"Why is Daddy's toothbrush on top of the cabinet?": Hep C, families and treatment

Melanie Walker, Chief Executive Officer, AIVL - Australian Injecting and Illicit Drug Users League

Acknowledgment of Country

- The Cairns region is home to three Aboriginal Traditional Owner groups. The Yirrijandji (pronounced *Irikandji*) are the Traditional Owners of the land from Cairns north to Port Douglas. They are also known as the Saltwater people. The Gimuy-Yidinji (prounounced *Goomeye Yidinjee*) are the Traditional Owners of the land from Cairns south, including Trinity Inlet. The Djabugay (prounouced *Japurkai)* or Rainforest people are the Traditional Owners of the lands from Cairns up to Kuranda.

Who is AIVL?

- AIVL is the national peak organisation representing the state/territory peer-based drug user organisations and issues of national relevance for people with lived experience of illicit drug use.
  - The number of people aged 14 or older illicitly using drugs in Australia is increasing.
  - In 2016, about 8.5 million (or 43%) people in Australia aged 14 or older had used an illicit drug in their lifetime (including misuse of pharmaceuticals).

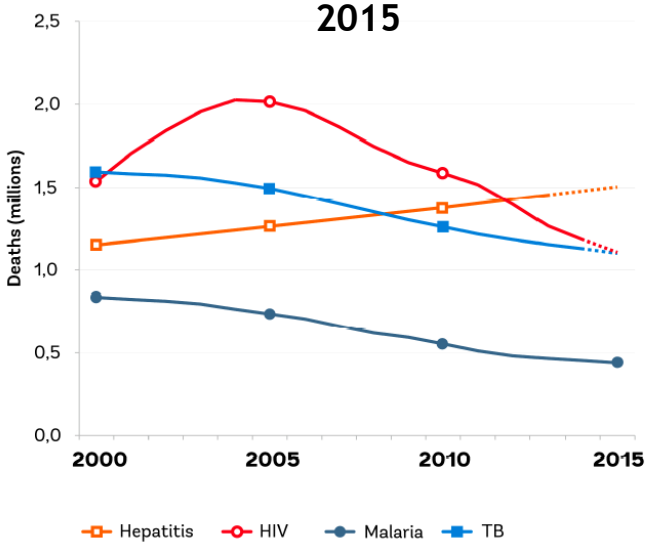
AIVL's Vision and Purpose

- To advance the health and human rights of people who use/have used illicit drugs.
- This includes a primary focus on reducing the transmission and impact of blood borne viruses (BBVs) including HIV and Hepatitis C, and those accessing drug treatment services, through the effective implementation of peer education, harm reduction, health promotion and policy and advocacy strategies at the national level.

So why is Daddy's toothbrush on top of the cabinet?

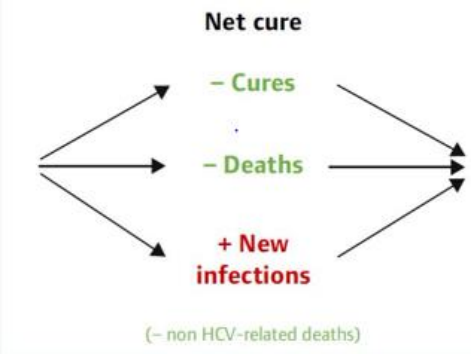
- Hepatitis C, families and treatment
  - Why are the new treatments - and the elimination of Hepatitis C - such a big thing for families?
    - Case Study 1: The toothbrush on top of the bathroom cabinet and the dangers of 'boy germs'
    - Case Study 2: Childbirth and the stress of being a first time mum
    - Case Study 3: Razors and teenage rebellion

Deaths for selected conditions 2000 - 2015



Source: Global Burden of Disease and WHO/UNAIDS estimates

HCV – NET CURE in AUSTRALIA



The “net cure” represents success in managing the HCV epidemic.

Australia in 2016:

- 29,160 cures,
- 830 HCV-related deaths
- 5,900 new infections
- Net cure = 24,090 (11.9% reduction in the size of the epidemic).

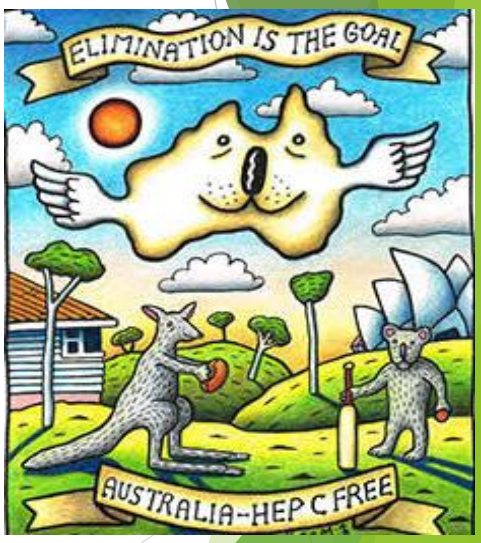
"Warehousing" - who is being treated?

- The "wave" theory
  - The first wave is people who are well connected to health care, tested and ready for treatment and are likely to have been treated at this stage
  - The second wave is people who currently use drugs
  - The third wave are the people living with chronic HCV that have not been diagnosed or identified
  - How do we reach the second and third wave people?

"Elimination is the goal"

Australia will commit to the target of viral hepatitis elimination by 2026 – but how?

- Criminalisation, conservatism, lack of political courage mean that there is no certainty this goal will be reached
  - Australia had very poor treatment record prior to 3/17
  - No NSP in prison
  - No formal recognition of peer workers, quite the opposite
  - Pervasive punitive measures that target PWUD
  - Stigma still rife
- Very little formal integration of peer support and clinical services



So what is AIVL doing?

- Key AIVL initiatives in 2017-18:
  - Enhance NSP service outcomes through establishment and delivery of a peer-driven, nationally consistent NSP training framework aimed at people who work in services that provide access to NSPs, based on best practice guidelines.
  - Build capacity amongst peer educators and other health professionals through a nationally consistent training program to allow them to provide education and support to people who inject drugs to reduce barriers to the health system by addressing stigma and discrimination and building resilience so that they can take control of their own health.
  - Improve hepatitis C health outcomes for people exiting custodial settings to improve transition to primary care.

So what is AIVL doing?

- Key AIVL initiatives in 2017-18:
  - Develop and distribute resources to establish culturally supportive harm reduction responses that work to improve BBV health outcomes for people who inject drugs within other BBV priority populations including Aboriginal and Torres Strait Islander peoples and Culturally and Linguistically Diverse populations.
  - Develop a new organisational website as a central platform for resources to allow access by a variety of electronic platforms to nationally consistent hepatitis C, harm reduction and other resources that support the health and wellbeing of people who use drugs.
  - Develop a suite of national policy papers focused on improving health outcomes for people who use drugs which are aligned with relevant national strategies.

So what else do we need to do to get the job done?

- Stakeholder quote in Kirby Institute WHD media release entitled: *From chronic to cured: could Australia be the first country in the world to eliminate hep C?*
  - *"The availability of new treatments for hepatitis C has obviously been an incredible step forward toward the goal of elimination. However, it is important that the focus on prevention is not lost and that efforts to engage with priority populations - such as people who inject drugs, people in custodial settings, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds - are also strengthened. We need the full suite of evidence-based approaches if we are to overcome this key public health challenge in Australia."*

Melanie Walker, CEO, AIVL

Acknowledgements:

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