

# Sexual Health and Blood Borne Viruses

Learning Needs Report



SDF  
Scottish Drugs  
Forum



## Introduction

As part of its contribution to delivering the Scottish Government Sexual Health and Blood Borne Virus Framework, Scottish Drugs Forum has undertaken a sector-wide learning needs assessment.

This online survey was available for people to complete during June 2021.

The aim was to get an overall perspective of training needs and gaps in the sector. This report therefore gives a snapshot of Scotland's workforce's training needs in relation to sexual health and blood borne viruses.

## Recommendations

Training opportunities for those working with specific populations (vulnerable young people, those involved in selling or exchanging sex and those involved in chemsex) at increased risk of poor sexual health and blood borne viruses should be increased.

When deemed safe to do so, a return to face-to-face training opportunities should be available for frontline staff.

Education about sexual health and blood borne viruses needs to start at school and continue throughout workers' careers.

Training opportunities should cover both skills and knowledge to meet the needs of the populations staff are supporting.

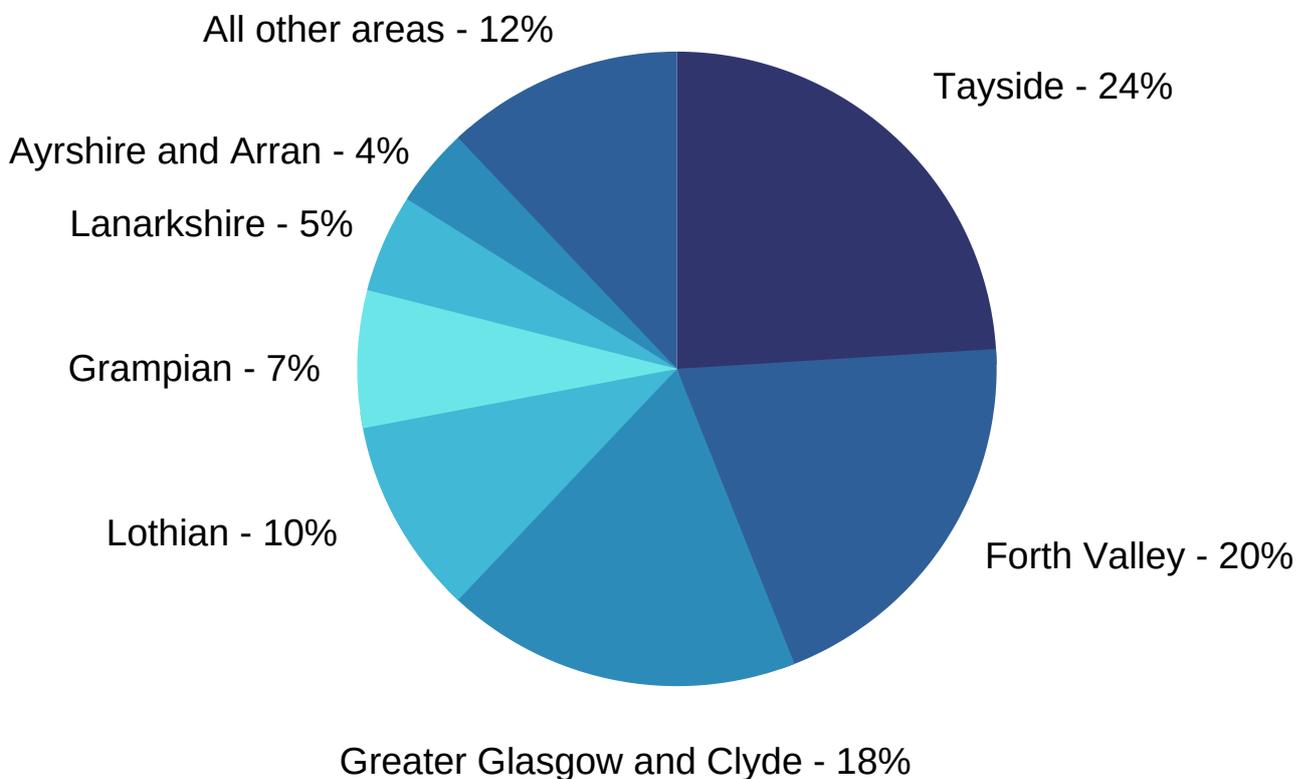
Increased information and learning opportunities to ensure front-line staff are informed of key government targets such as the elimination of viral hepatitis and working towards zero transmissions of HIV.

Stigma around sexual health and drug use should be tackled at all levels of society.

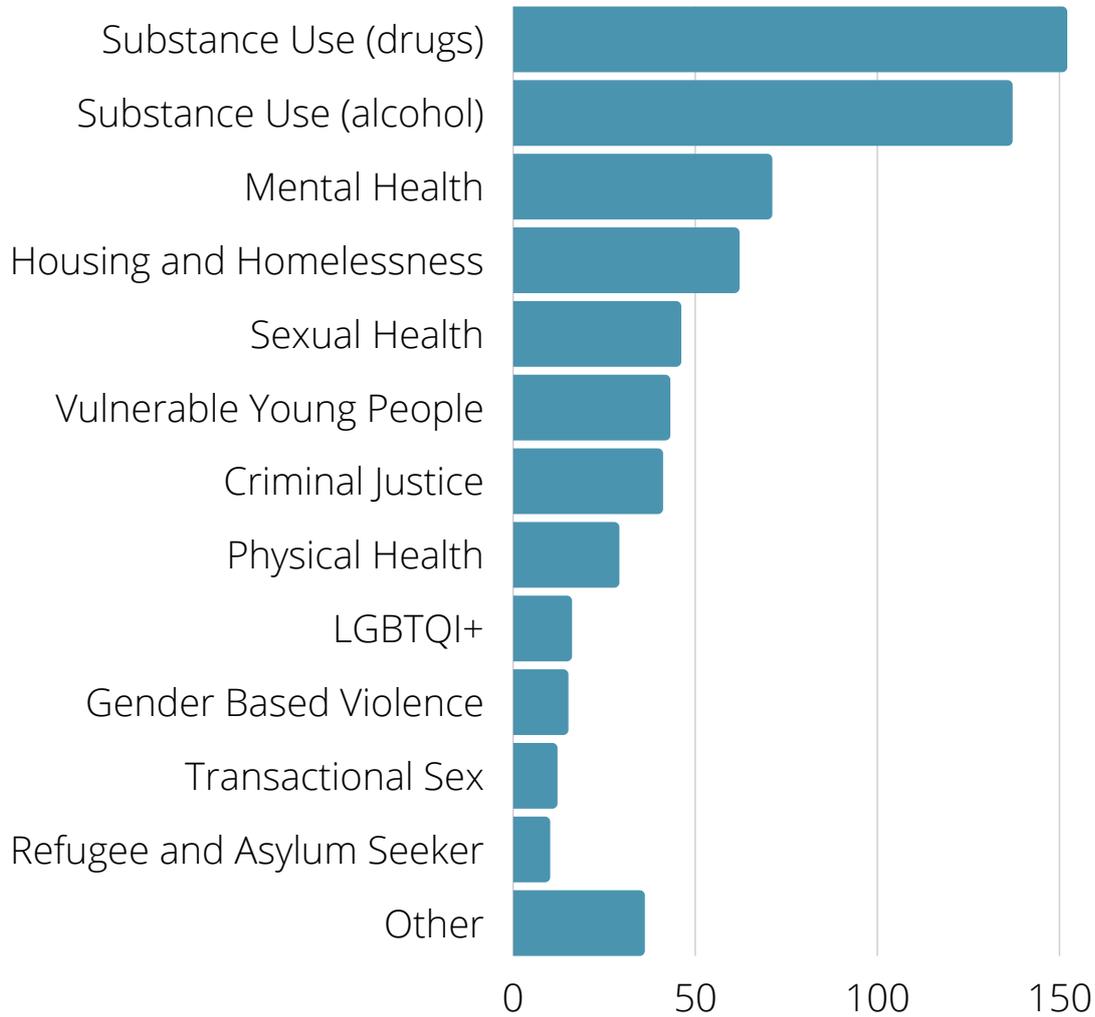
## Demographics

- The survey had 278 responses. 46% of respondents worked in the third sector; 26% NHS; 24% local authorities
- Respondents worked across Scotland. The areas with the largest numbers of respondents were the NHS Tayside (24%); the NHS Forth Valley (20%) and NHS Greater Glasgow and Clyde (18%).
- The most common fields identified as areas of work by respondents were substance use (drugs) (54.7%), substance use (alcohol) (49.3%), mental health (25.5%), housing and homelessness (22.3%) and sexual health (16.5%). (Respondents could select more than one area)

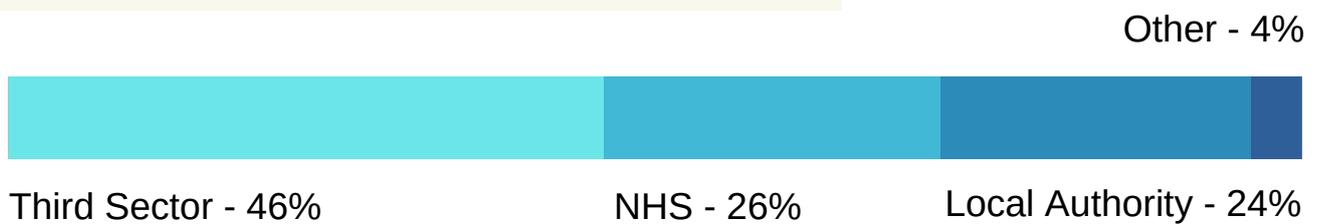
## Geographic Location - % of Responses



## Area of Work - Number of Responses

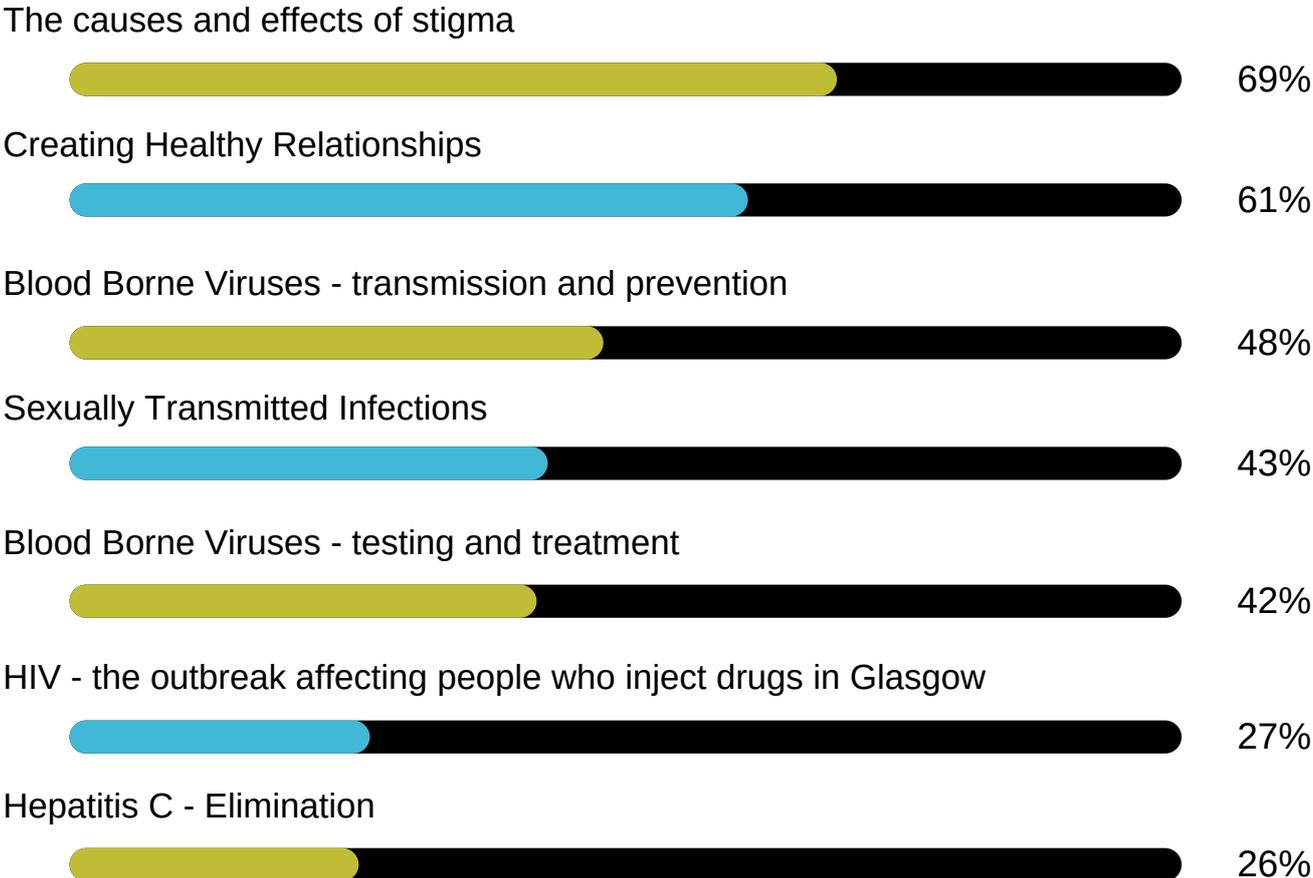


## Sector - % of Responses

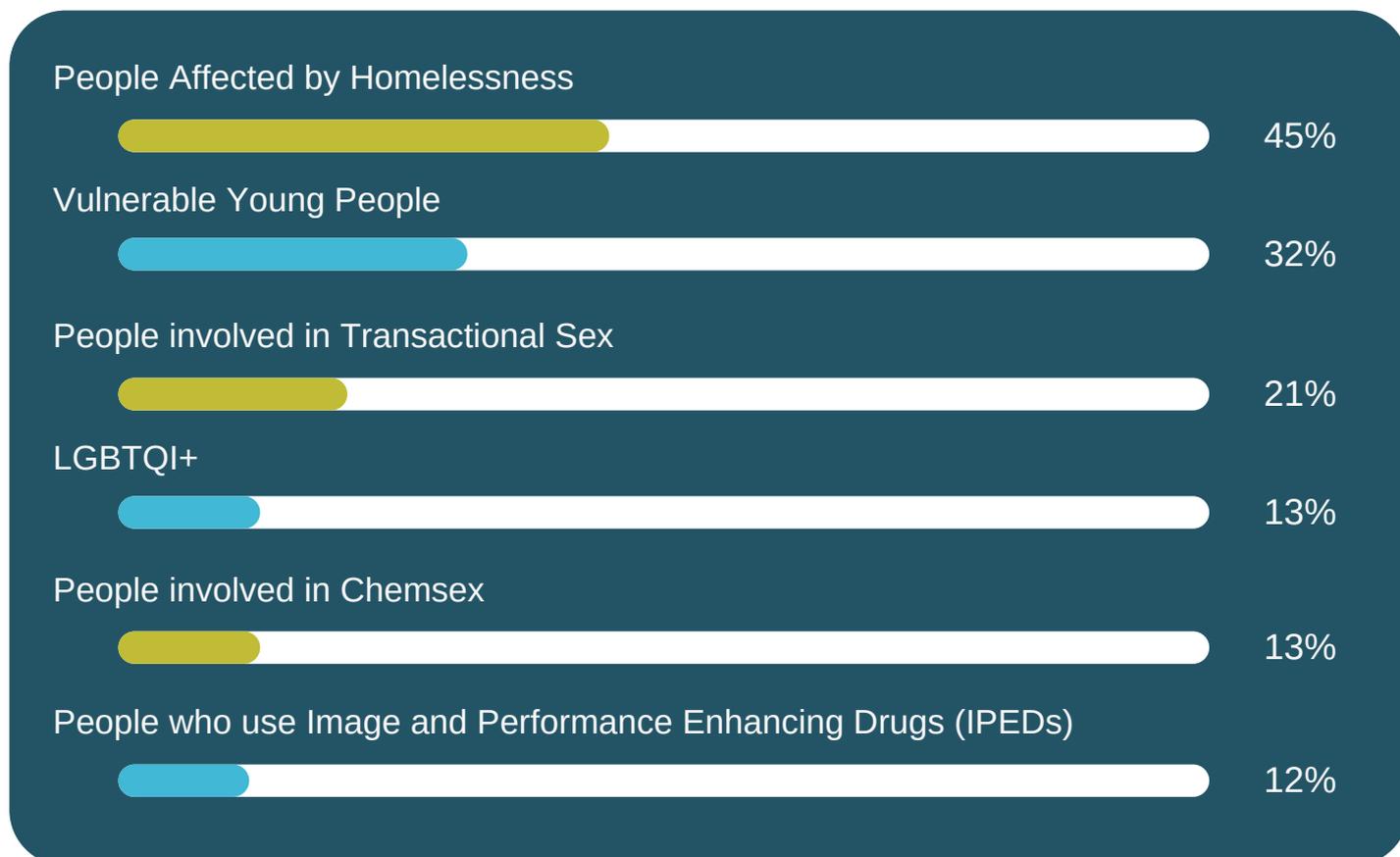


# Perception of Own Level of Knowledge

% of respondents who felt knowledgeable in the following areas:

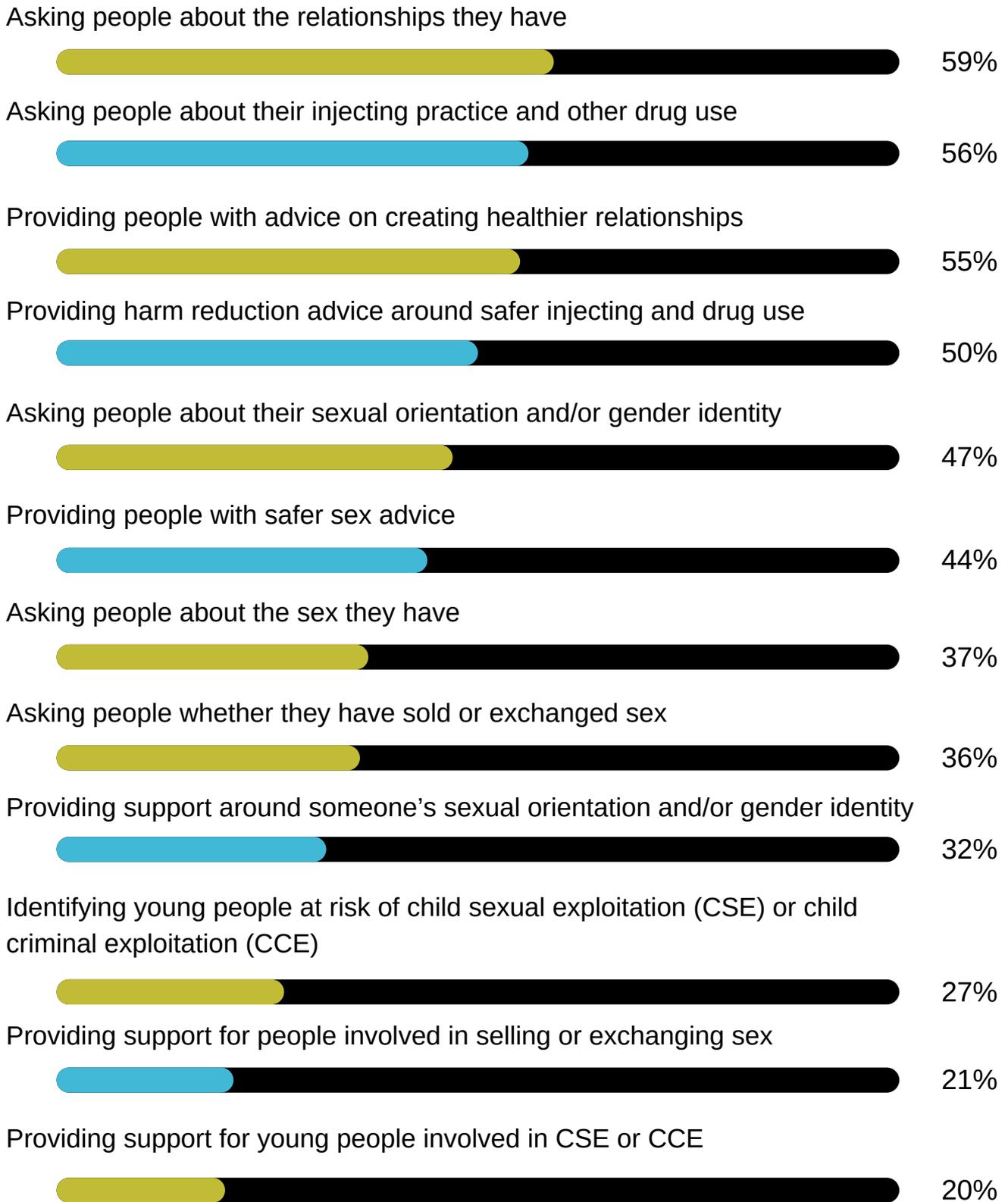


% of respondents who felt knowledgeable about the sexual health and BBV needs of the following populations:



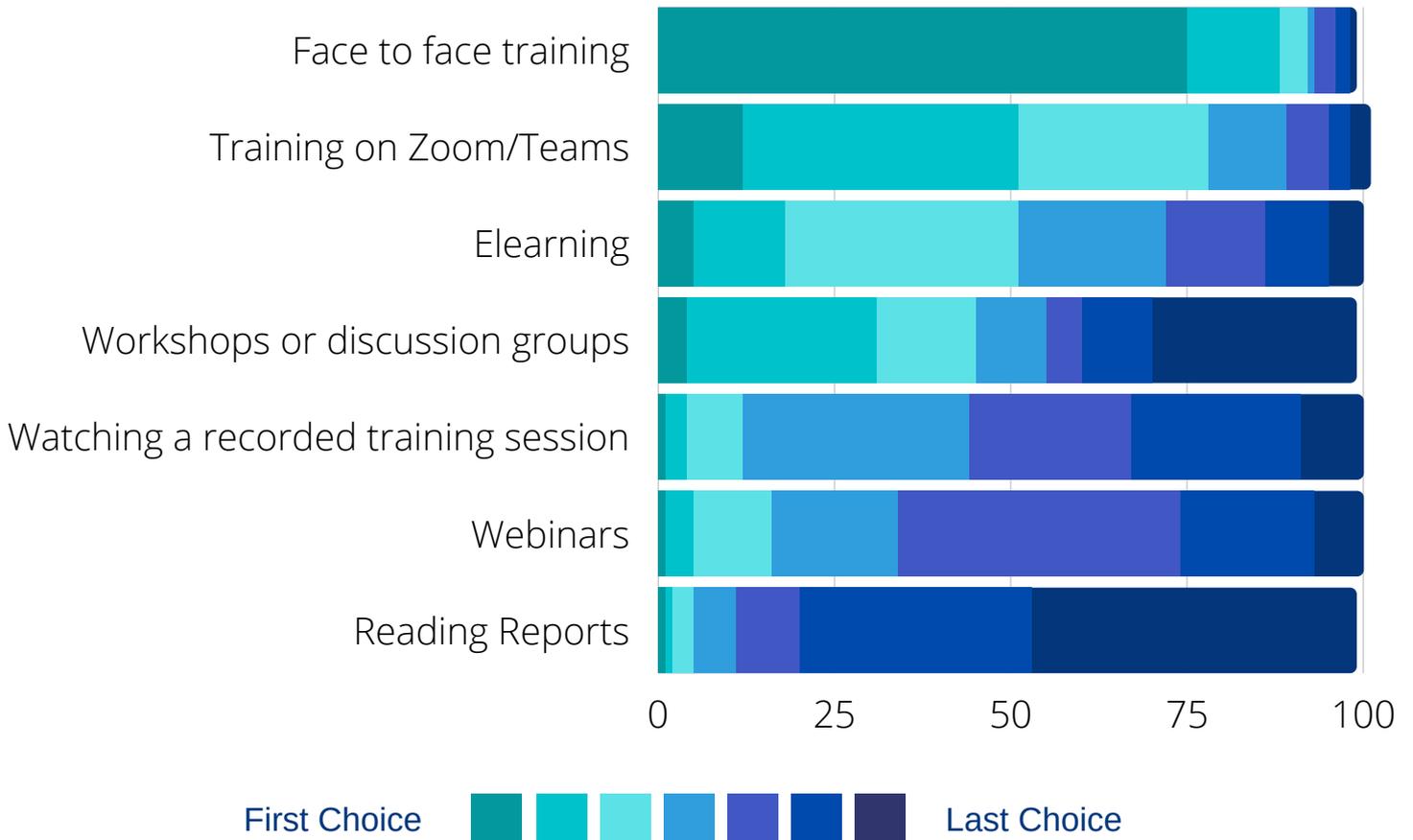
## Perception of Own Level of Skill

% of respondents who felt confident about the following skills:



# Preferred Learning Style

Respondents were asked to rank their preferred learning styles from the following:



**75.4% of respondents first choice in terms of preferred method was face to face learning.**

**Other methods listed by participants that they valued included: on the job training/shadowing, learning from lived experiences, watching short videos and practical demonstrations/practice.**

## Training Needs

The following information was gathered from respondents when asked what learning opportunities they would like to receive within the next few years:

### Blood Borne Viruses

- Information and training on testing; treatments and how they work; challenging stigma and discrimination; supporting someone after a positive result.

### Sexual Health

- Information on STIs, smear tests, contraception; increased confidence around having conversations about sex and what advice to give; information for women who use drugs including fertility and menopause; sexual health & ageing.

### Harm Reduction

- Safer injecting practices; understanding the current legalities of providing harm reduction interventions.

### Transactional Sex

- Understanding transactional sex and the long-term impact on substance use, mental health; how to support people involved in transactional sex.

## Vulnerable Young People

- **Child sexual exploitation – both on and offline; issues around consent and pornography; the impact of substance use in families on the sexual health outcomes of young people; drug and alcohol use in child protection issues; how to approach topics with young people and how to best support them.**

## LGBTQI+

- **Understanding LGBTQI+ terminology' the links between LGBTQI+ and drug use and the differences in gender identity and sexual orientation; how to support young people struggling with gender identity; information on transgender sexual health; supporting people involved in chemsex.**

## Outreach and other ways of working

- **Increasing confidence in working in an outreach model; awareness and understanding of key issues facing people; how to remove barriers and create welcoming environments.**

## Creating healthier relationships

- **Increasing skills on how to handle conversations around healthy relationships; how to recognise sexual exploitation; understanding intimate partner violence, coercive control, consent and sexual assault.**

## Other training needs

- **Porn and its impact on people's understanding/expectations of sex; understanding why people take risks in terms of drug use and the sex they have; recognising trafficking.**

## Policy and Practice

The following information was gathered from respondents when asked what changes to policy or practice they would like to see happen in the next few years to ensure improved outcomes in relation to sexual health and blood borne viruses:

### Changes to Drug Policy

- **Safe injecting sites; decriminalisation; full regulation of the drug market; correct level of support for clients.**

### Stigma

- **Stigma around sexual health and drug use should be tackled at all levels of society; Services are trauma informed.**

### BBV Testing

- **Offer BBV testing as standard when joining GP practices; drop-in services for BBV testing for people who may not have access to a local GP.**

### Sexual Health Services

- **Greater holistic provision in terms of sexual and reproductive health in alcohol and drugs services; improved access to and specific dedicated sexual health/BBV services for women who use drugs; better liaising between substance use services and sexual health services.**

## LGBTQI+

- **Integrated and independent LGBTQI+ services of all kinds; LGBTQI+ trained health and mental health professionals; barriers to health care for trans people broken down, including mental health services.**

## Education and Workforce Development

- **More accessible up to date information for young people ensuring the school curriculum covers sexual health and blood borne viruses adequately at the right time; more education for people who use drugs; a more thorough training given to all student nurses and doctors, upskilling all health professionals in BBVs.**

## New ways of working

- **More sexual health/ BBV nurses in prison healthcare; earlier interventions and improvement in adolescent mental health services and rehab opportunities; a greater public health approach to engage clients; better links between addiction and mental health services to respond to trauma; provide women only spaces, Increase transparency so people feel included in the decisions being made about their lives; create spaces people want to go to and feel welcomed, not demonised and shamed.**



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