P060 PERFORMANCE OF 3-IN-1 POOLED SAMPLES FROM ANAL, RECTAL, AND THROAT OF GENEXPERT® CT/NG IN BALI, INDONESIA

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10.1136/sextrans-2019-sti.264

Background Nucleic Acid Amplification Testing (NAT) assay is the new tool that may diagnose gonorrhoea and or chlamydia more sensitive and specific. The test, however, is not widely used in Indonesia, time consuming and expensive. Pooling of samples may significantly reduce the cost while maintaining the effectiveness of the test with high specificity and sensitivity rate for the detection of CT/NG infections. This study aimed to examine the effectiveness of 3-in-1 pooled samples from anal, rectal and throat of GenXpert CT/NG among MSM in Bali, Indonesia

Methods A quantitative study was conducted between July 2017 and July 2018 in an MSM clinic in Bali. Xpert CT/NG samples were collected from throat, anal swab and first pass urine which then pooled into one cartridge. The pooled samples results were compared with each site results by CT/NG GeneXpert® assay.

Results A total of 502 swabs were collected from 251 participants, comprises 251 pharyngeal and rectal swabs respectively, along with 251 First Pass Urine. Sensitivities and specificities of the GeneXpert® CT/NG assay was calculated using the pooled 3-in-1 sites compare to each site result as standard. 4/251 (1.5%) of rectal swab samples invalid and/or error by CT/NG GeneXpert® assay that most likely due to contamination with stools. The study shown the performance of 3-in-1 pooled samples (from anal, rectal and throat) of GeneXpert® CT/NG was highly effective due to the high rate of sensitivity and specificity, particularly from anal site as shown in *table 1*.

Conclusion This is the first study ever conducted to report data on the performance of pooled samples of GeneXpert® CT/NG among MSM in Indonesia. Consistent with similar study in other countries using other NAT platform, this study found the high rate of sensitivity and specificity for CT/NG detection. To be concluded, pooled samples among MSM can be considered in the resource-constraint setting.

Disclosure No significant relationships.

P066 A MOBILE CLINIC MODEL TO CARE FOR WOMEN ENGAGING IN EXCHANGE SEX WHO ARE OPIATE DEPENDENT AND LIVING UNHOUSED IN SEATTLE

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10.1136/sextrans-2019-sti.265

Background In 2018, new HIV diagnoses among heterosexual persons who inject drugs (PWID) in King County, WA increased over 300%, from 7 to 30 cases. A cluster of 15 related cases were identified among persons living unhoused in a 3-mile radius in north Seattle, including 10 women who used drugs and exchanged sex. Here we describe a mobile outreach clinic designed to serve women in this community.

Methods The SHE (Safe. Healthy. Empowered.) Clinic mobile unit began in July 2018. SHE provides weekly walk-in medical care and harm reduction services, including low-barrier buprenorphine-naloxone, contraceptives, sexually transmitted infection (STI) testing and treatment, and HIV pre-exposure prophylaxis (PrEP). The mobile clinic parks in front of a support center for women living with various combinations of homelessness, opioid addiction, and exchange sex. A retrospective chart review of the initial clinic visits of the first 50 women describes this high-risk population.

Results None of the SHE Clinic patients had been screened for STI in the 3 months prior to clinic enrollment. Combined STI prevalence was high (44.5%); 48% of tested women had *Trichomonas vaginalis* (11/23), 18% had *Chlamydia trachomatis* (5/28) and 18% *Neisseria gonorrhoeae* (5/27). Only 29% of women reported condom use with all sex. No women reported planning for pregnancy; however, only 31% were using contraceptives and 10% (4/39) had new diagnosis of pregnancy. Forty-two patients tested for HIV, and 17 (44.7%) HIV-negative women initiated PrEP at their initial visit. Four women (8.5%) were HIV-positive, all were referred for treatment and are receiving some HIV care in the SHE clinic.

Conclusion A mobile clinic affiliated with a well-established community-based organization has successfully provided limited primary medical care – including HIV testing, treatment and PrEP - to a homeless population of women who inject drugs and exchange sex in the epicenter of an HIV outbreak.

Disclosure No significant relationships.

P067 DRUG USE DURING SEX AMONG DUTCH SWINGERS AND ASSOCIATED SEXUAL RISK BEHAVIOR: A HIDDEN PHENOMENON?

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10.1136/sextrans-2019-sti.266

Background Combining drugs and sex has been associated with an increased risk for sexually transmitted infections. Recently, there has been considerable interest in drug use during sex among men who have sex with men ('chemsex') in STI clinical practice, but data in swingers are lacking. Our study assessed the types of drugs used, and associated sexual risk behaviour, in swingers who are either bisexual male, heterosexual male or female.

Methods In 2018, 1005 participants completed an online questionnaire that was advertised at Dutch swinger-websites. Inclusion criteria were: swinging (heterosexual couples having sex with others or singles having sex with other heterosexual couples) and being aged ≥18 years. Drug use during sex was assessed and compared between heterosexual male, bisexual

male, and female swingers using χ^2-tests. Multivariable logistic regression analysis was used to evaluate possible factors (socio-demographics, alcohol, and condomless sex with swing partners) associated with drug use.

Results Drug use while swinging was reported by 44% (443/1005); 51% in women, 44% in bisexual men, and 39% in heterosexual men (p=0.007). Among drug-using swingers, XTC (92%;409/443), GHB (76%;338/443), and laughing gas (69%;304/443) were mostly used; 69% (305/443) used ≥4 different drugs (polydrug use). Condomless vaginal sex was reported by 46% in drug-using swingers (vs. 35% in non-drug-using swingers;p<0.001) and condomless anal sex by 30% in drug-using swingers (vs. 21% in non-drug-using swingers;p=0.012). Being a woman (aOR:2.10; 95%CI:1.36–3.09) and condomless vaginal sex (aOR:1.71; 95%CI:1.24–2.35) were independently associated with drug use.

Conclusion This study among a large group of swingers shows that drug use and polydrug use during sex are prevalent among both male and female swingers in the Netherlands, indicating that 'chemsex' is not only common among MSM. The association between drug use and sexual risk behaviour suggests that it might be useful to tailor STI prevention strategies, developed for MSM engaging in chemsex, for swingers.

Disclosure No significant relationships.

P068 STD SCREENING AND DIAGNOSIS AMONG 15–24 YEAR OLD DIAGNOSED WITH PRESCRIPTION OPIOID RELATED DISORDER

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10.1136/sextrans-2019-sti.267

Background Many injection drug users have elevated STD/HIV risks, such as sexual-trade for drugs, risky condom-less sex, or multiple sex partners. STD diagnosis and screening among opioid users has not been examined.

Methods Using 2016 MarketScan commercial claims data, men and women aged 15–24 with opioid prescriptions were identified. We have assessed STD diagnosis and screenings, including chlamydia, gonorrhea, syphilis, and HIV, as well as heroin use using ICD-10 and CPT codes. Women were identified as sexually-active using HEDIS criteria whereas no other criteria used for men.

Results We identified 10% (0.4 million) patients aged 15–24 who had opioid use in 2016. Among sexually-active women aged 15–24 years, screening and diagnosis was 48.1% and 2.3% for chlamydia, 56.0% and 4.1% for gonorrhea, 16.6% and 3.8% for syphilis, and 16.0% and 0.3% for HIV among 154,960 women who had opioid use and 51.6% and 2.0% for chlamydia, 55.5% and 4.1% for gonorrhea, 15.1% and 3.8% for syphilis, and 14.7% and 0.4% for HIV among 812,005 women who had no opioid use. Among 332 male and 159 female opioid plus heroin users, screening was 21.2% and 56.6% for chlamydia, 25.9% and 62.3% for gonorrhea, 36.5% and 44.7% for syphilis, and 35.8%, 47.8% for HIV, respectively.

Conclusion STD screening among patients with opioids was not significantly different from the enrollees without opioids. STD diagnosis and screening among heroin users are much higher than patients who had not used heroin.

Disclosure No significant relationships.

P069 DO CANNABIS USE AND SOCIAL SUPPORT MEDIATE THE RELATIONSHIP BETWEEN INTERSECTIONAL STIGMA AND BODILY PAIN AND FUNCTIONING?

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10.1136/sextrans-2019-sti.268

Background Stigma produces stress for women living with HIV (WLHIV) and is associated with poorer physical quality of life. Cannabis use may help to manage HIV-related symptoms, including stress and pain. Limited research has explored intersectional stigma and associations with bodily pain and physical functioning, or cannabis use as a stigma coping strategy. We examined coping strategies (medical cannabis use, social support) as mediators of the association between intersectional stigma (HIV-related, gender discrimination, racial discrimination) and bodily pain and physical functioning among WLHIV.

Methods We conducted a community-based study in 3 Canadian provinces (Ontario, British Columbia, Quebec) with WLHIV. Structural equation modeling (SEM) using maximum likelihood estimation methods was conducted to test the direct effects of intersectional stigma (HIV-related, gender discrimination, racial discrimination) on physical functioning and bodily pain, and indirect effects via social support and medical cannabis use, adjusting for socio-demographics.

Results Among 1422 participants (median age: 42.5 years, IQR=35–50), one-quarter (n=362; 25.89%) currently used cannabis (n=272, 43.04%, for medical use), one-fifth (n=272; 19.46%) formerly used, and 54.65% (n=764) never used cannabis. Confirmatory factor analysis suggests the latent construct of intersectional stigma fit the data well ($\chi 2[0]=0$; RMSEA=0; CFI=1). SEM indicated that intersectional stigma has significant direct and indirect effects on physical functioning (B=-0.074, p<005 for direct effect; B=-0.051, p<0.001: indirect effect) and bodily pain (B=0.157, p<0.001 for direct effect; B=0.058, p<0.001 for indirect effect). Medical cannabis use and social support partially mediated this relationship. Fit indices suggest good model fit (CFI=0.981; TLI=0.956; RMSEA=0.032 (90% CI: 0.015–0.049); SRMR=0.020).

Conclusion Finding suggest that intersectional stigma contributes to poorer physical functioning and pain. Medical cannabis use and social support, associated with improved physical functioning and reduced pain, partially mediated the associations between intersectional stigma and poorer physical health. Findings can inform strategies to reduce stigma and support WLHIV using cannabis as a stigma coping strategy.

Disclosure No significant relationships.