Viral Hepatitis in Australia

Annual Report of Trends in Behaviour 2020

Edited by: Joanne Bryant, Jake Rance, Carla Treloar
Acknowledgements

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References
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AOD</td>
<td>alcohol &amp; other drug</td>
</tr>
<tr>
<td>ARTB</td>
<td>Annual Report of Trends in Behaviour</td>
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<tr>
<td>BBV</td>
<td>blood borne virus</td>
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<tr>
<td>CASS</td>
<td>Chinese Australian Services Society</td>
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<td>CRP</td>
<td>Community Reference Panel</td>
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<td>CSRH</td>
<td>UNSW Centre for Social Research in Health</td>
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<tr>
<td>DAA</td>
<td>direct-acting antiviral</td>
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<td>DLM</td>
<td>Deadly Liver Mob</td>
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<td>EBM</td>
<td>evidence-based medicine</td>
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<td>EMI</td>
<td>evidence-making intervention</td>
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<td>GBM</td>
<td>gay and bisexual men</td>
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<td>GCPS</td>
<td>Gay Community Periodic Survey</td>
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<tr>
<td>HBV</td>
<td>hepatitis B virus</td>
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<tr>
<td>HCV</td>
<td>hepatitis C virus</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>MSM</td>
<td>men who have sex with men</td>
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<tr>
<td>NSP</td>
<td>needle and syringe program</td>
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<tr>
<td>OST</td>
<td>opioid substitution therapy</td>
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<tr>
<td>PRM</td>
<td>Patient-Reported Measure</td>
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<tr>
<td>PWID</td>
<td>people who inject drugs</td>
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<td>STI</td>
<td>sexually transmissible infection</td>
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Overview

This Annual Report of Trends in Behaviour (ARTB) focusses on viral hepatitis and provides a valuable opportunity to highlight our contributions to the changing landscape of hepatitis C (HCV) infection in Australia. Our research contributes in important ways, both by participating in the research and surveillance activities that inform prevention, diagnosis and treatment efforts, and by continuing to critique and question the normative assumptions that sometimes underlie research, policy and practice around viral hepatitis and those whose lives are affected by it. This report maintains the organisational structure used in previous years, presenting material to reflect the respective prevention, care and treatment cascades. While our research in 2019 was wide-ranging, there are a few key issues that stand out.

Models of hepatitis C treatment: Approaches that best respond to the needs of affected communities

Since the introduction of universal access to direct-acting antiviral (DAA) treatments in March 2016, there has been a substantial increase in the volume of our work that focuses on models of treatment and how they best meet the needs of affected communities. In this work, we seek to think critically about the ways that models of care are conceived and constructed. For example, our work on Patient-Reported Outcome Measures provides tools to measure treatment outcomes based on the perspectives and experiences of people from affected communities, rather than the expectations of clinicians or other professionals. Also, the Evidence-Making Interventions work investigates the processes by which ‘evidence’ is made and used in relation to new technologies and policies in health, such as DAA treatments. This work adds a critical lens to the way that we come to understand hepatitis C treatments and policies, suggesting that research and other scientific activities are one of the mechanisms by which hepatitis C is ‘made’, understood and responded to. In turn, such work helps to advocate for a more critical and careful practice-based approach to hepatitis C cure.

Innovative prevention is still needed

While much attention has been focussed on DAA treatments, we and others have stressed the continuing need to update and innovate approaches to prevention. This is because we know that there remain sizeable numbers of people living with HCV who either do not want, or cannot access, treatment; and, indeed, people who have successfully completed treatment and want to remain virus-free. Until ‘elimination’ strategies have sufficiently reduced viral prevalence, policy and service structures need to continue to be responsive to changes in how viral risk is framed and negotiated by those potentially affected, and the differing settings in which transmission
occurs. In 2019, we continued to publish research about peer distribution, an example of not only how the law can limit the possibilities for prevention but also of how affected communities act with collective volition by developing their own prevention mechanisms in order to protect each other.

**Stigma**

In 2019, our focus on stigma continued, underpinning many of the analyses in this report. Our research demonstrates how the negative attitudes of health workers towards members of affected communities (such as people who inject drugs) may manifest as discriminatory practice, acting as a barrier to the provision of good quality care. We know from previous research, including our own, that experiencing stigma or discrimination in health care settings is correlated with negative effects on health outcomes. We continue to examine the impact of stigma on the capacity of affected communities to navigate treatment systems, offering a range of possible interventions to mitigate its negative impact. Our Stigma Indicators Project continues to monitor the experience of stigmatisation among key priority populations over time, producing new and compelling data.

**Looking forward: COVID-19**

We expect that the communities most affected by viral hepatitis will also be among those that are disproportionately impacted by the COVID-19 pandemic. Our concern is that the often-tenuous link that such socially disadvantaged communities have with harm reduction, DAA treatment and other health care services will be further disrupted during this time, increasing their vulnerability to changes in housing, social and medical support. The research questions we need to ask in this respect are not just about how vulnerable populations are disproportionately affected, but also how the responses of our health care system may have inadvertently put people at further risk; how disadvantaged populations respond to these increased risks in agential ways to protect themselves; and what positive opportunities might arise as a result of COVID to change the ways harm reduction and health care services are delivered in the future. For example, there has been provision to reduce supervised dosing and to increase ‘takeaway’ dosing of opioid agonist treatment (methadone or buprenorphine), as well as depot buprenorphine. Looking forward, our research will need to look at how such changes in service provision impact people affected by viral hepatitis.

Following is a short summary of each CSRH contribution in 2019.

**Community Reference Panel – involving peers in research**

The CSRH Community Reference Panel (CRP), unique in the Australian context, enables researchers to consult with people who have lived experiences of viral hepatitis, incarceration, sex work, injecting drugs and living with disabilities. The CRP provides specific feedback on various aspects of research projects, ensuring our work remains grounded in and respectful of the experiences and concerns of those most directly affected.
Viral hepatitis prevention

Opinions of authorised peer distribution in the accounts of key stakeholders

One of the current harm reduction debates in Australia concerns the legalisation of the extended distribution of sterile needles and syringes. We used qualitative methods to interview three groups of stakeholders – NSP service staff, drug users and police. We found that participants were strongly in favour of authorising extended distribution, based on the belief that this would reduce the transmission of hepatitis C; although some participants worried distributors risked police attention and that harm reduction services would not be able to adequately support users in managing police.

Drug use and injection by participants in the Gay Community Periodic Surveys

Nationally, over the last decade, the proportion of men who injected drugs in the six months prior to survey has remained stable (6% on average), with HIV-positive men more likely to report injection drug use than HIV-negative men. (Meth)amphetamines and steroids are the substances most commonly injected by gay men, while amyl nitrite was the drug most commonly used by respondents, followed by cannabis.

Crystal, Pleasures and Sex between Men project: Hepatitis C transmission risk factors among gay and bisexual men who use crystal methamphetamine

This three-year, interview-based project examined gay and bisexual men's (GBM) crystal methamphetamine use in Sydney, Melbourne and Adelaide. Data indicate that participants were not overly concerned with hepatitis C. GBM either did not report specific concerns in relation to hepatitis C transmission or viewed it as a minor issue that was preventable or treatable.

Future Directions: The impact of COVID-19 on harm reduction services

This research aims to assess the impact of COVID-19 on harm reduction services for PWID in NSW. It will adopt a mixed methods design with qualitative interviews of service users and service staff at key harm reduction services and an online survey of staff at harm reduction and drug treatment services in order to explore changes in harm reduction practice, service provision and access.

Testing, diagnosis and lived experience of viral hepatitis

Stigma Indicators Project

This national study monitors the experience of stigma amongst priority groups. The most recent round of data collection took place via an online survey of the Australian general population which revealed that 29.9% said they would behave negatively towards people because of their hepatitis C status, and almost three-quarters (72.4%) would do so because of their injection drug use.
Predictors of health care workers support for discriminatory treatment and care of people who inject drugs

An online survey was administered to assess health worker attitudes towards PWID and found that those workers who had more negative attitudes towards PWID and those who showed greater concerns about the behaviour of PWID showed greater support for discriminatory actions by other health workers.

Hepatitis B-related stigma among Chinese Australians living in Sydney

This qualitative pilot-study explored the attitudes of older Chinese Australians living in Sydney and younger Chinese students studying in Sydney (international students) toward people in their communities living with hepatitis B virus infection.

Mapping experiences of serodiscordance: Using visual methodologies to construct relationality in families living with or affected by stigmatised infectious disease

This study explored how visual methodologies can contribute to an enhanced understanding of serodiscordance as it is experienced in families living with or affected by hepatitis C and B.

The embodied relationality of blood-borne viruses: How families matter in the context of a stigmatised viral infection

This analysis challenges the individualising tendencies in medical science by showing that stigmatised blood-borne viruses are experienced and negotiated through connections to significant others, made meaningful through cultural understandings of kinship, affinity, love, shared history, and obligations.

Treatment, service engagement and care for viral hepatitis

Making sense of ‘side effects’: Counterpublic health in the era of direct-acting antivirals

This research troubles the currently widespread approach in health promotion which claims that hepatitis C DAAs are ‘side effect free’. It found that concerns about side effects were common among people who inject drugs, and were linked to negative association with interferon treatments. Claims that DAAs were side effect free were viewed with suspicion, suggesting that more nuanced messages that acknowledge the concerns of people who inject drugs will better support treatment uptake.

Acceptability of patient-reported outcome and experience measures for hepatitis C treatment among people who use drugs

This study aimed to explore the possibility of developing a new patient-reported measure (PRM) for use in hepatitis C DAA therapy that would be acceptable to the patient group of people who inject drugs. Findings show that PRMs provide a means for highly marginalised patient groups to negotiate their care in ways that might not otherwise be possible.
Patient-reported measures as a justice project through involvement of service-user researchers

This chapter focused on what justice means in the practice of developing and implementing patient-reported outcome measures for people with experience of alcohol and other drugs.

Prisoners’ perspectives of treatment as prevention for hepatitis C

Part of the ‘Surveillance and Treatment of Prisoners with hepatitis C’ (SToP-C) study, this qualitative sub-study identified perceptions and experiences of hepatitis C treatment among prisoner participants pre and post treatment. Among the most common concerns were prisoner movements (transfer between prisons or incarceration-release-incarceration) and vulnerabilities to HCV reinfection following treatment.

A content analysis of interviews conducted with a self-selected sample of non-Aboriginal staff who work on the Deadly Liver Mob (DLM) program

The DLM is an innovative model of education, screening and referral for BBVs and STIs aimed at Aboriginal communities. This content analysis suggests that sufficient space and time plus qualified Aboriginal staff are the main ingredients for DLM's sustainability.

Towards eliminating viral hepatitis: Examining the productive capacity and constitutive effects of global policy on hepatitis C elimination

In 2016 the World Health Organization published the first global health strategy to address viral hepatitis, setting a goal of eliminating viral hepatitis as a major public health threat by 2030. As part of the new ‘Evidence-Making Interventions’ program of work at CSRH, we have been analysing the productive capacity and constitutive effects of target-setting.

Evidence-making controversies: the case of hepatitis C treatment and the promise of viral elimination

This project analysed a recent controversy regarding the curative potential of new treatments for hepatitis C - the publication of a systematic review conducted by the Cochrane Collaboration. The case was analysed to illuminate how moments of controversy offer useful sites of evidencing-making investigation for public health research.

Evidence-making hepatitis C cure: Towards a science that knows more carefully

This project offers further analysis of the Cochrane Collaboration controversy by proposing a different way of thinking with evidence; one which treats evidencing as performative. We propose a ‘more-than’ evidenced-based medicine approach which treats ‘evidence-based’ science as an ‘evidence-making intervention’.

‘Evidence-making interventions’ in health: A conceptual framing

This body of work focuses on investigating and theorising ‘evidence-making’ in implementation and interventions science in the field of public health. It seeks to understand the complexities of translating technologies into practice and investigates how evidence-making in implementation science is best done.
The Community Reference Panel (CRP) was convened in 2016 to allow researchers to consult with people who have lived experiences of viral hepatitis, HIV, incarceration, sex work, and injecting drugs. In 2017, the panel expanded to include people with disability in the areas of physical, intellectual and mental health. The purpose of this panel is to provide specific guidance and feedback on various aspects of research projects. This feedback is essential to ensuring that CSRH research is grounded in and respectful of the experiences and concerns of community members. Being a member of the panel allows for individuals to have a voice and share experiences or highlight issues concerning the target groups.

There are four coordinators for the CRP: Melinda Walker, Kim Beadman, Steve Griffin and Mitchell Beadman. Melinda is enrolled in a Bachelor of Social Work (Honours) and Kim is enrolled in a Bachelor of Psychological Sciences and Criminology, both at UNSW. Steve graduated from UNSW in 2012 with a Bachelor of Social Work. Mitchell is currently undertaking a bachelor in psychological science at UNSW. We have a passion for social justice and equality for all people in the community, particularly Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, as well as people with disabilities.

Involving peers in research

**Melinda Walker, Kim Beadman, Steve Griffin, Mitchell Beadman, Carla Treloar**

There is limited literature about how to best “do” community involvement in research and no one model of community involvement in research that has been shown to be more effective than others. This paper presents one way to receive the input of people with experiences relevant to research with marginalised groups, including people who use and inject drugs. The UNSW Community Reference Panel is a virtual network of people from across Australia who are engaged to provide input and consultation on research design, processes, materials, and outputs. Although this panel goes some way towards community involvement and consultation in the research process, it does not take the place of other aspects of community governance and ownership, especially as informed by principles of research with Indigenous peoples. This model is an example of a means to bring the voices and perspectives of people who are generally excluded from the research and decision-making structures that affect their lives, including people who inject drugs, to influence the questions that are asked in research, how research gets done, and to what purpose research findings are put.

Opinions of authorised peer distribution in the accounts of key stakeholders

Joanne Bryant, Loren Brener

One of the current harm reduction debates in Australia concerns the legalisation of the extended distribution of sterile needles and syringes, a practice that is currently unlawful in most Australian settings. Extended distribution occurs when people who inject drugs collect equipment from primary or secondary needle and syringe services then distribute equipment to their peers, and is a means to service networks of people not otherwise reached by the more traditional harm reduction outlets or routes. Currently within New South Wales while it is legal to possess a sterile syringe for the purpose of injecting drugs, it is a criminal offence to pass this equipment on for others to use.

We used data from a unique pilot program of authorised extended distribution to document the opinions held by 22 key stakeholders -service staff, drug users and police - about the risks and benefits of authorisation, and to analyse the ways in which drug users were understood within these.

Opinions were strongly in favour of authorising extended distribution, based on the belief that this would reduce the transmission of hepatitis C. However, stakeholders also identified that distributors risked attention from police and some noted that the consequences of this would be borne by distributors themselves and not the services that support them. These opinions rested on specific assumptions about people who inject, some of which reflect negative constructions of drug users as a source of danger to the public or as helpless ‘addicts’ with little control over their risk reduction. But there were other representations that positioned drug users more positively as responsible agents with a strong duty of care to themselves and others whose choices are often limited by inadequate service structures. Staff participants drew on these understandings in careful and strategic ways, arguing for the rationality and expertise of drug users, while also problematizing the individualised approach that any form of authorised extended distribution might take.

We argue that localised and incremental changes such as those that took place to support this pilot project, and the extensive support for extended distribution among stakeholders in this study including police, creates meaningful opportunities to think about extended distribution differently, which can in turn support conditions for future discussions about legislative change.

Drug use and injection by participants in the Gay Community Periodic Surveys

Limin Mao, Timothy Broady, Martin Holt

The Gay Community Periodic Surveys (GCPS) include questions about the not mutually exclusive use of a range of drugs. Table 1 and Figure 1 show the use of selected drugs by men nationally (including every participating state and territory) in the six months prior to the survey. Findings illustrate changes in commonly used recreational drugs among gay men across the country.

Table 1 and Figure 1 show that:

- Amyl nitrite (‘poppers’) is the most commonly reported drug used by participants in the GCPS. Amyl nitrite is an inhaled drug which is popular among gay men as both a euphoric and muscle relaxant; it is used as both a ‘party’ drug for dancing and in sexual settings. Use of ‘poppers’ is reported by 40% of men, on average, in the GCPS and the use of ‘popper’ has increased during the 10-year period (38% in 2010 to 45% in 2019, although a stable trend during 2017–19).

- Cannabis is the second most commonly reported drug used by participants in the GCPS (by 30% of men on average) and its use has also remained stable since 2010.

- Proportions reporting the use of ecstasy (25% in 2010 to 16% in 2019,) and that of speed (13% in 2010 to 5% in 2019, rates more than halved) have both declined during the 10-year period but remained stable during 2017-2019.

- Cocaine use has increased since 2010, from 13% to 15% in 2019 but remained stable during 2017-2019.

- Crystal meth consumption has remained stable since 2010 (11% on average during the 10-year period). The use of crystal methamphetamine particularly in the context of sexual encounters and poly drug use (with or without injection) among gay men identifying problematic use suggests appropriate harm reduction and treatment services for these men are required.

- Since 2010, GHB/GBH use has also slightly increased, from 7% in 2010 to 9% in 2019 (stable during 2017-19)

- The use of erectile dysfunction medications (e.g. Viagra and Cialis), particularly among older age groups of gay and bisexual men, have increased over the last 10 years (22% in 2010 to 30% in 2019) but has not changed since 2017.

Injection of non-prescribed drugs for recreational purposes remains relatively rare among gay men although it is more common than in the general population. Over the 10-year period, the proportion of men who injected drugs in the six months prior to survey has been stable nationally (6% on average). HIV-positive men are more likely to report injecting drug use than HIV-negative men. (Meth)amphetamines and steroids are the substances most commonly injected by gay men.
<table>
<thead>
<tr>
<th></th>
<th>2010 %</th>
<th>2011 %</th>
<th>2012 %</th>
<th>2013 %</th>
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<th>2015 %</th>
<th>2016 %</th>
<th>2017 %</th>
<th>2018 %</th>
<th>2019 %</th>
<th>Overall trend</th>
<th>Trend in last 3 years</th>
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<tr>
<td>Amyl nitrite</td>
<td>38.4</td>
<td>37.1</td>
<td>37.1</td>
<td>38.5</td>
<td>38.3</td>
<td>40.6</td>
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<td>42.3</td>
<td>43.3</td>
<td>44.7</td>
<td>↑</td>
<td>ns</td>
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<td>Cannabis</td>
<td>32.8</td>
<td>29.4</td>
<td>29.8</td>
<td>30.4</td>
<td>33.1</td>
<td>28.4</td>
<td>28.9</td>
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<td>29.9</td>
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<td>ns</td>
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<td>24.7</td>
<td>18.6</td>
<td>17.1</td>
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<td>17.3</td>
<td>15.0</td>
<td>14.8</td>
<td>16.6</td>
<td>15.8</td>
<td>15.6</td>
<td>↓</td>
<td>ns</td>
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<tr>
<td>Cocaine</td>
<td>13.0</td>
<td>10.9</td>
<td>10.7</td>
<td>13.0</td>
<td>11.3</td>
<td>12.3</td>
<td>12.2</td>
<td>14.1</td>
<td>16.4</td>
<td>15.4</td>
<td>↑</td>
<td>ns</td>
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<tr>
<td>Crystal methamphetamine</td>
<td>8.8</td>
<td>9.1</td>
<td>11.2</td>
<td>11.2</td>
<td>13.0</td>
<td>13.2</td>
<td>12.4</td>
<td>11.2</td>
<td>11.0</td>
<td>9.5</td>
<td>ns</td>
<td>ns</td>
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<tr>
<td>Speed</td>
<td>12.7</td>
<td>10.2</td>
<td>11.0</td>
<td>10.2</td>
<td>7.5</td>
<td>6.6</td>
<td>6.0</td>
<td>7.0</td>
<td>5.4</td>
<td>5.1</td>
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<td>GHB/GBH</td>
<td>6.8</td>
<td>6.5</td>
<td>6.7</td>
<td>7.8</td>
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<td>7.7</td>
<td>7.1</td>
<td>9.8</td>
<td>9.0</td>
<td>8.8</td>
<td>↑</td>
<td>ns</td>
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<td>Erectile dysfunction medication (e.g. Viagra, Cialis)</td>
<td>21.8</td>
<td>22.2</td>
<td>23.9</td>
<td>23.0</td>
<td>23.8</td>
<td>25.5</td>
<td>26.6</td>
<td>27.5</td>
<td>29.4</td>
<td>29.6</td>
<td>↑</td>
<td>ns</td>
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<td>Any drug injection</td>
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<td>5.0</td>
<td>6.1</td>
<td>5.1</td>
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<td>7.0</td>
<td>4.6</td>
<td>6.0</td>
<td>5.1</td>
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Figure 1: Men who reported any use of selected recreational drugs in the six months prior to the survey: GCPS, 2010–2019 (all states or territories)
Similar information about recreational drug use was also collected from the National Gay Asian Men Periodic Surveys. The overall levels of non-prescription drug consumption among gay Asian men were on par with those of gay men participated in the GCPS. However, relatively smaller proportions of gay Asian men reported use of either cannabis or any erectile dysfunction medications, compared to their GCPS counterparts. Over 70% of gay Asian men reported any alcohol use six months prior to survey.

In terms of service access to hepatitis C testing and vaccination against hepatitis A or hepatitis B, the GCPS data (unadjusted) shows that, on average, 71% had ever been tested for hepatitis C and of these, about 1.8% reported either being hepatitis C positive (between 2013 and 2016) and 2.5% having chronic hepatitis C to be more precise (since 2017). Since 2018, proportions vaccinated against hepatitis A has been about 75% and that against hepatitis B has been about 79%.

Table 2: Access to hepatitis testing and vaccination: GCPS, 2013–2019 (all states or territories, unadjusted data)

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<td>Ever tested for hep C</td>
<td>73.6</td>
<td>70.8</td>
<td>70.5</td>
<td>70.1</td>
<td>70.2</td>
<td>70.4</td>
<td>72.3</td>
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<tr>
<td>Hep C status among those ever tested</td>
<td>*2.2</td>
<td>*1.8</td>
<td>*1.7</td>
<td>*1.6</td>
<td>**2.4</td>
<td>**2.2</td>
<td>**3.0</td>
</tr>
<tr>
<td>Hep A vaccination (ever)</td>
<td>72.5</td>
<td>76.7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hep B vaccination (ever)</td>
<td>77.3</td>
<td>80.7</td>
<td></td>
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*2013-2016 self-reported hep C positive; **2017-2019 self-reported chronic hep C; missing data included in the denominators

Crystal, Pleasures and Sex between Men Project: How gay and bisexual men who use crystal methamphetamine understand and manage hepatitis C

Kerryn Drysdale, Joanne Bryant, Max Hopwood, Martin Holt, Peter Aggleton, Toby Lea, Gary Dowsett, Carla Treloar

The Crystal, Pleasures and Sex between Men Project was a three-year, NHMRC-funded project that examined gay and bisexual men’s (GBM) crystal methamphetamine use, especially when related to sexual activity. This research built on, and intervened in, recent studies of drug-enhanced sexual practice by examining GBM’s crystal methamphetamine use in three cities in Australia. Crystal is one of the illicit substances collected together under the umbrella term “chemsex”, a term that increasingly relies on intersecting elements to describe GBM’s use of drugs for sex: namely, that crystal use is common in online-facilitated casual sex; that it is used intentionally for sexual purposes; and that the sex and crystal-taking practices that men engage in are necessarily risky. While chemsex has become a politically salient category capable of spurring policy and programmatic responses, our findings suggest that this current understanding falls short of capturing the wider range of practices among GBM who use crystal in combination with sex. For example, considerable knowledge and experience of different modes of administration, including injecting, were evident in GBM’s drug-using practices, which can minimise or mitigate against hepatitis C transmission. Instead of approaching chemsex as a singular object or narrow set of practices, we sought to destabilise the term so that a greater diversity and contingency of practice can be captured. One facet of this wider process of
destabilisation was to explore in depth GBM’s perceptions of hepatitis C, including the strategies they employed to protect themselves and others from this and other blood borne viruses and sexually transmissible infections.

CSRH researchers conducted 72 interviews in 2017 and 2018 with GBM in Sydney (n=28), Melbourne (n=28) and Adelaide (n=16), as well as interviews with 25 key informants working in the health policy, sexual health, harm reduction and blood borne virus prevention fields. The study found that some of the ways in which men used crystal, perceived risk and practised risk reduction were dependent on the wider social networks they participated in. Interviews with men from different networks revealed how GBM generated different risk reduction practices depending on the circumstances and features of their local settings. Their risk reduction practices also included those that may be conventionally understood as “risky” (e.g. turning from smoking to injecting as a mode of administration), but were also experienced and understood by GBM to be protective (e.g. using injecting as a method of dose-control to prevent the incremental dosing that can happen with smoking). As such, the different approaches to taking drugs for sex were highly organised and purposeful: GBM described how they used specific drugs or combinations of drugs, in specific modes, at particular times and spaces, in order to minimise risk and maximise pleasure.

Findings revealed, however, that participants were not overly concerned with hepatitis C. GBM either did not report specific concerns in relation to hepatitis C transmission or viewed it as a minor issue that was preventable or treatable. For instance, some GBM said it was part of the experience of having sex on crystal, to “roll with the punches”, or that new direct-acting antiretroviral (DAAs) treatments meant that it was of “less concern” now. Generally, GBM reported that the main way they protected themselves was to use a sterile needle at each injecting event, although they often shared auxiliary injecting equipment, such as tourniquets and water vials. Other strategies GBM reported included stockpiling equipment to avoid the need to share or reuse needles, maintaining a safe environment including adequate lighting to facilitate safe injecting, and providing safe needle disposal mechanisms. Only a couple of participants reported an understanding of preventing and strategies to prevent hepatitis C through sexual transmission, including not sharing sex toys. Overall, participants were less concerned about hepatitis C than they were about other risks, such as developing problematic substance use, or becoming dependent on the drug for the type of sex that they want to have.


Future Directions: The impact of COVID-19 on harm reduction services

Loren Brener, Joanne Bryant, Jake Rance

Emerging research on COVID-19 indicates that the socially marginalised and structurally vulnerable in our community are disproportionately affected. Coupled with entrenched social disadvantage, people who inject drugs (PWID) have significant, complex, often chronic health needs, with higher rates of tobacco use, cardiovascular disease and exposure to blood borne viruses than the general population and this increases the impact of COVID-19 on their lives and well-being. Restrictions and requirements around social distancing are likely to disproportionately affect PWID, particularly as they already experience high rates of surveillance, and with regard to maintaining access to services that provide sterile injecting equipment, opioid substitution therapy, hepatitis C and drug treatment. Service staff are also likely to experience disruptions to normal service provision as well as fears about their own safety as health care work are at the front line of this pandemic.

This research aims to assess the impact of COVID-19 on harm reduction services for PWID in NSW and will adopt a mixed methods design with qualitative interviews of services users and service staff at key harm reduction services and an online survey of staff at harm reduction and drug treatment services. It will explore:

1. service providers and services users’ fears, knowledge and management of COVID infection and transmission
2. changes in harm reduction practices of PWID as a result of COVID-19
3. changes in service access and obtaining health advice, injecting equipment and or/opioid substitution during this pandemic
4. strategies that PWID may use to manage their drug use and access to services during COVID-19, and
5. how services providers and services manage service provision to PWID during COVID.

This research is planned to start in May 2020 and conclude early 2021. A short report will be produced at the conclusion of the project as well as a peer review journal article.
3 Testing, diagnosis and lived experience of viral hepatitis

Stigma Indicators Monitoring Project

Timothy Broady, Loren Brener, Max Hopwood, Elena Cama, Carla Treloar

The aim of this national study is to monitor the experience of stigma amongst priority groups identified by the five national strategies addressing blood borne viruses and sexually transmissible infections, including men who have sex with men, people who inject drugs, people living with HIV, people living with viral hepatitis, and people who engage in sex work. The project further aims to monitor the expression of stigma by the general public and health care workers towards these priority groups.

In 2017–18, a mirrored Stigma Indicator was administered to a representative sample of the adult Australian population via the Australian Survey of Social Attitudes (AuSSA; n=1,001). This mirrored Indicator was also included in an online survey of the Australian general public in 2020 (n=2,014). Due to differences in recruitment methods and participant characteristics, differences between the two surveys should be interpreted cautiously. Notably, participants in the 2020 online survey were more likely to report personally knowing someone living with hepatitis C or someone who injects drugs.

In 2020, 29.9% of participants indicated that they would behave negatively towards other people because of their hepatitis C status, compared to 50.5% of the AuSSA sample.

Figure 2: Stigma toward people because of their hepatitis C status: Australian general public

![Figure 2: Stigma toward people because of their hepatitis C status: Australian general public](chart)
Members of the Australian general public were more likely to report that they would behave negatively towards other people because of their injecting drug use than because of their hepatitis C status. In 2020, 72.4% of participants indicated that they would behave negatively towards other people because of their injecting drug use, including 19.4% who indicated they would ‘often’ or ‘always’ do so. These proportions were lower than among AuSSA respondents, 85.7% of whom indicated they would behave negatively towards other people because of their injecting drug use, including 27.9% who indicated this would ‘often’ or ‘always’ be the case.

Figure 3. Stigma toward people because of their injecting drug use: Australian general public

![Stigma Toward People Because of Their Injecting Drug Use: Australian General Public](chart.png)

Being able to quantify the expression of stigma towards these groups is an important step in informing evidence-based strategies to eliminate its negative effects. Similarly, quantifying the experience of stigma from the point of view of priority groups is an important mechanism to track progress against the national strategies’ aims. A brief stigma intervention project has been developed and is being piloted with a sample of the Australian general public. Results regarding the effectiveness of this intervention will be published later in 2020. Future work will continue to monitor the experience and expression of stigma in relation to priority groups, which will enable more meaningful comparisons of data over time.


Predictors of health care workers support for discriminatory treatment and care of people who inject drugs

Loren Brener, Elena Cama, Tim Broady, Max Hopwood, John de Wit, Carla Treloar

Research has established that the attitudes of health workers are important in understanding the quality of care delivered to people who are living with stigmatised health conditions. The complex lifestyle issues associated with injecting drug use may make it difficult to provide care to PWID. Additionally, negative attitudes of health workers towards PWID can undermine their ability to provide good quality care and lead to discriminatory actions. This is important to assess as experiencing stigma or discrimination in health care settings has been found to have a negative impact on access to care, treatment uptake and treatment completion.

An online survey was administered to 336 health workers who work with PWID, assessing contact with and attitudes towards PWID, concerns about these clients as well as whether health workers feel stigmatised by working with PWID. Health workers were also asked whether they supported the discriminatory behaviour of a colleague in a series of hypothetical scenarios about working with PWID. Correlational analyses revealed that those health care workers who had more negative attitudes towards PWID, showed greater concerns about the behaviour of PWID, did not feeling stigmatised by colleagues as a result of working with PWID and who saw fewer clients who inject showed greater support for discriminatory actions by the health worker in the hypothetical scenarios. Further analysis using multiple regression revealed that only attitudes towards PWID and concerns about the behaviour of clients who inject remain independent predictors of participant support for the hypothetical scenarios.

This research highlights the role of attitudes in understanding health workers’ decisions, practices and potential behaviours towards PWID. Education programs addressing health workers’ attitudes as well as the more challenging behaviours of clients who inject drugs are important for comprehensively deconstructing stereotypes and promoting more positive ways of working with PWID.


Hepatitis B-related stigma among Chinese Australians living in Sydney

Max Hopwood, Jialing Cui, Cliff Chen, Loren Brener, Tim Broady, Elena Cama, Carla Treloar

As part of the Commonwealth Government-funded Stigma Indicator Project conducted by the CSRH, a qualitative pilot-study was conducted to explore the attitudes of older Chinese Australians (>50 years) living in Sydney (n=14) and younger Chinese students (<50 years) studying in Sydney (n=8) toward people in their communities who are living with hepatitis B virus (HBV) infection. Recruitment to the study was assisted by the Chinese Australian Services Society (CASS), and via a special event at UNSW Sydney to promote HBV screening and awareness among international students. Face-to-face Interviews were held at CASS and at the
UNSW University Health Service during June and July 2018. Interviews were conducted in both traditional and simplified Chinese by male and female research assistants, who were fluent in both language forms. The interviews were transcribed into traditional and simplified Chinese and then translated into English by the research assistants.

The main findings of this pilot-study, while not generalisable to all Chinese Australians in Sydney, highlighted how viral hepatitis health literacy varied widely within and between these two age-cohorts, with few older participants having a clear understanding of the risks of transmission, the symptoms, the treatments, and the natural history of HBV infection. A minority of participants knew that vertical transmission was a primary cause of HBV infection. Furthermore, younger participants viewed sexual activity as a risk for HBV transmission, whereas no older participants in this study specifically identified sexual activity as risky.

A fear of contagion underpinned the stigmatisation of people with HBV infection in this study. Participants were fearful of social interactions, such as sharing food and utensils, and having bodily contact, with affected people. Despite this, viral hepatitis infections were rarely perceived to be stigmatised conditions within Chinese Australian communities, or reportedly within China. Social distancing practices enacted by participants to avoid close contact with people with HBV infection were not considered stigmatising or discriminatory. This was because participants believed it was common sense to physically distance themselves from infection by reducing personal interactions with affected people. Even younger participants in this study who mostly had a good knowledge of HBV transmission risks, said they felt uneasy about sharing food, utensils or a drink with affected people. Among some younger participants who knew there was no risk of HBV transmission from sharing these items, they nonetheless reported avoiding any close contact with affected people. When prompted, they could not explain the inconsistency between their knowledge about HBV transmission risks and their social distancing practices.

The study findings suggested that HBV-related stigma and discrimination is likely shaped by age and level of education, with younger Chinese students reporting more liberal values that made them less inclined to stigmatise and to discriminate. For example, younger participants said they would feel able to discuss HBV infection with family and friends, whereas older participants reported feeling uneasy about discussing HBV infection with anyone. Among older people, it was reported that simply having an interest in HBV infection and raising it as a topic of discussion among friends could imply a person was infected.

Mapping experiences of serodiscordance

Kerryn Drysdale, Christy Newman, Asha Persson, Rebecca Gray

This article outlined how visual methodologies can contribute to an enhanced understanding of serodiscordance (that is, mixed blood infection status) as it is experienced in families living with or affected by hepatitis C and B. In Australia, for example, family involvement has been described as a key factor in decision-making around testing for HBV and in encouraging commencement and adherence for HCV antiretroviral therapies. Family support was also found to be critical when undergoing the previously demanding and often incapacitating treatment for HCV. Given the complexities of family dynamics, a simplistic account of ‘family’ as indicated by either its presence (that is, as ‘good family’ who support or are engaged in treatment) or its absence (that is, ‘bad family’ who reject or are disengaged after diagnosis) cannot wholly encapsulate the experiences of transmissible infections as experienced by both the individual diagnosed with hepatitis and the family members who are also variously engaged in its management. Nor should these experiences of infections be understood as discrete or ever complete, given the potential for successfully clearing or being reinfected with HCV.

A mapping exercise was conducted at the start of qualitative interviews in the ‘my health, our family’ project, designed to encourage participants to visualize the relational networks that they self-defined as ‘family’. As the interviews unfolded, the depiction of family that was permitted through this mapping exercise was delineated, negotiated and justified by the specific conditions of each research encounter. For example, in one interview, a woman diagnosed with HCV resolved the question of where to spatially organise family by considering those who knew about her diagnosis as belonging in the inner circle, while relegating those who did not to the outer. This participant justified not telling many in her outer circle about her HCV diagnosis owing to the social shame of the disease, which correlates closeness with questions of trust, rather than other modes of familial proximity and engagement.

As seen in this example, we found that the visual specificity of the map opened up new conduits for exploration, allowing us to explore other familial themes that were related to the broader implications of serodiscordance (such as the perception or experiences of stigma, the movement of family corresponding to states of knowledge about the diagnosis, and explanations of giving or receiving support) than those we were able to pursue through verbal prompts alone. Moreover, this exercise permitted unique insights into the way that familial relationality itself was co-constructed according to the emerging conversation between participant and interviewer, raising awareness of the contextual factors shaping the research encounter itself. The contingencies of this methodology can complement the broader work involving in conceptualising the relationality inherent in serodiscordance more generally. A broad conceptualisation of serodiscordance beyond its biomedical emphasis on risk was especially useful to explore the meanings attributed to different infection statuses, complementing the more practical and emotional ways that families engaged with people living with hepatitis.

The embodied relationality of blood-borne viruses: How families matter in the context of a stigmatised viral infection

Kerryn Drysdale, Christy Newman, Asha Persson, Rebecca Gray

This article draws on my health, our family, the first qualitative study to document the experiences of families living with mixed viral infection status (serodiscordance) in Australia. 61 demographically diverse participants took part in in-depth interviews, including people diagnosed with HIV, hepatitis C and hepatitis B, and a range of family members (“family” being self-defined by participants). Our analysis challenges the individualising tendencies in medical science by showing that stigmatised blood-borne viruses are experienced and negotiated through connections to significant others, made meaningful through cultural understandings of kinship, affinity, love, shared history, and obligations. We illustrate how this relationality manifested in multiple ways, focusing on several prominent themes: disclosure of diagnosis to family; illness as a “family affair”; expressions of “bodily empathy”; the impact of a diagnosis on families in social, emotional, financial and generational ways; and the capacity of a diagnosis to create divisions and distance within families, but also to bring families together and strengthen their connection. In short, family members can be intimately entangled in co-creating the meanings and experiences of disease. Serodiscordant families could play a powerful role in social marketing campaigns to de-stigmatise blood-borne viruses by highlighting that these viruses are located and lived within everyday relational contexts.

4 Treatment, service engagement and care for viral hepatitis

Making sense of 'side effects': Counterpublic health in the era of direct-acting antivirals

Joanne Bryant, Jake Rance, Peter Hull, Limin Mao, Carla Treloar

DAA treatments for hepatitis C have been widely promoted as being 'side-effect free'. In this research, we draw on data that troubles this approach to promotional approaches to DAAs. Promotional activities have included broad-based, public health campaigns (such as those seen on bus shelters, billboards and so forth), and initiatives that have focused particularly on people who inject drugs attending needle and syringe programs (NSP) and/or opioid substitution therapy (OST) clinics. In this promotional activity, the messaging has been enthusiastic and optimistic, consisting of messages that 'cure is easy' and that treatments have 'few or no side effects', claims that are premised on clinical research that has found DAA therapies to be safe, highly tolerable and efficacious.

In this study we used a mixed method design to collect data from people who inject drugs in New South Wales. We collected data from people who were hepatitis C positive and DAA treatment naïve, including n=56 surveys and n=14 in-depth interviews. Participants were asked a range of questions about hepatitis C and DAA, including the reasons why they had or had not taken up treatment.

We found that concerns about side effects were common - for example, one-third (37%) of participants who had not taken up treatment worried “a lot” about side effects - and that these concerns were underpinned by a general distrust and suspicion of medical institutions and their technologies, including widespread negative associations linked to interferon treatment. In trying to make sense of this, we draw on the concept of counterpublic health and its recognition that the everyday health needs, knowledges and aspirations of subordinated citizens frequently contradict the normative frameworks governing public health interventions. By analysing our data through this concept, we found that dismissing people's concerns about ‘side effects’ would hinder elimination efforts because such dismissal renders people who inject as irrational, lacking objectivity or ill-informed, and thereby is experienced by them as stigmatising and exclusionary. Instead we should develop more nuanced messages and practices that acknowledge the genuine concerns of people who have not yet taken up treatment.

Indeed, the concept of ‘the counterpublic’ helps us to realise that acknowledging ‘side effects’ within the ‘public’ discourse of DAA will not dampen or damage elimination efforts, as some might fear, but rather it will legitimate the concerns of people who inject, decrease their suspicion of the medical institution, and promote their uptake of DAA treatments.
Acceptability of patient reported outcome and experience measures

Annie Madden, Max Hopwood, Joanne Neale, Carla Treloar

Researchers from the CSRH and King’s College London conducted a study that aimed to explore the possibility of developing a new Patient-Reported Measure (PRM) for use in hepatitis C DAA therapy that would also be acceptable to the patient group, in this case PWID. The findings show that utilising a participatory approach to the development of PRMs for DAA HCV treatment with PWID not only provides a way to measure experiences and outcomes of treatment from the patient perspective, but also provides a means for highly marginalised patient groups to have a say in and negotiate their care in ways that might not otherwise be possible.


Patient-reported measures as a justice project

Annie Madden, Paul Lennon, Cassie Hogan, Mel Getty, Max Hopwood, Joanne Neale, Carla Treloar

This chapter is a collaboration between researchers from the CSRH and King’s College London drawing on the experiences of both teams in developing patient-reported outcome measures for people with experience alcohol & other drug (AOD) treatment services, taking the experience and expertise of service users as central to the development of these measures. The chapter focuses on what justice might mean in the practice of developing and implementing patient-reported outcome measures for people with experience of alcohol and other drugs. The content of the chapter was derived from team discussions occurring in London and Sydney, as well as reflections from the individual authors. Throughout the piece, the views of AOD service users involved in the research development and implementation are foregrounded as a way to highlight and discuss issues of service users’ empowerment and rights.

Prisoners’ perspectives of treatment as prevention for hepatitis C

Lise Lafferty, Jake Rance, Carla Treloar

Hepatitis C is a global health concern, particularly in the prison setting where prevalence is significantly higher than in the community. The Surveillance and Treatment of Prisoners with hepatitis C (SToP-C) study conducted the first real-world first trial of hepatitis C treatment as prevention in the prison setting. A qualitative sub-study was undertaken with prisoner participants pre- and post-treatment scale up to identify perceptions and experiences of hepatitis C treatment within prison, concerns of reinfection following treatment scale up, changes in injecting culture pre- and post-treatment scale up, and the perceived viability of treatment as prevention within prison.

Across four New South Wales correctional centres, 32 SToP-C participants with a history of inject drug use, including eight women, took part in the qualitative component prior to prison-wide treatment scale up. All participants had been screened for hepatitis C within the previous six months; half (n=16) had chronic hepatitis C; and two were awaiting test results. A number of potential challenges to the effectiveness of hepatitis C treatment as prevention efforts in the prison setting were identified. One perceived barrier was prisoner movements within the correctional system and subsequent implications for possible reinfection. This included movement between prisons where treatment scale up has and has not occurred, as well as from community into prison whereby someone with hepatitis C infection may enter into injecting network/s within a prison where treatment scale up had already occurred, thereby re-introducing the virus. Other considerations included accessibility to harm reduction measures, such as prison needle syringe programs to aid in elimination efforts and reduce risk of reinfection following treatment scale up. Education was also believed to be a valuable component of treatment as prevention efforts. Participants perceived that both treatment as prevention and prevention as prevention were critical to the long-term viability of hepatitis C elimination.


A content analysis of interviews conducted with a self-selected sample of non-Aboriginal staff who work on the Deadly Liver Mob program

Max Hopwood Melinda Walker, Kim Beadman, Elena Cama, Carla Treloar

The Deadly Liver Mob (DLM) program is an innovative model of education, screening and referral for blood borne viruses (BBVs) and sexually transmissible infections (STIs) aimed at Aboriginal communities. The program offers opportunistic screening for STIs and BBVs including HCV, HIV and HBV and also provides HBV vaccinations. The DLM program uses a population-level approach to reach through family and peer networks to raise awareness about BBV/STI transmission risk factors, to increase access to testing and treatment, and to provide a point of entry to other health services.
The DLM program uses a peer-driven intervention that asks Aboriginal community members to attend for education with an Aboriginal health worker and then pass on their learning to family and friends. Each contact with the health service entitles a DLM client to an incentive payment in the form of a voucher. These contacts offer an opportunity to provide information around the risks of BBVs and STIs, to recruit others into the program, to screen attendees, to return test results, and to refer and/or commence treatment for BBV and STI infections. Engaging Aboriginal people who live with, and those most at risk of HCV infection, is a primary goal of the DLM program.

Periodically, qualitative evaluations of the DLM program are conducted with clients, Aboriginal health workers, and non-Aboriginal health workers who are involved in the program. These evaluations use data collected via semi-structured interviews to explore key issues that emerge from the DLM program. The findings of this latest evaluation conducted during 2018 and 2019 are from a purposive qualitative sample of non-Aboriginal health workers and key informants including NSP service personal, who self-selected to be part of the study. Therefore, the sample is not representative of all DLM workers and the findings regarding issues affecting the DLM program are not generalisable to all DLM sites.

In this evaluation, non-Aboriginal participants reported that client recruitment to DLM is challenging. However, employing Aboriginal staff members was said to improve recruitment rates. DLM recruitment has been so successful in some areas that many Aboriginal PWID have been educated, tested and treated through the ongoing efforts of Aboriginal staff. Recruitment to DLM has been enhanced by using innovative and intersectional approaches, such as informal partnerships with Aboriginal community-based services and health programs. Currently, some demographic groups, such as young people, men who have sex with men (MSM), informal sex-workers and recently released prisoners are reportedly under-represented in the DLM program.

Point-of-care and dried blood spot testing were described by non-Aboriginal health care workers as ‘excellent’ initiatives and a ‘game-changer’ for clients because they are simple to use, and they reduce waiting times for clients’ test results. These tests help clients with poor venous access, and they reduce the need for following-up clients. Pan-genotypic DAAs simplify staff training and this therapy was said to make HCV treatment easier to promote to clients because less blood draws and testing is required before and during treatment. However, for now a genotype is still required for DAAs to be prescribed under the Pharmaceutical Benefits Scheme.

Reportedly, DLM is a complex model to sustain because it operates differently across areas, in part because of variations in local conditions, such as funding and structural constraints, geography, local community politics, and the number of suitable clients. DLM needs to have inbuilt flexibility in order to adapt to the range of contexts and changing conditions that it operates within. Sufficient space, sufficient time and qualified Aboriginal staff are the main ingredients for making DLM work and for enhancing the DLM program’s sustainability.

Towards eliminating viral hepatitis: Examining the productive capacity and constitutive effects of global policy on hepatitis C elimination

Kari Lancaster, Tim Rhodes, Jake Rance

In 2016 the World Health Organization published the first global health strategy to address viral hepatitis, setting a goal of eliminating viral hepatitis as a major public health threat by 2030. As part of the ‘Evidence-Making Interventions’ program of work at CSRH, we have been analysing the productive capacity and constitutive effects of target-setting. In this paper, we considered how governing is taking place through the mechanism of this global strategy. Drawing on poststructural approaches, we examined the conceptual logics underpinning the hepatitis C elimination goal and targets, and the multiple effects of this policy. We examined how governing takes place through numbers, by analysing ‘target-setting’ (and its accompanying practices of management, quantification and surveillance) as governmental technologies. We considered how the goal of elimination makes viral hepatitis visible and amenable to structuring, action and global management. This critical analysis highlights the ontopolitical effects of governmental technologies such as target-setting, especially for communities ‘targeted’ by these strategies (including people who inject drugs). Further analyses related to mathematical modelling and target-setting in the context of ‘the current ‘viral elimination’ era are underway, building on this work.


Evidence-making controversies: The case of hepatitis C treatment and the promise of viral elimination

Tim Rhodes, Kari Lancaster, Magdalena Harris, Carla Treloar

In this paper, we analysed a recent controversy regarding the curative potential of new treatments for hepatitis C. The controversy concerned the publication of a systematic review conducted by the Cochrane Collaboration. We analysed this case to illuminate how moments of controversy offer useful sites of evidencing-making investigation for public health research, and to consider how evidence is made through practices. In this paper we reflected on how different experts perform evidence differently, how these evidence performances are in friction yet incorporate one another, and how such evidence-making practice fuses together different knowledge forms within and beyond science. Controversy makes visible the multiplicity and fluidity of evidence which might otherwise be constituted as singular and robust. This analysis demonstrates how an ‘Evidence-Making Intervention’ approach can be used in critical public health research.

Evidence-making hepatitis C cure: Towards a science that knows more carefully

Tim Rhodes, Kari Lancaster

Extending the analysis published in Critical Public Health, we further considered the ‘Cochrane Controversy’ which had unfolded in the field of hepatitis C. Although this controversy has been debated as a matter of methods regarding how best to evidence treatment in an evidence-based medicine (EBM) approach, drawing on approaches from science and technology studies, in this paper we offered an alternative perspective. We proposed a different way of thinking with evidence; one which treats evidencing as performative. Using the Cochrane review and its linked published responses as a resource for this analysis, we considered how hepatitis C cure is differently made-up through the knowledge-making practices performing it. Through this analysis, we highlight the limits of the debate to advocate for a more critical and careful practice-based approach to knowing hepatitis C cure. We proposed a ‘more-than’ EBM approach which treats ‘evidence-based’ science as an ‘evidence-making intervention’. This work has implications for the evidencing of public health interventions and for treating hepatitis C in the DAA era of ‘viral elimination’.


‘Evidence-making interventions’ in health: A conceptual framing

Tim Rhodes, Kari Lancaster

In 2018 the ‘Evidence-making interventions’ (EMI) in health program of work was established at CSRH. Led by Professor Tim Rhodes and Dr Kari Lancaster, EMI is a program of critical social science research investigating and theorising ‘evidence-making’ in implementation and interventions science in the field of public health. Scientific innovations can profoundly shape the well-being of society, especially where new technologies promise radical transformations. Yet how technologies move from evidence to practice remains little understood. This program of work develops an approach that understands the complexity of translating technologies into practice and investigates how evidence-making in implementation science is best done. Through this research, we aim to make technology translations more achievable in practice, as well as contribute to new, and better, ways of evidence-making in implementation science. There is a commitment to interdisciplinarity through bringing together social scientists with those engaged in the development, trials and translation of new health technologies, both in Australia and internationally. The program is currently using qualitative research methods to study the science and intervention of hepatitis C and disease elimination, including in collaboration with global mathematical modellers and implementation scientists.

A major output from the ‘Evidence-making interventions’ in health program of work in 2019 was the publication of ‘Evidence-making interventions in health: A conceptual framing’. This foundational paper outlines a framework for conceptualising interventions in health as ‘evidence-making interventions’. An evidence-making intervention approach is distinct from a
mainstream evidence-based intervention approach in that it attends to health, evidence and intervention as matters of local knowledge-making practice. An EMI approach emphasises relational materiality and performativity, engaging with interventions, and their knowing, as matters-of-practice. Rather than concentrating on how ‘evidenced interventions’ are implemented ‘into’ given ‘contexts’ – as if evidence, intervention and context were stable and separate – an EMI approach focuses on the processes and practices through which ‘evidence’, ‘intervention’ and ‘context’ come to be. Through close analysis of a series of case studies, including related to hepatitis C and viral elimination, this paper demonstrates how an EMI approach affords a more critical, as well as more careful, way of knowing and doing health intervention.

References


