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The Difference is Research

## Background

Hepatitis C virus (HCV) infection is a major public health concern globally, with people who inject drugs (PWID) most at risk. In Australia, injecting drug use accounts for almost 90% of newly acquired HCV (Kirby Institute, 2014).

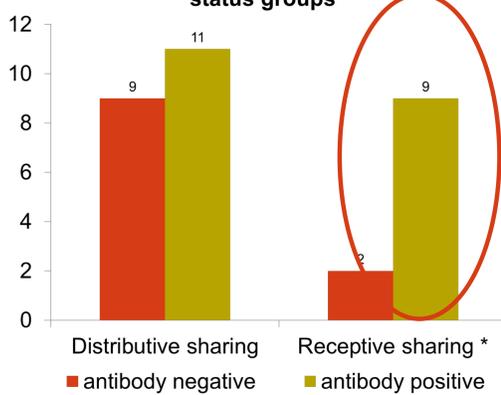
Reducing injecting risk behaviours among PWID is critical to reducing the ongoing transmission, morbidity and mortality of HCV. Reducing injecting risk behaviours can be achieved through various harm minimisation interventions including needle and syringe programs (NSPs), opiate substitution treatment (OST), and education and information delivered as health promotion messages through public health services and peer education programs.

## Aim

*Compare risk behaviours between PWID reporting HCV antibody positive result and negative result*

## Distributive vs Receptive sharing

Fig. 1 Needle/Syringe sharing among HCV status groups



## Acknowledgements

We wish to thank all the participants who shared their experiences with us, we are grateful and privileged. Special thanks to all the agencies involved for their help in recruitment and in particular AIVL for their input into the development of this module.

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## Methods

The Illicit Drug Reporting System (IDRS) is an annual sentinel surveillance monitoring system aimed at detecting emerging trends in the illicit drug market in Australia. A cross-sectional non-probability sample of PWID reporting at least monthly illicit drug injection in the preceding six months were recruited via needle and syringe programs (NPS), peer-referral and street press advertising. Participants were residents in the capital city of each Australian State and Territory where they were recruited for at least 12 months preceding interview and underwent a structured interviewer-administered survey. In 2013, a module was included to determine the extent of knowledge about HCV testing and treatment. The sample (n=887) consists of 65% male with a median age of 40 years.

## Results

The majority (90%) of participants had undergone Hepatitis C antibody testing in their lifetime and of those who had been tested, two-thirds (69%) had returned a positive result.

Participants who reported being HCV antibody positive were older, had longer injecting histories, were more likely to nominate heroin as their drug of choice, and more likely to report heroin as the drug injected most often.

	HCV antibody negative (n= 248)	HCV antibody positive (n=541)	P value
Mean age	38	42	<0.001
Length of injecting†	18	22	<0.001
Current OST	25%	75%	0.001
Heroin drug of choice	23%	77%	<0.001
Heroin inj. most often^	23%	77%	<0.001

† in years  
^ in past month

*HCV antibody positive participants were 7.5 times more likely to use a needle after someone else\**

Those who reported a positive result for HCV antibodies were seven times more likely to use a needle after someone else (receptive sharing), even after controlling for age, gender, length of injecting history (years) and frequency of injecting occasions (past month).

There was no significant differences between those who report negative and positive antibody results among those who report lending a needle to someone (distributive sharing). See Figure 1.

## Discussion

The majority of participants were actively engaged in their health care and most had undergone antibody screening for Hepatitis C.

These findings are of considerable concern as receptive sharing exposes the individual to

- additional BBVI risks including re-infection,
- infection with a different genotype,
- and/or infection with additional BBVI (i.e. HIV).

Other findings from this data (not presented here) have uncovered an ambivalent attitude toward treatment efficacy (despite recent advances) among this group which may explain, in part, a lack of concern regarding additional exposure post-diagnosis.

Harm minimisation strategies & health promotion messages need to target this behaviour to educate and inform individuals of the additional risks receptive sharing poses.

Access to injecting equipment needs to remain a focus within both the community and a push for NPS in prison settings.