

**P142 RECREATIONAL DRUG USE IN HETEROSEXUAL MEN IN A SEXUAL HEALTH CLINIC IN EAST LONDON: THE FORGOTTEN MAJORITY?**

<sup>1</sup>Ranjit Samra\*, <sup>1</sup>Palwasha Khan, <sup>2</sup>Ciara Bansal, <sup>1</sup>Jake Bayley. <sup>1</sup>Barts Health NHS Trust, London, UK; <sup>2</sup>Barts and The London School of Medicine and Dentistry, London, UK

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**Introduction** Recreational drug use is widely reported in the MSM population, however its use in the male heterosexual population is less well-described. We undertook a short survey to determine the prevalence of chemsex use in all men.

**Methods** Self-directed questionnaires were given to all male attendees at a GUM clinic for three weeks in December 2016. Data on demographics, level of education, sexual risk and drug use (including 'chemsex' drugs and other recreational drugs).

**Results** 268 questionnaires were returned. 70% (182/260) were heterosexual and 63% (155/246) were of white ethnicity. 41% of both the heterosexual and MSM groups had ever tried one drug. Prevalence of recent use (less than 1 year) was 27% (40/149) in heterosexuals and 35% (24/68) in MSM. There was much less use of 'chemsex' drugs in heterosexuals versus MSM (20% versus 9%,  $p=0.03$ ). Use of crystal methamphetamine and GHB were much lower in the heterosexual population. The highest prevalence of any previous drug use was found in white men vs non-white men (73/133 (55%) versus 11/65 (17%),  $p < 0.05$ ) a pattern was seen in both heterosexual and MSM groups.

**Discussion** There were surprisingly high levels of recreational drug use in heterosexual men, especially those of white ethnicity. 'Chemsex' drugs still seem to be much more common among MSM, especially crystal methamphetamine and GHB, but the difference in mephedrone use is much less marked. These data highlight the necessity of asking all patients that attend GUM clinics about their drug use, and not only MSM.

**Abstract P142 Table 1** Recreational drug use in Heterosexual and MSM.

	Ever Used	
	MSM n (%)	Heterosexual men n (%)
All	29/70 (41)	59/144 (41)
Cocaine	21/66 (32)	47/139 (34)
MDMA	23/67 (34)	42/134 (31)
GHB	11/65 (17)	3/131 (2)
Ketamine	9/63 (14)	15/130 (12)
Mephedrone	9/65 (14)	11/131 (8)
Crystal methamphetamine	5/64 (8)	2/130 (2)
Legal	1/61 (2)	9/128 (7)
Steroids	0	3/130 (2)
Other	4/62 (6)	12/124 (10)

**P143 ESTABLISHING A REGIONAL MANAGEMENT PATHWAY FOR PERI-ANAL AND ANAL CANCERS AND PRE-CANCERS IN A MODERATE PREVALENCE HIV SETTING**

Daisy Ogbonmwan\*, Jane Hussey. Sunderland Royal Hospital, Sunderland, UK

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**Introduction** There is a rising incidence of anal cancer and pre-cancer among people living with HIV (PLWH), largely thought to be driven by sexual transmission of the Human Papilloma virus. However, a wide difference in screening methods exists. BHIVA guidelines state centres should incorporate a pathway of managing suspected peri-anal and anal cancers and pre-cancers.

**Methods** Our aim was to collate data on current screening and referral methods for peri-anal and anal lesions within our region to guide establishing a regional management pathway.

An online survey was sent to specialists involved in managing PLWH. This included trainees and Consultants in Infectious Disease and Genito-urinary medicine. They were asked the methods used, if any, in routine clinics for identifying PLWH with anal and peri-anal cancers and pre-cancers, and whether there was a local established management pathway.

**Results** 33% of respondents stated that they regularly screened PLWH for peri-anal and anal lesions; the majority by enquiring about symptoms or carrying out proctoscopy examination, largely in men who have sex with men and PLWH with known anogenital warts. Only one Infectious Diseases specialist felt comfortable in using a proctoscope, and 67% of clinicians did not feel that they could be involved in the annual surveillance of peri-anal and anal intra-epithelial neoplasia.

**Discussion** The results have supported the need for the implementation of a peri-anal and anal cancer and pre-cancer management pathway within our HIV regional network, alongside further education and streamlining of screening within the region.

**P144 OPTIMISING CHLAMYDIA SCREENING – A CITY AND COUNTYWIDE APPROACH IN NOTTINGHAMSHIRE**

<sup>1</sup>Sally Handley\*, <sup>2</sup>Deborah Shaw, <sup>3</sup>Carl Neal, <sup>1</sup>Carol Ford, <sup>1</sup>Nick Romilly, <sup>1</sup>Jonathan Gribbin, <sup>4</sup>John Saunders, <sup>5</sup>Ruth Taylor, <sup>6</sup>Elizabeth Carlin. <sup>1</sup>Nottinghamshire County Council, Nottinghamshire, UK; <sup>2</sup>Public Health England, East Midlands, UK; <sup>3</sup>Nottingham City Council, Nottingham, UK; <sup>4</sup>Public Health England, London, UK; <sup>5</sup>Nottingham University Hospitals NHS Trust, Nottingham, UK; <sup>6</sup>Sherwood Forest Hospitals NHS Foundation Trust, Nottinghamshire, UK

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**Introduction** The Public Health Outcomes Framework detection rate indicator (DRI) sets a target of  $\geq 2,300$  chlamydia diagnoses per 100,000 15 to 24 year-olds. The 2014 DRI in Nottingham City and Nottinghamshire County was 2,807 and 1,900, respectively.

We used the National Chlamydia Screening Programme's Chlamydia Care Pathway (CCP) approach to review 2014 data and identify opportunities to improve the quality of screening and increase the DRI.

**Methods** Routine surveillance data from GUMCAD and CTAD was used to populate the CCP for the region. Findings were discussed at the local strategic sexual health group and actions agreed.

**Results** Issues identified were around unknown test offer-rate, low coverage in some districts and low retesting rates following treatment. In response: existing GUMCAD codes were used to infer the offer of a test; health promotion activities focused on raising awareness of testing among key populations, primary care and providers of other young person services; re-testing pathways were audited and a text reminder system for re-screening at 3months was implemented in one of the units.