

RELATIONAL AND CONTINGENT RISK AND HARM REDUCTION: BLOOD-BORNE VIRUS PREVENTION AND CARE IN AN URBAN, CULTURALLY DIVERSE NEIGHBOURHOOD

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Introduction: This study emerged in response to a clustered HIV outbreak among Indigenous people who inject drugs (PWID) in a culturally diverse inner-city suburb of Melbourne, Australia. To inform prevention responses sensitive to local cultural diversity and street drug consumption observed by local drug users and service providers as increasingly chaotic, we measured hepatitis C (HCV), hepatitis B (HBV) and HIV seroprevalence and explored correlates of infections and injecting risk behaviours among PWID in that neighbourhood.

Methods: Cross-sectional bio-behavioural survey of 128 PWID known to be regular users of a local fixed needle and syringe program in August-September 2014.

Results: Two thirds (67%) were men, 42 (33%) reported being Aboriginal/Torres Strait Islander and median age was 37 years. HCV and HBV infection was detected among 118 (93%) and 57 (45%) participants respectively. Five (4%) were HIV positive, of whom four were Indigenous. Sharing needles at least once in the previous three months was reported by 52 (41%) and was independently associated with HBV infection (AOR=5.87, p=0.021). Age over 37 years was an independent risk factor for HBV (AOR=7.06, p=0.001) and HCV infection (AOR=11.84, p=0.027) but was protective for sharing needles (AOR=0.31, p=0.01). Risk factors for needle sharing were; identifying as Indigenous (AOR=6.21, p<0.001), attending healthcare for mental health problems (AOR=2.79, p=0.023) and seeking yet unable to access drug treatment in the previous six months (AOR=4.34, p=0.023).

Conclusion: HCV and HBV prevalence in this sample was much higher than found in other studies of PWID in Australia and world-wide. While HIV prevalence was low (consistent with Australian epidemiology), individual and service-related factors associated with risk in the context of a dynamic local urban drug culture and a clustered HIV outbreak suggests an urgent need for targeted harm reduction, tailored to the needs of specific groups and local drivers of risk.

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