STI prevention, screening and management, using clinical screening algorithms. 28 868 clients requesting HIV counselling and testing were registered from 2007 to 2009 trough a database.

Objectives To assess rate and risks factors of STI among vulnerable youth attending counselling and testing facilities, including STI management.

Methods Descriptive analysis and logistic regression was performed on the database with SPSS 17. The dependent variable is "having had an STI the last 3 months". The independents variables are—"having multiple partners in the three past months", "consistent use of condom" and socio-demographic characteristics.

Results In all 5.1% of HIV counselled and tested clients approached for STI on-site screening had STI the last 3 month, while STI prevalence among this population is 1.9%. Multiple partners (OR=4.5; p=0.000), no consistent use of condom (0R=1.3; p=0.002) were significantly associate to IST infection. The level of instruction (OR=1.3; p=0.000) and sex (OR=0.6; p=0.000) were the significant socio-demographic characteristic associated with STI.

Conclusions Data findings indicate that having had STI in the last 3 month may be a motivation for youth which are attending HIV counselling and testing facilities in Atacora/Donga in Benin, and "high numbers of partners" is the main risk factor for STI among them. Then, scaling up HIV counselling and testing services may be a right way for STI prevention, screening and management. Finding suggests that such intervention (counselling) focused on reducing number of partner, improved to promotion of condom use, may reduce STI incidence among vulnerable youth that need further investigation.

P1-S2.31 MEAN STREETS VS MAIN STREET - MORE STREET YOUTH REPORT STIS, MULTIPLE SEXUAL PARTNERS AND LOWER CONDOM USE COMPARED TO THEIR PEERS IN THE GENERAL POPULATION

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Background The burden of sexually transmitted infections (STIs) and engagement in high risk behaviours is assumed to be greater in street-involved youth (SIY) than the general population, but the magnitude of this difference has rarely been described.

Methods Preliminary data from four sites (n=734) of E-SYS cycle 6 (Enhanced Surveillance of Street Youth, 2009-present) and the corresponding metropolitan centres of CCHS 2009 (Canadian Community Health Survey) were analysed. E-SYS is a repeated cross-sectional study of SIY (15—24 years), who completed an interviewer-administered questionnaire and provided blood and urine samples for STI, HIV and HCV testing. CCHS is a representative cross-sectional over the phone survey of Canadians, which collects data on health determinants and status. The CCHS sample was restricted to youth aged 15—24 years (weighted n=708 589, unweighted n=780). Estimates of self-reported STIs, sexual behaviours, substance use and demographics are reported with 95% CIs and IQRs.

Results Compared to their peers in the general population, a greater proportion of SIY were male, between 15 and 19 years old, Aboriginal, Canadian-born, without a high school diploma and have higher rates of regular binge drinking, smoking and illicit drug use (Abstract P1-S2.31 table 1). A greater proportion of SIY (23.8% vs 3.5%) reported sexualities other than straight/heterosexual. A higher proportion of SIY had had sexual intercourse (95.5% vs 67.4%) and had been diagnosed with an STI (18.7% vs 3.8%). Sexually active SIY reported a lower proportion of condom use at last intercourse (35.4% vs 52.3%). The median age at first intercourse was 14 years among SIY and 17 years among youth in the general population. The median number of sexual partners for youth in the general population was one (last 12 months) compared to two partners for SIY (last 3 months).

Abstract P1-S2.31 Table 1 Demographics, use of illicit drugs and alcohol, and sexual behaviours among youth aged 15—24 years who took part in Canadian Community Health Survey 2009 (CCHS) and Enhanced Surveillance of Street Youth (E-SYS) cycle 6.

	CCHS 2009 (Percentage, 95% CI	E-SYS Cycle 6 (Percentage, 95% CI)
Demographics		
Males	52.81 (52.69 to 52.93)	63.39 (59.78 to 66.88)
Age 15—19 years	38.67 (38.26 to 38.49)	56.87 (53.27 to 60.47)
Aboriginal	6.22 (6.16 to6.28)	41.55 (37.99 to 45.12)
Born in Canada	75.47 (75.37 to 75.57)	93.44 (91.65 to 95.24)
High School Completion*	93.87 (93.82 to 93.92)	25.81 (21.69 to 29.92)
Drugs and Alcohol		
Binge Drink Regularly†	10.57 (10.50 to 10.65)	34.65 (31.15 to 38.15)
Smoke Daily	11.86 (11.65 to 11.80)	76.13 (73.23 to 79.18)
Illicit Drug use Last 12P1-S2.07 months‡	24.86 (24.77 to 24.95)	94.28 (92.34 to 95.85)
Sexual Behaviours		
Sexuality - "Straight" or "Heterosexual"	96.57 (96.54 to 96.60)	76.16 (73.08 to 79.24)
Ever Had Intercourse	60.84 (60.72 to 60.95	95.5 (94.01 to 97.00)
Age First Intercourse (Median, IQR in Years) §	17 (16 to 18)	14 (13 to 16)
Condom Use Last Intercourse§	52.34 (52.24 to 52.45)	35.42 (40.14 to 47.32)
Number of partners (Median, IQR)§,¶	1 (1 to 2)	2 (1 to 3)
Ever had an STI§	3.83 (3.79 to 3.87)	18.74 (15.91 to 21.57)

Note - Preliminary data analysis only comes four E-SYS sites and corresponding census metropolitan areas from CCHS.
*Among those aged 19 and over.
†Binge drinking more than once a week.
‡Excludes using cannabis once.
§Asked from only those who indicated having had sexual intercourse.
¶Last 3 months for ESYS, Last 12 months for CCHS.

Conclusions Street-involved youth are more vulnerable to the social determinants of health, which partly explains the marked differences between them and their peers in the general Canadian population. Lower levels of education and other structural factors, combined with higher levels of substance use and riskier sexual practices may contribute to the higher burden of STIs among SIY. The magnitude of differences between the two groups highlights the need for continued efforts using a multi-sectoral approach to address the needs of this population though targeted interventions and programs.

P1-S2.32 DO AS I THINK, NOT AS I DO: THE DISCORDANCE BETWEEN PERCEPTION OF RISK FOR STBBIS AND SEXUAL RISK BEHAVIOURS AMONG CANADIAN STREET-INVOLVED YOUTH

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Background Canadian street-involved youth are perceived to be at greater risk for sexually transmitted and bloodborne infections (STBBI) and may be more vulnerable to these infections because of their age, socioeconomic status, life course factors, and engagement in high risk behaviours. However, perception of their own risks and the behaviours that influence this perception are less understood and will be described using the Enhanced Surveillance of Canadian Street Youth (E-SYS) data.

Methods E-SYS is a repeated cross-sectional surveillance study of street-involved youth (15–24 years). Preliminary data from Cycle 6 (2009-present) (n=705) were used to determine how these youth perceive their risk for STBBI and factors that contribute to perception. Participants completed an interviewer-administered questionnaire and provided sera and urine samples for STBBI testing. Chi-square tests and unadjusted ORs were performed to assess these relationships (α=0.05, 2-sided).

Results Among interviewed street-involved youth, 65.8% reported that they felt they were at no or low risk of being infected with an STBBI. Age and gender did not influence perception of risk for STBBI. Factors that were significantly associated with medium or high perception of risk for STBBI included being bisexual (OR 1.6, 95% CI 1.1 to 2.3), having sex while under the influence of drugs or alcohol (OR 2.5, 95% CI 1.5 to 4.1), and not being aware of where to access health services (OR 1.7, 95% CI 1.1 to 2.6). Although engaging in anal sex affected their perception of risk for STBBI (p<0.05), having vaginal sex did not (p=0.75). Those who did not use a contraceptive barrier (eg, condom) when they last had vaginal sex felt they were at greater risk for an STBBI (OR 1.7, 95% CI 1.2 to 2.3), but barrier use during anal sex did not affect their perception of risk (p=0.3).

Conclusions Although many street-involved youth acknowledge that certain behaviours may put them at greater risk for STBBI, they continue to engage in these behaviours. These youth may not be fully knowledgeable about the extent to which certain risks enhance STBBI transmission or options for altering behaviours may be limited. Of concern is our finding that some youth, who perceive themselves as being at medium or high risk for an STBBI, may not know where to access services for STBBI counselling, testing, and treatment. Concerted efforts continue to be needed to engage this population and to translate knowledge into action.

P1-S2.33 CRIMINAL JUSTICE INVOLVEMENT IN ADOLESCENCE AND SEXUALLY TRANSMITTED INFECTION IN ADULTHOOD IN THE USA

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Background Criminal justice involvement (CJI) may influence a former offender's sexually transmitted infection (STI) risk by, for example, disrupting sexual networks thereby increasing sex partnership exchange or increasing links to high-risk networks and thus STI-infected sex partners. If CJI increases STI risk, juvenile CJI may be a particularly important determinant of subsequent STI, because experiences and behaviours during the adolescent period have been shown to influence risk trajectories into adulthood and because adolescent CJI that continues into adulthood would result in greater CJI exposure. No study, to our knowledge, has measured associations between juvenile CJI and adult STI risk.

Methods We used Wave III (2001–2002—young adulthood) of the National Longitudinal Study of Adolescent Health (N=14 322) to estimate cross-sectional associations between reported history of juvenile justice involvement and adult biologically-confirmed infection with chlamydia, gonorrhoea, or trichomoniasis.

Results In analyses adjusting for age, race, gender, socio-economic factors, drug use, delinquency, and depression/suicidality, indicators of 1 juvenile arrest and 2–5 juvenile arrests were not associated with adult STI. Those who had been arrested 6 or more times as a juvenile had 8 times the odds of adult STI as those with no juvenile arrest history (adjusted OR—8.58, 95% CI 2.94 to 25.1). History of juvenile conviction and serving a sentence of juvenile detention or probation also was associated with STI (adjusted OR 2.07, 95% CI 1.16 to 3.70). Persistent offenders, defined by report of both juvenile and adult arrest, had elevated odds of STI compared to those who were never arrested (adjusted OR 1.72, 95% CI 1.06 to 2.80), while those who reported history of arrest either as a juvenile or as an adult but not during both time periods did not have elevated STI risk see Abstract P1-S2.33 Table 1.

Conclusions Adolescents who have very high repeat contact with the criminal justice system, who are convicted as juveniles, who remain offenders into adulthood and priority populations for STI treatment and prevention. Though the potential for residual confounding especially due to unmeasured mood and personality characteristics is a limitation, the strong, independent associations between juvenile CJI indicators and adult STI suggest that for some, the disruptive effect of juvenile CJI may contribute to trajectory to results in adulthood STI.

Abstract P1-S2.33 Table 1 ORs and 95% CIs for the association between Juvenile justice involvement and adult biologically-confirmed sexually transmitted infection (Assessed at Wave III)*, among young adults Aged 18–28 years in the USA†

	Adult biologically-confirmed sexually transmitted infection	
Juvenile criminal justice involvement	**Unadjusted OR (95% CI)**	**Adjusted OR (95% CI)‡**
Number of times arrested as a minor		
0 times	Referent	Referent
1 time	1.23 (0.73 to 2.07)	1.24 (0.73 to 2.11)
2–5 times	1.30 (0.59 to 2.84)	1.17 (0.49 to 2.78)
6+ times	7.58 (3.00 to 19.17)	8.58 (2.94 to 25.1)
Ever convicted or plead guilty in a juvenile court		
No	Referent	Referent
Yes	2.14 (1.26 to 3.63)	2.07 (1.16 to 3.70)
Persistent offending		
Never arrested as a juvenile or an adult	Referent	Referent
Arrested as a juvenile, not as an adult	1.19 (0.64 to 2.22)	1.35 (0.71 to 2.56)
Arrested as an adult, not as a juvenile	1.11 (0.78 to 1.56)	1.22 (0.82 to 1.81)
Arrested both as a juvenile and an adult	1.98 (1.26 to 3.10)	1.72 (1.06 to 2.80)
Timing of first arrest		
Never arrested as a juvenile or an adult	Referent	Referent
Arrested for the first time as a minor	1.58 (1.09 to 2.29)	1.53 (1.02 to 2.29)
Arrested for the first time as an adult	1.10 (0.78 to 1.55)	1.21 (0.81 to 1.79)

*Overall, 6.1% of the analytic sample was confirmed to have a positive test result with-*Chlamydia trachomatis*,*Neisseria gonorrhoeae,* or*Trichomonas vaginalis*.
†Use of survey commands to account for stratification, clustering, and unequal selection probabilities yielded nationally representative estimates of white and black young adults.
‡Adjusted for age; gender; race/ethnicity; age at first sex; high school education status of mother/primary caretaker; high school education status of respondent; poverty level measured at Wave III, defined as difficulty affording housing/utilities in past year; adolescent history of getting drunk or marijuana, cocaine, or injection drug use; high levels of delinquency in adolescence, defined as a score of 7 on a 7seven-point delinquency scale; and indicators of hopelessness in adolescence, including respondent report that he/she would be killed by the age of 21 year and report that he/she would get HIV/AIDS.