| 549 | TYPOLOGIES OF THE GENDER-BASED VIOLENCE, HIV, AND ALCOHOL USE SYNDEMIC AMONG YOUTH IN KAMPALA |

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Background The HIV epidemic in Uganda appears to be exacerbated by co-occuring substance use and gender-based violence (GBV), a syndemic commonly referred to as the SAVA syndemic. The high prevalence of the three complex epidemics warrant investigation of the extent to which they co-occur at the individual level and the psychosocial correlates that increase risk.

Methods Analyses are based on cross-sectional data collected in 2014. Participants comprised a convenience sample (N = 1,134) of urban service-seeking youth living on the streets or in the slums, 12–18 years of age who were participating in a Uganda Youth Development Link drop-in centre. Multinomial logistic regression was used to determine the odds of being classified in 7 different categories of GBV, HIV, and alcohol use. Typologies were analysed for associations with risk and protective factors. GBV was operationalized as both perpetration and victimisation.

Results Risk and protective factors in the analyses (i.e., age, commercial sex work, observing parental abuse of each other, depression/suicidality, and parental living status) were all statistically significantly associated with self-reported SAVA. The overall effects of depression and suicidality were mostly associated with classification in categories distinguished by GBV and alcohol use. Engaging in commercial sex work was associated with alcohol use. Observing parental abuse was associated with various combinations of the syndemic, mostly categorised by GBV and alcohol use, as well as experiencing all three, alcohol, HIV, and GBV (AOR: 7.32; 95% CI: 3.09, 17.37). Additionally, the model estimated with all risk factors and no protective factors yielded the highest probabilities of belonging to categories characterised by alcohol use.

Conclusions Given the high prevalence of GBV, HIV, and alcohol use among youth in this population, prevention and interventions to reduce these outcomes are needed.

| 550 | DRINKING AND DRIVING: CONSUMPTION OF ALCOHOL MIXED ENERGY DRINKS COMPARED TO ALCOHOL IN A SIMULATOR |

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Background Consumption of alcoholic mixed with energy drinks (AmED) is a known trend. However, the literature does not provide enough information whether drinking AmED differs relative to other alcoholic beverages. The aim of the study was to compare driving performance under AmED, to alcohol in a driving simulator.

Methods Twenty-one participants (21–28 years, driving experience average 8 years) who reported that they drink alcohol up to eight times a month, including AmED, drove the simulator in four separate sessions; after drinking placebo; energy drink; alcoholic beverage, and AmED. They drove a scenario combined of four road types; straight, foggy-winding, winding, and straight following a lead vehicle, each 10 Km long. For each road type there were various hazardeous events and secondary tasks.

Results Traditional analysis of blocks per road type yielded no significant differences among groups (placebo/energy/alcohol/AmED). Therefore a more refined analysis was conducted. For each drive, velocity was sampled every 3 metres. Based on this sampling the average speed among individuals of the same group was calculated for each road increment, resulting in four lines of average speed per road type representing the four groups. Behaviour of each group was them compared within road-type and between roads. We identified consistent patterns in speed behaviour among groups when looking at events within each road-type. However, there was no consistent single pattern across all.

Conclusions Individual, specific patterns that characterise driving after drinking placebo, energy, alcohol, or AmED were identified for each road type. Yet, a common pattern of behaviour was not found. Possibly, it is beneficial to examine behaviour by smaller segments of road-type related events rather than aim to identify global differences due to drinking and driving.

| 551 | REHABILITATION OF ALCOHOL AND DRUG ADDICTS IN MURANG'A, KENYA |

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Background Rising levels of alcohol and drug abuse as reported by NACADA, Kenya, especially in the central part of Kenya necessitated a crisis intervention which was ordered by the President of Kenya in June 2015. Breakdown of family units, social and moral decadence and threat of loss of a whole generation to the dangers of addiction was evident. A one of a kind, ninety Day mass Rehabilitation program was started in Murang'a as a county initiative. The program attracted approximately 1,500 addicts.

Methods Tents were pitched in the stadium and make shift facilities provided to facilitate the process. A team of qualified counsellors were invited to offer voluntary services. Medical staff were deployed from the county hospitals under the supervision of a psychiatrist. The Clients would go through a process of intake and to determine their level of addiction, different tools were used and if there was need for hospitalisation this would be facilitated at the local hospital. A program of rehabilitation that involved the twelve steps and life skills psycho education was put together.

Results The Rehabilitation centre currently holds eight hundred recovering addicts. The process of rehabilitation has reviewed well educated people who lost hope and immersed themselves into addiction and are now being structured to reenter into job markets and business as opportunities arise. Major issues of life threatening dangers have been addressed. A larger number of addicts from across the county, which has a documented 30,000 addicts, await to be admitted for rehabilitation.

Conclusions The battle against alcohol and drug addiction in Murang'a and in Kenya is far from complete but massive resources are required. Rehabilitation will help heal the country, socially, economically and emotionally.