anex bulletin
volume 4
edition 4
july 06

HEPATITIS C THE ROADS AHEAD

We need to be making the most of opportunities to engage and work with clients to find tailored solutions that would work for them. That requires a well-trained, skilled and sensitive workforce

'It has been a fascinating era. The progress has been enormous compared with many other countries.' Professor Robert Batey, Chair of the Hepatitis C Sub-Committee of the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH) is referring to the previous years of Australia's response to the hepatitis C epidemic. Australia has led the way all through the 1990s in its response although more still needs to be done, he said.

Helen Tyrrell, Executive Officer of the Australian Hepatitis Council, agrees with this assessment and adds 'We haven't made much progress with regards to discrimination. And there continue to be gaps in our prevention efforts. Annual incidence [new hepatitis C infections] is still around 10,000. We have a long way to go before we can say the epidemic is under control,' she said.

Professor Robert Batey suggests that 'A big problem that we see is thousands of new infections among young people who are early in their injecting activities. They may not come into contact with the health system. It really drives the message to get user friendly resources to this group of people so that they are thinking about hepatitis C early.'

'I think Needle and Syringe Programs are a valuable exercise. They have the potential to introduce individuals at-risk to thinking about hepatitis C and about [hepatitis C] treatment. At the NSP you may be the only folk who would have contact with them. I see it as a primary part of our prevention efforts, and is likely to be for some time,' Professor Batey said.

People who are early in their injecting are one of several groups of people who have been identified as being at risk of hepatitis C infection. There are other priority groups. The evidence in relation to Indigenous injectors suggests that hepatitis C prevalence has increased from 52 per cent during 2000 to 68 per cent during 2004 (compared to an increase from 54 per cent during 2000 to 59 percent during 2004 among non-Indigenous IDUs).

People from culturally and linguistically diverse backgrounds have also been shown to have low levels of knowledge in regard to hepatitis C and have low access to health services such as Needle and Syringe Programs (NSPs).

Chief Executive Officer of Anex, John Ryan observes that 'the availability of sterile injecting equipment such as needles and syringes need to be expanded to include these priority groups. We need to ensure that preventative equipment and messages penetrate all niches where injecting occurs.'

Helen suggests that we need to 'identify people who don't currently access NSP and work out how services can meet the needs of this group of people. How do we make sure that they have access to services?'

> "We need to ensure that preventative equipment and messages penetrate all niches where injecting occurs."

A one size fits all approach won't work, says Helen. 'We need to look at what might be effective within particular communities and also look at what would work for individuals within those communities, particularly those initiating into injecting and those people who don't currently identify as injecting drug users.'

Executive Officer of the Hepatitis C Council of NSW , Stuart Loveday says that 'arguably the greatest challenge is preventing transmission. Treatment is expensive and the side effects can be difficult for some people. The strength in prevention lies in NSP both in terms of the equipment supplied and in the workforce and their capacity to provide client education and support'.

Professor Nick Crofts, Director of Turning Point Alcohol and Drug Centre and former Director of the Centre for Harm Reduction in Melbourne agrees. 'There is emerging evidence that NSPs are associated with decreased transmission though relatively marginally. There is demonstrated understanding that the degree of behaviour change that you've got to bring about is higher for a high prevalence# virus than for a low prevalence virus. So on the basis of that understanding, it seems to make sense that these things do work and it's just that we are not doing enough, and not achieving enough penetration'.

'Improving access is a priority,' John said. 'For people living in rural and remote areas, access may be limited by the geographic distance and for some, the fear of being identified as a drug user with all of the attendant consequences such as censure from community members. Injecting drug use occurs 24-hours a day whereas many

 # An explanation of the term/concept appears on p.2 in Sharp Smart

cont. page 10

3 TEACHING SAFETY
4 EPIDEMIC IN THE WINGS
6 Injecting risk reduction
8 PREVENTION: Pushing the Boundaries
10 Drug Substitution Therapy
12 Australasian Amphetamine Conference