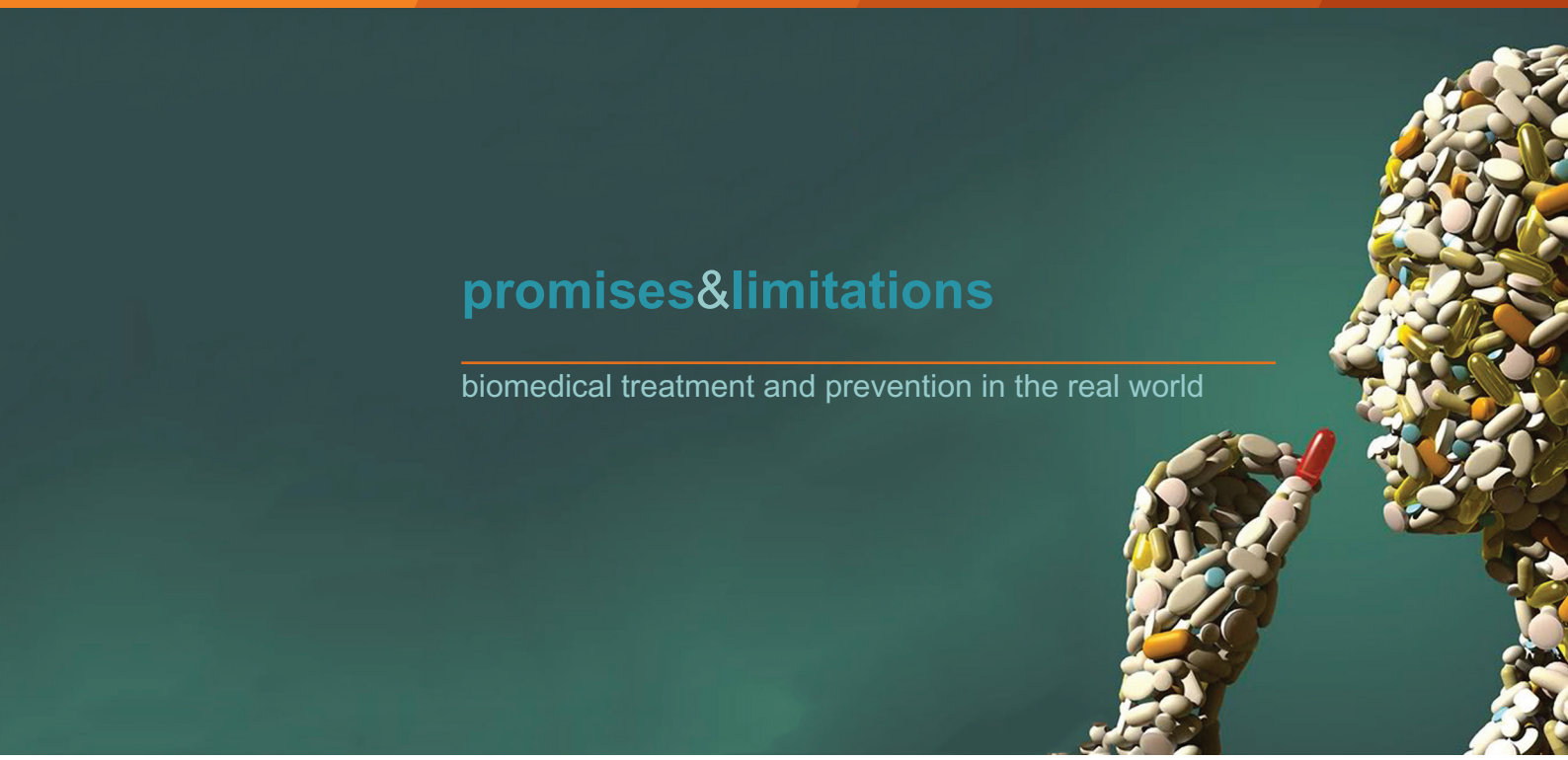
UNSW AUSTRALIA

13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases

PROGRAMS AND ABSTRACTS

Never Stand Still | Faculty of Arts and Social Sciences | Centre for Social Research in Health



promises&limitations

biomedical treatment and prevention in the real world

20–21 February 2014

CSRH

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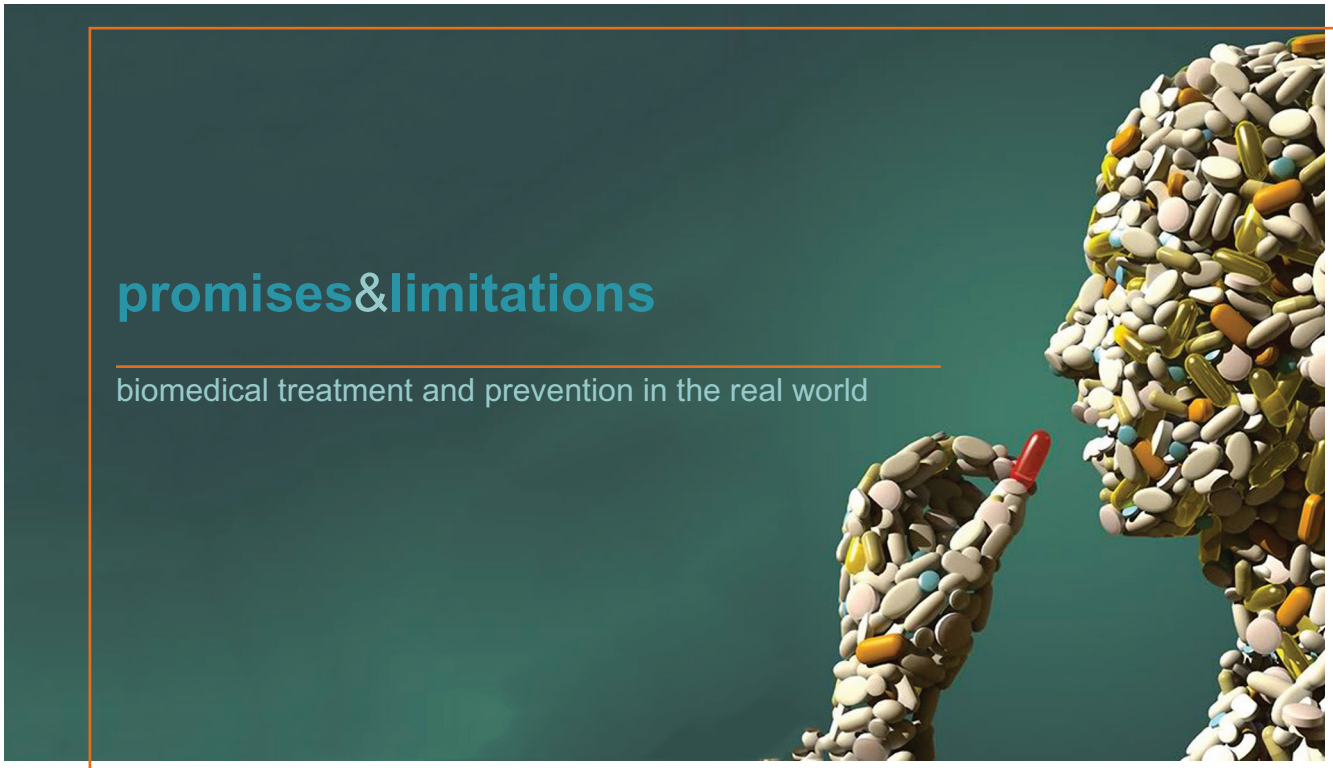

promises&limitations

biomedical treatment and prevention in the real world

20–21 February 2014

welcome

Welcome to the 13th Social Research Conference on HIV, viral hepatitis and related diseases.

Accomplishments in biomedical research are shaping discourses, ambitions, policies and practices in the HIV, sexually transmissible infections (STI) and viral hepatitis sectors, in Australia and internationally. HIV-prevention approaches based on the use of anti-retroviral drugs are heralded as breakthroughs that now provide the tools to 'end HIV' and achieve bold strategic targets, including to at least halve the sexual transmission of HIV by the end of 2015. Vaccination preventing infection with strains of human papillomavirus has been successfully introduced in Australia, and rates of genital warts declined in beneficiary population groups. New treatments for hepatitis C infection are on the horizon, and expectations are high that more tolerable combinations of medications improve rates of treatment uptake and contribute to prevention.

Biomedical approaches currently dominate prevention science efforts to curb the HIV, STI and viral hepatitis epidemics, and are seen to hold much promise to strengthen the world's responses to these continued public health challenges. It is however increasingly acknowledged that the behaviors of affected individuals and communities remain critical to any successful strengthening of prevention, treatment and care. Moving beyond the highly popular but fuzzy notion of 'combination prevention', this 13th Social Research Conference on HIV, viral hepatitis and related diseases offers a unique platform to examine the complex interplay of the various personal, social, cultural, economic and political factors that affect the experiences and practices of various stakeholders that are involved in shaping the potential success of biomedical approaches.

Illustrating widespread engagement with the promises and limitations of biomedical technologies, conference delegates have submitted large numbers of abstracts that specifically address the conference theme. Complemented by focused symposia, the conference program provides a broad overview of issues that are at the forefront of contemporary research, policy and program delivery. I thank all delegates for their engagement and contributions that make this conference a success. I thank the conference organizing committee members for devoting their time, energy and enthusiasm to mounting this exciting meeting. I thank our sponsors for helping make this conference possible.

I wish you an inspiring conference,

general information

Venue

Located in the eastern suburbs of Sydney, UNSW is easily accessible from the city and the many nearby seaside suburbs.

All conference sessions will be held within the John Niland Scientia. The precise location of each activity is provided in the Breakdown of Sessions (see page 9).

The conference venue is wheelchair accessible.

A map of the Kensington campus appear on page 40 - 41. Other maps of the University are available at http://www.facilities.unsw.edu.au/getting-uni

Registration and Information Desk

The registration and information desk, located in the foyer of the John Niland Scientia, will be attended from 8.30am each day. A noticeboard will advise of cancellations, special events and media requests.

Closing cocktail party

The closing cocktail party will be held in the John Niland Scientia foyer from 3:15pm on Friday February 21.

Banking

There are two banks on campus: Commonwealth Bank (near the Post Office (map reference F22) and ANZ Bank (in the Quadrangle building near the UNSW Bookshop) (map reference E14).

Bookshop

The UNSW Bookshop will have a bookstall in the foyer of the John Niland Scientia during the conference. The main bookstore is on the lower ground floor of the west wing of the Quadrangle Building (map reference E14).

Conference evaluation

Following the conference you will be emailed a link to an online survey. Please help us to improve the conference by completing it and you will be entered in a draw for a $50 book voucher.

Environmental impact

All leftover food wll be collected daily by OzHarvest.

Food and drink

Lunch and morning and afternoon teas are included in the registration fee. They will be served in the foyer of the John Niland Scientia. If you have special dietary requirements and have requested special meals, please approach the staff at the information desk at the beginning of each break.

Health, medical and dental needs

The University Health Service is on the ground floor of the Quadrangle Building (map reference E17). Doctors are available for consultation Monday to Friday from 8.30 am to 5 pm. Telephone 9385 5425.

Within the University Health Service, there is a Dental Surgery. Telephone 9313 6228.

There is a pharmacy on campus in the Quadrangle Building (map reference E15). Telephone 9385 7617.

Media contacts

Journalists may wish to contact speakers during the conference. The University's Media Office, with help from designated conference staff, will liaise with media.

Name badges

For security purposes all attendees must wear their lanyard and name badge at all times when on the UNSW campus. Entrance to all sessions will be limited to badge-holders only. If you misplace your badge please advise the staff at the conference registration desk.

Parking

Driving to the conference is not recommended as parking on and near the campus is extremely limited.

Casual day-parking is available at UNSW via Gate 14 (Barker St) or via Gate 11 (Botany St) only on levels 5 and 6 of the parking stations, where a Pay 'n' Display system operates. Coins are required for parking meters. Lower floors are only available to staff and heavy parking fines apply. SEE PAGES 40-41

Photography and filming

No photography or filming of sessions is permitted.

Post office

The campus post office is located behind the Library, near the Commonwealth Bank (map reference F22).

Printing or photocopying

Photocopying, laser printing, transparency copying, binding and scanning are available at PrintPostPlus (P3) located on the lower ground floor of the Mathews building (map reference F23) (phone 9385 7726). Opening hours are 8.30 am to 5.30 pm daily.

Public transport to UNSW

For information on buses to UNSW, visit http://www.transport.unsw.edu.au/

Smoking

UNSW is a smoke-free campus. Smoking is only permitted within designated smoking zones. The closest location is at map reference F21.

conference program

Program at a Glance

Thursday 20 February				
8.30–9.30	Registration (foyer of Scientia)			
9.30–9.45	Welcome to Country **Marcia Ella-Duncan** Welcome to Conference **James Donald**			
9.45–10.30	Opening plenary **Deborah Lupton** The digital health phenomenon: Promises and limitations			
10.30–11.00	Morning tea			
11.00–12.30	**HIV testing and diagnosis**	**Negotiating drug treatment**	**Perspectives on HIV**	Symposium **Emerging perspectives on HIV treatment as prevention in the 'real world'**
12.30–1.15	Lunch and discussion *Evolution in HIV treatment, prevention and support: What does this mean for heterosexual people living with HIV?'*			
1.15–3.00	**HIV treatment as prevention: Current and future users**	**Living with hepatitis C**	Symposium **Sex, drugs and youth**	Workshop **A study of stigma and discrimination in Australia**
3.00–3.30	Afternoon tea			
3.30–4.30	**Sex workers**	**CALD communitites in Australia**	**Research on international populations**	**Living with HIV**
4.30–5.15	After hours session Symposium **Are young gay men really so different? Considering the HIV health promotion needs of young gay men**			

Friday 21 February				
8.30–9.30	Registration (for delegates only attending day 2 of the conference)			
9.30–10.45	Plenary **Mark Davis** After the clinic: Biotechnology and the reinvention of sexual health **Kane Race** Party and play: Online hookup devices and the emergence of PNP practices among gay men			
10.45–11.15	Morning tea			
11.15–12.45	**Living with HIV**	Symposium **What is the role of affected community in biomedical treatment and prevention and what does it mean in their real world?**	Symposium **BBV and STI for Aboriginal people: New data, real world programs**	Symposium **Imagining the users of HIV pre-exposure prophylaxis (PrEP)**
12.45–1.30	Lunch and discussion What role for Hepatitis C community in treatment as prevention?			
1.30–3.15	**HIV prevention: risk taking**	**HIV treatment as prevention: Critical perspectives**	**Youth, drugs and hepatitis C**	**Hepatitis C prevention and injecting drug use**
3.15–	Cocktail party Awards and closing remarks **Master of ceremonies: Nurse Nancy**			

Breakdown of Sessions

Thursday 20 February	
8.30–9.30	Registration
	Welcome and Opening Address
9.30–9.45 Tyree room level 1	Welcome to Country Marcia Ella-Duncan (Chairperson, La Perouse Local Aboriginal Land Council) Conference welcome and opening address Professor James Donald (Dean, Faculty of Arts and Social Sciences, UNSW)
	OPENING plenary
9.45–10.30 Tyree room level 1	CHAIR: PETER AGGLETON *The digital health phenomenon: Promises and limitations* Keynote speaker: Deborah Lupton
10.30–11.00	**Morning tea**
	CONTRIBUTED PAPERS
11.00–12.30 Peter Farrell ground floor	*HIV TESTING AND DIAGNOSIS* CHAIR: TOBY LEA *Differences in delayed HIV diagnoses between gay and bisexual men in Australia: Implications for HIV surveillance, prevention and testing* Philip Keen *Assessing the diversity of factors that could play a role in promoting regular HIV/STI testing among MSM* Philippe Adam *Based on testing preferences, could the introduction of alternative testing approaches increase the rate of HIV testing among Australian gay men?* Irene Zablotska Peer-based Rapid HIV Testing: System change driven by consumer desire Simon Ruth, Judith Gorst
11.00–12.30 Gallery 2 ground floor	*NEGOTIATING DRUG TREATMENT* CHAIR: MAX HOPWOOD *'You've got control of the pump': The importance of trust in the drug treatment clinic* Carla Treloar *'A place to say something': Drug treatment, consumer participation and the politics of biological citizenship* Jake Rance *The impact of discharge from a drug and alcohol residential facility for non-abstinence: A case study* Mark Goodhew *The role of relationship counselling in supporting clients with enduring health issues: Preliminary findings from an organisational prevalence study* Rebecca Gray
11.00–12.30 Gonski ground floor	*PERSPECTIVES ON HIV* CHAIR: PETER HULL *Men who acquire HIV show little evidence of the use of risk reduction strategies* Ian Down *The case for PrEP as universal comparator in HIV prevention trials* Bridget Haire *Biomedical treatment and prevention: A social work response* Michael Buggy *Biomedical prevention and HIV funding: What's political autonomy got to do with it?* Elena Jeffreys
	SYMPOSIUM
11.00–12.30 Gallery 1 ground floor	*CSRH SHOWCASE EMERGING PERSPECTIVE ON HIV TREATMENT AS PREVENTION IN THE 'REAL WORLD'* CHAIR: JOHN DE WIT Christy Newman, Limin Mao, Asha Persson, Dean Murphy, Martin Holt, Anthony Bains

Thursday 20 February	
12.30–1.15 Gallery 2 ground floor	**Lunch and discussion** Evolution in HIV treatment, prevention and support. What does this mean for heterosexual people living with HIV? Discussion led by Pozhet.
	CONTRIBUTED PAPERS
1.15–3.00 Gallery 1 ground floor	HIV TREATMENT AS PREVENTION: CURRENT AND FUTURE USERS *CHAIR: ROB LAKE* *Configuring the users of new HIV prevention technologies: The cases of pre-exposure prophylaxis and home-based HIV testing* Martin Holt *Attitudes and knowledge about 'treatment as prevention' and related behaviour amongst gay men in serodiscordant and seroconcordant relationships* Benjamin Bavinton *Current evidence about PrEP use among Australian gay men* Iryna Zablotska *The emergence of PreP and production of other phenomena in gay and other homosexually active men's online discussions on barebacking* Emerich Daroya *Australian men who use or are likely to use PrEP in the near future* Iryna Zablotska
1.15–3.00 Peter Farrell ground floor	LIVING WITH HEPATITIS C *CHAIR: JAKE RANCE* *Overcoming the negative of being positive: A qualitative study into hepatitis C stigma and empowerment through Positive Speaking* Elena Cama *Mental health support workers knowledge and attitudes towards hepatitis C and injecting drug use* Loren Brener *Evaluation of the Western Australian Regional Nurse-supported Hepatitis C Shared Care Program* Lester Mascarenhas *Reality check: Item framing and research outcomes in surveys of a sensitive social issue* Max Hopwood *What is the role for HCV treatment in reducing the incidence and prevalence of HCV among people who inject drugs?* Peter Higgs
	SYMPOSIUM
1.15–3.00 Gallery 2 ground floor	SEX, DRUGS AND YOUTH *CHAIRS: PETER AGGLETON AND KERRY ROBINSON* Kath Albury, Tiffany Jones, Peter Miller, Jodie Taylor
	WORKSHOP
1.15–3.00 Gonski ground floor	A STUDY OF STIGMA AND DISCRIMINATION IN AUSTRALIA John de Wit, Carla Treloar
3.00–3.30	**Afternoon tea**
	CONTRIBUTED PAPERS
3.30–4.30 Peter Farrell ground floor	SEX WORKERS *CHAIR: LOREN BRENER* *Rapid testing = rapid criminalisation: Implications of rapid testing for sex workers* Zahra Stardust *Cyborg sex 2050: Robots, sex and the decline of the STI* Michelle Mars *Sex workers as HIV leaders: Looking back to the future (maintaining low transmission in marginalised communities)* Ryan Cole, Jane Green

Thursday 20 February	
3.30–4.30 Gallery 1 ground floor	CALD COMMUNITIES IN AUSTRALIA *CHAIR: LIMIN MAO* *Caught in the spotlight: African Australian men and HIV-related criminal prosecutions* Jill Sergeant, Sally Cameron *An audit of chronic hepatitis B contact tracing in metropolitan Western Australia* Lester Mascarenhas *Mind the gap: Understanding antiretroviral therapy, BBV transmission, and treatment as prevention by newly arrived migrants and refugees in Victoria, Australia* Alison Coelho
3.30–4.30 Gonski ground floor	RESEARCH ON INTERNATIONAL POPULATIONS *CHAIR: PHILIPPE ADAM* *AIDS-related stigma in Northern Thailand* Md Kamrul Hasan *The challenges of extending bio-medical interventions to marginalised groups: Improving sexual health and reducing unwanted pregnancies amongst unmarried women in developing country contexts* Stephen Bell *The association between amphetamine type stimulants and HIV infection among men who have sex with men: A systematic review and meta-analysis from cross-sectional studies* Nga Vu
3.30–4.30 Gallery 2 ground floor	LIVING WITH HIV (SESSION 1) *CHAIR: DEAN MURPHY* *Waiving antiretroviral co-payments for people diagnosed with HIV in NSW* Lance Feeney *Ehealth, Privacy and HIV* Michael Frommer *Mind the Gap: Inequities in post-trial access* Bridget Haire
	SYMPOSIUM (AFTER HOURS SESSION)
4.30–5.15 Gallery 1 ground floor	ARE YOUNG GAY MEN REALLY SO DIFFERENT? CONSIDERING THE HIV HEALTH PROMOTION NEEDS OF YOUNG GAY MEN *CHAIR: SALLY CAMERON* Philippe Adam, Kath Albury, Ben Bavinton, Jeffrey Grierson, Martin Holt

Friday 21 February	
8.30–9.30	Registration
	PLENARY ADDRESS ***CHAIR: SUE KIPPAX***
9.30–10.45 Tyree level 1	*After the clinic: Biotechnology and the reinvention of sexual health* Mark Davis *Party and play: Online hookup devices and the emergence of PNP practices among gay* Kane Race
10.45–11.15	**Morning tea**
	CONTRIBUTED PAPERS
11.15–12.45	LIVING WITH HIV (SESSION 2) *CHAIR: ASHA PERSSON*
Peter Farrell ground floor	*Expert patients, resisting consumers and moral citizens: perceived roles of people diagnosed with HIV but not taking antiretroviral treatment* Limin Mao *Attitudes and beliefs about the impact of treatments on HIV transmission: Differences between HIV-positive, HIV-negative and untested men* Peter Hull *Can Attachment Theory shed light on adult risks and HIV? A literature review of current evidence* Kevin Keith *Navigating different (biomedical) worlds: Clinician perspectives on the challenges of transitioning young people with HIV into adult care* Christy Newman
	SYMPOSIUM
11.15–12.45 Gonski ground floor	WHAT ROLE FOR AFFECTED COMMUNITY IN BIOMEDICAL TREATMENTAND PREVENTION AND WHAT DOES IT MEAN IN THEIR REAL WORLD? *CHAIR: SIONE CRAWFORD* Greg Dore, Colette McGrath, Adrian Dunlop, Sione Crawford
	SYMPOSIUM
11.15–12.45 Gallery 1 ground floor	BBV AND STI FOR ABORIGINAL PEOPLE: NEW DATA, REAL WORLD PROGRAMS *CHAIR: CLAIR JACKSON* Carla Treloar, Loren Brener, Kerri-Anne Smith, David Webb, Felicity Sheaves, Louise Maher, Monique McEwan, Sallie Cairnduff
	SYMPOSIUM
11.15–12.45 Gallery 2 ground floor	IMAGINING THE USERS OF HIV PRE-EXPOSURE PROPHYLAXIS *CHAIR: DEAN MURPHY* Jeanne Ellard, Iryna Zablotska-Manos, Martin Holt, Ian Down, Kane Race, Mike Michael
12.45–1.30 Gallery 2 ground floor	**Lunch and discussion** What role for Hepatitis C community in treatment as prevention? Discussion led by Hepatitis NSW
	CONTRIBUTED PAPERS
1.30–3.15	HIV PREVENTION: RISK-TAKING *CHAIR: CHRISTY NEWMAN*
Peter Farrell ground floor	*What factors associated with sexual risk-taking among gay men who meet partners online could be addressed through health promotion interventions*? Philippe Adam *Gay men's sexual identities and personal networks* Garret Prestage *Is 'sexual racism' distinct from broader understandings of racism and racial discrimination?* Denton Callander *Few HIV infections are attributable to sex between regular male partners* Ian Down *Development of a monitoring, evaluation and learning (MEL) and quality improvement (QI) framework for combination prevention* Graham Brown

Friday 21 February	
1.30–3.15 Gallery 1 ground floor	HIV TREATMENT AS PREVENTION: CRITICAL PERSPECTIVES *CHAIR: MARTIN HOLT* *The prevention revolution: A revolution for all or just for some?* Effie Katsaros, Dash Grey *Treatment as prevention is evolution not revolution* Levinia Crooks *Treatment-based HIV prevention for gay men: Little evidence and many challenges* John de Wit *Can treatment as prevention be an emancipatory technology? Overcoming the binary of biomedical and social prevention.* Sean Slavin *Systemic approaches to scaling up HIV services for key affected populations* David Burrows
1.30–3.15 Gonski ground floor	YOUTH, DRUGS AND HEPATITIS C *CHAIR: STEPHEN BELL* *Exploring the potential role of tattooists in delivering harm reduction information to at-risk clients* Hannah Wilson *Using implicit associations to assess drug use trajectories of young adults* Robyn Horwitz *Disenfranchised youth identities: How positive and negative cultural capital shapes experiences with services* Joanne Bryant *'It lasts longer, the taste, and me wife': The promises of the interpersonal* Ian Flaherty, Sarah Hiley *What do young people know about hepatitis C and do they support harm reduction? A study of university attendees in Sydney, Australia* Max Hopwood
1.30–3.15 Gallery 2 ground floor	HEPATITIS C PREVENTION AND INJECTING DRUG USE *CHAIR: CARLA TRELOAR* *Characteristics of injecting drug use among gay and bisexual men* Toby Lea *The benefits of multiple syringe distribution modalities in a geographic area frequented by people who inject drugs* Elena Cama *How hepatitis C was discussed in three social networks of people who inject drugs in New South Wales: findings from a qualitative social network analysis* Jamee Newland *Filtering promises and the potential of particulates* Maureen Steele, Nick van Breda *Hepatitis C health promotion materials: Medicalising sex, the body and risk* Emily Lenton
3.15	**Cocktail party** Awards and closing remarks **Master of ceremonies: Nurse Nancy**

keynote speakers

Dr Mark Davis

Mark obtained his PhD in 2005 at the Institute of Education, University of London. In the UK, Mark worked as a public health researcher at University College London, Imperial College and City University, London. From 2004, Mark was Senior Lecturer in Psychosocial Studies, University of East London. In 2007, Mark came to Monash University to develop a research and teaching programme in the social aspects of health and medicine.

Mark is a member of the advisory board of the Centre for Narrative Research, University of East London, the Australian Sociological Association and the International Sociological Association. In 2006, Mark was awarded a Promising Researcher Fellowship, University of East London. In 2012, Mark was the recipient of the Dean's Award for Excellence in Early Career Research, Faculty of Arts, Monash University. In 2013/4, Mark is participating in the Monash Research Accelerator Scheme which provides funds and other support for him to build a new research programme on sexual health technology.

After the clinic: biotechnology and the reinvention of sexual health

In this paper I explore sexual health's ramified and not altogether predictable biotechnology renaissance. Home-testing for chlamydia and self-testing for HIV extend biomedical power into domestic space yet mobilise patient autonomy over diagnosis. PrEP promises to inhibit HIV infection but gives rise to questions of treatment adherence amongst those who do not have HIV. Vaginal microbicides have proven popular, not simply for HIV prevention, but because of their effects in sexual pleasure and gender relations. Communication technologies have also become important to sexual health. Sex education, counselling and outreach have moved online, following the digital mediation of contemporary sexual life. Everyday practices of self-disclosure and sexual partnering are, at times, figured through the communication of diagnostic signs in e-dating profiles and related media. Apps are available which permit consumers to bump smartphones and share their sexual health and genetic histories and, it is claimed, manage their sexual and reproductive lives.

I reflect on these turnings in the knowledge and practice of sexual health in light of agenda-setting interviews underway with researchers, clinicians and community activists in Australia, Canada, Sweden and the UK. I consider: a) how biotechnologies are re-designed–even repurposed–outside the constraints of the 'clinic,' a dynamic which social science is well placed to illuminate; b) the manner in which biotechnologies give rise to the 'clinic without walls,' with associated questions of autonomy, authority and expertise, and; c) biotechnologies in connection with the social science perspectives of surveillance medicine, managed consumerism and possessive individualism. A key theme of this paper will be the pursuit of a nuanced framing of biotechnology in the sexual health arena and implications for an engaged social science agenda.

Dr Mark Davis is the recipient of a Monash Research Accelerator award which is supporting his research on sexual health technology.

Professor Deborah Lupton

Professor Deborah Lupton is Centenary Research Professor in the Faculty of Arts and Design at the University of Canberra, Australia. Prior to this she was a Senior Principal Research Fellow in the Department of Sociology and Social Policy at the University of Sydney. She has published 13 books and over 120 journal articles and book chapters on the topics of the social and cultural aspects of medicine and public health; risk; embodiment; HIV/AIDS; fear of crime; parenting culture; the unborn; the emotions; food and eating; critical weight studies; and digital sociology. Her latest books are Medicine as Culture, 3rd edition (2012), Fat (2012), Risk, 2nd edition (2013) and The Social Worlds of the Unborn (2013). Her current research is focusing on digital sociology, including critical analyses of digital health. Deborah is working on her new book Digital Sociology, to be published by Routledge. She is co-convenor of the international Self-Tracking and Self-Quantification Research Network and of the Australian Digital Sociology Network.

Deborah is an advocate of using social and other digital media for professional purposes. She blogs at 'This Sociological Life<http://simplysociology.wordpress.com>', tweets @DALupton and contributes pieces to The Conversation and Crikey online discussion sites.

The Digital Health Phenomenon: Promises and Limitations

In this presentation I discuss the various elements that comprise the digital health phenomenon and consider the implications for social and cultural analyses of medicine and public health. This directly addresses the theme of this conference: the promises and limitations of biomedical treatment and prevention in the real world. Most popular and professional representations portray digital health technologies in utopian terms, focusing on the benefits they may offer to healthcare delivery and public health surveillance and illness prevention. Yet, as I have argued in recent work, a critical approach to digital health technologies is important to identify their social, cultural, ethical and political dimensions. These include the encroachment of technologies into the medical encounter, their influence on concepts of health, illness and the body among both professionals and lay people, the emphasis on self-responsibility as part of the ideal of the digitally engaged patient, the impact on the doctor-patient relationship and the practice of medicine and public health and the ethics of gathering and using digital data about individuals' health status and everyday behaviours as part of healthcare and public health surveillance.

Associate Professor Kane Race

Associate Professor Kane Race is Chair of the Department of Gender and Cultural Studies at the University of Sydney. He joined the department in 2007, after working at the National Centre in HIV Social Research at UNSW, where he also undertook his PhD in Health, Sexuality & Culture.

His work has explored embodied engagements with medicine across various different contexts and cultures of consumption: HIV/AIDS; sexual practice; drug use (both licit and illicit); and more recently, markets in bottled water. .

Kane has published widely on the participation of HIV antiretroviral therapies in gay cultures, practices and politics. As part of an ARC Discovery Grant on Changing Spaces of HIV Prevention, he is currently exploring the impact of online hook-up devices on gay culture, subjectivities and sexual practices, especially as these intersect with drug practices.

Party and Play: online hook-up devices and the emergence of PNP practices among gay men

This paper describes a variety of what Hurley and Prestage have termed "intensive sex partying" (2009) known among participants as PNP (or Party 'n' Play). It argues that a consideration of online hook-up devices and their material affordances is crucial to understanding and addressing this scene. While PNP practices have largely been approached within the epidemiological, popular, and queer critical literature as a pathogenic site, I argue that we need a more expansive consideration of the meanings, pleasures, objects and affective relations that constitute this scene. To this end, I situate PNP in terms of a broader cultural framing that animates gay men's use of online hook-up devices, namely the framing of sex as play. Play can be understood, following Georg Simmel (1949), as a non-instrumental form of association that is elemental in the construction of sociability. In other words, one of the things that may be taking place in this context is the construction and elaboration of specific forms of sexual community. I consider some of the distinctive features of this approach to sexual arrangements, including some of the emerging genres of online chat through which HIV status is disclosed, solicited or otherwise negotiated. Though PNP activities appear to be confined to a subsection of gay community convenience samples, they extend and intensify practical logics that are more widely distributed throughout this socio-sexual scene. At a time when marriage and monogamy are increasingly monopolizing the public discourse of gay life, I suggest that some acknowledgement of these mechanisms and the generativity of their pleasures is critical for HIV prevention and education.

symposiums

Thursday 11:00am-12:30pm

CSRH showcase: Emerging perspectives on HIV treatment as prevention in the 'real world'

Chair - Professor John de Wit, Centre for Social Research in Health
j.dewit@unsw.edu.au

Speakers

Dr Limin Mao, Senior Research Fellow, Centre for Social Research in Health
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One of the most important and contentious new discursive fields in the response to HIV is known as 'treatment as prevention' (TasP). CSRH researchers are currently involved in a range of projects aiming to understand the social complexities of TasP and this symposium will provide snapshot insights into what is being discovered. Chaired by CSRH Director **John de Wit**, each speaker will have ten minutes and ten slides to present 'real world' views on and responses to treatment as prevention, concluding with three key points to inform and problematise current thinking around TasP. The first part will focus on the perspectives of professionals in the Australian HIV sector, drawing on two rounds of online surveys with s100 prescribers (**Dr Limin Mao**), a survey of health promotion and other professionals working in the HIV sector (**Dr Dean Murphy**) and interviews with HIV service providers including policymakers, clinicians and advocates (**Dr Asha Persson**). The second part will explore the perspectives of the populations being brought into focus through TasP in Australia, drawing on interviews with serodiscordant couples (**Dr Asha Persson**), two rounds of online surveys of gay men's attitudes (**Associate Professor Martin Holt**), interviews with HIV positive gay and bisexual men conducted for an MA research project (**Mr Anthony Bains**), and interviews with people living with HIV who are not taking treatment (**Dr Christy Newman**). The session will conclude with an extended and moderated audience discussion with the aim of documenting the range of views of delegates regarding these emerging perspectives on HIV treatment as prevention.

Professor John de Wit: Chair's welcome (5 mins)

The Chair will welcome the audience, explain the symposium format and encourage everyone to stay to the end when there will be an extended opportunity for audience feedback and discussion.

Dr Limin Mao: HIV s100 prescriber workforce (10 mins)

Key findings from two rounds of online surveys conducted in 2012 and 2013 with HIV s100 prescribers around Australia as part of the ART Uptake Study (NHMRC Project Grant).

Dr Dean Murphy: HIV health promotion workforce (10 mins)

Key findings from a survey of health promotion and other professionals working in the HIV sector on priorities in HIV prevention, including treatment as prevention (NSW Health Grant).

Dr Asha Persson: HIV service providers and serodiscordant couples (10 mins)

Key findings from interviews with key informants, including policymakers, clinicians and advocates, and with people in HIV serodiscordant partnerships (NSW Health Grant).

Associate Professor Martin Holt: Gay men (10 mins)

Key findings from two rounds of online surveys of gay men's attitudes towards biomedical HIV prevention, including treatment as prevention, from the PrEPARE project (CSRH Research Promotion Grant)

Mr Anthony Bains: HIV-positive gay and bisexual men (10 mins)

Key findings from interviews with HIV positive gay and bisexual men on their attitudes towards treatment as prevention, conducted as part of an MA by Research project at CSRH.

Dr Christy Newman: People with HIV not taking ART / Online representations (10 mins)

Key findings from interviews conducted with people with HIV not currently taking ART as well as free text views provided by s100 prescribers, both from the ART Uptake Study (NHMRC).

Professor John de Wit: Moderated audience discussion (25 mins)

Audience asked to ask questions of presenters and provide feedback and discussion. The discussion will be recorded for the purpose of writing a short editorial or letter on current thinking regarding the social aspects of treatment as prevention, so the audience will be asked to please contact Christy Newman (c.newman@unsw.edu.au) after the session if they have any concerns with their views being noted in any publication to come out of discussion, although no names will be quoted.

Thursday 1:15pm – 3:00pm

Sex, Drugs and Youth

Chairs: **Professor Peter Aggleton** (UNSW) and **Professor Kerry Robinson** (UWS)

Speakers:

Dr Kath Albury, Journalism and Media Research Centre, UNSW

Dr Tiffany Jones, School of Education, University of New England

Associate Professor Peter Miller, School of Psychology, Deakin University

Dr Jodie Taylor, Griffith Centre for Cultural Research, Griffith University

In much academic writing as well as in the media, young people are objectified, stereotyped and vilified when it comes to matters of sex, alcohol use and drugs. This has had major consequences for both popular and scientific understandings of young people's vulnerability to HIV, viral hepatitis and related disease.

In writing on HIV, for example, it is not uncommon for young people to be portrayed as being at special risk of infection despite epidemiological evidence to the contrary. Together, alcohol, sex, drugs and youth constitute a 'heady' mix. Part of the problem stems from ideologies rooted in 20th century psychology and psychiatry, which viewed adolescence as a time of experimentation, storm and stress. However, images of childhood innocence threatened by danger and disease have also played their part. The sexualisation and 'pornification' of everyday life, and the growth of mobile communications and e-technology, has added piquancy to these concerns.

The time is ripe for an exploration of these and related issues – across disciplines and in the light of contemporary research evidence. The symposium will be highly topical, and will also serve as a magnet for researchers with an interest in young people, sex, sexuality, drug use and HIV across Australia.

Panel description

Associate Professor Peter Miller will open the symposium by describing changes in the night-time economy in which many young people participate. This will discuss findings from three major studies: Dealing with Alcohol and the Night-Time Economy (DANTE); Patron Offending and Intoxication in Night Time Entertainment districts (POINTED); and POINTED@ schoolies. His presentation will cover issues such as intoxication, drug use trends, reported experience of assault and harm, and sexual behaviour – all of which have aroused strong interest among researchers, policy makers, practitioners and the media.

Drawing on a recent study of queer music scenes, **Dr Jodie Taylor** will consider how subcultural logics of style provide the conditions for collective resistance to pathologies of desire and moral judgement through the ritualisation of pleasures such as recreational drug use at dance parties and for public sex. In opposition to medico-moral discourses and their normalising effects, such practices function not only as a sign of resistance, but also as a means of harm reduction and as alternative methods of care, providing the basis for the construction of counter-public or queer pedagogies of substance use.

In a talk entitled 'Selfies, sexts and sneaky hats: young people's everyday practices of mobile media use and sexual self-representation' **Dr Kath Albury** will draw on findings from popular media reporting and focus-group interviews with young people aged 16-17 years, to reflect on the ways in which young men's and women's practices of digital self-representation are currently understood within current Australian educational and

legal frameworks. Her presentation will also outline new approaches for the future.

Finally, **Dr Tiffany Jones** will explore the role of GLBTIQ Students as activists in sexual health.
Both historically and recently, dominant constructions present gay, lesbian, bisexual, transgender, intersex and queer students as 'victims' – of their own deviance, of disease, of bullying or of schooling systems. In contrast, a range of media cases and data from several recent studies present a different picture. GLBTIQ students have been particularly pro-active in promoting their own rights and sexual health interests, and in advocating for better sexuality education in schools. Greater recognition is needed of GLBTIQ students as teachers and activists, to contrast with the victim-based constructions that are privileged in the research and policy literatures today.

CSRH Workshop
Thursday 1.15pm – 3pm

A study of stigma and discrimination in Australia

Stigma and discrimination remain key issues to pursue for the BBV/STI partnership. Evidence is required for effective responses to meet the challenges of stigma and discrimination. A panel of experts will be asked to address the issues that they see as concerns for their sector in relation to stigma and discrimination and outline the research that would be required to move forward in effectively responding to these issues. An open discussion with the audience will follow.

Facilitator

John de Wit

Panelists

Jude Byrne, Australian Injecting & Illicit Drug Users League (AIVL)

Janelle Fawkes, Scarlet Alliance, Australian Sex Workers Association

Barbara Luisi, Multicultural HIV and Hepatitis Service

Pene Manolas, Sydney Local Health District

Grenville Rose, Aftercare

Alexandra Stratigos, HIV/AIDS Legal Centre

Sean Slavin, Australian Federation of AIDS Organisations, AFAO

After hour's session
February 4:30pm – 5:15pm

Are young gay men really so different?: Considering the HIV health promotion needs of young gay men

Chair: **Sally Cameron**, Australian Federation of AIDS Organisations (AFAO)

Speakers:

Philippe Adam, Centre for Social Research in Health, UNSW

Kath Albury, Journalism and Media Research Centre, UNSW

Ben Bavinton, Kirby Institute, UNSW

Duane Duncan, Faculty of Health Sciences, School of Public Health and Human Biosciences, Australian Research Centre in Sex, Health and Society, La Trobe University

Martin Holt, Centre for Social Research in Health, UNSW

An emerging body of research has identified young gay men's (similar and) different risk practices compared to their older counterparts, as well as limited access to HIV education and different approaches to 'treatment', PEP and PrEP. Given the push for early treatment and interest in ARV-based prevention, this is an important time to consider what 'treatment' might mean to young gay men - contextualised without any understanding of the 80's AIDS epidemic, the advent of treatment and the slow but steady reduction in complexity of treatment regimens and treatment related side effects.

This symposium builds on AFAO's recent work to better understand the HIV education needs of young gay men by bringing together a panel of researchers and practitioners to consider a range of questions, such as: how does Treatment as Prevention messaging land without years of safe sex messaging preceding it, without strong connection to 'gay community', or in the context of new diagnoses of HIV as a 'chronic, manageable disease'?; how might age have an impact on TasP messaging when interpreted during intimate sero-discordant relationships, e.g. between an older HIV-positive man and a younger sexual partner?; how can we reframe narratives about young gay men from stories of deficits to stories of resourcefulness, resilience and capital?; and how might these understandings be applied to HIV prevention strategies targeting young gay men?

Panel description

Martin Holt provides an overview of sexual practices and HIV testing among young gay men, drawing on behavioural surveillance data. Discussion includes analysis of trends in condom use and unprotected anal intercourse to identify priority areas for HIV prevention with young men.

Drawing on findings from a social research project exploring gay men's relationship practices, **Duane**

Duncan discusses a number of tensions that underpin sex and relationships for young gay men. These include how young men appear to balance competing desires for sexual autonomy and the opportunities of the sexual scene with the expectation of monogamy as the basis to a committed, and mature relationship.

Ben Bavinton investigates age-mixing as a factor in sexual risk behaviour among Australian gay and bisexual men, including risk practices with regular and casual partners. Analysis includes whether young age is associated with increased risk/risk taking as well as issues of power and agency in specific sexual sub cultures.

Based on interviews undertaken during the 'Young People and Sexing in Australia' project, **Kath Albury** considers ways that same-sex attracted young men engage with and manage perceived risks of outing, harassment or bullying when using dating/hook-up apps (such as Grindr and Hornet). Analysis also explores participants' understandings of risks and opportunities offered by geo-locative smart-phone technologies.

Philippe Adam considers the sexual health and health promotion needs of young gay and bisexual men (aged 16-26 years) through analysis of recent behavioural research including data from the 'How much do you care' survey and Cybersex project. Discussion includes issues of sexual health knowledge, HIV testing and ways in which young gay men negotiate (or fail to negotiate) safe sexual practice through online chat.

The session will conclude with discussion of different modes of HIV education and their effectiveness at targeting young gay men.

Friday 11:15am – 12:45pm

What is the role of the Affected Community in biomedical treatment and prevention and what does it mean in their real world?

Chair: **Sione Crawford**, General Manager Canberra Alliance for Harm Minimisation and Advocacy

Speakers

Professor Greg Dore , Head, Viral Hepatitis Clinical Research Program, Kirby Institute

Colette McGrath, HARP Manager | HIV AIDS and Related Programs (HARP) South Eastern Sydney Local Health District

Dr Adrian Dunlop, Area Director & Senior Staff Specialist Hunter New England Local Health District

The affected community's ownership and stake in blood-borne virus prevention in NSW and Australia has strong history of effective partnership. There are isolated partnerships building in regards to hepatitis C treatment; while in the field of drug treatment the partnerships between government, service providers and the affected community are less strong.

This panel will seek to explore the role of the affected community in the separate but related areas that rely heavily on biomedical approaches: hepatitis C treatment, treatment as prevention, pharmacotherapy treatment. The panel will explore the following questions:

Why is it crucial that the affected community be accepted as partners in these treatment modalities?

What is the affected community role in an increasingly medicalised treatment sphere?

How does the growing importance of biomedical treatments impact on the affected community? Is it beneficial or are there drawbacks?

What are the implications for both individuals and drug user organisations whose role it is to represent them?

Friday 1:15pm – 12:45pm

BBVs and STIs for Aboriginal people: new data, real world programs

Chair: **Clair Jackson**, CSRH

Speakers:

Carla Treloar, **Loren Brener**, CSRH

Kerri- Anne Smith, David Webb, Western Sydney Local Health District

Felicity Sheaves, **Louise Maher**, Nepean Blue Mountains Local Health District

Monique McEwan, **Sallie Cairnduff** - Aboriginal Health & Medical Research Council of NSW

Aboriginal people remain priority groups for each of the national strategies relating to blood borne viruses and sexually transmissible infections given the over-representation of Aboriginal people in epidemiological profiles for these infections. While acknowledging the vulnerability of Aboriginal people to these infections is important, it is also important to direct attention to issues of resilience, strength and achievement of Aboriginal people, communities and health services. This symposium will present new data regarding the experience of Aboriginal people in relation to hepatitis C as well as the achievements of health promotion programs conducted by health agency and Aboriginal community controlled organisations.

Carla Treloar and **Loren Brener** (CSRH) will present findings data from a study drawing on qualitative and quantitative data of Aboriginal people's decisions about care and treatment for hepatitis C

Kerri-Anne Smith, **David Webb**, **Felicity Sheaves** and **Louise Maher** (Western Sydney Local Health District and Nepean Blue Mountains local Health Districts) will present "Deadly Liver Mob" their successful health promotion program based in a western Sydney NSP aiming to engage Aboriginal people who use drugs and other community members in education and screening for hepatitis C and sexually transmissible infections.

Monique McEwan and **Sallie Cairnduff** of the Aboriginal Health and Medical Research Council of NSW (Aboriginal Health and Medical Research Council) will present on the challenges and benefits of arts-based health promotion programs aimed at engaging young Aboriginal people.

Friday 11:15am – 12:45pm

Imagining the users of HIV pre-exposure prophylaxis (PrEP)

Chair: **Dean Murphy** – AFAO. CSRH

Speakers:

Jeanne Ellard, Australian Research Centre in Sex, Health, and Society, La Trobe University

Iryna Zablotska-Manos, Kirby Institute

Martin Holt, CSRH

Ian Down, Kirby Institute

Kane Race, Department of Gender and Cultural Studies, the University of Sydney

Mike Michael, Department of Sociology and Social Policy, the University of Sydney

Since 2010 a number of clinical trials have reported results on the use of HIV antiretrovirals as pre-exposure prophylaxis (PrEP). These studies have shown daily dosing of ARVs reduces risk of HIV acquisition among men who have sex with men and transgender women, heterosexual men and women, and injecting drug users. Two other studies of PrEP among women have either shown no effect in reducing acquisition, or were stopped early due to futility. A number of studies continue to explore different dosing strategies and implementation of PrEP in different settings.

This panel brings together a range of researchers to reflect on how the development of biomedical technologies simultaneously enacts their potential users. Key questions that will be considered relate to who are the proposed users of PrEP, how technologies and their users are co-produced, and the role of clinical and/or social research in this co-production

Panel description

Drawing on in-depth interviews with gay men after the release of the iPrEx study results, **Jeanne Ellard** demonstrates how the interviews became a setting in which men made sense of the possibilities of using antiretrovirals for prevention, and in effect, imagining what PrEP 'could be' and who might use it. The analysis considers the ways particular 'standpoints' act to either narrow or extend the potential of new HIV prevention technologies.

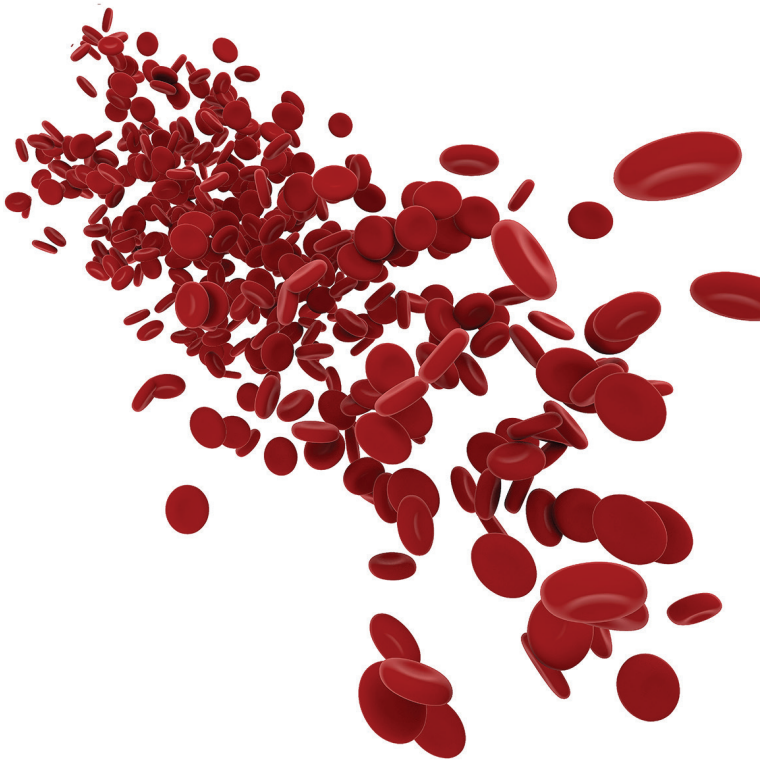
Iryna Zablotska-Manos presents data from recent studies on HIV-negative gay men who report using ARVs as pre-exposure prophylaxis, including the characteristics of these men and their patterns of using ARVs to prevent HIV acquisition, as well as discussing issues related to measuring PrEP 'knowledge'.

Based on a review of PrEP research as well as interviews with gay men, **Martin Holt** considers how the development of PrEP involves the parallel creation of its users, which in turn defines a (potential) market for the technology, and facilitates regulatory approval. However, the interactions between the technologies and their users change how both are understood, what they do and what they will become.

Ian Down analyses the accounts of men who have recently been diagnosed with HIV to explore how these men used (or failed to use) antiretrovirals as *post*-exposure prophylaxis in particular ways, and how these men can be imagined retrospectively as potential candidates for *pre*-exposure prophylaxis.

In an earlier paper on 'reluctant objects', **Kane Race** suggested that the pre-emptive subject required by PREP might not match some of the ways in which gay men enter into sex. In this discussion he considers how sexual events are assembled, and the play between activity and passivity, preparation and 'letting things happen', that characterises the sexual assemblage. He argues that targeting PREP effectively may require educational engagement with the detail and practicalities of sexual practice.

Mike Michael discusses ways of understanding 'users' in relation to technology that may have implications for HIV prevention technologies such as PrEP.



abstracts

A

Philippe CG Adam, John BF de Wit, Christopher P Bourne, Douglas Knox, Julia Purchas

Centre for Social Research in Health, The University of New South Wales. Sexually Transmissible Infections Programs Unit and HIV/AIDS & Related Programs Unit, South Eastern Sydney Local Health District

Thursday 11:00AM - 12:30PM, Peter Farrell Room

HIV testing and diagnosis

Assessing the diversity of factors that could play a role in promoting regular HIV/STI testing among MSM

Objectives: While overall rates of HIV and STI testing are high amongst men who have sex with men (MSM) in Australia, notable minorities have never tested and many MSM have not tested recently. Structural/service-related barriers are often presented as the main reason why testing remains suboptimal. A survey was conducted to examine HIV/STI testing routines among MSM and assess the contribution of a range of social-cognitive covariates of HIV/STI testing.

Method: The survey was conducted online in 2012 among MSM in New South Wales and recruited 580 non-HIV positive men (Mean age: 29 years). Participants responded to questions on their testing routines and were randomized to answer questions on social-cognitive barriers to testing for HIV or STI.

Results: One in five (21%) non-HIV-positive participants had never tested for HIV, 27% had no HIV testing routines, 23% had moderate HIV testing routines, and 29% had strong HIV testing routines. A similar distribution was observed for STI testing. Multivariate analyses found that participants' knowledge, beliefs, attitudes, subjective norms and perceived behavioral control were significantly related to HIV and/or STI testing routines, with some factors specifically associated with either HIV or STI testing or with particular testing routines.

Conclusions: Findings of this assessment underscore that multiple factors each play a limited role in explaining testing routines. Taken together these social-cognitive factors however make a substantial contribution to understanding barriers to testing. Prevention programs face the challenge of having to better address a range of barriers to effectively promote regular testing in MSM.

Philippe CG Adam, John BF de Wit, Dean A Murphy

Centre for Social Research in Health, The University of New South Wales.

Friday 1:30PM - 3:15PM, Peter Farrell Room

HIV prevention: risk-taking

What factors associated with sexual risk-taking among gay men who meet partners online could be addressed through health promotion interventions?

Background: Online dating/hook-up sites have become popular among gay men and those who date/hook-up online report more partners and higher rates of unprotected sex. The present study aims at understanding factors and processes conducive to sexual risk-taking among MSM who date/hook-up online.

Methods: An online survey was conducted in 2012 through advertisement on a popular gay internet site and on Facebook. The survey recruited 932 gay men living in New South Wales (mean age: 36.1 years).

Results: While most participants generally had the intention to use condoms they quite frequently ended-up having unprotected sex with partners met online. Some forms of online interacting with potential sex partners appeared to have consequences in terms of sexual risk-taking. Of importance is the information posted on dating/hook-up profiles; the way chat partners fantasise online about sex practices, including unprotected sex, and whether this fantasising correspond to what they want in-real-life; the extent to which chat partners engage in online negotiation regarding condom use and other risk-reduction strategies. Men who lack preparation and self-regulation in these areas are more likely to engage in (non-deliberate) sexual risk-taking.

Discussion: The findings suggest that there is a need to develop specific sexual health promotion interventions for gay men who date/hook-up online. Promoting preparation/self-regulation seems to be the way forward to address the risk factors/processes identified in this study. Increased self-regulation of online behaviors would support gay men who generally intent to use condoms to carrying through their intention and avoid engaging in situations they may regret afterwards.

B

Benjamin Bavinton, Jack Bradley, Graham Brown, Rebecca Guy, Martin Holt, Phillip Keen, Dean Murphy, Iryna Zablotska, Garrett Prestage

The Kirby Institute, Australian Research Centre in Sex, Health & Society and Centre for Social Research in Health

Thursday 1:15PM - 3:00PM, Gallery 1

HIV treatment as prevention: Current and future users

Attitudes and knowledge about 'treatment as prevention' and related behaviour amongst gay men in serodiscordant and seroconcordant relationships

Objective: To examine attitudes and knowledge about treatment-as-prevention (TasP) and related behaviour amongst gay men in serodiscordant relationships (SDR), compared to seroconcordant relationships (SCR).

Method: Online survey of Australian gay men (N=1,410) in 2012. Participants were asked about relationship status, own and partner serostatus, knowledge of TasP research, and belief in the effectiveness of TasP to prevent HIV transmission. Analysis utilised bivariate logistic regression.

Results: Most men were gay (91.8%) and Anglo-Australian (70.7%). Analysis was restricted to 304 men in SDR (17.1%) or SCR (82.9%). Men in SDR were less likely to have unprotected anal intercourse with regular partners (UAIR) than men in SCR (55.8% vs. 74.2%, p=0.009), but were more likely to have UAI with casual partners (55.8% vs. 30.2%, p=0.001). Knowledge of TasP research evidence was low overall, although men in SDR had better knowledge than men in SCR (19.2% vs. 7.9%, p=0.017). Men in SDR were more likely to agree that TasP is effective in reducing HIV transmission than men in SCR (51.9% vs. 19.0%, p<0.001). HIV-positive men were nearly six times more likely to agree TasP is effective (OR=5.7, 95%CI=3.1-10.6, p<0.001). Amongst men in SDR, 70.4% of those who believed in TasP's effectiveness had UAIR versus 40.0% of those who did not (OR=3.6, 95%CI=1.13-11.25, p=0.030).

Conclusions: TasP may have benefits for men in SDR. Many men in SDR are acting on beliefs about TasP's effectiveness, even in the context of low research awareness and the lack of clinical evidence on its effectiveness in gay male SDR.

Stephen Bell, Peter Aggleton

Centre for Social Research in Health, The University of New South Wales.

Thursday 3:30PM - 4:30PM, Gonski Room

Research on international populations

The challenges of extending bio-medical interventions to marginalised groups: improving sexual health and reducing unwanted pregnancies amongst unmarried women in developing country contexts

Context: International health statistics and policy literature regularly identify young unmarried women, aged 15-25 years, as being at heightened risk of unwanted and unexpected pregnancy, and other sexual and maternal health problems. Young women also have lower levels of access to modern contraceptives, STI testing and treatment and maternal health services through formal health services.

Method: Data are drawn from a number of ethnographically informed qualitative and peer-led research projects with young unmarried women living in rural and peri-urban communities in Uganda, Zambia, India, Bangladesh and Zimbabwe, undertaken between 2005-2012.

Results: Findings highlight the influence of conservative social moral values that are not supportive of young women's sexual experience prior to marriage. These isolate sexually active young women and young mothers from family and community support, as well as preventive health and maternal health services that claim to assist young women in safe pregnancy and childbirth. Health outcomes can be severe, including use of often ineffective local traditional methods to prevent pregnancy, and to initiate unsafe abortions.

Conclusions/recommendations: Results highlight the problems of applying typical bio-medical models of intervention which fail to take into account (a) young women's barriers to access arising from local social, moral and cultural values, and (b) the need for broader structural intervention to change dominant perceptions of young women's sexual autonomy and agency. I call for new more socially located programmatic interventions that combine the normalisation of safe motherhood with the attention to gender and sexuality that is often found in effective sexual health programmes.

Judith Bevan, David Worthington, Donna Mak, Lester Mascarenhas, Roanna Lobo

WA Department of Health, Formerly WA SHBBVP and Curtin University

Thursday 1:15PM - 3:00PM, Peter Farrell Room

Living with hepatitis C

Evaluation of the Western Australian Regional Nurse-supported Hepatitis C Shared Care Program

Introduction: The Regional Nurse-supported Hepatitis C Shared Care Program aims to improve access and treatment outcomes via hepatitis C nurses that coordinate patient care in the Kimberley, Great Southern and South West regions of Western Australia. The program had not been evaluated across the three regions since its establishment in 2003.

Methods: A desktop review was conducted of relevant documents and reports. Hepatitis C nurses invited current patients (n=46) to complete a short written survey about their treatment experiences. Semi-structured telephone interviews were conducted with 11 health staff involved in program delivery.

Results: The desktop review identified no single best practice model for hepatitis C shared care. Twenty two (48%) patient surveys were returned; all respondents were non-Aboriginal and mainly male (65%). Most (65%) respondents reported high satisfaction with the program overall, with the same proportion indicating satisfaction with the level of support received, mainly from the hepatitis C nurse, while on treatment. Health staff identified shorter waiting times, longer appointment times, reduced patient transport costs to tertiary centres and increased patient compliance as key benefits of the program. Tertiary clinics provided accessible and acceptable advice and support for complex cases via telehealth. Challenges included scheduling treatment based on capacity of regional health staff to support patients and few incentives for general practitioners to undertake shared care.

Conclusions: Health staff and patients value the improvement in service access and health outcomes provided by a nurse-supported shared care model. Barriers to accessing treatment for Aboriginal patients need to be investigated further.

Loren Brener, Elena Cama, Grenville Rose, Carla Treloar

Centre for Social Research in Health, The University of New South Wales. and Aftercare

Thursday 1:15PM - 3:00PM, Peter Farrell Room

Living with hepatitis C

Mental health support workers knowledge and attitudes towards hepatitis C and injecting drug use

Introduction: People with mental illness are at higher risk of acquiring hepatitis C than the general population, yet little recent research has been conducted on this topic. This study assessed knowledge of and attitudes towards hepatitis C and injecting drug use, and the impact of these on care and support for people living with hepatitis C and a mental illness.

Methods: Online surveys were conducted with 117 support workers around Australia from a community-based mental health organisation.

Results: Data suggests that support workers underestimated the potential prevalence of hepatitis C among their client base. There were also significant gaps in knowledge of transmission and treatment of hepatitis C. Higher knowledge of hepatitis C was related to more positive attitudes towards people who inject drugs. Support workers' attitudes towards people with hepatitis C and people who inject drugs did not influence their feelings about client recovery or their own capability of working with someone who has hepatitis C and a mental illness. However, support workers with more negative attitudes towards people who inject drugs tended to feel less comfortable about working in the home of a client with hepatitis C and a mental illness.

Conclusions: Mental health counselling is often home-based. Hence, there is a need to up-skill support workers to enable them to feel more comfortable working with mental health clients who have hepatitis C. Targeted interventions to increase hepatitis C knowledge and promote positive attitudes towards hepatitis C and injecting drug use would be beneficial.

Graham Brown, Kylie Johnston, Marina Carman, Jeanne Ellard

Australian Research Centre in Sex, Health and Society and Kirby Institute and Australian Research Centre in Sex, Health and Society

Friday 1:30PM - 3:15PM, Peter Farrell Room

HIV prevention: risk-taking

Development of a monitoring, evaluation and learning (MEL) and quality improvement (QI) framework for combination prevention

It is essential that the behavioural, social, structural and biomedical elements of combination prevention are maximised by working in synergy. However, the depth of the evidence base for many community health promotion investments is limited and in many cases we have an understanding of what works but limited evidence about why and how it works, or in what context. Much of the evaluation focuses on projects in isolation from each other.

Drawing on reviews of evidence building approaches across community based HIV prevention, new developments in evaluation and systems thinking, and community sector capacity building, a draft framework to improve quality, evaluation and evidence building was developed. The draft framework underwent an iterative presentation and refinement process through consultation meetings and workshops with national, state and territory community based HIV organisations. This included trial application of the framework to a range of projects and programs, followed by further refinement and development of program and policy level indicators, as well as inter-project quality indicators.

The presentation will explain the development and evolution of the framework which aims to support community based programs to not only monitor how programs can be more effective in a combination prevention context, but also to play a stronger role in building a shared evidence of what works and why. The framework emphasises the dynamic relationship between evidence, theory and quality practice within a system of health promotion prevention and support responses, rather than in isolation.

Joanne Bryant

Centre for Social Research in Health, The University of New South Wales.

Friday 1:30PM - 3:15PM, Gonski Room

Youth, drugs and hepatitis C

Disenfranchised youth identities: How positive and negative cultural capital shapes experiences with services

This paper examines the experiences of 26 disenfranchised young people with early and ongoing relationships with health and social services. The paper focuses on two particular aspects of their experiences with services. Participants said that their best experiences were with services that did not have unreasonable rules, and services in which staff did not pass judgement about them. As will be argued, both of these findings speak to the way that disenfranchised youth identities can be positive and negative forms of cultural capital. Participants were critical of what they saw as unreasonable rules that set them up for failure. This did not mean that they felt a service with no rules was good, rather they respected services that had expectations of them but wanted these expectations to be 'reasonable'. Such rules symbolised a devaluing of the independence they had formed through their efforts to survive, and diminished one of the few forms of capital available to them: an autonomous subjectivity. Most participants said that good services were ones where staff did not pass judgement about their drug use. While few mentioned specific experiences of overt prejudice, most spoke about a 'felt stigma'. Services are often the only form of social capital available to disenfranchised youth and a fear of being treated poorly acted in destructive ways to shut down attempts to use services. This shows how discredited identity can act as a form of negative cultural capital in that it depletes the already limited social capital available to disenfranchised youth.

Michael Buggy, Jenni Graves, Gary Hampton, Lisa McCann, Lisa Yip

Social Workers in HIV (SWHIV); The Albion Centre, South Eastern Sydney Local Health District, Social Workers in HIV (SWHIV); Adahps (AIDS Dementia and HIV Psychiatric Service), South Eastern Sydney Local Health District, Social Workers in HIV (SWHIV); Syd

Thursday 11:00AM - 12:30PM, Gonski Room

Perspectives on HIV

Biomedical Treatment and Prevention: A Social Work Response

The NSW HIV strategy: A New Era 2012-2015 provides a framework for the HIV sector to reduce the incidence of HIV in our communities.

The Strategy typifies the biomedical approach to HIV prevention and management.

This approach has largely ignored the contributions that could be made by psychosocial practitioners in understanding the management of HIV. This in turn, has limited our understanding of the attitudinal and behavioural aspects that inform an individual's capacity and inclination to conform to the testing and treatment recommendations upon which the success of the Strategy relies.

Given this marginalising of the psychosocial voice, social workers working in the field of HIV have identified tensions between what might be considered best social work practice and the biomedical approach put forward in the current Strategy.

Social Workers in HIV (SWHIV) is a special interest group of social workers in NSW working in the HIV sector. A survey was conducted by a sub-group of SWHIV to elicit the experiences of HIV specialist social workers within the framework of the NSW HIV Strategy, together with their views on how conforming to the Strategy's directives have impacted on their work with clients. The results indicate that while frontline workers find the strategy works for large sectors of the HIV population the assumptions underpinning it result in many individuals being inadequately catered for. It is proposed that a more holistic strategy including the psychosocial realities that inform HIV transmission, testing and treatment options and adherence be adopted.

Davie Burrows, Lou McCallum

APM Global

Friday 1:30PM - 3:15PM, Gallery 1

HIV treatment as prevention: Critical perspectives

Systemic approaches to scaling up HIV services for key affected populations

Most countries have agreed to scale up HIV services for the key affected populations of people who inject drugs, sex workers and men who have sex with men and transgendered people. Yet no developing or transitional country can point to a national, scaled-up response in all these populations. "Treatment as prevention" (TasP) is viewed cynically by some commentators as an attempt to dismiss the difficulties of prevention by focusing only on testing for and treating HIV. But providing treatment to all members of key populations who require ART - utilising the treatment cascades referred to in the TasP literature - requires the building of comprehensive prevention programs. We view the cascades in reverse and, using examples from Asia, show that it is only by reaching (through outreach) high proportions of key populations; educating and gaining trust of key populations (through peer education and peer support); close linkages between CBOs/ peer support staff and HIV testing efforts (including rapid HIV testing and counselling by CBO staff); further close linkages between CBO staff and clinics (through peer support, patient advocates and expert patients) will ART ever reach critical levels of key populations and significantly reduce HIV transmission.

C

Denton Callander, Christy Newman, Martin Holt

Kirby Institute, UNSW Australia and Centre for Social Research in Health, UNSW Australia

Friday 1:30PM - 3:15PM, Peter Farrell Room

HIV prevention: risk-taking

Is 'sexual racism' distinct from broader understandings of racism and racial discrimination among gay and bisexual men in Australia?

Sexual racism is a specific form of racial prejudice enacted in the context of sex and dating. Although some condemn sexual racism, others have challenged the notion that it is a form of racism at all, arguing that desire is a matter of proclivities and preferences. Among gay and bisexual men, there are many who understand sexual racism as distinct from racism more broadly. Using online survey data collected in May 2011, this research outlines attitudes towards sexual racism and uses online dating to contextualise these issues. Men's attitudes towards racism are strongly correlated with their attitudes towards sexual racism: less tolerance for racism predicts less tolerance for sexual racism as well. Factors that influence these attitudes are also strikingly similar. Education, sexuality, past experiences of racism, home proximity to other gay people, and patterns of webservice use all influence men's attitudes towards both racism and sexual racism. In fact, the only observed difference related to racial identity, which appear to reflect the dynamics of racial in- and outgroups in Australia. Drawing upon this evidence, sexual racism does not appear to be distinct from racism more broadly except that it speaks to a specific domain. Instead, people may characterise it as distinct to defend or rationalise thoughts or behaviours that demonstrate racial prejudice. This analysis offers insight to the ways that people resolve cognitive dissonance in relation to their sexual and romantic lives and it helps better define the subtleties of racism-related attitudes among gay and bisexual men.

Elena Cama, Hannah Wilson, Althea Mackenzie, Loren Brener

Centre for Social Research in Health, The University of New South Wales. and Hepatitis NSW

Thursday 1:15PM - 3:00PM, Peter Farrell Room

Living with hepatitis C

Overcoming the negative of being positive: A qualitative study into hepatitis C stigma and empowerment through Positive Speaking

Objective: Though the adverse impacts of health-related stigma are well established, there is growing evidence to suggest that some people reject stigma and become empowered through involvement in education and advocacy. C-een and Heard (C&H) is a Positive Speaking program, using educational presentations by people living with hepatitis C to increase understanding of the illness among health and community workers. This study explored C&H speakers' experiences of and responses to stigma, as well as their motivations to participate in the C&H program. Methods: Semi-structured interviews were conducted with nine C&H Positive Speakers. Transcripts were analysed using an inductive thematic approach. Results: Experiences of discrimination were common especially in health care, and were linked to misinformation and negative attitudes towards injecting drug use. Although discriminatory

experiences were distressing, many participants reacted with anger and challenged their stigmatised identity, ultimately leading participants to take part in Positive Speaking. The C&H program allowed participants to voice their personal experiences and target discriminatory attitudes among audiences through hepatitis C education, leading to self-reported feelings of empowerment. Conclusions: Findings highlight the potential benefits of Positive Speaking programs for people with chronic illness in relation to overcoming stigma and experiencing empowerment.

Elena Cama, Loren Brener, Joanne Bryant

Centre for Social Research in Health, The University of New South Wales.

Friday 1:30PM - 3:15PM, Gallery 2

Hepatitis C prevention and injecting drug use

The benefits of multiple syringe distribution modalities in a geographic area frequented by people who inject drugs

Aims: This article describes the characteristics and attendance patterns of attendees of a needle and syringe programme (NSP) and automatic dispensing machine (ADM) to assess the utilisation and benefits of providing access to multiple distribution services. Methods: Data were collected through cross-sectional surveys with a convenience sample of NSP (n= 98) and ADM (n= 91) attendees in Sydney, Australia. Surveys collected demographic data, injecting patterns, rates of receptive equipment sharing, knowledge of hepatitis C and utilisation of the NSP and ADM services.

Findings: Self-reported syringe sharing in the last month was uncommon and knowledge of hepatitis C was equally high across the two groups. Both NSP and ADM attendees primarily accessed equipment from the NSP in the last month. The ADM was most accessed outside the NSP opening hours, between 8pm and 4am, or in circumstances where equipment could not be obtained from the NSP. Of concern are the rates of syringe re-use in circumstances where both NSP and ADM attendees had difficulty accessing equipment. Conclusions: Findings suggest that providing 24-hour access to syringes through multiple mechanisms has clear health benefits. This is illustrated by the high frequency of ADM attendance outside of the NSP opening hours and low self-reported syringe sharing by participants in this study.

Ryan Cole, Jane Green

Scarlet Alliance

Thursday 3:30PM - 4:30PM, Peter Farrell Room

Sex Workers

Sex Workers As HIV Leaders - Looking back to the Future (Maintaining low transmission in marginalised communities)

The Australian experience in HIV prevention among sex workers is a success story, with HIV and STI rates below that of the general population. Maintaining low rates of HIV and STIs amongst sex workers relies on proven strategies, as sex workers continue the fight across Australia for: full decriminalisation; funded peer education and peer-led programs; and national indicators to demonstrate the success of this work against the National Strategies.

Peer education offers community development benefits that are not fostered by treatment as prevention. Treatment as Prevention presents many barriers, including prohibitive ongoing costs and the current criminalisation of HIV for sex workers in certain states. Treatment as prevention contributes, along with other barriers such as HIV criminalisation and ever more prohibitive costs, to an increasingly toxic environment for sex workers in Australia.

Policy makers and researchers in Australia need to listen to sex workers. We need to go back to the future, to look at the successes of past HIV policy. Treatment as prevention has the potential to erase the success that the sex worker community has achieved. The key to maintaining success is supporting sex workers in peer education and fighting for decriminalisation across Australia.

Levinia Crooks

ASHM

Friday 1:30PM - 3:15PM, Gallery 1

HIV treatment as prevention: Critical perspectives

Treatment as prevention is evolution not revolution

There has been much lip service given to treatment as prevention being a revolution in HIV management. Some see this as the medicalisation of HIV, others have described it as a turning point and many have described it as a paradigm shift. Treatment as prevention has also been characterised as the point where standard public health approaches can now take over from less directive and by extension less effective, approaches to HIV prevention.

But TaP is not a revolution, it is simply the next step in the evolution of HIV management. Like our search for a vaccine, the ultimate management tool or a cure the grail for those infected, TaP is the next best step. TaP is the clinical and public health aim of treatment: to prevent viral replication. We have tried to do this with individual drugs and then drugs in combination. But the drugs used to exact a high toll. The art of ART was balancing the adverse consequences of treatment with the benefits and looming risk of resistance.

The application of prevention benefits at a population level is a simple extension of their application at a personal level. But we must be careful not to alienate. Effective treatment over a life-time requires commitment and persistence. The relationship between doctor and patient is vital, as is the relationship between individual and community. The personal contribution to the eradication of HIV needs to be cherished and the contribution of prevention viewed as an additive to the treatment equation.

D

Emerich Daroya

Australian Research Centre in Sex, Health & Society (ARCSHS), La Trobe University

Thursday 1:15PM - 3:00PM, Gallery 1

HIV treatment as prevention: Current and future users

The emergence of Pre-Exposure Prophylaxis (PrEP) and production of other phenomena in gay and other homosexually active men's online discussions on barebacking

Objective: To describe the emergence of Pre-Exposure Prophylaxis (PrEP) in an online discussion forum on barebacking by gay and other homosexually active men. To assess the generative function of PrEP in the production of other phenomena related to barebacking.

Approach: Analysis of an online discussion forum on barebacking, where gay and other homosexually active men discuss various issues in relation to HIV and barebacking practices. The data is drawn from a 'thread' specifically created to discuss PrEP. Participants are mostly from the USA and a few from the UK.

Findings: PrEP emerges as an effective risk-reduction technology that offers a limited protection against HIV transmission. In its emergence, PrEP also produces other wanted and unwanted phenomena such as risk calculation in risky sexual activities and embodied risks. Moreover, it shapes notions of responsibility in relation to adherence to dosage regime, sexual (dis)inhibition, and moral judgements about some barebacking practices. Finally, it is also generative of economic inequalities in terms of accessibility, particularly in the American context.

Implications: While PrEP's intended purpose is to prevent HIV transmission, it is evident in the discussions that it opens up new possibilities, choices and obligations related to barebacking. As a new technology in HIV prevention, PrEP can be said to be ethically implicated as it generates discussions of ways of being for gay and other homosexually active men who engage in barebacking practices.

John de Wit, Philippe Adam

Centre for Social Research in Health, The University of New South Wales

Friday 1:30PM - 3:15PM, Gallery 1

HIV treatment as prevention: Critical perspectives

Treatment-based HIV prevention for gay men: Little evidence and many challenges

Introduction: As HIV epidemics among gay men continue, the importance of sustained prevention responses is underscored. Antiretroviral medication (ARVs) can decrease the likelihood of HIV transmission and acquisition, and potential population-level benefits of ARV-based HIV prevention are widely debated.

Approach: A literature review was undertaken to identify empirical research and mathematical modelling studies of ARV-based HIV prevention for gay men in high-income countries, including Australia. Evidence of observed and potential preventive effects was narratively synthesized.

Findings: Robust empirical evidence of beneficial effects of ARV-based HIV prevention for gay men remains limited. Also, mathematical models project widely varying effects of ARV-based prevention on the future course of HIV epidemics among gay men and draw attention to the critical importance of sustaining protective sexual practices. Ecological analyses and simulations of ongoing epidemics illustrate that in major gay communities the preventive effects of ARVs are being offset by increased sexual risk-taking, as reflected in stable or increasing HIV infection rates. Also, in settings considered prime examples of the success of ARV-based prevention, the effects of further promoting HIV testing and treatment among gay men may be limited or levelling, as 'scope for improvement' diminishes.

Conclusion: ARV-based approaches extend the HIV prevention toolkit, including for gay men, and increase people's range of options to protect themselves and their partners. Any future impact of ARV-based prevention approaches on HIV epidemics among gay men however ultimately depends on whether their uptake offsets, attenuates or compounds ongoing social and behavioural changes that are driving increased sexual risk-taking.

Ian Down, Jeanne Ellard, Kathy Triffit, Graham Brown, Garrett Prestage

Kirby Institute and Australian Research Centre in Sex, Health and Society

Thursday 11:00AM - 12:30PM, Gonski Room

Perspectives on HIV

Men who acquire HIV show little evidence of the use of risk reduction strategies

Introduction:

Typically, HIV-negative gay men report being more likely to take the insertive rather than receptive role in unprotected anal sex (UAI). Given that the insertive position presents less risk for acquiring HIV, among gay men who have recently seroconverted does this also apply to the occasion when they believe they were infected?

Methods:

The HIV Seroconversion Study collects quantitative and qualitative data from recently HIV-diagnosed people in Australia. Between 2007-2013, 506 gay and bisexual men completed the online survey, while 95 were interviewed. Participants were asked about the sex they engaged in on the occasion they acquired their infection.

Results:

464 (91.7%) respondents identified an occasion when they believe they were infected. Of the total of 506 men, 53.8% report having engaged in receptive UAI on the occasion they believe they acquired HIV, including 38.1% who reported their partner ejaculating in their rectum, compared to 9.9% who reported only insertive UAI.

42.4% reported not knowing the HIV status of their partner, with 27.7% reporting he was HIV-negative and 13.0% that he was HIV-positive.

Conclusions:

Among recent seroconverters there is little evidence of the use of any risk reduction strategies during the event they believe led to their infection. Some men at high risk may benefit from tools to assist them in consistently applying methods to reduce their risk of acquiring HIV.

Ian Down, Jeanne Ellard, Kathy Triffit, Graham Brown, Garrett Prestage

Kirby Institute and Australian Research Centre in Sex, Health and Society

Friday 1:30PM - 3:15PM, Peter Farrell Room

HIV prevention: risk-taking

Few HIV infections are attributable to sex between regular male partners

Introduction:

Historically, Australian studies of recently HIV-diagnosed gay men have found that between a quarter to half of infections occurred as a result of sex with a regular partner. Little is known about the relationship with that partner.

Methods:

The HIV Seroconversion Study collects quantitative and qualitative data from recently HIV-diagnosed people in Australia. Between 2007-2013, 506 gay and bisexual men completed the online survey, while 95 were interviewed. Participants were asked about their relationship with the person from whom they believe they acquired their infection.

Results:

The majority (61.0%) of men report sex with a casual male partner on the occasion they believe they acquired HIV, for 22.6% this was through sex with a fuckbuddy, while just 11.4% indicated it was through sex with their 'boyfriend'.

When compared with those men who acquired their infection from their boyfriend, men who believed a fuckbuddy to be the source of infection were less likely to describe that person as someone they knew well (33.7% versus 79.2%; $p<0.001$), and more likely not to know the HIV status of that partner (40.2% versus 8.7%; $p<0.001$). Only 6.4% reported that the source of their infection was a boyfriend of more than three months standing.

Conclusions:

Few gay men appear to acquire HIV from long-term committed regular partners. Tools to assist gay men in negotiating agreements in short-term and non-committed relationships may assist in HIV prevention. PrEP may eventually offer an appropriate alternative option for some men in these situations.

F

Lance Feeney

Positive Life NSW

Thursday 3:30PM - 4:30PM, Gallery 2

Living with HIV - Session 1

Waiving antiretroviral co-payments for people diagnosed with HIV in NSW – a measure to achieve NSW HIV Strategy antiretroviral treatment uptake targets

Promoting HIV treatment uptake and adherence are key factors in achieving improved health for people with HIV, in reducing the onward transmission of HIV and in meeting the NSW HIV Strategy 2012-2015 targets. The targets include having 90% of people diagnosed with HIV in NSW on antiretroviral treatment (ART) by the end of 2015. In the UK, Canada, Brazil and some US states there is public health funding to provide free ART access to all positive patients. Research has identified that financial stress and the cost of the patient co-payment for medicines are significant barriers to the uptake, maintenance and adherence of ART for people with HIV in NSW. People with HIV also experience higher rates of multi-morbidity and the management of multiple chronic health conditions is associated with higher out-of pocket health spending. As people struggle to balance the financial burden of medical and health-related costs with other living expenses, decisions about starting and maintaining ART are negatively impacted. This presentation examines the cost to government of waiving ART co-payments for people diagnosed with HIV in NSW and for those who are yet to be diagnosed and treated. It provides cost estimates for charging a single co-payment regardless of the number of different antiretrovirals prescribed and compares these costs against a background of life-time cost to government for each new HIV infection.

Ian Flaherty, Sarah Hiley, Maureen Steele, Nick van Breda

Sydney Medically Supervised Injecting Centre, Sydney Medically Supervised Centre and MSIC

Friday 1:30PM - 3:15PM, Gonski Room

Youth, drugs and hepatitis C

"It lasts longer, the taste, and me wife." The promises of the interpersonal

Introduction: Sydney Medically Supervised Injecting Centre (MSIC) is a safer injecting facility and harm minimisation health service in Kings Cross, New South Wales. The most commonly injected drug at MSIC is Oxycontin in tablet form. Injection of these medications carries many risks. Repeated injections of particulates in the solution can lead to pulmonary granulomas, pulmonary oedema, emphysema, pulmonary fibrosis and hypertension.

Approach: Between March and September 2013, 24 qualitative interviews were undertaken with clients of MSIC who inject Oxycontin tablets. This paper presents two case studies of participants who reported a strong and direct influence of their interpersonal relationships on their injecting practices. We frame this within Giddens (1991) expression of risk management within 'pure relationships.'

Results: 'Tony' and his wife inject Oxycontin together at MSIC. When asked why he was convinced not to heat the solution, he describes a prolonged drug and enhanced drug effect, as well as the influence of his wife's injecting practice upon his own. Similarly, 'Susie' reflects upon her own injecting practices in relation to a former partner: "Well my partner was using 1ml so it sort of became easier that we did the same thing – my partner at the time."

Implications: Of the many elements of 'pure relationships' Giddens describes, key is the "reflexive project of the self" (1991: 52). Within this framework, behaviour is mediated by reflecting upon thoughts and actions of those with whom we share intimate relationships – a valuable theoretical tool in understanding the mediation of injecting practices.

Michael Frommer

Australian Federation of AIDS Organisations

Thursday 3:30PM - 4:30PM, Gallery 2

Living with HIV - Session 1

Ehealth, Privacy and HIV

Since 1 July 2012, Australians have been able to create their own Personally Controlled Electronic Health Record (PCEHR). The ehealth system promises great benefits for people living with HIV. While there are strong measures to protect individual privacy, certain issues remain.

Many people with HIV are cautious about disclosing their status given experiences of stigma and discrimination within the health system and elsewhere. People with HIV may be reluctant to engage with the PCEHR, due to concern about disclosure of sensitive information to third parties – such as regarding criminal cases alleging HIV exposure/transmission, or criminalised activities such as injecting drug use or sex work.

Despite such potential issues, a trial in inner-city Sydney in 2013 indicated that of all patient-cohorts, HIV-positive people showed the greatest enthusiasm for sign-up to the ehealth record. If this enthusiasm for the PCEHR is to be maintained, community organisations and clinicians must be able to confidently advise constituents of the system's pros and cons, including whether ehealth record information may be accessed for legal purposes.

At the political level, the inquiry into the PCEHR program announced by Minister Dutton in late 2013 will be key to its future shape. Questions relating to functionality, such as accessing pathology results, and attendant uptake by both consumers and clinicians will be a focus. It is crucial that privacy issues are also identified and

addressed, so that the potential for the PCEHR to improve the health of people with HIV and people among affected communities can be realised.

G

Mark Goodhew

The Sydney Medically Supervised Injecting Centre

Thursday 11:00AM - 12:30PM, Gallery 2

Negotiating drug treatment

The Impact of Discharge From a Drug and Alcohol Residential Facility for Non-Abstinence: A Case Study

Introduction: Many models of substance use treatment rely on biomedicalised discourses of substance misuse and addiction, often delimiting recovery to abstinence, with some residential facilities discharging clients who are not abstinent for the duration of their programmes. An evolving model of recovery suggests that complete abstinence may not always be the ultimate goal, especially when improvements in other psycho-social and healthcare domains are taken into account.

Approach: A single-participant case study is used to examine the consequences of discharge from a residential facility while a client is in acute psychiatric care. The discharge resulted from this client using while on leave from the residential programme. This paper examines the psycho-social and healthcare outcomes for a 47 year old women discharged under these circumstances.

Results: After being discharged the participant recommenced injecting opioids and had a significant decline in her mental and physical health and psycho-social functioning. With support from a mental health nurse and buprenorphine replacement therapy her health and psycho-social functioning improved.

Implications: By inscribing individuals within an abstinence-only framework, drug and alcohol treatment programmes may hinder the recovery process. Follow-up for discharged clients may be key to improvements in psycho-social wellbeing and good health. Co-ordination between abstinence-orientated and harm minimisation services may be facilitative of ongoing recovery.

Dash Gray, Effie Katsaros

Multicultural HIV and Hepatitis Service

Friday 1:30PM - 3:15PM, Gallery 1

HIV treatment as prevention: Critical perspectives

The Prevention Revolution: A revolution for all or just for some?

The' Prevention Revolution' offers a new era for HIV with advances in testing and treatment promising an end to HIV and creating bold prevention and treatment targets in the current NSW HIV strategy. A polemic between public health and individual choice or circumstance plays out in very real scenarios with the clients and communities MHAHS work with.

This paper presents both well known and emerging issues for culturally and linguistically diverse (CALD) people living with HIV (PLHIV), including the information lag in which health promotion messages are lost , not in translation, but lost in relevance and therefore information uptake . Focusing on bio-medical interventions alone is problematic and limiting when CALD PLHIV (approximately 29% of new HIV Notifications in NSW in 2012) continue to have high rates of late presentation, experience poor access to services, and often face great isolation both in their own and the wider community. These are complex and lingering issues, not easily addressed by bio-medical interventions, yet lie at the heart of making this a revolution for all, or a revolution for some.

Addressing these challenges and complexities and embarking on robust engagement with CALD PLHIV is essential to achieving the targets of the NSW HIV strategy and for a new era of HIV to be realized.

H

Bridget Haire

VELiM, University of Sydney

Thursday 11:00AM - 12:30PM, Gonski Room

Perspectives on HIV

The case for PrEP as universal comparator in HIV prevention trials

In July 2012, based on evidence from two major trials, the United States Food and Drug Administration approved the use of combined oral tenofovir/emtricitabine as pre-exposure prophylaxis (PrEP) for people at high risk of HIV acquisition. PrEP effectiveness is marred by poor adherence, however, even in trial populations, thus it is not a magic bullet for HIV prevention. New research into HIV prevention strategies therefore remains important, as available tools (including condoms) have serious shortcomings, in that they require commitment to daily or coitally-dependent use, which is problematic from the perspectives of cost, the need for ongoing secure supply, and the fact that adherence is onerous. New HIV prevention research needs to strike a balance between the urgent global need for new interventions and protection of the interests of people who participate in this research. This inevitably raises the issue of standards of care in trial design.

PrEP is the most effective biomedical HIV prevention intervention directly under the control of people at high risk of HIV, particularly those who have receptive sex and lack the power to negotiate condom use. Accordingly, there are compelling reasons to compare future experimental HIV prevention interventions against PrEP. The interests both of trial participants and of science are served by using PrEP as comparator: not only would HIV incidence be reduced within the trial population, but also the question of whether new interventions were superior to best proven interventions, in a given setting, would be answered comprehensively.

Bridget Haire

VELiM, University of Sydney

Thursday 3:30PM - 4:30PM, Gallery 2

Living with HIV - Session 1

Mind the Gap: Inequities in post-trial access

Introduction: The principle of providing post-trial access for research participants to successful products of that research is widely accepted and has been enshrined in various declarations and guidelines. While recent ethical guidelines recognise that the responsibility to provide post-trial access extends to sponsors, regulators and government bodies as well as to researchers, it is the researchers who have the direct duty of care to participants. This paper provides an empirical account of post-trial access in the context of HIV prevention research.

Methods: Empirical data are drawn from HIV prevention trial websites, published literature, correspondence with principal investigators (PIs) of HIV prevention trials and semi-structured interviews with PIs. PIs who were not interviewed were engaged in email exchanges on post-trial access. Where PIs did not respond to requests, data was sourced from publications, pre-trial documents and meeting minutes.

Results: In 9 of the 10 trials there was an arrangement in place to ensure access to successful interventions for trial participants. Of these 9, only 8 were obliged to provide access to a product for participants, as one of the pre-trial agreements specified an efficacy threshold that was not reached. One trial made no arrangement. Of those that did provide access, the methods included separate extension trials and access through the original trial protocol. Duration of access varied from 12 months to 5 years.

Conclusion: Under the current system, there is considerable variation in the duration and timeliness of access, which raises important issues regarding equity between trial populations.

Md Kamrul Hasan

Centre for Social Research in Health, The University of New South Wales.

Thursday 3:30PM - 4:30PM, Gonski Room

Research on international populations

AIDS-related stigma in Northern Thailand

Introduction: Since the emergence of the HIV/AIDS pandemic, a growing body of research has documented AIDS-related stigma in Thailand. Stigma has been shown to impede health care seeking by persons living with HIV and AIDS (PLWHAs). It may also result in isolation, discrimination and mental health problems including depression among PLWHAs.

Method: This study applied a focus group discussion (FGD) method to investigate community attitudes towards the PLWHAs in a Northern Thai district. Six FGDs were conducted in the district. The total number of participants in all FGDs was 35. The FGD were tape-recorded and transcribed. Themes were identified by applying a grounded theory approach.

Results: Community attitudes have become more favourable and positive, compared to there being widespread stigma during the initial phase of the HIV/AIDS epidemic in the 1980s. The increasing participation of PLWHAs in community ceremonies and their involvement in income generating activities, the availability of healthcare services including anti-retroviral drugs (ARVs) indicate more positive and favourable attitudes towards the PLWHAs. In addition, stigma was still persisting among community people. Moreover, PLWHAs still tend to self-stigmatise themselves. The PLWHAs in the lower socio-economic groups are more likely than others to disclose their HIV-status.

Conclusions: Stigma prevents inclusion of many PLWHAs in the on-going HIV treatment and prevention programmes. More inclusive and targeted HIV and AIDS education and campaign programmes may be designed for altering the attitudes of community people. Since PLWHAs still self-stigmatise themselves, awareness needs to be raised among these PLWHAs about the increasingly non-stigmatising environment.

Peter Higgs, Shelley Cogger

National Drug Research Institute, Curtin University and The Burnet Institute

Thursday 1:15PM - 3:00PM, Peter Farrell Room

Living with hepatitis C

What is the role for HCV treatment in reducing the incidence and prevalence of HCV among people who inject drugs?

There are fundamental changes in the nature of hepatitis C virus (HCV) treatment planned over the next few years. The impact of this will mean treatment is likely to be shorter, with fewer side-effects and with increased efficacy than currently possible. Whilst there is evidence to suggest that naïve infection rates for people who inject drugs have been declining over the past decade there is also emerging evidence that re-infection rates among PWID have been increasing and are higher than the rates of naïve infection.

So are new or different interventions required to reduce the number of people who become reinfected? Are there implications for the treatment of people who inject drugs in this work? Mathematical modelling of Victorian data suggests on the impact of treatment for active injectors based on treating modest numbers (3 per 100) over the next 30 years may be able to reduce prevalence by half. This reduction in prevalence will importantly reduce the exposure risks of active injectors. One of the most important reasons why people remain HCV negative despite even occasional sharing is that the people they inject with are also HCV negative. Successful treatment of currently positive injectors will increase the pool of HCV negative active injectors.

With the new treatments will also come increasing costs and many questions about where the available resources should be allocated for spending? Questions may include should the limited public health dollars be only available to HCV positive current injectors?

Martin Holt

Centre for Social Research in Health, The University of New South Wales.

Thursday 1:15PM - 3:00 PM, Gallery 1

HIV treatment as prevention: Current and future users

Configuring the users of new HIV prevention technologies: the cases of pre-exposure prophylaxis and home-based HIV testing

During a period of technological creativity, optimism and change, HIV prevention and biomedical technologies have become matters of concern, revealing uncertainty in the ways in which HIV prevention is made, what is known about its effects and how it should be practised. Two technologies on the cusp of becoming partially available in Australia are pre-exposure prophylaxis (PrEP) and home-based HIV testing. Here I consider how the users of these technologies are configured, that is, how the development of the technologies involves the parallel creation of their users. In designing the technologies, the potential users of PrEP and home-based HIV tests have to be defined, enabled and constrained, partly to create a market for the technologies, but also to reassure regulators that they can be used safely. However, the interactions between the technologies and their users will change both parties (how they are understood, what they do and what they will become). This process may or may not be helpful for HIV prevention.

Referring to research on PrEP and home-based testing, user accounts of their use, and interviews conducted with gay men, I consider the imagined and enacted users of these technologies. I argue that once the pre-configured users of PrEP and home-based testing meet the technologies in practice, all the actors that are in play are open to change. This suggests that the process of technological development in HIV prevention could benefit from more participatory approaches, as well as recognising how HIV prevention configures its subjects and understands its effects.

Max Hopwood, Loren Brener, Limin Mao, Andrew Frankland, Hannah Wilson, Peter Hull, Carla Treloar

Centre for Social Research in Health, The University of New South Wales.

Thursday 1:15PM - 3:00PM, Peter Farrell Room

Living with hepatitis C

'Reality' check: Item framing and research outcomes in surveys of a sensitive social issue

Introduction: Previous attitudinal research has found that the way survey questions are asked can influence respondents' answers, particularly in surveys of sensitive social issues. This study aimed to explore whether findings regarding support for harm reduction services could be manipulated through priming of language and information contained within survey items.

Method: Using a quasi-experimental design, each year from 2008 to 2013 a convenience sample of participants were randomly allocated to one of two groups: group one received a questionnaire that provided factual information about harm reduction services before being asked to indicate their support for harm reduction services (Survey 1), while group two received a questionnaire that contained no information about harm reduction services (Survey 2). This presentation provides an overview of data collected for this study.

Results: 'Reality' can be constructed via the priming of language and information contained within survey items. Consistently, between 2008 and 2013, participants who completed Survey 1 expressed significantly higher levels of support for harm reduction services overall than participants who completed Survey 2. Regression analyses indicated that overall support for harm reduction services was associated with the survey version that participants received. The survey version accounted for the largest variance in scores of support for harm reduction services.

Discussion and Conclusions: Research findings regarding community support for harm reduction services are influenced by questionnaire design factors such as item priming. The implications of these findings for the future expansion of harm reduction services and development of harm reduction policy will be discussed.

Max Hopwood, Limin Mao

Centre for Social Research in Health, The University of New South Wales.

Friday 1:30PM - 3:15PM, Gonski Room

Youth, drugs and hepatitis C

What do young people know about hepatitis C and do they support harm reduction? A study of university attendees in Sydney, Australia

Introduction: This study aimed to assess young university attendees' knowledge of hepatitis C infection and their support for harm reduction services.

Method: During 2012, surveys were distributed to a convenient sample of 308 university attendees aged 25 years and under in Sydney Australia. Surveys contained a 19-item validated hepatitis C knowledge scale, a six-item scale that measured support for harm reduction services and seven items that measured sample characteristics, including religiosity and contact with people who inject drugs.

Results: Overall, this group of educated young people had a good knowledge of injecting-related hepatitis C transmission risks. On the other hand, participants were unaware that hepatitis C can be transmitted between people who share implements such as straws and bank notes for snorting powdered drugs. Similarly, participants were unsure of the correct answer to items about living with hepatitis C, hepatitis C natural history and treatments for hepatitis C infection. Generally, harm reduction services were viewed favourably by participants with around eighty per cent in support of Australia's only medically supervised injecting facility.

Conclusions: The continued diffusion of information about hepatitis C, and the role of harm reduction services in preventing hepatitis C, is needed to ameliorate the currently high global incidence of this infection.

Robyn Horwitz, Loren Brener, Courtney von Hippel, Bill von Hippel

Centre for Social Research in Health, The University of New South Wales. and University of Queensland

Friday 1:30PM - 3:15PM, Gonski Room

Youth, drugs and hepatitis C

Using implicit association to assess drug use trajectories of young adults

Introduction: Literature on drug use among young people tends to suggest that only some will develop long-term drug using patterns. Little empirical research exists which addresses why some young people may become persistent drug users while others do not. This research aimed to investigate the role of implicit self-representation as a determinant of more frequent drug use among young people considered "at risk" of injecting. The research proposes that young adults, who show strong associations between drugs and their implicit self-identity, will be more likely to transition to injecting than those who show weaker implicit associations.

Method: Using an Implicit Association Test, this longitudinal research tracked 100 young adults (16-26 years) considered to be "at risk" of injecting and a comparison group of 100 current injectors over a one year period with the aim of predicting transitions to injecting. By analysing the relative strengths of associations at the different time points between identity and drug use, these analyses should show that people who move into harder drugs or more frequent use show shifts in the IAT (self-identity) score that reflect greater personal identification with drug use over time. Findings of this study will highlight the role of implicit identity in explaining why some young adults are able to use drug occasionally for recreational purposes while others become habitual users. Hence this research can be used to

inform the design of initiatives which focus on breaking the association between self-representation and drug use in to attempt to prevent transitions to injecting.

Peter Hull

Centre for Social Research in Health, The University of New South Wales.

Friday 11:15AM - 12:45PM, Peter Farrell Room

Living with HIV - Session 2

Attitudes and beliefs about the impact of treatments on HIV transmission: Differences between HIV positive, HIV negative and untested men.

Objective

To examine differences in knowledge, beliefs and attitudes to HIV and its transmission, among HIV-positive, HIV-negative and untested gay men in Sydney.

Methods

Data from the Sydney Gay Community Periodic Survey collected in August 2012 was analysed. We analysed differences between HIV-positive, HIV-negative and untested men in their responses to a range of questions about sexual behaviour, HIV knowledge and beliefs about HIV transmission.

Results

Data from 1662 participants were included. 13.2% reported they were HIV-positive, 77.7% were HIV-negative and 8.2% were untested or of unknown HIV status. A greater proportion of HIV-positive men agreed they were more likely to have sex without a condom if their partners was the same status, compared to HIV-negative or untested men. HIV-positive and untested men were more likely to agree that 'HIV treatments take the worry out of sex' compared to HIV-negative men. Furthermore, a greater proportion of HIV-positive men compared to HIV-negative and untested men agreed that they have sex without condoms more often because of HIV treatments.

Conclusions

These results suggest that the availability of treatments for HIV has a significant effect on the use of condoms by HIV-positive men, in particular when having sex with partners of the same serostatus. Knowledge of the relationship between HIV treatments, viral load, and risk of transmission was quite high although the knowledge of HIV-negative participants was more likely to indicate a lower risk approach.

J

Elena Jeffreys

School of Political Science and International Studies, University of Queensland

Thursday 11:00AM - 12:30PM, Gonski Room

Perspectives on HIV

Biomedical prevention and HIV Funding: What's political autonomy got to do with it?

Objective: To better understand how HIV organisations establish and maintain the capacity for autonomous political acts while dealing with pressure from the funding landscape. Such understanding leads to theory building about where HIV affected communities sit in relation to "Prev Rev" & "Biomedical Prevention" debates, and the different scenarios that could emerge from the push and implementation of biomedical prevention for HIV.

Method: Literature review of relevant academic material published in English, as well as a broader literature review in English of how not for profit organisations manage funding pressures, and establish and maintain the capacity for autonomous political acts.

Results: The 'partnership' model used in the HIV sector is documented as a very useful tool. It plays a role among not for profit organisations as they maintain the capacity for autonomous political acts and manage funding pressures. Biomedical prevention debates are having an impact on the 'partnership' model, which may reduce the capacity of the HIV sector by bringing drug companies into the equation.

Conclusion: The HIV sector has much to learn from the history of not for profit organsiations engagements with funders. Biomedical prevention debates have not yet been discussed within these parameters. The influence of drug companies, and their role as funders, would benefit from more detailed scrutiny.

K

Phillip Keen

Kirby Institute

Thursday 11:00AM - 12:30PM, Peter Farrell Room

HIV testing and diagnosis

Differences in delayed HIV diagnoses between gay and bisexual men in Australia: implications for HIV surveillance, prevention and testing

Background: Reporting of HIV diagnoses in the Australian HIV surveillance system combines notifications among men who only report homosexual contact (MHC) and men who report bisexual contact (MBC) within a single category of 'men who have sex with men' (MSM). We compared CD4 count at diagnosis among MHC and MBC.

Method: National surveillance data on new HIV diagnoses among MSM in the years 2003-12 were analysed. The number and proportion of diagnoses defined as late (CD4+ cell count 200-349 cells/μl at diagnosis), and advanced (<200 CD4+ cells/μl) are reported.

Results: A total of 7,010 HIV diagnoses in MSM were notified in the 10-year period 2003-13. Among MHC, 703 (10.9%) were defined as advanced, and 631 (9.8%) as late, compared with 133 (22.9%) advanced, and 72 (12.4%) late diagnoses among MBC ($p<0.001$). The median CD4 count at diagnosis was 469 cells/μl among MHC compared with 380 cells/μl among MBC ($p<0.001$).

Conclusion: Considerable differences between MBC and MHC in Australia may be inadvertently obscured by the combined 'MSM' category used in the surveillance reporting system. Combining these categories is sensible for surveillance purposes as it highlights that sex between men is the more likely exposure route in the Australian epidemic. Nonetheless,

THE GALLERIES
https://www.venuesandevents.unsw.edu.au/includes/documents/venues/schematics/scientia_downloads/gallery_1_and_2.pdf

the social contexts within which HIV infections occur may be very different in these two groups. Access to and motivations for testing are likely to vary substantially between gay and bisexual men and so differing strategies may be required to improve HIV testing rates within each of these groups.

Kevin Keith

ACON

Friday 11:15AM - 12:45PM, Peter Farrell Room

Living with HIV - Session 2

Can Attachment Theory shed light on adult risks and HIV? A literature review of current evidence

Objective: To review literature from the maturing field of adult Attachment Theory in order to identify possible psychosocial and interpersonal contributors to HIV related risk and health.

Method: Conducted database searches into relevant resources.

Results: 15 specific articles were deemed relevant. Most assessed differences in attachment style in the context of one or more risk factors. These empirically relevant attachment styles range from secure/optimal to various less secure, suboptimal and maladaptive styles. Broadly speaking, eight articles addressed risk for HIV. Nine articles focused on risks for people living with HIV. [Articles may overlap in content.] Important differences in both resilience and vulnerability to risk as measured by attachment style are also identified in the context of more detailed factors: general risk for HIV, risk of passing on HIV, risks for women, and general condom use. Specific risks researched for people living with HIV included social support/isolation, PTSD & trauma, coping with stigma, and general psychological coping. The least optimal style—'fearful-avoidant'—would appear to represent the greatest pre-HIV and post-HIV health risk.

Conclusions: Researchers are only just beginning to look at questions of pre- and post-HIV risks within an attachment framework. Nonetheless, this initial work may have begun to identify possible psychosocial and interpersonal motivations that might help us to understand both resilience and vulnerability in the context of HIV risk. The key finding on possible elevated risks for less secure styles—especially 'fearful-avoidant'—would appear to offer a promising opportunity to apply proven approaches for assessing and working therapeutically with these vulnerabilities.

L

Toby Lea

Centre for Social Research in Health, the University of New South Wales

Friday 1:30PM - 3:15PM, Gallery 2

Hepatitis C prevention and injecting drug use

Characteristics of injecting drug use among gay and bisexual men

Introduction: The aim of this presentation is to describe the patterns and context of injecting drug use among gay and bisexual men, and associated drug and sexual risk practices, in the absence of recent data on this subpopulation in Australia.

Methods: An online survey was conducted nationally in 2013 as one part of a mixed methods study examining the social aspects of hepatitis C infection among homosexually active men. Eligible participants were gay, bisexual, or other homosexually active men who were at least 18 years of age and lived in Australia.

Results: As recruitment was still in progress at the time of abstract submission, only preliminary findings can be shown here. To date the survey has been completed by 130 men with a history of injecting drug use (33% of all respondents). Methamphetamine was the drug most commonly injected (86%), followed by heroin (9%). Most respondents reported injecting in sexual contexts (80%). In the six months preceding survey, 23% reported any needle and syringe sharing, and of those, 75% reported sharing with sexual partners. According to self-report, 38% were HIV-positive, 11% were HCV-positive and 25% were HIV/HCV co-infected.

Conclusions: These findings, while preliminary, suggest that injecting commonly occurs in sexual contexts among gay and bisexual men who inject, and that many engage in risky injecting practices. The intersection of sexual and drug use practices may indicate a need for combined harm reduction and sexual health services.

Emily Lenton

Monash University

Friday 1:30PM - 3:15PM, Gallery 2

Hepatitis C prevention and injecting drug use

Hepatitis C health promotion materials: Medicalising sex, the body and risk

Objective: A hepatitis C diagnosis can lead to significant changes in intimate relationships, including a reduction in sexual contact and avoidance of new relationships. This paper examines hepatitis C health promotion materials and their treatment of sexuality and sexual transmission.

Method: This paper analyses 21 Australian hepatitis C health promotion resources collected as part of research Masters degree project exploring the interrelationships of hepatitis C, injecting drug use, HIV and the body. It uses the work of theorist Margrit Shildrick on the 'anomalous' body and a discourse analysis method.

Results: The analysis found that health promotion materials regularly conflated hepatitis C with injecting drug use and HIV. Some resources, despite describing hepatitis C as not sexually transmissible, contained mixed messages about the possibility for disease transmission through sex, enjoining hepatitis C positive readers to practise safe sex. Others assumed positive hepatitis C status would be difficult to raise with new partners, and that these partners would greet disclosure with fear and even acrimony.

Conclusions: The paper suggests that hepatitis C health promotion materials draw on biomedical explanations of sex, the body and risk to figure people with hepatitis C. The messages were

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often misleading or confusing and, at times inadvertently naturalising stigma, anxiety and fear surrounding intimate contact. It concludes agencies responsible for the delivery of health promotion need to carefully examine the messages they produce if they are to avoid creating uncertainty and anxiety about the implications of hepatitis C for sexuality and intimacy.

M

Limin Mao, Christy Newman, John de Wit

Centre for Social Research in Health, The University of New South Wales.

Friday 11:15AM - 12:45PM, Peter Farrell Room

Living with HIV - Session 2

Expert patients, resisting consumers and moral citizens: perceived roles of people diagnosed with HIV but not taking antiretroviral treatment

Introduction: People diagnosed with HIV (PLHIV) are increasingly expected to be on antiretroviral treatment (ART). This study focuses on the perspectives of PLHIV who are not currently taking ART and explores their views and experiences with respect to negotiating with clinicians, making treatment decisions and taking personal responsibilities while not taking ART.

Methods: In-depth interviews were conducted with this specific group across Australia since September 2012. The present analyses (n=25) aim to identify how participants: self-managed HIV, interacted with clinicians, experimented with a range of treatment options, and took responsibilities for themselves and others while not on ART.

Results: Of the 25 participants, 11 were ART naïve and the rest had prior experience with ART (n=14). The majority (n=17) self-identified as gay men and reported their latest serum CD4 count as 500 cells/mm3 or more (n=16). Self-management of HIV using a variety of conventional and self-improvised approaches was a common theme. Drawing on personal beliefs, values and lived experiences, participants challenged clinicians' views on HIV disease progression and the potential benefits of ART uptake. Whether to start the lifelong journey with ART was considered by most participants as ultimately their own choice. Some expressed concerns about the increasing misconception that they were being irresponsible to themselves and others because they were not on ART.

Conclusion: Better understanding of PLHIV's perspectives in HIV management including their decision making processes on ART uptake will promote more effective patient-clinician relationships and community advocacy on their behalf.

Michelle Mars, Ian Yeoman

Sassi-inc and Victoria University of Wellington

Thursday 3:30PM - 4:30PM, Peter Farrell Room

Sex Workers

Cyborg sex 2050: robots, sex and the decline of the STI

This paper argues that by 2050 STI's will be a thing of the past as our integration with technology reaches levels we can't currently imagine. The nature of medicine and medical devices has changed. Advances in genomics (genes) and proteomics (proteins) are rapidly bringing personalised medicine and the associated disease prediction and prevention closer to the mainstream. At the same time new surgical and non-surgical treatments, drugs and devices, and the drug/device convergence are constantly enabling better disease management. In 1985 when Prof Donna Haraway, a leading philosopher of science and technology, wrote her manifesto for cyborgs it was difficult to imagine todays level of integration with machinery. Now most of us turn around and go home if we discover we have left our cell phones at home. While we may find it difficult to imagine it is likely that the 'perfectly natural' act of having sex will become highly technologised.

Lester Mascarenhas, Donna Mak

Communicable Disease Control Directorate, WA Health

Thursday 3:30PM - 4:30PM, Gallery 1

CALD communities in Australia

An Audit of Chronic Hepatitis B Contact Tracing in Metropolitan Western Australia

Introduction: People with chronic hepatitis B (CHB) are a source of transmission. Contacts of CHB cases are a national priority population for hepatitis B testing and vaccination. This audit examined contact tracing success rate and barriers. Success was defined as contacts tested and vaccinated if required.

Methods: A retrospective cross-sectional study design was used. Online survey of 26 GPs and computer assisted telephone interview of 40 CHB cases notified between 1/9/2011 and 1/9/2012.

Results: The median case age was 31 and 37 years for the online survey and CATI respectively with males and females represented equally. Most cases were born overseas. These characteristics were representative of notified metropolitan CHB cases in WA. Half the cases (16/31) were asked to take responsibility for informing contacts; five were contact traced by doctors and three by nurses. Overall success rate was 75%. Nurses contact tracing was 100% successful. After excluding nurse contact tracing from the analysis, the success rate was 57%. 58% of doctors reported that public health units should be responsible for contact tracing.

Conclusion: Increasing nurse contact tracing could improve contact tracing success. Public health unit assistance for contact tracing of complex cases should continue. Additional strategies that may have the potential to improve contact tracing include Medicare Benefit Schedule payments for contact tracing and differentiating between household members who have family/sexual contact vs. casual/occasional interactions

Samuel Muchoki, Alison Coelho

Multicultural Health and Support Service, Center for Culture, Ethnicity and Health

Thursday 3:30PM - 4:30PM, Gallery 1

CALD communities in Australia

Mind the Gap: understanding antiretroviral therapy, BBV transmission, and treatment as prevention by newly arrived migrants and refugees in Victoria, Australia

New biotechnological inventions have led to improved lives of People Living with BBV in Australia. Nonetheless, there is still concerns, among health professionals, of disproportionate trend of new infections among particular population groups. Among these vulnerable groups are newly arrived migrants and refugees. Past studies have reported increased cases of new-diagnosis of BBV among migrants from

sub-Saharan Africa, Southeast Asia and the Middle East. This is attributed to a variety of factors including the perception of low-risk of exposure to diseases such as HIV and traditional health belief about HIV and low uptake of preventative measures to infection. This presentation is based on MHSS experiences while working with newly arrived migrants and refugees in Victoria. MHSS aims to improve refugees and migrants communities' access to information, support and testing, conducts preventative BBV/STI health messaging, and increases culturally responsive service deliver by organisations. The authors discuss the challenges of addressing BBV in the target populations as a result of communities' beliefs about BBV, doubts about preventative measures such as the effectiveness of condom, and being unfamiliar with biomedical terminologies such as antiretroviral therapy that are written in English. As the bio-medical technology continues to advance, the authors advocate for cultural informative and accessible services for newly arrived migrant and refugee communities.

N

Jamee Newland

Centre for Social Research in Health, The University of New South Wales.

Friday 1:30PM - 3:15PM, Gallery 2

Hepatitis C prevention and injecting drug use

How hepatitis C was discussed in three social networks of people who inject drugs in New South Wales: findings from a qualitative social network analysis.

Introduction: Social networks as a specific site of influence in hepatitis C transmission have received little attention in the research literature. This study therefore aimed to fill this knowledge gap and will present on one component of a larger social network analysis: namely, how hepatitis C was discussed and hepatitis C infection was disclosed within the social networks of people who inject drugs (PWID).

Methods: A qualitative social network analysis design was used to assess social network level influences on hepatitis C transmission in three social networks of PWID in NSW. In-depth face-to-face interviews and social network mapping were used identify the membership and structure of these networks and to assess the influence these networks had on hepatitis C-related information exchange and disclosure of infection.

Results: Hepatitis C was not an acceptable discussion within these networks and as a result the knowledge held by one member of the network was in most cases not transferred to other network members. The inability to discuss hepatitis C or disclose a hepatitis C infection created a pervasive silence surrounding hepatitis C. This silence was influenced by hepatitis C-related stigma occurring within the study's networks, particularly the fear of social exclusion or the shame that a hepatitis C infection held for some network members.

Conclusion & implications: The results from this study highlight the need for further research exploring social network influences in hepatitis C transmission and for this research to be effectively translated into hepatitis C-related policy and associated harm reduction responses.

Christy Newman, Asha Persson, Elena Cama

Centre for Social Research in Health, The University of New South Wales.

Friday 11:15AM - 12:45PM, Peter Farrell Room

Living with HIV - Session 2

Navigating different (biomedical) worlds: Clinician perspectives on the challenges of transitioning young people with HIV into adult care

Background: The first generation of young people with perinatally acquired HIV is moving into adulthood, accompanied by a transition from paediatric to adult HIV care services. Although the international literature has identified several key challenges related to this transition, there has been no research conducted in Australia to date.

Methods: As part of the first qualitative study on children with HIV transitioning to adolescence and adulthood in Australia, interviews were conducted with twelve clinicians based in paediatric and adult HIV care. Representing a large proportion of the clinical workforce who work with the small number of perinatally infected children and young people in Australia, participants included HIV and ID specialists, paediatricians, general practitioners, clinical nurse consultants, and social workers.

Results: Paediatric and adult services were viewed as two distinctive 'worlds', with young people expected to transform their understanding of HIV health services from protected, team-based care to a more self-directed adult care model. Professional boundaries were also challenged in order to accommodate the needs of young people and their families, with this 'different style of medicine' viewed as necessary for achieving long-term engagement. Ways to strengthen the transition process related mostly to timing, teamwork and communication.

Conclusion: Challenging the assumptions that clinicians can make about the capacities of their clients to navigate this tricky time, as well as the communication processes of those who work in the 'other' services to their own, may be helpful in supporting the various parties involved in transitioning young people into adult care.

Toby Newton-John, Rebecca Gray

Australian Catholic University and Relationships Australia

Thursday 11:00AM - 12:30PM, Gallery 2

Negotiating drug treatment

The role of relationship counselling in supporting clients with enduring health issues: preliminary findings from an organisational prevalence study

Introduction: A growing body of health research has highlighted an association between enduring health issues on clients' intimate relationships. It is probable that these issues put pressure on relationships, and this causes additional distress, which in turn negatively affects treatment and well- being. In some cases, a supportive relationship has been associated with poorer health outcomes or decreased treatment compliance. Other reports have indicated a connection between enduring health issues and increased relationship intimacy.

Method: Part of a mixed methods project examining chronic pain, this paper will report on the first phase of the study, undertaken at Relationships Australia NSW, which explored the extent of this issue among counselling clients (2013). This will inform an upcoming survey of our clients to ascertain the nature of chronic pain and the effect this has on their

relationships (2014). The final phase will gather qualitative interviews with clients (2015).

Results: Preliminary findings suggest that ascertaining the prevalence of chronic pain in counselling is affected by the nature of the therapeutic working alliance and the counsellor's own experience of pain. Those counsellors who experience pain were more likely to be aware of this in their clients and more likely to work through connected relationship issues accordingly.

Conclusions: This study contributes to what is known about the connection between enduring health issues and relationship dynamics, particularly how providing psycho-social support for these is affected by the dynamics of disclosure.

P

Garrett Prestage, John De Wit, Graham Brown, Kit Fairley, Michelle Yang, Iryna Zablotska

Kirby Institute, and Australian Research Centre in Sex Health and Society, Centre for Social Research in Health, Australian Research Centre in Sex Health and Society, Melbourne University and Kirby Institute

Friday 1:30PM - 3:15PM, Peter Farrell Room

HIV prevention: risk-taking

Gay men's sexual identities and personal networks

Background: Is likelihood to engage in sexual risk behavior an individual characteristic or does it reflect participation in particular networks?

Methods: CONNECT was an online survey of gay men recruited during 2010-2012 in Sydney, Melbourne and Perth. 912 men responded to questions about their own sexual identity and that of men in their personal networks. Factor analysis and logistic regression was used to calculate statistical associations.

Results: Mean age was 35.6 years. 89.6% had been tested for HIV; 12.1% were HIV-positive. Most men identified at least somewhat with several sexual identities, such as: Bear/cub (25.2%); Sexpig (20.4%); Twink (12.3%). Most men also indicated that many men in their personal networks identified with these same identities: Bear/cub (28.7%); Sexpig (23.1%); Twink (20.5%). Usually, but not always, men's personal identities closely corresponded to those of their networks. Factor analysis identified six types of personal network: Sexually adventurous (accounting for 64.2% of men); Conservative (57.7%); Bears, cubs and chubbies (40.6%); Alternative/queer (47.4%); Gay scene (43.7%); and Asexual (9.2%). Personal identities were categorized in this same way. In multivariate analysis of personal networks, only being engaged in sexually adventurous networks was associated with unprotected anal intercourse with casual partners (aOR=1.17; CI 1.10-1.24; p<0.001), as was only a sexually adventurous identity in multivariate analysis of personal identities (aOR=1.18; CI 1.11-1.25; p<0.001).

Conclusion: Sexual risk behavior is more likely to occur within sexually adventurous networks, among men who see themselves in this way. Harm reduction programs may need to target networks, rather than individuals.

R

Jake Rance, Carla Treloar

Centre for Social Research in Health, The University of New South Wales.

Thursday 11:00AM - 12:30PM, Gallery 2

Negotiating drug treatment

'A place to say something': Drug treatment, consumer participation and the politics of biological citizenship

Introduction:

Within Western liberal discursive contexts, people who inject drugs are routinely caste as less than fully rational; their speech is treated with suspicion and their very humanness questioned. So if, as Nikolas Rose contends, biomedicalisation has made us who we are, what forms of biological citizenship are available for PWID? My presentation will explore this question within the context of a consumer participation initiative trialled within three NSW drug treatment settings. What might service users' experiences of this intervention tell us about the promises and limitations biomedicalisation holds for this population?

Approach:

Qualitative data collected via semi-structured interviews across three NSW drug treatment services as part of the evaluation of the Users and AIDS Association's (NUAA) consumer participation CHANGE Project.

Findings:

Some service users described the CHANGE project as their first experience of having 'a voice' within drug treatment. For these participants it seemed that having a voice was synonymous with being recognised and acknowledged as 'a person': with being 'human'. Staff too, welcomed the opportunity to hear service users' 'real stories'.

Conclusion:

Consumer participation appeared to offer a place from which service users could 'speak to be heard'. By creating what participants described as a 'conversation' between service users and providers, consumer participation appeared to challenge the experience of powerlessness commonplace among individual service users whilst also suggesting the possibility of change more broadly within the culture and polity of drug treatment.

Simon Ruth, Judith Gorst, Simon Powell

VAC/GMHC and VAC?GMHC

Thursday 11:00AM - 12:30PM, Peter Farrell Room

HIV testing and diagnosis

Peer Based Rapid HIV Testing - system change driven by consumer desire.

As part of its broader HIV prevention campaign, the Victorian AIDS Council (VAC) is piloting one of Australia's first peer based rapid HIV testing clinics, Pronto. Rapid HIV testing was only approved for use in Australia in December 2012. Traditionally, HIV testing in Victoria has involved two clinic visits approximately one week apart with health professionals trained in pre and post test counselling techniques. The advent of rapid HIV testing and its fast roll out with more than 30 sites across Australia, has resulted in a need to review how a framework of pre and post test counselling can adapt to be effective in this model of service. Rapid testing has also resulted in variations in the traditional approach due to expressed consumer desire to have their results faster, with some clinics providing negative HIV antibody blood test results via text message.

The ease with which the Rapid Test can be administered has allowed the VAC to pilot a peer based approach. Testing is conducted by staff specifically

trained to administer the test, who are not otherwise health professionals. This approach removes HIV testing from the realm of the medical suite and places it in the hands of the community. It is hoped that this will result in more people testing more often.

The paper will examine how effective a peer based model has been in attracting people to testing and how pre and post test counselling needs to be re-conceptualised for a fast paced and consumer driven testing regime.

S

Jill Sergeant, Sally Cameron

Australian Federation of AIDS Organisations (AFAO)

Thursday 3:30PM - 4:30PM, Gallery 1

CALD communities in Australia

Caught in the spotlight: African Australian men and HIV-related criminal prosecutions

Over the past few years in Australia there has been an increase in the number of criminal prosecutions for exposure to or transmission of HIV.

While the number of cases is small compared to the total number of people living with HIV, they are nevertheless concerning for a number of reasons. These include:

- the severity of sentences in some instances;
- a disproportionate number of cases with female complainants (63% in the past decade) although heterosexuals comprise only about 30% of HIV diagnoses; and
- a disproportionate number of prosecutions where the accused is an African man.

This disproportionate representation of African men in criminal prosecutions has been seen in other Western countries. It can have devastating consequences for individuals involved in the cases, impede HIV health promotion and HIV prevention, and increase the racism and stigmatisation experienced by African communities.

This paper examines the possible reasons for this apparent pattern in Australia, such as cultural factors contributing to non-disclosure of HIV status, confusion or lack of information about the law, the perception of women as 'innocent victims' and racism or prejudice within the criminal justice system.

Sean Slavin

Australian Federation of AIDS Organisations; Centre for Social Research in Health

Friday 1:30PM - 3:15PM, Gallery 1

HIV treatment as prevention: Critical perspectives

Can treatment as prevention be an emancipatory technology? Overcoming the binary of biomedical and social prevention.

As treatment as prevention becomes established as a cornerstone of the 'prevention revolution', debate has continued to focus on the whether a technology shown to have to have a population level benefit can be ethically delivered to individuals, when, in certain circumstances, individual benefits remain unclear. For proponents of treatment as prevention there is ongoing work to be done gathering clinical evidence that earlier commencement of treatment leads to better individual outcomes as well as population benefits. Opponents continue to challenge the technology on the grounds that individual rights are not well served by population health and bio-medicine is an individualising force that undermines the community prevention response. This paper argues that both sides of this debate are complicit in producing a binary opposition between the biological and the social, individuals and populations. It argues that the practice of HIV treatment operates across bodily and disciplinary boundaries and this calls for increased integration of HIV prevention and health promotion efforts and ongoing investigation of the meaning of treatments and clinical monitoring in the lives of people with HIV. The preventive effects of HIV treatment have the potential to be emancipatory for individuals, couples and communities if they are delivered using collaborative approaches that seek to incorporate scientific and clinical knowledge with a progressive health promotion agenda that pursues individual empowerment and community development.

Zahra Stardust

Scarlet Alliance, Australian Sex Workers Association

Thursday 3:30PM - 4:30PM, Peter Farrell Room

Sex Workers

Rapid Testing = Rapid Criminalisation: Implications of rapid testing for sex workers

Australia is experiencing a changing legal and policy climate, with new testing technologies and opportunities. Rapid testing is now supported by the 2011 National HIV Testing Policy and registered by the Therapeutic Goods Administration, being trialled among gay men and approved for use in both clinical and community settings. What does rapid testing mean for sex workers?

In jurisdictions where sex working with HIV/STIs is criminalised and HIV/STI testing is mandatory, sex workers can become immediately criminalised upon receiving a positive or 'reactive' result, placing their occupation, legal status, and income at stake. Where testing is conducted in workplaces on outreach, workers who decline testing may be treated with suspicion, workers may receive reactive results during their shift, whilst sharing space with peers, clients and employers. A low prevalence population, sex workers are likely to receive false positives. Positive results may be followed with contact tracing, which has previously involved public vilification and incarceration of sex workers living with HIV, acting as a deterrence for sex workers to undergo testing.

Trials of rapid tests among gay men cannot be translated to sex workers. Sex workers should have choice over the kinds and frequency of testing they access and in what context. Rapid testing should not be not used in criminalised jurisdictions, nor in sex industry businesses. Inaccurate tests bring serious implications for sex workers – for our work, our legal status, and our negotiation of risk.

Maureen Steele, Nick van Breda, Sarah Hiley, Ian Flaherty

Sydney Medically Supervised Injecting Centre

Friday 1:30PM - 3:15PM, Gallery 2

Hepatitis C prevention and injecting drug use

Filtering promises and the potential of particulates

Introduction: Sydney Medically Supervised Injecting Centre (MSIC) is a safer injecting facility and harm minimisation service in Kings Cross, NSW. The most commonly injected

drug at MSIC is Oxycontin in tablet form. Injection of these sorts of medications carries many risks. Once injected particulates in the solution can lead to pulmonary granulomas, pulmonary oedema, emphysema, pulmonary fibrosis and hypertension.

Approach: Between March and September 2013, 24 qualitative interviews were undertaken with clients of MSIC who inject Oxycontin tablets. The research team asked clients from where they had acquired the knowledges around injection of tablets and if they would be willing to use wheel filters to reduce the attending harms.

Results: The most commonly reported source of knowledges around injection of tablets was situated in sociality – friends, acquaintances and partners shared these knowledges. Other sources included trial-and-error and the internet. Most participants reported heating the solution as the quickest way to administer the drug, but there were variations in reported differences of drug effect associated with hot and cold solutions. Attitudes to the use of wheel filters varied: some participants reported that they would use the filters if they were shown how, while others reported a number of barriers to using filters, availability and complexity of use principle among them.

Implications: Harnessing the power of social connections may provide avenues for education about safer injecting of tablets, including the use of wheel filters. Further work is required in debunking myths about the relative potencies of cold versus hot drug solution.

T

Carla Treloar

Centre for Social Research in Health, The University of New South Wales.

Thursday 11:00AM - 12:30PM, Gallery 2

Negotiating drug treatment

"You've Got Control Of The Pump": The Importance Of Trust In The Drug Treatment Clinic

Trust in health professionals and systems has been associated with a range of positive health outcomes and has been widely documented as essential to effective therapeutic encounters. However, trust is rarely present in health policies or service guidelines, but may be particularly relevant for services for people who experience marginalisation from mainstream society. This presentation will draw upon a number of projects conducted by the Centre for Social Research in Health to examine how trust is described and experienced by clients and staff of drug treatment services and further, the ways in which changes to the nature of staff-client interactions can impact clients' trust in a service. This presentation will examine findings related to trust in a range of settings such as needle and syringe programs, opiate substitution clinics offering hepatitis C treatment and from consumer participation demonstration projects in drug treatment services. These data show that clients of drug treatment services make strategic decisions about what information to provide in various settings, what services to approach or avoid and how a deep mistrust of other social systems can impact what happens in health care, including drug treatment. These data also show the facilitating nature that a trusting relationship can have on relationships between staff and clients in drug treatment services and on achieving clients' goals. These data suggest that trust is central in the processes of developing, maintaining, brokering and improving client-staff relationships that are central to effective operations of drug treatment services.

V

Nga Vu, Lisa Maher, Iryna Zablotska

Kirby Institute, Faculty of Medicine, UNSW

Thursday 3:30PM - 4:30PM, Gonski Room

Research on international populations

The association between amphetamine type stimulants and HIV infection among men who have sex with men (MSM): A systematic review and meta-analysis from cross-sectional studies

Introduction: Both HIV infection and amphetamine type stimulant (ATS) use are increasing among men who have sex with men (MSM) in many settings. We conducted a systematic review and meta-analysis of published cross-sectional studies to evaluate the association between ATS use and HIV infection.

Method: A systematic search of MEDLINE, EMBASE, GLOBAL HEALTH, PsycINFO and correspondence with authors was conducted for relevant English, peer-reviewed articles published during 1980-April 2013. We estimated pooled prevalence rate ratios (PRR) and 95% Confidence Intervals (CI) of the association by using a random-effects model. We assessed the existence of publication bias in funnel plots and checked for sources of heterogeneity using meta-regression and subgroup analyses.

Results: A total of 30 studies, mostly from developed countries, were included. Recruitment methods and drug use measures varied considerably. The pooled PRR for any ATS use was 1.72 (95% CI: 1.49 -2.0) with Q29=126.59, P<0.000, I2=77.1. Type of ATS (amphetamines versus ecstasy) and the sampling frame explained 36.5% of heterogeneity of the pooled result. In subgroup analysis, the association with HIV infection was significant for amphetamines (1.86; 95% CI 1.59-2.19), but not for ecstasy (1.15; 95% CI 0.88-1.49). The pooled estimate from clinic-based studies was significantly higher than from community-based studies (2.57; 95%CI: 1.64-4.03 versus 1.57; 95%CI: 1.37-1.80; P=0.011).

Conclusion: Amphetamine, but not ecstasy, use was significantly associated with prevalent HIV infection in MSM. Further research is needed in developing countries, with the use of standardized recruitment methods and drug use measures.

W

Hannah Wilson

Centre for Social Research in Health, The University of New South Wales.

Friday 1:30PM - 3:15PM, Gonski Room

Youth, drugs and hepatitis C

Exploring the potential role of tattooists in delivering harm reduction information to at-risk clients

Research shows that at risk young people, who either inject drugs or are exposed to injecting drug use (IDU), may have a limited knowledge of hepatitis C and harm reduction services and therefore could be more susceptible to the acquisition of hepatitis C. Additionally, at risk young people have been identified as a particularly hard demographic

to reach, which makes delivering health promotion to this population problematic. The aim of this study was to explore tattooists' willingness to distribute harm reduction resources to at risk young people. The impact of client rapport, hepatitis C knowledge, attitudes towards hepatitis C and people who inject drugs (PWID) and perceptions of IDU controllability on tattooists' willingness was also investigated. Sixty-six surveys and five in-depth interviews were collected from tattooists across New South Wales, Queensland and Victoria. Findings from the survey indicated that respondents were willing to deliver harm reduction information relating to hepatitis C, but were significantly less willing to deliver information on IDU. The survey and interview data illustrated that respondents held negative attitudes towards PWID. However, respondents' overall attitude towards PWID was not associated with their willingness to deliver health promotion. Finally, the more respondents perceived IDU to be under the control of the individual, the less willing they were to distribute health promotion about IDU. This study suggests that most tattooists would be willing to deliver health promotion regarding hepatitis C to at risk young people. However, before this can occur tattooists' perceptions of IDU should be targeted.

Y

Michelle Yang, Iryna Zablotska-Manos, Garrett Prestage, Graham Brown, Bruce Maycock, John de Wit, Christopher Fairley

Kirby Institute, The Australian Research Centre in Sex, Health and Society, La Trobe University,, School of Public Health, Curtin University, Centre for Social Research in Health and Melbourne School of Population Health, University of Melbourne

Thursday 11:00AM - 12:30PM, Peter Farrell Room

HIV testing and diagnosis

Based on testing preferences, could the introduction of alternative testing approaches increase the rate of HIV testing among Australian gay men?

Background: Despite high levels of HIV testing among Australian gay men, conducted in healthcare settings, a substantial proportion are still not tested. We compared attitudes of tested and untested men towards the current standard-of-care and alternative approaches (rapid tests and testing outside healthcare settings).

Methods: CONNECT study (2011-2012) enrolled gay men using respondent-driven-sampling. We explored self-reported preferences for: standard-of-care, rapid, community-based or home-based testing among tested and untested participants, using logistic regression with Type-I error of 5%.

Results: Among 827 non-HIV-positive respondents, 89% had been tested for HIV (72% in the last year). Most preferred was home rapid testing (46%), followed by standard-of-care (23%), rapid testing in clinics (20%) or community organizations (7%), and standard testing in community settings (3%). No preference was associated with previous history of testing. 73% of participants preferred rapid testing over standard-of-care. 56% preferred community/home-based testing over standard-of-care. Men aged 30-39 or 40-49 were significantly more likely to prefer rapid testing over men <25 (OR30-39-1.92;95%CI:1.18-3.12, OR40-49 -2.00;95%CI:1.15-3.50). Those employed full-time or part-time were more likely to choose rapid testing over unemployed men (ORFTE-2.13;95%CI:1.42-3.20, ORPTE -2.01;95%CI:1.06-3.82). There were also regional differences, with higher level of preference for community-based testing in Perth than in Sydney or Melbourne.

Conclusion: Gay men express preferences for alternative testing approaches, but they may be primarily driven by convenience. Trials of alternative testing services should look for impact on testing coverage and frequency.

Z

Iryna Zablotska

The Kirby Institute, UNSW

Thursday 1:15PM - 3:00PM, Gallery 1

HIV treatment as prevention: Current and future users

Current evidence about PrEP use among Australian gay men

Objective: To summarise the available evidence about preventative use of antiretrovirals as pre-exposure prophylaxis of HIV (PrEP) among Australian gay and other men who have sex with men (GMSM).

Method: We reviewed data from the ongoing and completed studies among GMSM, including community-based samples from Gay Community Periodic Surveys (GCPS, 2011-2013), and online samples from TAXI-KAB (2012) and TORCH (2013) studies. We assessed PrEP use and associated factors using Pearson's $\chi 2$ test and logistic regression.

Results: PrEP use among Australian GMSM was first recorded by GCPS 2011 at the level of 2.5% of sexually active non-HIV positive men. This proportion has not increased during 2012-2013. PrEP use was significantly higher among younger, less educated men, engaging in unprotected anal intercourse with casual partners, group sex, injecting drugs, using party drugs and taking part in group sex in the context of party drugs. In online samples from TAXI-KAB and TORCH studies, prevalence of PrEP use was higher (4.2% and 4.5%, respectively). Similar factors were associated with PrEP use. TAXI-KAB and TORCH studies have also found increased use of PrEP among HIV-negative men in serodiscordant relationships. Most men (80%) reported using PrEP once, after sex (85%), to protect them from developing HIV infection.

Conclusions: Preventive ARV use before sex among gay men in Australia remains low and is limited to specific contexts, networks or events (e.g., parties). It does not follow the recommended schedule of daily use, and PrEP may be poorly distinguished from post-exposure prophylaxis (PEP).

Iryna Zablotska, Garrett Prestage

The Kirby Institute, UNSW

Thursday 1:15PM - 3:00PM, Gallery 1

HIV treatment as prevention: Current and future users

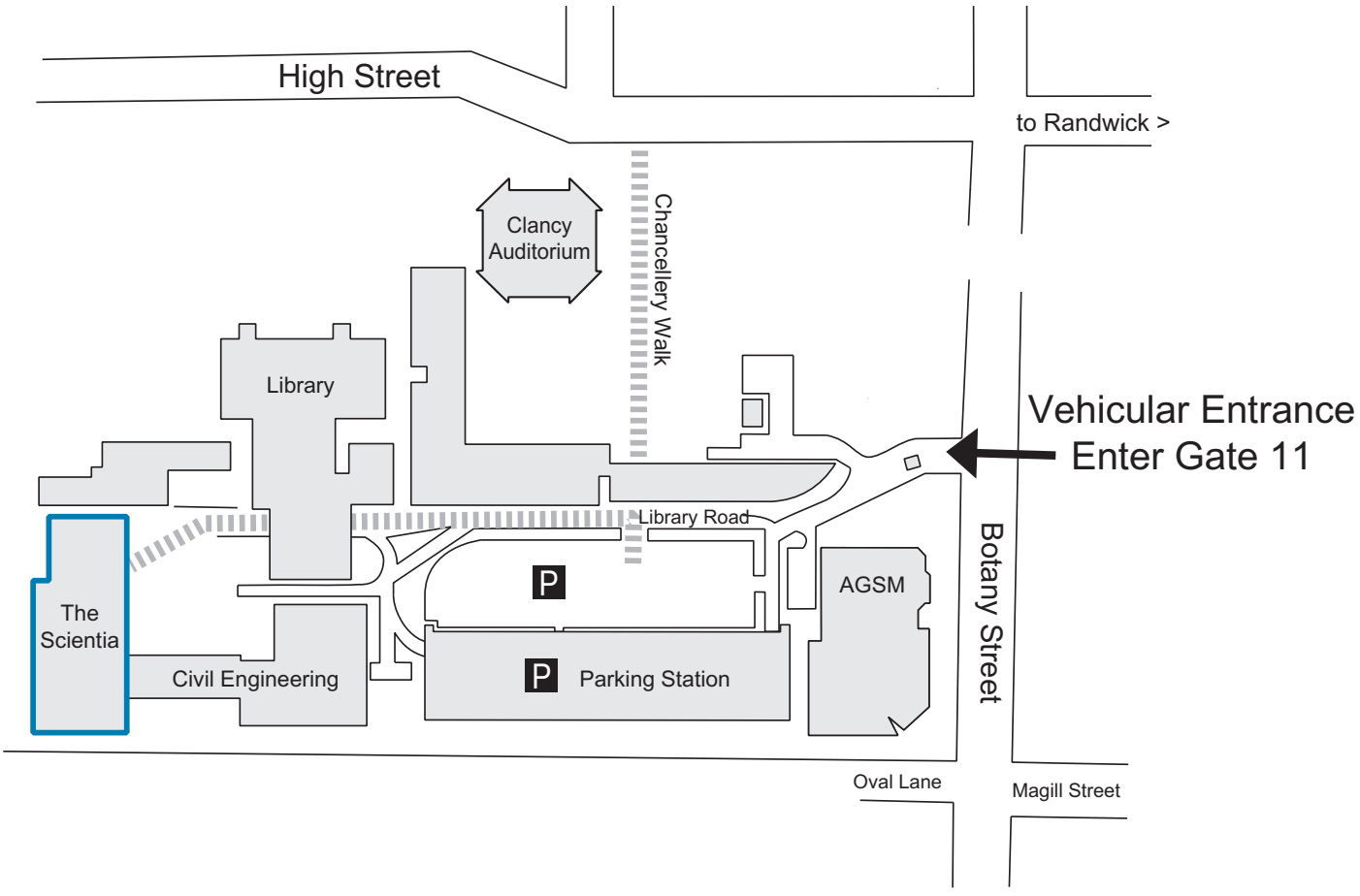
Australian men who use or are likely to use PrEP in the near future

Objective: To describe Australian men who have experience or are likely to use pre-exposure prophylaxis of HIV (PrEP) in the near future

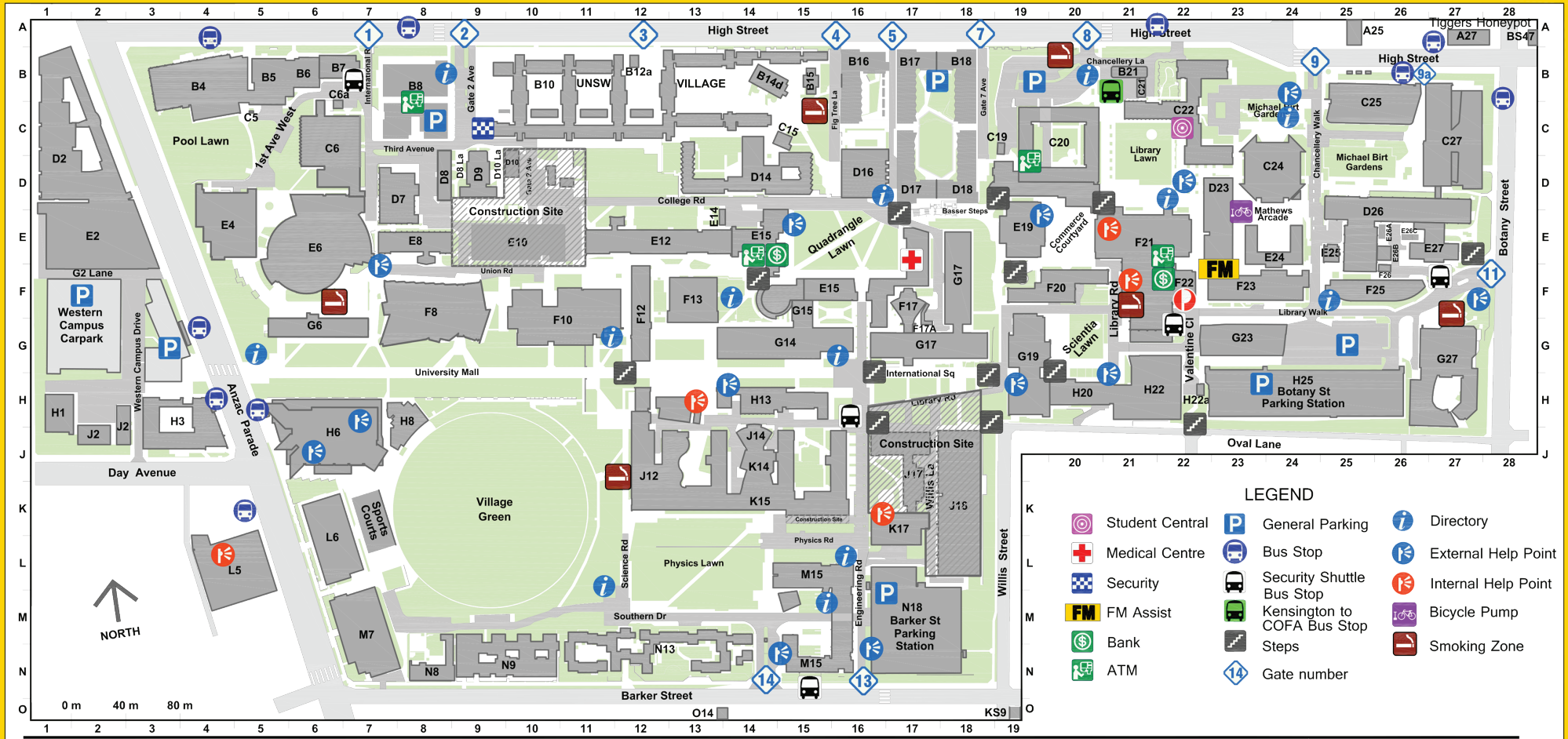
Method: Data were collected in 2013 by the Gilead-funded online survey of PrEP users and potential users. We assessed PrEP current use and likely use, as well as associated factors using Pearson's $\chi 2$ test and logistic regression.

Results: Among non-HIV-positive respondents, 4.5% reported using antiretroviral medications as PrEP, mostly once. Additional 44% acknowledged that they would be likely to use PrEP if it is available. Both current and likely use were associated with younger age, lower educational level, higher number of friends who are gay and time spent with gay friends, as well as with unprotected anal intercourse with casual partners and party drug use. Current use was also associated with HIV serodiscordant status of a regular partner. Knowledge of how to use PrEP correctly was low: 47% of current users and 63% of likely users did not know it should be used daily. Interest in PrEP use was very high: more than 40% of participants were willing to take part in a trial of PrEP use if invited.

Conclusions: Preventive ARV use before sex among gay men in Australia remains low. While the majority of men do not use PrEP as recommended and have poor knowledge about how to use it correctly, interest in PrEP use is high. Therefore, education and information about correct use of PrEP is necessary for men who decide to use it.



Kensington Campus



Buildings

223 Anzac Parade	L5
AGSM	G27
Australian School of Business	E12
Biological Sciences	D26
Blockhouse	G6
Building D10	D10
Chancellery	C22
Chemical Sciences	F10
Civil Engineering	H20
Computer Science	K17
Dalton	F12
Dangerous Goods Store	F17A
Electrical Engineering	G17
Golf House 38 Botany Street	A27
John Goodsell	F20
John Niland Scientia	G19
Law	F8
Library	F21
Lowy Cancer Research Centre	C25
Materials Science	E8
Mathews	F23
Mechanical Engineering	J17
Metallurgy Process	D7
Morven Brown	C20
Newton	J12
NIDA	D2
Old Main	K15
Pavilions	E24
Quadrangle	E15
Red Centre	H13
Robert Webster	G14
Roundhouse	E6
Rupert Myers	M15
Sam Cracknell Pavilion	H8
Samuels	F25
SIRF	G23
Squarehouse	E4
Tyree Energy Technologies	H6
Vallentine Annexe	H22
Wallace Wurth	C27
Willis Annexe	J18
University Regiment	H1

Student Accommodation

UNSW Residential Communities	B17
Barker Apartments	N13
Basser College	D17
Colombo House	B16
Creston College	A25
Fig Tree Hall	B18
Goldstein College	B17
Goldstein Dining Hall	D16
International House	C6
New College	L6
New College Postgrad. Village	H3
Phillip Baxter College	D18
Shalom College	N9
Warrane College	M7
UNSW Hall	D14
UNSW Village	B10
University Terraces	B8
UNSW Fare (Mathews Arcade)	E24a

Faculty Offices

Arts and Social Sciences	C20
Australian School of Business	E12
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Theatres

AGSM Theatres	G27
Allens Arthur Robinson	F8
Biomedical Theatres	E27
Central Lecture Block	E19
Chemical Sciences Theatres	F10
Civil Engineering (Room G1)	H20
Clancy Auditorium	C24
Colombo Theatres	B16
Fig Tree Theatre	B14d
Gonski Levy Theatre	F8
IO Myers Studio	D9
Keith Burrows Theatre	J14
Law Theatres	F8
Macauley Theatre	E15
Mathews Theatres	D23
New South Global Theatre	G14
Old Main Theatres (112)	K15
Parade Theatres	E2
Physics Theatre	K14
Red Centre Theatre	H13
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Rupert Myers Theatre	M15
Webster Theatres	G15
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Services

Accommodation Services	C18
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Kingsford Legal Centre	F8
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Nura Gili - Balnaves Place	G17
Optometry Clinic	M15
Physiotherapy Clinic	B8
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Print Post Plus (P3) - Printing Services	F23
Religious Centre	E4
Research Services	M15
Security	B10
Sports Association	H8
Student Recruitment Office	F20
Squash Courts	B7
Swimming Pool	B4
The Learning Centre	C22
University Health Services	E15
UNSW Bookshop	E15
UNSW International Student Centre	H13
UNSW Residential Communities	B17
UNSW Scholarships	F21
UNSW Sports & Recreation Office	B5
UNSW Student Central	C22
Venues and Events	F23

Childcare Centres

Kangas House 52 Barker St	O14
House at Pooh Corner	N8
Tigger's Honeypot 22 Botany St	BS22
Owl's House 9 Kennedy St	KS9

17/12/2013

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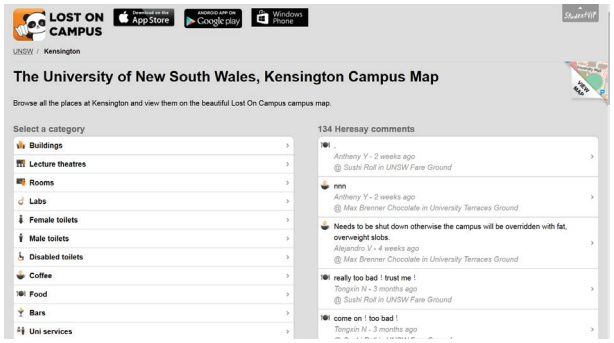
notes

Conference Tweeting

This year CSRH will be using Twitter to showcase presentations, broaden discussion and assist conference delegates to engage with one another and to share information with those who could not attend the conference.

For those who are new to Twitter, Twitter is a social media platform that allows users to send and receive 140 character 'Tweets', respond to tweets from other users, 'favourite' tweets (let the original poster know that you liked their Tweet and save the Tweet for later) and 'retweet' tweets (re-posting of someone else's Tweet.). You can create a Twitter profile and access Twitter through the website (www.twitter.com) or through downloading the smartphone/tablet app. Upon registering a Twitter account, you will be taken through a short tutorial which will help explain the features of Twitter.

We would like to encourage all attending the conference to join the conversation by following the CSRH twitter account **@CSRH_UNSW** and by using the conference hashtag **#hhard14**. We would also like to encourage presenters to provide their Twitter username (e.g. **@hanwils226**) at the end of their presentations, if they wish to do so, to allow audience members an easy way to contact them if they have any further questions. If you need help or assistance during the conference please do not hesitate to tweet us (**@CSRH_UNSW**).



Lost on Campus App

Available online as well as downloadable apps for iPhones, Androids and Window's phones, "lost on campus" provides maps, photos and directions to all rooms and facilities on campus.

http://lostoncampus.com.au/unsw/kensington