

1792 Prevention, Protection, Education (passed 19 November 2015)

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Union Notes:

1. HIV positive individuals in higher education and outside workplaces are often face discrimination for their status and often fear to disclose this information
2. Only one person in history is known to have been cured of the virus, prevention/education remains the efficient way to combat infection.
3. In the Past decade public knowledge of HIV transmission has declined on multiple fronts
 - a) 45% percent of the public do not have a conclusive understanding on how HIV is/Isn't transmitted.
 - b) 28 percent believe HIV can be transmitted from kissing, sneezing, glasses, sharing a toilet seat (10 % rise from 2008)
 - c) Around 1 in 5 (between 17 and 19 percent respectively) don't know that HIV can be passed on between penetrative sex between men and women, or men and men.
 - d) Only 65% of the public can identify correct routes of transmission as Penetrative sex and sharing needles
4. Sex education is compulsory in the all of the UK – yet HIV/Aids Education in lower schooling is only compulsory in England. Wales and NI devolved governments *strongly recommend* some content- in Scotland it is not compulsory at all.
5. The Sex education forum have conducted polls showing only 70% of

students had learned about HIV/AIDS in school, with 44.8% of those saying were not confident in what they had learned²

6. The most at risk groups/ disproportionately affected for transmission of HIV are, Men who have Sex with Men (MSM), those who have sex with MSM, Black Africans, Black Caribbean's , Trans people, Sex workers, The Incarcerated, the economically disadvantaged , those who inject with needles ^{3, 4.}

a) The Incarcerated are often subject to different forms of contraception availability (Those in prisons in northern island are not allowed access to any form of contraception)

b) The UK government refuses to implement Needle exchange programs that have proven effective to work in lowering the rates of transmission of HIV and other blood-borne viruses in EU prison systems (i.e. Hepatitis C).

c) Globally around 20% of all trans women are living with HIV, and are 49 times more likely to acquire the virus than *all* other people⁵

d) Diagnosis of HIV positive individuals aged over 50 is rising faster than any other community in the Nation.

e) Sex work is a common route of additional income for underprivileged students in this country as well as trans people.

7. The only preventive methods for HIV transmission are Condoms, Post Exposure Prophylaxis (PEP) And Pre-exposure prophylaxis (PrEP).

a) Many from the aforementioned groups can be restricted from access to condoms due to personal health, intimacy, situation and finances.

b) PEP is only available after risk of intercourse has already occurred from A&E, and GUM clinics - it often has undesirable and powerful side

effects, has to be taken for 28 days, and is within peak effectiveness within the first 72 hours of incidence⁶.

c) PrEP has been used in Treatment for over 10 years of positive individuals, and has been approved for preventive medication since and since 2012 in the US and since August 2015 in the UK. ⁷

d) PrEP boasts 92-99% (same effectiveness as condoms) against the transmission of HIV.

e) PrEP has been approved for use in preventive therapy for negative individuals since 2012 in the US, since UK since August 2015, yet is currently only available via private consultation and prescription (approximated at £360-£400pcm, much cheaper than monthly cost of anti-retroviral therapy for positive individual.) ⁸

Union Believes:

1. All members of our student body, staff and community have the right to exist free from prejudice of all forms of discrimination regardless Disabilities, Gender, Sexuality, Race, and Religion etc.
2. National Education standards on HIV transmission and prevention do not support a decrease in discrimination for HIV positive individuals; neither do they support a growth in public knowledge that will enable a decline in individuals that are diagnosed as HIV positive.
3. The National Health Service exists to provide health care for those who need it regardless of social status and wealth- the current medication in question is poised to benefit the aforementioned groups of society yet the current methods of availability are incredibly restrictive and only available to the educated, privileged and rich?

Union Resolves:

1. To mandate the relevant Student Officers to publicise World Aids Day on 1st December and to highlight the issues of transmission and prevention so that the University community will be able to help make up for the lack of education in secondary schools.
2. To investigate the possibility of making information available on campus, through welfare support routes, on Preventive healthcare, methods of transmission, local sexual health/GUM clinics, the effectiveness of Antiretroviral therapy.
3. To mandate the relevant Officers to work with Norfolk County Council to discuss the effectiveness of HIV and Sex education within lower schooling and how to bring positive changes within education
4. To support campaigns to influence the availability of PrEP on the NHS happening in the near future.
5. To support campaigns for needle exchanges to be implemented in prisons and a more uniform accessibility to contraception.

References:

1. (<http://www.nat.org.uk/HIV-in-the-UK/Key-Issues/Publicunderstanding/Public-attitudes.aspx>)
2. <http://www.nat.org.uk/HIV-in-the-UK/Key-Issues/Publicunderstanding/Schools.aspx>
3. <http://www.nat.org.uk/HIV-in-the-UK/Most-affected-by-HIV.aspx>.)
4. <https://www.aids.gov/hiv-aids-basics/hiv-aids-101/statistics/>

5. (<http://www.avert.org/professionals/hiv-social-issues/key-affectedpopulations/transgender>)
6. (<http://www.tht.org.uk/sexual-health/About-HIV/Post-exposureprophylaxis>)
57
7. (<http://kinseyconfidential.org/hivprevention-drug-availablewherebuzz/>)
8. (<http://men.prepfacts.org/the-questions>)
9. <http://www.theguardian.com/society/2015/feb/24/daily-pilltruvada-cuts-spread-of-hiv-by-86-study-shows>