PROBLEMATISING THE PROMISE OF PHARMACEUTICALISATION IN THE ERA OF DIRECT-ACTING ANTIVIRALS

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Background:
This presentation uses qualitative research to reflect on some of the effects of technological transitions in hepatitis C treatment, especially in light of the promise of universal access and direct-acting antivirals (DAAs). We draw on interviews with community actors to explore how ideas of affected community are made and revised in light of treatment technology transitions. We frame our analysis in light of notions of "pharmaceutical citizenship", that is, how access to pharmaceutical treatments generate certain boundaries of citizenship through the promise of inclusion via universal access and effect. We identify, however, a variety of ways in which community and citizenship are enacted in relation to the arrival DAA pharmaceuticals, and these enactments run counter to a singular 'meta-narrative' of pharmaceutical promise.

Methods:
We undertook in-depth qualitative interviews with sixteen community actors engaged in national or state-based drug user and viral hepatitis intervention or advocacy. Participants reflected on their community action engagements in Australia's response to hepatitis C, especially in relation to the emergence and promise of DAAs.

Results:
Notwithstanding their acknowledgment of the potential afforded by the new, publicly subsided treatments, many participants emphasised the injunctions that continue to thwart greater socio-political inclusion and legitimacy for people who inject drugs. As one participant put it: "We're still seeing the same issues, the same barriers, the same shit going on, the same systemic issues that get in the way of making change." Alongside these more familiar social- structural and systemic barriers, participants also described levels of treatment-related suspicion and mistrust endemic within some communities, particularly those most socially disenfranchised.

Conclusion:
The *not-yet-citizens* of the social body – those people living with HCV and injecting – have become the prioritized and entitled treatment population of the DAA-era and its goal of 'elimination'. While pharmaceutical treatments do indeed have generative and constitutive power, including to make and remake diseases and those who live with them, fundamental tensions continue to trouble the promise of DAAs.

Disclosure of Interest Statement:
The authors have no conflict of interest to declare.