

Tailoring Hepatitis C Health Promotion for People Who Inject Drugs

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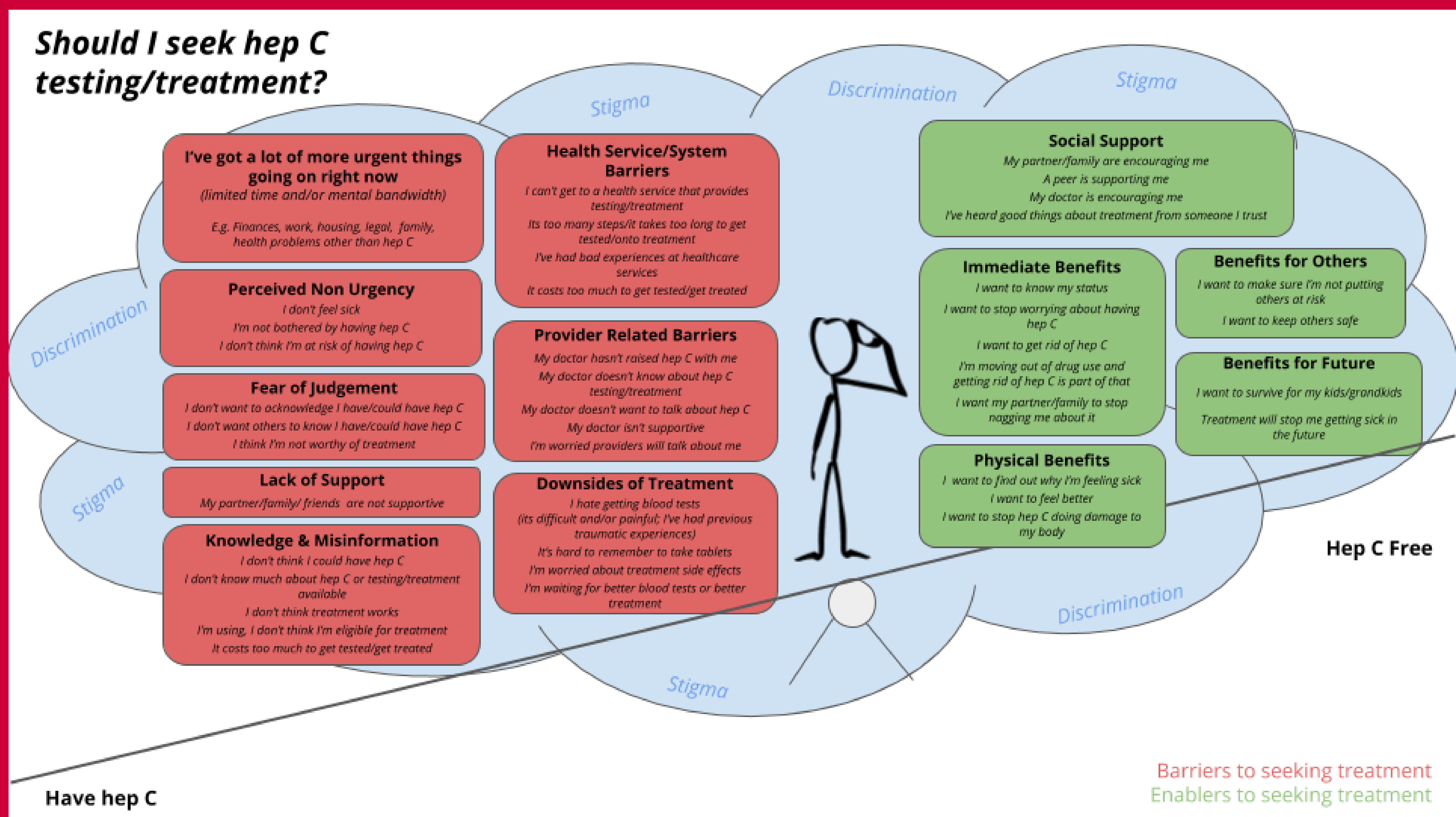
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Background

- To achieve Australia's hepatitis C elimination targets it is critical to treat sufficient numbers of **people who inject drugs (PWID)**
- PWID are a heterogeneous group, but thus far little has been done to define **sub-populations of PWID**
- We are undertaking a mapping process to identify and describe different sub-populations of PWID in Australia to help us identify:
 - Where** to reach each sub-population
 - How** to reach each sub-population
 - What **kind of message(s)** about hepatitis C testing and treatment might resonate and be useful to each sub-population

Process

- We initially reviewed the literature, and **found no examples of PWID mapping models** that we could adapt. So we adopted an **iterative, mixed method approach** including reviewing existing survey data of PWID, workshops with PWID, peer workers and professionals working with PWID, and latent class analysis of an existing cohort of PWID to group individuals within this cohort with similar characteristics (analysis currently underway)
- Various **visualisations** were developed during this process. The initial visuals depicting various journeys of PWID onto and through treatment. These then evolved into contrasting stage of life/drug use against potential 'prompts' onto treatment and eventually into to a **'see saw'** visual (see below). The see-saw displays the barriers and enablers to hepatitis C treatment, and has been further refined during workshops and discussions (see reference section)
- The blocks on the left of the see-saw (red) are **barriers**, circumstances which hold the status quo in place so the persons' hepatitis C infection remains unaddressed. The blocks on the right (green) are **enablers**, circumstances that encourage and support a person who injects drugs to seek out hepatitis C testing and treatment
- If we want people who inject drugs to access hepatitis C testing and treatment, we need to **remove or reduce the size of the blocks on the left of the see saw and/or increase the number or size of blocks on the right**



Further Development & Applications

- We are continuing to **refine the descriptive language** of the see-saw, and to explore how we can **display the relationships** between the blocks
- We are currently using the see-saw model to **identify priority areas** for the forthcoming EC Australia national hepatitis C health promotion campaign
 - We will identify **which blocks** are most important to address to increase uptake of hepatitis C testing and treatment AND are amenable to action through health promotion. We will use this to **focus and shape the campaign key messages and delivery approaches**
- Preliminary results of our latent class analysis of the SuperMIX cohort of PWID suggest that the type of drug used most recently and frequency of injecting are key factors in grouping this cohort into different 'classes' (or sub-populations)
 - Once the classes are finalised, we aim to describe the characteristics of each sub-population, and **to tailor our see-saw to articulate the unique combination** of barriers and enablers faced by each. We can then use this information to inform future health strategies and approaches.
- Other groups may wish to use the see-saw model to **help shape their own health promotion strategies and approaches**, to ensure these are tailored to specific priority areas for specific sub-populations of PWID

References & Acknowledgements

When we commenced the mapping process in early 2017, there was limited published information about the barriers and enablers for PWID to uptake hepatitis C testing and treatment. Initial models were based on enablers and barriers raised during workshop discussions with PWID (n=7), peer workers (n=2) and professionals who work with PWID (n=6). These were subsequently consolidated with newly available published and unpublished information on barriers and enablers listed below, and further developed in consultation with the AIVL HCV peer workers national elimination group and additional professionals who work with PWID.

Published papers included: Madden et al PLoS One 2018;13(11); Goutzamanis et al BMC Infect Dis 2018 18(1); Chong et al Hepatitis C treatment - Peer insights on barriers and motivations to DAA treatment uptake (two broadsheets)
Unpublished data included: Surveys of PWID attending health clinics (EC Experience Cohort), interviews with clients of NSPs (led by Pennington Institute), surveys from clients participating in rapid testing pilot (Rapid EC study)

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