

The **A-Z** of Sexual Health and Harm Reduction in Manchester

A directory specifically designed to support Primary Care, GP consortia and health promoters in Manchester. This directory will enhance service provision and improve referral pathways for sexual health and harm reduction.

This directory offers baseline information on specific topic areas and an up-to-date listing of all relevant agencies.

At the time of going to print this directory is up to date, however, please be aware that there are many ongoing changes to the services outlined in this directory.

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Produced by the Sexual Health & Harm Reduction Team
Manchester Public Health Development Service

www.mphds.org

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Manchester Public Health Development Service

Introduction

The challenges ahead

The challenges for professionals working within sexual health and harm reduction in Manchester are numerous and complex. We have a changing face to the NHS and the introduction of the recent White Papers: in July 2010, Equity and Excellence: Liberating the NHS, and the Public Health White Paper Healthy Lives: Healthy People in November 2010 have brought implications for the future of health inequalities and prevention. Major public health issues such as sexual health, drugs and alcohol are once again paramount and there are no easy solutions in these areas. This resource is designed to support your work by providing information to strengthen your primary care role and to provide referral routes for your patients and service users.

GP Consortia

In the new structures GPs will commission health services through consortia and there are likely to be a small number of lead GPs taking responsibility for the clinical aspects of commissioning, supported by managers from local authority, private sector or other sources. An NHS Commissioning Board will allocate practice level commissioning budgets and commission primary medical services. Manchester will create a shadow statutory health and wellbeing board during 2011/12 as this is the Government's preference for connecting NHS/Local Authority/Public Health. In Manchester we will have a public health service that will be part of the corporate core of the Council and that will influence and support the development of GP consortia.

The current picture

HIV and AIDS and the increasing incidence of specific sexually transmitted infections (STIs) have resulted in sexual health becoming a major international health concern in the 21st Century. Nationally, each year more than 1.5 million new episodes of STIs are seen in UK clinics and the figures seem set to rise. The North West has the highest incidences of HIV, HIV related illness and STIs outside of London and the South East, (HPA, 2009), with the majority of these occurring within Manchester. Sexual ill health is a particular health issue in Manchester, with high teenage pregnancy rates and increases in new incidence of syphilis, chlamydia and gonorrhoea.

HIV testing in primary care and general medical admissions must be prioritised in areas with a high diagnosed HIV prevalence (i.e. >2/1,000 15-59 year olds) and among most at-risk populations in order to reduce late diagnoses and the proportion of the undiagnosed population. Manchester has a diagnosed HIV prevalence rate greater than 2 per 1,000 of the population which is the threshold at which it has been recommended to expand HIV testing locally. (HPA 2010)

In Manchester there are currently 2 pilots in relation to HIV testing which are being considered. These are in primary care for registration with new patients at the Robert Darbishire practice and for general medical admissions within MRI (currently seeking ethics approval). The results of these projects will be important in taking the work forward across the City.

Manchester is a complex city when social, economic and health related factors are considered. With a population of approximately 473,190 (MCC 2008), Manchester is one of the most dynamic and diverse cities in the UK, bringing economic growth and prosperity for the region. It is an international tourist destination and a centre for culture, music and sport. However, it continues to face considerable health inequalities and major social, economic and environmental challenges.

Health Inequalities & Economics

There is a clear relationship between sexual ill health, drug and alcohol problems and poverty and social exclusion. Groups who are most at risk and may experience barriers to accessing services include young people, asylum seekers and refugees, black and minority ethnic groups, single homeless people, gay and bisexual men, sex workers, looked after young people, injecting drug users, people with learning difficulties, people in prisons and youth offending institutions and young people not in education, training or employment.

Manchester itself is very cultural and made up of diverse communities, including people from over seventy different countries. Working with such diversity and health inequalities inevitably raises particular sexual health issues and challenges to individuals, primary care staff, health providers and promoters alike and this directory aims to offer support in this area of work.

- Preventing the 3,550 HIV infections that were probably acquired in the UK, and subsequently diagnosed in 2008, would have reduced future HIV-related costs by more than £1.1 billion. (HPA 2009)
- 20% of infertility is treated by IVF.
- Contraception services save over £2.5 billion a year by preventing unplanned pregnancies.
- Treatment costs for Hep C are between £3.5-12,000. Whilst high they are considerably less than treating the effects of untreated hepatitis disease that progresses to cirrhosis or liver cancer.

Prevention

We need to concentrate on:

- Preventing transmission of STIs by promoting condom use and early identification and treatment through screening
- Reducing risk taking behaviour as a result of alcohol and drug misuse
- Supporting people to make informed decisions about sex and relationships to promote sexual wellbeing – moves towards greater personal responsibility
- Working with others to protect people from sexual violence and supporting those who are harmed

What is Sexual Health?

There are many factors involved in good sexual health. These may include political, cultural, social and spiritual factors, as well as an individual's own experience, emotions and sexuality. Sexual health is often perceived as being only about the clinical aspects of sex for example reproduction, contraception, unintended pregnancies and sexually transmitted infections.

This directory approaches sexual health in terms of people's rights to consensual sex, intimacy, desire, love and the promotion of positive pleasurable relationships free from discrimination.

It is important to encourage and support individuals to take ownership of their own sexual health and make informed and positive choices. This can be supported through appropriate and accessible services and comprehensive sex and relationship education, by challenging prejudice, stigma and discrimination and addressing sexual health inequalities.

'A state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.'

(WHO, 2004, p1)

What is Harm Reduction?

Harm Reduction is often associated with problematic drug use. However, its principals can be defined as policies, programmes, services and actions that work to reduce the health, social, and economic harms to individuals, communities and societies that are associated with the use of risky behaviours in relation to drugs, alcohol and sex.

What the Sexual Health & Harm Reduction team can do for you?

As the NHS moves forward and with the advent of GP consortia and the intention to put patients and the public first, improve healthcare outcomes as well as cutting bureaucracy and improving efficiency, the team can support your work. We have longstanding knowledge and expertise in health inequalities, sexual health and harm reduction and have been working at the forefront in Manchester for the last 16 years. We have local, national and international connections and a thorough understanding of the NHS and its partners who include:

- University of Manchester
- Liverpool John Moores University
- Department of Health
- The 3 Manchester acute trusts
- Local medical committee
- Local pharmaceutical committee
- Manchester City Council
- GMP

The team is made up of a diverse range of clinical and non-clinical staff, all experienced in public health. Our work areas include strategy and policy development, information and resources and specialist staff working on alcohol, prison health, substance misuse and harm reduction, vulnerable young people and general sexual health and prevention with targeted populations. The Team, managed by Bridget Hughes, is part of the Public Health Development Service and falls within Manchester Mental Health and Social Care trust.

Public Health Development Service

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CONTENTS

Abortion	7
Alcohol	7
Antenatal	12
Asylum seekers/Refugees	13
Black and minority ethnic	15
Breast awareness	17
Cervical health	18
Children and young people	18
Chlamydia screening	25
Condoms	26
Contraception	27
Disability	29
Domestic abuse	31
Drugs	32
Health promotion	39
Hepatitis	39
HIV	45
Lesbian Gay and Bisexual	52
Mental health	54
Over 50s and older adults	59
Pharmacies	62
Prisoners	69
Rape and sexual assault	70
Safer sex & safer behaviour	72
Sex workers and prostitution	72
Sexual abuse	73
Sexual health clinics	74
Sexual problems	78
Sexuality	80
Sexually transmitted infections	80
Students	82
Training	82
Transgender	83
Useful websites	85

Abortion

Manchester currently operates a central booking system for abortion consultations. This system accommodates both self-referral and professional referrals and includes local specifications, for example fast tracking of under 16 year olds and women at late gestation. This system provides the earliest appointment available to patients depending on their particular circumstances, and also appointments that are closest to home. It facilitates patients being seen within the three-week guideline recommended by the Royal College of Obstetricians and Gynaecologists.

Young people often delay accessing abortion services and face obstacles such as concerns around confidentiality. Having one port of call for abortion services improves access for this age group.

Manchester is required to meet a target for the proportion of NHS abortions carried out under 10 weeks. Abortions are carried out by the NHS and independent service providers. All services should offer and provide contraception services and some STI screening and treatment.

To arrange an abortion consultation, women need to ring the Central Booking System number below.

Central Booking System

Tel: 0845 365 0565 (Lo-call number)

Operational 8am-9pm Mondays to Fridays; Saturday 9am-6.30pm and Sunday 9.30am -2.30pm

Abortion services are free and confidential and you can change your mind about having an abortion at any time.

The following services are included in the central booking system: British Pregnancy Advisory Service, Pennine Acute Hospitals Trust, South Manchester Private Clinic, The Whitworth Clinic at St. Mary's Hospital and Marie Stopes International.

Alcohol

While 1 in 4 adults in England and Wales regularly drink above the lower risk limits, Manchester has a figure higher than the national average; with young people drinking twice as much as they were ten years ago.

- Over a quarter of the adult population in England (10 million adults) drink above Government guidelines
- NHS admissions for alcohol-related illness have almost doubled since 1997
- Alcohol misuse can cause a wide range of long term health conditions including high blood pressure, haemorrhagic stroke, liver disease, and a range of cancers
- It is estimated that alcohol-related harm costs England £20 billion each year
- Alcohol use contributes to many other health conditions as well as social harm and many people are unaware of the wide range of hidden harms

The consequences of regular alcohol use, including binge drinking, often result in seeking treatment or advice for a wide range of interrelated issues including sexual health. This contact with frontline services provides earlier opportunities to identify risk levels of drinking using a validated identification tool such as AUDIT which offers brief advice on how to drink less, and supports referral into specialist services if necessary – this is referred to as “alcohol identification and brief advice”. Research has showed that 1 in 8 people reduce to lower risk drinking limits following such opportunistic brief advice.

Sexual risk taking and alcohol

In terms of sexual health promotion and prevention work it is crucial to acknowledge how the effects of alcohol can lead to vulnerability both in terms of unsafe sexual practice as well as suffering abuse or harm from others.

While a lot of people like drinking alcohol for the initial depressant drug effects (e.g. losing inhibitions, feeling more confident, feeling more relaxed), in terms of sexual risk taking, some of the more harmful effects which begin to arise as people feel more intoxicated or drunk include:

- Not remembering to use condoms or having difficulties putting them on correctly causing them to break, burst or slip (e.g. torn by fingernails, not unrolling them properly, forgetting to squeeze the air out of the teat first)
- The “hangover” effects of drinking such as vomiting can affect the reliability of oral contraception
- Lack of concern or awareness for personal protection - more commonly this can also include decisions made while online dating/social networking and drinking at home, as well as after a night out such as deciding to walk home alone or taking an unlicensed taxi
- Not being able to give consent or understand when consent has been given

Young People and alcohol

A study of 9,833 15 and 16-year-old schoolchildren in the North West of England found strong links between levels of alcohol consumption and consequences including regretted sex (Bellis et al, 2009b):

- Of drinkers, 4% of those who never binge drink reported regretted sex after drinking.
- This rose to 15% among those binge drinking once a week and 39% among those binge drinking three or more times a week.
- Alcohol-related regretted sex was more common in females.
- Young women who report binge drinking are more likely to have experienced forced; or attempted forced, sex.

Alcohol consumption among young people has been linked to an increased likelihood of not using a condom during first sexual encounter, having sex at a younger age and continued unprotected sex. Such risk factors in relation to alcohol use should therefore be routinely considered within any programmes of work that aim to reduce teenage pregnancy as well as sexually transmitted infections.

Thinking of the wider family, research has also found that when parents use alcohol frequently, their children have an increased likelihood of being exposed to alcohol-related risk behaviours. Bonomo and colleagues (2001) found that young people who reported that their parents drank daily had an increased risk of alcohol-related sexual risk taking.

The Chief Medical Officer for England and Wales issued new guidance (December, 2009) on the consumption of alcohol by children and young people. The guidance recommends that:

- An alcohol-free childhood is the healthiest and best option, or at least delayed until the age of 15 years.
- If young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment.

- If 15 to 17 year olds do consume alcohol, they should do so infrequently and certainly on no more than one day a week, never exceeding recommended adult daily limits. On days when they drink, consumption should usually be below such levels.

Identifying risk levels of drinking

Lower risk drinking is defined as “daily limits” for adult men and women:



- No more than 3 to 4 units for men on a regular basis



- No more than 2 to 3 units for women on a regular basis

* regularly means every day or most days

One drink isn't always one unit

275ml bottle alcopop/lager (5%)	1.4 units
Small 175ml glass of wine (14%)	2.5 units
Large 70ml double spirits (40%)	2.8 units
Pint of lager/cider (5%)	2.8 units
Large 250ml glass of wine (14%)	3.5 units
500ml can super strength lager (9%)	4.5 units
1 litre strong cider (7.5%)	7.5 units
750ml bottle wine (14%)	10.5 units
3 litres strong cider (7.5%)	22.5 units



In pregnancy, no alcohol = no risk of harm to your baby

- Women who choose to drink alcohol during pregnancy are advised not to drink more than 1-2 units once or twice a week because there is unknown risk at this level
- Drinking any more than this carries known risks including damaging the developing organs and nervous system of the baby, low birth weight, long-term learning and behavioural difficulties

What are the risk levels of drinking?

<p>Increased risk (Audit score 8-15)</p>	<p>Men regularly drinking more than 4 units Women regularly drinking more than 3 units</p>
<p>Higher risk, non-dependent levels (Audit score 16-19)</p>	<p>Men regularly drinking more than 8 units (or more than 50 units a week) Women regularly drinking more than 6 units (or more than 35 units a week)</p>
<p>Higher risk, with probable alcohol dependence (Audit score 20+)</p>	<p>Unit intake as above, along with features of alcohol dependence syndrome:</p> <ul style="list-style-type: none"> • strong desire or compulsion to drink • difficulties controlling drinking (find it hard to stop once started) • increased tolerance • neglect of other responsibilities • continuing to drink despite harmful consequences • symptoms of physical withdrawal symptoms when trying to reduce drinking or without alcohol

For a copy of the Audit questionnaire go to: www.mhpds.org

First point of contact for alcohol services

Manchester Community Alcohol Team	0161 882 1300
Eclipse - under 19s and Family Service	0161 237 6686
Manchester Specialist Midwifery Service	0161 226 6669
Drinkline 24 hour telephone helpline	0800 917 8282

Websites

Drinking causes damage you can't see	www.drinking.nhs.uk
Six week online self-help course	www.downyourdrink.org.uk
Manchester Community Alcohol Team	www.manchestercat.org
Worried about someone else's drinking?	www.adfam.org.uk

Community Alcohol Team (NHS)

5th Floor, Mauldeth House
Mauldeth Road West
Chorlton
Manchester M21 7RL
Tel: 0161 882 1300
www.manchestercat.org

The overall aim of the service is to reduce the harm caused by drinking. There are two teams within the service who work together as one – Alcohol Linkworkers and Alcohol Care Managers.

Alcohol Linkworkers offer weekly or fortnightly clinics in GP surgeries or health centres across the city for Manchester residents aged 16 plus. They provide one-to-one appointments for people who want more specialist support either to decide on a goal or how to achieve it. They also offer third party support to people who are affected by someone else's drinking.

Alcohol Care Managers offer assessment to adults 18-64 experiencing social problems caused by their drinking and they commission social care services to meet assessed needs. They also offer carers' assessments to anyone who is regularly caring for or looking after someone who is drinking. To refer someone for a community care assessment or carers' assessment, telephone the Alcohol Care Managers (Adult Social Care) Contact Centre 0161 255 8250

Dual Diagnosis Service

Beech Ward,
Park House,
North Manchester General Hospital,
Delaunays Road,
Crumpsall,
Manchester M8 5RB
Tel: 0161 720 2005

Advice and interventions to help clients cut down or abstain from substance use while experiencing co-existing mental health problems (referred to as 'dual diagnosis').

Manchester Specialist Midwifery Service

Zion Community Resource Centre,
339 Stretford Road,
Hulme,
Manchester, M15 5FQ
Tel: 0161 226 6669

The Manchester Specialist Midwifery Service is a team of midwives, who provide specialist support to women and their families around issues of drugs, alcohol, and HIV. They offer advice regarding the effects of drugs and alcohol on mother and baby and on sexual health issues.

Alcoholics Anonymous

Suite A, 4th Floor
St Margarets Chambers
5 Newton Street
Manchester M1 1HL
Tel: 0161 236 6569

Helpline open 11am -11pm seven days a week.

AA offers a number of AA meetings across the city that people can access as they choose.

Eclipse

73 Ardwick Green North
Manchester M12 6FX
Tel: 0161 273 6686

This service provides a range of interventions to children and young people who use or are at risk of using or

misusing alcohol and drugs. They offer early intervention, outreach and care management and diversionary activities.

The Family service team offers parenting / family programmes, works with children individually and in group settings to increase protective factors and resilience and works to reduce harm to children and young people through family therapy.

Brian Hore Unit – Alcoholism Treatment Unit

Withington Hospital

Nell Lane

West Didsbury

M20 2LR

Nurses' Telephone: 0161 217 4435, Reception Tel: 0161 611 4166.

The unit offers abstinence based treatment for people who want to stop drinking and maintain their sobriety, including those with dual diagnosis, who live in Manchester. The unit provides a four week closed group therapy programme, daily support groups, individual counselling, psychiatric treatment, daily detoxification and a drop-in centre.

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We aim to support the delivery of a number of the “High Impact Changes” which have been identified as being the most effective and practical measures to reduce alcohol-related harm at a local level. Sexual health service settings provide an ideal opportunity to help people drink less through alcohol identification and brief advice (IBA).

Antenatal

Nationally, antenatal HIV testing was introduced as a result of the DOH Health Service Circular (1999). The directive recommended that all pregnant women should be offered HIV testing at their booking visit. The driver for this intervention came as a result of research and global concerns about the rising rates of HIV. A 1994 multi-centre French/American randomised double blind placebo controlled ACTG 076 trial, proved that anti-retroviral treatment AZT given in pregnancy, could reduce the incidence of mother to child transmission of HIV from 25% without treatment to 8% with. Additional recommendations included:

- That HIV positive pregnant women deliver by elective caesarean
- That the baby receives prophylactic antiretroviral medication
- That women bottle feed

These interventions reduce transmission rates to less than 1%.

Early diagnosis and treatment improves the long-term health of mother and baby.

Manchester has specific guidelines and protocols in relation to antenatal care of HIV positive women, which includes the choice of a vaginal or caesarean delivery. This will be directly related to clinical assessment.

For further information see Greater Manchester Policy Document: HIV in Pregnancy and Neonatal HIV
www.sexualhealthnetwork.co.uk
And Management of HIV infection in pregnant women (2008) www.bhiva.org

Manchester Specialist Midwifery Service

Zion Community Resource Centre
339 Stretford Road
Hulme
Manchester M15 4ZY
Tel: 0161 226 6669

The Manchester Specialist Midwifery Service provides a service to women and their families where drugs and alcohol use or mental health is problematic. It also supports and co-ordinates the care for HIV positive women identified through the antenatal HIV screening programme.

Antenatal testing clinics

St Mary's Hospital

Tel: 0161 276 6423

North Manchester General Hospital

Tel: 0161 720 2769

Withington Community Hospital

Tel: 0161 217 3082

Wythenshawe Hospital

Tel: 0161 291 2958/2959

Asylum Seekers/Refugees/Migrants

The terms Asylum Seekers and Refugees cover a wide range of people from different countries and cultures all of whom have come to this country, either on their own or with their families to seek refuge. In the last 13 years the UK has seen a massive rise in the numbers of people seeking asylum. Asylum seekers have often experienced traumatic life events such as violence and the threat of it, the killing of family members, rape and sexual violence, torture and sex trafficking. Asylum seekers may also be scared to disclose their HIV status because of a fear that it might influence their asylum claim.

People who have applied for asylum in this country are entitled to NHS treatment for as long as their applications (including appeals) are under consideration. For more information refer to the Department of Health's Resource pack, 'Caring for Dispersed Asylum Seekers', 2006. www.dh.gov.uk

Black Health Agency

Democracy House
609 Stretford Rd
Old Trafford
Manchester M16 0QA
Tel: 0845 450 4247
African AIDS Helpline: 0800 0967 500
www.blackhealthagency.org.uk

The Black Health Agency and its projects exist to work with and for African, Caribbean, South and South East Asian communities as well as a diverse range of other marginalised groups, such as refugees and

asylum seekers. Their HIV support service provides befriending, advocacy and information for people who are affected by HIV.

George House Trust

77 Ardwick Green North
Manchester M12 6FX
Tel: 0161 274 4499
Fax: 0161 274 3355
www.ght.org.uk

George House Trust provides advice, support and services for people living in the North West with HIV and for people affected by HIV (including partners, children, carers and families). They also provide advice with money, welfare rights, employment and immigration support. All services are free.

Immigration Aid Unit

1 Delaunay's Road
Manchester M8 4QS
Tel: 0161 740 7722
www.gmiau.org.uk

Free information and advice on immigration and asylum, domestic violence; and asylum issues for lesbian, gay, bisexual and transgender people. Drop in service only, Wednesdays, doors open at 8am, arrive early!

Lesbian Asylum group

A social support group for lesbians and bisexual asylum seekers.
www.lesbiancommunityproject.co.uk

Refugee Action

23-37 Edge St
Manchester M4 1HW
Tel: 0161 831 5420
Freephone helpline: 0800 917 2719
www.refugee-action.org.uk

Provides advice and information for refugees, asylum seekers and friends or family calling on their behalf and specialist training and campaigning.

Manchester Refugee Support Network (MRSN)

129 Princess Rd
Moss Side
M14 4RB
Tel: 0161 868 0777
www.mrsn.org.uk
MRSN provides support, advice and training for refugee communities.

MASH (Manchester Action on Street Health)

94-96 Fairfield St
Manchester
M1 2WR
Tel: 0161 273 4555

Freephone: 0800 183 0499

www.mash.org.uk

MASH is a sexual health promotion/HIV prevention organisation for female sex workers/ migrant sex workers and drug users in Greater Manchester. They provide drop-ins, structured day care and outreach to sex workers in saunas/massage parlours and street work. They offer information and services: Hepatitis B vaccinations, pregnancy testing, needle exchange, first aid and wound dressing. They have specialist drug workers and a court liaison and diversion scheme.

The North West Office of the Medical Foundation for the Care of Victims of Torture

1st floor

North Square

11 - 13 Spear Street

M1 1JU

Tel: 0161 236 5744

www.torturecare.org.uk

Provides a counselling and psychotherapy service for the survivors of torture or organised violence.

Black and minority ethnic

Locally, the 2008 census found that 19% of the population of Manchester come from a minority ethnic group and therefore is a growing area of importance for primary care. Manchester is made up of diverse communities including people from over 70 different countries. Working with such diversity and health inequalities inevitably raises particular sexual health issues and challenges to individuals, health providers and promoters alike.

HIV and STI infections in the Asian community remain low but with AIDS becoming China's leading cause of death from an infectious disease in 2009, vigilance is required.

HIV

The incidence of HIV amongst black people in the UK is a reflection of the fact that a large proportion of heterosexual men and women diagnosed in the UK acquired their infection in Africa. There are proportionally more females with HIV in the BME communities which potentially impacts on the number of mother to child transmissions. We are seeing an increasing number of individuals being treated for HIV in the region from black and minority ethnic backgrounds (35%). This is a substantial over representation when compared with the proportion of people from BME backgrounds in the general North West population which is 8%.

HIV Prevention

It is not easy to undertake prevention work as Africa has 53 different countries and 1000's of dialects. This demonstrates the increasing burden of HIV on BME communities and the continued need to target specific prevention work with communities. To date, work with these communities has often resulted in an inequality of access which may be compounded by racism. In a similar way homophobia and sexism have also fuelled this epidemic. Issues of migration, asylum and deportation exacerbate this inequality.

(NAHIP Knowledge, Will & Power Handbook 2010 www.kwp.org.uk)

Sexual health

According to Diabetes UK people from African/Caribbean communities are five times more likely than white

people to suffer from diabetes. One of the symptoms for men with diabetes is erectile dysfunction. Additionally, African/Caribbean men are also more likely to develop Prostrate Cancer; one of the symptoms of which is erectile dysfunction. This suggests that African and Caribbean men are more likely to experience erectile problems.

For more information on Prostrate cancer see the Over 50s and older people section.

Female Genital Mutilation

Female genital mutilation (FGM), which is also known as female circumcision or female genital cutting is a procedure that involves the partial or complete removal of the external female genitalia, for cultural, religious or non-medical reasons. It is illegal in the UK.

The practice is often carried out with basic tools and no anaesthetic. The most common age for FGM to happen is between 4-10 years of age, though this varies depending on the community or family. The health implications that can result from this practice may include: severe pain, trauma, infection, urine retention, haemorrhaging, vaginal fistulas and later difficulties in menstruation, pregnancy, childbirth and psychosexual problems.

Most girls who have undergone this practice live in African countries. As a result of immigration and refugee movements, FGM is increasingly practiced in the UK and in some BME communities there is strong support for it. There are an estimated 6,500 girls at risk of FGM within the UK every year.

FGM is seen as a form of child abuse but members of communities that practice it see it as part of the child's welfare, so sensitivity is required by primary care and social services to avoid alienating those communities and stopping the possibility of children getting sent abroad or hidden in their communities. (See new guidelines on FGM - Department of Health).

Foundation for Women's Health, Research and Development (FORWARD)

765-767 Harrow Road

London NW10 5NY

Tel: 0208 960 4000

www.forwarduk.org.uk

FORWARD has been recognised as a leader in the field of working and campaigning for the elimination of female genital mutilation to African girls and women. They work within communities providing support and education and offer training to health professionals in the statutory, community and voluntary sector on the issue of FGM and safeguarding.

Black Health Agency

Democracy House

609 Stretford Rd

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Manchester M16 0QA

Tel: 0845 450 4247

African AIDS Helpline: 0800 0967 500

www.blackhealthagency.org.uk

The Black Health Agency and its projects exist to work with and for African, Caribbean, South and South East Asian communities as well as a diverse range of other marginalised groups, such as refugees and asylum seekers. Their HIV support service provides befriending, advocacy and information for people who are affected by HIV.

Refugee Action

23-37 Edge St

Manchester M4 1HW

Tel: 0161 831 5420

Free phone helpline: 0800 917 2719

www.refugee-action.org.uk

Provides advice and information for refugees, asylum seekers and friends or family calling on their behalf, specialist training and campaigning.

Chinese Health Information Centre

6 Houldsworth Street

Manchester M1 1EJ

Tel: 0161 228 0138

A health information centre for the Chinese community.

Irish Community Care

289 Cheetham Hill Road

Crumpsall

Manchester M8 0SN

Tel: 0161 205 9105

www.irishcommunitycare.com

Provides advice, information and advocacy on health, housing, employment, benefits, and cultural social activities. It also runs a men's group (over 40s), an over 55s social group, a youth project and a project for survivors of sexual abuse whilst in institutional care in Ireland.

Wai Yin

61 Mosley Street

Central Manchester

Manchester M2 3HZ

Tel: 0161 237 5908

www.waiyin.org.uk

Offers education, mental health and employment services to the Chinese community, including a youth project open to all young people aged between 16 and 25.

Breast awareness

One in 9 women in the UK develops breast cancer. It is one of the most common forms of cancer in women. Although it rarely affects women under the age of 35, women of all ages should get to know the normal look and feel of their breasts. Breast screening (mammography) is an examination by X-ray that can help to find small changes in the breast. If changes are caught early there is a good chance that they can be successfully treated.

The NHS Breast screening programme invites all women between the ages of 47 and 73 for free screening provided they are registered with a GP, and women older than 73 can request checks.

Being breast aware

- Get to know your breasts and the natural changes that take place during your normal monthly cycle
- Look at your breasts while you are getting changed or feel them while you are in the bath or shower
- Look for any changes such as a lump or thickening in the breast or armpit, any unusual pain or discharge

from the nipple, unusual changes in the outline shape or size of the breast, or any unusual sensation

- Report any changes to your GP without delay
- Attend routine breast screening if you are aged 50 or over

For more information on breast cancer, call the following free help lines:

Macmillan Cancer support - 0161 219 6442

CancerLine - 0808 808 2020

Breast cancer care Helpline - 0808 800 6000

Cervical health

Cervical cancer is often diagnosed in younger women and is the second most common cancer in women under 35. Regular cervical screening tests are one of the best defenses against cervical cancer. As a result of the introduction of the cervical screening programme in England and Wales incidences fell by 42% between 1988 and 1997.

A cervical smear test is used to check the health of a woman's cervix (the lower part of her womb). It indicates any changes on the cervix that could develop into cancer. There is a strong link between the human papilloma virus (HPV) and abnormalities in the cervix. Women aged 25-49 are invited for screening by their GP every 3 years, and women aged 50-64 are invited every 5 years. All women are encouraged to take up screening whether sexually active or not, heterosexual or lesbian.

HPV vaccine

Since September 2008 there has been a programme to vaccinate girls aged 12-13 against HPV. There is also a three-year catch up campaign that will offer the HPV vaccine to 13-18 year old girls. The programme is delivered largely through secondary schools, and consists of three injections that are given over a six-month period.

Cervical health for lesbians

All women including lesbian and bisexual women require cervical screening. There is evidence that lesbians are being misinformed by their GPs or practice nurses and being told that they do not need screening. Data collected in 1994 from the Bernhard Clinic in London which was a clinic for lesbians found that 80% of their clients had had sex with men at some point and 31% of all their clients had abnormal cytology. In another study of 624 lesbians over 10% of the group had screening abnormalities and approximately 5% of the group who had never had penetrative sex with a man had abnormalities. Bailey, (1997)

Children and young people

In the UK, specific age limits are set out in relevant laws or government guidance. There are, however, differences between England, Wales, Northern Ireland and Scotland as each have their own guidance setting out the duties and responsibilities of organisations to keep children and young people safe. It is commonly agreed that a child is anyone who has not yet reached their 18th birthday. However, some agencies would consider anyone older than 12 to be a young person, though legally they would still be classed as children. 19-25 year olds are considered young adults.

Sexual Health

Many young people in Manchester are at risk of poor sexual health, whether it is STIs/HIV or unintended pregnancies. STIs including HIV remain one of the most important causes of illness due to infectious disease amongst young people aged 16-24 and are considered to be a major public health concern. In terms of HIV, 20% of those young people who were born with HIV experience some long term neurological problems. We also need to consider the transition involved with children and young people who are HIV positive through vertical transmission as they move into adulthood, become sexually active and need to move across to adult services. For further information see CHIVA Standards of Care for Infants, Children, and Young People with HIV, (including infants born to mothers with HIV)

www.chiva.org.uk

In 2007 young people accounted for 65% of new diagnosis of Chlamydia, 50% of gonorrhoea and 50% of genital herpes made at GUM clinics in the UK and Manchester is no exception to this.

The legal social and emotional issues around children, young people and sexual health are very complex and emotive. These issues can prove to be problematic and often confusing for front line workers. While the law on one hand is very clear about the age of sexual consent there often exists a 'grey' legal area.

Vulnerable young people

In Manchester, children and young people may be subject to abuse and sexual exploitation, including those with physical and learning disabilities. There is also a known problem of child trafficking. Trafficking is defined as the movement of children for the purpose of exploitation. These issues have come to greater prominence in the public arena and are now placed firmly within social and health care policy. The extent of this phenomenon in Manchester is still unknown but an increased awareness amongst front line workers is essential.

Manchester has one of the highest numbers of Looked after Children in the UK (in 2007 there were 1, 482 children and young people in care). These figures include 134 unaccompanied asylum seeker children. It is known that generally Looked after Children have poorer sexual health and are more likely to experience unintended teenage pregnancy than their main stream counterparts.

Legislation

The legislation that governs the laws we see today have been a result of many Acts and legislations. It is useful that all staff are familiar with the following Acts, legislation and government directives around this area as they have shaped practice today.

The Children's Act 1989

The Children Act 1989 placed a duty on all front line workers/practitioners to talk about sex and relationships with children and young people in order to help them acquire information about their bodies, sex and sexual health in order to develop relevant skills.

The Education Act 1996

In school settings the law relating to Sex and Relationship Education (SRE) is contained in the Education Act 1996 and the Learning and skills Act 2000. It identified that every local education authority, head teacher and governing body has a statutory responsibility to take account of this guidance that SRE is provided.

The Sex and Relationship education guidance 2000

This guidance was written to take account of the revised national curriculum, published in Sept 1999, the need for guidance arising out of the new Personal, Social and Health education framework and the Social Exclusion report on teenage pregnancy.

Every Child Matters

In 2003, the Government published a Green Paper called Every Child Matters alongside the formal response to the report into the death of Victoria Climbié. After a thorough consultation process, the Children Act 2004 became law. This legislation is the legal underpinning for Every Child Matters, which sets out the Government's approach to the well-being of children and young people from birth to age 19. The aim of the Every Child Matters programme is to give all children the support they need to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The publication of the Children's Plan in December 2007 aimed to improve educational outcomes for children, improve children's health, reduce offending rates among young people and eradicate child poverty by 2020, thereby contributing to the achievement of the five Every Child Matters outcomes.

The Sexual Offences Act 2003

- The legislation is designed to protect the rights and interests of young people and vulnerable adults, and to make it easier to prosecute people who pressure or coerce others into having sex.
- The law makes it clear that sexual activities that involve a child under 13 are never acceptable, and that regardless of the circumstances a child can never legally provide consent.
- The legal age for sexual consent for children and young people remains at 16 regardless of sexual orientation.
- Guidance reaffirms that the law is not intended to prosecute mutually agreed sexual intercourse between younger teenagers, unless it involves abuse or exploitation.
- The law does not change the position on the provision of confidential sexual health advice or services for young people aged under 16.

Every Child Matters

www.dcsf.gov.uk/everychildmatters/

Sexual Offences Act 2003

www.opsi.gov.uk

The Children's Act

www.opsi.gov.uk/

If you are concerned about a young person's situation or safety, telephone the contact service for social care **0161 255 8250**.

If a child or young person is at immediate risk contact the police on **999**.

Sex and relationship education

Sex education is not a compulsory part of the curriculum in school education. In 2010, the opportunity to make Sex education statutory in the Children, Schools and Families Bill failed. Sex and Relationship Education (SRE) is offered but varies from school to school and delivery is left up to teachers who often feel unskilled and unsupported in this area. Schools and parents have a partnership role in informing their children about puberty before the children experience it. The Department of Children, Schools and Families recommends that all primary schools have an SRE programme tailored to the age and physical maturity of their children.

Effective sex and relationship education needs to:

- Be age appropriate
- Be mindful of safeguarding issues
- Consider how physical, emotional and mental health is affected by sexual health
- Acknowledge that some young people are sexually active
- Recognise how drugs and alcohol affect sexual behaviour
- Be able to signpost to non clinical and clinical agencies where necessary

Why is good sex education important?

- Answers young people's questions
- Reduces fear and anxiety
- Increases communication and negotiation skills
- Reduces stigma
- Encourages contraception use
- Encourages delaying sex
- Reduces STIs and unwanted teenage pregnancy
- Reduces abortion rates
- Encourages young people to delay first sex

Why do we need good sex and relationship education in Manchester schools?

- Manchester has some of the highest teenage pregnancy rates in the UK
- Young people in the UK engage in sexual activity at an earlier age than most of their western counterparts
- One third of the UK's young men and one quarter of the UK's young women have had sexual intercourse before the age of 16
- North Manchester has unintended teenage conception rates nearly twice the national average
- Young people aged 16-24 are disproportionately represented with high rates of STIs

For more information about SRE in Manchester schools contact:

Manchester Healthy Schools Partnership

Children and Young People's Division
Wythenshawe Health Care Centre
Stancliffe Road
Manchester, M22 4PJ
Tel: 0161 946 0065

Manchester Healthy Schools Partnership supports children and young people in developing healthy lifestyles to help raise pupil achievement, reduce health inequalities and promote social inclusion.

School Nursing Service

Each school in Manchester has a named School Nurse, who is a specialist practitioner committed to improving the health of school children. For more information contact:

Children and Young People's Division
Wythenshawe Health Care Centre
Stancliffe Road
Manchester, M22 4PJ
Tel: 0161 946 0065

Support for parents with sex and relationships education

The FPA's Speakeasy programme

This programme offers a non-threatening group-based opportunity for parents and carers to acquire the confidence and skills they need to talk to their children about sex and sexuality. It provides a locally based, informal and fun programme where parents can learn together.

www.fpa.org.uk

BBC Barefacts

The BBC barefacts WebPages were created by FPA and BBC Learning, to support parents and carers to talk about sex and relationships with their children. The site is themed around ten common questions parents ask on Speakeasy courses.

www.bbc.co.uk/barefacts/

Teenage Pregnancy

Despite a reduction in the under 18 conception rate in England over the last decade, the number of under 18 conceptions remains high. Manchester has one of the highest conception rates in England. Having children at an early age can damage young women's health and well being and limit their education, career and economic prospects.

While individual young people can be competent parents, all the evidence suggests that teenage parents and their children are much more likely to experience a range of negative outcomes in childhood and later life.

Mid 2008 population estimates suggest that there are around 93, 589 young people aged 16-24 living in Manchester. Around two-thirds of our wards are classified as teenage conception hot-spots (wards with rates in excess of 60 per thousand) with a small number of wards having rates in excess of 100 per thousand. Most of our under 18 conceptions occur to 16 and 17 year olds.

Areas that primary care can support and deliver around teenage pregnancy include:

- Good quality sex and relationship education
- Raising young people's awareness of STIs and the importance of using condoms
- Open and unembarrassed discussion about relationships and sex with parents is associated with later age of first sex and better contraception use
- Improved access to sexual health care services offering young people more convenient options for screening and testing, including at Further Education colleges and pharmacies on the high street
- Reinforcing the message that condoms are effective in preventing STIs and HIV and unplanned pregnancy and that they work best when used consistently and correctly

Working with young men

It is well known that men are less likely to access health services. Because of this, it has been recognised, locally, that there is a need to do more targeted work with young men. A large focus of the work should involve looking at risk, responsibility, fatherhood, male identity and the pressures that men face. There are issues around men accessing services and therefore all front line staff need to be skilled up to work with young men.

In terms of Manchester, health interventions with men need to be more complex given the diverse population of men in Manchester. We have a large population of gay men, a diverse cultural mix including African, Asian and Eastern European, the student population and men that experience poverty and health inequalities in deprived areas across the city.

Young men can be reluctant about accessing contraception and sexual health services as they perceive them to be a female domain. Conversely, staff within these workplaces may find some young men's behaviour problematic in a clinical setting.

For young people's contraception services see Contraception section

For young people's sexual health services see Sexual health Clinics section

For young people's drug and alcohol services see Drugs and Alcohol sections

Statutory agencies providing advice and support

Manchester Youth Offer

Overseas House
Quay Street
Manchester M60
Tel: 0161 234 7070

Formerly the Youth service, this service provides opportunities and support for young people to develop social skills, take part in activities and take responsibility for the development of programmes.

Connexions Manchester

Provides advice, guidance and support for all young people aged 13-19 in Manchester that helps prepare them for their future. For your local connexions office contact 0161 228 1101.

LGYM (Lesbian and Gay Youth Manchester)

Tel: 0161 273 7838
www.lgym.org.uk

LGYM is a lesbian, gay and bisexual project based in the city centre for LGBs aged 14-25. It provides a safe space for young LGB people and a range of social activities.

Voluntary agencies providing advice and support

Albert Kennedy Trust

5 Richmond St
Manchester M1 3HF
Tel: 0161 228 3308
Website: www.akt.org.uk

The Albert Kennedy Trust provides supportive and caring homes for young lesbian, gay and bisexual people.

Barnardos Leaving Care Service

36 Monton Street
Moss Side
Manchester M14 4LT
Tel: 0161 226 6722

Offers specialist support that enables young people to leave care and establish themselves independently through a range of services such as housing and benefit advice.

The Men's Room

Tel: 07930 537335

Works creatively with men from Manchester city centre who may be viewed as traditionally hard to engage. A project within this is the Blue Room which works with young men vulnerable to sexual exploitation.

The Young People's Support Foundation (incorporating the City Centre Project, Signpost and Wyseguys)

52 Oldham Street
Manchester
M4 1LE
Tel: 0161 228 7654/7655

They offer a range of services for young, vulnerable people aged 16-25, which include: an advice and drop-in service, a cafe offering free food, a supportive housing service and a range of specialised groups.

The Manchester Foyer

61 Booth Street West
Manchester M15 6DD
Tel: 0161 276 1000

The Foyer provides general advice on life and health and operates a holistic approach to each young person. Young people can self-refer or applications can be made.

The Children's society

Safe in the City
Piercy St
Manchester M4 7HY
Tel: 0161 202 0977

Offers advice and support to young homeless, runaways and those at risk of sexual exploitation.

42nd Street

2nd Floor Swan Buildings
20 Swan Street
Manchester M4 5JW
Tel: 0161 832 0169

Helpline: 0161 832 0170 (Mon, Thurs and Fri 12.30-4.30pm)

A dedicated support service for young people experiencing stress and mental health problems. They provide counselling, drop-ins, groups, self help resources and a participation programme.

YASP (Young Adult Advice and Support Project)

832 Stockport Road
Levenshulme

Manchester M19 3AW

Tel: 0161 221 3054

Provides advice, support and practical help for young people on housing, benefits, money, health, the law, education, relationships, drugs and alcohol.

National Helplines

ChildLine

Helpline: 0800 1111

ChildLine is a free 24-hour helpline for children and young people. They provide confidential telephone support with any problem a child or young person might have.

NSPCC

Helpline: 0808 800 5000

This is a free 24-hour helpline that provides information, advice and counselling to anyone concerned about a child's safety. They also have a helpline in five Asian languages and a text phone service for people who are deaf or hard of hearing.

Chlamydia screening

Genital chlamydia is the commonest sexually transmitted infection (STI) in England. Currently, one in ten under 25s in the UK has Chlamydia.

Genital chlamydial infection is an important reproductive health problem. 10-30% of infected women develop pelvic inflammatory disease (PID). A significant proportion of cases, particularly amongst women, are asymptomatic and so, are liable to remain undetected, putting women at risk of developing PID. Screening for genital chlamydia infection may reduce PID and ectopic pregnancy. The Chlamydia screening indicator monitors screening volumes and prevalence of the infection among the target population and requires the reporting of the following:

- Proportion of the resident population aged 15-24 accepting Chlamydia screening
- The number of positive diagnosis for Chlamydia in the resident population aged 15-24

The 2011/12 target is very challenging and we are required to screen or test 35% of the target population which equates to 33,775 tests. Within these target groups we are trying to promote testing through GPs and to specifically target young men.

It is expected that all services that come into contact with young people will encourage opportunistic screening. If you want to be a screening site contact the RUclear? office below.

Greater Manchester Chlamydia Screening Programme

Tel: 0800 0461 303 (Confidential advice line/Office)

www.ruclear.co.uk

RUclear? is the Greater Manchester PCTs element of the national Chlamydia Screening Programme. They manage Chlamydia screening for young people under 25 years of age. Through their website and confidential advice line under 25s can find out where to get tested locally and request postal kits.

There are numerous sites across Manchester that test for Chlamydia. (The urine tests also test for gonorrhoea). Call the RUclear? office for your local testing centre.

For information on where to get Chlamydia tests from pharmacies see Pharmacy section.

Condoms

Manchester has very high rates of STIs, particularly in 16-24 year olds, and nationally 1 in 10 young people are positive for Chlamydia. Additionally, teenage pregnancy rates remain high. Only condoms can offer protection from sexually transmitted infections as well as pregnancy. For individual use they can be bought easily from chemists, supermarkets, garages and vending machines in toilets.

Manchester has a citywide condom distribution scheme managed by the Public Health Development Service and monitored through the Sexual Health Forum. The scheme supports a number of agencies working on HIV prevention and sexual health promotion, including schemes in Primary Care. Additionally, the PCT supports Local Enhanced Services for Sexual Health. Contact PHDS or the Public Health Team at NHS Manchester for further information.

Condom distribution

Condoms have a dual purpose, to prevent unintended conceptions and to reduce the risk of contracting or transmitting sexually transmitted infections. The provision of free condoms for medium and high risk groups has been evaluated as a cost saving intervention for disease prevention.

There is also evidence that free condoms distribution schemes for teenagers can contribute to reducing under-18 conception rates. Manchester currently has three condom distribution schemes which include The Condom Distribution Scheme run by PHDS, LGF Condom Distribution Scheme and C-Card scheme run by Brook.

Manchester Condom Distribution Scheme

The Sexual Health and Harm Reduction Team

1st Floor

Fallowfield Library

Platt Lane, Fallowfield

Manchester, M14 7FB

The Manchester Condom Distribution Scheme has grown and developed over the last 12 years with the scheme supporting a large number of agencies working on HIV prevention and sexual health promotion.

Condoms will be given to those agencies working with service users who:

Have high prevalence/incidence of HIV and STIs

Are featured in the national and local sexual health strategies

May experience issues around access to services, excess use of alcohol and drugs, discrimination, risk taking behaviour and lack of education

Manchester C- Card scheme – Take cover Manchester

Brook (Manchester)

Commonwealth House

81 Lever St

Manchester M1 1FL

Tel: 0161 237 3001

www.takecovermanchester.com

The C – Card scheme is a confidential, secure service for young people aged 14 to 18 years old. It allows young people to get condoms, lube and advice about relationships and sex. There are C-Card sites all over Manchester and the service is completely free.

The Lesbian & Gay Foundation (LGF)

5 Richmond St

Manchester M1 3HF

Tel: 0161 235 8035

www.lgf.org.uk

Helpline: 08453 30 30 30 (6pm-10pm every day)

The LGF operate a Condom and Lube Distribution Scheme, which aims to reduce the incidence of HIV infection through sex between men, by ensuring that every gay man in the Greater Manchester area has access to condoms, lube and safer sex information.

Contraception

Manchester has good contraceptive services but still has high teenage pregnancy rates and high rates of STIs. Contraceptive services therefore must recognise and integrate STI prevention and include work with men as part of any overall service provision.

Types of contraception

There are many different types of contraception available and different methods will suit different people at different times. Contraceptive methods work in different ways. How well they protect against pregnancy depends on how well they are used. It is important to use these methods correctly and consistently.

- Combined pill
- Progestogen-only pill
- Male condom
- Female condom
- Diaphragm
- Cap
- Vaginal ring
- Contraceptive patch
- Natural family planning

Other methods do not depend on the person using them and require renewal and/or replacement by a doctor or nurse, such as:

- Contraceptive Injection
- Contraceptive Implants
- Intrauterine system (IUS)
- Intrauterine device (IUD, routinely known as the coil)

Sterilisation and vasectomy

Sterilisation and vasectomy are the only permanent methods of contraception for men and women that protect against pregnancy.

Emergency contraception

There are 2 types of emergency contraception

- Emergency contraceptive pill (morning after pill). There are 2 types-Levonella and ellaOne. Levonella can be taken up to 72 hours after having unprotected sex and is free and available from local pharmacies. ellaOne can be taken up to 120 hours after unprotected sex but is only available on prescription and to women over 18.
- IUD (Copper Intrauterine device)
An IUD can be fitted into a women's womb by a doctor or nurse within 5 days of having unprotected sex. Once fitted it can be kept as a regular method of contraception or be can be taken out.

Advice and contraceptives can be obtained from CASH services, GPs, school nurses, chemists.

For details about chemists who provide emergency contraception see [Pharmacy section](#).

Contraception services

All the following services are confidential and free. All services offer contraception advice as well as advice and testing for STIs. Most of the clinics are run on a drop-in basis but ring first to check for opening times.

Some of these services also offer a FRESH contraceptive and sexual health service specifically for young people aged 24 and under, including under 16s. It is a walk in service but ring first as opening times may vary.

Palatine contraceptive and sexual health services

The Hathersage Centre
280 Upper Brook Street
Manchester
M13 0FH

Tel: 0161 901 1555

FRESH under 25s clinics also available open: Mon & Thurs 3.30-6.30pm. Sat 11.30-2pm

Forum Health

Simonsway
Wythenshawe
M22 5RX

Tel: 0161 435 3509

FRESH under 25s clinics also available open: Mon, Tues, Wed, Thurs 3.30-6.30pm. Sat 11.30-2pm

Higher Openshaw Primary Care Centre

Ashton Old Road
Higher Openshaw
Manchester
M11 1JG

Tel: 0161 371 2100

Withington Community Hospital

Nell Lane
Withington
Manchester

M20 2LR

Tel: 0161 217 3553

Cheetham Primary Care Centre

244 Cheetham Hill Rd,

Manchester

M8 8UP

Tel: 0161 202 8750

Harpurhey Health Centre

1 Church Lane

Harpurhey

Manchester

M9 4BE

Tel: 0161 861 2400

FRESH under 25s clinics also available open: Mon 3.30-6.30pm. Thurs 3.45-6.30pm

Newton Heath Sure Start Centre

1 Great Newton St, off Droylsden Rd

Newton Heath

M40 1WT

Tel: 0161 227 3518

FRESH under 25s clinics also available open: Mon, Tues, Wed, Thurs 3.30-6.30pm. Sat 11.30-2pm

Contraceptive services for young people

Whilst young people can access any of the above CASH services, the following are for young people only.

FRESH clinics as listed above under Palatine contraceptive and sexual health services.

Brook

Commonwealth House

81 Lever Street

Manchester M4 5AZ

Tel: 0161 237 3001

Website: www.brook.org.uk

Phone for session times

Main entrance on York Street behind Piccadilly Bus Station

Brook Advisory centres offer free and confidential sexual health advice and services for young people under 19. Services include: contraception, emergency contraception, pregnancy testing, STI screening, termination referrals and counselling.

Disability

It is a myth, which reinforces oppression, that people with learning and physical disabilities are not sexual. Whilst their needs may be different in terms of vulnerability, all individuals are entitled to both a sexual life of their own and to equal protection before the law. Frontline workers need to be aware of these specific issues for people with disabilities in order to ensure that individuals receive a comprehensive and respectful service.

Community learning disability team

The team is the point of entry for people with learning disabilities seeking a service.

North Manchester Tel: 0161 861 2958

Central Manchester Tel: 0161 223 9901

South Manchester Tel: 0161 998 7424

Manchester City Council Adult Social Care

C/o Manchester Children, Families & Social Care Department
Tel: 0161 255 8250

Greater Manchester Coalition of Disabled People

BEVC

Aked Close

Ardwick

Manchester M12 4AN

Tel: 0161 273 5153 (voice/text) Admin

0161 273 5137 (text) Information

www.gmcdp.com

Provides information, advice and support to disabled people and their organisations. Promotes independence and integration of disabled people in society, challenges discrimination and encourages and supports the self-organisation of disabled people.

National Centre for Independent Living

Provides support, advice and consultancy to enable disabled people to be equal citizens with choice, control, rights and full economic, social and cultural lives.

www.ncil.org.uk

The Manchester Learning Disability Partnership

Services for people with learning disabilities including home care, day care, supported accommodation and more.

Tel: 0161 958 4014 General enquiries

www.mldp.org.uk

Manchester Carers Forum

Practical help for carers of those with disabilities/learning disabilities

Tel: 0161 629 9859

www.manchestercarersforum.org.uk

Outsiders

www.outsiders.org.uk

Outsiders is a social site and campaign organisation around disability, sex and relationships. They run the Sex and Disability Helpline and SHADA, the Sexual Health and Disability Alliance.

Sex and disability helpline – 0707 499 3527**Sexual health and disability alliance**

www.shada.org.uk

Shada brings professionals who work with disabled people together to support disabled people in their sex and relationship needs.

Domestic abuse

Domestic abuse has been defined as physical and sexual violence, emotional and financial abuse that is set in the home environment between people who have been intimate partners or family members. This also includes people in forced marriages and abuse in same sex relationships.

The vast majority of abusers are men. Research suggests that as many as 1 in 4 women will experience domestic abuse in their lifetime, with 30% of all domestic abuse beginning during a first pregnancy. There is also a significant correlation of rates of STIs with women experiencing domestic abuse, as a result of sexual assault.

Children and young people

Additionally, children living in violent and abusive households will experience psychological and emotional damage as a result and in 50-70% of cases children are abused as well. A recent NSPCC study suggested that a quarter of girls aged 13-17 had experienced physical violence from a boyfriend and a third had been pressured into sexual acts they did not want.

What can be done?

The NHS, frontline staff and health promoters have a role in helping to combat domestic abuse and safeguard children and vulnerable adults. Most victims of domestic abuse will come in to contact with the NHS at some point and this is an important opportunity to help.

Information about training in both domestic abuse and forced marriage can be obtained from the End the Fear website and recommendations and examples of good practice are highlighted in the report 'Responding to violence against women and children- the role of the NHS', which can also be found on this site.

End the Fear

Greater Manchester against Domestic Abuse
www.endthefear.co.uk

24 hour Domestic Violence Freephone Helpline

Tel: 0808 200 0247

A partnership between Women's Aid and Refuge.

This helpline provides support and information and emergency refuge to women who have experienced or are experiencing domestic abuse.

Manchester Women's Aid

Tel: 0161 660 7999 (Advice line and office)

Women's Domestic Abuse Helpline

PO Box 390

Manchester M16 7WE

Tel: 0161 636 7525

Advice and support for women experiencing domestic abuse. Referrals to safe houses and refuges, support with benefits, legal rights and housing. Urdu, Hindi and Gujarati spoken.

Men's Advice Line

This line is for all men experiencing domestic abuse in heterosexual or same sex relationships who want to talk. It also provides practical advice and information.

Tel: 0808 801 0327 (Free phone)

www.mensadviceline.org.uk

The A-Z of Sexual Health and Harm Reduction in Manchester

Respect

This is an information and advice line for people who perpetrate abusive or violent behaviour towards their partners and are concerned about it. The line is also available to friends, family and professionals who want to find out what help is available.

Tel: 0845 122 8609

www.respect.uk.net

Domestic abuse services for black and minority ethnic women

Saheli Asian Women's Refuge

Provides emergency accommodation to Asian women and their children who have experienced domestic violence. Saheli is an Asian women's organisation, run by Asian women for Asian women. It ensures security and confidentiality of accommodation as well as attempting to provide a culturally safe atmosphere for any woman who defines herself as Asian.

Tel: 0161 945 4187

Email: sahelili@btconnect.com

Sojourners House (outreach service)

Specialist Outreach Project for African and Caribbean women

Tel: 0161 660 7999 ex 700

HOSLA Asian women's outreach service

Specialist Outreach Project providing practical and emotional support to Asian women and their children experiencing domestic abuse.

Tel: 0161 636 7560

Email: hosla.centre@hotmail.com

Lesbian, gay, bisexual and transgender abuse service

Broken Rainbow

Helpline: 08452 60 44 60

Mondays 2-8pm, Wednesday 10pm-1pm, Thursday 2-8pm

www.broken-rainbow.org.uk

Support and advice for lesbian, gay, bisexual and transgender people experiencing domestic abuse.

Drugs

Patterns of drug use have been changing across Manchester over the past few years and this reflects a similar trend across the whole of the UK. Typical shifts in drug use have seen a reduction of 'problem drug use', defined as heroin and/or crack cocaine use, injected and used in a dependant way, and an increase in polydrug use (the use of two or more drugs, often with alcohol) and performance and image enhancing drug use (PIED). These new patterns of drug use have resulted in a need to redesign drug services which have been traditionally focussed upon opioid users (heroin) and more recently, crack-cocaine users.

The National Drug Strategy 2010 has set a radical change in the way drug services will be delivering treatment and support to service users. From this year, drug services will be expected to become more recovery focussed and support service users and their carers to take a more involved approach in the delivery of care in keeping with the wider public health agenda. Although the ultimate goal for all services supporting drug users should be cessation of problem drug use, there remains a need for the pragmatic approach that is 'stepped' according to the needs of the individual. Harm reduction is essentially the recognition that behaviour change can take time, and therefore an approach to support drug users in maintaining their health and wellbeing during this time is crucial for a number of reasons. These include:

- Prevention of infection acquired through injecting drugs including HIV, hepatitis A, B and C, and bacterial infections.
- Provision of immunisation against hepatitis A and B, tetanus, and tuberculosis.
- Provision of sterile injecting equipment and condoms.
- Provision of silver foil and advice on ways to reduce or stop injecting drug use.

When considering issues in relation to drug use, a continued emphasis will remain on harm reduction and safer behaviour i.e. safer sex and drug use and issues pertinent to alcohol. However, the thread of a recovery oriented model will be woven through all elements of the patient journey.

The relationship between sex markets and drug markets is also an important issue in relation to crime and public health. Manchester has a significantly high level of recreational drug and alcohol use that often leads to unsafe behaviour including unprotected sex and should be recognised in any work undertaken.

It is the DAATs (Drug and Alcohol Teams) responsibility to ensure that local needs are addressed in relation to drugs prevention, drugs treatment and rehabilitation, reducing drug related crime and supporting and strengthening communities in their efforts to tackle drug misuse.

Drug services across the city consist of a 4 tier service provision:

- specialist drug services
- community and pharmacy based needle exchange
- inpatient services
- general and specialist medical services from GPs

Sexual risk taking and drugs

Recreational drug use can fuel the spread of STIs and HIV in several ways. Injecting drugs and the use of injecting paraphernalia can transmit HIV, Hepatitis B and C through using shared needles and equipment. Other drugs like ecstasy, amphetamines, Viagra, poppers, crystal meth and crack are associated with increased sexual risk taking behaviours by impairing judgement, creating strong sexual rushes and/or enabling the user to have more sex for longer.

Internet drugs

Internet drugs is the term used to refer to drugs purchased over the world wide web and can cover a wide range of substances from research chemicals often described as 'not for human consumption', to drugs described as medicines e.g. Viagra, Diazepam and antibiotics. The main problem with purchasing these types of drugs and medications is the lack of consumer rights and a chain of governance. What this means in effect, is that people cannot be sure that what they have bought is appropriate for their needs, and that it is a drug that has been through appropriate testing and preparation. Many drugs and substances bought via the internet have not been prepared in safe laboratory conditions and undergone safety checks. The consumer also has no rights of complaint or compensation if they experience side-effects, adverse reactions or simply do not receive their goods after money has changed hands.

Illicit drugs remain available via the internet due to legal loopholes and it is virtually impossible to use the legal system to prevent some of these drugs entering the country. Amendments in the Misuse of Drugs Act (1971) have helped to slow the process down and raise some public awareness, however, it is unlikely that we will see this market subside; indeed, it is likely to continue to grow as an industry. Reasons for using internet drugs/pharmacies vary from being embarrassment about a condition to not wanting to take time off work. Some information is available from organisations such as Drugscope and Frank; however, it is often advisable to adhere to a simple message that emphasises the following points:

- Illegal drugs can be sold over the internet but once they are in someone's possession, you become liable under law. Ignorance of the law as a defence cannot be claimed.
- Internet medicines may appear like the real thing, including the packaging, but the contents may be an incorrect dose, wrong drug, or unsterile.
- Consumers have no rights of appeal where the supplier has waived responsibility e.g. 'not for human consumption' or 'to be sold as plant food'.
- There is minimal chance of obtaining compensation where an adverse effect occurs. Some people have experienced severe and long-lasting side-effects.
- The media have tended to exaggerate the problems which have inhibited sensible discussion about this issue. The most common problems experienced are failure for the drug/medicine to be effective and work. This has meant that people may have delayed the need to see their GP/Pharmacist.

Viagra

Viagra is a treatment for impotence that has become increasingly common as a recreational drug particularly amongst gay men who want to counter act the impotence side effect of ecstasy. Several studies have linked Viagra use to increased risk of unprotected sex and STIs. Viagra should not be taken in conjunction with poppers or nitrates or with drugs used to treat angina. If Nitrates and Viagra are taken together blood pressure may fall to dangerously low levels. Care needs to be taken using Viagra in combination with anti HIV drugs. A lot of medications including Viagra are bought over the internet where quality and cost are not regulated. Much of this medication is also fake.

Useful websites:

www.talktofrank.com
www.drugscope.org.uk

Strategic lead for the city

Drug & Alcohol Strategy Team

Manchester City Council
 4th Floor
 Heron House
 Brazenose Street
 Manchester M2 5EA
 Tel: 0161 219 6923

Needle and Syringe Programmes (NSP)

Needle exchanges have been in operation in the UK for over twenty-five years with a strong evidence base to support their role in preventing the spread of blood-borne infections via the sharing of injecting paraphernalia

(NICE Guidance 2009). Originally called Needle Exchanges, now Needle and Syringe Programmes (NSPs) are considered the 'front door' into treatment for drug users and as such are now becoming much more than low-threshold services for provision of injecting equipment. The term 'exchange' has been removed to prevent confusion that new injecting equipment will only be offered if used equipment is returned although it is still strongly recommended that service users dispose safely of their used equipment. NSPs and community pharmacies continue to offer safe disposal.

Manchester has seen a rapid increase in the number of injecting steroid users accessing the cities NSP services and has responded accordingly. The PUMP Clinic offers specialist advice from an experienced specialist NSP worker who is able to collect blood samples and offer other relevant health checks to monitor the effects of steroids. The PUMP clinic offers a peripatetic service across Manchester and supports NSP workers to maintain a high standard of care for steroid users and other PIED users.

Ancoats Primary Care Centre

Old Mill St

Ancoats

Manchester M4 6HH

Tel: 0161 274 1652

Providing NSP services 7 days a week (please call to check availability of specialist worker).

PUMP Clinic – A specialist service for performance and image enhancing drug users providing the following:

- Liver function tests
- Cholesterol tests
- Testosterone tests
- Sterile equipment for injecting and various size containers for the safe disposal of sharps.
- Advice and support to use drugs more safely, reduce and come off as appropriate.

DASH

The Zion Centre

339 Stretford Road, Hulme

Manchester M15 4ZY

Tel: 0161 226 0202

Lifeline

101-103 Oldham Street

Manchester M4 1LW

Tel: 0161 839 2054

www.lifeline.org.uk

An on-site qualified nurse is available for wound care and confidential testing for blood borne viruses.

PIED services offered

Manchester Drug Service (North and Central)

The Bridge

104 Fairfield Street

Manchester M1 2WR

Tel: 0161 273 4040

MASH (Manchester Action on Street Health)

94-96 Fairfield St
 Manchester
 M1 2WR
 Tel: 0161 273 4555
 Freephone: 0800 183 0499
www.mash.org.uk

MASH is a sexual health promotion/HIV prevention organisation for female sex workers/ migrant sex workers and drug users in Greater Manchester. They provide drop-in, structured day care and outreach to sex workers in saunas/massage parlours and street work. They offer information and services for: Hepatitis B vaccinations, pregnancy testing, needle exchange, first aid and wound dressing. They have specialist drug workers and a court liaison and diversion scheme.

New Start Trust

1st Floor
 Alderman Downward House
 Civic Centre
 Wythenshawe
 Manchester M22 5RF
 Tel: 0161 498 0615
 PUMP clinic services available as a 'satellite' clinic (call for details)

Trafford SMS

1-3 Ashton Lane
 Sale
 Manchester M33 6WT
 Tel: 0161 905 8583

Waterloo Project (MDS North)

Youth Action Building
 Brentfield Avenue
 Cheetham Hill
 Manchester M8 0TN
 Tel: 0161 708 2110

For pharmacies providing needle exchange see Pharmacy section.

Statutory agencies providing advice and support

All services can provide access to detoxification although not all services will have access to a doctor on-site. The process to access a medically assisted detoxification is usually achieved within a two week period but for reasons of safety, can take longer. A number of options are now available for psychological support and counselling across the city and all services will be able to offer advice on this type of help on an individual basis. All services can provide information and rapid access into Recovery Orientated Services.

Community Detox Service (MDS North and Central)

Manchester Drug Service
 The Bridge
 104 Fairfield Street

Manchester M1 2WR
Tel: 0161 273 4040

(MDS North)

Youth Action Building
Brentfield Avenue
Off Waterloo Road
Cheetham Hill
Manchester M8 0TW
Tel: 0161 705 7110

Manchester Drug Service (South)

Alderman Downward House
Room C1
Civic Centre
Wythenshawe
Manchester M22 5RF
Tel: 0161 490 2251

Manchester Stimulant Service (MDS)

Glentop House
Pimblett Street
Cheetham
Manchester M3 1FU
Tel: 0161 819 2020
Support with Crack/Cocaine or amphetamine use.
Ring for an appointment or drop-in any Tuesday or Friday, 9.30am-4.00pm.

Manchester Drugs and Race Unit

Zion Community Resource Centre
339 Stretford Road
Hulme
Manchester M15 4ZY
Tel: 0161 226 9145

MDRU is a service within the Black Health Agency funded by the DAAT that is working to promote equality in drug and alcohol services across the city.

Tranquillisers

Cita
The Council for Information on Tranquillisers and Antidepressants
The JDI Centre
3-11 Mersey View
Waterloo
Liverpool L22 6QA
0151 932 0102 Helpline Office 0151 474 9626
www.citawithdrawal.org.uk
Provides information, support and counselling for people who have become addicted to tranquillisers

Voluntary sector agencies providing advice and support**DASH (Drug Advice & Sexual Health)**

The Zion Centre
339 Stretford Road
Hulme
Manchester M15 4ZY
Tel: 0161 226 0202

Eclipse

73 Ardwick Green North
Manchester M12 6FX
M1 7HE
Tel: 0161 273 6686
Providing specialist support and advice to drug users under the age of 19.

Intuitive Recovery Service

City View House
5 Union Street
Ardwick
Manchester
M12 4JD
Tel: 0161 223 1094

Lifeline

101-103 Oldham Street
Manchester M4 1LW
Tel: 0161 839 2054

New Start Trust

1st Floor
Alderman Downward House
Civic Centre
Wythenshawe
Manchester M22 5RF
Tel: 0161 498 0615

Health promotion

Encompasses:

- HIV and STI prevention
- Any work that promotes positive sexual health
- Work to reduce unintended pregnancies
- Sex and Relationship education
- Drug and alcohol harm reduction
- Initiatives to bring about change in prejudice, discrimination and stigma
- General awareness raising work
- Training for front line staff

To develop front line staff's health promotion skills see training section.

The Health Information and Resources Library

1st Floor

Fallowfield Library

Platt Lane

Fallowfield

Manchester, M14 7FB

Tel: 0161 248 1753/1755

The Health Information and Resources Library have staff who can advise and support primary care and frontline staff with a range of resources and leaflets, literature searches and access to the latest research and evidence based practice.

Hepatitis

Hepatitis literally means inflammation of the liver. An inflamed liver can also be caused by drinking too much alcohol, the side effects of some medicines and chemicals or a liver disease called Auto-Immune Hepatitis. However, the most common cause is being infected with a virus. Hepatitis A, B and C are all viral infections that affect the liver, which is one of the largest internal organs in the body. Vaccinations are available for both Hepatitis A and B but there is no vaccination against Hepatitis C. It is very important that people with HIV are vaccinated against Hepatitis A and B.

Hepatitis A

Hepatitis A vaccination is recommended for certain groups engaging in risky sexual activity, certain travel destinations, HIV positive individuals and people with Hepatitis C.

Hepatitis A can cause a short term or acute illness that usually lasts up to ten to fourteen days (occasionally longer depending upon other factors).

Once someone has had Hepatitis A they cannot get it again.

Hepatitis A is most commonly found in human faeces. Countries that have poor sewage treatment standards have higher levels of Hepatitis A and immunisation is recommended for visits to those countries (immunisation information is available from travel clinics).

Symptoms

- Nausea, vomiting, diarrhoea
- Loss of appetite

People who are at risk

- People who visit countries with poor sanitation
- People whose sexual practice involves rimming or scat related activities

How it is transmitted

- Contact with human faeces
- Contaminated food, drinking water and ice cubes
- Salads or fruit washed in contaminated water
- Sexual activities particularly rimming (oral contact with the anus)

Prevention

- By being vaccinated against Hepatitis A before visiting countries where sanitation can be poor
- By avoiding inadequately cooked shellfish, salads, fruit, ice cubes and unpasteurised milk in high risk countries
- By vaccination if you engage in sexual practices including rimming (contact of the mouth with the anus) and anal sex

Hepatitis B

In 1996, the Department of Health guidance on immunisation against infectious diseases recommended that injecting drug users are immunised against Hepatitis B and the National Strategy for Sexual Health and HIV (2001) set a standard for all men who have sex with men to be offered Hepatitis B vaccine on first attendance at a GUM clinic. In Manchester there are a number of agencies offering vaccinations for target groups. These include statutory and voluntary services working with injecting drug users (including shared care services), gay and bisexual men and sex workers.

It is recommended that all at-risk groups be offered vaccinations as appropriate including through Primary care.

Hepatitis B is a virus that can cause severe and even fatal damage to the liver. Hepatitis B is highly infectious and very easily transmitted from person to person. Most people who receive treatment for Hepatitis B will recover completely and get rid of the virus from their bodies. Hepatitis B vaccine is a reliable preventative intervention; it may also be used as part of post exposure treatment to reduce the risk of an individual becoming infected.

Symptoms

The majority of people infected with Hepatitis B have no symptoms to suggest that they have the infection. It is usually diagnosed through routine blood tests. If symptoms do occur they may include:

- Nausea & vomiting
- Loss of appetite
- Abdominal pain; especially in the liver area
- Aching joints & tiredness
- Fever
- Jaundice – yellowing of the skin including the whites of the eyes, dark urine with pale coloured stools

People who are at risk

- Anyone who injects or has ever injected drugs and has shared equipment including needles, syringes,

filters, spoons or water

- Anyone who has had unprotected (without a condom) sex either with a man or woman who has Hepatitis B
- Anyone who has had medical or dental treatment in a country with high levels of Hepatitis B infection
- People from countries that have high levels of Hepatitis B in the population e.g. Asia and Africa
- Babies born to mothers who have acute Hepatitis B during pregnancy or to mothers who are 'carriers' of Hepatitis B

How it is transmitted

- Contact with infected blood, semen or vaginal secretions from a person who has Hepatitis B
- A pregnant woman may pass Hepatitis B onto her unborn child
- From sharing needles & other injecting equipment, razors, toothbrushes or any other 'articles' contaminated with blood, semen or vaginal secretions
- The Hepatitis B virus cannot penetrate intact skin but can enter the body via cuts, abrasions, needle stick injuries and open wounds such as weeping eczema

Prevention

- Using a condom for vaginal, anal and oral sex
- Not sharing injecting equipment, razors or toothbrushes
- Having tattoos, piercings & electrolysis undertaken at reputable establishments, asking for new and unused needles to be used
- Covering all cuts, grazes and abrasions with waterproof plasters
- Vaccinating people who are at a higher risk of contracting Hepatitis B

Hepatitis C

Hepatitis C is a virus that can cause severe and even fatal damage to the liver. Only a small proportion of people get rid of the infection naturally with the majority (around 80%) going on to develop chronic Hepatitis C. The severity of the disease can be affected by the strain of Hepatitis C and faster disease progression is affected by factors such as heavy alcohol intake, having HIV or being older. Some people may develop serious long-term liver problems such as cirrhosis or even liver cancer twenty to forty years after being infected. There is currently no vaccine against Hepatitis C.

Greater Manchester has the highest prevalence of HCV infection in England largely due to high number of injecting drug users' estimates are between 14,000 and 15,000 chronically infected individuals in the local population, the majority of these will be resident in Manchester itself. In the past 5 years, approximately 10% of chronically infected individuals have been treated across Greater Manchester. Treatment costs vary dependant upon the genotype of HCV, affecting the use of treatment drugs and the length of treatment itself, costs can be £3,500 to £12,000 depending upon these variable factors. However, these costs are significantly less than untreated disease that progresses to cirrhosis or cancer of the liver with associated health problems and acute hospital admissions (HCV related hospital admissions increased by 45% across GM during 2010).

Treatment itself will not be sufficient to turn the curve of HCV incidence, therefore it is crucial to raise awareness and maximise prevention of infection, both primary and secondary, to reduce the number of individuals with chronic Hepatitis C. Testing will enable those individuals who are found HCV positive to make lifestyle and behaviour changes that will maximise their chances of successful treatment and reduce forward transmission. There is now a sound body of evidence of effectiveness that raising awareness of transmission risks and adopting harm reduction techniques will reduce the incidence of infection at a substantial cost saving.

Symptoms

Less than 5% of people experience symptoms when they are first infected. But symptoms can include:

- Jaundice
- Diarrhoea
- Sickness

50% of people suffering longer-term infection can experience:

- Extreme tiredness
- Feeling unwell
- Weight loss
- Depression
- Intolerance of alcohol and fatty foods

People who are at risk

- Anyone who injects or has ever injected drugs and has shared equipment including needles, syringes, filters, spoon or water (90% of new HCV infection in 2009 were associated with injecting drugs)
- Anyone who has had unprotected (without a condom) sex either with a man or woman who has Hepatitis C
- Anyone who has had medical or dental treatment in a country with high levels of Hepatitis C infection
- People from countries that have high levels of Hepatitis C in the population e.g. Asia and Africa
- Babies born to mothers who have acute Hepatitis C during pregnancy or to mothers who are 'carriers' of Hepatitis C

How it is transmitted

- Through contact with infected blood
- By sharing needles and other drug injecting equipment, razors, toothbrushes or articles contaminated with blood
- Infected blood products

Prevention

- Using a condom for vaginal, anal and oral sex
- Not sharing injecting equipment, razors or toothbrushes
- Having tattoos, piercings & electrolysis undertaken at reputable establishments and asking for new & unused needles to be used
- Covering all cuts, grazes & abrasions with waterproof plasters

Testing for Hepatitis infection

Unless indicated as a risk factor for underlying HIV or HCV, testing for Hepatitis A and B is rarely necessary and immunisation is usually offered where there is any doubt of immunity, either by past infection or immunisation. Hepatitis C testing should be offered to all patients who have a past history of injecting drug use following a pre-test discussion. Manchester has standardised guidance for HCV testing by both standard blood test and the Dried Blood Spot Test (DBST). The DBST is recommended for patients who have poor venous access or are anxious about 'needles'. The standards are available from the GMHCV Strategy as are the clinical pathways for referral into treatment. See www.gmhpc.com

The 2010 guidelines have been updated to incorporate all new relevant information since the previous versions were published in 2005. The 2005 versions came as separate hepatitis B and C guidelines but for 2010 BHIVA (British HIV Association) decided to amalgamate them into a single document. This is to avoid duplication, as the general management of chronic liver disease is similar for both infections. British HIV Association guidelines for the management of co-infection with HIV-1 and hepatitis B or C virus 2010
www.bhiva.org

Organisations providing advice

The British Liver Trust

2 Southampton Road
Ringwood
BH24 1HV
Tel: 08707 708028
Website: www.britishlivertrust.org.uk

The Hepatitis C Trust

27 Crosby Row
London SE1 3YD
Tel: 020 7089 6201
Helpline: 0845 223 4424
admin@hepctrust.org.uk

Greater Manchester Hepatitis C Strategy

www.gmhepc.com

Travel vaccination advice:

www.nathnac.org
www.dh.gov.uk/travellers
www.gogapyear.com

Vaccination clinics

You may be offered a Hepatitis A vaccination if clinically appropriate as well as Hepatitis B.

Manchester Centre for Sexual Health

The Hathersage Centre
280 Upper Brook St
Manchester M13 0FH
Tel: 0161 276 5200

Withington Community Hospital

1st Floor
Sexual Health Department
Nell Lane
Withington
Manchester M20 2LR
Tel: 0161 217 4939

Pennine Acute Hospitals trust

North Manchester General
Department of GU medicine
Outpatients D
Delaunays Road
Crumpsall
Manchester
Tel: 0161 720 2681

Ancoats Community Clinic

Ancoats Primary Care Centre
Old Mill St
Ancoats
Manchester M4 6HH
Tel: 0161 274 1652

Ancoats offers a specialist harm reduction and NSP, which includes: referral, advice and support. Additionally the clinic currently has a walk-in clinic. Please phone for opening times.

The Lesbian & Gay Foundation (LGF)

5 Richmond St
Manchester M1 3HF
Tel: 0161 235 8035
www.lgf.org.uk

Helpline: 08453 30 30 30 (6pm-10pm every day)

The Lesbian and Gay Foundation is the UK's leading lesbian, gay and bisexual community organisation. Based in Manchester, they provide services and support to people throughout the North West. Services include: counselling, helpline and a variety of social groups, Hepatitis B vaccination programmes and a sexual health clinic.

The Manchester Drug Service (North and Central)

The Bridge
104 Fairfield Street
Manchester M1 2WR
Tel: 0161 273 4040

MDS is the community drug treatment service for the City of Manchester. They help to reduce drug related harm to individual drug users, their families, friends and communities. They offer: advice, support, Hepatitis A and B vaccinations, Hepatitis C and HIV testing, treatment, a stimulant service, NSP, specialist midwives and a criminal justice team.

Hepatitis clinic: Wednesday afternoons.

This service also leads on shared care for the city.

Manchester Drug Service (North)

Youth Action Building
Brentfield Avenue
Off Waterloo Road
Cheetham Hill
Manchester M8 0TW
Tel: 0161 705 7110

Manchester Drug Service (Central)

Zion Community Health & Resource Centre
339 Stretford Road
Hulme
Manchester M15 5FQ
Tel: 0161 232 7359

Manchester Drug Service (South)

Alderman Downward House
 Room C1
 Civic Centre
 Wythenshawe
 Manchester M22 5RF
 Tel: 0161 490 2251

MASH (Manchester Action on Street Health)

94-96 Fairfield St
 Manchester
 M1 2WR
 Tel: 0161 273 4555
 Freephone: 0800 183 0499
www.mash.org.uk

MASH is a sexual health promotion/HIV prevention organisation for female sex workers/ migrant sex workers and drug users in Greater Manchester. They provide drop- in, structured day care and outreach to sex workers in saunas/massage parlours and street work. They offer information and services for: Hepatitis B vaccinations, pregnancy testing, needle exchange, first aid and wound dressing. They have specialist drug workers and a court liaison and diversion scheme.

HIV

Nationally each year more than 1.5 million new episodes of STIs (including HIV) are seen in UK clinics and the figures seem set to rise. The North West has the highest incidence of HIV and HIV related illness outside of London and the South East, with the majority of these occurring within Manchester.

The groups currently prioritised are: gay, bisexual and men who have sex with men (MSM), black and minority ethnic communities, young people and vulnerable groups. However, there is a significant increase of incidence and prevalence in the over 50s population. Additionally, the numbers of people over 50 receiving HIV care in the UK is set to double within the next 5 years. (HIV Treatment Update, NAM, July 2010)

New diagnosis

Although HIV infection is not curable, advancements in treatment mean that many people with the condition are able to lead normal lives. However, the earlier the diagnosis the better the outcome for the patient so early testing is important.

Latest information reveals that:

- A third of adults diagnosed with HIV in the UK last year were diagnosed late. In 2008 5,558 adults (15 years and over) were diagnosed with the infection and of those 32% (1,781) were diagnosed after the point at which treatment should have started
- A total of 525 people with HIV died in 2008 and of those more than half (57%) were diagnosed after the point treatment should have started
- The number of people living with HIV in the UK has increased to 83,000 and over a quarter of these people do not know they have the infection.
- In 2008 93% people accepted a HIV test at a GUM clinic, a rise from 77% in 2007
- Manchester has the largest number of HIV positive residents infected through men who have sex with men

- (MSM), which accounted for 895 individuals
- There were 789 individuals infected through heterosexual sex

The North West continues to be influenced by the global HIV situation as reflected by the number and pattern of HIV infections acquired abroad. The majority (71%) of who were infected in sub Saharan Africa. As a result we are seeing an increasing number of individuals being treated for HIV in the region from black and minority ethnic backgrounds (35%). This is a substantial over representation when compared with the proportion of people from BME backgrounds in the general North West population which is 8%. This demonstrates the increasing burden of HIV on BME communities and the continued need for prevention work. There are proportionally more females with HIV in the BME communities which potentially impacts on the number of mother to child transmissions.

Areas with a prevalence of more than 200 per 100,000 are considered high prevalence in national guidelines. HIV testing in primary care and general medical admissions must be prioritised in areas with such a high diagnosed HIV prevalence (i.e. >2/1,000 15-59 year olds) and among most at-risk populations in order to reduce late diagnoses and the proportion of undiagnosed individuals. Manchester's current diagnosed prevalence is 365.6 per 100,000 population and we therefore have a diagnosed HIV prevalence rate greater than 2 per 1,000 of the population, the threshold at which it has been recommended to expand HIV testing in the local population. (HPA, Time to Test 2010)

Stigma

Despite medical, social and political changes around HIV over the last 30 years and increased awareness, education and prevention, the stigma associated with HIV still remains high and does not appear to be reducing. Particular groups within society are more likely to experience discrimination around their HIV status and these include gay men, asylum seekers and people from black communities. Stigma can happen on many levels, personal, institutional and societal. It remains an important issue because stigma is essentially what prevents individuals coming forward for testing, being open about their status or disclosing to sexual partners.

Criminalisation of HIV transmission

Criminal prosecution of HIV transmission is a significant issue. There have been 13 convictions in England & Wales since 2005, with the latest conviction taking place in February 2010. There are 3 definitions of criminal transmission of HIV: intentional, reckless and accidental. People are prosecuted under the sections of the Offences Against the Persons Act (OAPA 1861) on 'grievous bodily harm'.

It is important that frontline staff are aware of the following issues in which criminal liability for HIV transmission may impact on the advice and support they give.

- Confidential records will be subpoenaed by the courts in the case of a prosecution
- Staff may be requested to give evidence or supporting statements in relation to their patients.
- Staff may face the ethical dilemmas of being aware of HIV positive patients not engaging in safer sex, or being unprepared to disclose their HIV status to their sexual partners

Criminalisation of HIV is very complex and will raise issues including morals, consent and disclosure and personal responsibility not only for the person who is HIV positive but also for the healthcare professional around duty of care and responsibility.

For more information download 'Prosecutions for HIV Transmissions- A guide for people living with HIV in England and Wales'. www.tht.org.uk/informationresources/prosecutions/

Duty of Care Case Study

Duty of care to a sexual partner who is not a patient of the clinic: the case of BT v Oei

The New South Wales case of BT v. Oei [1999] NSWSC 082 directly addresses the point of duty of care to a third party sexual partner. In this case, the defendant doctor was found to have a duty of care to a patient's sexual partner, even though the partner was not herself a patient of the doctor. The case involved a man (AT) who reported a flu-like illness in late 1991 and developed acute hepatitis B and a urinary tract infection in early 1992. A woman called BT subsequently formed a sexual relationship with AT and contracted HIV. Despite Dr Oei's testimony to the contrary, the court found that Dr Oei did not recommend HIV testing. As a result, AT was unaware of his HIV status and subsequently passed the virus to BT. BT sued the doctor claiming that his failure to diagnose AT's HIV infection was negligent. BT asserted, and the court agreed, that the doctor should have advised AT to have an HIV test when AT first presented. The doctor owed a duty of care to AT. The court considered whether the doctor also owed a duty of care to BT, and found that he did. Justice Bell, in finding for BT, took note of the provisions of the Public Health Act 1991 (New South Wales), which requires a doctor who believes a patient has HIV infection to inform that patient of the danger he/she poses to others and to advise the measures he/she should take to protect others from cross-infection. Justice Bell found the doctor negligent in not suspecting the presence of HIV infection. If he had suspected HIV infection and had followed the dictates of the Public Health Act then, on the balance of probabilities, AT's HIV status would have been diagnosed early enough for him to have practised safe sex with BT, and BT, again on the balance of probabilities, would not have contracted HIV infection. Thus, Dr Oei was found negligent and in breach of the duty of care owed to his patient's sexual partner. (Australian Society for HIV Medicine December 2010)

About HIV

HIV is short for Human Immunodeficiency Virus.

For someone to become infected with the HIV virus, the virus needs to get into the blood stream. The body fluids that contain enough of the HIV virus to infect someone are blood (including menstrual blood), semen, vaginal secretions and breast milk. HIV cannot pass through intact external skin, or through the air like colds & flu.

The HIV virus attacks the body's immune system, making it harder to fight off infections. It targets white blood cells known as CD4 or T4 cells. The lower someone's CD4 count is, the lower his or her immune system will be. AIDS stands for Acquired Immune Deficiency Syndrome. An immune system damaged by HIV leaves someone vulnerable to serious infections that may not normally be a threat i.e. tuberculosis, pneumonia and certain cancers. It is preferable these days to use the term 'HIV related illness' rather than AIDS.

Symptoms

It is very difficult to be specific about symptoms as they vary so much from person to person. The vast majority of people who have HIV will have no symptoms at all for many years. The only reliable method of detecting whether someone has HIV is to have a blood test specifically to test for HIV antibodies.

Testing

The HIV antibody test is the most common method of testing for HIV. It checks for antibodies produced by the body in response to the presence of HIV. When someone is infected with HIV it can take up to 3 months for the body to produce enough antibodies to be detected by the HIV blood test.

The period of time from contracting the virus to being able to have an accurate HIV test result is known as the incubation or window period.

Late diagnosis

If someone is diagnosed a long time after they have been infected with HIV, it is more likely that the virus will have already seriously damaged their immune system, which is unlikely to recover. Someone is said to have been diagnosed late if the number of particular immune cells (CD4 cells) in their bloodstream has dropped below a certain level. Late diagnosis is one of the biggest contributing factors to illness and death for people with HIV. It is very important that HIV is diagnosed early, so people can start treatment if they need to, look after their own health and take steps to ensure they don't pass the virus on. Being diagnosed early reduces the risk of morbidity and of onward transmission by 50%. It is important to remember that if an individual is HIV positive and they wish to have sex with another HIV positive individual, it is essential that they practice safer sex and use a condom as they are still at risk of contracting other STIs and becoming re-infected with a different strain of HIV that could compromise future anti-retroviral treatment.

In 2009, an estimated 30% of adults diagnosed with HIV were diagnosed with CD4 levels below 200, indicating that their immune systems had already been damaged by the virus. Treatment guidelines recommend that people with HIV should start taking medication when their CD4 levels get to 350 or below. By this measure 52% of those diagnosed in 2009 were diagnosed after HIV treatment should already have begun.

Transmission

The main ways that HIV can be transmitted in the UK to another person are:

- Sex without a condom – HIV can be transmitted from one person to another through unprotected vaginal & anal sex. A small risk exists with oral sex
- Injecting drug use - HIV can be transmitted by using needles or syringes or injecting equipment (works) that someone with HIV has already used
- Mother to baby – a pregnant woman who has HIV may pass the virus to her baby before birth, during delivery or whilst breastfeeding
- Organ transplant, blood transfusion or blood products – since 1985 all blood/blood products and tissue/organ donations in the UK have been screened for HIV prior to use

Some people have a short illness soon after infection, called a 'seroconversion' illness' because it coincides with the period during which the body first produces antibodies to HIV. Common symptoms include:

- a fever (lasting more than a few days)
- aching limbs
- a blotchy red rash
- headache
- diarrhoea
- mouth ulcers

This stage of HIV infection is also sometimes called primary HIV infection or acute HIV infection. The severity of symptoms at this stage can vary considerably between people – they can be so mild as to go unnoticed or so severe that admission to hospital is required.

It is now thought that the longer and more severe the symptoms during sero-conversion, the greater your chance of becoming more ill sooner, presuming that you do not take anti-HIV drugs. During seroconversion levels of virus in the blood (system) are very high.

Treatment

At the current time there is no 'cure' for HIV, although there are powerful anti-HIV drug treatments that are available. These drugs taken in various combinations can slow down the damage that HIV does to the immune system. It is important to remember that some prescribed and illegal drugs can interact with HIV medication.

Care needs to be taken for example when using Viagra in combination with anti-HIV drugs.

For information on antenatal HIV care see Antenatal section

For further information and copies of guidelines see:

- Management of Co-infection. The 2010 BHIVA (British HIV Association) guidelines have been updated to incorporate all new relevant information that since 2005. The 2005 versions came as separate hepatitis B and C guidelines but for 2010 have been amalgamated into a single document. This is to avoid duplication, as the general management of chronic liver disease is similar for both infections. (British HIV Association guidelines for the management of Co-infection with HIV-1 and hepatitis B or C virus 2010) www.bhiva.org
- Treatment of HIV-1 infected adults with antiretroviral therapy (2008) www.bhiva.org

PEPSE

- Post Exposure Prophylaxis (PEP) is HIV treatment given as soon as possible following exposure to HIV in an attempt to prevent infection with the virus. PEPSE is PEP after Sexual Exposure (PEPSE)
- Immediate risk assessment is crucial to establish whether the individual is at significant risk. This is dependent on the type of exposure and the “source” of exposure.
- The longer the delay to risk assessment and administration of PEP, the less effective PEP is likely to be.
- PEP consists of 28 days of combination antiretrovirals (4 drugs) with potential side effects.

For this reason it is crucial that the potential benefits of PEP outweigh the risks and the affected individual is well informed. It is important to remember that this is not a prevention intervention and is intended for use in accidental exposure, sexual assault and rape and with exposure in known HIV positive individuals. It is not similar to emergency contraception in its use. (For further information see GM Guidelines Policy for the assessment and prescribing of PEPSE across Greater Manchester www.sexualhealthnetwork.co.uk)

Sperm washing (conception management)

Sperm washing was developed for couples who wish to have a child where the male is HIV-positive and the female is HIV-negative. The procedure reduces the risk of HIV transmission to the female partner, and subsequently the unborn child. Locally, clinicians also recommend sperm washing as the safest approach in couples where both partners are HIV-positive with discordant resistance profiles to avoid transmission of resistant virus.

Sperm washing rests on the premise that HIV infected material is carried primarily in the seminal fluid rather than in the sperm itself. Sperm washing involves purifying sperm from seminal fluid. The sperm is then used for insemination in to the female partner when she is ovulating either through intra-uterine insemination ((IUI) where there are no existing fertility problems identified) or IVF (where fertility problems are identified).

The technique was pioneered in Milan and is now used across Europe. To date, all of the children born have tested HIV-negative and none of the mothers have seroconverted as a result of using washed sperm.

Through the Greater Manchester protocol we now refer patients to Liverpool Women’s Hospital. For further information see GM Guidelines www.sexualhealthnetwork.co.uk and www.bhiva.org

Networks

The Greater Manchester Sexual Health Network

www.sexualhealthnetwork.co.uk

This network, established in July 2003, is the UK's first comprehensive network covering HIV, GUM, family planning, contraception, sexual dysfunction, conception, teenage pregnancy and abortion services, provided by the statutory community and the voluntary sectors. It is jointly funded by the Greater Manchester PCTs and the Strategic Health Authority and works across identified key priority areas which include:

- Access and integration
- Abortion
- HIV and STIs
- Educational and Prevention
- Primary Care

The Network has proven a powerful way of organising services and creating change, enabling barriers to be broken down between care sectors and focusing solutions on patient care pathways rather than organisations.

HIV testing and care

The following are the main statutory GUM/Sexual health clinics based in the three hospitals in Manchester. Please ring for an appointment.

Pennine Acute Hospitals Trust

Department of Infectious Diseases
North Manchester General
Delaunays Road
Crumpsall
Manchester M8 5RB

Tel: 0161 720 2845 (HIV tests only)

North Manchester General Hospital hosts the regional HIV Specialist Treatment Centre. From here patients can access HIV testing, treatment, counselling, occupational therapists, dieticians, pharmacy, welfare rights adviser and community care.

Manchester Centre for Sexual Health

The Hathersage Centre
280 Upper Brook St
Manchester M13 0FH
Tel: 0161 276 5200

The MCSH provides HIV testing, treatment, counselling and support.

It also offers HIV testing as part of its specific young persons clinic held on Wednesdays 3.30- 5.30pm.

Withington Community Hospital

Sexual Health Department
1st Floor
Nell Lane
Withington
Manchester M20 2LR
Tel: 0161 217 4939

Withington Community Hospital provides HIV testing, treatment and counselling.

Brook

Commonwealth House
81 Lever Street

Manchester M4 5AZ

Tel: 0161 237 3001

www.brook.org.uk

Brook centres offer free and confidential sexual health advice and services for young people under 19. Services include: contraception, emergency contraception, pregnancy testing, HIV & STI screening, termination referrals and counselling.

HIV testing in the community

Gay and Bisexual men's outreach service

Lesbian & Gay Foundation

For information go to: www.lgf.org.uk

Body Positive North West

For further information go to: www.bpnw.org.uk

Voluntary Sector HIV services

In the beginning of the HIV/AIDS pandemic, voluntary (sometimes known as third sector) agencies played a major role in prevention, education and advice for people about HIV, and they continue to do so. Manchester has a successful history of partnership working with the voluntary sector and this is recognised by their involvement in strategy, policy and commissioning. Manchester supports the voluntary sector through on-going contracts, which recognise their crucial role in tackling the epidemic in this country.

Barnardos Health Through Action Project

Gregory's Place

69 Ardwick Green North

Manchester M12 6ES

Tel: 0161 273 2901

Support for children and young people up to 18 with HIV and living in families affected by HIV.

Black Health Agency

Democracy House

609 Stretford Rd

Old Trafford

Manchester M16 0QA

Tel: 0845 450 4247

African AIDS Helpline: 0800 0967 500

www.blackhealthagency.org.uk

The Black Health Agency and its projects exist to work with and for African, Caribbean, South and South East Asian communities as well as a diverse range of other marginalised groups, such as refugees and asylum seekers. Their HIV support service provides befriending, advocacy and information for people who are affected by HIV.

Body Positive North West

39 Russell Rd

Whalley Range

Manchester M16 8DH

Tel: 0161 882 2200

Helpline: 882 2202

Provides services to those living with or affected by HIV/AIDS in the North West. They offer help, advice, advocacy, drop-ins, befriending, therapies, treatment and counselling.

George House Trust

77 Ardwick Green North

Manchester M12 6FX

Tel: 0161 274 4499

Fax: 0161 274 3355

www.gh.t.org.uk

George House Trust provides advice, support and services for people living in the North West with HIV and for people affected by HIV (including partners, children, carers and family). They also provide advice with money, welfare rights, employment and immigration support. All services are free.

Lesbian, Gay and Bisexual

Manchester has the largest lesbian, gay and bisexual population in the UK outside of London with an estimated population in the North West of 400,000 LGBT people (5-7% of the population). Manchester is internationally renowned for its 'gay village' on and around Canal Street. Whilst acknowledging the important social, political and cultural role of the 'gay village' we need to address that this brings with it a range of health and social challenges including the effects of increased drug and alcohol use and the links to unsafe sexual behaviour.

Whilst Manchester is perceived as a more open and accepting city in terms of lesbian, gay and bisexual people, prejudice, discrimination, bullying and homophobic abuse still exists.

Historically, the majority of health interventions in the LGB community have tended to focus on HIV and sexual health. However, it is important to recognise that many LGBs will experience family conflict, low self-esteem, isolation and depression, which often contribute to risky behaviour. This may manifest in increased smoking, drug and alcohol use, unsafe sex with multiple partners, lack of condom use and general poor health.

- Men who have sex with men remain the group at highest risk of acquiring HIV infection in the UK, with 1 out of every 8 gay men in Manchester being HIV positive
- Rates of STIs amongst MSM have also increased notably since the 1999 Syphilis epidemic in Manchester
- A recent study has shown that young LGBs are more likely to smoke than their heterosexual counterparts
- Up to 1 in 3 LGB people will suffer alcohol or drug addictions compared to 1 in 10 heterosexual people, (The Lifestyle Choice, 2007)
- Research shows that LGBs are more likely to suffer mental health problems, (MIND, 2006)

Reproductive health is an increasing issue for lesbians who want children, in relation to the requirement for donor sperm. This raises important issues around artificial insemination and screened donor sperm.

Artificial insemination often takes place without the support of primary care and acute services due to real and perceived negative attitudes and response to the concept of lesbians having children.

For information on cervical screening for lesbians see Cervical health section.

The Lesbian & Gay Foundation (LGF)

5 Richmond St

Manchester M1 3HF

Tel: 0161 235 8035

www.lgf.org.uk

Helpline: 08453 30 30 30 (6pm-10pm every day)

The LGF is the UK's largest lesbian, gay and bisexual community organisation. Based in Manchester, they provide information and support to people throughout the North West. Services include: counselling, telephone helpline, out reach clinic, advice surgeries and a variety of support groups.

The Lesbian Community Project

49-51 Sidney St
Manchester M1 7HB
Tel: 0161 273 7128

www.lesbiancommunityproject.co.uk

The LCP provides advice, support and information to lesbian and bisexual women in Manchester and the surrounding areas and social drop ins.

LGBT Police Surgery at the LGF

5 Richmond St
Manchester M1 3HF
Tel: 0161 235 8035

www.lgf.org.uk

This is a friendly, confidential and supportive service for lesbian, gay, bisexual or transgender people who have experienced hate crime, bullying, domestic violence, homophobia or any other crime. They provide a drop in service on Thursdays 6-8pm.

Exceeding Expectations

www.exceedingexpectations.org.uk

This multi-agency project provides education to professionals and young people with appropriate resources, training and advice on homophobia and sexuality.

LGB families

Rainbow families

A social group for lesbians and bisexual women who have or are thinking about having children.

For more information email: rainbow_families@hotmail.com

Pink Parents

PO Box 417
Oldham
OL2 7WT
Helpline: 08701 273 274

www.pinkparents.org.uk

Support and social activities for LGBT families and families to be and training for professionals.

Manchester Parents Group

PO Box 554
Stockport
Cheshire SK4 2WH

Provides information and support groups for parents of lesbians, gay and bisexual children. Email for local contacts.

www.manpg.co.uk

For LGB sexual health clinics see Sexual Health clinics section.

Mental health

Manchester's population has a very high level of mental health problems largely due to high levels of deprivation and poverty. One in six people at any one time will be experiencing a mental health problem; this figure is higher in some parts of Manchester. Physical health and mental health are interlinked. Mental distress can affect physical health in a variety of negative ways including sexual dysfunction. Sexual dysfunction can lead to mental distress; a physical health problem such as impotence is a major contributory factor in men developing mental distress. Low self-esteem has been linked with drug and alcohol misuse and risky sexual behaviours. Drug and alcohol misuse and persistent risky sexual behaviour are all a form of self-harm and may be used by people as a way of coping with their lives. Good sexual health such as being comfortable with your sexuality and your body image will impact positively on an individual's mental and emotional well being.

Anxiety and depression

Anxiety and depression can affect how people feel about sex, their sex drive and ability to have sex; there can be difficulties in getting an erection, becoming aroused or reaching an orgasm.

Medication

People on psychotropic medication, such as some of the antidepressants and anti-psychotic drugs may experience problems with sexual function arising from the side effects. These can include loss of libido, sensation, vaginal dryness and erectile problems. Additionally, some of these medications can make things worse for someone who is already struggling with sexual problems.

Dementia

Dementia can affect the sexual feelings, desires and needs of people with dementia and their partners. There are many ways in which sexual behaviour can change. There is a fact sheet which outlines how dementia impacts on sexual health and suggests some ways for those with partners to adapt so that relationships remain loving and close.

www.alzheimers.org.uk/factsheet/514

LGBT

Young lesbian, gay, bisexual and transgender people are 3-6 times more likely to attempt suicide than their heterosexual peers and account for at least 30% of all suicides. LGB youth are also more likely to experience bullying at school and suffer long-term effects on their mental health. Research suggests that gay men do not feel comfortable accessing primary health care services because they have experienced homophobia within the NHS. Only 25% of those surveyed found their GPs accepting of their sexuality. Only 4% found mental health services to be gay friendly.

Young men

There is a high suicide rate amongst men aged 15-35. Among men under the age of 35, suicide is the second most common cause of death. One of the reasons more men than women commit suicide is because many men are reluctant to talk about their feelings or to seek help when they need it. It is suggested that macho stereotypes are preventing young men from asking for help. Many men feel that they are expected to cope with problems themselves and that society puts pressure on them to conform to this idea of maleness. Being open about emotional problems is seen by some men as a weakness for which they would be teased or ridiculed.

Safer behaviour

Individuals with mental health problems show significantly higher levels of substance misuse, including high levels of alcohol use and long term use of drugs. This may lead to unsafe sexual practices and sexual problems such as erectile dysfunction, and loss of libido.

Dual diagnosis

When both substance misuse and mental illness coexist, many service users, carers and practitioners struggle with the separate provision of services. Subsequently when the two conditions coexist, problems such as those listed below occur;

- Mental health often deteriorates
- Risk of suicide and harm to others increases
- Substance misuse becomes more problematic
- Lifestyle becomes more chaotic
- Support which may be received from carers and others may be prone to breakdown and disengagement
- Services often pass clients on or exclude when a second condition (substance misuse or mental health problems) exists
- Practitioner skills do not usually extend to a second sphere of expertise (substance misuse or mental health intervention)

Single Point of Access (SPA)

A dual diagnosis clinic for people who have both drug/alcohol and mental health problems. Their families and carers can also get help. Self referral or referral via primary care/agency accepted.

Tel: 0161 276 6155.

Primary Care Mental Health Services

Provide talking therapies using a range of approaches including counselling, cognitive behavioural therapy, problem solving, and guided self help. People can self refer.

Primary Care Mental Health Team (North Districts) 0161 231 0017

Primary Care Mental Health Team (Central Districts) 0161 861 2343

Primary Care Mental Health Team (South Districts) 0161 946 8260

For easy access to information about local mental health services in Manchester go to:

www.mhim.org.uk

African & Caribbean Mental Health Services

Windrush Millennium Centre,
70 Alexandra Road, Moss Side
Manchester M16 7WD
Tel: 0161 226 9562

Provides support to African/Caribbean people who are 18-65 years of age with mental health problems. Services include support, casework, advocacy including welfare rights, benefits, attending ward rounds and tribunals, counselling, employment, education and training, advice and support to prisoners in Manchester. Drop-ins and support groups are also provided for service users and carers. Services also include a primary care mental health team.

Bangladeshi Women's Organisation

360 Dickinson Road
Longsight

Manchester M13 ONG

Tel: 0161 257 3867

Promotes awareness and provides practical support around mental health, education and welfare rights.

Black Health Agency

Democracy House

609 Stretford Rd

Old Trafford

Manchester M16 0QA

Tel: 0845 450 4247

www.blackhealthagency.org.uk

The Black Health Agency and its projects exist to work with and for African, Caribbean, South and South East Asian communities as well as a diverse range of other marginalised groups, such as refugees and asylum seekers. Their HIV support service provides befriending, advocacy and information for people who are affected by HIV. The Sahara project provides advice on well-being and mental health related services for refugees and asylum seeking communities of North Manchester.

42nd Street

2nd Floor Swan Buildings

20 Swan Street

Manchester M4 5JW

Tel: 0161 832 0169

Helpline: 0161 832 0170 (Mon, Tues, Fri 12.30 - 4.30pm).

Provide a dedicated support service to young people experiencing stress and mental health problems. They provide counselling, drop-ins, groups, self help resources and a participation programme.

HARP (Health Advocacy Resource Project)

Zion Community Resource Centre,

339 Stretford Road,

Manchester M15 4ZY

Tel: 0161 226 9907

www.harp-project.org

A range of services and projects for people with mental health needs. These include advice, information, advocacy and support, welfare rights and financial issues and housing advice.

There is also young people project, YASP for people aged 15-25 years with mental health needs. Tel: 0161 221 3054

The Lesbian & Gay Foundation (LGF)

5 Richmond St

Manchester M1 3HF

Tel: 0161 235 8035

www.lgf.org.uk

Helpline: 08453 30 30 30 (6pm-10pm every day)

The LGF is the UK's leading lesbian, gay and bisexual community organisation. Based in Manchester, they provide services and support to people throughout the North West. Services include: counselling, telephone helpline and a variety of groups.

LMCP Carelink

95a Princess Road, Moss Side M14 4TH

Tel: 0161 226 4632

Includes work with South Asian women with mental health needs (mild to moderate), offering physical health and leisure activities at Victoria Park Day Centre.

NEESA Well Women Drop-in Project

Woodville Community Resource Unit

Shirley Road

Cheetham

Manchester M8 7NE

Tel: 0161 795 9400

Part of the service supports south Asian women with mental health problems, anxiety and depression.

Public Health Development Service (North base)

Victoria Mill

Lower Vickers Street

Miles Platting

Manchester

M40 7LJ

Tel: 0161 861 2546

The PHDS seeks to improve health across the city by working in partnership with other organisations, groups and the local community. There is a Health Information and Resources Library. Areas of work include: Community Health Trainers, Alcohol, Cancer Prevention, Health at work, Mental Health, Mobility and Falls Prevention, Older People's Health, Preventing Coronary Heart Disease and Sexual Health/HIV Prevention/ Needle syringe programmes.

Pakistani Resource Centre

13 Copston Street

Withington

M20 3HE

Tel: 434 7800

www.pakistani-resource.org.uk

Counselling, emotional and practical support to Asian individuals experiencing mental ill health, their carers and families.

The Roby

307 Dickenson Road

Longsight, M13 0NG

Tel: 0161 257 2653

www.theroby.org.uk

Drop-ins and other mental health support services and activities, including a mental health recovery group, South Asian men's and women's groups, parent and toddlers group and a counselling service.

Self Help Services

Zion Community Resource Centre

339 Stretford Road

Manchester M15 4ZY

Tel: 0161 226 3871

www.selfhelpservices.org.uk

Self Help Services facilitate support groups that provide a free space for people to discuss life experiences and to exchange advice/coping strategies.

The groups help to break isolation and provide people with the opportunity to take control of their own lives and manage their own problems. Check their website for a full list of groups and new developments.

SHI (Sexual Health Initiative) groups

Cover general health issues as well as sexual health mainly for women with severe mental illness. The groups run at:

- Victoria Park Day Centre
For more details contact the Recovery and Development Worker on:
0161 224 1308
- Harpurhey Day Centre
For more details ring: 0161 205 0118

St Luke's Drop-in

St Lukes Neighbourhood Centre,
Stockport Road, Longsight M13 9AB
(corner of Stockport road and
Devonshire St South)
0161 273 1538

Mental health drop-ins, art project, activities, woman friendly atmosphere.

Wai Yin – Kwan Wai Project

66-68 Swan Street
Manchester
M4 5JU
Tel: 0161 237 5908

www.waiyin.org.uk

Is part of Wai Yin Chinese Women Society and supports clients who have a range of mental health difficulties.

Smithfield project

Thompson Street
Collyhurst
Manchester M4 5FX

Tel: 0161 839 8829

www.turning-point.co.uk

Advice, information and support on alcohol, drugs and mental health problems.

Useful numbers

Samaritans, 24 hours a day.

08457 90 90 90

Saneline, a phone line for information and support. 6pm to 11pm, every day.

0845 767 8000

Crisis Point (Turning Point), for help in Manchester with a mental health crisis. 8 am to 12 pm.

0161 225 9500

Over 50s and older adults

The number of Manchester residents, aged over 60, is lower than the proportion for England as a whole. This may be due in part to Manchester's high levels of deprivation and the tendency for older, better off residents choosing to move out of the City. However, the numbers are expected to rise. Nationally, by 2030, half the population will be over 50.

There is often a belief that older people are not sexually active and have no rights and needs in relation to sexual health. In a society primarily focused on a medical model of sexual health i.e. reproduction, it is important that primary care acknowledges the rights of older people to be sexually active

With regard to sexually transmitted infections, incidences of chlamydia, syphilis, herpes and genital warts have risen within this age group. (HPA, 2008) In the North West alone there were over 92 new cases of HIV in the over 50s in 2008. (North West Centre for Public Health 2009)

As society has changed so have the expectations and the experiences of older adults with regard to sex and sexual behaviour. People are living longer and healthier lives and are sexually active for longer. There is a rising divorce rate in the over 50s age group resulting in an increase in single people, many of whom are back out on the dating scene and forming new relationships.

In 2008, Saga/Populus polled 8000 people over 50 and 46% identified that they were having sex once a week. Research by the Royal Pharmaceutical Society of Great Britain highlighted that sex within this age group was not always safer sex and not always with their long term partner. Despite this a high proportion of the over 50s believe they are not at risk of HIV and STIs. (RPSGP 2009) Additionally, erectile dysfunction drugs such as Viagra are extending the sex lives of many older adults. With this comes an increased risk of STI transmission. (WHO 2009)

HIV and older people

According to NAM's 2010 HIV treatment update, by 2008, 1 person in 6 being seen for HIV care in the UK was aged 50 or over. This is projected to double over the next 5 years and is currently the fastest growing group with HIV. The World Health Organisation has identified that screening for HIV is less common for older adults who are assumed not to be at risk. HIV in older people can be more problematic due to compromised immune systems and the likelihood of other on-going health conditions. Those who are newly diagnosed now have better life expectancy. However, treatments are complex and may interact with other treatments for long term conditions. Twice as many long term conditions are being seen in people that are HIV positive and the over 50s who are HIV positive are getting 'diseases of aging' earlier than their peers. This highlights the importance of the early and ongoing involvement of GPs and primary care staff in the care of HIV positive people.

Anecdotal evidence in Manchester suggests that the over 50s are not routinely offered sexual health screening and are being misdiagnosed. Examples include STIs being mistaken for prostate problems in men or the menopause in women and HIV related illness being mistaken for dementia or non specific respiratory conditions. As part of the high prevalence levels of HIV in Manchester the over 50s should be considered for screening alongside the rest of the population.

Because of the increased life expectancy of older people who are HIV positive, many of them may end up accessing social and residential care services. There is clearly a need to work with social care on training for HIV, stigma and sexual orientation as many of the current cohort will be gay and bisexual men.

The impact of illness on sexual health

As people age they are more likely to experience illness and disabling conditions that can affect their sexual relationships and self esteem. Primary care is well placed to support people in re-establishing sexual activity.

Health conditions that might affect sexual activity and relationships include:

- Arthritis
- Heart disease
- Strokes
- Diabetes
- Menopause
- Surgery
- Dementia
- Hysterectomy
- Prostrate problems
- Breast cancer
- Depression

Additionally, older people are more likely to be on medication. Many medications have a negative affect sexually, which can compound any sexual problems that already exist for people, so extra consideration is needed when prescribing.

Erectile problems

As men age they are far more likely to experience erectile problems as part of the aging process, however erectile problems can also be a symptom of illness.

As a result of this process older men are using medications such as Viagra, Cialis and Levitra to sustain their erections and sex lives. It is important to have an awareness of which drugs men may be using as they may interact with prescribed medication.

Prostrate cancer

Prostrate cancer affects men's sexual health but increases in likelihood as men get older. It is the commonest type of cancer in men. Around 34,000 men in the UK are diagnosed with prostate cancer each year. Prostate cancer treatment can result in a loss of libido and erection problems are common. Many men find it difficult to talk about such personal subjects particularly with their doctor or other medical staff. The problems may not be permanent and can sometimes be caused by anxiety rather than the treatment.

Menopause

The menopause happens because the ovaries stop producing the female sex hormones oestrogen and progesterone. The average age for this is 51 but it can happen at any time between 45 and 58. Some women experience an earlier menopause if it runs in the family, or if they have had a hysterectomy or cancer therapy. The drop and fluctuations in these hormones is what causes menopausal symptoms to occur.

The way women experience the menopause varies enormously. For some women the ending of periods is a welcome relief, for others the loss of fertility can be upsetting. For most women the onset of menopausal symptoms can take some adjusting to. For more information see www.menopausematters.co.uk

Common symptoms

- Vaginal dryness/ reduced lubrication
- Painful intercourse
- Hot flushes/Night sweats

- Frequent peeing, stress incontinence
- Fatigue (sometimes the result of night sweats)
- Moods and depression
- Drop in libido

Many of these symptoms can have a profound affect on how women feel about themselves emotionally and sexually and affect their sexual relationships. Menopausal symptoms such as vaginal dryness can be extremely uncomfortable for women but easily remedied with local vaginal pessaries and gels.

Risk of pregnancy

The advice for women is that they should carry on using contraception for one year after their last period if they are over 50.

Elder abuse

Elder abuse occurs when an older man or woman is harmed, mistreated or neglected. In Manchester, in 2008/09 over 400 older people were reported as victims of abuse. Most elder abuse is hidden because older people are least able to speak up for themselves. One of the most effective ways to tackle and reduce elder abuse is by empowering older people, and raising the awareness of the issue with the general public. Elder abuse may be a deliberate act, or it can be the result of ignorance, or lack of training. Whatever the cause, elder abuse should never be tolerated or ignored.

Adult Social Care on 0161 255 8250,

Greater Manchester Police on 0161 872 5050, or in an emergency call 999.

Action on Elder Abuse.

Helpline on free phone 0808 808 8141

Elder abuse occurs when an older man or woman is harmed, mistreated or neglected.

Age Concern Manchester

24 Mount Street
Manchester M2 3NN
Tel: 0800 027 57 87

This service promotes positive attitudes towards ageing and offers several ageing well groups across the city, usually based in sheltered accommodation, which encourage social and fitness activities. They also offer counselling for a range of issues such as bereavement, loneliness, sexual and marital problems. Legal advice and information on benefits is also available.

Age UK

www.ageuk.org.uk
Help and advice for older people

Manchester Healthy Ageing Group/Valuing Older People project

www.manchester.gov.uk

Pharmacies

Pharmacies in Manchester offer a range of additional services which cover sexual health and harm reduction. See details below for each area of work.

Needle and Syringe Programmes (NSPs)

The NSP involves the pharmacy supplying new injecting equipment and ensuring the safe disposal of used equipment together with the appropriate support and harm reduction advice to clients. This includes advice on safer injecting techniques, overdose prevention and sexual health and advice and referral if appropriate to other health and social care professionals and specialist drug and alcohol treatment services.

Supervised administration of methadone and buprenorphine

The supervised administration of methadone and buprenorphine that is undertaken by pharmacists makes an important contribution to the success of the shared care treatment approach to heroin use in Manchester. It can reduce the diversion or the selling of methadone and buprenorphine into the illicit market, increase compliance with treatment plans and promote contact between patients and health and social care professionals.

The aim of this service is two-fold:

- to ensure that drug users comply with the agreed treatment plan by dispensing in specified instalments and monitoring that the supervised dose is correctly consumed by the patient for whom it was intended; and to reduce the risk to local communities of:
 - over usage or under usage of medicines
 - diversion of prescribed medicines onto the illicit drugs market
 - the accidental exposure to methadone and Subutex

A further aim is to provide the patient with regular contact to a health care professional and help them access further advice or assistance. The patient is referred to specialist treatment centres or other health and social care professionals where appropriate.

Emergency Hormonal Contraception (EHC)

EHC is available free to all women of childbearing age who present to an accredited pharmacist working in a registered community pharmacy in Manchester. The aim of this service is to reduce the number of unwanted pregnancies and raise awareness of sexually transmitted infections (STIs) and increase the equality of access. A client may access the service from a pharmacy by the following methods:

- Self-referral
- GP practice
- Other healthcare professional

The supply and advice is a clinical decision by the accredited pharmacist. The client must present at the pharmacy for a consultation. Supplies to a third party are not allowed except in very exceptional circumstances. No supply for future use is allowed with this service.

The consultation with the client is carried out at the point of access. The client is supplied with information concerning:

- long-term contraception
- STIs
- information about the EHC supply
- free supply of condoms

- the probability of the failure of EHC with advice on the possible course of action in the event of this occurring

A patient is discharged after the consultation but may re-refer into the scheme if a follow-up pregnancy test or further advice is required.

The accredited pharmacist can refer all clients who fall into the exclusion criteria to:

- GP practice
- Sexual health advisory service
- Brook services
- Other healthcare professionals

The service should be accessible to all clients presenting at the pharmacy during the times that the pharmacy is open, providing the appropriately accredited staff are available.

Sexual health service including Chlamydia screening

The pharmaceutical service involves an accredited community pharmacist providing advice, supply and follow up to women who wish to access a sexual health service. There are three components to the service, a supply of EHC (if appropriate), Chlamydia screening and treatment and thirdly oral contraception.

The pharmacists are able to supply either condoms or a hormonal method of contraception (combined oral contraceptive pill or progesterone only pill) or to offer advice and possible referral to other agencies where appropriate. The Chlamydia service element within the wider sexual health service, allows the pharmacist to test and treat a woman (and her partner if appropriate) presenting with a positive result for Chlamydia.

Chlamydia Screening

Currently community pharmacists providing the EHC service are being encouraged to undertake Chlamydia screening. The pharmacists provide a Chlamydia screening pack for clients.

The following is a list of local pharmacies indicating the provision of services in relation to sexual health and harm reduction.

Pharmacy	NSPs	EHC	Sexual Health	Supervised administration
ASDA PHARMACY ASDA SPORT CITY ASHTON NEW ROAD BRADFORD M11 4BD				x
ASDA STORES LTD NORTH CITY SHOPPING CTR HARPURHEY MANCHESTER M9 4DJ		x		
ASDA STORES LTD STANLEY GROVE LONGSIGHT MANCHESTER M12 4NH		x		
BEECH ROAD PHARMACY 107 BEECH ROAD CHORLTON-CUM-HARDY MANCHESTER M21 9EQ				x
BOOTS THE CHEMIST 3 DELAUNAYS ROAD HIGHER CRUMPSALL MANCHESTER M8 4QS	x			x

Pharmacy	NSPs	EHC	Sexual Health	Supervised administration
BOOTS THE CHEMIST 103 CRUMPSALL LANE CRUMPSALL MANCHESTER M8 5SR				x
BOOTS THE CHEMIST 25 HALE TOP WYTHENSHAW MANCHESTER M22 5RN		x		x
BOOTS THE CHEMIST MANCH. FORT RETAIL PARK CHEETHAM HILL ROAD CHEETHAM M8 8EP	x			x
BOOTS THE CHEMIST 20-22 CHORLTON PLACE WILBRAHAM ROAD CHORLTON-CUM-HARDY M21 9AQ		x		x
BOOTS THE CHEMIST 11-13 PICCADILLY MANCHESTER M1 1LY		x		x
BOOTS THE CHEMIST 32 MARKET STREET MANCHESTER M1 1PL		x	x	x
BOOTS THE CHEMIST 736-740 WILSLOW ROAD DIDSBURY MANCHESTER M20 2DW		x		x
BOOTS THE CHEMIST 65 VICTORIA AVENUE BLACKLEY MANCHESTER M9 0RD				x
BOOTS THE CHEMIST 215 BURNAGE LANE LEVENSHULME MANCHESTER M19 1FN				x
BOOTS THE CHEMIST TERMINAL 1 MANCHESTER AIRPORT MANCHESTER M90 3NX		x		
BOOTS THE CHEMIST 3A THE CIRCUS PORTLAND STREET MANCHESTER M1 4RL		x		x
CAMEOLORD PHARMACY 16 OXFORD STREET MANCHESTER M1 5AE				x
CARTWRIGHTS CHEMISTS LTD 164 MOORCROFT ROAD NORTHERN MOOR MANCHESTER M23 0AH		x		
COCKER JB 151 FOG LANE DIDSBURY MANCHESTER M20 6FJ		x		x
COHENS CHEMIST 22 SWAN STREET ANCOATS MANCHESTER M4 5JQ				x
COHENS CHEMIST 463 PRINCESS ROAD WITHINGTON MANCHESTER M20 1BH				x

Pharmacy	NSPs	EHC	Sexual Health	Supervised administration
COHENS CHEMIST 287 CHEETHAM HILL ROAD MANCHESTER M8 0SN				x
COHENS CHEMIST 224 CHEETHAM HILL PRIMARY CARE CENTRE CHEETHAM HILL RD M8 8UP				x
COHEN'S CHEMIST 167 PRINCESS ROAD MOSS SIDE MANCHESTER M14 4RL				x
COHEN'S CHEMIST 55 BARLOW ROAD LEVENSHULME MANCHESTER M19 3DB				x
DAVINA 316 PLATT LANE MANCHESTER M14 7DA				x
DEEN & CO LTD 41 PEEL HALL ROAD CROSSACRES WYTHENSHAW M22 5DW		X	x	x
FAITH PHARMACY 59 BOOTH STREET WEST HULME MANCHESTER M15 6PQ	x	X	x	x
HAVEN CHEMIST 6 MEDWAY WALK MILES PLATTING MANCHESTER M40 7HS		X		
HOLLYHEDGE PHARMACY 158 HOLLYHEDGE ROAD WYTHENSHAW MANCHESTER M22 9UE				x
KHILOSIA J 30 MERSEY BANK AVENUE CHORLTON-CUM-HARDY MANCHESTER M21 7NN				x
K'S CHEMIST ANCOATS PRIMARY CARE CENTRE OLD MILL STREET MANCHESTER M4 6EB		X	x	x
LANCEWISE LTD 6 QUEENSWAY BURNAGE MANCHESTER M19 1QP		X		
L ROWLAND & CO (RETAIL LTD) 400 ALAN TURING WAY BESWICK MANCHESTER M11 3BE		X		x
LAUDON CHEMISTS 407 QUEENS ROAD COLLYHURST MANCHESTER M40 8RL	x			x
LAUDON PHARMACY 5 KINGSWAY BUILDINGS KINGSWAY MANCHESTER M19 1PH	x			x

Pharmacy	NSPs	EHC	Sexual Health	Supervised administration
LAUDON PHARMACY 664 ROCHDALE ROAD HARPURHEY MANCHESTER M9 5TT	x			
LLOYDS PHARMACY 52 BOWLAND ROAD BAGULEY M23 1JX	x	x	x	
LLOYD'S CHEMIST 44-46 BRUNSWICK STREET ARDWICK M13 9TQ				x
LLOYDS CHEMISTS NHS CLINIC 828 WILMSLOW RD, DIDSBURY MANCHESTER M20 2RN				x
LLOYDS CHEMISTS 228/230 WILMSLOW ROAD FALLOWFIELD MANCHESTER M14 6LE		X	x	x
LLOYDS PHARMACY 508 PORTWAY WOODHOUSE PARK WYTHENSHAW M22 0LA		X		x
LLOYDS PHARMACY VALL CTR BRUNSWICK ST ARDWICK MANCHESTER M13 9UJ	x	X		x
LLOYDS PHARMACY 65 REDDISH LANE GORTON MANCHESTER M18 7JH		X		x
LLOYDS PHARMACY 809 STOCKPORT ROAD MANCHESTER M19 3BS		X		
LLOYDS PHARMACY 835/837 STOCKPORT ROAD LEVENSHULME MANCHESTER M19 3PW		X		x
LLOYDS PHARMACY 110 MAULDETH ROAD MANCHESTER M14 6SQ		X		x
LLOYDS PHARMACY UNIT 1, BURGESS HOUSE NORTH CITY SHOPPING CTR HARPURHEY M9 4DH		X	x	x
LLOYDS PHARMACY 151-153 MOUNT ROAD GORTON MANCHESTER M18 7QT				x
LLOYDS PHARMACY 266 WILMSLOW ROAD FALLOWFIELD MANCHESTER M14 6JR	x			x
LLOYDS PHARMACY 75 WELLINGTON STREET GORTON M18 8BE				x
LLOYDS PHARMACY WELLFIELD MEDICAL CENTRE 53-55 CRESCENT ROAD CRUMPSALL M8 9JT		X		x

Pharmacy	NSPs	EHC	Sexual Health	Supervised administration
LLOYDS PHARMACY 62 WHITCHURCH ROAD WITHINGTON M20 1EB		X		x
LLOYDS PHARMACY 10 HALE TOP CIVIC CENTRE WYTHENSHAW MANCHESTER M22 5RB				x
LLOYDS PHARMACY 2 WHITSWOOD CLOSE MOSS SIDE MANCHESTER M16 7AP	x			x
LLOYDS PHARMACY 37 PETERSFIELD DRIVE BAGULEY MANCHESTER M23 9PS				x
LLOYDS PHARMACY 1190 ROCHDALE ROAD HIGHER BLACKLEY MANCHESTER M9 6FR				x
LLOYDS PHARMACY 109 NORTH ROAD CLAYTON MANCHESTER M11 4NE		X		x
LLOYDS PHARMACY Unit 8 RETAIL SHOPPING CENTRE GORTON M18 8LD		X		x
LLOYDS PHARMACY WYTHENSHAW FORUM CENTRE WYTHENSHAW M22 5RX		X	x	x
LONGBOON & WISE LTD RUSHOLME HEALTH CENTRE WALMER STREET RUSHOLME M14 5NP	x			x
MANLEY PHARMACY 207 CLARENDON ROAD WHALLEY RANGE MANCHESTER M16 0EH		X	x	
MANOR PHARMACY 172 STRETFORD ROAD HULME MANCHESTER M15 5TL				x
MARSH (BOLTON) LTD 24 GORTON VILLA WALK WEST GORTON MANCHESTER M12 5ES				x
MEDIWARD LTD 227 HILL LANE BLACKLEY M9 6RG		X	x	
NEWMASS LTD MOSS SIDE HEALTH CENTRE MONTON ST MANCHESTER M14 4GP		X		
PATEL A 321 MOSTON LANE MOSTON MANCHESTER M40 9NL		X		x

Pharmacy	NSPs	EHC	Sexual Health	Supervised administration
PATEL AS 203 LIGHTBOWNE ROAD MOSTON MANCHESTER M40 9DD		X		
PEAK PHARMACY 676 WILMSLOW ROAD DIDSBURY MANCHESTER M20 2DN		X		x
PEAK PHARMACY 1298/1300 ASHTON OLD ROAD HIGHER OPENSHAW MANCHESTER M11 1JG		x	x	x
ROBERTS GP LTD 12 ALBERT ROAD LEVENSHULME MANCHESTER M19 3PJ				x
SAINSBURY'S PHARMACY SAINSBURY SUPERSTORE 347 WILMSLOW ROAD FALLOWFIELD M14 6SS				x
STERLING PHARMACY 103 LAPWING LANE WEST DIDSBURY MANCHESTER M20 6UR		X		
ST LAWRENCE CHEMISTS SHAWHEATH CLOSE HULME MANCHESTER M15 4BQ				x
SUPERDRUG STORES PLC 7-9 PICCADILLY MANCHESTER M1 1LY				x
THACKER'S PHARMACY 436 ALTRINCHAM ROAD BAGULEY M23 9AB	x	X	x	x
THE CO-OPERATIVE PHARMACY 280 BARLOW MOOR ROAD CHORLTON-CUM-HARDY MANCHESTER M21 8HA				x
THE CO-OPERATIVE PHARMACY MAPLES MEDICAL CENTRE SCOUT DRIVE NEWALL GREEN M23 2SY		X	x	x
THE CO-OPERATIVE PHARMACY 139-141 DROYLSDEN ROAD NEWTON HEATH MANCHESTER M40 5NT				x
THE CO-OPERATIVE PHARMACY 23 BOWLAND ROAD BAGULEY MANCHESTER M23 1JP				x
THE CO-OPERATIVE PHARMACY 9 OLD CHURCH STREET NEWTON HEATH M40 2JF	x			x
THE CO-OPERATIVE PHARMACY 352-354 PALATINE ROAD NORTHENDEN MANCHESTER M22 4HD		X		

Pharmacy	NSPs	EHC	Sexual Health	Supervised administration
THE CO-OPERATIVE PHARMACY 352-354 PALATINE ROAD NORTHENDEN MANCHESTER M22 4DH		X		
THE CO-OPERATIVE PHARMACY 183-187 VICTORIA AVENUE BLACKLEY MANCHESTER M9 0RB				x
TIMS + PARKER 87 MOSTON LANE EAST NEW MOSTON MANCHESTER M40 3GP		X		x
TIMS AND PARKER VALENTINE MEDICAL CENTRE 2 SMETHURST STREET BLACKLEY M9 8PP	x			x
WHITEMOSS PHARMACY 247 CHARLESTOWN ROAD BLACKLEY MANCHESTER M9 7BD				x
WILBRAHAM PHARMACY 521A WILBRAHAM ROAD CHORLTON-CUM-HARDY MANCHESTER M21 0UF		X	x	x
WILKINSON PHARMACY 384 HOLLINWOOD AVENUE NEW MOSTON MANCHESTER M40 0JD		X		x
WISE (CHEMIST)LTD 372-374 DICKENSON ROAD MANCHESTER M13 0WQ		X		x
WISE PHARMACY LTD SURREY LODGE PRACTICE 11 ANSON ROAD LONGSIGHT M14 5BY	x			x

Prisoners

HMP Manchester is a local prison which accepts people remanded into custody from the courts of the Greater Manchester area. The daily population is around 1200 prisoners who are housed across nine residential wings, two of which offer drug and alcohol detoxification. There is also a healthcare wing for both in-patient and out-patient services including sexual health and BBV screening.

Prior to custody men and women who enter prison are:

- 13 times more likely to have been in social care as a child,
- 10 times more likely to have been a truant at school
- 22 times more likely to have been excluded from school
- 13 times more likely to have been unemployed
- 6 times more likely to be a young parent than the average person in the wider community

A high proportion of prisoners come from socially excluded sections of the community which puts them at risk of health inequalities either before, during or after their custodial sentence.

Studies show that around 55% of all prisoners are problematic drug users with 63% of men and 39% of women drinking alcohol at higher risk levels.

Although the sexual health of prisoners is largely unknown it can be assumed that the high levels of alcohol and drug misuse could lead to sexual risk taking, with the increased risk of contracting STIs. It is important to provide screening services alongside education and prevention messages. Condoms are sometimes but not routinely offered in prisons as part of a harm reduction strategy.

There is evidence that prisoners experience high rates of blood borne viruses (BBVs) due to the prevalence of injecting drug users ending up in prison and the high risk of this cohort sharing injecting equipment. Although some European prisons offer needle and syringe programmes in prisons this is not the case in the UK.

For over 70% of male and female prisoners all these problems co-exist with a mental health problem.

Following the transfer of responsibility for health care in prisons to the Primary Care Trusts in 2005, a prison service order on health promotion, PSO 3200, was issued. Employed by PHDS and based in the prison, HMP Manchester has a dedicated healthy prisons coordinator.

HMP Manchester

1 Southall Street
Manchester
M60 9AH
Tel: 0161 817 5600

Partners of Prisoners (POP)

1079 Rochdale Rd
Manchester M9 8AJ
Tel: 0161 702 1000
Provides support to the families of prisoners.

Rape and sexual assault

Rape can happen to anyone, regardless of age, gender, sexual orientation and ethnicity. The majority of rape and sexual assault victims are women, but 2% of men are sexually assaulted.

60% of men who rape know the woman they are attacking with 50% of rapes happening in the home of either the women or the attacker.

In the year 2008/9, the police recorded 32,355 sexual assaults on women, including 12,615 rapes. This does not include the vast amount of unrecorded rapes and sexual assaults.

The legal definition of rape is the intentional penetration with a penis of the vagina, anus or mouth of another person, without that person's consent.

The legal definition of sexual assault is the assault by penetration or the intentional sexual touching of somebody else without their consent. It includes touching (sexually) any part of their body, clothed or unclothed, either with any part of the body or with an object.

Section 74 of the Sexual Offences Act (2003) defines consent as “if she/he agrees by choice, and has the freedom and capacity to make that choice”. If through alcohol (or any other reason) a person has temporarily lost capacity to choose whether to have intercourse, they are not consenting. Consent means making an active decision to say yes, an assumption of consent is not enough.

If someone has been sexually assaulted

Sexual assault does not have to be reported to the police and services that can help won't insist on it. However, getting medical help as soon as possible is important because of the risk of pregnancy or sexually transmitted infections.

Individuals who have experienced an assault may want to talk through their options, which may include, reporting the assault to the police. If they are going to report an assault, forensic evidence found on the body or the clothing will only be preserved if they do not wash or change their clothing.

St. Mary's Sexual Assault Referral Centre

St. Mary's Hospital

Oxford Rd

Manchester M13 9WL

Tel: 0161 276 6515

www.stmaryscentre.org

This service is for men and women and children who have been raped or sexually assaulted and offers medical examinations, emergency contraception, interpreters, screening for STIs, after care, counselling and support with statements to the police.

Manchester Rape Crisis

Tel: 0161 273 4500 (Confidential Helpline)

www.manchesterrapecrisis.co.uk

This is a service for girls and women that have been raped or abused and offers confidential advice, counselling, information and support.

Survivors UK

Helpline: 0845 1221201

Provides information, support and understanding for male survivors of rape and sexual abuse. It also offers support to their families, partners and friends.

For information about sexual abuse see Sexual abuse section.

Safer sex/Safer behaviour

There is no such thing as safe sex. Safer sex is the practice whereby there is minimum risk of infection, harm or unintended pregnancy by the practice of using a condom or dental dam when engaging in penetrative anal, vaginal and oral sex. This reduces the risk of any infected blood, semen, vaginal fluid or faecal matter from entering the body.

In the 21st century people are expected to be more sexually active. Whilst this is a positive move in terms of equality issues it is important to recognise that some people's self esteem and assertiveness is still problematic. When we talk about assertiveness in the context of sexual health, it involves being self assured, confident, and empowered.

Because assertiveness is an essential element of negotiating safer sex and sexual choice, it needs to be acknowledged. Work must begin with young people to support and empower them as early as possible. Safer behaviour in relation to sexual health is largely concerned with a harm reduction approach. This will include the use of barrier methods to prevent the transmission of STIs and unintended pregnancy and recognition of the role of drugs and alcohol as disinhibitors leading to loss of control and vulnerability.

Sex Workers/ Prostitution

Sex workers are acknowledged as a vulnerable and hard to reach group within national and local strategies and often experience stigma and discrimination leading to poor access to services. Confidentiality and issues of disclosure are often acute concerns for sex workers in relation to primary care and hospital services because of the possible involvement of legal and social services.

The sexual health needs of sex workers both male and female in Manchester are varied as sex is sold in a range of settings. These include the street, saunas, massage parlours and via the internet. Local provision reflects the need in Manchester. In undertaking any work with male or female sex workers, issues such as problematic drug and alcohol use, child exploitation, coercion, trafficking, sexual violence, domestic abuse, and related mental health issues should be considered.

MASH (Manchester Action on Street Health)

94-96 Fairfield St

Manchester

M1 2WR

Tel: 0161 273 4555

Freephone: 0800 183 0499

www.mash.org.uk

MASH is a sexual health promotion/HIV prevention organisation for female sex workers/ migrant sex workers and drug users in Greater Manchester. They provide drop- ins, structured day care and outreach to sex workers in saunas/massage parlours and street work. They offer information and services for: Hepatitis B vaccinations, pregnancy testing, NSP, first aid and wound dressing. They have specialist drug workers and a court liaison and diversion scheme.

The Men's Room

Tel: 07930 537335

The Men's Room works creatively with men from Manchester who may be viewed as traditionally hard to engage. A project within this is the Blue Room which works with young men vulnerable to sexual exploitation.

The Prostitution Forum (postal contact only)

Chief Exec's Department
Manchester Town Hall
Manchester M60 2LA
www.manchester.gov.uk

Sexual abuse

Sexual abuse is when a child or young person is pressurised, forced or tricked into taking part in any kind of sexual activity with an adult or older person.

This can include kissing, touching the young person's genitals or breasts, vaginal or anal penetration or oral sex. It also includes encouraging a child to look at sexual acts or pornographic films or magazines.

Most abusers are family members, friends of the family or respected members of the community who have some power or authority.

Adults who have been sexually abused as children might suffer from a variety of health, mental health and relationship problems. These might include eating problems, self harm, alcohol and drug use, personality disorders, panic attacks, depression and dissociative disorders.

It is important to note that vulnerable adults may also be open to sexual abuse or sexual exploitation.

Services for children

NSPCC Child protection Helpline – 0808 800 5000

A national 24 hour helpline for children in distress or at risk; and for adults with concerns about children at risk. Telephone advisers are all trained in safeguarding and whatever you tell them during your call will be kept confidential.

ChildLine

Helpline: 0800 1111

ChildLine is a free 24-hour helpline for children and young people. They provide confidential telephone support with any problem a child or young person might have.

St. Mary's Sexual Assault Referral Centre

St. Mary's Hospital
Oxford Rd
Manchester M13 9WL
Tel: 0161 276 6515
www.stmaryscentre.org

This service is for children who have been raped or sexually abused. The centre provides a child-centred environment that will minimise the trauma and distress caused to the child, ensure support services are working together and provide fast and accurate evidence to the police if legal action is taken. On-going support, advice and monitoring also form a central part of the service to ensure that young victims have access to relevant services for as long as is required.

Services and therapies for adult survivors of child sexual abuse**Manchester Rape Crisis**

Tel: 0161 273 4500 (Confidential Helpline)

Website: www.manchesterrapecrisis.co.uk

This is a service for girls and women who have been raped or abused, past or present, and offers confidential advice, counselling, information and support.

Survivors Manchester

Supports male survivors of sexual abuse and rape

www.survivorsmanchester.org.uk

BACP (British Association of Counsellors and Psychotherapists)

www.bacp.co.uk

BACP provides online information about the different types of therapy available and a directory of local therapists.

British Association of Art Therapists (BAAT)

24-27 White Lion Street, London N1 9PD

Tel: 020 7686 4216

web: www.baat.org

Art therapy can be a useful way to explore and express the many feelings associated with child sexual abuse, including anger. BAAT can give details of therapists in your area.

Relate Centre

346 Chester Road

Cornbrook

Manchester M16 9EZ

Te: 0161 872 0303

www.relate.org.uk

Relate provide couple counselling for adults with relationship difficulties, including sex therapy. Help is available over the phone, on line or face to face.

This is not a free service.

Sexual health clinics

The clinics offer confidential support, advice and information on all issues surrounding sexual health. The service includes screening, testing and treating for sexually transmitted infections and referrals to specialist medical services if required. Many services are appointment based and clinic times vary, so it is best to ring first. Some of the services offer specialist clinics in relation to HIV and young people and some offer community based out-reach. All provision within GUM is confidential under the Venereal Diseases Regulation 1974 and service provision is free to the individual.

The Greater Manchester Sexual Health Network

www.sexualhealthnetwork.co.uk

For details on all sexual health clinics across Greater Manchester

Sexual health clinics

The following are the main statutory sexual health clinics based in the three hospitals in Manchester. Please ring for an appointment.

Manchester Centre for Sexual Health

The Hathersage Centre
280 Upper Brook St
Manchester M13 0FH
Tel: 0161 276 5200

Withington Community Hospital

Sexual Health Department
1st Floor
Nell Lane
Withington
Manchester M20 2LR
Tel: 0161 217 4939

Pennine Acute Hospitals Trust

North Manchester General
Department of GU medicine
Outpatients D
Delauneys Road
Crumpsall
Manchester M8 5RB
Tel: 0161 720 2681

Palatine contraceptive and sexual health services

The Hathersage Centre

280 Upper Brook Street
Manchester
M13 0FH
Tel: 0161 901 1555

Forum Health

Simonsway
Wythenshawe
M22 5RX
Tel: 0161 435 3509

Higher Openshaw Primary Care Centre

Ashton Old Road
Higher Openshaw
Manchester
M11 1JG
Tel: 0161 371 2100

Withington Community Hospital

Nell Lane
Withington
Manchester
M20 2LR
Tel: 0161 217 3553

Cheetham Primary Care Centre

244 Cheetham Hill Rd,
Manchester
M8 8UP
Tel: 0161 202 8750

Harpurhey Health Centre

1 Church Lane
Harpurhey
Manchester
M9 4BE
Tel: 0161 861 2400

Newton Heath Sure Start Centre

1 Great Newton St, (off Droylsden Rd)
Newton Heath
M40 1WT
Tel: 0161 227 3518

Young people's sexual health clinics

Whilst young people can access any of the above services, the following are for young people only.

FRESH clinics:

The Hathersage Centre

280 Upper Brook Street
Manchester
M13 0FH
Tel: 0161 901 1555
Open: Mon & Thurs 3.30-6.30pm. Sat 11.30-2pm

Forum Health

Simonsway
Wythenshawe
M22 5RX
Tel: 0161 435 3509
Open: Mon, Tues, Wed, Thurs 3.30-6.30pm. Sat 11.30-2pm

Harpurhey Health Centre

1 Church Lane
Harpurhey
Manchester
M9 4BE
Tel: 0161 861 2400
Open: Mon 3.30-6.30pm. Thurs 3.45-6.30pm

Newton Heath Sure Start Centre

1 Great Newton St, (off Droylsden Rd)
Newton Heath
M40 1WT
Tel: 0161 227 3518
Open: Mon, Tues, Wed, Thurs 3.30-6.30pm. Sat 11.30-2pm

Brook

Commonwealth House
81 Lever Street
Manchester M4 5AZ
Tel: 0161 237 3001
www.brook.org.uk

Brook offer free and confidential sexual health advice and services for young people under 19. Services include: contraception, emergency contraception, pregnancy testing, STI screening, termination referrals and counselling.

Young Persons Sexual Health drop-in Clinic

Manchester Centre for Sexual Health
The Hathersage Centre
280 Upper Brook St
Manchester M13 0FH
Tel: 0161 276 5200

Open Wednesdays 3.30-5.30pm

This is a free service for anyone who is 19 or under and provides sexual health advice, screening and treatment.

Gay and bisexual men's clinics

Outreach Clinic for gay and bisexual men

LGF
Tel: 0845 33 03 030
www.lgf.org.uk

This is a weekly nurse led sexual health screening service that is held in various venues around the city. The service also offers Hepatitis B vaccinations. Phone for further information regarding times and venues or visit LGF's website.

Sexual problems

Having an enjoyable sex life is an important part of a healthy relationship. However, many people encounter problems at some stage for a variety of reasons and this can be very troubling. Common problems are often a loss of desire in the relationship, painful intercourse (vaginismus), not being able to sustain an erection (erectile dysfunction) and premature ejaculation.

Most problems are more often psychological rather than physical and triggers may include stress, pregnancy, anxiety, tiredness, illness, drinking too much alcohol, using recreational drugs, using body-building steroids and tranquillisers.

- Emotional and sexual well-being and relationships can suffer, when everyday pressures take over. There may have been a recent life event or trauma, or just loss of interest, which has had a negative effect on emotional or sexual intimacy.
- Childhood problems or difficult past experiences may affect someone's sexual or emotional life.
- Some people also have specific physical or psychological issues which can adversely affect their close relationships, or which lead to personal isolation.
- Psychological problems such as anxiety, depression or more severe forms of mental illness can also adversely affect sexual performance.
- Physical conditions such as diabetes, arthritis, poor circulation, certain injuries or just the common ailments that accompany old age can impact on sexual relationships.
- Some people may simply be uncertain about their sexual identity, or struggling to express themselves sexually.
- Certain prescribed medications can also have unexpected, negative effects on the ability to perform sexually.

Erectile dysfunction

1 in every 10 men experiences erectile dysfunction. It is very important that men get checked out and primary care is often the first contact. Sometimes it can be a sign that something else is wrong. There are also plenty of solutions.

Common causes of erectile dysfunction:

- Ageing
- Emotional and relationship problems
- Men who smoke
- Obesity
- Diabetes
- Regular use of alcohol over recommended levels
- Being drunk
- High blood pressure/heart disease
- Prostate cancer
- Low testosterone
- Side effects of some medications

Loss of desire in a relationship

Common causes:

- Emotional and relationship problems
- Stress

- Ageing in both sexes
- Menopause
- Low testosterone
- Diabetes in men and women

Statutory services

Palatine contraceptive and sexual health service

The Hathersage Centre,
280 Upper Brook Street,
Manchester
M13 0FH
Tel: 0161 901 1555

Clients can self refer by writing or phoning. They will be sent a questionnaire to complete and when questionnaires are received they go on the waiting list.

Psychosexual service

Rawnsley Building.

MRI
Oxford Road
Manchester M13 9WL
Tel: 0161 276 5352/0161 276 5391

Referrals for this service can be made via a GP, psychiatrist or other health related professionals. This is a mainly talking therapy for individuals and couples who are experiencing problems with sex and relationships. Areas covered: loss of desire, erection problems, painful intercourse, performance anxiety, gender identity problems, relationship difficulties, childhood sexual abuse, severe mental illness and related problems, unusual forms of sexual expression.

Emotional and relationship/sex therapy

BACP (British Association of Counsellors and Psychotherapists)

www.bacp.co.uk

BACP provides online information about the different types of therapy available and a directory of local therapists.

British Association for Sexual and Relationship Therapy (BASRT)

Tel: 0208 543 2707

www.basrt.org.uk

This organisation provides training, information and a list of sex therapists by geographical area.

The Lesbian & Gay Foundation (LGF)

5 Richmond St
Manchester M1 3HF
Tel: 0161 235 8035

www.lgf.org.uk

Helpline: 08453 30 30 30 (6pm-10pm every day)

The LGF provide a face to face counselling service for LGB individuals and couples.

Relate Centre

346 Chester Road
 Cornbrook
 Manchester M16 9EZ
 Te: 0161 872 0303
www.relate.org.uk

Relate provide couple counselling for adults with relationship difficulties, including sex therapy. Help is available over the phone, on line or face to face.

This is not a free service.

Sexuality

Sexuality is a term often mistakenly used to imply sexual orientation. However, sexuality is a term that is much wider and involves our relationship with ourselves, those around us and the society in which we live - whether we identify as gay, heterosexual, lesbian, bisexual or celibate. An accepted holistic model of sexuality includes a number of areas; sex and sexual practice, self-image, social relationships, sensuality, emotions, spirituality and political factors. Sexuality is an organic and ever growing part of us that can flourish with enough care, nourishment and support.

If an individual has been encouraged, supported and enabled to develop a healthy, celebratory sexuality then it is almost inevitable that they will have positive sexual health. If however, they have had a negative experience of their sexuality such as problems with self-image, rape or sexual assault, erectile dysfunction or the experience of homophobia then their sexual health is likely to suffer harm.

Sexually transmitted infections

HIV and AIDS and the increasing incidence of STIs have resulted in sexual health becoming a major international health concern. Nationally, each year more than 1.5m new episodes of STIs are seen in UK clinics and the figures seem set to rise. The North West has the highest incidence of HIV, HIV related illness and STIs outside of London and the South East, with the majority of these occurring within Manchester. Sexual ill health is a particular issue in Manchester, with recent increases in new incidences of syphilis, chlamydia and gonorrhoea.

Sexual health services and screening have improved and adapted to reach the wider population. This can be seen in community based programmes such as the RUClear programme for chlamydia screening and a range of statutory and voluntary sector HIV and STI community based screening with targeted populations, i.e.: gay men and sex workers in Manchester.

There has also been an introduction of pharmacy based screening. For more information see the Pharmacy section.

The main STIs

- Bacterial vaginosis
- Chlamydia
- Genital herpes
- Genital warts
- Gonorrhoea
- LGV (Lymphogranuloma venereum)
- Syphilis
- Thrush

Routes of transmission vary; these are the main and most common routes

- Close genital rubbing
- Unprotected oral, vaginal and anal sex
- Unprotected sharing of sex toys
- HIV can be transmitted by mother to baby during birth or via breast milk
- By sharing infected needles and syringes

(Unprotected means sex without a condom or barrier.)

Symptoms

Not everyone who has a STI will have signs or symptoms. However, if a person experiences any of the following they should seek advice:

- Unusual discharge from the penis or vagina
- Pain or burning when passing urine
- Rashes, lumps, itches or blisters around the genitals or anus
- Pain and/or bleeding during or after sex
- Pain in the lower abdomen or testicles
- Bleeding between periods

Prevention

Using a condom or barrier will greatly decrease the risk of contracting an STI

There are a range of free condom schemes throughout Manchester, see Condom section.

Who should get tested?

It is recommended that people should have regular sexual health screens if:

- They have unprotected sex with a new partner
- Their sexual partner has had sex with other people without using a condom
- They or their sexual partner has symptoms
- They are planning a pregnancy and may have been at risk of infection

Tests for both men and women may include:

- An examination of their genitals, mouth, anus, rectum and skin
- Testing a sample of their urine
- Having blood taken
- Taking swabs from the urethra, any sores or blisters, the throat, rectum, vagina and cervix.
- For women an internal examination

For in depth information on the main STIs and routes of transmission see the following websites:

NHS choices

www.nhs.uk

FPA website

www.fpa.org.uk

The Health Information and Resources Library

1st Floor
Fallowfield Library
Platt Lane
Fallowfield
Manchester, M14 7FB
Tel: 0161 248 1753/1755
www.mphds.org

The library has staff who can advise and support primary care with a range of resources and leaflets, literature searches and access to the latest research and evidence based practice.

Students

Nationally STIs are a major public health concern in young people aged 16-24, with high incidence rates; and Manchester is no exception to this. Additionally, we see high levels of unintended pregnancy and terminations in this age group. Manchester has a large student population of 50,000 including 5,000 students from overseas, creating the largest student campus in Europe. Students are often young people who are away from home for the very first time and may use this opportunity to experiment with alcohol, drugs and sex. There is a whole social scene aimed at students which promotes over-indulgence in drinking, potentially leading to risky behaviours including unsafe sex.

Student Health Centre (University of Manchester only)

182-184 Waterloo Place
Oxford Road
Manchester M13 9PG
Tel: 0161 275 2858

Doctors and nursing staff are available to offer advice and support on all health problems affecting students.

Training

The Manchester 2010 Sexual Health Commissioning strategy places an emphasis on the benefit of sexual health and harm reduction training to improve workers skills in Manchester.

Public Health Development Service

Sexual Health and Harm Reduction Team
1st Floor
Fallowfield Library
Platt Lane
Fallowfield
Manchester, M14 7FB
Tel: 0161 248 1767
www.mphds.org.uk

The service works to improve health across the city. The Sexual Health and Harm Reduction team provides

a wide range of short courses that explore different aspects of public health and prevention. The courses are usually free and available to people working in the voluntary or statutory sectors in Manchester. The service also provides specific and bespoke training on request and alcohol IBA training sessions for staff.

Lesbian and Gay Foundation

See their website for details

www.lgf.org.uk

Brook (Manchester)

See their website for details

www.brook.org.uk

Transgender

Manchester has a large transgender community. The terms transgender and trans encompasses anyone who does not conform to the traditional idea of male or female. It includes:

- Cross dressers/transvestites - people who sometimes wear the clothing of the opposite sex
 - Transsexuals- people with a consistent desire to live their lives as the opposite sex.
 - Dual gendered/intersex/polygender -People who feel they are both male or female or conversely neither male or female
 - Drag queens/ drag kings/gender queers- people who do not appear conventionally masculine or feminine
- Being 'trans' is a gender identity; it is not a sexual orientation.

Transgender health

Trans people often experience discrimination and prejudice. Though society has become more accepting, the general belief is that there are only two genders and once assigned from birth gender cannot be changed. As a result trans people are at risk of isolation, depression, suicide, self harm, violence, and alcohol and drug abuse.

- 34% of adult trans people have attempted suicide.

Many transsexual people opt for gender reassignment treatment so that they appear as much like the gender they prefer. Primary care services are often the first point of call for transsexuals who want to explore gender re-assignment.

Children and gender

If a child is strongly and consistently identifying as the other gender it is time to get help and support by speaking to other parents and professionals. See below for the charity Mermaids.

TREC (Trans Resource & Empowerment Centre)

Box 109

c/o the LGF

5 Richmond St

Manchester M1 3HF

www.transcentre.org.uk

This service is for all trans people (18plus) – which includes people who identify as transgender, transsexual, cross-dresser, transvestite, androgynous, genderqueer, gender non-conforming, dual gendered, polygender,

gender questioning, intersex and anyone else who feels that the gender assigned to them at birth incorrectly or incompletely describes their gender. The focus is on body health, policy and law, creativity, community, safety and networking. They also have activities for partners, friends, families and allies.

The Northern Concord

PO Box 258

Manchester M60 1LN

www.northernconcord.org.uk

A self-help and social group for cross dressers and people who consider themselves to be transsexuals.

Beaumont Society

27 Old Gloucester St

London

WC1N 3XX

Information line: 01582 412220

Helpline: 07000 287878

www.beaumontsociety.org.uk

A support network for transvestites, transsexuals and cross dressers. It also provides information and talks to professional organisations to promote understanding and tolerance in the wider community.

Mermaids (UK)

BM Mermaids

London WC1 3XX

Helpline: 07020 935066

www.mermaids.freeuk.com

Provides support for children, teenagers and their families/ carers around gender dysphoria.

Useful websites

NHS Choices

This health site is the biggest in the UK and covers just about every aspect of health you could think of to help people make choices about their health and life style.

www.nhs.uk

Alcohol and drugs

www.talktofrank.com

A confidential website offering advice, information and support about drugs

www.drinkaware.co.uk

Information about alcohol and drinking, from fascinating facts to practical tips, to suit all kinds of people and occasions

www.al-anonuk.org.uk

Al-Anon provides understanding, strength and hope to anyone whose life is, or has been, affected by someone else's drinking. Alateen is part of the Al-Anon fellowship and is for young people, aged 12-20 who are affected by a problem drinker

Asylum seekers/refugees

www.torturecare.org.uk

Medical Foundation for the Care of Victims of Torture

www.amnesty.org.uk

Amnesty International UK

www.harpweb.org.uk

Health for Asylum Seekers and Refugees Portal

www.uklgig.org.uk

Immigration rights for lesbian and gay couples and asylum seekers

Black and ethnic minority

www.blackhealthagency.org.uk

Manchester based service providing information and support services

www.kwp.org.uk

The National African HIV Prevention Programme

Cancer

www.cancerscreening.org.uk

NHS cervical screening programme

www.macmillan.org.uk

Practical, medical and financial support for people with cancer

Useful Websites

Children and young people

www.childline.org.uk

A website for children or young people in any kind of trouble, worry or danger

www.likeitis.org

Sex, sexual health and relationship information for young people.

www.bullying.co.uk.

An anti-bullying website for children, young people, parents, carers and professionals

Contraception

www.fpa.org.uk

Sexual health and contraceptive information, resources and training

Disabled people

Disabled people

www.youareable.com

Information, products and services for disabled people. Including advice on sex and relationships, pen-pals and discussion forums

www.outsiders.org.uk

Social site for disabled people, campaign organisation for disabled people and sex and relationships

Domestic violence

www.broken-rainbow.org.uk

For survivors of same-sex domestic violence

www.endthefear.co.uk

Local information and advice for people experiencing domestic violence

Equality

www.equalityhumanrights.com

Equality and Human rights Commission

HIV/AIDS

www.nat.org.uk

National AIDS Trust

www.aidsmap.com

National AIDS Manual

www.avert.org

AIDS Education and Research Trust

www.bpnw.org.uk

Body Positive North West- Manchester based HIV service

Useful Websites

www.ghh.org.uk
George House Trust. Manchester based HIV service

www.tht.org.uk
Terence Higgins Trust. National HIV organisation

Lesbian, gay and bisexual

www.stonewall.org.uk
Equality and Justice for Lesbians, Gay Men and Bisexuals

www.lgf.org.uk
The Lesbian and Gay Foundation, a National organisation based in Manchester

Medical

www.bmj.com
British Medical Journal

www.bma.org.uk
British Medical Association

Mental health

www.mind.org.uk
Mental health charity providing information, services and education

Rape and sexual assault

www.manchesterrapeccrisis.co.uk
A website for women and girls who have been raped or sexually assaulted

www.survivorsuk.org
A website for men that have been sexually abused or raped

Sexual health

www.ssha.info/
Society of Sexual Health Advisers
Information for the public and for professionals working in sexual health

Health statistics

www.nwpho.org.uk
North West Public Health Observatory

Transgender

www.transcentre.org.uk
Trans resource and empowerment centre

www.northernconcord.org.uk
A self-help and social group for cross dressers and people who consider themselves to be transsexuals

