

“But I don’t inject”

Misconceptions from clinicians about sexually transmitted infections and blood borne viruses in drug and alcohol users

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Introduction: This quality improvement project explored clinician attitudes and misconceptions about sexually transmitted infections (STIs) and blood borne viruses (BBVs) and their prevalence in drug and alcohol (D&A) clientele.

Abstract: Voluntary screening for STI/BBVs were not standardised practice in the clinical inpatient D&A service studied unless the client reported intravenous substance use or if they requested a sexual health screening. This is despite research indicating increased acquisition of STI/BBVs amongst Australians with problematic substance use regardless of route of drug administration or drug type. To identify whether a lack of knowledge and awareness was impacting client care standards, health clinicians were surveyed on STI/BBV knowledge using true/false and yes/no questions.

Discussion: Approximately 45% of clinicians believed that drinking alcohol did not change the likelihood of getting an STI/BBV and 25% believed that substance use did not increase the probability that a person will initiate sex. A significant number of clinicians could not identify statistically at-risk demographics, including those under the age of 29 and Aboriginal and Torres Strait Islander peoples. Generalised confusion as to the way STI/BBVs are transmitted was demonstrated, such as 41% of clinicians believing that condoms can prevent the transmission of all STI/BBVs.

Conclusion: Knowledge gaps were found to exist regarding behavioural risk factors, at-risk demographics and understanding around STI/BBV transmission. These findings were consistent with other peer-reviewed research which suggest that similar attitudes are common in D&A settings. Such findings suggest that clinicians may not possess the skills to identify whether clients are at increased sexual health risk and would benefit from further education.

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