

TAILORING HEPATITIS C HEALTH PROMOTION FOR PEOPLE WHO INJECT DRUGS

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Background/Approach: Treating sufficient numbers of people who inject drugs (PWID) for hepatitis C is crucial to Australia's elimination efforts. PWID are a heterogenous group, but thus far little has been done to define sub-populations. We are undertaking an iterative mapping exercise to develop 'profiles' representing different sub-populations of PWID to provide greater insight into where and how to reach each sub-population, and what messaging might resonate with each.

Analysis/Argument: After summarising existing data from surveys of PWID we determined that this was insufficient to develop profiles. We adapted our approach to use workshops with PWID (n=8) and peer workers (n=2) to "compare-and-contrast" the experience of those treated with those not treated. A key finding was that rather than considering these as separate populations, they are the same person at different time-points. This led to visualising different journeys of PWID into care, which we tested in workshops with professionals working with PWID (n=6) and peer workers (n=8). We are also undertaking a latent class analysis on an existing cohort of Melbourne-based PWID (n=1278) to support profile development.

Outcome/Results: We have identified four stages where PWID may be at: stable drug use, chaotic drug use, moving out of drug use and crisis point, described as "it's all f**ked". Each stage is associated with different combinations of barriers and enablers to care, depicted as a 'see-saw' with blocks on the right representing factors enabling access, and blocks on the left depicting barriers. The size of each block indicates the extent each factor enables/prevents care.

Conclusions/Applications: Profiles of PWID sub-populations and their respective combinations of barriers/enablers will enable greater insight into where and how to reach PWID who are yet to access hepatitis C treatment, including the forthcoming national health promotion campaign.

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