PROGRAM AND ABSTRACTS

evolving knowledge & practice

11th Social Research Conference on HIV, Hepatitis C and Related Diseases

National Centre in HIV Social Research
University of New South Wales
Sydney, Australia

8–9 April 2010

NCHSR

Conference organising committee

John de Witt (co-chair)
Carla Treloar (co-chair)
Christy Newman
Loren Brener
Asha Persson
Imogen da Silva

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It is my pleasure to welcome you to the 11th Social Research Conference on HIV, hepatitis and related diseases, for the first time in my role as director of the National Centre in HIV Social Research. This year's conference has again attracted more registered delegates than before, attesting to the important role the conference plays as a national platform that facilitates networking and knowledge sharing between social and behavioural researchers, policy makers, health professionals and community organisations. The number of presentations also continues to grow and in some instances the time for presentations has been reduced to accommodate the large number of high quality contributions within an already packed two-day program.

This year's conference theme, evolving knowledge and practice, draws attention to the continually changing nature of the epidemics in which we work and encourages reflection and debate on advances in treatment and changing community understandings and how these intersect with appropriate and effective prevention, care and support. Effective responses to evolving epidemics require optimal policy and legal environments and an exciting addition to the conference program this year is the panel discussion in the closing session. In this new session a panel of eminent thinkers

Name badges

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Registration desk

The registration desk will be open from 8.30 am to 1.30 pm on both days. Outside these times please direct all enquiries to staff at the NCHSR front desk.

Smoking

Smoking is not permitted within any UNSW building. Please go outside to smoke and place your butts in the bins supplied.

Speaker preparation

All speakers must pre-load their presentations on the laptop computer in

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Breakdown of sessions

Session		First author/ Presenter	

[redacted]

Session		First author/ Presenter	Title of presentation
3A	**Chair: Henrike Korner**		**BBV issues for CALD communities (Proffered papers)**
1.30–3.00 Mathews Room 104	1.30	Tadgh McMahon	Targeted approaches to HIV prevention among immigrants living in high-income countries: a review of evidence relevant to the development of culturally appropriate interventions
	1.50	Solomon Wong	Addressing Asian MSM issues in an ethnically diverse international city over 12 years of programs
	2.10	Marina Suarez	Women and HIV fact sheets: review and update
	2.30	Robyn Horwitz	Australian Egyptian community’s understanding of HCV, their knowledge of virus transmission, attitudes towards HCV and treatment
	2.50	Discussion	
3B	**Chair: Max Hopwood**		**Decisions about treatment for hepatitis C (Proffered papers)**
1.30–3.00 Mathews Theatre B	1.30	Peter Hull	Consideration and uptake of treatment for hepatitis C infection among injecting drug users
	1.50	Jake Rance	The politics of place(ment): treating hepatitis C within opiate substitution
	2.10	Heidi Coupland	Adjudicating injecting drug users' candidacy for hepatitis C treatment: conflicting provider, patient and public health realities?
	2.30	Sione Crawford	Guilt, fear, depression and toxicity—Hep C: when the cure is worse than the disease
	2.50	Discussion	
3C	**Chair: Graham Brown**		**Evaluating health promotion (Proffered papers)**
1.30–3.00 Mathews Room 107	1.30	Kathy Triffitt	Different strokes for different blokes: comparison of two HIV education campaigns
	1.50	Alisa Pedrana	Understanding risk: lessons from the evaluation of HIV prevention initiatives in Victoria and learnings from men through a younger perspective
	2.10	Michelle Horner, Kate Weston	Condom Credit Card
	2.30	Robert Lake	Making HIV+ peer support work: the Positive Life/ACON Peer Support review
	2.50	Discussion	
3D	**Chair: Hannah Wilson**		**Redesigning service models for people who inject drugs (Proffered papers)**
1.30–3.00 Mathews Theatre C	1.30	Kate DeMaere	‘Re-focusing HCV clinical services in a primary health centre setting’: findings from the HCV project, Kirketon Road Centre
	1.50	Robert Kemp	Changes in the age distribution and patterns of drug use in the Queensland arm of the Australian Needle and Syringe Program Survey, 1995–2008

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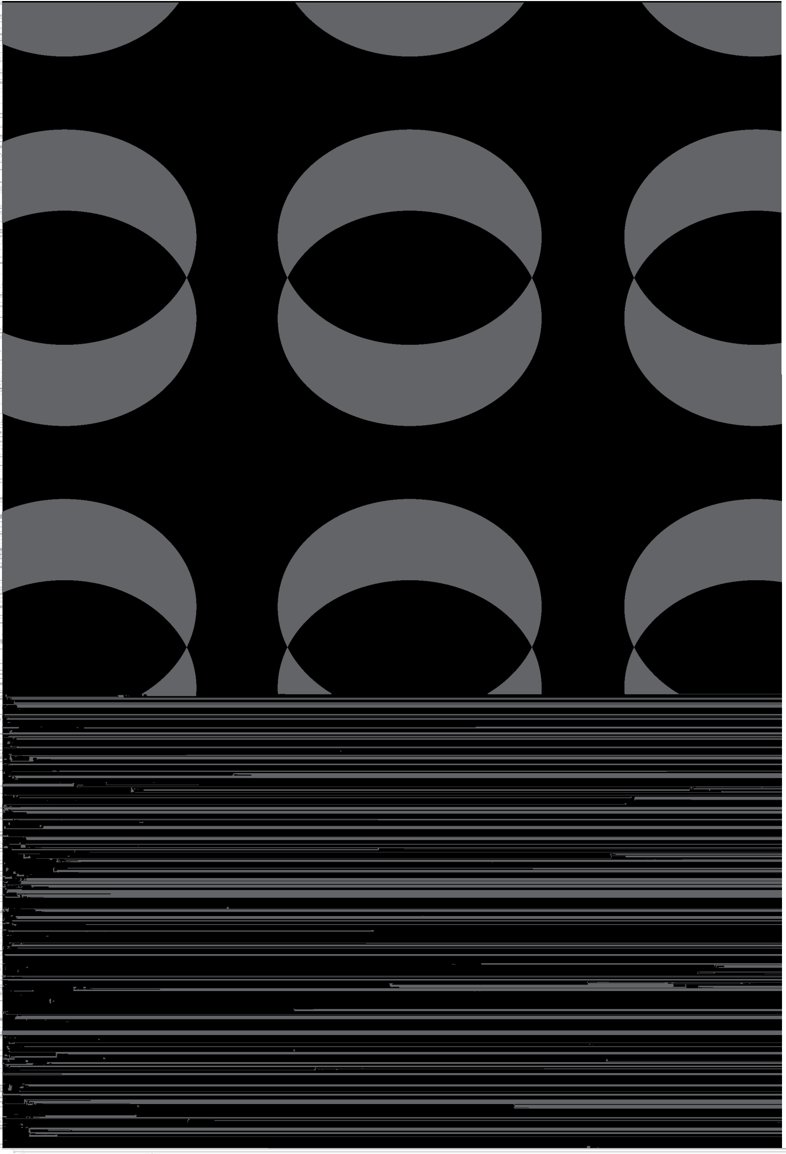
[redacted]

[redacted]

Session		First author/ Presenter	

evolving knowledge and practice



Biographies of keynote speakers

Suzanne Fraser is a senior lecturer in the Centre for Women's Studies and Gender Research at Monash University. She has published widely in health, blood-borne viruses and drug use, and has been the recipient of

When he retired from the High Court of Australia on 2 February 2009, Michael Kirby was Australia's longest serving judge. He was first appointed in 1975 as a Deputy President of the Australian Conciliation & Arbitration Commission. Soon after, he was seconded as inaugural Chairman of the Australian Law Reform Commission (1975–84). Later, he was appointed a

[redacted]

Mark Saunders

Session 8, Friday, 4.00pm, p.10

Mark Saunders is a Canberra-based Aboriginal man from South West

[illegible]

[redacted]

[illegible]

The following distinguished guests and speakers warmly welcome you to this 11th Social Research Conference on HIV, Hepatitis C and Related Diseases:

Mr Allen Madden, Gadigal Aboriginal elder and Cultural and Educational Officer with the Metropolitan Land Council in Sydney

Professor John De Wit, Director of the National Centre in HIV Social

Invited paper

1

Communicating health risk in a context of uncertainty: what can we learn from the experiences of emergent technologies?

Those who work in the field of public health constantly grapple with the question of how best to 'frame' health information in order to

Rapid HIV testing: it's about time! 2A

Chair:
Geoff Honnor

Presenters:
Iryna Zablotska
David Wilson
Martin Holt
Chris Bourne
Warwick Allan
Yves Calmette
Phillip Keen

HIV testing among gay men/MSM in Australia

Iryna Zablotska

Modelling the impact of changes in HIV testing rates and estimating the outcomes from the introduction of rapid HIV testing in Australia

David Wilson

Considerations about rolling out rapid HIV testing in non-clinical settings

Yves Calmette

AFAO policy position on rapid HIV testing

Phillip Keen

Australian public health strategies aimed at managing the risk of sexual transmission of disease were largely established in response to HIV/AIDS. These strategies were well disseminated in Australia, resulting in very low rates of HIV infection. Did they produce any unintended effects? In this paper we look at one possible effect, the confusion of ideas about HIV transmissibility with hepatitis C, the adoption of generalised notions of sexual contagion, and the misidentification of some forms of hepatitis C risk.

The paper analyses 30 in-depth semi-structured interviews conducted with hepatitis C positive people, most but not all of whom identified as current or former injecting drug users. These data were collected as part of an NHMRC-funded project exploring the changing meanings of hepatitis C over time.

Significant differences in attitudes and understandings were identified in the data. Some participants were clear that hepatitis C is not classified as a sexually transmitted disease and bears little or no relationship to HIV. Others expressed an awareness of the low risk of sexual and vertical transmission, but remained reticent to form sexual relationships or consider reproduction. Still others held inaccurate views about transmission. Drawing on Catherine Waldby's (1996) cultural analysis of the HIV epidemic and Margrit Shildrick's ideas of anomalous bodies (1997, 2000, 2002), this paper explores how categories of risk have direct causes for the ways bodies are imagined and positioned in the social order.

to manifest in less obvious ways. For example, in hepatitis C self-help literature, patients' emotions are often expected to be organized in either of two ways; iatrogenic individuals are expected to feel angry, whereas IDU

Heterosexual men, HIV & masculinity

Kate Reakes[1], Asha Persson[2] and Jessica Elkaim[1] (presenter)

For men living heterosexually with HIV, their perceived sexual orientation can be a major concern. Frequently in their interactions with service providers and others, these men often seem compelled to articulate and affirm their identity as a heterosexual man. This seeming need to emphasise

Serostatus identity? HIV-negativity in serodiscordant heterosexual couples

Asha Persson

Heterosexual African men and HIV

Nandini Ray, Masha Eisenberg, Effie Katsaros, Barbara Luisi

Multicultural HIV/AIDS and Hepatitis C
Service, Sydney

nandini.ray@email.cs.nsw.gov.au

‘I was not some young tourist’: acquisition of HIV among WA men while travelling and working overseas

Graham Brown[1], Jeanne Ellard[2], Julie Mooney-Somers[3] and Garrett Prestage[3]

[1]WA Centre for Health Promotion Research, Curtin Health Innovation Research Institute, Curtin University of Technology, Perth

[2]National Centre in HIV Social Research, The University of New South Wales, Sydney

[3]National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney

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The proportion of men who acquired HIV while travelling or working overseas has risen dramatically in Western Australia (WA) to more than half of new male infections, with most of these infections among heterosexual men, while transmissions within WA have plateaued. There has been little research into the factors that lead to WA men contracting HIV overseas.

In-depth interviews were conducted with WA male residents who have recently acquired HIV while travelling or working overseas to investigate the social, cultural, setting, behavioural and cognitive factors which may have contributed to HIV transmission. 12 men (8 self identified comparative method to identify major themes. This paper will focus on

Experience of stigma and its impact on fertility desire and intentions of people living with HIV in Northern Uganda

Barbara Nattabi[1], Jianghong Li[2], Sandra Thompson[1], Christopher Orach[3] and Jaya Earnest[1]

[1]Centre for International Health, Curtin
University of Technology, Perth

[2]Centre for Developmental Health, Curtin
University of Technology, Perth

[3]

Over the history of the HIV epidemic, there have been developments in scientific knowledge, biomedical technologies and research methods. These developments have affected the lives of people living with HIV/AIDS (PLWHA) in relation to how they construct their identit(ies) and subsequently connect with communities and services. This has implications for how practitioners engage with PLWHA necessitating the incorporation of practice knowledge, client perspectives and research to produce an evidence base.

Positive directions (PD) is an information, referral and care coordination service for PLWHA within Queensland. Working from a client-centred,

SESSION 3 Parallel presentations

THURSDAY: 1.30–3.00

Proffered papers

3A BBV issues for CALD communities

Chair: **Henrike Korner**

Globally over 95% of people acquiring HIV each year live in developing and middle income countries. Immigrants from these countries now make up a significant proportion of people living with HIV in many high-income countries including Australia. Dominant modes of HIV transmission tend to be atypical among these immigrants and there is some evidence of disparities in health outcomes.

In Australia, targeted and appropriate interventions are central to HIV prevention among sub-cultures of gay men, sex workers and people who inject drugs. A key gap in our evidence base includes what we can learn from other high-income countries to guide new, or strengthen existing approaches, to HIV prevention with immigrants in Australia.

Research, in the form of a review of evidence, explored HIV prevention with immigrants and sought to 'unpack' the mechanisms for achieving cultural appropr n

Project: ACON's Asian Project has responded to the needs of Asian MSM in Sydney over the last twelve years. The Asian Project implements a range of strategies through a community development and peer education framework. Most activities are groups and workshops as well as other activities that build community cohesion, reduce social isolation, challenge racism and increase visibility. Education materials have also been produced.

Results: The Asian Project has contributed to the growth of a distinctive Asian GLBT community in Sydney and has initiated manydusp(t)-19(m).iBT c i(a)8.5(354 TmT c).03scn.0

Women and HIV fact sheets: review and update

Marina Suarez

Family Planning NSW, Sydney
marinas@fpnsw.org.au

Aims: This project addressed a gap of plain English information available for HIV-positive women from culturally and linguistically diverse (CALD) backgrounds in NSW.

CALD women represent 60% of the female HIV notifications in NSW (NCHECR. 2007 Annual Surveillance Report, p. 25). People from CALD communities are one of the priority populations listed in the NSW HIV/AIDS Strategy 2006–2009.

Method: The project was a partnership between Family Planning NSW, The Heterosexual HIV/AIDS Service, Multicultural HIV/AIDS and Hepatitis C Service and ACON Women and Families affected by HIV Project.

A consultation process with a wide range of stakeholders was undertaken to review the previous 2002 women and HIV fact sheets, decide on the most relevant topics, content and style. The agreed topics were: Testing, Recently Diagnosed, Treatment, Pregnancy, Looking After Yourself and Services.

Draft fact sheets were focus tested with women living with HIV from different CALD groups for language, content and design.

Fact sheets were written in plain English to make them accessible for women from CALD backgrounds and to facilitate future translation into community languages.

Results: Six reviewed and updated fact sheets in PDF format are available for download from a number of websites.

A comprehensive plan will ensure the factsheets are disseminated to all relevant services that may be in contact with HIV positive women and women at risk of HIV.

Conclusions: An evaluation plan was developed and currently being implemented to ascertain the number of downloads and the usefulness of the factsheets for women with HIV/CALD backgrounds and service providers.

Australian Egyptian community's understanding of HCV, their knowledge of virus transmission, attitudes towards HCV and treatment

Robyn Horwitz[1], Wa'el Sabri[2], Loren Brener[1], Renee Moreton[2], Carla Treloar[1] and Ashraf Sedrak[2]

Egypt contains the highest prevalence of hepatitis C (HCV) in the world,

Consideration and uptake of treatment for hepatitis C infection among injecting drug users

Peter Hull[1], Joanne Bryant[1], Max Hopwood[1], Jason Grebely[2] and Carla Treloar[1]

Although treatment for hepatitis C (HCV) is available for those with chronic infection, uptake is low and there is a policy imperative to double the numbers of people undertaking treatment. A number of initiatives are underway to expand access to HCV treatment with significant interest and investment in the provision of HCV care and treatment in opiate substitution treatment (OST) settings.

To explore the critical questions raised by the possibility of integrating OST and HCV treatment, we draw on data collected in a qualitative study involving both clients and health professionals of OST.

This paper argues that despite the apparent logic and advantages of providing two treatment modalities within the one service, their relationship is a complex and uneasy one. Foucault's power/knowledge formulation — the materiality of knowledge as 'discourse' — and its intrinsic relationship to institutional (non-discursive) sites, networks and supports, provides us with the conceptual means with which to frame our argument. We contend that conceiving of OST clinics as medical services primarily concerned with technocratic questions of dosage titration, administration and treatment outcomes overlooks the myriad of power relations that both shape and reflect drug treatment. We argue that the OST clinic can more usefully be understood as a particular social and discursive site; an assemblage of discourses, practices and arrangements operating under the rubric of the science of drug dependence treatment — itself a set of competing scientific, political, and populist discourses.

Uptake of antiviral treatment for hepatitis C infection by injecting drug

Findings highlighted how adjudications of candidacy by clinic staff could act as barriers to antiviral treatment uptake and as a form of symbolic violence given Indo-Chinese IDUs' everyday realities. Further research is needed to explore factors influencing clinicians' adjudications of candidacy, and the impact of power differentials between health professionals and IDUs on treatment provision and equitable access to treatment for diverse groups of IDUs.

Guilt, fear, depression and toxicity—hep C: when the cure is worse than the disease

Sione Crawford

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For many people who inject drugs, the experience of being hepatitis C positive and the experience of contemplating and undertaking treatment for hep C is complex and influenced by factors ranging from and including fear of death; guilt at being positive and guilt about passing on hep C; mistrust of medical authority; fear of disclosure; misunderstanding of treatment options and fear of treatment itself. Within the individual these influences combine to make very difficult any decision around undertaking treatment. In addition, myth, gossip and truth have always mingled when people have talked to one another about undertaking hepatitis C treatment. Horror stories about botched biopsies have sat with grim warnings about hanging out feelings for a year in the minds of many people when they have thought about undertaking hepatitis C treatment.

Despite advances being made in certain aspects of treatment and this impacting positively, it is also apparent that more side and after-effects are being reported as more people go through treatment. Unfortunately, and in a process that seems to mirror people's experiences of side effects form pharmacotherapy treatments, clinicians are too often dismissing or downplaying these complaints. In a community used to being mistrusted, all this does is ensure that possibly serious issues go undiagnosed and that users will simply advise their networks and peers not to undertake treatment – especially if they experience no sickness from hep C but do experience sickness from treatment.

It is important that people's concerns and experiences are carefully documented and properly investigated and researched both for the sake of the individuals who are entering into treatment somewhat lightly and for those who have had negative experiences as well as for anyone wanting hepatitis C treatment to have an impact on the epidemic as a whole. Failing to do so will only ensure that half-truths and worst case scenarios will continue to take on the currency of truth.

This paper will look at some of the complex interactions of these factors not because we want to have less treatment but because we want more positive and effective individual experiences of hepatitis C treatment.

Evaluating health promotion 3C

Chair: **Graham Brown**

Drawing on a review of ‘SERO DISCO: Why let HIV get in the way of a good relationship?’ and ‘SEX PIGS: Dark and dirty sex and managing your

Making HIV+ peer support work: the Positive Life/ACON Peer Support review

Robert Lake[1]

In 2008 Positive Life NSW and ACON commenced a joint project to review the peer support groups and programs operated for people with HIV in NSW. The aims of the research were to:

- undertake research to support the review of peer support models and programs

Providing access to and encouraging utilisation of sterile needles and syringes by people who inject drugs is now considered an important and necessary component of Hepatitis C Virus prevention programmes. Within the Australian and New South Wales context a wide variety of structural and environmental interventions have been developed to improve access to and utilisation of sterile injecting equipment such as Needle Syringe Programs, peer education interventions, Supervised Injecting Facilities, vending machines through to policies and education programmes to encourage more appropriate disposal of used needles and syringes. The accessibility of these structural and environmental initiatives to people who inject drugs is dependent on a broad range of institutions – NSW government (Parliament, agencies and departments), through to local councils and non-government organisations – which are responsible for the implementation of programs and services through their legislation, planning instruments and policies.

This interactive workshop is part of a broader research project being conducted by the Institute for Sustainable Futures, University of Technology, Sydney which seeks to survey the way that the legislation, planning instruments and policies created by institutions promote sterile needle and syringe accessibility for people who inject drugs. The aim of the workshop is to engage the participants in discussion on how these diverse institutions independently facilitate accessibility, e.g. through their own policies, legislation and planning instruments; and discuss how the inter-relationships between these institutions facilitates accessibility in the NSW context. The outcomes sought from the workshop, like the

Meanings of HIV in a changing epidemic

Ian Down[1,2] and Garrett Prestage[1,3]

Background: The meaning of HIV has changed for gay men in recent years, but what do we really know about what HIV means to gay men in Australia today?

Methods: Men participating in the Pleasure and Sexual Health (PASH) study were asked to tell us how important HIV was to them and how that meaning influenced the way they have sex; 2306 responses were collected.

Results: While the majority of men (54.9%) no longer see HIV as a death sentence, their views differ according to their sexual behaviour.

This paper will draw on findings from doctoral research I have just completed which suggests that while many partnered gay men now have an adequate vocabulary for discussions of safer sex they often experience

Chair: **Susan Kippax**

In 2010 the International Conference on the Reduction of Drug Related Harm will share its 21st birthday with one of its most constant

This paper is about the category of addiction and its constitution as a disorder or disease. The new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) is currently in preparation and changes in the nomenclature and diagnostic criteria of addiction have been proposed by some of the leading figures in addiction medicine. The debate about addiction in the DSM-V provides a useful context for an examination of addiction as a medical entity.

The paper explores how addiction is constituted in different contexts, given that its identification relies on the subjective judgment of behaviour and evaluation of feelings and thoughts. It focuses on two elements of the biology of addiction: physiological dependence and neurochemical dysfunction, and the role they play in this enterprise.

Chair: **Loren Brener**

Aims: Convenience samples of urban, community-attached gay, lesbian, bisexual and transgender (GLBT) people indicate relatively high levels of methamphetamine use among this group, compared to population-based samples from the general Australian community. However, there is currently limited data available on prevalence of drug dependence among sexually diverse populations. Previous research in other populations has demonstrated that problematic patterns of drug use and dependence are associated with sex and injecting risk behaviours. This paper examines sexual and injecting risk behaviours among frequent and/or dependent methamphetamine users among a Sydney-based gay, lesbian and bisexual sample.

Method: Approximately 100 regular methamphetamine users (defined by use weekly or more often in the past 3 months) who identified as gay, lesbian or bisexual, were interviewed face to face. Past 6 month drug use and injecting

12 years. The majority of respondents reported amphetamine as their last

Off road: undertaking the Gay Community Periodic Survey in regional New South Wales

Dermot Ryan[1], Ian Down[1], Martin Holt[2], Iryna Zablotska[3] and Garrett Prestage[3]

The Gay Community Periodic Survey (GCPS) has been conducted in Sydney biannually since 1996. In 2009, it was decided to conduct the that four seeds started the study and new seeds were added as the referral chains stopped. The longest chain included seven recruitment waves and enrolled 30 men. The total active recruitment time was about 5 months. We

The balance of risk and reward

Jack Bradley[1], Graham Brown[2], Garrett Prestage[1,3]

Background: As gay men's beliefs about HIV and the prospects of HIV transmission change, so too does the role of pleasure and desire in their risk calculations. Do they have the tools they need to make good decisions?

Methods: 190 recently diagnosed men were enrolled into the HIV Seroconversion Study, and 21 men were interviewed in-depth about their attitudes and beliefs concerning risk and the pursuit of pleasure.

Results

One size does not fit all anymore

Yves Calmette

HIV and STIs prevention programs are facing new challenges: HIV not being seen as a death-sentence penalty any longer, lack of interest for STIs, safe sex fatigued audience, new gay media landscape, lower participation in traditional community infrastructure, new forms of gay sociability and sexuality via internet, sub-gay populations and sub-sex cultures where HIV and STIs have very different meanings and implications. At the same time and within limited budgets, those programs have to stand out of the more than 3,000 messages per day sent by marketers, advertisers, educators.

How can we be heard? How can we be listened to? To make HIV and STI prevention programs relevant and sound, we have no other choice but to talk to the right person with the right message. One campaign or program model does not fit all gay men anymore.

This presentation will explore how to redefine the traditional health promotion mix to better target, reach and engage with totally different gay audiences. We will look in particular at:

6A Advancing health and research with indigenous communities

Over the last few years, injecting drug use among Aboriginal communities

Evolving hepatitis C prevention projects for young Aboriginal people

Jennifer Daylight and Sallie Cairnduff (presenter)

Aboriginal Health and Medical Research Council, Sydney

jdaylight@ahmrc.org.au

This presentation will explore the development of hepatitis C health promotion projects in Aboriginal communities in NSW.

The Aboriginal Health and Medical Research Council of NSW (AH&MRC) is the peak Aboriginal health organisation in NSW.

In recent years, there has been increasing awareness of the impact of hepatitis C on Aboriginal communities. Though data is limited in NSW, other states and territories report that hepatitis C rates are up to twice that compared to the non-Aboriginal population. Strategies to improve hepatitis C prevention, treatment and support programs in Aboriginal communities has been a focus of the AH&MRC over the last 6 years, and includes the employment of a Hepatitis C Workforce Development Project Officer, the development of a number of state wide resources, and working in partnership with key non-government agencies, training providers, research organization and funding bodies. The AH&MRC also works closely with the Aboriginal Sexual Health Worker Network, a key hepatitis C workforce in Aboriginal communities in NSW.

This presentation will explore the increasing incorporation of state-wide hepatitis C health promotion initiatives aimed at Aboriginal communities in NSW that AH&MRC has been involved in. In particular, we will examine:

- The Deadly Shots photo project – a youth focused prevention project based on the Hepatitis C Council of NSW's Street Shots project.
- The 2008 and 2009 NSW tours of the play Chopped Liver which is written, performed and directed by Aboriginal people from the Ilbijerri Aboriginal & Torres Strait Islander Theatre Cooperative and focuses on hepatitis C education.
- The development & distribution of interactive learning tools for workers such as the board game Dr BBV.

Cancer is the second biggest killer of Aboriginal Australians. For some cancers the mortality rate is more than 3 times higher in Aboriginal people and overall it is 60% higher. While differences in stage at diagnosis and the type and duration of care received by Aboriginal people may contribute to

Background: After numerous attempts over the last twelve years to train groups of peer educators, including injecting drug users (IDUs) past and present and other non-IDU people with experiential knowledge of living with hepatitis C, it became increasingly evident that retaining trained people who are regarded as peers is difficult, especially when their time is volunteered. People move on from current situations that motivated them to get involved i.e. IDU decide to 'clean-up' and therefore cut association with people who are still using; an educator who has had chronic HCV for many years is cured following treatment and loses interest in being part of the support network or they find paid employment and no longer have the time.

Aim: To train people in the Community who work for agencies who are in daily contact with large numbers of hepatitis C infected people such as Needle Exchange Programmes and Community Alcohol and Drug Service, including opiate substitution programmes; so they are equipped to provide hepatitis C training to their immediate colleagues, allied agencies and key stakeholders and client populations.

Method: This presentation will outline the key components of the training programme designed to target hepatitis C infected people who are accessing other community organisation. This approach will set up each of the participant's agencies as 'learning organisations' who will continue to expand and update their understanding of hepatitis C so that their respective client groups can learn more about hepatitis C and become more active in maintaining their own health and wellness.

Description and Results: The workshops are held over six two-hour sessions covering the topics:

- The history of hepatitis C in NZ.
- Who needs to know about hep C and why
- Initiating peer education programmes
- Providing pre- and post-test discussions
- Medical: testing, getting a diagnosis and monitoring, self-maintenance and treatment options
- Lifting the stigma, addressing discrimination and protecting the rights of people living with hepatitis C.

The learning of the group is facilitated by mixture of lecture, group discussion and activities and the provision of written resources to

Breaking down barriers: an evolving partnership

Sophie Bannar-Martin

Hepatitis Council of Queensland Inc., Brisbane

healthpromotion@hepqld.asn.au

People in custody are disproportionately affected by viral hepatitis. In Australia, up to 40% of male and 70% of female prison entrants have been exposed to the hepatitis C virus. Transmission of hepatitis C in custodial settings is facilitated by the absence of harm reduction options for safer injecting, piercing and tattooing, and limited provision of personal items (i.e. toothbrushes, hair clippers and razors).

Securing support and collaboration within the custodial framework is essential in addressing viral hepatitis in prisons. The Hepatitis Council of Queensland (HCQ) has worked diligently to evolve its partnership with Queensland Corrective Services (QCS) and Offender Health. This strengthened relationship, illustrated through HCQ's collaboration on the QCS HIV, Hepatitis C and Sexual Transmissible Infections Strategy 2008-2011, is aimed at developing and implementing projects that can increase awareness in Queensland custodial settings.

The Prison Postcard Project provides inmates postcards highlighting themes including hepatitis C transmission, hepatitis B transmission, self management and treatment. Postcards are reply-paid so inmates can request further information from HCQ. Education workshops and Prisoner Awareness Days are held with partner organisations aimed at increasing knowledge and skills in the areas of hepatitis transmission, self management and treatment for both inmates and custodial staff. In 2009, a new initiative was also launched in all Queensland prisons allowing inmates to call HCQ directly for viral hepatitis information and support.

This collaborative model adopted by HCQ, QCS and Offender Health promotes the health of inmates through providing much needed policy change, education and support. Within this evolving partnership, barriers have been broken, and changes on the inside can continue.

Hep C—take control: a chronic disease self-management intervention for people with hepatitis C

Louisa Walsh[1], Helen McNeill[1], Richard Osborne[2], Jenni Livingston[2] and Melanie Hawkins[2]

[1]Hepatitis C Victoria, Melbourne

[2]School of Health and Social Development, Deakin University, Melbourne

Louisa@hepcvic.org.au;

Organised education programs to support people with hepatitis C has been a neglected area. The aims of the project are to design and pilot a chronic disease self management program specifically tailored for the needs of people with hepatitis C; to begin to build an evidence base around self management models that can be utilized by hepatitis organisations across Australia; to build self management education capacity of nursing staff within the participating liver clinics; and to design a self management program that is transferable to other marginalised groups.

Program content was determined through international literature and a series of concept mapping workshops held with people with hepatitis C ($N = 14$) and workers from this sector (N = 9). A six module program was generated and combines hepatitis C-specific health education and health-related problem solving skills in a supportive group environment. Participants were recruited from three Victorian hospital liver clinics.

Symposium

Formative research for a national HIV stigma and discrimination campaign

Simon Donohoe[1], Jenny Duggan[1] and Dean Murphy[1,2]

Background: In recognition of the complexity of the task in of addressing HIV stigma and discrimination, the Australian Federation of AIDS Organisations (AFAO) and its member organisations have undertaken a phased approach to the development of a social marketing campaign. Phase 1 of the project included a series of focus groups and in-depth interviews wi.6(l)1ealia

Stigma and discrimination towards HIV-positive people in diverse communities in Australia

David Menadue, Ronald Woods and John Rule

their HIV status disclosed to such an extent, that they would not tell

Standards of care in HIV biomedical prevention trials in the developing world: a comparison

Bridget Haire and Chris Jordens

Introduction: The ethical conduct of HIV prevention research in the developing world has been hotly contested since 1997 when the use of 'double standards' was denounced in the NEJM. There remains a lack of consensus in the literature about the scope of researchers' obligations to trial participants regarding standards of care in clinical trials. This is reflected

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Aims: A number of partially effective biomedical HIV prevention technologies, including pre-exposure prophylaxis (PrEP) and rectal microbicides will potentially be available in the near future. It is important to explore 1) awareness and attitudes towards these technologies among communities who may use them, prior to their widespread promotion, and 2) willingness to participate in HIV prevention trials. Such information on effectiveness and acceptability may provide guidance for policy makers, health-care providers and educators.

Methods: In a community-based cohort study, HIV-negative gay men in Sydney were questioned about rectal microbicides, PrEP use, and willingness to participate in prevention trials. Predictors of awareness

A love-hate relationship: the impact of differing attitudes towards condoms for gay men in Australia

Pol McCann[1] and Garrett Prestage[1,2]

[1] National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney

[2] Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

poldominicmccann@gmail.com

Background: Condoms continue to be the key component of safe sex for most gay men, but how important is this when they are having sex.

Methods: 2306 men completed the Pleasure and Sexual Health (PASH) online survey.

Results: When asked about the reasons why they used condoms for their last episode of protected anal intercourse, men who had used condoms cited reasons such as having the worry removed from sex (92.7%) and that condoms were not a problem (61.3%). When men were asked about their last unprotected anal intercourse (UAIC), 78.9% of men who had not used condoms said they prefer sex without condoms. In the qualitative answers, the main response was that using condoms is simply taken for granted. Those who did not use condoms frequently cited being in 'the heat of the moment' as well as reasons why condoms make sex less enjoyable – irritation, erection problems, the desire for intimacy.

Conclusion: Men who used or did not use condoms had very different attitudes towards them. While most men who use condoms report little difficulty with them, and that they derived a sense of security from them, some men expressed strong dislike of them. Condoms make sex particularly difficult or unfulfilling for a significant minority of men. Condoms are unlikely to be made appealing to these men so they require other information about how and under what circumstances they might consider UAIC so they can reduce their degree of risk.

How social networks of people who inject drugs influence hepatitis C discussions in New South Wales

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In Australia, peer education is a commonly used harm reduction strategy for the prevention of blood-borne viruses such as hepatitis C in people who inject drugs (PWID). It aims to improve the health and wellbeing of people who use drugs by minimising the adverse health, social and economic consequences associated with drug use.

The paper presents the findings from the study. The study aim was to understand how informal exchanges in PWID social networks impact on hepatitis C harm reduction. Using a qualitative methodology grounded in social and network theory, 38 in-depth interviews were conducted with PWID in four New South Wales sites, including Sydney City, Liverpool, Lismore and Newcastle. Social network mapping was used to document the composition and relationships of the social networks and informal discussions documented the informal, day-to-day informal discussions and exchanges that occurred with respect to social network relationships, injecting drug use, hepatitis C and health.

The results from the study highlighted that PWID social networks are an effective way to transfer harm reduction messages and health information to PWID who may not otherwise come into contact with health services, especially young people and people from CALD backgrounds. However, irrespective of network connection factors, such as trust and obligation, PWID social networks were somewhat ineffective for hepatitis C information transfer. In the majority of cases this was because hepatitis C discussions were completely absent from informal discussion. This absence of discussion was explained by the real, or perceived, consequences of stigma, prejudice or social and economic exclusion that resulted from initiating discussions about hepatitis C in people's social networks.

Until PWID are empowered to initiate hepatitis C discussions, hepatitis C will continue to be the 'silent' epidemic.

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There is a body of work in the social sciences that describes many of the organisation features of modern capitalist societies, including those associated with social welfare as sophisticated social control. At the same time, peer education practices can be linked to a tradition of popular education within which information exchanges can hopefully avoid hierarchical power exchanges. This is a more emancipatist view. Drug users seldom feature comfortably in many political or similar discussions. But they are consummately objectified, studied, researched, policed and put on rigid pharmacotherapy programs that normal consumers would shudder to endure. While they are very much the subject and object of much enquiry and associated practices they are often the most marginalised of marginalised and as such have a limited public voice. While some marginalised groups in society have advanced in social equity

Authentic and self-determined peer education: creating an evidence base, and challenges for funders and researchers

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Peer distribution is the term used for the distribution of sterile injecting equipment. In New South Wales, it is legal to possess sterile injecting equipment although the distribution of this equipment through people who are not employed through primary and secondary needle and syringe programs (NSPs) or pharmacies is an illegal activity.

The aim of this study was to assess the extent of peer distribution in the study sites in an attempt to understand the reasons why people distribute sterile injecting equipment and to document the strengths and weaknesses of this form of distribution. Using a qualitative methodology, 38 in-depth interviews were conducted with people who inject drugs in four New South Wales sites including Sydney City, Liverpool, Lismore and Newcastle.

Arguments: Anecdotal evidence suggests that patients who have relapsed post HCV anti-viral therapy, experience a sense of failure and exhibit symptoms of anxiety. Numerous studies have reported that pre- and post-test counselling reduces anxiety and facilitates the acceptance of positive HCV diagnosis.

To date there have been no studies into the benefits of pre- and post-test counselling for patients who have relapsed post HCV anti-viral therapy completion.

Recommendations: Our study findings will improve patient health outcomes, facilitate the development of a model of care to prepare and support patients prior to and immediately following test results, and also identify strategies that may.ntit practical aspects of individuals lives and what support is available. The INSURE Project was conceived to investigate the barriers experienced

Determinants of a culturally inclusive website: recommendations on developing a friendly culturally and linguistically diverse website

Sonam Paljor

The Web is an increasingly important resource in many aspects of life:

Young people, heterosex and condom agency

Paul Byron

co-constitutive of sex practices. Along with bodies, body parts, spatial arrangements, and other material and technological devices, condoms form part of the assemblage of sex. Young people's narratives of sex highlight the from the online e-male survey conducted in 2008. GCPSs recruited gay men through gay events, venues and sexual health clinics. E-male was conducted in the same states, but online only. It was concerned about

identities for audiences of poz men and women, health care workers and allied service providers.

Can CHINWAG's formula for successful dialogue with (mostly) middle-aged gay, male poz audiences be translated into other spaces and contexts? Do the very elements that make the program successful for these audiences

Evolving knowledge and practice: inter-relationships with policy and the law

Map of UNSW kensington campus