Partner concurrency but relatively few U.S. studies have investigated correlates of partner concurrency empirically. The purpose of the present study was to investigate the prevalence and correlates of partner concurrency among urban patients attending a publicly-funded STI clinic.

**Methods** Participants were 502 patients attending an STI clinic (41% female; 69% African American). They completed a computerised survey assessing demographic characteristics, partner concurrency, substance use, concurrency norms, environmental factors affecting concurrency (i.e., shortage of men), attitudes towards concurrency, and self-efficacy for having one partner.

**Results** Nearly one-half of the sample (46%) reported concurrent sexual partnerships in the past 3 months. In univariate analyses, being male, drinking more, using marijuana more frequently, receiving multiple partners as normative, perceiving that the shortage of men influenced sexual partnerships, more positive concurrency attitudes, and less self-efficacy for having one partner were associated with concurrency (all p < 0.05). Other demographic characteristics (race, income, education, age) were not associated with concurrency. In multivariate analyses, greater marijuana use (OR = 1.17) and having more positive concurrency attitudes (OR = 1.95) were independently associated with partner concurrency (p < 0.05).

**Conclusion** The prevalence of concurrency was high in this population of patients attending an STI clinic. Interventions to reduce concurrency should target marijuana use and attitudes towards concurrency.

**P4.084** Significant Behaviour Change in People Who Inject Drugs (PWID) and Female Sex Workers (FSWs) in Bangladesh

**Background** The HIV prevalence in Bangladesh is still low with < 0.1% in general population and < 1% in most at risk populations (MARPs) though all the risk factors prevail like unsafe injecting practices and sex work, low condom use, taboos, social denial, illiteracy and a lack of awareness. With grants from the Global Fund, Save the Children has doubled the national coverage for people who inject drugs (PWID) and female sex workers (FSWs). Nearly 13,500 PWID and 29,000 FSWs are under the programme coverage.

**Methods** Save the Children provides essential services for PWID through 69 drop in centres (DICs) and for FSWs through 100 DICs and 10 outreach offices in 53 districts. The DICs provides them with sterile needle-syringe, access to detoxification, abcess management, condoms, STI services, general health services, referrals and information including bathing, resting and recreational facilities. Over 25 million needle/syringe and 3.5 million condoms for PWID and 55 million condoms for FSWs are distributed. The programme also provides information and services through a multi-level multi-channel approach to the general and vulnerable youth.

**Results** The percentage of PWID using sterile injecting equipment increased from 59% (Baseline Survey, 2008) to 92% in 2012 (Mid Term Survey, 2012). PWID using condom during the most recent sexual contact with a FSWs within last 12 months increased from 39% (Baseline Survey, 2008) to 75.4%. FSWs using condom during the most recent sexual contact increased from 63% to 95.5%. Young people aged 15-24 (potential clients of FSWs and vulnerable to drugs), who correctly identified at least two ways of preventing HIV, increased from 40.8% (Baseline Survey, 2005) to 81.7%.

**Conclusion** The programme contributed a lot to bring positive behaviour changes in PWID and FSWs. Further expansion and scale up will enable them for safer practices that will help the country retaining the low HIV prevalence.