Important notes:

- The abstract should be a maximum of **250** words. Abstracts exceeding this limit may not be accepted.
- Only registered delegates may present abstracts.
- Abstracts will only be considered if submitted in English.
- Abstracts are not edited by the organisers and author corrections will NOT be accepted after final submission. Abstracts should therefore be checked carefully for accuracy prior to submission.
- You should indicate one topic from the list that best suits your paper. The topics are used by the Scientific Committee to place abstracts in the most appropriate sessions.
- The submitting author should be the presenting author.
- The abstract shodul be structured using the following headings: **Background/introduction, Aim(s)/objectives, Methods, Results, Discussion/conclusions**
- When a paragraph stops (e.g. within **Objectives**) the sentence should finish with a full stop. The next sub-heading e.g. **Methods** should then begin on a new line.
- The abstract should be as informative as possible and mention statistical methods where appropriate. **ONE** table may be included but no photographs, figures or references, statements such as "results will be discussed" or "data will be presented" will not be accepted. Non standard abbreviations should be described in full when first mentioned followed by the abbreviation in parentheses. The names of authors, names of hospitals, medical schools or clinics should **NOT** to be mentioned in the title or text of the abstract.

Title:

A systematic review of associations between substance use and sexual risk behaviour, STIs and unplanned pregnancy in women

Abstract: (Your abstract must use Normal style and must fit into the box. Do not enter author details)

Background/introduction:
Associations between substance use and sexual risk among general populations of women may be helpful in the development of a sexual risk assessment tool for community health settings.

Aim(s)/objectives:
To review the evidence for whether smoking, alcohol and drug use variables are associated with reporting of unprotected sexual intercourse, multiple partnerships, STI diagnoses and unplanned pregnancy in women aged 16-44 years.

Methods:
Seven electronic databases were searched for probability population surveys published between 31/1/1994 and 31/1/2014 that reported on at least one of the outcomes above. Studies were included on women aged 16-44 years in the European Union, Australia, New Zealand, USA or Canada. An independent reviewer screened 10% of title and abstract exclusions and all full-text papers.

Results:
Three papers were identified. Current smoking was associated with unplanned pregnancy in the last year (Wellings 2013) and with current non-use of contraception among women (Xaverius 2009). Reporting ever smoking daily was also associated with reporting larger numbers of lifetime sexual partners (Cavazos-Rehg, 2011). Drug use in the last year (excepting cannabis) was associated with unplanned pregnancy (Wellings 2013). Cavazos-Rehg, 2011 found a dose response between lifetime partner numbers and heaviness of marijuana and alcohol use. Conversely Xaverius, 2009 found alcohol use was lower among those reporting current non-use of contraception.

Discussion/conclusion:
No clear direction emerged for the association with alcohol use, in contrast to drug use and smoking. Further research is needed to establish if alcohol has utility in a women's sexual risk assessment tool for community use.