SEXUALLY TRANSMITTED DISEASES AND SAFER SEX

1 SEXUALLY TRANSMITTED INFECTIONS (STIS)

1.1 WHAT ARE STIS?

THEY ARE INCREASINGLY COMMON INFECTIONS SPREAD VIA SEXUAL CONTACT WITH AN INFECTED PARTNER. SEXUALLY TRANSMITTED INFECTIONS CAN BE CAUSED BY:

- Bacteria
- Viruses
- Parasites

The most common are:

- Chlamydia
- Gonorrhoea
- Genital warts
- Herpes
- Trichomonas vaginalis
- Pubic lice

Less common are:

- Syphilis
- Hepatitis B (more common among injecting drug users)
- HIV

STI's often have no visible symptoms. Sometimes people can tell they are infected, for example by the appearance of an unusual discharge from the penis, vagina or anus, a burning sensation while urinating, sores or blisters on the penis, vagina, anus or mouth or an itch around the genitals or private parts.

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

1.2 How do people get a STI?

STI's are spread through unprotected vaginal, oral or anal sexual contactwith somebody who is infected. As you might have noticed, the inside of the mouth, vagina, anus, and penis is lined with a special skin. This lining is called the mucous membrane. Bacteria and viruses that cause diseases live on this lining. When you have unprotected sex they can move from one person's mucous membrane to the other person's. And that's all you need for infection to take place. A mother infected with a STI can pass the disease on to her baby during the pregnancy or delivery. People who are infected may not have any symptoms. They can still pass a STI on to others.

1.3 What happens when somebody has a STI?

Most STI's are completely treatable, and the individual will suffer no long-term effects. However, the consequences of untreated STI's can cause serious health problems, and presents a significant public health problem. Chlamydia is a well established cause of pelvic inflammatory disease, ectopic pregnancy and infertility. The presence of a STI can also increase the risk of HIV infection.

Some sexually transmitted infections can recur spontaneously. For example, herpes and genital warts will disappear after treatment but may come back later.

1.4 How can you avoid infection?

- Practice "safer sex".
- Attend a sexual health clinic/prison medical service for regular check-ups.

Normal daily social contact presents no risk of infection.

1.5 In the institution

If you have any symptoms or think you have been infected with a STI, you can see the prison medical service to have yourself tested and possibly treated.

2 Chlamydia

This is the most common bacterial sexually transmitted infection. It infects the cervix (neck of the womb) in women and the urethra, rectum and eyes in both men and women.

2.1 Transmission:

- Having sex with an infected partner.
- Mother to baby during childbirth.
- Transfer of the infection from genitals to eyes by fingers.

2.2 Signs and symptoms:

Women

Most women experience no symptoms at all. Possible symptoms include:

- Increased vaginal discharge
- Lower abdominal pain

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

- A need to pass urine more often
- Pain on passing urine
- Irregular menstrual bleeding
- Painful sexual intercourse
- Pain and swelling of the eyes if infected

Men

Men are more likely to experience symptoms, but many don't.

These include:

- Discharge from the penis
- Pain and/or a burning sensation when passing urine
- Pain and swelling of the eyes if infected

2.3 Treatment

Chlamydia is easily treated with antibiotics. Any sexual partner(s) will also need to be treated. It is advisable to avoid sexual contact until treatment of youself and any partner(s) is completed.

Complications in women

- Pelvic inflammatory disease (PID), which in turn can cause infertility.
- Ectopic pregnancy (pregnancy outside the womb).
- Premature birth or miscarriage of pregnancy.
- Can also lead to chronic (long-term) pelvic pain.

Complications in men

- Inflammation of the testicles, which can cause infertility

In men and women

- Reiters syndrome can be due to chlamydial infection, causing inflammation of the eyes and joints and sometimes a rash on the genitals and soles of the feet.

2.4 Prevention

Using a condom or dental dam (or equivalences) reduces the risk of infection.

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

3 GONORRHOEA

Gonorrhoea is a bacterial infection infecting the cervix in women, and the urethra, rectum, anus and throat in both men and women.

3.1 TRANSMISSION

Sexual contact with an infected partner.

3.2 SIGNS AND SYMPTOMS

Women

These might include:

- Vaginal discharge that may be yellow or greenish in colour, and with a strong smell
- Pain or burning sensation when passing urine.
- Irritation and/or discharge from the anus.

Men

These might include:

- Yellow or white discharge from the penis.
- Irritation and/or discharge from the anus.

3.3 TREATMENT

Gonorrhoea is easily treated with antibiotics. Any sexual partner(s) will also need to be treated. It is advisable to avoid sexual contact until treatment of yourself and any partner(s) is completed.

Complications in women

- Pelvic inflammatory disease (PID) if left untreated, which can cause infertility.
- Ectopic pregnancy (pregnancy outside the womb).
- Painful sexual intercourse.
- Infection of baby during childbirth. This can result in an eye infection causing blindness.

Complications in men

- Inflammation of the testicles and prostate gland, which could cause infertility.

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

HA·REACT JOINT ACTION ON HIV AND CO-INFECTION PREVENTION AND HARM REDUCTION

3.4 Prevention

Using a condom or dental dam reduces the risk of infection.

4 Genital warts

Genital warts are a sexually transmitted infection that can appear anywhere in the genital area. They are caused by a virus - the Human Papilloma Virus (HPV). There are more than 60 types of HPV, some of which cause genital warts, others cause warts on different parts of the body.

4.1 Transmission

Sexual contact with an infected partner.

4.2 Signs and symptoms

Symptoms can take several months to develop but may include:

- Small pinkish/white lumps or large cauliflower-shaped lumps on the genital area.
- Itching.
- If present on the cervix (neck of the womb) in a woman, she may notice slight bleeding, or more rarely an unusual vaginal discharge.

4.3 Treatment

Use of a brown liquid - Podophylin - painted onto the warts and washed off after 4 hours. Freezing the wart or laser treatment is also common. Any sexual partner(s) should also attend a clinic for a sexual health check and treatment if necessary.

4.4 Prevention

Using condoms will offer some protection, but only if they cover the affected area.

5 Genital Herpes

Herpes is caused by the herpes simplex virus (HSV). It can affect the mouth, the genital area, and the fingers. The virus lives in the nerve fibres, often causing no symptoms at all. There are 2 types of HSV:

- Type 1 usually infects the mouth or nose, and is referred to as oral or facial herpes. It increasingly infects the genital area as a result of oral sex
- Type 2 usually infects the genital and anal area

5.1 Transmission

- Skin contact
- Kissing

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

- Vaginal, anal and oral sex

5.2 Signs and symptoms

- Itching and tingling sensation in the genital or anal area
- Painful ulceration (blisters) of the affected area
- Pain when passing urine
- Flu-like illness, swollen glands, fever, backache

5.3 Treatment

If left untreated, herpes will clear up by itself, although the symptoms can be very uncomfortable and distressing. There is an anti-viral treatment available which can alleviate the symptoms of herpes, but this needs to be taken within 72 hours of the onset of symptoms. Any sexual partner(s) experiencing symptoms should also have a sexual health check up.

6 Trichomonas Vaginalis (TV)

TV is a sexually transmitted infection caused by a parasite. It infects the vagina in women, and sometimes the urethra in men.

6.1 Transmission

- Vaginal, anal or oral sex.
- Through rare, sharing of wet towels, jacuzzis or hot baths.

6.2 Signs and symptoms

Women

Symptoms, though not always present, may include

- Soreness, inflammation and itching of the vagina
- Pain when passing urine.
- Thin, frothy, yellow/green vaginal discharge, which may have a musty/fishy smell.
- Painful sexual intercourse.

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

6.3 Treatment

TV is easily treated with antibiotics. Any sexual partner(s) should also be treated. It is advisable to avoid sexual contact until treatment is completed.

6.4 Complications

Complications with TV are rare.

6.5 Prevention

Using a condom reduces the risk of infection.

7 Pubic Lice (Crabs)

These are small parasitic insects that live in hair of the pubic area, abdomen, chest, underarms and legs.

7.1 Transmission

- Sexual contact with an infected partner.
- Close physical contact.
- Sharing bedding and towels.

7.2 Signs and Symptoms

- Itching.
- Sometimes the lice are visible on the skin.
- Lice droppings in underwear that looks like black powder.
- Nits (eggs) on the hair.

7.3 Treatment

They are easily treated using a special lotion prescribed by a doctor, or available from a pharmacy. Any sexual partner(s) should also be treated. It is advisable to avoid any sexual contact until treatment is completed.

8 Syphilis

Syphilis is caused by a bacteria.

8.1 Transmission

- Sexual contact with an infected partner.

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

HA·REACT JOINT ACTION ON HIV AND CO-INFECTION PREVENTION AND HARM REDUCTION

- Infected mother to her unborn child.

8.2 Signs and Symptoms

These are the same for men and women. They very often go unnoticed and can take up to 3 months to show. There are several stages, but the primary and secondary stages are the most infectious. Primary stage: painless ulcers around the genital area mainly, but can appear anywhere on the body. They usually appear around three weeks after infection, and are very infectious.
Secondary stage: if untreated, this stage occurs 3-6 weeks after the appearance of the ulcers.
A rash covering the whole body or in patches:

- Hair loss
- Flu-like symptoms, swollen glands, loss of appetite

8.3 Latent stage

This is untreated syphilis. Symptoms have disappeared and the infection can remain undetected for several years. A blood test can diagnose infection. If it remains untreated, syphilis can cause damage to the heart and nervous system, which may be irreversible.

8.4 Treatment

Syphilis can be treated with antibiotics at any stage. Current and former sexual partners will need to be tested and receive treatment if appropriate. Children born to women who have syphilis may also need to be tested.

9 Safer sex in prison

Sexual activities occur inside prisons, just as they do outside. Sexual experiences and pleasure are part of being human. In the same way that prisons are not drug free, neither are they sex free. In addition, prison life produces conditions that encourage the establishment of homosexual or lesbian relationships within the institution. The prevalence of sexual activity in prison is based on such factors as whether the accommodation is single-cell or dormitory, the duration of the sentence, the security classification, and the extent to which conjugal visits are permitted. Several studies have provided evidence that significant rates of risky sexual behaviour occur in correctional settings.

Despite the availability of condoms in prisons, knowledge of sexual risk behaviour and individual risk prevention is poor. Todts et al. (1997) reports that none of a group of Belgian prisoners who were having sexual contacts while in prison used condoms. Prevention offers have not been accepted. The reason might be that men having sex with men is not generally accepted by most of the prison population and prisons do not offer enough privacy where this behaviour does occur.

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

Sexual transmission of HIV, hepatitis B or other sexually transmitted diseases in prisons is a complex phenomenon, with taboos for all concerned: prison authorities, health personnel, and prisoners as well. Penetrative sex between male prisoners can take place in a whole range of situations, and not just between 'gay' inmates:

- Self-identified heterosexual men having sex with men
- True homosexual sex
- Consensual sex
- Circumstantial sex (prisoners pay with what they have)
- Coercive sex
- Rape and gang rape
- Male sex work

There are many misrepresentations about the nature of sexual coercion inside prisons, and a lack of awareness of the problem. Making condoms accessible to inmates may be useful for some cases, but will certainly not prevent the sexual transmission of HIV in most cases of so-called "consensual" prison sex (see also Reyes 2000).

9.1 CONDOM AVAILABILITY IN PRISONS

The WHO guidelines on HIV infection and AIDS in prisons (1993) recommend: "...Since penetrative sexual intercourse occurs in prison, even when prohibited, condoms should be made available to prisoners throughout their period of detention. They should also be made available prior to any form of leave or release." It should be added that condoms should also be made available at conjugal visits (both official and unofficial).

The availability of condoms in European prisons differs widely in practice regarding the provision of and access to condoms. In 1991, a WHO study found that 23 of 52 prison systems surveyed provided condoms to prisoners (Harding & Schaller, 1992). By 2001, 18 of the 23 prison systems in the pre-expansion European Union were making condoms available (Stöver et al., 2001). Today, many prison systems, including in Australia, Brazil, Canada, Indonesia, the Islamic Republic of Iran, South Africa, some countries from the former Soviet Union, and a small number of jail and prison systems in the United States, provide condoms (WHO 2007).

For further information on condom use in prison, make reference to:
WHO, Evidence for Action Technical Papers - Effectiveness of Interventions to Manage HIV in Prisons – Provision of condoms and other measures to decrease sexual Transmission, WHO 2007
http://www.who.int/hiv/idu/Prisons_condoms.pdf

Different policies are applied in European prisons. Access via

- Social workers
- Medical unit
- Priests
- Prison shops
- On prescription, where the prison doctor believes that there is a risk of STD transmission. (England/Wales)

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

HA·REACT JOINT ACTION ON HIV AND CO-INFECTION PREVENTION AND HARM REDUCTION

Throughout the world, condom availability is a controversial issue due to the the fact that sexuality is the second major taboo in prison (after drug use). In 1995 in Australia, 50 prisoners launched a legal action against the state of New South Wales (NSW) for non-provision of condoms, arguing that "it is no proper part of the punishment of prisoners that their access to preventative means to protect their health is impeded." Since then, at least in part because of the legal action, the NSW government has decided to make condoms available. Other Australian systems have also made condoms available. Others (South and Western Australia) sanction the provision of condoms but don't actually provide them.

9.2 General information about condoms

Condoms, if used properly, are a good way to have sex safely or make love in a safe way. Although not 100% safe, condoms can prevent most STIs and unwanted babies. Different types of condoms are generally available (but rarely in prisons):

- With and without lubricant

Many people prefer to use a condoms in combination with a lubricant as the chance of tearing or slipping off is reduced. Often, a water-based lubricant is already put on the condom. With condoms suitable for anal sex, extra water-based lubricant is sometimes packaged separately.

- Flavoured condoms

Most of the flavoured condoms marketed are not designed for vaginal use. Flavoured condoms are not lubricated and are most suitable for use in 'blow jobs'. (fellatio).

- Female condoms and dental dams

These condoms are not available in all European Union member states and not at all in prisons. They are expensive everywhere. Nevertheless, the female condom can be convenient for several reasons. It is inserted in the vagina, and a rubber ring inside the condom helps to keep the condom in the right position. The major advantage of the "Femidom" is that it can be inserted long before actual intercourse takes place.

- Extra strong condoms

Extra-strong condoms are often referred to as 'gay condoms', which is actually incorrect because anal sex is also common among heterosexuals.

Extra strong condoms are specially designed for anal sex. This type of condom is not

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

considered 100% safe. The possibility of an 'accident', such as tearing of the condom, is considerable if it is not used properly. This type of condom is best used with extra lubricant.

9.3 INSTRUCTION ON CONDOM USE

- Check if you have the right condom:
  - Is it intended for vaginal or anal use? For anal use, only special, thicker condoms are suitable.
  - Is it big enough?
  - Is it an approved brand?
  - Check the expiry date
- Open the package carefully in the middle:
  - Do not use teeth or scissors to avoid tearing the condom
- Take out the condom:
  - Be extra careful if you have long fingernails
  - Make sure that you don't hold the condom inside out
- Pinch (squeeze) the semen reservoir at the tip of the condom, so that there is no air left. We do this because:
  - The chance that it will tear is smaller because the reservoir does not come under pressure
  - If the condom has no reservoir you can make one yourself by squeezing the air out of the top of the condom (1-3 cm).
- Put the condom on top of the penis and unroll it carefully to the base of the penis
  - Wait until the penis is completely hard before putting the condom on.
  - When fully unrolled, there is less chance that the condom will slip off
  - Again, be careful with long nails
- Be sure to use water-based lubricants
  - Always use lubricant for anal penetration
  - A non-water-based lubricant will dissolve the condom. So do not use hand cream, body lotion, vaseline, oil or butter. If none of these things are available, use saliva instead!
- Withdraw the penis carefully immediately after ejaculating
  - While withdrawing, hold the condom at the opening to avoid it slipping off

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

    - If you wait too long the penis becomes flabby, the condom slips off and semen drips out
- Dispose the condom by putting it in a bin
    - Avoid using the toilet because condoms can stop up the drain
- Wash hands

Use a new condom each time you start fucking. Never use two condoms on top of each other as this can cause the condoms to tear!

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

REFERENCES

Harding, T. W., Schaller, G. (1992): HIV/AIDS and Prison. World Health Organization.

Reyes, H. (2000): HIV Prevention in Prisons: How useful exactly is condom distribution? Oral presentation at the conference 'Encouraging Promotion for Drug Users within the Criminal Justice System' from 22-25 November 2000 in Hamburg.

Stöver, H. (2001): Assistance to Drug Users in Prisons. EMCDDA scientific report. Lisbon

Todts et al. (1997): Tuberculosis, HIV hepatitis B and risk behaviour in a Belgian prison. In: Arch. Public Health, 1997; 55: 87-97.

WHO (1993): The WHO guidelines on HIV infection and AIDS in prisons. World Health Organization. Geneva.

WHO (2007): Evidence for Action Technical Papers - Effectiveness of Interventions to Manage HIV in Prisons – Provision of condoms and other measures to decrease sexual Transmission, http://www.who.int/hiv/idu/Prisons_condoms.pdf

This document as well as the harmreduction.eu website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).