

Results 28 interviews were conducted (15 MSMO, 13 MSMW). Half of MSMW reported predominantly male partners and half predominantly female. MSMO viewed STIs as “an annoying reality of life” and both groups had positive perceptions of STI testing; however, MSMW described more STI stigma and less frequent testing. MSMO and MSMW who were more involved with the queer community had better sexual health knowledge. Many MSMW noted it was easier to have sexual health discussions with male partners; however, many also described the pressure of condom use, “with men, [was] to not use a condom a fair bit of time and probably by women, [was] to use a condom.” There was significant fear in both groups about disclosing sexual practices to general practitioners and some MSMW preferred the anonymity of specialist sexual health clinics. Biphobia and bisexual erasure were frequently discussed by both groups.

Conclusion MSMW described less comprehensive sexual health knowledge and more barriers to accessing sexual health care. Service provision and health promotion messaging must be broadened to capture the reality of increasing sexual fluidity. Destigmatising MSM behaviour and sexual health discussions, particularly in primary care, is crucial to ensuring all people receive appropriate sexual health care.

Disclosure No significant relationships.

P519 IS CHEMSEX AMONG MEN WHO HAVE SEX WITH MEN PERCEIVED AS PROBLEMATIC? A CROSS-SECTIONAL STUDY IN THE NETHERLANDS

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Background Men who have sex with men (MSM) are increasingly using drugs during sex (‘chemsex’) and this has been associated with several health harms, including an increased risk for sexually transmitted infections (STI) and addiction. Little evidence exists on whether chemsex is perceived as problematic by MSM. This study assessed a wide range of social and behavioral aspects in MSM engaging in chemsex.

Methods In 2018, 785 MSM were recruited at eight Dutch STI clinics, of which 511 (65%) completed the online questionnaire. Chemsex was defined as using cocaine, crystal meth, designer drugs, GHB/GBL, ketamine, speed or XTC/MDMA during sex in the preceding six months. Characteristics of MSM intending to change chemsex behaviour and MSM with a need for professional counselling were described using χ^2 -tests.

Results Chemsex was reported by 41% (209/511). Among MSM engaging in chemsex, intention to change was reported by 19% (40/209); decreasing the frequency of drug use was mostly reported (70% (28/40)). Intention to change was highest among MSM who had no sex without drugs <3 months (44%(12/47) vs 15%, $p<0.001$), reported unwanted sexual experiences (36%(14/39) vs 15%, $p=0.01$), and used ≥ 5

drugs <6 months (31%(16/51) vs 16%, $p=0.03$). The need for professional counselling was reported by 23% (48/209). The majority wanted to be counselled on increasing self-control (52%(25/48)). The need for professional counselling was highest among MSM who had an intention to change (45% (18/40) vs 18%, $p<0.001$), had no sex without drugs <3 months (41%(11/27) vs 20%, $p=0.04$), and engaged in chemsex ≥ 2 times per month (30%(28/93) vs 17%, $p=0.03$).

Conclusion Our study shows that one in five MSM engaging in chemsex reported an intention to change or expressed a need for professional counselling. STI healthcare providers should discuss chemsex frequency, multiple drug use, sober sex and unwanted sexual experiences, and if necessary refer to professional addiction-or mental healthcare.

Disclosure No significant relationships.

P520 HPV INFECTIONS AND FLAT PENILE LESIONS OF THE PENIS IN MEN WHO HAVE SEX WITH MEN

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Background Flat penile lesions (FPL) in heterosexual men are thought to play a role in the transmission of HPV. We investigated the association between FPL and penile HPV, and explored determinants of FPL in men who have sex with men (MSM).

Methods In 2015–2016, MSM were recruited based on HIV and penile HPV status in a previous study. MSM self-completed a questionnaire. Peniscopy was performed after application of acetic acid to visualize FPL. Penile physician-collected samples were tested for HPV-DNA using the highly sensitive SPF10-PCR DEIA/LiPA25 system. If tested positive for HPV 6, 11, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58 and/or 59, we determined the HPV viral load (VL), using type-specific L1-targeting quantitative (q)PCR. Presence of HPV and HIV, HPV VL and circumcision status were compared between MSM with and without FPL.

Results We included 116 MSM, of whom 59/116 (51%) were HIV-positive and 54/116 (47%) had FPL. A penile HPV infection was present in 31/54 (57%) MSM with FPL and in 34/62 (55%) MSM without FPL ($p=0.8$). Among MSM with FPL, 16/54 (30%) had an hrHPV infection and 23/54 (43%) had a LrHPV infection, which did not significantly differ from MSM without FPL ($p=0.5$ and $p=0.4$, respectively). A detectable HPV VL was found in 10/54 (19%) MSM with FPL and in 10/62 (16%) MSM without FPL ($p=0.6$). Among MSM with FPL, 27/54 (50%) were HIV-positive and 5/54 (9%) were circumcised, and among MSM without FPL, 32/62 (54%) were HIV-positive and 13/62 (21%) were circumcised ($p=0.9$ and $p=0.09$, respectively).

Conclusion Among MSM in Amsterdam, we found no association between FPL and penile HPV, HPV VL, HIV status or circumcision status, which is in contrast with findings among