

Guideline scope

Sexually transmitted infections: condom distribution schemes

Topic

This guideline focusses on condom distribution schemes to prevent sexually transmitted infections (STIs). This includes all schemes that provide or distribute free or cost-price condoms, femidoms and dental dams, with or without lubricant. It also includes schemes that distribute condoms together with additional advice, information or support.

During the review of NICE's guideline on [preventing sexually transmitted infections and under-18 conceptions](#) condom distribution, as a means of preventing STIs, was identified as an area where NICE guidance is needed.

This guideline will supplement 'Preventing sexually transmitted infections and under-18 conceptions', as set out in the [update decision](#). It will also be used to help develop NICE quality standards on reducing sexually transmitted infections and on sexual health across the life course (publication dates to be confirmed).

Who the guideline is for

- Those who commission condom distribution schemes, such as local authorities, NHS and the voluntary sectors.
- Those who provide condom distribution schemes, such as local authorities, NHS, and the voluntary sectors.

This guidance may also be relevant for:

- Those at risk of an STI.

- Voluntary organisations and advocacy groups with an interest in STI prevention.
- Condom manufacturers.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope, if this was done.

1 What the guideline is about

1.1 Who is the focus?

Groups that will be covered

- All groups at risk of an STI but with a particular focus on those at greatest risk.

1.2 Settings

Settings that will be covered

- Settings where condoms can be provided or distributed. This will include pharmacies, sexual health services, schools, online services and public places.

Settings that will not be covered

- Prisons are excluded because the use of condoms in this setting will be covered by NICE's guideline on the [physical health of people in prisons](#), which is due to publish in November 2016.

1.3 *Activities, services or aspects of care*

Key areas that will be covered

- 1 Multi-component schemes that distribute free condoms, with or without lubricant, together with training, information or other support. This will include: the C-Card scheme for young people (for details see [C-Card condom distribution schemes](#) Public Health England); the use of peer educators; and the distribution of free condoms, lubricant and advice to men who have sex with men.
- 2 Single-component schemes that only provide or distribute free condoms and lubricant, if appropriate. This will include online services for specific groups or areas of the country, and distribution schemes in public places.
- 3 Outlets or schemes providing cheap condoms and lubricant, if appropriate, for high risk groups. This will include community schemes that provide cost-price condoms to sex workers, or online services that offer cost-price condoms.

1.4 *Economic aspects*

Economic analysis will be considered from the local authority, public sector and societal perspectives. The economic analysis will be prioritised on the basis of how important economic evidence is to making recommendations and the availability of data to populate the model. An economic plan will be developed for any economic analysis undertaken. Consistent with the focus of this guideline, the economic analysis will not consider the use of condoms for contraception.

1.5 *Key issues and questions*

While writing this scope, we have identified the following key issues, and key questions related to them:

- 1 What multi-component schemes are effective and cost effective in providing condoms to different populations to reduce STIs?

- 2 What single-component schemes are effective and cost effective in providing condoms to different populations to reduce STIs?
- 3 What outlet schemes are effective and cost-effective in providing condoms to different populations to reduce STIs?

The following sub-questions will be applied to each of the questions above:

- What are the essential components of schemes?
 - What features of the schemes work for different populations?
 - Which settings are most effective for different populations?
 - What access arrangements make a scheme successful for different populations?
 - How can awareness and uptake of schemes be increased?
- 4 Which schemes lack evidence of effectiveness or have been shown to be ineffective or not cost effective?

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

Primary outcome

- 1 STI incidence.

Secondary outcomes

- 1 Condom use or intention to use condoms.
- 2 Condom error and failure.
- 3 Unprotected sex.
- 4 Unintended or harmful effects.
- 5 Awareness of condom distribution schemes.
- 6 Service user experiences and outcomes.
- 7 Knowledge of how to use condoms correctly and negotiate use.
- 8 Health-related quality of life.
- 9 Costs, savings and cost effectiveness.

2 Links with other NICE guidance, NICE quality standards and NICE Pathways

2.1 *NICE guidance*

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on this topic unless there are specific issues related to sexual health:

- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

NICE guidance that is closely related to this guideline

NICE has published the following guidance that is closely related to this guideline:

- [Contraceptive services with a focus on young people up to the age of 25](#) (2014) NICE guideline PH51
- [Preventing sexually transmitted infections and under-18 conceptions](#) (2007) NICE guideline PH3

NICE is currently developing the following guidance that is closely related to this guideline:

- [Increasing the uptake of HIV testing among people at higher risk of exposure](#) NICE guideline. Publication expected September 2016.

2.2 *NICE Pathways*

When this guideline is published, the recommendations will be added to [NICE Pathways](#). NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

The guideline will overlap with the existing NICE guideline on preventing sexually transmitted infections and under-18 conceptions. The current NICE pathway on [preventing sexually transmitted infections and under-18](#)

[conceptions](#) will integrate the recommendations from both guidelines, showing clearly how they fit together.

3 Context

3.1 Key facts and figures

There were approximately 440,000 new diagnoses of STIs in England in 2014. Most diagnoses were among heterosexuals aged under 25 and men who have sex with men ([Sexually transmitted infections and chlamydia screening in England: 2014](#) Public Health England).

In England 6000 people were diagnosed with HIV in 2013 ([National HIV surveillance data tables](#) Public Health England). Over half of the diagnoses were among men who have sex with men (3250). This compares with 2135 among heterosexuals. Sexual contact is the main route of HIV infection (96% of diagnoses in 2013).

Condoms can protect people against many STIs transmitted through genital fluids. This includes HIV, chlamydia and gonorrhoea ([Condom fact sheet in brief](#) Centers for Disease Control and Prevention). Condoms offer far less protection against STIs transmitted via skin-to-skin contact, such as genital herpes and warts.

In the UK in 2011, the cost of treating STIs (excluding HIV) was estimated at £620 million ([Unprotected Nation full report](#) FPA).

Cost can be a major barrier to condom use, particularly for poorer people ([Barriers to condom use](#) Sakar 2008). Social norms and religious and cultural beliefs can also prevent people from using them.

3.2 Current practice

Condom distribution schemes can vary. Some provide free or cost-price condoms. Others comprise multi-component interventions that combine condom distribution with additional information or support.

Schemes are often aimed at specific subgroups at greatest risk of an STI, such as young people, men who have sex with men, and sex workers. By focussing the schemes on those at greatest risk the schemes should reduce STIs while also reducing health inequalities for some groups.

Public Health England's [C-Card scheme](#) is probably the most widespread condom distribution scheme across the UK. It offers young people free condoms and lubricant. Workers also assess the young person's safety and competence to consent, and can also provide advice.

Local authorities commission C-Card schemes and define who is eligible. But schemes typically focus on those aged 13 to 24.

3.3 Policy and commissioning

This guideline will help local authorities and the NHS to continue to reduce the rate of STIs. This is a key objective in [A framework for sexual health improvement in England](#) (Department of Health).

From April 2013, local authorities took on responsibility for commissioning and delivering all community and pharmacy contraceptive services. [Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV](#) (Public Health England) provides information on approaches to commissioning sexual health services.

NHS England commissions contraception schemes provided as an additional service under the GP contract. It also commissions sexual health services in prisons.

4 Further information

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in January 2017.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.