that I am aware of or involved in.

The committee is aware of the range of excellent targeted work undertaken by third sector organisations Terrence Higgins Trust and Waverley Care Scotland and by health boards with the populations most at risk of acquiring HIV.

There is also a layer of universal provision of sexual health information and education available to the whole population, and much of this is delivered by public health and health improvement teams in territorial health boards.

At present there is work underway, funded by Scottish Government, to develop a new sexual health website for Scotland. This is being delivered by NHS 24 jointly with the Scottish Sexual Health Promotion Specialists Group (SSHPS) and will be provided on NHS Inform. This will replace the recently stood-down Sexual Health Scotland website and act as a source of quality assured information on a broad range of sexual health topics, act as a conduit to appointment booking and be a digital front door to the increasing range of online delivered sexual health services. This will be relevant to all adults and young people in Scotland.

All health boards in Scotland currently provide free condoms and lubricant and in most health boards these are universal services which can be taken up by anyone.

To ensure the adult population is able to protect their sexual health and make healthy relationships choices, requires an approach which makes sure that we provide comprehensive education on sexual health to children and young people to enable them to acquire the knowledge skills and values that they will need as adults.

A key source of vital information for all young people in Scotland is the provision of Relationships, Sexual Health and Parenthood (RSHP) education in schools. Professor Estcourt in her evidence touched on the fact that one of the main drivers of stigma in relation to HIV is in relation to broader feelings that individuals have in relation to sex, sexuality and the cultural norms that we have in talking frankly and honestly about these matters.

It is well evidenced that in countries where there is less reticence and more openness in discussing sex and relationships, especially between parents, teachers and young people, there are fewer adverse outcomes such as teenage pregnancies, STI and HIV acquisition, especially among young people.

Schools based delivery of RSHP is therefore a very important part of good sexual health provision and by extension, HIV prevention. It is also one of the means of changing the culture to one that is more open on these matters. We should be very proud that in Scotland all teaching staff in schools can access a quality assured, evidence based, age and stage appropriate teaching resource available at www.rshp.scot

This teaching resource was jointly developed by the SSHPS group along with partners in local authorities and with advice from Scottish Government and Education Scotland and it was launched in 2019. Covering the full age 3-18 age span of Curriculum For Excellence, it contains a broad range of content including key prevention learning activities covering negotiating healthy consensual relationships, condom use, PrEP, accessing sexual health services and countering HIV stigma. This resource is extremely well utilised with around 1 million downloads per academic year. It is likely that Scotland has been the first country in the world to provide schools with a comprehensive resource of this nature.

In the first panel of the evidence session it was acknowledged that Scottish Government have undertaken a consultation on the draft Guidance for schools on the Conduct of RSHP education in schools. The final guidance when published can act as a strong lever to ensure delivery takes place across the country.

A key area of work that needs to compliment RSHP education in schools is ensuring that parents and carers have the support available to be able to talk openly with their children about relationships and sexual health. The SSHPS group have commissioned an engagement process with parents and carers across Scotland to ascertain how best we can support them in doing so. This is currently live at www.thechat.scot and will report in the summer on its completion.

It is also worth noting the success of the public awareness campaign led by Public Health Scotland last year response to the significant upswing in gonorrhoea observed over 2022 and 2023. The approach taken in the campaign was on primary prevention, i.e. raising awareness of the rise in several STIs and promoting safer sex

as a means of protection. This campaign which involved out of home advertising and a highly targeted social media campaign that was promoted to all young adults aged 18-24 in Scotland. The campaign had an excellent reach with the target population and demonstrates that it is entirely possible to reach considerable parts of the heterosexual population on sexual health and prevention matters with the right resource available.

I highlight this work to reassure the committee that such work is undertaken benefitting the whole population albeit undertaken by a very small number of individuals and mostly led and delivered by those in territorial boards rather than coordinated centrally. With sufficient resource it would be possible to build on this foundation level of broad population intervention.