

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P4.014 WITHDRAWN BY AUTHOR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

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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

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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

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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.