

Are we leaving women who inject drugs behind on the ‘road to hepatitis C elimination’? A qualitative exploration to minimise inequalities in health.

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Background: In Australia, research has indicated that women who inject drugs are less likely to initiate hepatitis C virus (HCV) treatment than men who inject drugs. On the ‘road to HCV elimination’, concerted efforts are needed to minimise inequalities in care. The study aim was to explore experiences of HCV-related care among women ‘across the HCV care cascade’ to better understand ‘why’ and ‘how’ this phenomenon is occurring.

Methods: Participants were sampled from the ETHOS Engage cohort (n=1,443). Inclusion criteria were informed consent, aged ≥ 18 years, history of injection drug use, and persons who injected in the prior six months or were currently receiving opioid agonist therapy (OAT). Participants who identified as women and were enrolled in ETHOS Engage were invited to participate in a semi-structured interview. Data was analysed with the Stigma and Substance Use Process Model.

Results: 21 women were interviewed (mean age 42 years, 5 are Aboriginal, 11 received HCV treatment) of which the majority received financial assistance, were currently receiving OAT, and over half injected drugs in the past month. Participants highlighted several incidents of ‘double stigma’ when receiving HCV care, i.e., perceived to be judged more harshly by health services due to their gender and injection drug use. When HCV care and gender-based care overlapped (e.g., HCV diagnosis during pregnancy) participants were mostly dissatisfied with the care received and/or expected to be reprimanded based on past stigmatising experiences. Participants who had not received HCV treatment spoke of intimate partners who were also not treated and a lack of support networks. Participants who received treatment identified the support of ‘champion’ workers to overcome barriers.

Conclusion: Findings move beyond sex disaggregation data to reinforce the complexities of ‘double stigma’ for women in HCV care, underscoring the need for services to recognise and work towards countering its impact.

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