the data and estimate the association between SDU and STBBIs.

Results Of 2,671 unique citations, 17 met our inclusion criteria, and referred predominantly to methamphetamine, poppers, GHB/GBL, ketamine, and cocaine. Ten studies reported SDU associated with bacterial STIs, three reported human immunodeficiency virus (HIV), and five reported hepatitis C virus (HCV). The pooled crude ORs were: for bacterial STIs 2.81 (1.85, 4.26; n=6), for HIV 3.93 (2.37, 6.51; n=2), and for HCV 5.25 (3.08, 8.94; n=5). The pooled adjusted ORs were: for bacterial STIs 2.17 (1.51, 3.14; n=8), for HIV 2.90 (0.97, 8.64; n=2), and for HCV 6.08 (2.46, 14.99; n=3).

Conclusion Associations between SDU and bacterial STIs and HCV remained after adjustment, suggesting that SDU itself is a cause of or contributor to STBBIs or a proxy indicator for other risk factors (e.g., particular sexual networks). However, given the attenuation of ORs after adjustment for sociodemographic characteristics, an alternative hypothesis that SDUs part of a syndemic with social causes of ill health (e.g., stigma, discrimination) merits further study.

S08 - 'ELDERS TEACH AND YOUTH REACH': INDIGENOUS CONVERSATIONS ON SEXUAL HEALTH

Tuesday, July 16, 2019
10:45 AM - 12:15 PM

S08.1 'ELDERS TEACH AND YOUTH REACH': INDIGENOUS CONVERSATIONS ON SEXUAL HEALTH

VCH Aboriginal Health Elder Advisory Council and Yúusnewas, YouthCO HIV & Hep C Society.

10.1136/sextrans-2019-sti.44

Sexual health has been a part of Indigenous communities since time immemorial. Prior to colonization, Indigenous peoples used teachings, traditions and ceremony to pass knowledge about sexuality, including sexual health, from Elders to youth for generations. People were revered for who they were, be it woman, man, child, Two-Spirit, or Elder. These traditions and ways of knowing were disrupted with the arrival of settlers in what is now called Canada, who used deliberate strategies including residential schools to separate Indigenous peoples from family and culture. As a result, generations of Indigenous peoples have lost these opportunities to learn about sexuality and sexual health within Indigenous contexts, and have instead been subjected to sexual health messages from dominant White settler culture. The impacts of this historic and ongoing colonization include Indigenous peoples developing shame regarding sexuality, and a loss of the respected role of Two-Spirit peoples. Today, Indigenous communities, organizations and programs are creating new opportunities for Indigenous youth to access traditional knowledge around sexuality. In doing so, Indigenous peoples are resisting these impacts of colonization to improve sexual health and wellness for the Indigenous peoples in what is now called Canada. This symposium aims to continue the process of restoring traditional Indigenous teachings and ceremony about sexual health,

through an interactive dialogue between Indigenous Elders and youth.

S09 – PREVENTION AND CARE CASCADES

Tuesday, July 16, 2019
10:45 AM – 12:15 PM

S09.1 THE RELATIONSHIP BETWEEN DEMOGRAPHICS, HEALTH NEEDS AND THE HIV CARE CASCADE OUTCOMES: FROM INFECTION TO VIRAL SUPPRESSION

Abigail Kroch. *Ontario HIV Treatment Network (OHTN), Toronto, Canada*

10.1136/sextrans-2019-sti.45

The HIV epidemic persists in the province of Ontario, but the demographics of those affected have shifted over time. Over the past decade, the rate of new diagnoses among White Ontarians has decreased, while the rates among certain racialized populations has increased. These increases may be partially due to migration patterns, but a disproportionate burden of HIV transmission may be shifting to specific sub-populations. In a cohort of people living with HIV, a relationship exists between HIV care outcomes and race/ethnicity. In particular, African, Caribbean and Black individuals show lower engagement across the care cascade. Additionally, we find that social factors, such as poverty, and mental health and substance abuse impact engagement in the care cascade and achievement of viral suppression. To prevent HIV transmission and achieve optimal health for people living with HIV, the structural drivers of health inequity must be addressed and people living with HIV must have access to a variety of social, mental health and medical services.

S09.2 CASCADE OF HIV PREVENTION: A POWERFUL TOOL TO IMPROVE THE IMPLEMENTATION OF DREAMS COMBINATION PREVENTION IN RURAL SOUTH AFRICA

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10.1136/sextrans-2019-sti.46

Study objectives Adolescent girls and young women (AGYW) in South Africa are at high-risk of HIV-infection due to factors, acting at multiple levels: Societal, familial, intimate-partnerships, individual behavioural and biological. Combining interventions to tackle factors at multiple levels, with high levels of population-wide uptake, could improve AGYW health. In 2016 the Determined, Resilient Empowered AIDS free Mentored and Safe (DREAMS) partnership aimed to do this in a HIV hyperendemic area of KwaZulu-Natal (KZN), South Africa. I'll argue that HIV prevention cascades are a useful way to describe the population-wide reach of multi-level interventions and thus inform implementation.

Methods I'll draw on the impact and process evaluation data collected as part of the DREAMS impact evaluation in a HIV demographic surveillance site in KZN between 1/2016 and 6/2019. This includes (i) longitudinal cohorts of a representative