

users. Drug use by young women is of particular concern and may lead to sexual health morbidity. We believe this group is currently under-recognised and opportunities for risk reduction are being missed.

P096 **CONCORDANCE OF CHLAMYDIA INFECTIONS OF THE RECTUM AND URETHRA IN SAME-SEX MALE PARTNERSHIPS: A CROSS-SECTIONAL ANALYSIS**

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Background

Sexual health services should ask all high risk attenders about drug and alcohol use. However, the impact of drug and alcohol use on STI epidemiology remains uncertain.

Aims To audit drug and alcohol history taking after introduction of a screening tool and to describe the patterns of use and associations with STI diagnoses.

Methods An anonymised database of all clients attending in 2015 was constructed including basic demographics, reported drug and alcohol history, HIV status and STI diagnoses.

Results 48,654 clients were seen in 2015. 26,429 (54%) were asked about drug and/or alcohol use at least once. Use of any drug or excess alcohol was reported by 16% and was associated with higher rates of STIs (24 vs 10%, $p < 0.001$). Amongst MSM, 62% had a drug and/or alcohol history taken, compared with 47% and 55% in heterosexual men (MSW) and women,

respectively ($p < 0.0001$). STIs diagnoses were significantly higher in drug users compared to non-users (27 vs 11%), but were not different comparing alcohol excess vs no excess (14 vs 13%). STI diagnoses were significantly higher in drug users compared to non-users in all sub-groups – MSM (41 vs 20%) MSW (26 vs 18%) women (12 vs 7%) – all $p < 0.0001$.

Conclusions The audit showed room for improvement in history taking. Chemsex drugs are associated with the highest risk of STIs. This relationship might not be causal. Party drug use was associated with some STIs. The audit supports drug and alcohol histories for all MSM as well as heterosexual men and women attending with STIs.

P097 **ARE PATIENTS IN RURAL COMMUNITIES INTERESTED IN ONLINE SEXUAL HEALTH SERVICES?**

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Background/introduction People do not attend Genitourinary Medicine (GUM) services for reasons including cultural beliefs and stigma. In Cornwall geographical isolation, poor transport and local Council budgetary cuts to peripheral clinics also limit access.

Aim(s)/objectives To ascertain whether patients would use online services to book appointments and/or order home testing kits.

Methods An anonymised questionnaire survey of GUM patients. Data was recorded into an Excel spreadsheet and analysed using SPSS.

Results 248 questionnaires were returned from women(59.7%) and men(40.3%) aged 13–72 years. 154 (62.3%) were previous

Abstract P096 Table 1 Association of reported drug and alcohol use and STI diagnosis in 2015

		¹ Chems Yes, % N = 26,429 asked	⁴ p-value	² Party Yes, % N = 26,429 asked	⁴ p-value	³ Alcohol excess, % N = 20,406 asked	⁴ p-value
Total		4.4%		12%		6% n = 1225	
		n = 1046		n = 2891			
Gender/	MSM	16.5	<0.0001	15.9	<0.0001	8.7	<0.0001
Sexual orientation (MSW-heterosexual men)	MSW	0.9		18.2		9.1	
	Women	0.3		7.1		3.9	
New STI this year	Yes	17.0	<0.0001	19.6	<0.0001	6.6	0.156
	No	2.4		10.9		5.9	
Chlamydia	Yes	14.0	<0.0001	19.1	0.435	7.1	0.257
	No	20.6		20.2		6.0	
Gonorrhoea	Yes	33.2	<0.0001	23.8	<0.0001	6.8	0.753
	No	7.8		17.2		6.5	
Syphilis	Yes	40.1	<0.0001	21.7	0.320	4.7	0.191
	No	14.5		19.3		6.8	
HSV	Yes	8.0	<0.0001	17.4	0.190	5.3	0.205
	No	18.6		20.0		6.9	
Hepatitis B	Yes	17.1	<0.006	9.7	0.252	6.7	1.000
	No	0		19.7		6.6	
Hepatitis C	Yes	65.7	<0.0001	45.7	<0.0001	0	0.166
	No	16.4		19.3		6.7	

¹"Chemsex drugs" (mephedrone, gamma-Hydroxybutyric acid, methamphetamine)

²"Party drugs" (cannabis, ecstasy/MDMA, cocaine, ketamine)

³Excess alcohol use was >14 units for women and >21 units for men.

⁴p-values calculated using Chi squared or Fisher exact test as appropriate.