

There are no routine outcome measures to judge the effectiveness of this NICE guidance. The process measures above have demonstrated variable implementation in GUM services in England. With present resources, as one example providing 15–20 min of one-to-one structured discussions based on behavioural change theories is not deliverable. Service commissioners should ensure that services are implementing guidance and using recognised standards for the management of sexually transmitted infections. Prevention of sexually transmitted infections should be targeted, informed by the sexual health profile of local populations with resources identified by commissioners for prevention activities as integral to service delivery.

P5-S6.39 **INTEGRATING MEDICATION ASSISTED THERAPY WITH BUPRENORPHINE AND OTHER HARM REDUCTION INTERVENTIONS INTO AN URBAN PUBLIC HEALTH DEPARTMENT STD CLINIC IN THE SOUTHWESTERN USA**

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Background Public Health Department STD clinics often serve high risk populations that have limited access to treatment of opiate addiction using evidence-based medication assisted therapies (buprenorphine and methadone) and to other clinical preventive services. In Albuquerque, New Mexico, in the southwestern US, an urban STD clinic has developed an integrated buprenorphine induction program for injecting heroin users that prioritises those recently released from a county jail. Patients are also recruited directly from the STD clinic and from a co-located syringe exchange program.

Methods Patients enrolled in the buprenorphine induction program who met specific screening criteria were tested for chlamydia, gonorrhoea, HIV, hepatitis C and syphilis. Patients who completed 2 months of buprenorphine were referred to primary care providers for continuation of treatment.

Results In the first 2 years, a total of 291 patients received buprenorphine. 85 clients (29.2%) were referred to the program from public health programs including STD clinic, family planning and harm reduction. 67 (23.0%) were recently released from jail. Of the first 191 patients, 55 (28%) completed 2 months of buprenorphine treatment. 1 of 160 clients screened for syphilis were positive. 68 of 131 (51.9%) screened for hepatitis C were positive. 10 of 89 (11.2%) screened for gonorrhoea and chlamydia were positive for one or both infections. 194 were tested for HIV; none were positive.

Conclusion An integrated STD clinic and opiate addiction treatment program can provide comprehensive services to a high risk population.

Health services and policy poster session 7: screening

P5-S7.01 **EXPLORING THE ACCEPTABILITY OF MEDICAL, EDUCATIONAL AND SPORT SETTINGS FOR STI SCREENING: STRATIFIED RANDOM PROBABILITY SURVEY OF YOUNG MEN IN THE UK**

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Background UK prevalence of STIs in young people is rising. Although a similar number of infections are diagnosed in men and

women, men account for only 20% of National Chlamydia Screening Program tests. New strategies are required to increase uptake of STI screening in young men.

Methods Stratified random probability survey of men (18–35 years) using computer-assisted personal- and self-interviews, including use of healthcare; sporting activity; acceptability of accessing urine/oral fluid self-taken tests for STIs and HIV in a variety of healthcare and non-healthcare settings.

Results Data were collected from 411 (632 weighted) men median age 28 y; 39% aged <25 y. 29% and 20% of men had previously tested for STIs and HIV, respectively. Two-thirds of men <25 y had tested in the last year vs one-fifth of men >25 y ($p < 0.0001$). 75% of men had seen their Family Physician within the last year. 91% of men would be willing to self-test for STI/ HIV. Primary Care settings (80%), sexual health clinics (67%) and pharmacies (65%) were the most acceptable test kit pick-up points. Further education settings were more popular than school settings as pick-up points (42% vs 28%) and the workplace was acceptable to 22% of men. Of the 391 (69%) men who reported playing sport in the last 4 weeks 18% found a sports club/centre acceptable. Among the 37% men who reported playing the most popular sport (soccer), 47% and 43% said they would be willing to pick-up STI and HIV test kits, respectively, from their club. This did not vary by whether they had previously tested for STI/ HIV.

Conclusions Almost one-third of men under 25 have already tested for STI/ HIV. Most men have seen their Family Physician in the last year, which challenges the assumption that young men infrequently attend primary care. Primary care is a highly acceptable setting for STI/ HIV screening. Non-traditional settings such as soccer clubs are acceptable to some men but further research is needed to better understand the barriers and opportunities with this approach to testing.

P5-S7.02 **TRENDS IN SCREENING FEMALES FOR CHLAMYDIA IN JUVENILE DETENTION CENTERS US 2005–2009**

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Background CDC began development of Performance Measures in 1999 and 58 Project Areas have continuously reported on the measures twice yearly since 2005. Two Performance Measures from Juvenile Detention Centers (screening in 2004 and positivity in 2009) were developed to capture the burden of chlamydia infection in this underserved population of adolescent females.

Objectives To assess changes in performance of screening of females in juvenile detention centers (JDC's) from the US as reported through Performance Measures and to obtain a measure of the positivity detected.

Methods 50 US States, six US cities, Washington, DC and Puerto Rico are asked to report the percentage of females screened for chlamydia twice yearly from all juvenile detention centers that admit 500 or more adolescent females annually. Project Areas with no facilities that admit 500 or more are to report on one or more facilities of their choice. A chlamydia positivity measure was added in 2009. We collapsed the 2 half-yearly reports for each Project Area into yearly summaries from 2005 to 2009.

Results The percentage of Project Areas that were able to report any chlamydia screening from their JDC's increased from 60% in 2005 to 84% in 2009. The mean percentage of Project Areas reporting any screening over the 5 years was 80%. Many Project Areas reported from multiple JDC's during 2005–2009 with California reporting from 12 facilities and Ohio reporting from 11 facilities. The reported percentage of juvenile females screened by year were 54, 63, 59, 60 and 51% from 2005 to 2009. The percentage screened ranged from