Shifting the Hep C prevention paradigm to include people of diverse cultural backgrounds

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A prevention paradigm

Public Health Environment

Abstinence

Heavy drug use

Prevention

Interventions

Harm Reduction

Health Promotion

OST Treatment
The prevention paradigm

Focus will vary depending on the agency you work for:

- Who are the CALD ‘communities’ in your catchment area?
- What are the problematic drugs?
  - Licit / Illicit? Or both?

More than just posters on the walls:

- Outreach – going where people are not waiting for them to come to you
- Building trust with those most at risk of Hep C
Some examples

<table>
<thead>
<tr>
<th>Country of birth</th>
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<tbody>
<tr>
<td>Vietnam</td>
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<td>Sudan</td>
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- Civil war
- 3rd country resettlement
- High youth numbers
- Unaccompanied minors
- Experience of racism in Australia
- Police brutality
HIV prevalence high
Generational conflict
Community acceptance of drug use
Unemployment endemic
Existing community support
Others??

Country of birth
☑ Vietnam ☑ Sudan
☑ Vietnam ☑ Sudan
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☑ Vietnam ☑ Sudan

Unique experience?
Unique experience?

CLV, Indo-chinese, Southeast Asian
- Despite range of cultural, religious, differences in people from Laos, Cambodia & Vietnam

Horn of Africa
- Ethiopia, Somalia, Eritrea, Djibouti (Sudan, & Kenya sometimes as well)
Disparities evident

- High rates of achievement in education
- Disproportionate rates of criminal charges and imprisonment
- Higher rates than other CALD groups on pharmacotherapy (methadone, buprenorphine)
  - Retained for same length of time
  - Suggestive of higher rates of heroin consumption
- BBVs (especially Hep C) high and infection early in injecting careers
Identifying barriers CALD communities encounter

- Research needs assessment
- Community leaders / Community gatekeepers
- Develop programs that suit
Identify strategies to address these barriers

Think critically
- What prevention services do you offer?
- How can people get access to them?

Implementation / slowly but surely
- Commitment to changes
- Who needs to be onside?
  - Management, other staff / board members
- Is extra funding necessary
  - Is it available? Where to get it?
Responses

Not well served by current models of health

- Especially western medicine in tertiary settings
- Illness and treatment are differently understood in traditional Vietnamese culture

Left to law enforcement to deal with issues like heroin use and trafficking

- Much less likely to receive parity of care
- Magistrates & judges reflect views of mainstream
You could do well to remember that drug dealers deal in dependency despair and death and that your actions wreak the most terrible havoc upon our community.

Heroin is an evil drug, and the whole problem of drug addiction is almost universally a massive problem. Heroin distribution and use results in untold and incalculable misery, shattered bodies, and shattered minds.
Other issues

**Systems failure**

- Same organisations that facilitated their arrival now active in their deportation
- Greater potential for this to be reflected in emerging communities
  - Temporary Protection Visas

**Those outside mainstream agencies may work to create their own culture**

- May serve to further alienate
Summary

- Long term exposure
  - Listening and learning from service users
- Research / Investigate needs
- Think critically and look for ways to work more effectively both individually and as an organisation
  - For benefit of clients/participants
  - More than providing a bi-lingual worker or posters in another language
- Trust
- Don’t blame
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