Background Nucleic Acid Amplification Testing (NAT) assay is the new tool that may diagnose gonorrhoea and or chlamydia more sensitive and specific. The test, however, is not widely used in Indonesia, time consuming and expensive. Pooling of samples may significantly reduce the cost while maintaining the effectiveness of the test with high specificity and sensitivity rate for the detection of CT/NG infections. This study aimed to examine the effectiveness of 3-in-1 pooled samples from anal, rectal and throat of GeneXpert CT/NG among MSM in Bali, Indonesia.

Methods A quantitative study was conducted between July 2017 and July 2018 in an MSM clinic in Bali. Xpert CT/NG samples were collected from throat, anal swab and first pass urine which then pooled into one cartridge. The pooled samples results were compared with each site results by CT/NG GeneXpert assay.

Results A total of 502 swabs were collected from 251 participants, comprises 251 pharyngeal and rectal swabs respectively, along with 251 First Pass Urine. Sensitivities and specificities of the GeneXpert CT/NG assay was calculated using the pooled 3-in-1 sites compare to each site result as standard. 4/251 (1.5%) of rectal swab samples invalid and/or error by CT/NG GeneXpert assay that most likely due to contamination with stools. The study shown the performance of 3-in-1 pooled samples (from anal, rectal and throat) of GeneXpert CT/NG was highly effective due to the high rate of sensitivity and specificity, particularly from anal site as shown in Table 1.

Conclusion This is the first study ever conducted to report data on the performance of pooled samples of GeneXpert CT/NG among MSM in Indonesia. Consistent with similar study in other countries using other NAT platform, this study found the high rate of sensitivity and specificity for CT/NG detection. To be concluded, pooled samples among MSM can be considered in the resource-constraint setting.

Disclosure No significant relationships.
male, and female swingers using χ²-tests. Multivariable logistic regression analysis was used to evaluate possible factors (socio-demographics, alcohol, and condomless sex with swing partners) associated with drug use.

Results Drug use while swinging was reported by 44% (443/1005); 51% in women, 44% in bisexual men, and 39% in heterosexual men (p=0.007). Among drug-using swingers, XTC (92%;409/443), GHB (76%;338/443), and laughing gas (69%;304/443) were mostly used; 69% (305/443) used ≥4 different drugs (polysubstance). Condomless vaginal sex was reported by 46% in drug-using swingers (vs. 35% in non-drug-using swingers; p=0.001) and condomless anal sex by 30% in drug-using swingers (vs. 21% in non-drug-using swingers; p=0.012). Being a woman (aOR:2.10; 95%CI:1.36–3.09) and condomless vaginal sex (aOR:1.71; 95%CI:1.24–2.35) were independently associated with drug use.

Conclusion This study among a large group of swingers shows that drug use and polysubstance use during sex are prevalent among both male and female swingers in the Netherlands, indicating that ‘chemsex’ is not only common among MSM. The association between drug use and sexual risk behaviour suggests that it might be useful to tailor STI prevention strategies, developed for MSM engaging in chemsex, for swingers.

Disclosure No significant relationships.

P068 STD SCREENING AND DIAGNOSIS AMONG 15–24 YEAR OLD DIAGNOSED WITH PRESCRIPTION OPIOID RELATED DISORDER

1Chirag Patel*, 2Kendra Cuffe, 3Guoyu Tao. 1Centers for Disease Control and Prevention, Division of STD Prevention, Atlanta, USA; 2Centers for Disease Control and Prevention, Division of Sexually Transmitted Disease Prevention, Atlanta, USA; 3Centers for Disease Control and Prevention, Atlanta, USA

Background Many injection drug users have elevated STD/HIV risks, such as sexual-trade for drugs, risky condom-less sex, or multiple sex partners. STD diagnosis and screening among opioid users has not been examined.

Methods Using 2016 MarketScan commercial claims data, men and women aged 15–24 with opioid prescriptions were identified. We have assessed STD diagnosis and screenings, including chlamydia, gonorrhea, syphilis, and HIV, as well as heroin use using ICD-10 and CPT codes. Women were identified as sexually-active using HEDIS criteria whereas no other criteria used for men.

Results We identified 10% (0.4 million) patients aged 15–24 who had opioid use in 2016. Among sexually-active women aged 15–24 years, screening and diagnosis was 48.1% and 2.3% for chlamydia, 56.0% and 4.1% for gonorrhea, 16.6% and 3.8% for syphilis, and 16.0% and 0.3% for HIV among 154,960 women who had opioid use and 51.6% and 2.0% for chlamydia, 55.5% and 4.1% for gonorrhea, 15.1% and 3.8% for syphilis, and 14.7% and 0.4% for HIV among 812,005 women who had no opioid use. Among 332 male and 159 female opioid plus heroin users, screening was 21.2% and 56.6% for chlamydia, 25.9% and 62.3% for gonorrhea, 36.5% and 44.7% for syphilis, and 35.8%, 47.8% for HIV, respectively.

Conclusion STD screening among patients with opioids was not significantly different from the enrollees without opioids. STD diagnosis and screening among heroin users are much higher than patients who had not used heroin.

Disclosure No significant relationships.

P069 DO CANNABIS USE AND SOCIAL SUPPORT MEDIATE THE RELATIONSHIP BETWEEN INTERSECTIONAL STIGMA AND BODILY PAIN AND FUNCTIONING?

1Carmen Logie*, 2Ying Wang, 3Mina Kazemi, 4Brenda Gagnier, 5Tracey Conway, 6Shaiza Islam, 7Melanie Lee, 8Kerrigan Beaver, 9Angela Kaida, 10Alexandra De Pokomandy, 11Mona Lourty. 1University of Toronto, Toronto, Canada; 2University of Toronto, Factor-Inwentash Faculty of Social Work, Toronto, Canada; 3University of Toronto, Toronto, Canada; 4Women’s College Research Institute, Toronto, Canada; 5Simon Fraser University, Vancouver, Canada; 6McGill University, Montreal, Canada

Background Stigma produces stress for women living with HIV (WLHIV) and is associated with poorer physical quality of life. Cannabis use may help to manage HIV-related symptoms, including stress and pain. Limited research has explored intersectional stigma and associations with bodily pain and physical functioning, or cannabis use as a stigma coping strategy. We examined coping strategies (medical cannabis use, social support) as mediators of the association between intersectional stigma (HIV-related, gender discrimination, racial discrimination) and bodily pain and physical functioning among WLHIV.

Methods We conducted a community-based study in 3 Canadian provinces (Ontario, British Columbia, Quebec) with WLHIV. Structural equation modeling (SEM) using maximum likelihood estimation methods was conducted to test the direct effects of intersectional stigma (HIV-related, gender discrimination, racial discrimination) on physical functioning and bodily pain, and indirect effects via social support and medical cannabis use, adjusting for socio-demographics.

Results Among 1422 participants (median age: 42.5 years, IQR=35–50), one-quarter (n=362; 25.89%) currently used cannabis (n=272, 43.04%, for medical use), one-fifth (n=272; 25.89%; 95%CI:1.36–3.09) and condomless vaginal sex (aOR:1.71; 95%CI:1.24–2.35) were independently associated with drug use.

Disclosure No significant relationships.