



**Innovation in Hepatitis C Prevention: A Trial of Symbiotic and Pleasure-based Messages with NSP Staff and Clients**

Never Stand Still    Arts & Social Sciences    Centre for Social Research in Health

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Overview

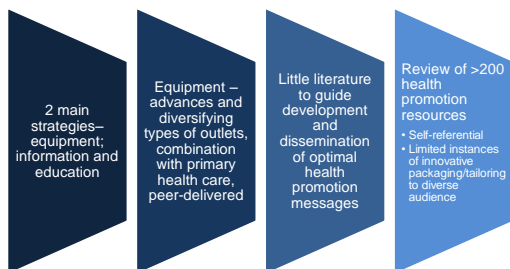
Review of hepatitis C health promotion messages

Symbiotic messages – staying safe findings

New messages

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Review of HCV health promotion



Winter et al., (2013) 3

Review of HCV health promotion

Symbiotic messages

Strategies used by PWID to achieve other goals - useful in facilitating the same behaviours (use of sterile injecting equipment) required to prevent hepatitis C

Vein care, track marks, managing money, managing withdrawals, managing family and relationships, pleasure

Mateu-Gelabert et al., (2007); Friedman et al., (2011); Mateu-Gelabert et al., (2010); Harris et al., (2012a); Harris et al., (2012b); Mateu-Gelabert et al., (2014)

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Why symbiotic messages?

More authentic and credible

Hepatitis C prevention "fatigue"

- Over exposure to health promotion messages
- "I've seen 1000s of pamphlets"

New messages that breed renewed energy into HP sector?

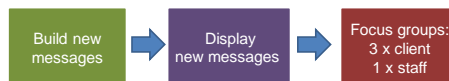
Messages match professional ethos of HP workers?

- freed from shackles of HCV
- Staff can demonstrate understanding of the lives of PWID (not just as possible/vectors of disease)
- Build trust – essential for effective therapeutic encounters (incl behaviour change)

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Review of HCV health promotion

- New hepatitis C messages that don't mention hepatitis C
- How will new messages be perceived/interpreted by PWID and health workers?
- Acceptability and feasibility trial in NSP



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Building new messages

CSRH

Barbed syringe was spontaneously recalled

Irish Needle Exchange Forum initiative

Further development in Sydney's West



BD Indispensable to human health

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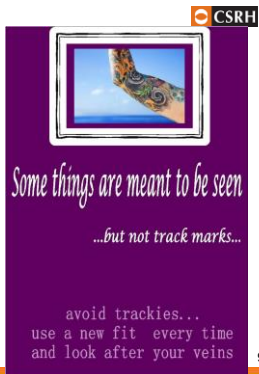
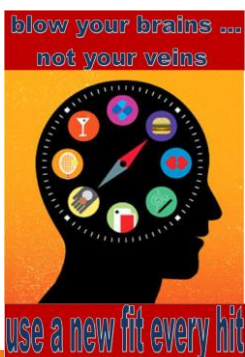
UNSW

New messages – Irish posters re-shot

CSRH

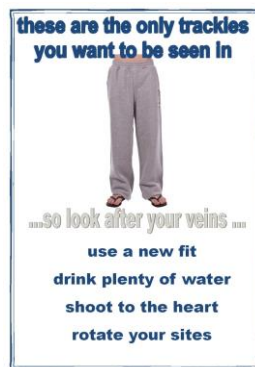


UNSW



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UNSW



UNSW



UNSW

Results

CSRH

Symbiotic goals included:

- prevention of track marks
- maintenance of venous access (use of sterile equipment, rotating injecting sites, drinking water prior to injection, and injecting with the flow of blood that is, "to the heart")
- prevention of pain associated with injecting
- advice on planning in relation to equipment, location, money and time

No one poster fully endorsed

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UNSW

## Results



- Not mentioning hepatitis C matched client priorities

"hepatitis C is not a priority anyway, for us it's about making sure you have a vein" (Client group # 1).

- New information
  - Water
  - Shoot to the heart

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## Results



- Negative reactions – health absolutism

"I'm not happy with the message [poster 8]. I don't think that the 3 top tips chosen are the most important or exclusive to giving a great hit. I would have chosen other things, such as sterile water. Drinking plenty of water is important to your health but injecting requires all equipment to be bug free to stay healthier and make a 'great hit' not a 'bad hit'." (Staff focus group).

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## Results



- Negative reactions – false advertising

"Yeah I don't really like it because it leads you to believe that if you do use a new fit you'll have better shot and it totally misleads you. [Researcher: *In what way?*] Well, in a way that people think oh well if I go and get a new fit I might get a better hit, a better high" (Client group # 2).

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## Results



## Humour

Mixed response esp "trackies"  
Possible further stereotyping?

## Bright imagery

Positive response  
Some wanted "shock and awe" tactics

## Pleasure

Not explicitly noted by clients  
Staff worried about how these would be perceived outside of NSP

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## Discussion



## Reconceive as conversation starters

- staff can piggy back the full range of prevention messages
- clients can examine info as relevant to their own context

## Activity-based

- Maintained within NSP, minimise risk of public back-lash

## Further development happening include learning from others:

- <http://www.aivl.org.au/veincare/>

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## Acknowledgements

## Participants

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NUAA

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Interested in postgrad study?

<https://csrh.arts.unsw.edu.au>

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## References

Winter, R., S. Fraser, N. Booker and C. Treloar (2013). "Authenticity and diversity: enhancing Australian hepatitis C prevention messages." *Contemporary Drug Problems* 40(4): 505-529.

Mateu-Gelabert P, Treloar C, Agullo V, Sandoval M, Valderrama J, Maher L, et al. How can hepatitis C be prevented in the long-term? *International Journal of Drug Policy*. 2007;18:338-40.

Friedman S, Sandoval M, Mateu-Gelabert P, Meylakh S, Des Jarlais D. Symbiotic Goals and the Prevention of Blood-Borne Viruses Among Injection Drug Users. *Substance Use & Misuse*. 2011;46:307-15.

Mateu-Gelabert P, Sandoval M, Meylakh S, Wendel T, Friedman S. Strategies to avoid opiate withdrawal: Implications for HCV and HIV risks. *International Journal of Drug Policy*. 2010;21(3):179-85.

Harris M, Treloar C, Maher L. Staying Safe from Hepatitis C: Engaging with Multiple Priorities. *Qualitative Health Research*. 2012;22(1):31-42.

Harris M, Rhodes T. Venous access and care: Harnessing pragmatics in harm reduction for people who inject drugs. *Addiction*. 2012;107(6):1090-6.

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