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Staying Safe

Exploring the Strategies Used by People Who have Inject but Have Avoided Hepatitis C Infection

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How do some people who have injected illicit drugs for many years manage to avoid hepatitis C infection? What can social research with people who inject drugs tell us about how to avoid getting hepatitis C in the long-term? The "Staying Safe" study is an innovative social research project which aims to learn from long term injectors what their hepatitis C prevention strategies are for the purpose of informing a new generation of hepatitis C prevention strategies.

New generations of hepatitis C health promotion may need to engage with the multiple priorities of people who inject drugs in order to help them develop strategies to remain hepatitis C free.

Background

Hepatitis C virus infection is a leading cause of chronic illness and death related to illicit injecting drug use. More than 90 percent of the estimated 9,700 new cases of hepatitis C infection annually in Australia are attributable to injecting drug use and up to 80 percent of people who inject drugs (P.W.I.D.) have markers of hepatitis C infection. By the end of 2005 an estimated 264,000 Australians had been exposed to hepatitis C, with 197,000 of

those people estimated to be chronically infected.

While only a minority of those infected will progress to advanced liver disease, chronic hepatitis C infection is now the leading indication for liver transplantation and cirrhosis in Australia, the U.S. and other parts of the world, and these are expected to increase four-fold by 2020.

Transmission of hepatitis C among P.W.I.D. primarily occurs as a result of exposure to contaminated blood during injection. In Australia, approximately 70 percent of people who have injected drugs for over eight years have been exposed to hepatitis C. The main risk factors associated with hepatitis C infection include being older, having injected for a long time and injecting frequently. Hepatitis C transmission has also been reported in association with specific practices, such as cocaine injection (which may be a marker for frequent injection), sharing syringes and other injecting equipment and assisting others to inject. Some evidence also implicates the shared use of injecting equipment other than needles and syringes in the transmission of hepatitis C. Australian research has found that young people and people who are new to injecting appear to be at greatest risk of hepatitis C infection. Women and people who inject from culturally and linguistically diverse (C.A.L.D.) backgrounds were twice as likely as P.W.I.D. who were not from a C.A.L.D. background to have acquired hepatitis C.

Harm reduction, H.I.V. and hepatitis C prevention in Australia

In response to the risk of widespread transmission of H.I.V. among people who inject drugs, in 1987 the Australian Government implemented harm reduction policies including the provision of clean injecting equipment through a variety of primary sites such as needle and syringe program (N.S.P.) outlets and secondary sites such as community health centres and hospital emergency departments, community pharmacies and syringe vending machines. This harm reduction strategy, combined with dedicated funding to illicit drug user groups for education and health promotion, has contributed to Australia having some of the lowest rates of H.I.V. infection (< 2 percent) among P.W.I.D. in the world. However, harm reduction strategies like P.W.I.D. are not as good at preventing hepatitis C transmission between P.W.I.D. as they are at preventing H.I.V. transmission. This is because the hepatitis C virus is more infectious than H.I.V. and because hepatitis C infection was already very common among populations of P.W.I.D. in Australia by the time the N.S.P. and other harm reduction strategies were first introduced in the late 1980s.

Social research and the Staying Safe study

Past social research has highlighted some of the important issues for hepatitis C prevention strategies. The ability of people who inject drugs to implement prevention strategies is limited by the illegal and stigmatised nature of drug injection. Risks of legal intervention and arrest, overdose, violence, access to money, concerns about addiction, drug withdrawal, fearing breaches of anonymity or confidentiality are some of the priorities which "compete" with people's efforts to prevent hepatitis C infection.

Studies have also found that P.W.I.D. typically have little or no awareness or contact with harm reduction services at the time they begin to inject illicit drugs, and some P.W.I.D. will not attend health services, or only attend them infrequently, instead preferring to get their injecting equipment from friends and associates who inject. Social research has also provided other insights, for example into how much P.W.I.D. know about hepatitis C risk practices and research has highlighted people's false beliefs, such as the myth that everyone who injects ultimately ends up with hepatitis C.

Several years ago, Dr. Sam Friedman, from the National Drug Research Institute in New York City designed a study called the Staying Safe study. The underpinning idea of Staying Safe is to explore the strategies used by people who have injected for long periods but who have not acquired hepatitis C infection. The idea is that these strategies will assist in developing a new generation of hepatitis C infection prevention programmes, which can help both new and experienced P.W.I.D. to remain uninfected with hepatitis C over the long term. During the last five years, in-depth interviews have been conducted with P.W.I.D. in many sites around the world including New York City, St Petersburg, Valencia, Prague, London, Sydney and Melbourne. These interviews have explored the lives and injecting practices of people who have remained free of hepatitis C despite many years of injecting drug use. To be eligible for participation in this study people had to have injected drugs for eight to fifteen years and they had to have had their hepatitis C negative status confirmed through blood tests. As well, long term injectors who had acquired hepatitis C were recruited. Detailed life history interviews were conducted with each participant.

Some of the main findings from the Staying Safe study

The findings from this study so far have illustrated the considerable degree of control over injecting practices that long term injectors have employed in order to avoid exposure to hepatitis C infection. A number of participants described the strategies they employed to maintain safe injecting practices in situations that were very risky. These included the marking of injecting equipment in order to identify who it belongs to, making rules about not sharing any injecting equipment whatsoever, injecting in areas that are clearly demarcated and separated from others who are also injecting, waiting until getting home before injecting, being prepared with money, drugs and equipment before injecting, being in charge of mixing up the drug solution and distributing the mixed solution to others, having temporary periods of smoking rather than injecting heroin, carrying an injecting 'kit' of sterile equipment at all times so it is available when needed, stockpiling and sharing methadone in order to prevent withdrawal, and maintaining strong protective social networks of people who will help when needed. Interestingly, for many participants the factors that may have helped them to 'stay safe' were not directly related to health promotion messages or hepatitis C transmission avoidance. These factors included the ability and inclination to maintain strong social and family supports and to 'present well' in social networks, maintaining control over the injecting situation and prioritising vein care, and avoiding track marks, by using a new needle for every injection.

Conclusion

The Staying Safe study is ongoing and new findings will emerge over the coming year. Nonetheless, the findings briefly discussed in this article illustrate how drug injecting practices and hepatitis C prevention strategies are an outcome of individual, social, cultural, environmental and drug market contexts. New generations of hepatitis C health promotion may need to engage with the multiple priorities of people who inject drugs in order to help them develop strategies to remain hepatitis C free. These new health promotion strategies will need to engage with the pleasures as well as the pragmatics of injecting drug use that are indirectly associated with becoming infected with hepatitis C.

Prof. Carla Treloar

From the University of New South Wales website:  Professor Carla Treloar B.Sc. (Hons) PhD. is the Deputy Director-Head of the Hepatitis C program at the National Centre in H.I.V. Her areas of expertise for supervision are automatic influences on injecting behaviour, living with hepatitis C, injecting and illicit drug use, chronic illness and cross-disciplinary studies in hepatitis C and injecting drug use.



Carla's research interests are in the fields of hepatitis C and injecting drug use. She is primarily a qualitative researcher and is grounded in the discipline of health psychology. However, Carla constantly seeks to work across methods and disciplines. In particular, she sees it essential to work towards blending the insights that an individual-based discipline like health psychology can provide when issues such as hepatitis C and illicit drug use are considered in social, legal and political contexts. In particular, she is very interested in the influence of automatic process of behaviour (or mindlessness) as a tool for safe injecting messages. Carla is currently pursuing a program of research with the aim of developing a framework for peer education in hepatitis C prevention using principles of mindfulness to organise and frame safe injecting or blood awareness messages. Carla works in an applied way working directly with communities and organisations for people affected by hepatitis C, and in the policy sphere. This provides a tremendous immediacy and relevance to her research work.

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service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.