

Addressing the impact of stigma on hepatitis C treatment uptake in the elimination era

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Background: Since the advent of direct-acting antiviral (DAA) hepatitis C treatments, Australia has adopted the goal of viral elimination, fully subsidising these treatments. Despite increased availability and initially strong uptake, treatment rates have since plateaued and then declined in Australia. Research has long indicated that the stigmatisation of hepatitis C is a key impediment to treatment. While the effect of stigma on interferon-based treatment has been studied closely, its effect on contemporary uptake is less well understood.

Methods: Mobilising Fraser et al.'s (2017) approach to stigma as a biopolitical process of social production, we analyse how stigma impedes treatment uptake in Australia. Approaching stigma through this lens, we conducted interviews with 50 people affected by hepatitis C. The final dataset comprises experiences of: hepatitis C-positive status without treatment; either DAA or interferon-based treatment only; both treatments; and re-acquisition of hepatitis C after cure.

Results: Despite treatment advances, stigma continues to reproduce hepatitis C treatment barriers similar to those that shaped the interferon-treatment era. We find that stigma: (1) generates treatment hesitancy; (2) discourages communication and (3) encourages uninformative healthcare encounters. We also consider whether a primary focus on biomedical cure over broader interventions into the structural arrangements that sustain stigma sufficiently addresses these issues.

Conclusion: Given the continued impact of stigma on treatment uptake, the elimination project needs to broaden its focus beyond treatment and cure, or even institutional healthcare arrangements, to also address the social positions of people affected by hepatitis C. These findings will inform a new website based on the 50 interviews that approaches stigma as a key concern for elimination. The website will address these issues by exploring experiences of DAA treatment, promoting treatment uptake and, by articulating participant lives as rich and diverse, making a destigmatising intervention into the biopolitical production of hepatitis C.

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