

# Testing for sexually transmitted infections (STIs) in Addiction Services: reducing barriers to access for priority populations

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I acknowledge the Gadigal people of the Eora Nation, the Traditional Custodians of the land on which we meet today, and pay my respects to their Elders past, present and emerging.

I also acknowledge the tangata whenua of Aotearoa New Zealand, whose Māori knowledge, stewardship and partnership principles inform this work

Ngā mihi nui.

# Acknowledgments

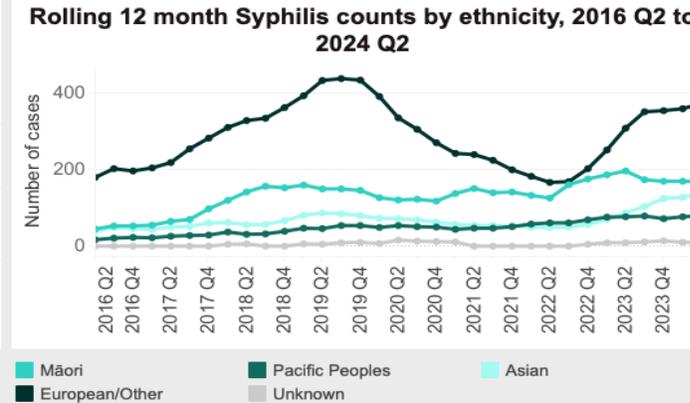
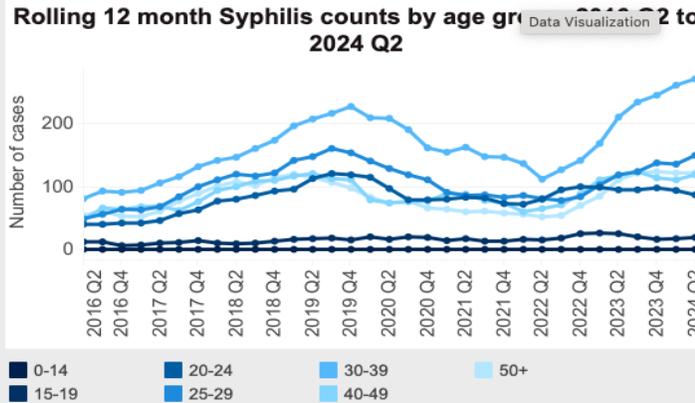
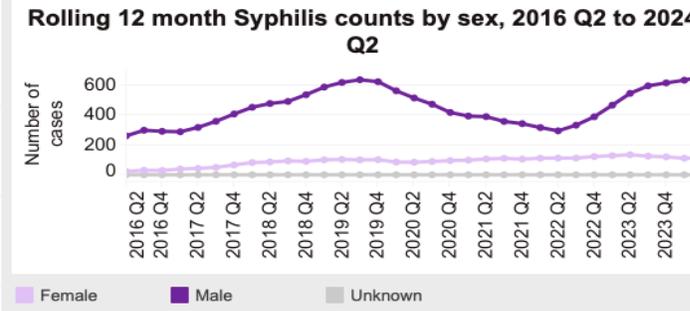
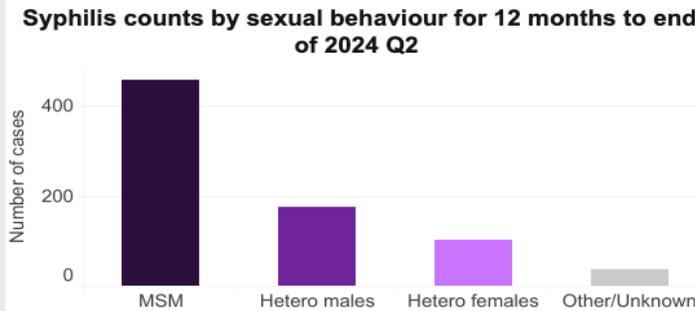
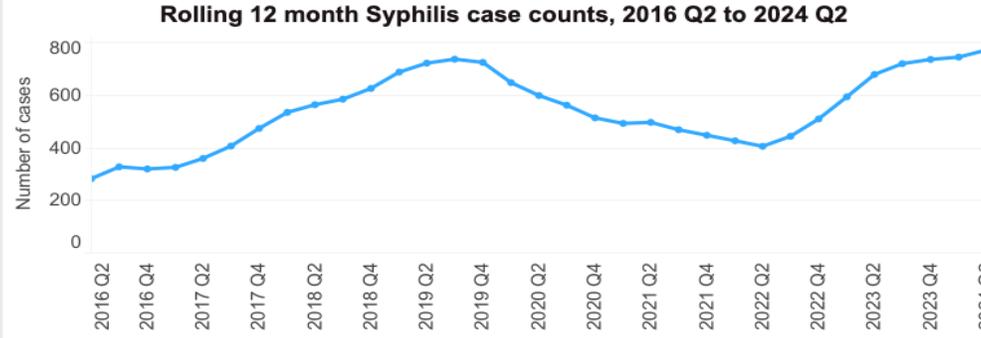
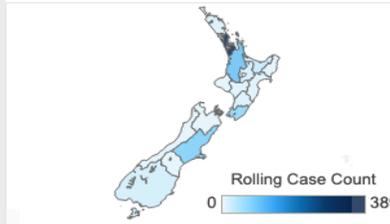
- Community Drugs and Alcohol Service team
  - Helen Schmidt
  - Willise Ruha
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  - Sione Maka
  - Janine Bennett
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  - TeMirianga Rakete
  - Tapa Saifiti
  - Charlotte Blundell
  - Emma Iki
  
- Emma Schwartz, CADS Clinical Director
- Margaret Ross, Operations Manager CADS

**CADS Clients who engaged with the pilot.**

# Background

- Prevalence of sexually transmitted infections continue to rise in Aotearoa, New Zealand.
- High prevalence among Māori and Pasifika and among those who use alcohol and other drugs.
- Multiple barriers for testing
  - Stigma
  - Financial barriers
  - Cultural
  - Low sexual health literacy among clients and clinicians
  - Limited Primary care access (74/100000)

Syphilis case counts by districts for 12 months ending 2024 Q2. Click on a district to show STI trends for that district. Click a second time to return to trends for New Zealand. Data is not displayed if the number of cases in a 12-month period in any group/subgroup is <5.



Syphilis trends are based on sentinel surveillance from sexual health clinics (up to late 2018), and notifications from clinicians (late 2018-present). Quarterly rolling 12-month case counts have steadily increased from Q2 2022 to 2024 Q2. The highest case numbers are seen in males, and people aged 30-39 years and of NZ European/other ethnicities. Cases among European/Other and Asian ethnic groups increased between 2024 Q1 and 2024 Q2, while cases among Māori and Pacific Peoples remained stable during this time. The proportion of cases by sexual behaviour remains consistent with 59% reporting MSM behaviour and 36% reporting only heterosexual behaviour in the 12 months ending 2024 Q2.

Cases of congenital syphilis continue to be reported each year; 1 in 2016, 4 in 2017, 5 in 2018, 5 in 2019, 8 in 2020, 2 in 2021, 8 in 2022, 3 cases in 2023, and 3 cases to 2024 Q2.

# HIV & AIDS – New Zealand

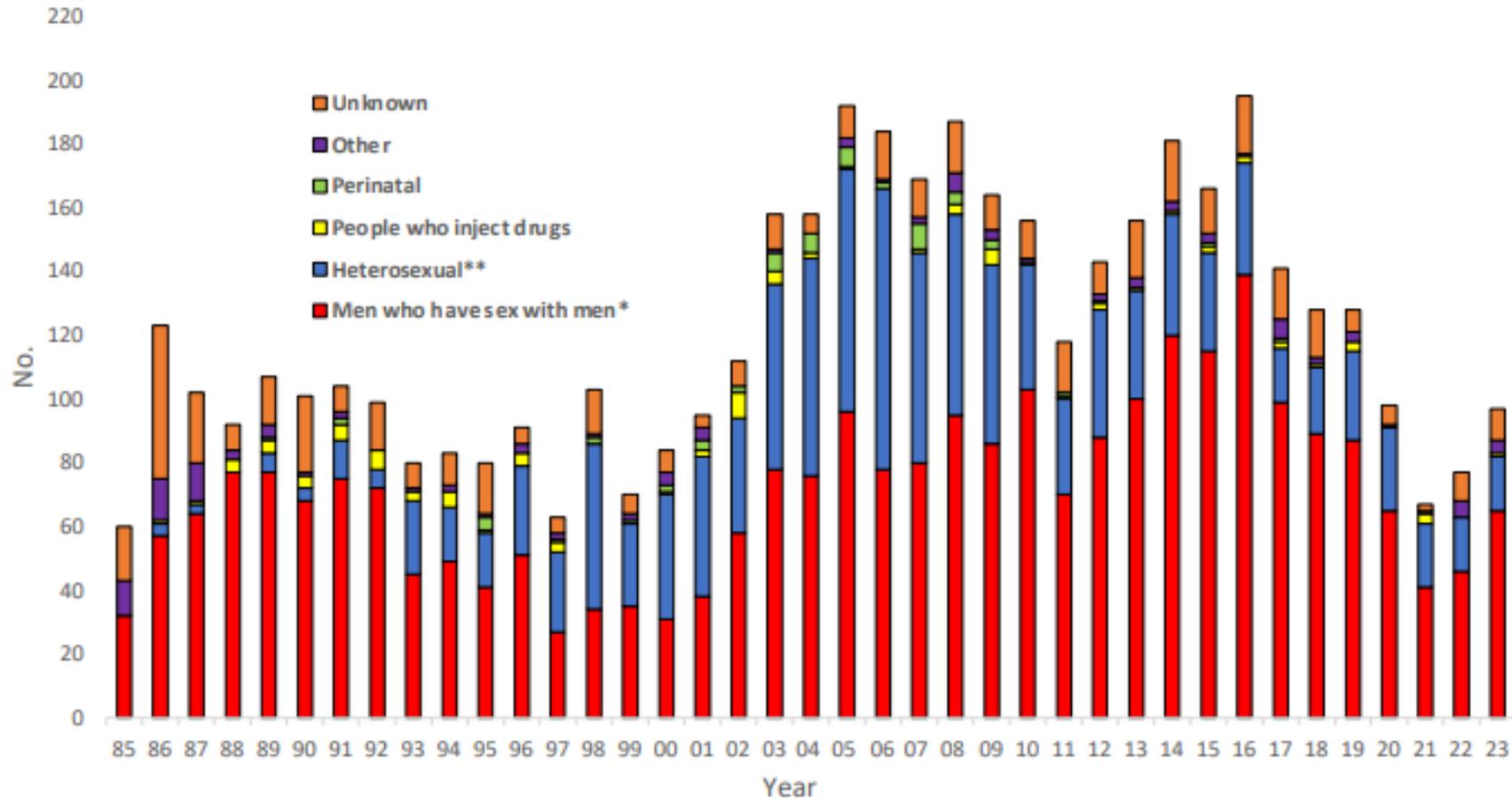
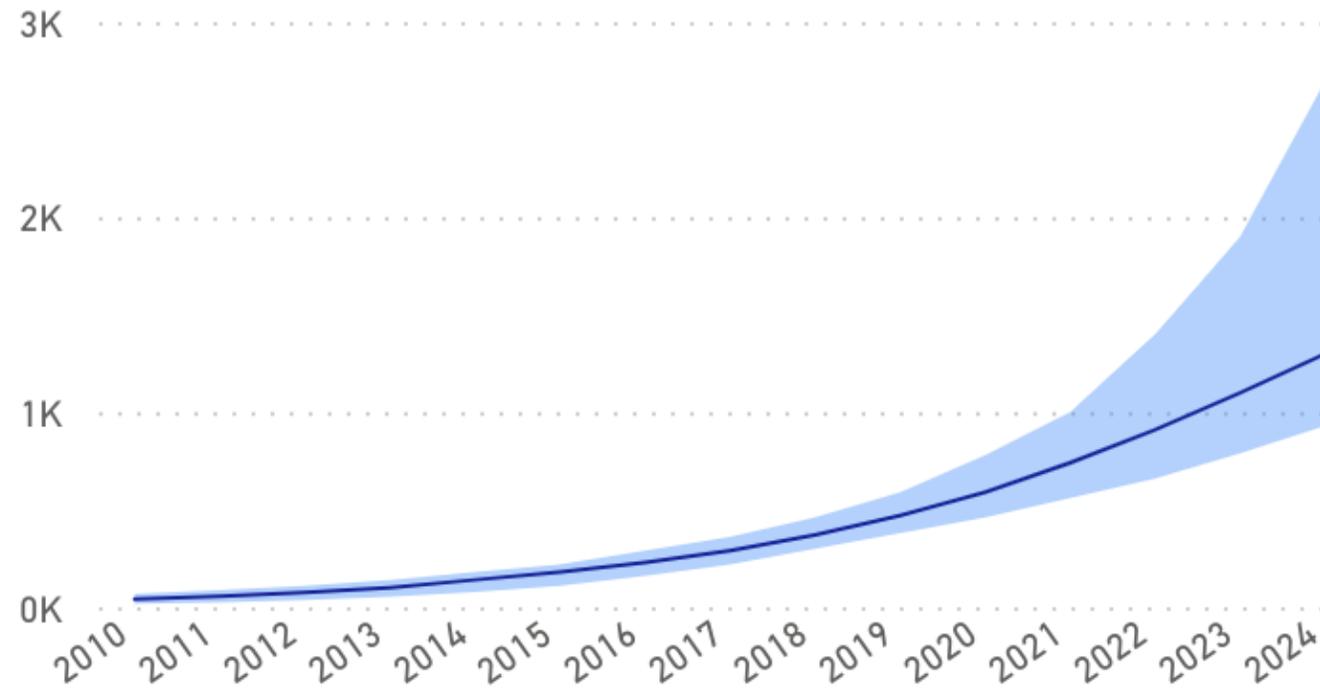


Figure 1. Number of people diagnosed with HIV in New Zealand by year of diagnosis and means of acquisition of HIV

\*Includes MSM & people who inject drugs (PWID) \*\*Includes Heterosexual & PWID

New HIV Infections - Source: HIV Estimates 2025



BBC

## 'They're not just sharing needles, they're sharing blood': How HIV cases soared in Fiji

5 October 2025

Share Save

Gavin Butler



<https://aidsinfo.unaids.org/databook>

# National frameworks

STIBBV screening is not routinely included in addiction services models of care.

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National Hepatitis C action plan

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Aotearoa New Zealand HIV action plan

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NZ STI guidelines

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**Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2023-2030**

**STIBBV**

**ALCOHOL**  
**METHAMPHETAMINE**  
**CANNABIS**  
**BENZODIAZEPINES**  
**NOVEL PSYCHOACTIVE  
SUBSTANCES**

# Community Drugs and Alcohol Services (CADS)

Te Ātea Marino

Tupu

- Provide Alcohol and Drug Services across metro Auckland
- Six sites
  - Takapuna
  - Manukau
  - Kingsland
  - Henderson
  - Hobson Street , CBD. Medically Managed Withdrawal Unit

CADS support clients from 13 years old.

Tupu and Te Ātea Marino support clients from 13-65 years old.

**In 2024 our services engage with 12, 207 clients equivalent to 0.7% of the Auckland population.**

# Pilot overview

November 2024 to March 2025  
CADS South outpatient service

- Partners:
    - Body Positive
    - Auckland Sexual Health Services
  - Peer-led single point of care testing for HIV, Syphilis, Hep C, Chlamydia and Gonorrhoea.
  - 20 dollars incentive
- This was the first time that our service offered STIBBV screening.

# Addiction Services



A large display of health and community information brochures is mounted on a white wall. The brochures are organized into several rows and columns. The top row includes titles such as "Your rights as a user of our health", "Your personal and health", and "Your personal and health". The middle rows feature various health-related topics, including "HIV Infection", "Hepatitis C", "ADHD Tools", "HIV Infection", "Hepatitis C", and "ADHD Tools". The bottom row includes "Creative Care", "HIV Infection", "Hepatitis C", and "ADHD Tools". The brochures are presented in a clean, organized manner, making them easy to browse.

A white folding table is set up in front of a glass-walled room. The table is covered with various health and community information materials, including brochures, pamphlets, and a small display of items. A white trash bin is placed under the table. The glass wall behind the table is covered with several posters and notices. The posters include "SHOW YOUR ALTOA GET TESTED TOGETHER", "Reach out and tell us what matters to you?", "Free support to resolve your concerns about a Health or Disability Service", "Get a \$100 Voucher for your Smokefree Challenge", "Math Research", "I KNOW FOR SURE. DO YOU? GET TESTED FOR HEP C", "HIGH ALERT", and "SPEED VESSELS". A blue sign on the door to the right of the table reads "Meeting 1".

Meeting 1

MY HEALTHY CHOICE IS TO GET TESTED FOR HIV AND HEPATITIS C. I LOVE MY LIFE. I LOVE MY LIFE. I LOVE MY LIFE. I LOVE MY LIFE.



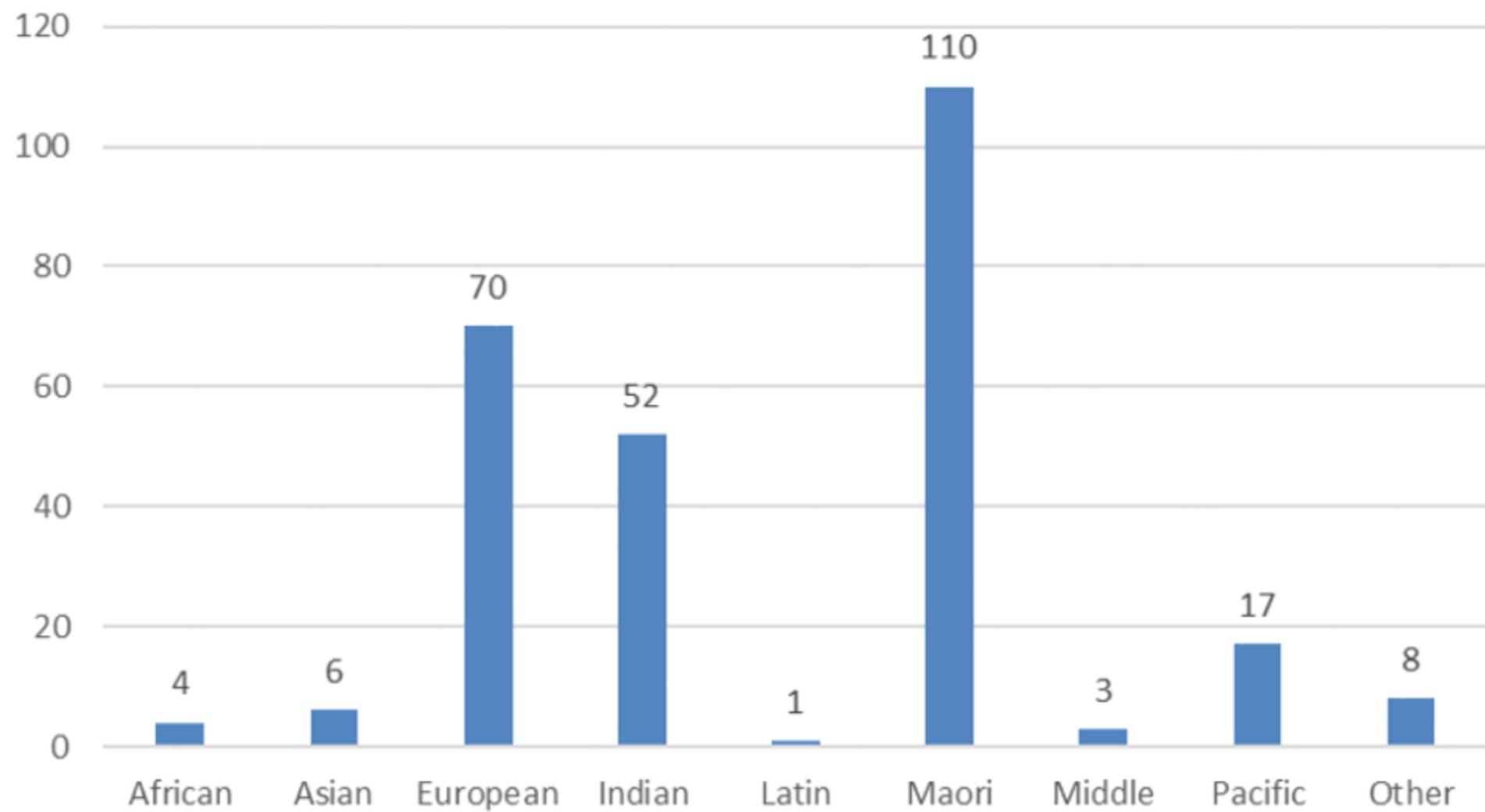
# Results

## July 2024-July 2025

271 people tested

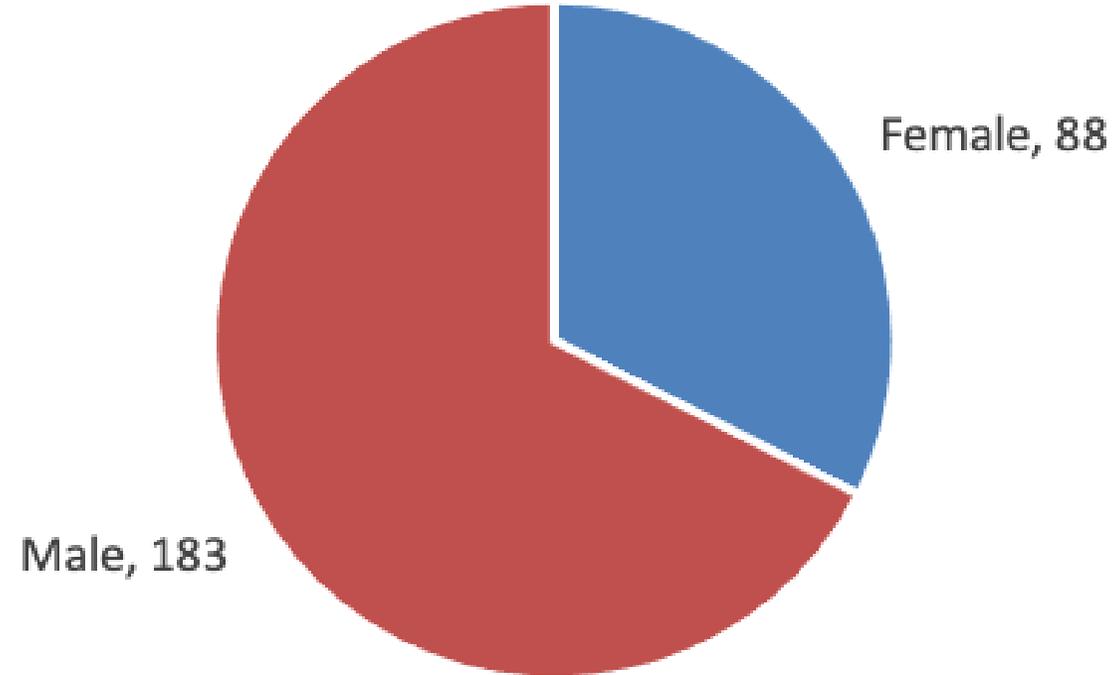
The pilot has cost about 10 000 NZ Dollars

## Ethnicity of Clients



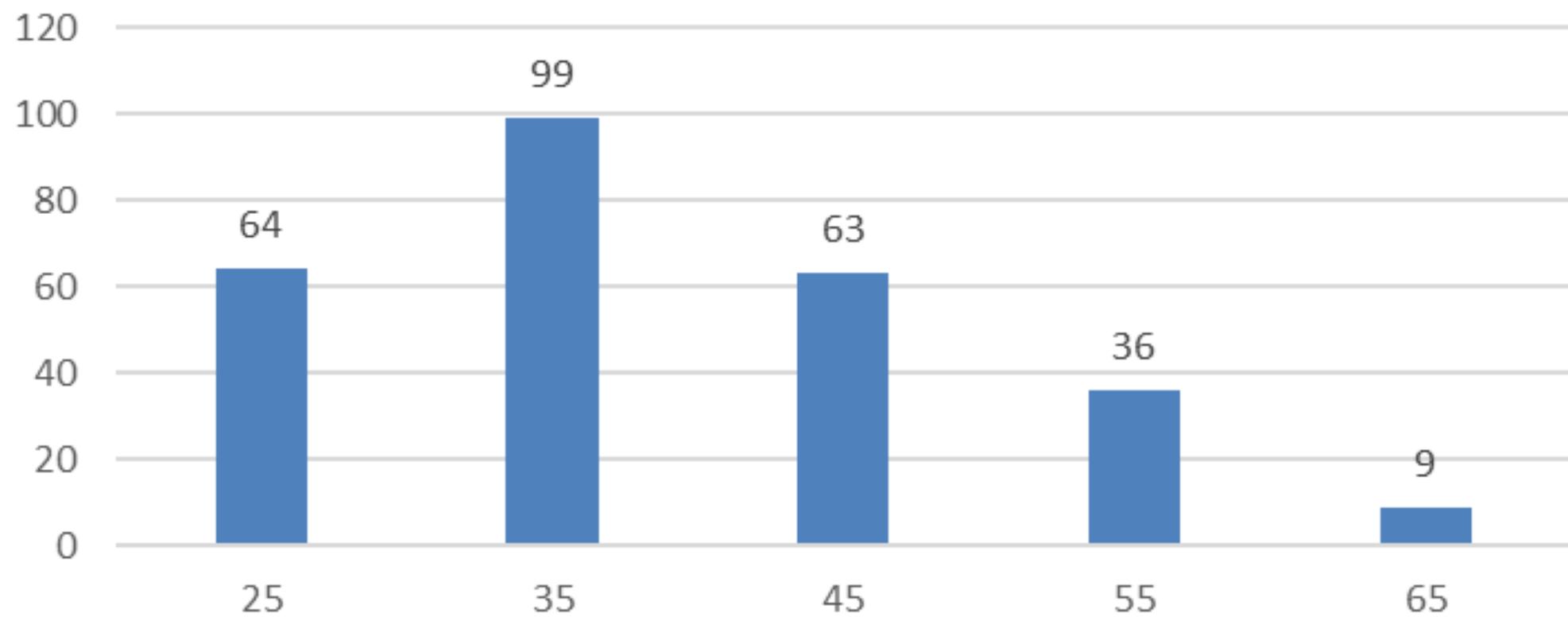
## Gender of Clients

■ Female ■ Male



Count of Sex

## Age of Clients



Age

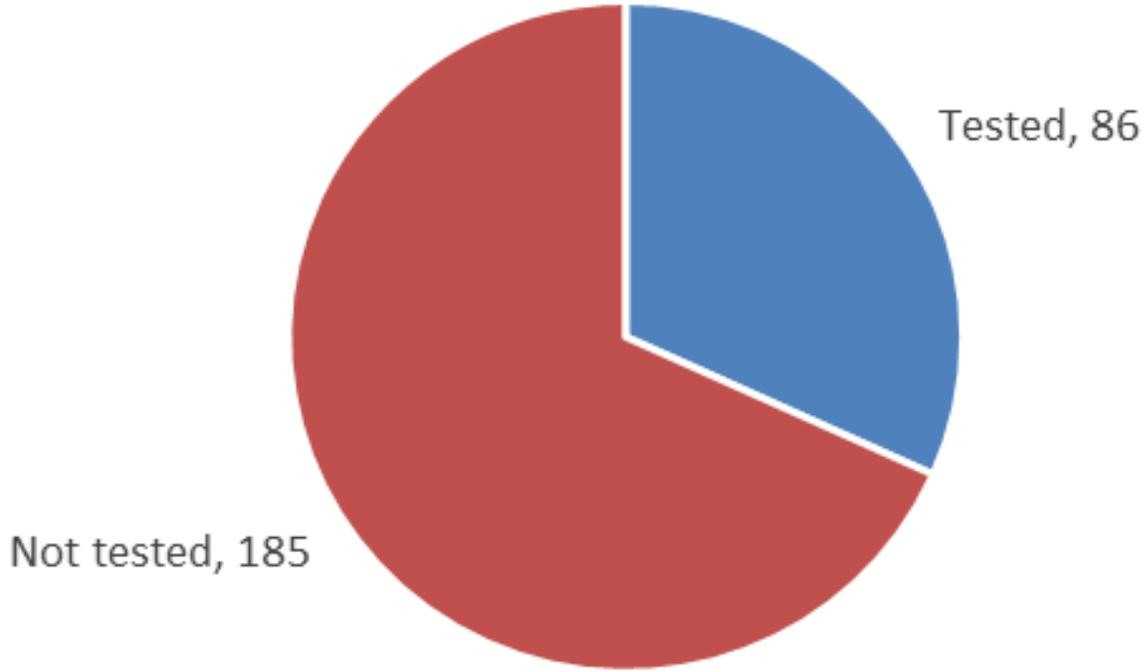
## First Time Testing

■ First time testing ■ Previously tested



# Chlamydia & Gonorrhea Testing

■ Tested ■ Not tested



# The journey

- “At the beginning I did not think it was possible, it is such a sensitive subject”
- “I was surprised to see how many people have not been tested”
- “People were willing to engage even without the incentive”
- “It is become normal”

Janine (CADS Clinician)

# Lessons for the future

- Integration works
- Co-locating STI and BBV testing within AOD services works!
  - Removes access barriers
  - Normalises sexual health conversations
  - Reaches our most vulnerable population
  - Incentives can help to break down barriers.
- Collaboration strengthens outcome
  - This pilot would not have been possible without ASHS and Body Positive.

# What is next?

- Body Positive clinic only once a month.
- Last Clinic 4/11/2025:
  - 7 clients
  - 3 never tested.
  - No incentives
- CADS West pilot
- Offering swabs and blood testing in the lab.



CHLAMYDIA

GONORRHEA

HEP C

SYPHILIS



 Campaign

# AI – Let's Talk About Sex

<https://www.hpa.org.nz/campaign/ai-lets-talk-about-sex>

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<b>Event</b>	<b>For Awareness:</b> The number of people diagnosed with HIV is rapidly rising in Fiji. Offer opportunistic testing and HIV prevention advice.
<b>Notified by</b>	Dr Rose Forster, Clinical Lead Sexual Health, Starting Well, Planning Funding and Outcomes, Health New Zealand.
<b>Authorised by</b>	Dr Sarah Clarke, National Clinical Director, Primary and Community Care
<b>To</b>	Health NZ Office of the Chief Clinical Officers (OCCO), Urgent and After-Hours care Providers, Primary Care providers, Travel Medicine providers, Alcohol and Drug Services, Pharmacy, Needle Exchange Services, Hospital and Community Midwives, HealthPathways, Whakarongorau Aotearoa including Healthline, Ka Ora, Healthify, NPHS national and regional services, regional Comms Leads including Hauora Māori, Pacific Health, Office of the Director of Public Health (Manatū Hauora).

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**Please share this public health advisory with your kaimahi networks for their information.**

## Summary

Health New Zealand | Te Whatu Ora is alerting healthcare professionals to the rapidly rising number of people diagnosed with HIV in Fiji. An HIV outbreak was recently declared by the Fijian government.

There were 1093 new cases reported from January to September 2024, compared with 415 cases in 2023, and 245 in 2022. Of the cases reported in 2024 with a known mode of transmission, 50.3% were acquired through injecting drug use, with a further 45.6% of cases reported to be sexually acquired. Perinatal transmission is also occurring.

# The future!

We continue to advocate  
for CADS South Clinicians  
to offer tests.

Sudanshu Mishra  
Atitala Ahyek  
Sheemal Kumar RN  
Clorissa Pratap  
Shayal Naidu  
Richard Logue

