Overview

The publication of the Annual Report of Trends in Behaviour (ARTB) in 2016 sits within a very dynamic context for HIV and for hepatitis C. Some of the indicators that we have relied on from the early days are no longer enough to understand these changes and the growing complexity of the field. This complexity generates additional questions to consider and requires ongoing adaption of surveillance responses in order to capture these advances in biomedical technologies and communities' evolving practices. We also need to take additional care to unpack and interpret the data we have generated to continue to contribute to the Australian blood borne virus (BBV) and sexually transmissible infection (STI) responses.

Throughout the ARTB we make comment on not only the meanings of the data we have generated, but the methods by which they were obtained including the need to update questions and measures and approaches. While we seek a stable surveillance system, it must be one that is meaningful to the context and fit for purpose. This takes significant effort to inform ourselves from a range of perspectives, being abreast of clinical and technical advances in medications, from the policy perspective in relation to emerging strategic interests and especially in relation to what is important to the variety of communities affected by BBVs and STIs, including detailed knowledge of the specific needs of communities and differences between them.

This is the most comprehensive ARTB yet. We have reorganised the presentation of material to reflect prevention, care and treatment cascades for a range of BBVs and STIs and priority populations. The wide ranging nature of the report makes it difficult to present a complete summary. Different audiences will seek information from various sections of the report. But beyond the cascade approach to measuring risk practices and uptake of treatment, is the need to triangulate with data from a range of other sources.
However, a few key issues stand out:

**Gay and other men who have sex with men and HIV prevention**

Detailed analyses of the sexual risk and risk reduction practices of gay men show a shift away from consistent condom use to non-condom-based HIV prevention strategies. As the use of biomedical technologies become more widespread it is important to understand not only the uptake of these, but their uptake by different groups and the importance of these findings for ongoing communication with affected communities and delivery of programs. Despite the highest reported rates of uptake of HIV treatments in 2015, belief in the efficacy of treatment as prevention varies significantly between HIV positive and HIV negative or untested men. While use of pre-exposure prophylaxis (PrEP) was low in 2015, there were significant gaps in knowledge identified which will have importance for the roll out of larger PrEP trials currently underway.

**Heterosexually identifying young people and STIs**

Our work has shown that significant work is required to support young people in relation to their sexual health. Significant knowledge gaps, low rates of condom use and barriers to STI testing (such as knowing where to obtain a test) reported by significant proportions of young people are ongoing challenges for effective STI responses. We look forward to being able to report on these data over time and examine changes in these key indicators.

**Models of care for HIV and viral hepatitis**

A significant proportion of the Centre for Research in Health (CSRH) research program is focused on understanding the decisions made by people living with HIV and viral hepatitis regarding engagement with care, and subsequently, how systems of care could be adapted to better meet the needs of their clients. Despite overall record levels of HIV treatment uptake, a sizeable proportion of those living with HIV will experience treatment failure or be lost to follow up. How doubts about HIV medicine appear requires an understanding of the influence of individual patient, clinician, workforce and system levels. A similar lens is required to examine how better models of care can be provided to the diverse communities most affected by hepatitis B. For a number of years, our work has sought to examine new models for hepatitis C care, including peer delivered models. The ways in which health services should be “fit for purpose” will transform again from 2016 with new generations of hepatitis C virus (HCV) treatments available for all.

**Stigma**

One of the strengths of the CSRH research program across all areas has been the continued spotlight thrown on stigma. Stigma is a key focus of this ARTB and underpins many of the analyses whether these are direct examinations of the impacts of stigma or lens with which we interpret findings. We examine the social positions, meanings and identities of BBVs and STIs and communities living with these. We examine the relationships of these social meanings with prevention, care, treatment and broader wellbeing experiences. We have examined the experience of Aboriginal people living with hepatitis C, including the protective effects of community attachment and the impact of stigma on decisions about treatment for HCV. We also flag a future project in which we can report, as an indicator, changes over time in the experience of stigma among key priority populations.
Data summaries

HIV among gay men and other priority populations

Reported data regarding sexual practices and risk among gay men are predominantly collected through the ongoing Gay Community Periodic Surveys (GCPS). Initiated in 1996, the GCPS are conducted in capital cities and other densely populated areas of Australia where gay men congregate: Adelaide, Canberra, Melbourne, Perth, Queensland (Brisbane, Cairns and the Gold Coast) and Sydney. In 2014, Tasmania was added to the network of GCPS locations. The GCPS deliberately target men who are socially and sexually involved with gay men, and recruit participants at gay community venues and events, sexual health clinics and online. See Appendix A for more information.

Sexual practices and risk reduction in gay men

Data regarding sexual practices and risk among gay men are predominantly collected through the ongoing GCPS. While these surveys show that many indicators of HIV risk among gay men have remained stable, trends in several important indicators suggest emerging challenges in further reducing the HIV epidemic in Australia. The 10-year trends in the proportions of men reporting more than 10 male sexual partners (decrease by about 2%, i.e. 28% in 2006 to 26% in 2015) and no condomless anal intercourse (CLAI) (stable at 52%) point to certain stability in HIV-related risk practices on the one hand. On the other hand, however, there have been substantial increases in the proportions of men engaging in any condomless anal intercourse with regular (CLAIR, increase by 9%, i.e. 46% in 2006 to 55% in 2015) and/or with casual partners (CLAIC, increase by 8%, i.e. 33% in 2006 to 41% in 2015). In particular, increases in CLAI are the most prominent between regular partners perceived to be of the same HIV status (by about one-in-five HIV-negative men); between casual partners after consistent disclose of HIV-status before sex (i.e. ‘serosorting’ by about half of men who had any CLAIC, regardless of HIV-status); or relying on HIV-positive men themselves being virally suppressed (by three-quarters of HIV-positive men who had any CLAIC). Taken together, the GCPS data suggests both HIV-positive and HIV-negative gay men tend to gradually shift away from consistent condom use during anal intercourse to non-condom-based behavioural or biologically-based risk reduction strategies on the one hand and avoiding anal intercourse all together on the other hand.

Male partners and safe sex by participants in Gay Community Periodic Surveys

Over the last 10 years, the proportion of men reporting more than 10 male sex partners in the six months prior to survey has fallen across Australia, from 28.3% in 2006 to 26.2% in 2015. This decreasing trend over the 10-year period has been consistent across all participating states and territories, except in Adelaide, Melbourne and Queensland.

The proportion of men who had no CLAI with male partners has remained stable around 52% nationally in the past 10 years but decreased in the past three years. Rates of men who had no CLAI in Melbourne and Queensland have continuously declined, both over the past 10 years and in the most recent three years.

Risk and risk reduction with regular male partners by participants in Gay Community Periodic Surveys

Condomless anal intercourse with regular male partners remains more common than condomless anal intercourse with casual male partners. About half of men with regular partners report any CLAIR, and nationally this rate has increased over the last decade and in the most recent three years (by 7%, i.e. 48% in 2013 to 55% in 2015). Rates of CLAIR have continuously increased in Melbourne and Queensland, both over the past 10 years and in the most recent three years.
Among men with an HIV sero-discordant or sero-nonconcordant regular male partner, nationally the proportion reporting any CLAIR within their relationship has increased to 45% both over the past 10- and three-year periods. While rates have been stable in Sydney, significant increases have occurred in Melbourne and Queensland in the past 10 years.

The proportion of men in sero-concordant HIV-negative relationships who have explicit “negotiated safety agreements”, which could reduce HIV transmission in these regular relationships, has declined to 30.4% in 2015. The 10-year trend has declined in most of the participating states and territories, except in Canberra and Sydney.

Risk and risk reduction with casual male partners by participants in Gay Community Periodic Surveys and the HIV Stigma Barometer Study

Over the last 10 years, rates of CLAIC among men with casual partners have increased nationally, from 33.0% in 2006 to 41.2% in 2015 (the highest ever on record). This increasing trend has been consistent across all participating states and territories, except in Canberra and Perth. In the past three years, proportions of men reporting CLAIC have been increased nationally and in Melbourne and Queensland but remained stable in Canberra and Sydney.

Over the past 10 years, both HIV-negative and -positive gay men have become increasingly more likely to disclose their HIV status to all casual partners. Among HIV-negative men with casual partners, the proportion reporting consistent disclosure of their HIV status to all casual partners increased from 18.4% in 2006 and to 28.6% in 2015. This 10-year increasing trend has been consistent across all participating states and territories, except in Canberra and Sydney. In the last three years, the rates have increased nationally as well as in Melbourne and Sydney but decreased in Canberra and stabilised in Queensland.

HIV-positive men are increasingly more likely to disclose their HIV status to all casual partners than HIV-negative men. Notably, among HIV-positive men with casual partners, the proportion reporting consistent HIV-status disclosure to casual partners increased nationally to a record-high (43.0% in 2015). This trend has also increased in the past three years.

Apart from the GCPS, another study conducted by CSRH and AFAO (the HIV Stigma Barometer Study) explored other possible drivers of HIV status disclosure, in addition to risk reduction. Among gay men not reported to be HIV-positive, over three-quarters (76.3%) expected their HIV-positive partner to disclose before sex, whereas no more than half (41.6%) expected their HIV-negative partners to do so. Further, 41.7% of these non-HIV-positive participants had consistently disclosed to all of their sexual partners. Of these non-HIV-positive men, those who limited their partners to non-HIV-positive sex partners tend to have less contact with the HIV epidemic (e.g. less likely to have acquaintances being HIV-positive) and be less informed about the complexity of HIV risks and prevention than those who did not limit to non-HIV-positive sex partners.

Condom- and non-condom-based risk-reduction strategies by participants in Gay Community Periodic Surveys

Detailed analyses of the sexual risk and risk reduction practices of gay men show a shift away from consistent condom use to non-condom-based HIV prevention strategies. Consistent condom use remains the most practised risk reduction strategy among HIV-negative men (26.3% in 2015, down from 34.3% in 2006). Among HIV-positive men, however, consistent condom use is no longer the most practised risk reduction strategy and has declined most rapidly (HIV-positive men with an undetectable viral load [UDVL]: from 30.0% in 2006 down to 13.4% in 2015; HIV-positive men with a detectable viral load [DVL]: from 24.9% in 2006 down to 10.3% in 2015). Instead, CLAIC without full HIV disclosure becomes the most common practice for HIV-positive men with an UDVL (23.9% in 2006 up to 27.5% in 2015). For HIV-positive men with a DVL, although actual numbers of men were small, CLAIC with full HIV status disclosure becomes the most practised risk reduction strategy (12.9% in 2006 up to 33.3% in 2015).
Among gay men who had engaged in CLAIC in the previous six months, ‘serosorting’ (ensuring partners of the same HIV-status) becomes the main risk reduction strategy by HIV-negative men and maintaining viral suppression becomes the main strategy by HIV-positive men.

Perceptions of HIV pre-exposure prophylaxis (PrEP) among gay and bisexual men by participants in the PrEPARE Study

Reported use of post-exposure prophylaxis (PEP) and PrEP in the PrEPARE study surveys show willingness to use PrEP has remained relatively stable since 2011, reported by 28%-32% of HIV-negative and untested men, presumably reflecting increased awareness and availability of PrEP in Australia. Willingness to use PrEP remains concentrated among men at increased risk of HIV, including men who engage in CLAIC, those with HIV-positive partners and men who have previously taken PEP.

Now that PrEP availability is rapidly expanding in Australia, particularly in the three Eastern states, it will be interesting to see if willingness to use PrEP remains concentrated among men at higher risk of HIV as recommended in the ASHM prescribing guidelines. Gay men's knowledge of the PrEP guidelines are considered relatively poor with about 38% being aware that PrEP should only be recommended for people at high risk of HIV and 51% being aware that taking PrEP requires regular clinical monitoring.

Use of PEP and PrEP by participants in Gay Community Periodic Surveys

The reported use of PEP and PrEP in the preceding six months by GCPS participants show that only a minority of men has taken them. Close to 4% of HIV-negative men in GCPS had use any prescribed PEP in the previous six months (unadjusted data, 3.5% in 2013, 3.3% in 2014 and 3.9% in 2015). No more than 2% of HIV-negative men in GCPS had used any PrEP in the previous six months, most likely acquired without prescription (unadjusted 1.7% in 2013, 1.3% in 2014 and 2.0% in 2015).

Early experience of PrEP in Australia by participants in the VicPrEP Study

Preliminary results show that most participants in the VicPrEP demonstration project (n=92) were gay or bisexual men and over 85% were completely adherent to the PrEP doses as prescribed. Participants reported positive changes in their sexual experiences (i.e. reduced concerns about HIV acquisition, increased confidence about sexual performance, and enhanced sexual pleasure) after PrEP uptake. Negative reactions from their sexual partners (e.g. avoidance) were not commonly reported. Further qualitative findings show the emergence of a new HIV-negative identity due to the protection of PrEP (e.g. being “neg and on PrEP”). There was a substantial increase in the proportion of participants endorsing PrEP effectiveness, from 25% to 49.4% over the first three months of the study. Of note, increases in CLAI during study follow-up have been observed. Although this does not directly translate into increased HIV-related risks given that participants have maintained high adherence to PrEP in the study, the study is likely to show increased STI-related risks over time.

Interest in using rectal microbicides by participants from the PrEPARE Study

Although no rectal microbicide product has yet been approved for use, rectal microbicides could become yet another important HIV bio-behavioural prevention tool in addition to PrEP. For gay men in particular, microbicide products are expected to provide lubrication during anal sex. Of the 1223 HIV-negative and status unknown respondents to one of the PrEPARE surveys, there was moderate interest in rectal microbicides. Potential use of rectal microbicides was independently associated with being born from overseas, perceived likelihood of HIV acquisition, beliefs in products’ efficacy, engagement in CLAIC in the past six months and history of PEP use.
HIV and STI testing among gay men

Ever and recent HIV testing by participants in Gay Community Periodic Surveys

Over the past 10 years, relatively stable trends have been observed in the proportion of participants in the GCPS reporting having ever tested for HIV (from 90.6% in 2006 to 89.5% in 2015), largely due to sampling variation. This decreasing trend has been significant across all participating states and territories, with the exception of Melbourne and Perth where rates remained stable. Rates of having ever tested for HIV were stable across all jurisdictions in the past three years.

Over 60% of non-HIV-positive GCPS participants (including those who had never tested for HIV in the denominator) reported having had at least one HIV test in the preceding 12 months. This rate was stable in the past 10 years but increased in the past three years. The 10-year trends declined in Adelaide and Sydney, increased in Melbourne and Queensland, and remained stable in Canberra and Perth. In 2015, of the non-HIV-positive men who had HIV testing in the previous 12 months, close to 29% (unadjusted data) had been tested at least three times.

Comprehensive STI testing by participants in Gay Community Periodic Surveys

The proportion of participants in the GCPS who reported having at least four different tests for STIs (i.e. throat swab, anal swab, urine sample and blood test other than for HIV) in the 12 months prior to survey increased from 25.6% in 2006 to 43.8% in 2015. This increasing trend in comprehensive STI testing has been observed in all participating states and territories, except in Adelaide where it remained stable. In the past three years, a significant increase has been observed in Queensland and Sydney, whereas a decrease trend in Canberra and a stable trend in Melbourne.

Identifying undiagnosed HIV infection

There are common and enduring barriers to HIV testing, such as perceiving oneself to be at low risk of HIV, fearing the consequences of testing (such as discrimination or rejection), and perceiving few benefits of testing. Recent CSRH-led or involved research (including the Count Study led by CSRH) has found that structural barriers and the inconvenience of testing, such as difficulty in finding somewhere to test, getting an appointment, or having to return to the clinic for test results, are additional impediments to improving the frequency of testing. This has prompted reflection on the ways in which HIV testing is accessed, and has led to new models of service delivery such as community-based and peer-led HIV testing.

HIV sero-discordance and its influence on patterns of HIV and viral load testing by participants in the YouMe&HIV Study

Understanding the different meanings around testing among couples with mixed HIV status is of great value to ensuring the strength of the treatment cascade and how best to support affected populations in engaging with clinical care in a way that makes sense to them.

Living with HIV

Antiretroviral treatment and viral load among HIV-positive gay men in Gay Community Periodic Surveys

Nationally, the proportion of HIV-positive men recruited into the GCPS has been stable around 14%-18% between 2006 and 2015.

Nationally, 86.5% of HIV-positive gay men in the GCPS reported being on antiretroviral treatment (ART) at the time of the survey in 2015 (a record-high). Antiretroviral treatment (ART) uptake had increased significantly over the last 10 years, from 60.1% in 2006. The increasing trends were consistent across Melbourne, Queensland and Sydney in the past 10 years as well as in the most recent three years.
The proportion of HIV-positive men reporting an undetectable viral load at the time of the survey, the majority (>85%) on ART, has increased substantially over the past decade nationally, from 55.2% in 2006 to 87.9% in 2015 (a record-high). These rates have increased nationally and across Sydney, Melbourne and Queensland in the past 10 years as well as in the most recent three years.

**Uptake of antiretroviral treatment and treatment decision-making by participants in the ART Use and Non-use Study**

ART coverage in Australia continues to increase and is reasonably equitable across different groups at various stages of HIV infection. To further increase ART coverage and promote early ART initiation among people living with HIV in Australia, better clinical care and sustained structural support are needed for HIV management throughout their life course. But first and foremost, providing adequate and appropriate support for people with newly diagnosed HIV to make important decision on when and how to take up ART and engage with a range of clinical and community support services is critical. We need to ensure that the growing focus on treatment uptake avoids contributing to practices or perceptions of coercion, which risk forcing those with even minor doubts into stronger positions of treatment refusal and mistrust in the healthcare system.

**SMS Messaging to promote adherence to ART for HIV by participants in the BGF Adherence Study**

The main objective of this collaborative study between CSRH and the Bobby Goldsmith Foundation (BGF) is to systematically and comprehensively assess the acceptability and feasibility of SMS messaging delivered to individual's mobile phones as a support mechanism for people living with HIV, particularly by supporting treatment adherence. A six-week SMS campaign was launched by BGF between August and September 2015. The 62 valid online survey responses and 11 subsequent individual phone interviews were completed. This research collaboration is an important endeavour in our pursuit to find easy-to-use, easily implemented and sustainable tools to promote ART adherence, particularly among clients with diverse and complex service needs.

**ART adherence, engagement with HIV clinical services by participants in the PAART Study**

Each year, a sizable proportion of people diagnosed with HIV in Australia experience ART failure or be considered lost to follow-up from their primary HIV clinical providers. To date, no surveillance/monitoring system has comprehensively assessed types and reasons for ART failure (e.g. non-adherence, intended interruption due to intolerability, side effects or viral resistance) and factors associated with patients’ disengagement from HIV clinical care in Australia.

PAART is an open, prospective clinical observational cohort, established in October 2013. Over 500 patients have already been enrolled from 17 clinical sites nationwide into the cohort. A two-year follow-up from baseline recruitment is currently underway. Data from this observational clinical cohort will provide much needed real-life (i.e. outside of strictly planned clinical trial settings) information on key facilitators and barriers at both patient and clinical system-levels that predict continuous ART use, maintenance of high levels of ART adherence and sustained retention in HIV clinical care in Australia. This project is led by St. Vincent Hospital in Sydney, in collaboration with CSRH and the National Association of People with HIV Australia (NAPWHA).

**The impact of HIV treatment-related stigma on treatment uptake in the HIV Stigma Audit study**

In another survey of 697 people living with HIV, experiences of both treatment-related and more general HIV-related stigma were common, though participants appeared to experience more stigma related to HIV treatment uptake than stigma realted to other aspects of HIV. Treatment-related stigma however, was not associated with ART uptake in this study.
STIs among young people

The 'It's Your Love Life' periodic survey contributes new knowledge on the attitudes and practices of heterosexually-identified young people aged 15-29 years living in NSW and their exposure to sexual health promotion initiatives. Results indicate that while knowledge of STIs is generally fair, some gaps remain, with only half (53.9%) of young people knowing that STIs often have no symptoms. While young people in this sample had a high perception of the severity of STIs, most young people felt unlikely to contract and STI. Overall, a majority of heterosexually-identified young people (62.2%) were found to have had sex without condoms in the 12 months prior to the survey. Despite high rates of condomless sex, less than half of sexually active heterosexual young people (42.8%) reported that they had ever tested for STIs. Of those ever tested for any STIs, over half (56.5%) had been tested in the past 12 months. The proportion of participants who had ever tested for any STI differed by gender, with only 36.4% of male participants ever tested compared to 46.1% of female participants. This underscores the importance of strengthening the promotion of STI testing among young men in particular.

A range of individual, social and structural barriers were identified that contribute to low levels of condom use and STI testing. Promoting condom use among heterosexual young people will require comprehensively addressing some individual and social barriers, as well as improving access to free condoms and addressing concerns regarding confidentiality. To promote STI testing, a range of other perceived barriers also need to be addressed, including that only a minority of participants thought their peers would support their testing for STIs. Subjective norms were found to be less supportive of STI testing than that of condom use among heterosexually-identified young people.

A substantial proportion of young people may not have been exposed to sexual health promotion messages to an extent that would suffice to influence their sexual health-related attitudes and behaviours.

Results also indicate that the proportion of heterosexually-identified participants who reported having received free condoms in the past 12 months was limited (16.8%), and only 9.9% of heterosexually-identified participants were aware of any websites providing sexual health information. This illustrates the importance of improving access to (free) condoms and ensuring young people are aware of the online resources that are available to support their sexual health needs.

Together these findings provide important guidance for the strengthening of sexual health promotion initiatives among young people in NSW and a baseline to evaluate efforts to strengthen young people’s engagement with sexual health promotion, including SHPF components which all aim to promote young people’s sexual health.

Hepatitis C and other blood-borne viruses among people who inject drugs and other priority populations

Drug use and injection by participants in Gay Community Periodic Surveys

Amyl nitrite is the most commonly used drug by gay men in the GCPS. The proportion of men reporting the use of amyl nitrite has remained stable over the last decade, and was used by around 35%-40% in the six months preceding the survey. The rate of cocaine use has also stabilised at around 10%-13%. The use of other recreational drugs, including cannabis, ecstasy and methamphetamines, has declined since 2006. In contrast, the proportion of men reporting using erectile dysfunction medication, such as Viagra, has increased over the 10-year period, from 21.2% in 2006 to 25.5% in 2015. In the past three
years, reported usage of all substances has remained stable, except a decline in ecstasy.

More detailed analysis from the GCPS data focusing on methamphetamine use shows that any use of crystal methamphetamine, but not powder methamphetamines (i.e. speed), in the previous six months has increased slightly since 2010 (9.6% in 2010 to 11.4% in 2014). Mixing crystal methamphetamine use during various sexual contexts, however, is more likely to be adopted by certain sub-groups of gay and bisexual men, placing them at increased risk of both HIV and HCV transmission.

The use of crystal methamphetamine particularly in the context of sexual encounters and poly drug use (with or without injection) among specific groups of gay men suggests an urgent need to provide appropriate harm reduction and treatment services for these men.

Injecting drug use is low but more commonly reported among gay men than in the general population. The 10-year trends have remained stable nationally and across Melbourne, Sydney and Queensland at around 5%-7%. The proportion of gay men reporting any injecting drug use in the previous six months has increased in Melbourne and Queensland and remained stable in Sydney in the last three years.

Sexual identity and substance use in the general Australian population among participants in the National Drug Strategy Household Survey

Gay, lesbian and bisexual (GLB) men and women are more likely to report illicit drug use (non-injection and injection) in the previous 12 months than their heterosexual peers (36% vs 17% for men; 29% vs 11% for women, respectively). GLB men and women are at heightened risk of harms caused particularly by problematic drug use, which calls for more responsive and targeted harm reduction services for this population in Australia.

Hepatitis C risk factors, attitudes and knowledge amongst HIV-positive, -negative and status unknown gay and bisexual men in Australia

Differences were found to exist between HIV-negative, HIV-positive and HIV-untested gay and bisexual men on a range of sexual activities and attitudes associated with HCV. This suggests that HCV education and prevention for gay men may be most effective if tailored according to HIV status.

An online survey conducted in 2013 at CSRH of 405 gay and bisexual men found that increased HCV knowledge was associated with having completed university education, being HIV-positive and a history of drug injection.

Hepatitis C, sex and drug-related risk among Australian gay and bisexual men

Sharing of injecting equipment by Australian gay and bisexual men was associated with crystal methamphetamine use and sexual encounters. In an online survey of 474 gay and bisexual men, of the 71 men who had injected in the previous six months, 41% (n=29) reported sharing ancillary injecting equipment (including needle syringes). This suggests further investigation is needed into the sub-cultural meanings of crystal methamphetamine use, the injection of drugs and the sharing of injecting equipment within social-sexual settings among certain subgroups of gay men in Australia.

Understanding and preventing hepatitis C transmission within heterosexual couples

Couples are a key group to examine for hepatitis C prevention but little attention has been provided to this group. A CSRH qualitative interview study of 40 heterosexual couples who inject drugs found that health promotion efforts should recognise the unique issues that face couples who inject drugs, and that disregarding their partnerships means missed opportunities for understanding decision-making around injecting drug use and HCV prevention.
Peer distribution of sterile injecting equipment

Peer distribution of injecting equipment has been, until recently, illegal in all Australian jurisdictions. CSRH research using qualitative and quantitative methods has demonstrated that peer distribution is relatively frequent and grounded in altruism and concerns for safety. A recent analysis of the legal and regulatory frameworks surround peer distribution conducted by CSRH in collaboration with colleagues at the National Drug and Alcohol Research Centre and Monash University showed that the laws around “peer distribution” of equipment portray people who inject drugs as needing control and oversight. This portrayal undermines the potential to engage people who inject drugs as partners in the prevention of blood-borne viruses. The recent change in three jurisdictions to remove this legal barrier to safer injecting practice is welcome and supported by evidence.

Injecting drug use and BBV risk among Indigenous young people in incarceration

The Goanna study, which included a survey of 2,877 young Aboriginal people, showed a low prevalence of recent injecting, at about 3% of the total sample, although this is a higher proportion than the 1% reported in the general population. We observed a very high rate of receptive needle and syringe sharing (37% of those who had injected) although this is similar to that reported in recent studies of younger injectors. At an average age of 21 years, almost half of the participants in this study who had injected had a history of incarceration.

Pathways to alcohol and other drug care and treatment among young drug users involved with the police in NSW and Victoria

The prevalence of HCV among those incarcerated in juvenile justice facilities is very high. In a project conducted in collaboration with Turning Point Alcohol and Drug Centre, interviews (n=64) were conducted with police, young substance users aged 16-24 years, and staff of youth-focused alcohol and drug services and analysis undertaken of existing survey data. This project showed that understanding how young people can be supported to avoid contact with the criminal justice system is important for the HCV response.

Hepatitis C risk in prison settings

With a range of collaborators, CSRH has been active in commenting on the structural factors affecting hepatitis C risk in prison. Without access to sterile equipment in prison via a formal Needle and Syringe Program, inmates have few means by which to reduce their HCV risk. Programs and policies that can impact this risk include those within the criminal justice system (such as decriminalisation of drug use or alternative, community-based sentencing options for those with drug-related convictions) and within the corrections health system (such as greater access to drug treatment programs).

Knowledge about liver diseases and liver fibrosis assessment among people who inject drugs in alcohol and other drug treatment settings

The LiveRLife study conducted in collaboration with the Kirby Institute and health service partners provided Transient Elastography screening and examined knowledge and attitudes before and after screening. Among 253 people who inject drugs attending drug and alcohol treatment, baseline HCV knowledge scores were moderate, but there were significant gaps in knowledge of HCV antibody testing, factors impacting on HCV disease progression, and response rates to HCV treatment. Transient Elastography as a means to assess liver fibrosis was highly acceptable prior to screening and this acceptability increased after screening.
A review of interventions to increase hepatitis B and hepatitis C screening, assessment and monitoring

Complex, multimodal educational interventions appear to cause behavioural changes that increase rates of testing, vaccination, and treatment. As well, community-based interventions have used a variety of theoretically informed and culturally appropriate strategies to increase uptake of screening, including: the use of lay health workers from culturally and linguistically diverse communities; role-plays; physician education; electronic physician prompts; FibroScan (Transient Elastography) in street-based outreach clinics; nurse-led assessment clinics; hepatitis A and B vaccinations; support; and motivational interviewing-enhanced case management assistance.

These interventions have successfully: engaged people who inject drugs with health services; facilitated hepatitis care coordination in opioid substitution clinics; integrated infectious disease programming in mental health settings and increased acceptance of such services among clients; and lowered costs of screening and reduced waiting times. The following interventions were reported as potentially cost-effective: screening all recent arrivals for chronic HBV and treating recent arrivals; implementing an opt-out, general practitioner HCV case-finding intervention; interventions targeting multiple points along the HCV cascade-of-care; and one-off HCV testing of all people in the birth cohort 1945-1965.

Positive Speaking among people living with hep C

This qualitative study explored the experiences of nine people who were part of the positive speakers program (C-een and Heard) managed by Hepatitis NSW. People who take up positive speaking roles had typically witnessed or experienced hepatitis C-related discrimination, particularly in health care settings. These experiences led speakers to challenge misinformation and negative attitudes and start on a path of advocacy, culminating in participation in positive speaking programs.

The role of Aboriginal community attachment in buffering against stigma and promoting lifestyle changes after hepatitis C diagnosis

In a sample of 203 Aboriginal people living with HCV, those who felt more attached to their Aboriginal community were more likely to show greater resilience, report having a better quality of life and report less HCV-related stigma than those who were not as attached to their Aboriginal community. Attachment to an Aboriginal community was associated with positive lifestyle changes, such as changing their diet, reducing alcohol or illicit drug use, increasing level of exercise and having more regular HCV check-ups after diagnosis with HCV.

Multiple forms of stigma among Aboriginal and Torres Strait Islander people living with hepatitis C

In a qualitative interview study of 39 Aboriginal people living with hepatitis C, another layer of HCV-related stigma was described, which related to the cultural experience of shame, was found to have a profound impact on health and health care outcomes.

The impact of stigma on the provision of health care for people who inject drugs

In a survey of 57 health care workers, participants' beliefs about their colleagues’ attitudes impacted on whether they would prescribe pain medication to a person who injected drugs. Those who perceived their work colleagues to be more supportive of harm reduction were more willing to prescribe pain medication, whereas participants’ own support for harm reduction had no bearing on their intention to prescribe medication.
Discrimination by health care workers versus discrimination by others: countervailing forces on hepatitis C treatment intentions

In a survey of 416 people who reported having acquired HCV through use of non-sterile injecting equipment, experiencing discrimination from health workers resulted in lower intentions to engage in HCV treatment in the future.

Evaluation of two community-controlled peer services accessing hepatitis C services in OST clinics

In a qualitative interview study (n=42) conducted in collaboration with the Kirby Institute, NUAA (the NSW Users and AIDS Association) and participating health services (part of the ETHOS project), we described the ways in which peer workers may enhance the operation of hepatitis C clinics by engaging clients in education and support, allowing better prepared clients to engage with clinical staff. We conducted interviews with clinic clients (n=31), clinic staff (n=8) and peer workers (n=3) at two clinics in which peer support programs were operating. Although this study was conducted in the era of interferon-based treatments, it is suggested that peer workers remain essential in the era of new treatments to provide ongoing education and support, and to assist in moving the discourse away from the "horror stories" of interferon-based treatments.

Strengthening health workforce capacity to deliver HIV treatment in the community

In a qualitative study of 47 clinicians (including GPs actively prescribing HIV medications, GPs providing other non-medication forms of HIV care, GPs who had stopped maintaining their prescriber status and general practice nurses involved in HIV care), we documented the major challenges experienced by GPs in delivering HIV care and treatment in the community. These challenges included keeping up with knowledge, navigating low caseload and regional issues, balancing quality care with cost factors, and addressing the persistent social stigma associated with HIV.

Structural barriers and facilitators of hepatitis B and hepatitis C treatment and care in primary care settings: a literature review

This review focused primarily on the structural barriers and enablers to hepatitis B and C treatment and care in primary care settings. The management of HBV within primary health care settings was improved by community outreach programs, community-based education programs, and professional education programs.

Similarly, the management of HCV within primary health care settings could be enhanced through the development of social and structural interventions to promote HCV treatment, including strategies to address: stigma reduction; drug dependence; social support; mental health care; infectious disease; improvements in housing; enhanced geographic access to treatment; offsetting transport costs; overcoming the consequences of the criminalisation of illicit drug use; and sensitivity to cultural and ethnic diversity and gender differences. Primary care services should be promoted as community-based, mobile and/or situated in areas where people who inject drugs live, congregate and access health care and other services.