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0:00:06.8 Jennifer: From the California Prevention Training Center in San Francisco, this is Speaking Frankly, the state of sexual health. We know good sexual health doesn't just happen, it's created. In this series, we're starting the conversations we should already be having. We'll speak with experts in the field, about sex, stigma and all of the other factors that shape our sexual health and our everyday lives. I'm Jennifer Rogers.

0:00:30.8 Jennifer: Hey y'all, it's Jennifer Rogers here. Thanks so much for joining us. So this episode is a special episode and we're calling it Asking for a Friend. So let me tell you the backstory behind this. A few months ago, I was talking with my colleague, Dr. Rosalyn Plotzker. She likes to go by Ros. So Ros and I were talking and laughing about the fact that when you're in this field of sexual health, you somehow become... Well, understandably, but you become, often, the resident sex expert in your friend group and in your family. And I've had conversations when my friends come up to me and say, "Oh my gosh, my child found a sex toy in my dresser. What do I tell them?" So Ros and I were kinda chuckling about this, 'cause she feels the same. And so she came up with this brilliant idea, to do a special episode called Asking for a Friend, in which she addresses questions from you all, from our listeners, and from our friends and family that we've gotten over the years.

0:01:39.5 Jennifer: So without further ado, for the next 20 minutes or so, Ros is going to answer some of your burning questions and some of the most commonly asked questions that we hear, about sex, lube, STIs, all the things. So I hope you enjoy this fun episode, and thanks so much for joining us.

0:02:01.9 Jennifer: My boyfriend has sex with men other than me occasionally. Is he a candidate for PrEP 2-1-1 and should I be on PrEP, if he's with other men? What's the difference between 2-1-1 and daily PrEP?

0:02:12.9 Dr. Plotzker: Okay. So a lot to unpack. Before I answer all those questions, let me just really quickly say what PrEP is, which is pre-exposure prophylaxis for HIV. So that's what PrEP stands for, is pre-exposure prophylaxis. There are two ways to do it, both of them involved pills. The first is taking a pill every single day. The brand name is called Truvada. There's also another pill called Descovy, and you should talk to your doctor about which option is best. More recently, there's an approach where you can take PrEP kind of as needed, if you can predict when you're going to have sex. And that's better for people who have partners kind of infrequently. So if you're not having sex frequently and you don't wanna take a pill every single day, then you could try this 2-1-1 approach.

0:03:02.5 Dr. Plotzker: The way that that works is, you would take two of the pills, two to 24 hours before you have sex. And then you would take an additional pill 24 hours after the first dose. And then finally, one more pill 24 hours after that dose. So you take two, and then you take one, and then you take one. So that's what 2-1-1 is. And I do wanna say that, they are comparable in terms of efficacy. So there was this one study that was presented in 2018, and it involved over 1600 patients. It was this very big study. And they compared people who used daily, to people who used 2-1-1. And it was about 96% correctly used, for both groups and there were no HIV infections for everybody. So it's a very effective method either way you do it.

0:04:00.9 Dr. Plotzker: And so, for your question about if your boyfriend is a candidate for 2-1-1 PrEP, I think that really just depends on how frequently he is having outside partners and if how predictable that is, 'cause you do need to be able to plan ahead. So you have to take the pill at least two hours before you have sex. So if that's something that he could do, then that's an option for him. And in terms of if you should be on PrEP if he is with other men, I would say yes. I would say, if you have a partner and they have partners other than you, then I would definitely recommend being on PrEP, for yourself. And if your partner is also on PrEP, then that's great. The more prevention, the better.

0:04:54.7 Jennifer: Yeah, totally. And I think that that's really interesting, not only that partner being on PrEP, but then that person, the question asker could be on PrEP too. Any lube recommendations for condoms? Most water-based ones I've tried, just become so tacky and they feel like they pull on my skin and insides.

0:05:15.3 Dr. Plotzker: Ah, lubricant. Yes. So you are not alone in your concern. Basically, there are four kinds of lubricants. The first one you mentioned, which is water-based, and water-based ones are pretty common. And the pros of using them are that, like you said, you can use them with condoms and you can rinse them off easily. But the con with it, which you also mentioned, is that they can dry up quicker and sometimes they can be irritating or sticky. The irritation might come from if there is glycerine or parabens in them. So that might be what's going on for you, with the water-based lubricants. That said, they are compatible with condoms. So anyone else who's listening, if you've used it and it's working, great.

0:06:00.2 Dr. Plotzker: Alternatives to water-based, the one that I would recommend for condom use is actually a silicone-based. This is sort of a middle path between a water-based and an oil-based, which oil-based, you can't use with condoms. I'll talk about that in a minute. But the silicone-based lasts longer than water. So it won't dry out as quickly and so you won't have that kind of sticky feeling that you're describing. And it is safe with condoms, like I mentioned. So con of the silicone-based is that, the water-based ones are easier to rinse off afterwards. And the silicone-based, you might need to take a little more time to rinse them off. But silicone is what I would recommend for condoms.

0:06:43.3 Dr. Plotzker: I mentioned the oil-based ones. Just to explain that, the oil-based ones are things like almond oil and coconut oil. Those are things that you could just get at a grocery store. But they are not good for condoms, they break down the latex. If you're having sex with condoms, then I would not recommend those. For some people, they can be a little less irritating, so some people will prefer to use those. However, at least for penile-vaginal sex, they also increase the likelihood of some bacterial infection. And so that's another reason to kind of stay away from the oil-based options.

0:07:18.2 Dr. Plotzker: And then the last option, which you might come across, and I would say this would be a back-up if you don't like the silicone, is what's called a natural lubricant. And this is available at stores that sell different kinds of lube, and typically, they're called natural because they don't have glycerin or parabens in them. And so, they would have ingredients like aloe, flax seed, chia seed oil, things like that. And so, for these, in terms of using it with a condom, it's really a case by case basis, and you'll have to read the label. Some of them will be compatible with condoms, and some of them, you should not use with condoms. So yeah, so that's the basics of lube, I would say try a silicone-based and see how it goes.

0:08:07.3 Jennifer: So one of the first times I had sex with my female partner, I'm female too, I got bacterial vaginosis. Not knowing what it was and being terrified of seeing a doctor, I put it off for a month. When I was brave enough to go, my results were positive. I think it was my lube. How can I prevent this in the future?

0:08:25.7 Dr. Plotzker: Yeah, that's a really, really important topic. So first of all, I wanna just say that, it's awesome that you went to your doctor. I know that when there are changes in reproductive health, it can be completely nerve-racking. So I first wanna congratulate you for going to your doctor in the first place. In terms of the BV, it's possible it was your lube, it could have been something else as well. The way that BV works is that, it has to do with the pH of your vagina. So, the bacteria that causes BV, naturally lives in the vagina, but it is kind of suppressed when the pH is low and your vagina is acidic. And that's due to a different bacteria that's called lactobacillus. So normally, the lactobacillus will keep your vagina acidic and that suppresses BV from happening. So if the lube had an impact on either the lactobacillus bacteria or if it made your vagina less acidic, that's a possibility. But that said, BV is super, super common.

0:09:35.9 Dr. Plotzker: It's actually more common among females who have sex with females, compared to females who have sex with males. So for females who have sex with females, it's about 25%, which is high, and for females who have sex with males, it's 14%. It's unclear, if BV is sexually transmitted from female to female, but there have been some interesting studies that show where you have female partners and you do samples of vaginal flora, that they're the same. So that's a possibility, but there hasn't really been a good study on sexual transmission. So you could talk to your partner and find out if your partner also has BV and gets treated, but really, there's no concrete recommendation to do that.

0:10:26.3 Dr. Plotzker: In terms of prevention, it's a really tough question. Generally, you should not douche. So douching does not prevent BV. That's a common misconception. Also smoking cigarettes, interestingly, is associated with BV. So if you smoke cigarettes, it's a great idea to quit, for multiple reasons, but this is one of them. And in general, you wouldn't wanna take suppressive therapy, meaning medication regularly, unless you get BV over and over and over again, very frequently. But, in general, you treat as needed, when it comes up. So, I hope all that's helpful. And thank you for the question.

0:11:13.0 Jennifer: So my new girlfriend let me know she has HPV and got diagnosed with pre-cancer from it. This was years before we met. Does she still carry it? Am I at risk of contracting it? What does this mean for me?

0:11:24.0 Dr. Plotzker: Good. Okay, so first of all, that is really amazing, that you guys are communicating about this. It is really great, that you are talking about your sexual health and that she is sharing not just the current situation, but the past. So for HPV, first, I want you to know that it is super, super common. About 75% of people who are sexually active, will get a strain of HPV at some point in their life. So you might actually already have it from a previous partner, totally unrelated to your girlfriend. In terms of your question of does she still carry it? Typically, HPV resolves within two years of diagnosis, for about 90% of people. So the vast majority will clear it on their own. That said, it can persist and it can cause pre-cancers, like the one that your girlfriend told you about. So the answer is, it's possible that she still carries that strain. It's also possible, if she had partners before you, that she may have a different strain of HPV. There are many, many, many strains. They're categorized into low-risk, and those are related to general warts, and high risk, which are related to pre-cancers. And for most people who have HPV, they neither have warts or pre-cancer, but they have the HPV virus. So the short answer is, it's hard to know.

0:13:05.1 Dr. Plotzker: If your partner had the HPV vaccine, you can talk about that, then that would protect her from other strains of HPV that she hadn't been exposed to already. And if you had the HPV vaccine, then that would protect you from strains that you haven't had already, as well. So that's one option, in terms of minimizing your risk of contracting it. And in terms of what it means for you, like I said, it's completely possible that you might already have HPV and not know it. For men who only have sex with women, the main risk that HPV would pose is penile cancer, which is very rare. It's about one in a hundred thousand people, so it's a very rare cancer. We don't screen for it. If you also have sex with men in act of anal sex, then HPV can also cause anal cancer, and that's something that you could talk to your doctor about getting screened for with what's called an Anal Pap. But if you only have sex with females, then your risk for cancer is very very low. I would say, next good step would be to think about getting the vaccine, if you haven't already. It's three shots and you can get it up to age 45. Most people are recommended to get it up to age 26, but you can talk to your doctor, if you haven't had it already, about getting it, if you're older than 26. I hope all of that was helpful, and thank you for your question.

0:14:41.9 Jennifer: Okay. Does anyone remember the Tuskegee experiments, where they basically gave black people free health care and vaccines but it was actually just syphilis, then they brought them in to observe and cure said syphilis?

0:14:58.6 Dr. Plotzker: So the Tuskegee experiments are a major, major, major point of shame in public health. So I wanna start there, that this is something that has rightfully caused mistrust of medical research and the government, especially among people of color. And it is something that people in public health are taught about, today, and it is a major point of shame within our public health history. So I just wanna start there.

0:15:31.2 Dr. Plotzker: In terms of what happened, in 1932, the Public Health Service worked with an institution called, The Tuskegee Institute, and they began a study to record the natural history of syphilis, and that was in hopes of actually justifying treatment programs for blacks. And so, the study involved 600 black men, 399 of them had syphilis and 201 did not. And the study was conducted without the benefit of the patients' informed consent. The researchers told the men that they were being treated for "bad blood", and back then, that was the term used to describe a range of things. It included syphilis, but it also included anemia, fatigue. So the patients were not told that they have syphilis. In truth, they didn't receive the proper treatment that they needed, to cure the illness. And in exchange for participating in the study, the men received free medical exams and free meals and also insurance for a burial, which is pretty dark.

0:16:43.6 Dr. Plotzker: So although the study originally, was projected to last only 6 months, it actually went on for 40 years, which is completely astounding. Then finally, in July of 1972, there was a story that came out about it, by the Associated Press, and that's when there was a huge public outcry. And that led the Assistant Secretary for Health and Scientific Affairs to appoint an advisory panel to review the study. And that panel had nine members from medicine, law, religion, labor, education, health administration, plus public affairs. So it was this comprehensive panel that set out to review the study. And what they found was that, the men had agreed freely, to be examined and treated. However, there was no evidence that the researchers informed them of the study or its real purpose. So they were completely deceived, and the men had been not only misled, but they also had not been given all of the facts required, to provide an informed consent.

0:17:52.4 Dr. Plotzker: So in addition to that, in the 40 years that this study happened, the men were never given adequate treatment for the disease. Even when penicillin became the drug of choice for syphilis, in 1947, the researchers still did not offer it to the subjects, which is horrifying. The advisory panel basically found nothing to show, that the participants were even given the choice of quitting the study, and so that was horrible. And they concluded that the Tuskegee study was ethically unjustified, plus they said the knowledge gained was sparse when compared to the risks. So in October of 1972, a couple of months after the panel got together, they advised stopping the study at once. And then in the summer of 1973, which was a few months after that, there was a class-action lawsuit, and that was filed on behalf of the study participants and their families. One year later, in 1974, a 10 million dollar out-of-court settlement was reached, and as part of the settlement, the US government promised to give lifetime medical benefits and burial services to all the participants, and then that was extended to the wives, widows, and offsprings of the program. And then in 1995, the program was expanded to include health as well as medical benefits.

0:19:31.7 Dr. Plotzker: So, that is the history of the Tuskegee Study. The thing that is most heartbreaking is that, there wasn't a formal apology to the survivors of the Tuskegee Study or their family, until the 1990s, when President Clinton made a formal national apology. You can find that on YouTube. It's a beautiful speech, and he's joined with former participants. So that's what happened in the Tuskegee Study, and I encourage everybody who's listening, to look it up and learn as much as you can, from it.

0:20:17.3 Jennifer: I'm divorced and just started to date again. I'm a cis woman who's 55 and I can't get pregnant. We haven't been using condoms because of concerns about ED. Should I get an STI test, because I have been having unprotected sex with my new partner?

0:20:35.0 Dr. Plotzker: First of all, congratulations. That's exciting that you're dating again. And so to your question about STI testing, I actually don't see any harm in getting an STI test and also having your partner get an STI test, especially if you're not using condoms now and you plan to continue not using condoms. For listeners who don't know what ED means, that here, refers to erectile dysfunction, and it's not uncommon that if there is someone who has trouble maintaining an erection during sex, that they also don't wanna use condoms during sex because it makes it even more difficult to maintain an erection.

0:21:20.5 Dr. Plotzker: So I totally understand where you're coming from. Plus, if you're post-menopausal and you can't get pregnant, then I can see how you would be less concerned about preventing pregnancy, and therefore, less concerned about using condoms. But it's really great, that you're thinking about STIs, because obviously, that can happen at any age. So yeah, you can consider getting an STI test. The CDC recommends that if you are 25 years old or over, for cis women, that really, you should test based on your risk factors. For example, if you are someone who has one partner, and the two of you are monogamous, and you both have had an STI test in the past, that has been negative and there's really no risk of introduction of other infections, then your risk would be pretty low.

0:22:17.3 Dr. Plotzker: So if you are somebody who has multiple partners, or if your partner has other partners, then that can be taken into consideration, as a risk factor. But like I said, I think if you have a new partner, you're not using condoms, it isn't gonna hurt, to get an STI test, and also talk with your partner about getting one too.

0:22:43.0 Jennifer: I have herpes simplex type 2. If I'm taking medication, can I pass it on to a partner? Should I tell my partner?

0:22:49.5 Dr. Plotzker: So this is a great question. When we think about herpes transmission, usually, it happens when you have a herpes outbreak, and then there's lots of virus and it can transmit from person to person. But when you don't have an outbreak, there is a possibility that, you can transmit the virus during a period that's called shedding. And that's basically when the virus is released to the skin, but you do not have any symptoms. So, in the first year, the percent of days that you're shedding herpes is about 25%, but that declines with time. So for the first year that you have herpes, without any suppression, you're shedding about 25% of the time. But then by 10 years, you're shedding only about 10% of the time, so 10% of days, you will be shedding the herpes 2 virus. Now, in terms of how effective suppressive therapy is, at reducing transmission, the answer is, about 50%. So for transmission in general, if you were not on medication, then there is about a 3.6% chance of transmission. This is a study that was done... If you wanna look it up, it was done back in 2004, the author's name is Corey.

0:24:14.9 Dr. Plotzker: What they found was that, for partners where one person has herpes 2 and the other person does not, that over time, about 3.6% of the partner without herpes will get herpes as a result. So that's without suppressive therapy. With suppressive therapy, that is cut in half, so it goes from 3.6% to 1.9%. And that was with valaciclovir. I'm not sure if you are on valaciclovir or aciclovir, but basically, it reduces transmission by about half. In terms of talking with your partner about it, I think it would be really helpful, to have a discussion, just about sexual health and STDs in general, and you can talk about this topic and let them know you're on suppressive therapy, and let them know that the chance of transmission, if you're on therapy, is about 2%.

0:25:12.0 Jennifer: Which STIs are transmitted through skin-to-skin contact and which ones are passed through penetrative sex?

0:25:17.5 Dr. Plotzker: For skin-to-skin, there is HPV, whether or not you have warts or any symptoms. There is herpes, also can be transmitted whether or not you have an outbreak, although if it's not an outbreak, it's less likely to be transmitted. There's molluscum contagiosum, which is a little pox virus. And then there's also pubic lice. So those can all be transmitted just from skin-to-skin contact. In addition to that, syphilis can also be transmitted skin-to-skin, if there is a lesion, which can be an ulcer, or it could be a rash, or there's... Sometimes they'll be warty-looking things on the skin, that are called condylomatous. So that can also lead to transmission of syphilis.

0:26:11.3 Dr. Plotzker: That said, you can have syphilis inside of the vagina or inside the rectum, and so you can also transmit syphilis that way, and the person might be unaware that there's something inside the rectum or inside the vagina. So that can also be transmitted via penetrative sex, when not using a condom. Chlamydia and gonorrhea really like to live in the lining of the vagina and the cervix, and in the lining of the urethra, which is where you urinate, and the lining of the rectum. And so, those are more likely to be transmitted through penetrative sex, without a condom, and using a condom is effective in preventing that transmission. And then that's also true for trichomonas, and another one that's called M-genitalium. And then finally, there's HIV. So HIV is transmitted through semen and vaginal fluid, as well as blood and breast milk.

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0:27:17.5 Jennifer: A special thank you again, to our guest, Dr. Roslyn Plotzker, with the California Prevention Training Center at UC San Francisco. Asking For A Friend and Speaking Frankly, are both productions of the California Prevention Training Center in San Francisco, California. They're produced by me, Jennifer Rogers, and Laura Marie Lazar, and are edited by Podcast Prowess.