

usage of antiretroviral medications. As social aspects, we have identified the presence of prejudice and discrimination. The acceptance of the treatment by antiretroviral medications considerably improves QOL. The identification of the factors that interfere on QOL will be able to contribute to the more humanised service provided to people who live with HIV/Aids, leading the care beyond the clinical aspects, instrumentalizing those people towards a living with more life quality.

P4.014 WITHDRAWN BY AUTHOR

P4.015 SOCIO-DEMOGRAPHIC FACTORS OF NON-FATAL OVERDOSE AMONG INJECTION DRUG USERS IN UKRAINE

doi:10.1136/sextrans-2013-051184.0913

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Background Opiate overdoses constitute one of the leading causes of avoidable deaths among people aged 20–40 years old in EU countries. This study aimed to estimate factors associated with ever in life having overdose among injection drug users in Ukraine.

Methods Secondary data analysis was performed with the 2007 dataset of peer-driven intervention among IDUs, who were not involved in harm reduction programmes earlier; recruiting was performed with respondent driven sampling methodology. Subsample of 6902 opiate users was considered. To reveal relationships between OD ever in life, and characteristics of IDUs, binary logistic regression analysis was performed. The study was approved by Ethical Review Board of Ukrainian Sociological Association and Institute of epidemiology and infectious diseases named after L. V. Gromashevskiy.

Results Men-IDUs more likely (35%) suffered overdose (OR = 1.4(1.2–1.7)) than women (23%). Ever use of heroine (OR = 1.7(1.3–2.09)), home-prepared stimulants (OR = 1.4(1.2–1.8)), tramal/tramadol (OR = 1.2(1.0–1.5)), tranquilizers (OR = 1.45(1.1–1.7)), and alcohol (OR = 1.6 (1.3–2.0)) were associated with OD. Those with less than secondary education had higher risk of overdose (OR = 1.3(1.0–1.6)) than all other more educated IDUs. Those divorced, separated, and widowed had higher risk of overdose (OR = 1.4(1.1–1.9)). The probability of having experienced overdose steadily increased with the duration of drug use and reached maximum at the level on 51% among those who have been using drugs for about 20–22 years. In IDUs with longer duration, the probability of overdose was lower.

Conclusions Poly-drug users are at increased risk of having opiate overdose. Those who have not acquired secondary education are at increased risk of overdose as well. Increased risk of overdose in men is partly explained by their more likely use of opiate drugs.

P4.016 PROMOTION OF SUSTAINABLE LIVELIHOOD PROGRAMMING (SLP) IS A PROVEN APPROACH TO POVERTY AND HUNGER ALLEVIATION AMONG PEOPLE LIVING WITH HIV/AIDS (PLHIV) IN RURAL UGANDA: TASO JINJA EXPERIENCE

doi:10.1136/sextrans-2013-051184.0914

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Background HIV/AIDS continues to deplete family resources leading to absolute poverty among PLHIV as the majority of our clientele in the rural Uganda earn less than US\$1 per day. This is as a result of disease burden on bread winners; high treatment costs; unemployment; malnutrition; disability e.tc. Consequently, the above result into loss of property, child headed families, orphans, all of which make families experience extreme poverty.

Program description Since 2002, the health of TASO clients has significantly improved due to ART programme (**TASO Silver Jubilee booklet 2012**), hence prompting a paradigm shift to focus on alleviating poverty and hunger due to the direct impact they have on drug adherence and positive living in general. In mitigating the effects of social economic challenges faced by PLHIV, in 2006 TASO Uganda rolled out Sustainable Livelihood Programming through training in food security, income generation, Energy Saving Technology, promotion of good hygiene and capacity building in business skills and management. Projects such as goat rearing, bee keeping, horticulture, food production and processing have successfully reduced poverty and hunger levels among PLHIV, hence improved standards of living.

Lessons learnt

- i. Sustainable Livelihood Programming ensures food security and income generation.
 - ii. SLPs use small land for high productivity
 - iii. SLPs can be practised alongside other income generating activities
 - iv. The market for the produce is readily available
 - v. There is reduced malnutrition levels
- Challenges

- The majority of our clients are tenants.
- Inadequate funding.
- Modern agricultural technology is expensive to apply.

Conclusion SLP helps to alleviate poverty, hunger and promote positive living among PLHIV, hence meet MDG 1&6.

P4.017 BACTERIAL STD RATES AND PREFERRED METHODS OF STD SERVICE DELIVERY AMONG A SAMPLE OF UNDERSERVED MIDWESTERN MEN

doi:10.1136/sextrans-2013-051184.0915

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Background Asymptomatic sexually transmitted infections remain a significant public health concern as treatment is frequently not sought by individuals who are not experiencing symptoms. Few studies have utilised social networks as a means for recruiting participants to explore novel approaches to STD testing, service delivery, and prevention information.

Methods As part of a larger study, a diverse sample of 25 men (10 Black, 10 White, 5 Latino), between the ages of 18 and 54 (M = 30.1, SD = 12.7) who primarily identified as heterosexual (n = 23), were recruited within a large underserved urban area in the Midwestern United States. Semi-structured interviews were completed to elicit items and themes around preferred methods of STD services delivery and STD information. To identify rates of common bacterial infections among our sample, participants were screened for gonorrhoea, chlamydia, and trichomonas.

Results Of our sample, 16% (n = 4) tested positive for a bacterial STI, with 8% (n = 2) testing positive for chlamydia and 8% (n = 2) testing positive for trichomonas. A number of themes emerged from the data in regards to preferred STD delivery services and STD information gathering, including: (1) perceived stigma from their social networks, (2) potential financial costs incurred, and (3) perceived barriers to accessing STD screening venues. Seeking out STD screening was mitigated by two factors: (1) a lack of perceived sexual risk and (2) lack of potential STD symptoms. Participants acquired and preferred to access sexual health information via internet resources and their own social networks.

Conclusions Results highlight a variety of psychosocial variables that influence STD screening uptake and preferred methods of screening. Our findings provide further evidence for the need to tailor the development of STD screening and treatment options that are acceptable to asymptomatic men in traditionally underserved areas.

P4.018 "JUST ONE THING ON THE PLATE"—VIEWS OF COMMUNITY MEMBERS AND PROVIDERS ON SEXUAL HEALTH SERVICES IN THE FORT MCPHERSON AREA OF SOUTHWEST ATLANTA: FINDINGS FROM A RAPID ETHNOGRAPHIC ASSESSMENT

doi:10.1136/sextrans-2013-051184.0916

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Background The neighbourhoods surrounding Fort McPherson in southwest Atlanta, GA are in transition due to closure of the Fort in 2011 and pending redevelopment. Health services in the area are in transition due to budget cuts and changes to the US health system. Neighborhoods surrounding the Fort have some of the highest STD rates in the US. The objective of this assessment was to obtain community member and provider views on available services for sexual health, and potential changes to services as a result of redevelopment and health system changes.

Methods We carried out 35 in-depth interviews with representatives from 23 health and social service agencies and 12 community residents in July 2012. A checklist of available sexual and reproductive health services was administered to 18 agencies. Qualitative and checklist data were analysed using QSR's NVivo 8 and MS Excel.

Results Providers and community members perceived that affordable, accessible options for sexual health care in the neighbourhoods adjacent to the Fort had severely declined in recent years, due to economic pressures and neighbourhood deterioration. Providers stressed the need for more holistic models of health care that address a range of client health and psychosocial needs, in addition to sexual health. While sexual health services are available within 5 miles of the Fort, there are significant social and structural barriers that may prevent community members from using them, including lack of awareness of existing services, cost, transportation barriers, stigma, and geographic and social isolation.

Conclusions Reaching vulnerable populations with sexual health services will continue to be challenging even as the US health system evolves. Nesting sexual health services within a broader array of health and social services, and developing stronger linkages and referral networks between STD programmes and other agencies may improve reach to those who most need these services.

P4.019 SOCIAL DETERMINANTS THAT IMPROVE ACCESS TO PREVENTION AND TREATMENT OF HIV AND STI IN MACEDONIA

doi:10.1136/sextrans-2013-051184.0917

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Background There is no clear and in-depth statistics about STI among the Macedonian population. There is no comprehensive Clinic for STI in the country. Our objectives are to identify social factors associated to lower STI screening, and to examine availability of data related to HIV and STI in Macedonia.

Methods A descriptive analysis of information and a quantitative study have been undertaken, using official reports, national researches and documents in the period 2002–2012.

Results Epidemiological reports show significant data for HIV/AIDS.

During the period of 11 years, the average HIV/AIDS morbidity have been 0.3 per 100,000, with availability to different characteristics of HIV/AIDS situation in Macedonia. These data are currently available only from two referent institutions in Macedonia (Clinic for Infectious Diseases and Institute for Public Health). On the other hand, there are numerous shallow and insufficient information on other STI. The average morbidity with other STI: Syphilis –0.1, Gonorrhoea –0.2, Chlamydia –3.0, Hepatitis C –3.9, and Hepatitis C 8.7. Available data on basic STI characteristics does not exist. All the information have been received from the District Public Health Centers, by collecting data from different health providers in the country.

Patients have fear and prejudice to discuss openly their sexuality, sexual attitudes and STI, which implies that patients' refuse to go to the doctor, they take antibiotics on their own hand, or delay visiting doctors until their health situation becomes heavily deteriorated. Consequently, this leads to imprecise diagnostics and keeping them distant from the relevant institutions.

Conclusion HIV/AIDS morbidity is greater than the one with other STI diseases (like syphilis and gonorrhoea). Establishment of unique services that treat all STI would render clear and precise information on the factual epidemiological picture of all STI in Macedonia and would promote confidence depiction and stigma overcome with patients.

P4.020 ANALYSES OF SOCIAL NETWORK CHARACTERISTICS OF DRUG ADDICTS IN METHADONE MAINTENANCE TREATMENT (MMT) CLINIC IN YUNNAN, CHINA

doi:10.1136/sextrans-2013-051184.0918

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Purpose The aim is to examine the effects of social networks characteristics of drug addicts in MMT clinics, to promote HIV/AIDS spread control.

Method In the first stage targeted sampling method will be used, 144 patients will be sampled in outpatient in MMT clinics. In the second stage 20 people drawn from the 144 patients will be randomly sampled and the social network nomination method employed with investigating individual network nomination.

Results The proportion of female drug addicts has increased over the past 10 years. The average length of drug injection history is 12.68 years. Surveys show that HIV infections among this group are more frequently increasing in Yunnan than in other provinces of China. The proportion of single people differs from that of the married people ($X^2 = 9.242$, $P < 0.017$). The syringe reuse, syringe cleaning and needle sharing are statistically significant to the infection with HIV ($P < 0.01$). The "key persons" characteristic of the social network, have a certain influence over the network members. The centre network analysis of 22 individuals indicated that the maximum network size of individual drug use group members was 6 persons, and the minimum network size was 3 persons.

Conclusion For the prevention of risky behaviours in the high-risk groups, the past experience from other countries should be taken into account. Cutting off the transmission ways is regarded as leading method, but should be combined with comprehensive prevention measures. It is necessary to build good social atmosphere for the control of the spread of HIV/AIDS, to improve the social communication network for the receivers of methadone maintenance treatment, and to extend the network of formal social support groups in order to improve availability of health services information for receivers of methadone MMT, to promote the recovery of social functioning, and to increase social participation of MMT receivers.