

Background/introduction National HIV Testing Week (NHTW) aims to increase the earlier detection and treatment of HIV by increasing access to testing across community and statutory settings, with a focus on at risk populations including men who have sex with men (MSM). However there are increasing concerns about risky behaviour, including Chemsex, and an increase in other STIs in MSM.

Aims/objectives To review the acceptance by MSM, of full sexually transmitted infection (STI) screening in a community setting, during NHTW.

Methods We promoted NHTW using national and local material, shared across social media platforms aimed at MSM. In addition to HIV point of care testing (POCT) using a 4th generation test, we offered full STI screening (urine and self-taken pharyngeal/rectal swabs for chlamydia and gonorrhoea NAATs and syphilis POCT). Sexual histories were self-completed.

Results 74 patients were screened; 56 identified as MSM; average age 33(17–75). Of these only 21(38%) reported consistent condom use for anal sex. 4(7%) reported Chemsex, with MCAT the commonest drug. 20(36%) had a past history of an STI. 42(75%) underwent full screening, 12(21%) POCT only (10 HIV and syphilis, 2 HIV), and 2(4%) for chlamydia and gonorrhoea only. There were 3 positive diagnoses: 1 HIV, 1 pharyngeal gonorrhoea and 1 rectal chlamydia.

Discussion/conclusion NHTW has proven its effectiveness in increasing the uptake of HIV testing in at risk populations; we have shown that offering full sexual health screening as part of NHTW activity, using self-taken history and urine / non-invasive swabs, is acceptable and effective.

P211 MSM THE COST OF HAVING A GOOD TIME? A SURVEY ABOUT SEX, DRUGS AND LOSING CONTROL

Nicky Dearing*, Sarah Flew. *Nottingham University Hospitals NHS Trust, Nottingham, UK*

10.1136/sextrans-2015-052126.255

Background Men who have sex with men (MSM) suffer substantial health inequalities compared to the rest of the population relating to sexual health, mental health and drug use. Increasing substance misuse in a sexualised context (chemsex) has been linked to risky sexual behaviour and STI acquisition.

Aims Determine the prevalence of chemsex in our local MSM population, and associated risks to sexual health.

Methods Men attending a GU clinic during December 2014, who identified as MSM, were invited to complete an anonymous questionnaire. 53 questionnaires were received.

Results Overall, 53% reported some form of recreational drug use. 38% reported having chemsex. Chemsex participants were more likely to use mephedrone and Viagra than ecstasy and cocaine used more frequently by other party drug users. 47% of MSM surveyed used the internet to meet partners. The number of partners (any kind of sexual contact) was similar for MSM using drugs and those not. Unprotected receptive anal sex, including with a partner of unknown HIV status, was higher for MSM reporting chemsex. Men reporting chemsex were less likely to have an up-to-date HIV test (40% untested in previous year). Overall 40% reported having an STI in the last year (most commonly Gonorrhoea). All those receiving an HIV diagnosis in the last year (n = 3) were amongst the chemsex group. 49% reported a mental health problem, with 60% of chemsex participants having a history of depression and/or anxiety.

Conclusion Tackling the sexual health inequalities of MSM is complex, with substance misuse, social media, and mental well-being having an increasing influence.

P212 DO YOU KNOW WHO THE MALE SEX WORKERS ARE IN YOUR COHORT?

¹Sarah Stockwell*, ¹Gillian Dean, ²Marc Tweed, ²Tom Boyt. *¹Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; ²Terrance Higgins Trust, Brighton, UK*

10.1136/sextrans-2015-052126.256

Background/introduction Pro(TECT) is a bespoke service for male sex workers (MSW) launched by THT in June 2014. The service provides MSW with point of care HIV tests, STI and blood borne virus screening, as well as motivational interviewing, harm reduction and signposting to local SH services.

Aim(s)/objectives To describe the sexual health of MSW engaging with the local GU clinic.

Methods The notes of the Pro(TECT) clients who attended the local GU clinic were reviewed.

Results 15 MSW aged 20–57 years, attended the Pro(TECT) service from June to December 2014. 87% (13/15) had ever attended the GU clinic; 10 in the last 12-months. Only 3 revealed they were MSW. 39% (5/13) were HIV positive, of whom 3 had detectable viral loads (42,000 to 307,000 copies/ml). CD4 counts ranged from 6–698 × 10⁶/l. 85% were hepatitis B immune; 1 was hepatitis C co-infected (viral load 100,4492 cp/ml).

33 STI screens were performed in the last 12-months, with an average of 3 screens/person. 39% (5/13) had an acute STI: 4 rectal, 3 pharyngeal, 1 urethral gonorrhoea; 2 rectal chlamydia; 1 latent (early/late) syphilis. PEP was used by 2 of the 5 HIV negative MSW a total of 5 times in 12-months.

Discussion/conclusion There is a high burden of STIs in this group and a significant risk of onward transmission. MSW may not disclose their work to health care professionals (HCP), even on direct questioning. Identification of MSW is fundamental in order to reduce risk and minimise harm. Pro(TECT) acts as a unique gateway into mainstream services, including advice to access PEP.

P213 PRO(TECT) SERVICE – ENGAGING WITH MALE SEX WORKERS

¹Sarah Stockwell*, ¹Gillian Dean, ²Mark Tweed, ²Tom Boyt. *¹Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; ²Terrance Higgins Trust, Brighton, UK*

10.1136/sextrans-2015-052126.257

Background/introduction Pro(TECT), a bespoke service for male sex workers (MSW), was launched in June 2014 by THT to engage with local high-risk MSM. Motivational interviewing (MI) is used to explore behaviour change; clients are offered a wide range of support to improve sexual health and reduce onward STI/HIV transmission. Analysis of behaviour and service evaluation was performed at 6 months.

Methods All clients (15) completed an online survey regarding sexual practices, drug/alcohol use and experience of the service.

Results In the last 12 months: 70% reported insertive UAI; 40% receptive UAI; 36% diagnosed with an STI; 29% HIV positive; 21% injected drugs; 43% under the influence of drugs/alcohol while selling sex; 33% self-harmed in last 12 months.