sexual healthcare. Incapacitation cannot justify criminalisation in this case.

**Conclusion** Prosecution for non-intentional transmission of HIV through consensual sexual intercourse satisfies few of the justifications for punishment. The case for criminal sanctions should be reconsidered.

## P179 LIFE-TIME AND RECENT RECREATIONAL DRUG USE IS MORE COMMON AMONG MEN WHO HAVE SEX WITH MEN COMPARED TO OTHERS ATTENDING SEXUAL HEALTH CLINICS

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**Background** Data on the frequency of recreational drug use (RDU) are collected at a population level through representative national surveys (eg, British Crime Survey). Anecdotally it appears that RDU is more common in men who have sex with men (MSM), but there are few systematic data to prove this. The aim of this study was to investigate the pattern of RDU in patients attending a sexual health clinic and to determine whether drug use was greater among MSM.

**Methods** We administered a questionnaire to all patients attending the sexual health clinics at two inner-city London teaching hospitals over a 3-month period (July 2011—September 2011). The questionnaire was self-completed by patients while waiting to see a clinician. Data were collected on age, gender, gender of sexual partner(s) and previous/current RDU (type and frequency of drugs used).

**Results** 1328 questionnaires were completed (mean±SD age 30.5±8.5 years, 54.9% female); 254 (19.1%) were MSM. Life-time use of all drugs, except cannabis, was more common in MSM; last-month use of all drugs, except cannabis, cocaine powder and amphetamine, was more common in MSM (abstract P179 table 1).

Abstract P179 Table 1 Frequency of lifetime and last month use among the men who have sex with men (MSM) and non-MSM respondents

| | Lifetime use | | | Last-month use | | |
|---|---|---|---|---|---|---|
| | MSM (%) | Non-MSM (%) | p Value | MSM (%) | Non-MSM (%) | p Value |
| Cannabis | 62.7 | 58.4 | 0.23 | 10.2 | 9.2 | 0.62 |
| Cocaine (powder) | 48.6 | 32.8 | <0.001 | 4.3 | 2.6 | 0.14 |
| MDMA (pill) | 40.8 | 30.8 | 0.002 | 2.7 | 0.9 | 0.02 |
| Mephedrone | 23.9 | 12.2 | <0.001 | 3.1 | 0.1 | <0.001 |
| Ketamine | 33.7 | 17.3 | <0.001 | 3.5 | 0.5 | <0.001 |
| Volatile nitrites | 71.4 | 26.9 | <0.001 | 18.4 | 0.4 | <0.001 |
| Sildenafil (Viagra) | 43.5 | 15.7 | <0.001 | 11.8 | 0.5 | <0.001 |
| Amphetamine | 29.8 | 21.2 | 0.003 | 0.8 | 0.3 | 0.23 |
| Gamma-hydroxybutyrate (GHB) | 22.7 | 11.1 | <0.001 | 2.4 | 0.1 | <0.001 |
| Gamma-butyrolactone (GBL) | 16.1 | 8.8 | <0.001 | 3.1 | 0.1 | <0.001 |
| Methamphetamine | 16.9 | 9.0 | <0.001 | 1.2 | 0.2 | 0.02 |

**Conclusion** Sexual health clinics provide an ideal forum to identify individuals using recreational drugs and to implement behavioural interventions and education programmes to promote safer RDU, reduce drug-related harm and, in view of the association between RDU and high risk sexual behaviours, to decrease the risk of subsequent STIs. Our data show that both life-time and last-month use of most recreational drugs are more common in MSM and therefore interventions should be targeted to this population.

## P180 VULVAL PATHOLOGY IN HIV POSITIVE WOMEN ATTENDING A TERTIARY VULVAL DERMATOLOGY CLINIC OVER A 5-YEAR PERIOD

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**Background** Studies have suggested that HIV infected women are at increased risk of developing invasive vulval carcinoma and recurrent herpes simplex type 2 (HSV-2) reactivation.

**Objective** To describe the spectrum of HIV associated vulval disease in women attending a tertiary dermatology referral centre in a busy urban setting.

**Methods** A retrospective case note review of all HIV positive women seen in the vulval dermatology clinic from January 2007 to January 2012.

**Results** 11 women were identified (see abstract P180 table 1). 9 (81%) were black Africans. The mean age at vulval disease diagnosis was 37 years. Most (81%) were already known to be HIV infected and on combined antiretroviral therapy (cART). There were six cases of undifferentiated vulval intra-epithelial neoplasia (uVIN) (43%) with two cases being diagnosed prior to an HIV diagnosis. The three cases of HSV-2 occurred in women with near-complete immune restoration on cART. Six women remain under regular dermatology follow-up, a median of 20 months since diagnosis.

Abstract P180 Table 1 HIV positive women seen in vulval dermatology clinic 2007 to 2012

| Case | Vulval diagnosis | On cART* | CD4 (cells/μl)* | VL (copies/ml)* |
|---|---|---|---|---|
| 1 | Multifocal uVIN | NA | NA | NA |
| 2 | Multifocal uVIN | Yes | 761 | 235 |
| 3 | Multifocal uVIN | Yes | 479 | 97 |
| | HSV-2 | Yes | 351 | 20 |
| 4 | Lichen simplex chronicus | Yes | 502 | 366 |
| | Condyloma | Yes | 975 | 20 |
| 5 | uVIN | NA | NA | NA |
| | Vulval lichen simplex | NA | NA | NA |
| 6 | SCC in situ outer aspect labium majus | Yes | 268 | 40 |
| 7 | uVIN | Yes | 318 | 71 |
| 8 | Chronic hypertrophic HSV-2 | Yes | 590 | 40 |
| 9 | Multifocal uVIN of Bowenoid type | Yes | 826 | 88 |
| 10 | Recurrent HSV-2 | Yes | 784 | 63 |
| 11 | Eczema | Yes | 62 | 30 441 |

*At time of vulval diagnosis.

**Conclusion** There were no cases of invasive vulval carcinoma. HSV-2 may cause atypical disease even in the context of near-complete immune reconstitution on cART. Most women with vulval disease were already under HIV care, on cART and had a CD4 cell count above 200 cells/μl.

## P181 MANAGEMENT OF RECURRENT VULVOVAGINAL CANDIDIASIS AND RECURRENT BACTERIAL VAGINOSIS IN NORTH EAST LONDON NETWORK FOR SEXUAL HEALTH AND HIV (NELNET)

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**Background** Recurrent Vulvovaginal Candidiasis (VVC) and Bacterial Vaginosis (BV) are common, associated with significant morbidity, often impact on psychological well-being and can be