013.4 PATTERNS OF DRUG USE AMONG MSM IN AMSTERDAM AND SEXUALLY TRANSMITTED INFECTIONS, THE NETHERLANDS: A CLUSTER ANALYSIS

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Background Men who have sex with men (MSM) are at high risk for both drug abuse and sexually transmitted infections (STI). We aimed to identify subgroups of MSM in Amsterdam with distinctive patterns of drug use during sex and their association with sexual behavior and STI.

Methods In this cross-sectional study, data from four different studies on MSM and transfeminine women conducted at the Public Health Service of Amsterdam in 2014–2016 were used. Information on drug use, sociodemographics and sexual risk behavior, including lab-confirmed STI, was collected. K-median cluster analysis was used to identify subgroups with similar drug use patterns, whose association with sexual behavior and STI was examined.

Results A total of 1147 individuals were included. Median age was 40 years (IQR=32–47). Five clusters of users were identified: ‘polydrug (n=329)’, ‘erectile dysfunction drugs (EDD) (n=106)’, ‘nitrites/alcohol (n=310)’, ‘alcohol (n=239)’ and ‘no substance (n=163)’ users. Compared to MSM in the ‘no drug’ user cluster, MSM in the ‘polydrug’ user cluster reported a higher number substances used (median 0, IQR=0–0 versus 6, IQR=5–7; $p<0.001$), a higher number of sex partners (median 2, IQR=1–6 versus 20, IQR=10–40; $p<0.001$), higher proportion of condomless anal sex (48.0% vs 83.8%, $p>0.001$) and were most often diagnosed with an STI (1.9% vs 22.5%, $p<0.001$). High STI prevalence was also observed in MSM belonging to the ‘erectile dysfunction drugs’ (17.3%) and ‘nitrites/alcohol’ (17.5%) clusters and was not significantly different from those in the ‘polydrug’ cluster ($p=0.229$ and $p=0.091$, respectively).

Conclusion Drug use among high-risk MSM is prevalent in Amsterdam and could be categorized into five distinctive clusters based on the types of drugs used and was associated with various degrees of STI risk. The identification of drug use clusters might enable tailoring STI screening and prevention programs to drug-use patterns.

Disclosure No significant relationships.

013.5 REACHING HOME-BASED FEMALE SEX WORKERS WITH PREVENTIVE SEXUAL HEALTH CARE SERVICES IN THE NETHERLANDS

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Background In the Netherlands there has been an ongoing shift from indoor sex work settings such as licensed brothels and clubs to home-based sex work. Consequently, female sex workers (FSW) are harder to reach by regional public health services (GGD) who offer FSW free and anonymous preventive sexual health care services such as sexually transmitted infection (STI) testing and hepatitis B vaccinations. The aim of this study was to gain an insight in home-based FSW and in their perceived barriers and willingness to engage in preventive sexual health care services provided by the GGD.

Methods For this qualitative study semi-structured individual in-depth interviews were conducted with 29 home-based FSW based in two Dutch regions. An interview guide was developed including themes such as STI, hepatitis B, risk perception, stigma and safety and preferred communication and reachability by the GGD.

Results The interviewed home-based FSW showed to be a diverse population regarding background characteristics and experience and organisation of their work and personal life with e.g. sex work experience varying between 3,5 months – 15 years. The women mostly started sex work because of a poor financial situation, a high sexual drive and out of curiosity. Main reasons to be involved in *home-based* sex work was feeling in control, feeling safe and comfortable and negative experiences with indoor sex work settings. Important facilitating factors for FSW to engage in preventive sexual health care services are having trust in the health care provider and having personal contact e.g. through Whatsapp. Considering the high information density in the interviews, further analyses are still ongoing.

Conclusion This study highlights the diversity among home-based FSW. Future outreach efforts towards home-based FSW should take the diversity of this group and identified facilitating factors into account in order to optimize reach of future preventive sexual health care services.

Disclosure No significant relationships.