Introduction BASHH recommends *Lymphogranuloma venereum* (LGV) testing of *Chlamydia trachomatis* (CT)-positive specimens from men who have sex with men (MSM) presenting with proctitis, and all rectal CT from HIV-positive MSM. Until recently in England, LGV testing was only available as a referred test at the Sexually Transmitted Bacteria Reference Unit (STBRU). In July 2016 we implemented a validated in-house version of the STBRU LGV PCR on all CT-positive specimens from MSM, regardless of symptoms or HIV status. We assessed the time from specimen collection to result (turn-around time, TRT) and defined clinical features of LGV cases.
Methods From July 2016 to March 2017 we reviewed all positive LGV tests, recording patients' demographics, HIV status, chemsex behaviour, presence of symptoms and LGV result TRT.
Results We conducted 587 LGV tests on CT-positive specimens from MSM, of which 50 (8.5%) were positive. Median age of LGV cases was 38 (range 23 to 65), 28 (56%) were Caucasian, 38 (76%) were HIV positive and chemsex behaviour was reported by 20 (40%); 12 patients (24%) had a past history of LGV. Nine (18%) cases were asymptomatic and three of these were HIV-negative MSM. The mean TRT was 12 days (range 8 to 20); compared with 35 days (range 15 to 118) in the six months prior to in-house testing.
Discussion LGV continues to occur mainly in HIV-positive MSM as symptomatic proctitis. Testing all CT-positive MSM increased detection of LGV compared with following BASHH guidelines, and in-house testing reduced TRT significantly.

O13 'I WAS STRUGGLING TO FEEL INTIMATE, THE DRUGS JUST HELPED'. CHEMSEX AND HIV-RISK AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN THE UK: SYNDEMICS OF STIGMA, MINORITY-STRESS, MALADAPTIVE COPING AND RISK ENVIRONMENTS

[1]Alex Pollard*, [2,3]Tom Nadarzynski, [1]Carrie Llewellyn. *[1]Brighton and Sussex Medical School, Brighton, East Sussex, UK; [2]Solent NHS Trust, Southampton, Hampshire, UK; [3]University of Southampton, Southampton, Hampshire, UK*

10.1136/sextrans-2017-053232.13

Introduction There has been a steep rise in the use of drugs during sex by some men who have sex with men (MSM), with associated increases in sexual risk for HIV and other STIs. This 'Chemsex' has been described, but there is a lack of theoretical perspectives applied to this particular phenomenon.

We aimed to assess participants' reasoning and conceptualisation of Chemsex and situate this within theoretical frameworks.
Methods This study presents data from telephone interviews with 15 MSM attending sexual health clinics following a risk of HIV and accessing post-exposure prophylaxis (PEP). Interviews were conducted as part of a larger interventional study, which used an adapted version of Motivational Interviewing to explore risk behaviour and support change. We used Framework analysis on interview transcripts in order to understand participants' perspectives on the use of chemsex.
Results Participants conceptualised their chemsex and HIV risks in their psycho-social context, highlighting the influence of the psycho-socio-cultural challenges of homophobic marginalisation and the 'gay scene' on their behaviour. Narratives of loneliness and difficulties in forming satisfying social and sexual relationships were repeatedly identified.
Discussion Multiple influences of stigma, minority stress and maladaptive coping (including drug-use) are seen to contribute to syndemic 'risk-environments' in which chemsex and risk behaviours are played out. Interventions to address the harms of chemsex must recognise the complex psychosocial context of risk, and shift the responsibility for change from vulnerable individuals to a shared responsibility distributed across social, political and institutional contexts.

O14 CHEMSEX, CONSENT AND THE RISE IN SEXUAL ASSAULT

Chris Ward*, Orla McQuillan, Rebecca Evans. *The Northern contraception, sexual health and HIV service, Manchester, UK*

10.1136/sextrans-2017-053232.14

Introduction Within the chemsex population reports of sexual assault, non-consensual sex and coercion are rising. We looked at consent among our chemsex clinic users.
Methods Retrospective data review of patients from April 2015 to March 2017. Data was collected on sexual assault, coercion, exploitation, risk taking, sexually transmitted infections and drug use.
Results 72 men were seen with a median age of 32. 41 (56.9%) were HIV positive, and 11 (15.3%) had Hepatitis C. 53 (73.6%) patients used Mephedrone, 40 (55.6%) GHB and 22 (30.6%) Crystal Meth. 13 (18.1%) patients reported self-harm. In total 23 (31.9%) patients reported non-consensual sex. A minority 5/30 (16.7%) were identified from April 2015 to Jan 2016 when using the terminology 'forced into sex'. After realising that addressing consent is more complex in this cohort, we prioritised consent discussions around unwanted sexual attention and from Jan 2016 to March 2017 18/42 (42.9%) reported non-consensual sex (Table 1).

Abstract O14 Table 1 Chemsex

Assault/coercion	N/42 (%)
Non-consensual sex	18 (42.9%)
Reported as sexual assault	6 (14.3%)
Coercive sex	4 (9.5%)
Sex while unconscious	3 (7.1%)
Assaulted > once	2 (4.8%)
Allegations of organised assault	2 (4.8%)
Injected/filmed while unconscious	1 (2.4%)

Discussion Our data shows rates of non-consensual sex among chemsex users of up to 42.9%. There is a lack of patient understanding around what sexual assault and consent are and exploring this in a sensitive manner is paramount. Sexual assault discussions must be reviewed in both standard sexual health and chemsex clinics.

O15 A SERVICE EVALUATION COMPARING HOME-BASED TESTING TO CLINIC-BASED TESTING FOR CHLAMYDIA AND GONORRHOEA IN BIRMINGHAM AND SOLIHULL

Prita Banerjee*, Nicola Thorley, Keith Radcliffe. *University Hospital Birmingham, Birmingham, UK*

10.1136/sextrans-2017-053232.15

Introduction Public Health England recommends that local authorities should work towards making STI testing more accessible. Since August 2015, sexual health services in Birmingham and Solihull area (Umbrella) have provided online home-based testing.
Methods We conducted a retrospective analysis of the clinic and online database to identify patients who undertook home-based and clinic-based testing in the Birmingham and Solihull clinics between January and June 2016.
Results

Abstract O15 Table 1 Home based v clinic based testing

	Home-based testing (n=9258)	Clinic-based testing (n=19193)	P value
Age			
16–24	6033 (65%)	9654 (50%)	<0.001
>25	3225 (35%)	9539 (50%)	
Gender			
Female	5986 (65%)	10861 (57%)	<0.001
Male	3258 (35%)	8306 (43%)	
Transgender	14 (0%)	26 (0%)	
Ethnicity			
White	6648 (72%)	7996(42%)	<0.001
Black/British Black	892 (10%)	4026 (21%)	
Asian/British Asian	558 (6%)	2167(11%)	
Other:	920 (10%)	2160 (11%)	
Not specified:	240 (3%)	2844 (15%)	
Asymptomatic	7408/9258 (80%)	9729/19193 (51%)	<0.001
Return rate	4476 (48%)	–	
Prevalence rates	382/4476 (9%)	2141/19193 (11%)	<0.001
Treatment rate	174/382 (46%)	1663/2141 (78%)	<0.001

Discussion Home-based testing appears to be popular among asymptomatic, younger (16–24 years), white and female patients, with poor overall return rates. There may be a need for promotion of this method of testing among ethnic minorities. The current method of recall needs to be reviewed to improve treatment rates in the home-based testing group.

O16 ACCEPTABILITY, UPTAKE AND IMPACT OF ONLINE HOME-SAMPLING FOR STIS IN HAMPSHIRE, UK: A SERVICE EVALUATION

[1]Sarah Williams, [1]Clare Scholfield, [1,2]Tom Nadarzynski*, [1]Ynez Symonds, [1]Sally Kidsley. *[1]Solent NHS Trust, Southampton, UK; [2]University of Southampton, Southampton, UK*

10.1136/sextrans-2017-053232.16

Introduction Home-sampling offers cost-effective and equitable approaches, allowing hard-to-reach populations to remotely access screening for sexually transmitted infections (STIs). We aimed to evaluate a pilot home-sampling service - its utilisation, acceptability and impact on clinic attendance and service delivery, notably its capacity to direct 10% of asymptomatic clinic attenders to the online service.
Methods We ran descriptive statistics on six-month data (Sep 2015–Mar 2016) on STI kit requests and completion in Hampshire, and conducted trend analysis to examine the impact on attendances. Overall acceptability was assessed via online feedback survey and in-depth interviews with service users.
Results In total, 4,305 kits were requested and 1974 (48%) were returned, with 15% providing insufficient blood samples. After analysis, 73 samples were positive (1 HIV, 1 syphilis, 5 Hepatitis-B, 53 Chlamydia, and 13 Gonorrhoea). There was no significant reduction in asymptomatic attendances since the introduction of the service (p=0.12). While 95% would use the online service again and 93% would recommend it to family and friends, 39% reported difficulties taking blood samples.
Discussion Online home-sampling is an acceptable method of screening for STIs. The overall positivity rates are comparable to those reported in the clinic. However, the introduction of the online home-sampling might not reduce clinic attendances, due to the novelty aspects of the service. Further development of online screening needs to increase kit return rate and educate service users on more effective ways of providing sufficient samples for blood analysis.

O17 TRANSFORMING SEXUAL HEALTH SYSTEMS THROUGH ONLINE SERVICES

[1,2]Paula Baraitser*, [3]Katherine Turner, [4]Michael Brady, [1]Joia de Sa, [2]Jonathan Syred, [1]Chris Howroyd, [1]Gillian Holdsworth. *[1]SH:24, London, UK; [2]King's College London, London, UK; [3]University of Bristol, London, UK; [4]King's College Hospital, London, UK*

10.1136/sextrans-2017-053232.17

Introduction Online sexual health services can transform sexual health systems through increased access and self-management. They are one element of the whole sexual health economy. Best practice facilitates appropriate movement of users between online and clinic services according to their sexual health need.
Methods Using routinely collected, anonymised service activity data, SHHAPT codes, and interviews with users/providers we studied online options for system transformation in sexual health services in two London Boroughs with high rates of sexual ill health. We focused on: Total sexually transmitted infection testing capacity; Access for new populations; Testing and treatment choices; Online contraceptive pills provision
Results Online services increase STI testing capacity, total testing in the area by 9.6% from 73,714 (01/04/14–31/3/15) to 80,757 (01/04/15–31/03/16). 90.8% of online users were asymptomatic with a positivity rate of 6.8%. Users move between online and clinic – 55% of online users had used a clinic within the last year and 6.8% of online users were referred to clinics. The online service engaged new populations – 19% of online users had never used a clinic before. 11,353 treatments for chlamydia were provided across the whole system (2015/16). A pilot of online treatment and partner notification shows 95% uptake demonstrating the potential impact of an online only chlamydia management pathway. Users engage with online medical histories, self reported blood pressure and SMS based clinical conversations for contraceptive prescribing.