

Brief Interventions for Prevention of HIV and Sexually Transmitted Infections (STIs)

General Practitioners can identify patients at risk of HIV or an STI as well as engaging patients about healthier sexual practices.

This tool is useful for anyone who is sexually active and who is at risk of HIV/STI. Risk groups may include:

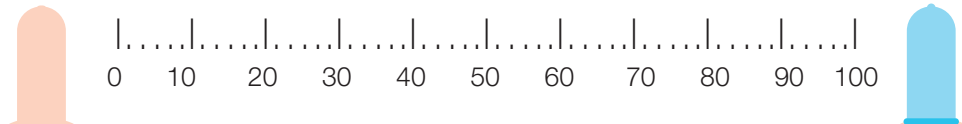
Men who have sex with men (MSM):
Note some men may not identify as gay/homosexual

STI and PEP Presentations

New Relationship: People starting a relationship

Alcohol and Other Drugs (AOD):
Sexual risk taking is associated with AOD

1. IDENTIFYING RISKS

a. Introduce the Idea	<i>"I would like to ask some questions about your sexual practices. All patients are asked the same questions, this information is confidential and it helps me identify what tests I need to do today"</i>
b. What to ask?	<ul style="list-style-type: none"> i. Are your sexual partners male/female or both? ii. When was the last time you had sex without a condom? (was this with a regular or casual partner/s)
c. Ask patients to rate their risk taking behaviour	<p>Scale : 0=no protection and 100=100% protection from STIs and HIV</p>  <p><i>"Where would you place yourself on this scale?"</i> <i>"Can you tell me a little more about why you placed yourself here?"</i> <i>"What do you think would help you get to 100%?"</i> <i>"Would you like to discuss this further? We can look at some ideas on how to protect yourself."</i></p>
d. Test:	<p>Not sure what tests to perform? Refer to the STI Testing Tool (www.stipu.nsw.gov.au) For more information about PEP and PrEP contact the NSW PEP Hotline 1800 737 669</p>

2. IDENTIFYING BARRIERS TO SAFE SEX

"The table below highlights some of the most common reasons people identify as being a barrier to safe sex. Do any of these reasons apply to you?"

BELIEFS/KNOWLEDGE	CONDOMS	COMMUNICATION	BEHAVIOURS/CONTEXT
Didn't know could get HIV or an STI	Had no condoms	Didn't talk about it or didn't know how to bring it up	Alcohol and/or drugs
Not familiar with HIV and STI transmission information	Do not like condoms	Worried might be rejected	Multiple partners/group sex
Heat of the moment thinking	Lose erection with condoms	Partners said they were negative	It's a regular sex buddy
Thought partner was "safe"	Partner refuses to use condoms	Partner would tell if they had an infection	Always the top partner

3. STRATEGIES FOR CHANGE

- Cost/benefit:** Identify barriers to and reasons for change
- Identify Rewards:** Help patient identify meaningful rewards for change
- Plan:** Help the client to articulate a specific plan detailing how they will accomplish change
- Review and modify plan:** Identify what is working and what is not working

BELIEFS/KNOWLEDGE (Are they aware they might be exposing themselves to HIV or STIs?)	
“What do you know about...? Would you be interested in knowing more about...?”	
Didn't know I could get HIV or an STI Not familiar with HIV and STI transmission information	<ul style="list-style-type: none"> – Education regarding risks of HIV and STIs and their impact on health, fertility, partners – Availability of testing, treatment and discuss frequency – Explore benefits of knowing HIV and STI status e.g. health benefits, treatment, opportunity for transmission prevention
Heat of the moment thinking	<ul style="list-style-type: none"> – Educate regarding transmission risks (asymptomatic) – Planning ahead e.g. carry condoms – Explore thinking and discuss potential consequences of beliefs
Thought partner was “safe”	<p><i>“Have you had unsafe sex or sex without a condom when you'd prefer not to? How do you feel afterwards?”</i></p> <p><i>“If you had safe sex would that mean you would have less anxiety?”</i></p>
CONDOMS/INFREQUENT USE OF CONDOMS (What are the barriers to consistent safe sex?)	
“What is the difference between the times you use condoms and when you don't?”	
Had no condoms	<ul style="list-style-type: none"> – Assess and address access to condoms (cost/free) – Planning ahead e.g. carry condoms, stashing condoms in different places like work
Do not like condoms	<ul style="list-style-type: none"> – If comfort is an issue raise awareness regarding types and styles – Encourage review of negative perception and identify strategies to address perceptions <i>“Are there times you are glad you used a condom?”</i> <i>“Have you been able to experience intimacy with condoms?”</i> <i>“Are there ways where you can use condoms so that they don't interrupt the play? Sometimes we can make condoms part of our sexual play”</i> – Educate how to correctly use e.g. using lube on head of penis before applying – Compare condoms to lube “just another thing you use” – Explore psychological factors - refer as appropriate
Loss of erection with condoms	<ul style="list-style-type: none"> – Encourage practicing masturbating with condoms – Explore psychological factors and refer as appropriate – Try different types/styles – PDE5 inhibitors
COMMUNICATION	
“Are there times when you have had trouble raising or discussing safe sex?”	
Worried might be rejected	<ul style="list-style-type: none"> – Challenge beliefs e.g. negative judgements and outcomes <i>“Have you had times when you weren't rejected when you insisted on safe sex?”</i> – Reflect on what rejection means <i>“Is it okay to not have sex? “</i>
BEHAVIOURS/CONTEXT (Are they aware of their risks?)	
“Are there times when you have used drugs and still had safe sex?”	
Alcohol and/or drugs	<ul style="list-style-type: none"> – Redress ideas about loss of control – Assist with alcohol and drug management. Assist client in identifying triggers and avoiding the cues which lead to risk behaviours <i>“It seems you enjoy taking drugs but you are anxious that you have unsafe sex when intoxicated. What difference would it make not having to worry about this?”</i> – Offer substitutes: harm reduction options e.g. not mix alcohol/ drugs and sex or have better quality sex and reduce number of sexual partners
It's a regular sex buddy	<ul style="list-style-type: none"> – Highlight risks e.g. assess and discuss buddy's testing <i>“Tell me more about what you and your sex buddy have talked about in regards to using or not using condoms”</i>
MSM: Always the top partner	<ul style="list-style-type: none"> – Potential increased risk of HIV infection or STIs

CONSIDER IF REFERRAL FOR COUNSELLING/PSYCHOLOGICAL SUPPORT MAY BE BENEFICIAL

Referral options can include:

Sexual Health Infolink: specialist clinical support and assists in identifying referral pathways for you and your patients. T 1800 451 624 W www.shil.nsw.gov.au.

ACON: provides peer based support. T 02 9206 2000 W www.acon.org.au. **Consider mental health care plan if appropriate**