Women's Health Victoria
healthy empowered equal

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Committee Secretary
Standing Committee on Health
PO Box 6021
Parliament House
Canberra ACT 2600

RE: STANDING COMMITTEE ON HEALTH INQUIRY INTO HEPATITIS C

Women's Health Victoria is a not-for-profit, state-wide women's health promotion, information and advocacy service, focused on improving the lives of Victorian women. Women's Health Victoria's vision is *Women living well – healthy, empowered, equal.* Our mission is to improve health and reduce gender inequity for women in Victoria by supporting, partnering, influencing and innovating.

We work collaboratively with health professionals, policy makers and community organisations to influence and inform health policy and service delivery for women. Our work is underpinned by a social model of health and a commitment to reducing inequities in health which arise from social, economic and environmental determinants. By incorporating a gendered approach to health promotion we aim to reduce inequality and improve health outcomes for women.

Women's Health Victoria welcomes the opportunity to contribute to the Standing Committee On Health's inquiry into Hepatitis C. Our submission emphasises the need for policies and treatment programs to take a gender sensitive approach goals can be achieved across the population as a whole.

Yours sincerely,

Rita Butera

Executive Director

STANDING COMMITTEE ON HEALTH INQUIRY INTO HEPATITIS C: Submission of Women's Health Victoria

27 February 2015

This submission is endorsed by:

Women's Health East

WOMEN'S HEALTH IN THE NORTH
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LODDON MALLEE

STANDING COMMITTEE ON HEALTH INQUIRY INTO HEPATITIS C: Submission of Women's Health Victoria

Why is a gendered approach important in addressing Hepatitis C?

All policy and planning decisions impact differently on women and men, even if at first glance they appear to be gender neutral. A gendered approach to policy development is important to ensure that any differences are anticipated and that policy goals can be achieved across the population as a whole.

A gendered approach would strengthen the efficacy of national strategies for the testing, and treatment of hepatitis C virus (HCV). A gendered approach reflects what we know about the different ways women are impacted by and recover from HVC and ensures women have equity within this context.

HCV is mainly spread through the sharing of equipment by injecting drug users. An estimated 80% of existing infections in Australia result from the sharing and re-using of injecting equipment, and around 90% of new infections occur this way.[1] For this reason, our submission to the Inquiry focusses on the engagement of women injecting drug users in testing and treatment for HCV.

Power imbalances relating to gender are compounded for women using drugs. Drug use and access to drug-related health services are profoundly gendered For example,

- Most users, dealers and traffickers are men. As a result policy interventions and services have tended to be aimed at men, and neglect to seriously consider their impact on women. Responses to women involved with illicit drugs must take gender into account to produce fair outcomes.[2]
- During pregnancy or as mothers, women face intense additional stigmatisation about drug use and additional obstacles to accessing treatment. The perception that their children will be removed is a major obstacle for women seeking help and treatment for substance abuse problems.
- Experiencing domestic violence not only increases women's risk-taking behaviour, but also provides barriers to women's efforts to access treatment and obtain stable accommodation and reliable income.

To be effective, policy relating to testing, treatment and prevention must take a gendered approach which recognises and is responsive to these factors. The issues raised in this submission highlight the need for a gendered approach to all aspects of healthcare and policy relating to women and HCV.

Recommendations

- **Invest in gender responsive testing and treatment services** including needle and syringe programs specifically for women
- **Break down stigma for mothers** who may have HCV or are vulnerable to infection because of injecting drug use, supporting harm reduction for women and children

[1] Hepatitis Victoria (2012) Impact, Information about Hepatitis C. Available from: http://www.hepcvic.org.au/sites/default/files/Impact%202012.pdf

[2] Stengel, C. and Fleetwood, J. (2014) Developing drug policy: Gender Matters, *GDPO situational analysis, Cardiff: Global Drug Policy Observatory*. Available from http://idpc.net/publications/2014/10/developing-drug-policy-gender-matters

- **Invest in women's prison health services** to strengthen their capacity to deliver testing and treatment for HCV as a key strategy for addressing HCV in women

In addition to the above, Women's Health Victoria notes the need for specific specialist services for Aboriginal and Torres Strait Islander women to address the additional health vulnerabilities, stigma and barriers to accessing services experienced by these groups.

a) Prevalence rates of Hepatitis C in Australia

HCV is a blood-borne virus that can lead to chronic liver disease, liver cancer and death. There is no vaccine to prevent HCV and previous infection with the virus does not provide immunity. If someone is successfully treated for HCV, but continues to share drug injecting equipment they are vulnerable to re-infection. This has significant ramifications for testing and treatment strategies and places drug addiction support services and needle and syringe programs at the forefront of addressing HCV.

It is estimated that approximately 74,200 Victorians and around 284,000 people Australia-wide have been infected with the HCV. Of these, around 211,000 have developed chronic hepatitis C. Within Australia's Indigenous community, around 22,000 have been exposed to the virus while 16,000 have developed chronic hepatitis C. Of the 30,000 - 35,000 people held in prisons, 9,000 - 14,000 has been exposed to HCV while 7,000 to 11,000 have chronic hepatitis C.[3]

In Australia, HCV is mainly spread through the sharing of drug injecting equipment. This association with illicit drug use acts as a powerful disincentive for people, particularly women who face additional stigma, to seek HCV testing. Furthermore, some people with HCV are able to spontaneously clear the virus, and rates of spontaneous clearance are higher in women than in men. As a result, exact prevalence of HCV is unknown. We do know, however, that the incidence of HCV is likely to be significantly greater than the number of people diagnosed and that women are vulnerable to and impacted by HCV differently.

Patterns of needle sharing are different between women and men, and this leads to women being more at risk for hepatitis C infection, despite being a smaller proportion of injecting drug users.

For example, we know that men are more commonly introduced to injecting drugs by male peers, whereas women are mostly introduced to injecting drugs by male partners. Men often control women's drug using behaviour and the supply of drugs. Women most often inject last, increasing their chance of contracting disease through contaminated equipment.

Hepatitis C infection is particularly prevalent in women in prison. The proportion of incarcerated women with HCV is higher than the proportion of incarcerated men. This is because a higher proportion of women prisoners are incarcerated for drug-related crimes.

Women's Health Victoria believes that specialist non-judgemental, gender responsive health services would be an effective way of engaging more women in testing and treatment, contributing to a more accurate understanding of prevalence.

[3] Hepatitis Victoria (2012) Hepatitis C is a Virus. Available from: http://www.hepcvic.org.au/hep_c_virus

b) Hepatitis C early testing and treatment options

Barriers to accessing testing and treatment for women

A large body of literature emphasises the relationship between stigma and adverse health outcomes.[4] This is particularly true in relation to testing and treatment for HCV because of its close association with injecting drug use. Gendered expectations around motherhood and femininity mean that women face additional stigma and more obstacles to accessing testing and treatment services. For these reasons, women have been found to be less likely to seek medical treatment for HCV than men.[5]

Drug use and drug cultures are male dominated[6] and policy interventions have reflected this bias, with few services and no needle and syringe programs designed specifically to engage women. Safe, specialist services are crucial in improving testing and treatment rates.

Women are more likely than men to be socially isolated in their use of injected drugs. For example, we know that men are most often introduced to ice through their male peers, so peer-based models of intervention may be more appropriate for them. However, for women, introduction to and use of ice occurs in the context of intimate relationships with male partners, including in the context of domestic violence.

Women who have experienced violence are more likely to engage in risk-taking behaviours including drug use or use as a way to cope with abuse and trauma. Domestic violence is characterised by coercion and control. Within this context, women's access to support is often deliberately limited by male partners, including their access to basic health care, contraceptives, and support networks such as family and friends. Concern about using the same services as male drug dealers, partners or ex-partners provides an additional obstacle for some women.

During pregnancy or as mothers, women face intense additional stigmatisation about drug use and additional obstacles to accessing treatment. The perception that their children will be removed is a major obstacle for women seeking help and treatment for substance abuse-related problems, including HCV. Women have also reported that their ability to engage in treatment for HCV is impacted their ability to care for dependents, indicating a lack of appropriate child care or accommodation in connection with HCV programs. There are also complications for women using contraception at the same time as receiving the HCV treatment Ribavirin. In some cases women must use two forms of contraception in order to take Ribavirin, which may also be associated with a higher risk of birth defects. The cost of HCV treatment is still prohibitive. This poses a further obstacle for women who are more often financially disadvantaged due to caring roles, lower paid jobs, casual work, etc.

Recommendation1: Invest in gender responsive testing and treatment services including needle and syringe programs

[4] Treloar C, Rance, J.and Backmund, M. (2013) Understanding Barriers to Hepatitis C Virus care and Stigmatization from a Social Perspective, *Clinical Infectious Diseases Journal*, Oxford University Press. 57 (s2): S51

[5] McNally, S. & Temple-Smith, M. (2004) Psychological and social factors associated with uptake and maintenance of clinical treatment for hepatitis C. *Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne*. Available from: https://www.health.vic.gov.au/researchprograms/bbvsti_projects.htm

[6] Stengel, C. and Fleetwood, J. (2014) Developing drug policy: Gender Matters, *GDPO situational analysis, Cardiff: Global Drug Policy Observatory*. Available from: http://idpc.net/publications/2014/10/developing-drug-policy-gender-matters

Opportunities to improve testing and treatment

Build capacity of Health and Allied Professionals

A study of health professionals' attitudes toward caring for people with HCV found that complementary therapists, medical practitioners and nurses reported that their willingness to treat people with hepatitis C 'was influenced by their attitudes towards injecting drug users', rather than their knowledge about HCV.[7]

To increase engagement with testing and treatment for HCV for women and men, research emphasises 'the importance of building trusting relationships between patients, health workers and their clinics.'[8]

> A client's trust in their health professional may be related not only to their experience of and subsequent extent of trust in other parts of the health system …. but also to other social systems (the judicial system, child protection, employment, welfare and so forth). [9]

This is particularly meaningful for women, given the stigma around motherhood injecting drug use. Primary care services and related health and social support professionals should be trained to provide non-judgemental, gender-sensitive care to women with or vulnerable to HCV, supporting ongoing engagement with health services and treatment programs and preventing disengagement. It is also important to recognise the specific health needs of bisexual and lesbian women including non-judgemental and non-discriminatory health care.

> ***Recommendation 2: Break down stigma for mothers who may have HCV or are vulnerable to infection because of injecting drug use, supporting harm reduction for women and children without criminalising mothers.***

Needle and syringe programs

Whilst approaches such as clean needle and syringe programs have been effective in reducing many harms relating to drug use they do not always take into account women's specific needs. 'Gender blind' programmes create barriers for women trying to access harm reduction services. Parenting responsibilities create additional barriers for women to access treatment for HCV and substance abuse and addiction. For example, some services may not allow children into the centre, effectively excluding women who have children but no childcare.[10]

There is a need for specialist needle and syringe services that specifically cater to women. These services could provide testing and other health services including those related to pregnancy and parenting. The staff at women-only needle and syringe programs would be trained to work with women to achieve better health outcomes, including through undertaking risk assessments for domestic violence and homelessness, thereby removing many obstacles for ongoing treatment.

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[7] Richmond, J., Dunning, T. & Desmond, P. (2007) Health professionals' attitudes toward caring for people with hepatitis C. *Journal of Viral Hepatitis*, 14(9):624-632.
[8]Treloar C, Rance, J.and Backmund, M. (2013) Understanding Barriers to Hepatitis C Virus care and Stigmatization from a Social Perspective, *Clinical Infectious Diseases Journal*, Oxford University Press. 57 (s2): S51.
[9]Ibid. S52.
[10] Stengel, C. and Fleetwood, J. (2014) Developing drug policy: Gender Matters, *GDPO Situational Analysis, Cardiff: Global Drug Policy Observatory*. Available from: http://idpc.net/publications/2014/10/developing-drug-policy-gender-matters.

Women's Prisons

Investment in women's prison health services including appropriate treatment programs in prison settings, as well as post-prison supports have the potential to yield strong outcomes for women and for significantly reducing HCV prevalence overall.

Despite being a statistical minority in all aspects of the drug trade, women tend to be most involved in the lower levels of the trade, where the greatest concentration of arrests occur.[11] Approximately 80% of women inmates in prisons are serving a sentence for drug related offences. This is a far greater proportion than in men's prisons

The Queensland Women Prisoners' Health Survey (2002), found that 45 percent of the 212 female prisoners tested were HCV positive and 92.3 percent of those women reported a history of drug injecting. The more years women had injected the greater likelihood they tested positive for HCV.

Significantly, only 29.7 percent of women self-reported HCV compared with the tested results that revealed 45 percent had the antibody, indicating that many women were previously unaware they had HCV.[12]

HCV can also be spread in prison populations because of prison tattoos and piercing practices using unsterilized needles and equipment. This means that women who may have already undergone treatment for HCV, and may no longer be injecting drug users are vulnerable to reinfection in prison.

Women's Health Victoria believes that investing significantly in women's prison health services to strengthen their capacity to deliver testing and treatment for HCV is a key opportunity to address HCV and lower the burden of disease community-wide.

Recommendation 3: Invest in women's prison health services to strengthen their capacity to deliver testing and treatment for HCV as a key strategy for addressing HCV in women

d) Methods to improve prevention of new hepatitis C infections

Existing drug education and prevention strategies (such as those in school settings) should be leveraged to include gender-sensitive content recognising the different ways that women and men come into contact with drugs and drug-related services. For instance, prevention strategies should incorporate what we know about women being more likely than men to be introduced to injecting drug use in the context of intimate relationships. This would intersect with and reinforce respectful relationships education programs as a key primary prevention strategy for violence against women and further support better health outcomes overall for women and men.

Community consultation with people who inject drugs and those who are HCV positive will be essential to develop effective prevention strategies for HCV. These should include

[11] Stengel, C. and Fleetwood, J. (2014) 'Developing drug policy: Gender Matters', *GDPO Situational Analysis, Cardiff: Global Drug Policy Observatory*. Available from: http://idpc.net/publications/2014/10/developing-drug-policy-gender-matters

[12] Hockings, B., Young, M., Falconer, A. &P. O'Rourke (2002) Queensland women prisoners' health survey. *Department of Correctional Services, Brisbane*. Available from:https://nationalvetcontent.edu.au/alfresco/d/d/workspace/SpacesStore/c6f6a435-62d2-4c90-b052-42904ac2f5e3/701/shared/content/resources/health_women2.pdf

separate consultations with women in order to learn from their experiences and investigate some of the opportunities and barriers to safe injecting, engagement with needle and syringe programs and interactions with the primary care sector. There is also a need for more formal research (as opposed to consultations) regarding the experiences of women who inject drugs.