

P04.30 A SYSTEMATIC REVIEW OF INTERVENTIONS TO REDUCE ILLICIT DRUG USE IN FEMALE DRUG-DEPENDENT STREET SEX WORKERS

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Introduction Sex work and drug use are inextricably linked. For drug dependent street sex workers (SSWs) it is the need to fund drug use that warrants exposure to the risks of selling sex. Despite evidence that SSWs have poor outcomes from drug treatment services, the recent recovery-orientated UK drug strategy did not identify SSWs as a group with complex treatment needs. Synthesis and critical appraisal of existing evidence is needed to guide service changes towards improving drug treatment outcomes for this group.

Methods A systematic review of evidence of effectiveness of interventions to reduce illicit drug use in female SSWs experiencing problematic drug use was undertaken. Following the PRISMA guidelines, a structured search strategy was used. Searches included databases, organisational and government websites to identify published and grey literature, as well as hand-searching reference lists and journals and contacting experts in the field.

Results Six studies, one experimental and five observational, were identified which met review inclusion criteria. Intervention approaches evaluated included substitute prescribing, educational sessions and motivational interviewing. All studies reported a positive intervention effect but the five observational studies were all subject to a relatively high risk of bias. By contrast, the only experimental study, provided little or no evidence of positive effect (odds ratio for reduction of illicit drug in intervention compared to controls 1.17 95% CI 0.84–1.66 at 3 months and 1.14 (95% CI 0.8–1.61) at six months follow-up). All studies described challenges and solutions to study recruitment, retention and follow-up which were influenced by issues affecting SSWs' health and social stability.

Conclusion There is currently no strong evidence for effectiveness of interventions to reduce illicit drug use in drug dependent female SSWs. The development and robust evaluation of effective interventions should be a priority if recovery is to become a realistic goal for this complex group. The first author is funded by an NIHR postdoctoral fellowship. No pharmaceutical grants were received in the development of this study.

P04.31 STUDY AMONG INJECTABLE DRUGS USERS (IDUS)

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Background Afghanistan is a country of low HIV prevalence but high risk factors for a number of reasons:

There is no information on the prevalence rates of HIV amongst general population- there are neither HIV sentinel surveillance sites nor case reporting system. There have also been no general population household studies of Behavioural surveillance in general population.

Methodology Rapid Assessment techniques comprising qualitative methods were used, in the first instance, to elicit salient key themes to inform questionnaire design for the quantitative component of the study. Key information interview were conducted in each five research sites with administrator and services

provides who had knowledge of injecting drug use. Secondly, the free list technique was employed with information in all five research area to elicit responses to thematically- focused question on injecting drug use and lifestyle.

Blood sample were drawn from each 250 participants to test HIV, HCV, HBS and Syphilis

Study aims

1. Describe the range of characteristics of IDUs in major cities of Afghanistan.
2. Examine the injecting –related HIV risk behaviours of IDUs.
3. Suggest necessary intervention to prevent HIV transmission among IDUs and their family and sex partners.

Conclusion Study of characteristics and drug user pattern of IDUs conducted through in- depth interview with 250 IDUs in five area: Herat; Kabul; Bamyan; Jalalabad and Mazar-e-Sharif by the criteria of: demographics; ethnicity; place of birth; time spent outside Afghanistan during the past ten years; length of time of return to Afghanistan; education and literacy level; marital status; income; drug availability; drugs use and injection; condom use; sexual history and practices; knowledge and attitudes about HIV; services use and satisfaction.

Disclosure of interest statement I would like to clear that I was the principle investigator of this study, I have approval letter from ministry of Public Health of Afghanistan.

P04.32 MOTIVATIONAL INTERVIEWING FOR PEOPLE WITH CHRONIC VIRAL HEPATITIS AND WHO DRINK ALCOHOL: A RANDOMISED CONTROLLED TRIAL

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Introduction A significant synergy exists between heavy alcohol consumption and hepatitis virus infection (hepatitis B and C), which may suggest a common pathway for hepatocarcinogenesis. Psychological interventions such as motivational interviewing (MI) can generate urgently needed psychological, physiological and lifestyle changes to people who use alcohol. No randomised controlled trials (RCTs) were found investigating effectiveness of MI in patients with chronic viral hepatitis and who drink alcohol.

Methods Using a RCT, patients were randomised into intervention and control groups. The Nurse Practitioner, Hepatology trained in MI provided the intervention. Demographic, clinical and patient-report data using AUDIT-C, Timeline Followback Survey_Alcohol (TLFB_A), World Health Organization Quality of Life_Brief (WHOQOL-Bref) were collected.

Results At 8 weeks, a reduction was found in both groups with 53% of the intervention group reporting a 50% reduction compared to 43% in the control ($\chi^2 = 0.382$, $p = 0.536$). TLFB_A results were also found to significantly reduce over time ($p < 0.001$). Participants reported on average 14.1 (7.7, 25.4; $P < 0.001$) drinks after 8 weeks. The intervention group reported 18.8 (10.9, 32.2) drinks and generally reported a lower mean TLFB_A compared to the control group 32.4 (18.7, 55.7; $p = 0.1.66$). A clear trend emerged with the intervention group showing a much sharper sustained drop in TLFB_A results over time. The results of the AUDIT C were found to reduce over time ($p = 0.001$). Mean AUDIT C results were significantly lower at 8 weeks 5.4 (4.5, 6.3; $p = 0.001$) compared to baseline 6.9 (6.2, 7.6). It was found the intervention group tended to