

RESPONSE TO THE 1996 JAMES RANKIN ORATION

“Petunias too, please”: further thoughts on achieving control of hepatitis C in Australia

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Wodak's major premise is that ultimately the only significant control of hepatitis C will come from the reduction if not the elimination of drug injecting. What he calls the 'minimalist' approach to hepatitis C prevention—expanding HIV prevention strategies—does not inspire his optimism. He allows, however, that the minimalist approach may be more effective than it appears at first sight. I would argue that we have not really given education and prevention strategies similar those that have been so successful against HIV, but expanded to address the prevention of hepatitis C, a fair go, and that it is too soon to say whether this approach will be effective against hepatitis C among IDU.

Three years ago (1992) I was collecting data from young Perth injectors about HIV. At that time most of them had barely heard of hepatitis C [1]. In 1993 we did a study of young people about hepatitis C and found that while most of them had heard about the infection, and knew about the risk of needle-sharing, most found it difficult to distinguish between HIV and hepatitis C, and knew little or nothing about the medical symptoms and sequelae of the infection [2]. My point is that it is really only in the past 2 years that much has been heard within the community about hepatitis C.

In the last 3 years, in Western Australia (WA), there have been two print and TV campaigns about hepatitis C. The messages appearing to the public

contained little information about how to prevent infection and were mainly focused on identification through testing. They also had a very poor response rate. Non-government agencies such as the Hepatitis C Council of WA offer information and education sessions to users who request them. Needle exchanges provide information and education to users, but we know that the majority of IDUs in WA do not get their needles from needle exchanges. In other words, there has been little or no public education of IDUs, some of whom may not understand how to prevent hepatitis C. My understanding is that the situation is similar in other states. How can we dismiss public education and well-targeted strategies as unlikely to be effective, when we have hardly tried them?

The messages needed for hepatitis C will have to be expanded beyond the simple 'don't share needles' that has been so effective with HIV. As Wodak has demonstrated, HCV is a very infectious and ubiquitous virus: we may also have to alert people about the risks of sharing injecting equipment other than needles; of casual blood-to-blood contact, however minute the traces; of possible transmission through social and household contact; of sharing toothbrushes and razors; and of tattooing and body piercing. Whether or not complicated messages like these can be effective will have to be evaluated, but we should at least attempt to use them.

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While I agree with Wodak that there must be a variety of strategies to control this epidemic, and that ultimately behavioural shifts brought about by cultural changes within the injecting populations and drug policy reform may be the most effective approaches, I am also concerned that we should not neglect to plant humble petunias and other annuals that will flower this year while we are waiting for our oak trees to grow. In other words, we must act now for immediate effect, and initiate strategies now for the mid-term and the longer-term.

Above all, however, what we need—both in the present and the future—and here there is no disagreement—is an understanding by government and public health authorities that this is an epidemic that will need appropriate resources if inroads are to be made into preventing new cases. Commitment to

providing those resources, and providing them now, will be needed because, as Wodak reminds us, this is an epidemic that we cannot take too seriously. The challenge to us all is to persuade our governments of the need to act accordingly and with all haste.

References

- [1] Loxley W. Young injecting drug users and the risk of HIV/AIDS: psycho-social and environmental constraints on safer drug using and sexual behaviour. Unpublished doctoral thesis. Perth: Curtin University of Technology, National Centre For Research Into The Prevention of Drug Abuse, 1995.
- [2] Carruthers S, Loxley W. Hepatitis C and young drug users: are they about to join the epidemic? *Aust J Publ Health* 1995;19:421-24.