

Abstract P219 Table 1 Risk data for patients attending the MSM clinic and routine GU clinic

Patient group	Number of partners in the past 3 months	12 or more partners in the past 3 months	Group sex	Sex parties	Chem-sex	Casual partner sourcing online	Sexual activity in London
MSM clinic (n = 13)	Mean = 6.4 Mode = 4	15.4%	38.5%	23.1%	30.8%	100%	53.8%
GU clinic (n = 27)	Mean = 4.5 Mode = 2	7.4%	37%	11.1%	14.8%	70.4%	22.2%
p value		p = 0.392	p = 0.599	p = 0.293	p = 0.211	p = 0.029	p = 0.021
Reason for attending MSM clinic	Less stigma	STI screen	Tailored service	Advice and support	Rapid HIV test		
Total number of responses	3	4	5	6	6		

standard deviation 11.48). Patients from both groups were involved in all behaviours, however MSM clinic patients were more likely to engage in risky sexual activity in London ( $p = 0.021$ ) and source casual partners online ( $p = 0.029$ ) compared to the GU clinic population.

**Discussion/conclusion** The MSM clinic attracted a population with riskier sexual behaviours. Patients cited non-judgemental acceptance and understanding of MSM sexual practices as pivotal for attending. Perceived reduction in stigma, rapid HIV testing and tailored advice has encouraged service engagement; this provides a valuable opportunity to screen and vaccinate patients at high risk of sexually transmitted infections.

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EXPANDING SEXUAL HEALTH OUTREACH PROVISION FOR SEX WORKERS IN THE COMMUNITY

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**Background/introduction** Isolation of six consecutive cases of gonorrhoea amongst sex workers (SW) in 2012 led to a multi-agency review of sexual health provision for this hard to reach group. It identified reluctance to access traditional integrated sexual health services in the area, so a more extensive community based outreach approach was implemented.

**Aim(s)/objectives** To observe the uptake of sexual health screening and contraception in the community amongst SW.

**Methods** Case note review of all SW seen in the community by the sexual health outreach nurse from July 2013 to January 2015.

**Results** 99 SWs were seen during the study period. Median age 26(range 17 to 50), 95 were female with the majority identifying as white UK (65). 73 worked exclusively in sex parlours. 12 STIs were diagnosed amongst 98 SW screened. Of the 22 current IVDUs 11 tested positive to Hepatitis C whilst 3 were already known to have the infection. 96 SWs had used one or more forms of contraception prior to consultation including 92 who used condoms. Of female SW 22 commenced or continued injectable contraception and cervical cytology was performed on 18. Uptake of Hep B vaccination was consistent (73) with 24 already vaccinated or known to be Hep B immune.

**Discussion/conclusion** Partnership working enhanced referral pathways, making access to sexual health screening easier for this hard to reach group. An increased uptake of STI screening, contraception and detecting untreated infections demonstrates that a flexible and opportunistic approach is beneficial for this client group.

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DRUG AND ALCOHOL MISUSE IS ASSOCIATED WITH STIs IN MEN WHO HAVE SEX WITH MEN (MSM)

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**Background/introduction** Alcohol and recreational drug misuse is an increasing problem in sexual health clinics, particularly MSM where it is often associated with unsafe sexual practices and increasing prevalence of sexually transmitted infections (STIs).

**Aims/objectives** To determine the proportion of MSM testing positive for STIs reporting substance misuse in a dedicated sexual health clinic, compared to the proportion attending THT services reporting high risk sexual activity requiring support for substance misuse.

**Methods** Case notes of patients attending a MSM clinic testing positive for STIs over a 6 month period were reviewed. Data was collected on type of STI, recreational drug and alcohol use. Over the same period, data on high-risk sexual activity and referral to specialist drug and alcohol services was collected for MSM attending THT services.

**Results** 285 MSM attended the sexual health clinic, whereby 97 (34%) tested positive for 1 or more STI. 88 cases of gonorrhoea were seen, 49 cases of chlamydia, 20 cases of syphilis and 7 new HIV infections. Of those testing positive for STIs, 45 (46%) reported alcohol and/or recreational drug misuse. Of the 162 MSM attending THT services, 90 (56%) reported high risk sexual behaviour with concurrent substance misuse. 27 (30%) were referred to specialist substance misuse services.

**Discussion/conclusions** High rates of substance misuse associated with high risk sexual activity were seen in the MSM clinic and at THT. This reinforces the importance of screening and brief intervention/referral for substance misuse as a risk reduction strategy for STIs and HIV.

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MULTIDISCIPLINARY AND MULTIAGENCY WORKING IN A METROPOLITAN YOUNG PEOPLE'S SEXUAL HEALTH CLINIC

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**Background/introduction** A weekly multidisciplinary team meeting (MDTM) was introduced to discuss clinically or