male, and female swingers using \( \chi^2 \)-tests. Multivariable logistic regression analysis was used to evaluate possible factors (sociodemographics, 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 (polydrug use). 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 polydrug 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.

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

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**Background** Many injection drug users have elevated STD/HIV risks, such as sexual-trade for drugs, risky condomless 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.