

margins & belonging

marginalised people building community



Social Research Conference on
HIV, Viral Hepatitis & Related Diseases
31 March - 1 April 2016

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Centre for Social Research in Health

PROGRAM & ABSTRACTS

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A word of welcome



I want to warmly welcome you to the 2016 Social Research Conference on HIV, Hepatitis and Related Diseases (HHARD) and thank the organisers for all their hard work. The rich and diverse program of this 14th HHARD conference brings together a multitude of exciting plenaries, papers, symposia, and panels, as detailed in this program booklet. Guided by the theme ***Margins and Belonging***, the many speakers examine subtle and not so subtle processes of exclusion, as well as inclusion, and how communities affected by HIV and viral hepatitis have worked together and driven the world leading responses that Australia is renowned for. It is thanks to your participation, for the first time or as a regular contributor, that the HHARD conference can continue to provide this unique national platform for showcasing, debate and networking around the important and diverse social research that critically underpins the Australian national bloodborne viruses and sexually transmissible infections strategies.

At this 2016 HHARD conference we will commemorate that it is 25 years since the Centre for Social Research in Health (CSRH) was established, as the National Centre in HIV Social Research, and since the first of this successful series of conferences was held. A lot has changed in those 25 years and I'm sure much will be said about the new hepatitis C treatments that have become available in Australia and that hold the promise of unprecedented improvements in the health of people with hepatitis, and in curbing new infections. We're also seeing the availability of HIV pre-exposure prophylaxis coming to scale in some states and hope this highly effective HIV-prevention tool will become accessible to all who need it nation-wide. This will be the last HHARD conference that I have the privilege of being at the helm of CSRH. It's been an immense pleasure to work with so many talented and devoted colleagues and friends, and I look forward to continuing that in a different role.

I hope you enjoy the conference,

Professor John de Wit

Director, Centre for Social Research in Health

Margins and Belonging

Stigmatised sexual and drug practices, and their associated infections and illnesses, produce specific forms of marginalisation for affected individuals and groups. But people in affected groups also forge a sense of belonging and community membership in a range of ways within broader society and within their affected communities. This conference aims to examine how social margins and belonging are produced and contested by a range of discourses and practices within medicine, the media, research, criminal law and law enforcement, political rhetoric, health policy and health promotion, harm reduction, peer movements and activisms, human rights frameworks and the subcultures of affected communities. The conference is intended to provide a space for different actors and stakeholders to bring together diverse points of view and interests, and thereby contribute to a broader understanding of how marginalisation and belonging are produced and played out.

Program overview

THURSDAY 31 MARCH		
8.30am	Conference registration	
9.15am	OFFICIAL OPENING	Theatre A
9.30am	OPENING PLENARY	Theatre A
10.45am	Morning Tea	
11.15am	CONTRIBUTED PAPERS & SYMPOSIUM	See detailed program
1.00pm	Lunch	
1.45pm	CONTRIBUTED PAPERS & SYMPOSIUM	See detailed program
3.00pm	Afternoon Tea with Ian Jacobs, Vice-Chancellor of UNSW	
3.30pm	CONTRIBUTED PAPERS & SYMPOSIUM	See detailed program
5.00pm	AFTER HOURS SYMPOSIUM	Theatre A

FRIDAY 1 APRIL		
8.30am	Conference registration	
9.15am	PANEL DISCUSSION	Theatre A
10.45am	Morning Tea	
11.15am	CONTRIBUTED PAPERS & SYMPOSIUM	See detailed program
1.00pm	Lunch	
2.00pm	CONTRIBUTED PAPERS	See detailed program
3.45pm	Drinks reception celebrating 25 years of CSRH	

Detailed program

THURSDAY 31 MARCH				
8.30am	Conference registration			
9.15am	OFFICIAL OPENING Theatre A Welcome to Country Aunty Maxine Ryan, La Perouse Local Aboriginal Land Council Welcome to the 14th Social Research Conference on HIV, Viral Hepatitis & Related Diseases Professor Eileen Baldry, Interim Dean, UNSW Arts & Social Sciences			
9.30am	OPENING PLENARY Theatre A Dr Jo Neale, King's College London Professor Victor Minichiello, La Trobe University			
10.45am	Morning Tea			
11.15am – 1.00pm	Living with HIV Theatre B Chair: Paul Kidd, Victorian HIV Legal Working Group	Drugs: Experiences of drug use, prevention & treatment across different populations Theatre C Chair: Angella Duvnjak, AIVL (Australian Injecting & Illicit Drug Users League)	Living with Hepatitis Seminar Room 1 Chair: Melanie Eagle, Hepatitis Victoria	Symposium: A two-way translational approach to deliver sexual health promotion in NSW by the STIGMA Group Seminar Room 2
	I've watched them blossom into beautiful people again: Young, Positive and Forging Belonging Timothy Krulic, Living Positive Australia Demarginalising PLHIV through shared leadership aspirations building resilience and more cohesive communities Vic Perri, Living Positive Victoria; Brent Clifton, ACON Beyond the Health-Related: Exploring the quality of life of people living with HIV/AIDS using the capability framework of Amartya Sen Gianfranco Giuntoli, Social Policy Research Centre Losing part of me Denise Cummins, University of Sydney Changes in the sexual behaviour of recently HIV-diagnosed men following diagnosis Ian Down, The Kirby Institute	Harm Reduction in Process: The ACON Rovers, GHB, and the art of paying attention Kane Race, University of Sydney Methamphetamine treatment options for LGBTI people: A review of the evidence Toby Lea, CSRH At what age do gay men commence using drugs Mo Hammoud, The Kirby Institute Using implicit associations to assess drug use trajectories of young people Robyn Horwitz, CSRH Transgender people who inject drugs in Australia: An ethnography Nyah Harwood, CSRH	'We're from the same tribe': Hepatitis C and intimate relationships Emily Lenton, ARCSHS 'I'm always going to be with you so don't worry': Accounts of changing hepatitis C serostatus among couples who inject drugs Jake Rance, CSRH Exploring dimensions of social capital of men in prison living with hepatitis C Lise Lafferty, The Kirby Institute Hepatitis B-related concerns and anxieties among people with chronic hepatitis B in Australia Behzad Hajarizadeh & Jack Wallace, ARCSHS You don't know what you've got till it's gone Jude Byrne, AIVL	This symposium will showcase a number of initiatives, both developed and implemented by the STI in Gay Men Action (STIGMA) Group, where policy changes, research updates and program deliveries have been constantly guided by each other. Chairs: Brent Mackie, ACON Limin Mao, CSRH Speakers: Mark Ferson, SESLHD Denton Callander, The Kirby Institute David Templeton, RPA Sexual Health James Gray, ACON Jeffrey Dabbhadataa, SESLHD Shih-Chi Kao, Sydney Local Health District

1.00pm	Lunch + Male Sex Worker Panel with Scarlet Alliance in Seminar Room 1 (commencing at 1.15pm): <i>Getting the Job Done: Male sex workers on research about their community and the gap between studies and understanding</i>			
1.45pm – 3.00pm	Stigma 1 Theatre B Chair: Jude Byrne, AIVL <i>(Australian Injecting & Illicit Drug Users League)</i>	HIV Treatment: Issues in uptake and adherence Theatre C Chair: TBA	Contemporary Issues in Sex Work Seminar Room 1	Symposium: Still warm, still moist and still intensely human: Social aspects of a changing response to HIV Seminar Room 2
	Development of a brief indicator of stigma among people living with blood borne viruses and sexually transmitted infections in Australia <i>Elena Cama, CSRH</i> A 'necessary evil': Lawyer's ethics, drugs, addiction and the making of stigma <i>Kate Seear, Monash University</i> Hepatitis B stigma and discrimination: Looking for a home <i>Jack Wallace, ARCSHS</i> What do needle and syringe programs do? An assemblage approach <i>Kenneth Yates, CSRH</i>	New technologies and engaging/retaining key population at higher risk in the HIV treatment cascade in the Asian Pacific: A systematic review of literature <i>Julianita Purnomo, The Albion Centre</i> Parameters associated with adherence to antiretroviral therapy in HIV-infected Australian adults: The PAART Study <i>Krista J Siefried, St Vincent's Centre for Applied Medical Research</i> To be on antiretroviral treatment (ART) or not: What contributes to differences in ART uptake patterns? <i>Limin Mao, CSRH</i> Barriers to access and uptake of antiretroviral therapy (ART) among HIV positive MSM in Hanoi, Vietnam <i>Bui Thi Minh Hao, The Kirby Institute</i>	Sex workers describe the market of female clients in Australia <i>Hilary Caldwell, CSRH</i> Research for no reason: Academically present, politically vacant <i>Elena Jeffreys, University of Queensland</i>	This symposium will explore what 30 years of HIV social research has taught us that can assist in our understanding of the current period of transformative change in the possibilities of HIV prevention and in the responses of communities. Chair: <i>Daniel Madeddu, Centre for Population Health, NSW Ministry of Health</i> Speakers: <i>Martin Holt, CSRH</i> <i>Asha Persson, CSRH</i> <i>Kane Race, University of Sydney</i> <i>Darryl O'Donnell, AFAO</i>
3.00pm	Afternoon Tea with Ian Jacobs, Vice-Chancellor of UNSW			
3.30pm – 4.45pm	Stigma 2 Theatre B Chair: Jude Byrne, AIVL <i>(Australian Injecting & Illicit Drug Users League)</i>	Law and Policy: HIV Theatre C Chair: Brent Allan, <i>Living Positive Victoria</i>	Rapid Papers 1 Seminar Room 1 Chair: Max Hopwood, <i>Centre for Social Research in Health (CSRH)</i>	Symposium: Risk, relationships and belonging: Social research with couples affected by HIV or hepatitis C (CSRH Research Showcase) Seminar Room 2
	Hepatitis Heroes: A digital fight against stigma and discrimination <i>Melanie Eagle & Marina Mazza, Hepatitis Victoria</i>	Spitting and mandatory BBV testing: Back to the Future... <i>Michael Frommer, AFAO</i> Policing the margins: HIV, crime and stigma <i>Paul Kidd, Victorian HIV Legal Working Group</i>	Moving beyond satisfaction surveys <i>Mark Goodhew & Caleb Robbins, Sydney MSIC</i> Evaluating need and implementing harm reduction services in an abstinence based organisation <i>Carolyn Stuble, WHOS (We Help Ourselves)</i>	In this CSRH research showcase, findings will be discussed from two major projects aiming to understand the experiences and needs of couples affected by – or considered at risk of acquiring – HIV and hepatitis C.

3.30pm – 4.45pm	Stigma 2 (cont.) Theatre B Chair: Jude Byrne, AIVL <i>(Australian Injecting & Illicit Drug Users League)</i>	Law and Policy: HIV (cont.) Theatre C Chair: Brent Allan, <i>Living Positive Victoria</i>	Rapid Papers 1 (cont.) Seminar Room 1 Chair: Max Hopwood, Centre <i>for Social Research in Health (CSRH)</i>	Symposium (cont.): Risk, relationships and belonging: Social research with couples affected by HIV or hepatitis C (CSRH Research Showcase) Seminar Room 2
	The power of personal stories, challenging stigma and discrimination: Changing attitudes <i>Kyle Leadbeatter, Hepatitis NSW</i> ‘Some won’t even touch your hand to take your money off you’: Harm reduction strategies and experiences of stigma and discrimination within the lives of people who inject drugs <i>Angella Duvnjak, AIVL</i> Cultural and linguistic diversity (CALD) as a marginalising element in the lived experience of people living with HIV (PLHIV) <i>Christian Munoz, National Association of People with HIV Australia (NAPWAH)</i>	Closer attention to bureaucracy can improve our understanding of public policy: The case of ‘A New Era’ of HIV policy in NSW <i>Darryl O’Donnell, AFAO</i>	Drug and alcohol workers support for HCV treatment uptake among clients with a history of injecting drug use <i>Loren Brener, CSRH</i> AIVL Hepatitis C Awareness Project (HAP) <i>Nicole Wiggins, AIVL</i> More than a seat at the table - a dialogue to embrace diversity <i>Dash Gray, Multicultural HIV & Hepatitis Service</i> The syndemic of psychosocial predictors of retention in care <i>Shiraze Bulsara, The Albion Centre/University of Technology Sydney</i> International conferences: Creating, Mirroring, Redistributing Marginality <i>Elena Jeffreys, University of Queensland</i>	Speakers: <i>Asha Persson</i> <i>Christy Newman</i> <i>Jake Rance</i> <i>Carla Treloar (CSRH)</i>
4.45pm	Break			
5.00pm – 6.30pm	After Hours Symposium: Measuring outcomes in drug and alcohol services: Shaping the future Speakers will discuss the current approaches to measuring health and social outcomes for people who access alcohol and other drugs (AOD) treatment and discuss where we need to be heading in the future. Chair: Dr Rob Wilkins, Agency for Clinical Innovation Speakers: <i>Jo Neale, King’s College London</i> <i>Mary Harrod, NSW Users & AIDS Association (NUAA)</i> <i>Jennifer Holmes, South East Sydney Local Health District (SESLHD)</i> <i>Suzie Hudson, Network of Alcohol and other Drug Agencies (NADA)</i>			

FRIDAY 1 APRIL

8.30am	Conference registration			
9.15am	PANEL DISCUSSION Promoting belonging: Innovations in building community connections This plenary panel features speakers with extensive experience in working among different marginalised communities. Speakers will bring their valuable insights, and a sense of humour, to help explore issues relating to practical support, leadership and creative ways of connecting with their communities to address blood borne viruses, sexually transmissible infections and many other aspects of life at the margins. Kath Albury, UNSW School of the Arts and Media Leah McLeod, NSW User's and AIDS Association (NUAA) Lana Sandas, Women in Prison Advocacy Network (WIPAN) Phillip Sariago, Queensland AIDS Council Tobin Saunders, ACON Gracelyn Smallwood, James Cook University Theatre A			
10.45am	Morning Tea + Launch of <i>Gay Men Pursuing Parenthood Via Surrogacy: Reconfiguring kinship</i> by Dean Murphy at UNSW Bookshop table			
11.15am – 1.00pm	Identities and Relationships among MSM Theatre B Chair: James Gray, ACON	Navigating Sexual Health: Professional, youth and MSM perspectives Theatre C Chair: Shiraze Bulsara, The Albion Centre/UTS	Rapid Papers 2 Seminar Room 1 Chair: Toby Lea, Centre for Social Research in Health (CSRH)	Symposium: Margins and Belonging: Working with Aboriginal Communities Seminar Room 2
	Racial/ethnic differences in self-presentation among men who have sex with men <i>Michael Cecilio, Columbia University</i> Views about sexuality and HIV/STI among gay and bisexual Chinese and South Asian men living in Auckland, New Zealand and the implications for health promotion <i>Jeffery Adams, Massey University</i> Ever at the margins? Expert views on the challenges of defining and reaching heterosexually-identified men who have sex with men for health promotion and care <i>Christy Newman, CSRH</i> ‘She’s my wife and men are just sex’: Compartmentalisation and wellbeing among married men who have sex with men <i>Max Hopwood, CSRH</i>	Navigating the complexities of ‘belonging’ as a female clinician in a men’s sex on premises venue <i>Catriona Ooi, Western Sydney Sexual Health Centre</i> Citizenship in a time of HIV: Understanding medical adult male circumcision in South Africa <i>Lynlee Howard-Payne, University of the Witwatersrand</i> The application of complex systems to understand peer network health promotion with sexually adventurous men <i>Graham Brown, ARCSHS</i> Would you dare to let your partner know what you want regarding sex? Sexual competence among Hungarian university students <i>Noemi Keresztes, University of Szeged</i>	Improving HIV treatment: 7 good reasons to embrace the margins <i>Sonam Paljor, Multicultural HIV and Hepatitis Service; Lance Feeny, Positive Life NSW</i> Yaralla House: A comprehensive high care residential facility for people living with HIV (PLHIV) <i>Rosalind Moxham, Positive Central</i> Stigma predicts support: Measuring HIV/AIDS-related stigma and support for a hypothetical HIV+ family member amongst post-secondary students in Fiji <i>Shazna Buksh, The University of the South Pacific</i> Assessing the effect of online recruitment of the Gay Community Periodic Surveys: Increased reach to younger, at-risk men in regional areas <i>Peter Hull, CSRH</i>	This symposium will provide an overview of the Aboriginal health sector and the importance of Aboriginal governance in program design, implementation and evaluation. It will also provide an overview of some of the challenges and rewards of working with Aboriginal communities around sexual health and blood borne viruses and show case examples of relevant programs. Chair: <i>Gracelyn Smallwood, James Cook University</i> Speakers: <i>Marlene Kong, The Kirby Institute</i> <i>Natalie Beckett, Illawarra Shoalhaven LHD</i> <i>Nathanael Curtis, South Coast AMS</i> <i>Dolie Ufi, Thrawal AMS</i> <i>Steven Morgan, ACON</i>

11.15am – 1.00pm	Identities and Relationships among MSM (cont.) Theatre B Chair: James Gray, ACON	Navigating Sexual Health: Professional, youth and MSM perspectives (cont.) Theatre C Chair: Shiraze Bulsara, The Albion Centre/UTS	Rapid Papers 2 (cont.) Seminar Room 1 Chair: Toby Lea, Centre for Social Research in Health (CSRH)	
	Queer counterpublics in the digital context <i>Kane Race, University of Sydney</i>	Bringing them in: Professional perspectives on the complexities of engaging young people from culturally diverse backgrounds with sexual health services across Greater Western Sydney <i>Jessica Botfield, UNSW</i>	Highlighting diversity to strengthen communities: Developing Living Positive Victoria's 2015-2017 Community Engagement Strategy <i>Brent Allan, Living Positive Victoria</i> PASH.tm: Trans men who have sex with men in the HIV response <i>Teddy Cook, PASH.tm</i> Consumer led and co-production research in a world that's not used to it: The consumer led research network <i>Grenville Rose, Consumer Led Research Network</i> Addressing static health literacy and empowering active and informed health consumers <i>Kyle Leadbeatter, Hepatitis NSW</i> Reducing isolation and bridging the gap to hepatitis C treatment <i>Kyle Leadbeatter, Hepatitis NSW</i>	
1.00pm	Lunch			
2.00pm – 3.45pm	Communities and Leadership Theatre B Chair: Stuart Loveday, Hepatitis NSW	Critical Perspectives on Pre-Exposure Prophylaxis Theatre C Chair: Brent Mackie, ACON	HIV: Emerging strategies in prevention among MSM Seminar Room 1 Chair: Limin Mao, Centre for Social Research in Health (CSRH)	Advances in Harm Reduction Seminar Room 2 Chair: Leah McLeod, NSW User's and AIDS Association (NUAA)
	Understanding the 'community' in community engagement: What does the research tell us? <i>Jayne Lucke, ARCSHS</i> The transgender and drug user movements in Australia: Shared goals, pleasure and resistance <i>Nyah Harwood, CSRH; Jude Byrne, AIVL</i>	The undiagnosed and untreated: The 'unhealthy others' of the HIV treatment as prevention era? <i>Martin Holt, CSRH</i> Decreased condom use with casual partners of gay and bisexual participants in the VicPrEP study is associated with belief in the efficacy of PrEP <i>John de Wit, CSRH</i>	Strategies to prevent HIV transmission among Australian gay male serodiscordant couples <i>Benjamin Bavinton, The Kirby Institute</i> Acting on the desire to bareback among 'bottoms' <i>Garrett Prestage, The Kirby Institute & ARCSHS</i>	What is the opinion context of peer distribution in NSW? Findings from the evaluation of NUAA's peer distribution pilot project <i>Joanne Bryant, CSRH</i>

2.00pm – 3.45pm	Communities and Leadership (cont.) Theatre B Chair: <i>Stuart Loveday, Hepatitis NSW</i>	Critical Perspectives on Pre-Exposure Prophylaxis (cont.) Theatre C Chair: <i>Brent Mackie, ACON</i>	HIV: Emerging strategies in prevention among MSM (cont.) Seminar Room 1 Chair: <i>Limin Mao, Centre for Social Research in Health (CSRH)</i>	Advances in Harm Reduction (cont.) Seminar Room 2 Chair: <i>Leah McLeod, NSW User's and AIDS Association (NUAA)</i>
	Who am I as a leader? Promoting community belonging and influence through the Positive Leadership Development Institute Australia <i>Brent Allan, Living Positive Victoria</i> How can we meaningfully embed and enhance peer leadership in Australia's response to HIV and hepatitis C? <i>Graham Brown, ARCSHS</i> Does a partnership investment in PLHIV leadership enhance meaningful engagement with PLHIV in the HIV sector? <i>Graham Brown, ARCSHS</i>	New thinking about HIV-negative identity: Experiences of participants in the qualitative arm of the VicPrEP study <i>Dean Murphy, CSRH</i> Use of strict behavioural eligibility criteria helps to identify a group of high-HIV risk gay men for participation in the NSW pre-exposure prophylaxis (PrEP) trial <i>Stefanie Vaccher, The Kirby Institute</i> Having an effect: Exploring understandings of effectiveness in demonstration projects of HIV pre-exposure prophylaxis <i>Dean Murphy, CSRH</i>	MSM social capital and HIV risk: Identifying tools and trends of at risk and hard to reach MSM in Okinawa, Japan <i>Adam Rolander, University of Melbourne</i> Gay men's relationship agreements reflect beliefs about their friends' relationships and attitudes <i>Benjamin Bavinton, The Kirby Institute</i> Online preferences about sex with HIV-positive partners <i>Garrett Prestage, The Kirby Institute & ARCSHS</i>	Laws prohibiting peer distribution of injecting equipment in Australia: A critical analysis of their effects <i>Kari Lancaster, National Drug and Alcohol Research Centre</i> The prison economy of needles and syringes: What opportunities exist for BBV risk reduction when prices are so high? <i>Carla Treloar, CSRH</i> Drawing Them In: Stories from people who know <i>Heather McCormack, Hepatitis NSW</i>
3.45pm	Drinks reception celebrating 25 years of the Centre for Social Research in Health / National Centre in HIV Social Research			

Keynote speakers

Jo Neale



Dr Jo Neale is Reader in Qualitative and Mixed Methods Research based within the National Addiction Centre and working across the Biomedical Research Centre at the Institute of Psychiatry, Psychology & Neuroscience, King's College London. She is also an Adjunct Professor in the Centre for Social Research in Health at UNSW Australia. Jo originally qualified as a social worker and has held positions at the University of Glasgow, the University of York, and more recently Oxford Brookes University UK, where she was Professor of Public Health. Jo has undertaken a range of qualitative and quantitative studies exploring topics relating to both homelessness and addiction. She is the Senior Qualitative Editor and Deputy Commissioning Editor for the international journal *Addiction*; a member of the editorial board of *The International Journal of Drug Policy*; a Trustee of the Society for the Study of Addiction; and a member of the expert committee of Action on Addiction.

Marginalisation and belonging in addiction research

In this presentation, Jo will begin by considering findings from three studies that have explored the views and experiences of people with complex drug and alcohol problems. Data indicate that marginalisation and belonging are interconnected rather than discrete states. Terms such as social exclusion, stereotyping, and prejudice help to explain marginalising processes, but mask participants' heterogeneity, overlook their resources and social capital, and deny the role that individuals play in shaping their own life circumstances. Jo will next reflect on marginalisation and belonging within the research process, again identifying how these two concepts interrelate. The researcher's use and interpretation of language, ethics, power, theory and service user engagement are shown to be productive of both exclusion and inclusion. Researchers are not completely free to study what they want or how they want. However, in conducting their research, they have the ability to deploy humility, humour and humanity in ways that recognise participant diversity and agency whilst also promoting equality and belonging. Includes response commentary from Angella Duvnjak.

Victor Minichiello



Emeritus Professor Victor Minichiello, PhD, is a health sociologist and public health researcher that has published widely on topics related to sexualities, sexual health (including HIV), ageism, homophobia, and health care. He currently is the Section Editor of *BioMed Central* and holds Adjunct Professorial appointments at The Australian Research Centre in Sex, Health and Society, La Trobe University (ARCSHS), the School of Medicine and Public Health, University of Newcastle, and the School of Justice, Queensland University of Technology. He has recently edited an international landmark book titled ***Male Sex Work & Society*** (published by Harrington Park Press/Columbia University Press) that has attracted considerable media attention, and is involved in several international projects that investigate the impact of HIV on children, families and seniors.

Male escorting and creating more healthy opportunities

This paper will review past discourses surrounding the male escort industry, including STI and HIV rates in Australia and around the globe. It will also describe current public health challenges confronting male escorts and clients (mostly middle aged and older men and women) and provide statistics on escorts and clients that challenge assumptions reported in the media or accepted as popular lay stereotypes. In an attempt to change some of the past practices and commonly held societal views about male escorting, the presentation identifies new discourses and innovative ways of structuring male escorting that could enhance paid recreation sex as a professional and wellness service. It will highlight and provide examples of how social media, e-technology, progressive social policies, business and wellness models and new nomenclature to describe paid recreational sex can be used to revolutionise the professional practice of escorting. Finally, the presentation highlights how marginalised groups like those discussed here are affected by issues associated with stigma and discrimination and its impact on HIV prevention and treatment. Includes response commentary from Cameron Cox.

Panel discussion

Promoting belonging: Innovations in building community connections

Marginalisation is a complex, multi-faceted beast for which there is not a one-size-fits-all response. Some communities have had many years of experience in developing different and innovative ways to build belonging and to actively negotiate marginalisation.

This plenary panel features speakers with extensive experience in working among different marginalised communities. Speakers will bring their valuable insights, and a sense of humour, to help explore issues relating to practical support, leadership and creative ways of connecting with their communities to address blood borne viruses, sexually transmissible infections and many other aspects of life at the margins.

Our expert facilitator will draw together these diverse stories to examine the underpinning themes.

Facilitator

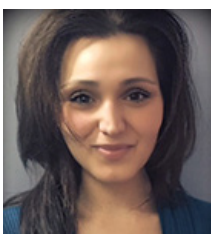


Kath Albury
UNSW School of the Arts & Media

Panelists



Leah McLeod
NSW User's and AIDS Association (NUAA)



Lana Sandas
Women in Prison Advocacy Network (WIPAN)



Phillip Sario
Queensland AIDS Council



Tobin Saunders
ACON



Gracelyn Smallwood
James Cook University

Symposiums

A two-way translational approach to deliver sexual health promotion in NSW by the STIGMA Group

Thursday 11.15am - 1.00pm, Seminar Room 2

Chairs:

Brent Mackie, ACON

Limin Mao, CSRH

Speakers:

Mark Ferson, South East Sydney Local Health District (SESLHD)

Denton Callander, The Kirby Institute

David Templeton, RPA Sexual Health

James Gray, ACON

Jeffrey Dabbhadataa, SESLHD

Shih-Chi Kao, Sydney Local Health District

Objective: To identify and investigate innovative approaches that are not only informed by research evidence and surveillance data but also benefit from community expertise to deliver effective sexual health promotion programs in NSW.

Background: Despite the reasonably stable trends in HIV notifications nationally and in NSW, other sexually transmissible infections (STIs) continue to increase markedly. In NSW, the STI in Gay Men Action (STIGMA) group was established as an interagency to identify priorities for action and to further design strategies and implement programs to respond to the STI epidemic in NSW.

This symposium will showcase a number of initiatives, both developed and implemented by STIGMA, where policy changes, research updates and program deliveries have been constantly guided by each other.

Mark Ferson: insights on characteristics of highly clustered STI notifications and corresponding public health strategies.

Denton Callander: how real-time decision making can both drive and be driven by surveillance data collection.

David Templeton: the STIGMA guideline update and the evidence behind these key changes.

James Gray: case study on the latest STI testing and condom promotion campaign which contains group-targeted messaging at specific social media channels.

Jeffrey Dabbhadataa: second case study of the design, implementation and evaluation of the multi-component Clinician Communication Project.

Shih-Chi Kao: how perceptions from both gay men and clinicians on being a gay friendly clinician have informed the 'Gay Friendly GP' initiative.

Expected outcomes: This symposium is most suitable for interested stakeholders as well as researchers to discuss innovative approaches to combine research evidence, surveillance data with community expertise and resources to best inform policy and practice.

Getting the job done: Male sex workers on research about their community and the gap between studies and understanding

Thursday 1.15pm - 3.00pm, Seminar Room 1

Chair:

TBA

Speakers:

TBA

Introduction: The recognition of meaningful participation of key affected communities in Australia's response to BBVs is not only highly effective and successful, it informs the culture of many of the sector's organisations to be more inclusive, particularly of those who experience intersecting marginalisation. Scarlet Alliance has an elected male sex worker representative and deputy within its governance structure. These roles work with male sex workers across the country, including some that are peer educators in our member organisations. We demonstrate that, though we may be a subsection of the broader sex worker community, we are as active in all levels of organisational work-organisational governance, management, service delivery, volunteering, etc, and that our work achieves so much more having been inclusive of our community's diversity in relevant, respectful, and self-determined ways.

Argument: Male sex workers are an attractive research subject, but our lived experience is often not reflected in research findings. It is unsurprising, then, that progress toward good policy is often slow if not absent, and, unfortunately, negative outcomes

and a misguided public perception of male sex workers is often the result. Scarlet Alliance believes that sex workers, including male sex workers, are the greatest authority when it comes to our work, and that we have the capacity to provide expert consultation to guide and inform research. Yet, we are rarely included in the research process. We seldom hear about instances of significant inclusion, engagement or consultation with our community prior to the development of research aims regarding male sex work in Australia. Nor do we have many examples of collaborative engagement or partnership throughout the research process. This results in lower quality research outcomes and a rudimentary understanding of male sex workers that has not significantly progressed over time. Other consequences include the increased stigmatisation, marginalisation and misunderstanding of male sex work generally, leading to policy and service delivery not meeting our community's need.

While male sex workers have often cooperated with researchers to date, there is an increasing consciousness in our community of the imbalance of the benefits to this relationship. Unless we act to correct the trajectory of this dynamic between researchers and male sex workers, missed opportunities to contribute important knowledge about male sex work to these processes and inform policy and strategies will continue into the future.

Conclusion: Male Sex workers, their elected peer representatives, peer educators, and individual community members have an extraordinary potential to inform and guide good research in Australia. Male sex workers in Australia have strong community connections and long peer education histories. It is negligent to continue to ignore this valuable resource.

Recommendations: Male sex workers, male sex worker peer educators and our representative sex worker organisations should be significantly included in research projects regarding male sex work at all stages.

Researchers and research institutions should assist facilitation of such voices to influence HIV and STI policy directions.

Still warm, still moist and still intensely human: Social aspects of a changing response to HIV

Thursday 1.45pm - 3.00pm, Seminar Room 2

Chair:

Daniel Madeddu, Centre for Population Health, NSW Ministry of Health

Speakers:

Martin Holt, Centre for Social Research in Health

Asha Persson, Centre for Social Research in Health

Kane Race, University of Sydney

Darryl O'Donnell, AFAO

In 1993, the Victorian AIDS Council/Gay Men's Health Centre published 'Because it's warm, it's moist and it's intensely human', a report by Bruce Parnell on why gay men were "still practicing unsafe sex". Its title was a cheeky riposte to the endless studies of the time that sought to identify personality or contextual variables associated with unprotected sex. Soon, the phrase negotiated safety would be coined, and later, we would speak of gay men's adaptations to HIV. In 2016, we are experiencing a period of transformative change in the possibilities of HIV prevention and in the responses of communities. New prevention and testing technologies, and new understandings of HIV treatment, bring with them the opportunity to end HIV transmission. HIV treatment as prevention and pre-exposure prophylaxis have the potential to re-shape social relations between those living with and without HIV, and gay men are talking about their sexuality and fears of HIV in new ways. But these possibilities rest upon human adaptations and HIV remains, in the words of Susan Kippax and Martin Holt, a profoundly social disease. What have 30 years of HIV social research taught us that can assist us to understand the current moment? What questions arise from these new possibilities and new adaptations? What do we need to know in order to fully realise the potential that new understandings, technologies and responses present?

Martin Holt: *The more things change, the more they stay the same? Reflecting on 25 years of HIV social research with gay and bisexual men.* The social research response to HIV in Australia has followed the practices of gay and bisexual men for over 25 years. This research suggests that for every innovation in testing, treatment or prevention technology, gay men have responded with vernacular strategies, beliefs and practices, often at odds with the intended uses of the technology. For

every helpful or protective innovation in practice we can see the parallel emergence and continuation of practices that appear to offset preventive benefits e.g. seroguessing, optimism about oneself or one's partners, and various forms of stigma. Why would we expect it to be different in the current moment? And are we doing enough to assess the impact of biomedical prevention on shifting norms and practices?

Asha Persson: ***Biomedical prevention and serodiscordant sexuality: Researching intersections and upshots.*** Serodiscordant couples are considered key candidates for the biomedical prevention technologies of TasP and PrEP. This presentation highlights how qualitative research can reveal diverse and sometimes unanticipated responses to prevention interventions. Drawing on in-depth interviews with serodiscordant gay couples, I use "pharmaceutical citizenship" as a conceptual tool to examine how TasP and PrEP were mobilised, embraced and resisted by the couples in different ways and with multiple effects. Broadly, TasP enabled a powerful sense of social and sexual eligibility that exceeded mere disease control. But this pharmaceutical citizenship was not uniform or uncomplicated; it was also challenged by negative partners' disinterest in PrEP, by questions around trust and the distribution of responsibility in couples, and by censorship and criticism in online and offline social environments, marking out old and new positions in the contemporary biomedical prevention age. As these findings show, biomedicine and lives intersect in ways both desired and unforeseen by the HIV sector, highlighting the importance of understanding these through socially situated research.

Kane Race: ***Biomedical Prevention and Counterpublic Health.*** Biomedical prevention is proposing radical new redefinitions of sexual safety as well as new imperatives for community education and service provision. But some of these redefinitions interfere with habits that have historically configured the good gay citizen (condoms, marriage). The desire for equality spawns homonormative desires to dissociate homosexuality from culturally undesirable practices such as promiscuity, drug use, sex work and HIV/AIDS. But this leads to further stigmatization of those most at risk of HIV infection and contributes to avoidance of care on the part of these subpopulations. I argue that new modes of research and criticism are necessary to realise the aims of biomedical prevention.

Darryl O'Donnell: ***Because it's thick and sticky: Why we need social research to End HIV.*** Community advocacy for better HIV public policy has seen Australian governments progressively reshape our domestic HIV policy settings since 2012. Demands for better testing options and technologies, PrEP, and easier, cheaper access to treatment, has seen renewed focus on supply-side problems in HIV. Our governments' responses deserve credit. What, however, of our communities? How are we to understand this advocacy and these demands? If thirty years of HIV social research has taught us anything, surely it is this: communities lead and we recognise, learn from and act upon their adaptations in retrospect. This is the story of negotiated safety, of post-AIDS, of revaluations of risk and it will be the story of Ending HIV. In each of these moments, social research has helped us to understand and intervene in communities' responses to HIV. Governments and research institutes face an immediate task of further engaging scholars from under-represented disciplines and encouraging the use of novel methodologies so that we can understand the large-scale community adaptations to HIV currently occurring. In this presentation I offer a community perspective on the pressing need for a critical and diverse and deeply social social research program and propose the beginnings of an agenda for research that can assist our communities in Ending HIV.

Risk, relationships and belonging: Social research with couples affected by HIV or hepatitis C (CSRH Research Showcase)

Thursday 3.30pm - 4.45pm, Seminar Room 2

Speakers:

Asha Persson, Centre for Social Research in Health
Christy Newman, Centre for Social Research in Health

Jake Rance, Centre for Social Research in Health
Carla Treloar, Centre for Social Research in Health

Intimate relationships between couples affected by or at risk of acquiring a blood borne infection are framed in public health discourse as sites of transmission risk. However, firsthand accounts from people involved in such relationships are less often documented, despite the importance of these relationships in securing the deep social ties and sense of belonging essential to overcoming stigma and marginalisation. In this CSRH research

showcase, findings will be discussed from two major projects aiming to understand the experiences and needs of couples affected by – or considered at risk of acquiring – HIV and hepatitis C.

Asha Persson and Christy Newman will present two papers from You, Me and HIV, the first qualitative study in Australia among gay and straight couples with mixed HIV status, based in Sydney and regional NSW. These papers will explore the innovative ways participants sought to overcome the stigma associated with the HIV 'sero-divide', particularly in engaging with new biomedical technologies, and in overcoming constraints on creating and contributing to families.

Jake Rance and Carla Treloar will present two papers from the CUPID (Couples Who Inject Drugs) Project, which included interviews with heterosexual couples who inject drugs from Sydney and Melbourne and sought to overcome the focus on the individual within hepatitis C prevention, given most equipment sharing is known to occur between sexual partners. These papers will focus on how couples who share needle-syringes negotiate safety, along with opportunities to rethink the way harm reduction is conducted in order to better engage couples.

Measuring outcomes in drug and alcohol services: Shaping the future

Thursday 5.00pm - 6.30pm, Theatre A

Chair:

Rob Wilkins, Agency for Clinical Innovation

Speakers:

Jo Neale, King's College London

Mary Harrod, NSW User's and AIDS Association (NUAA)

Jennifer Holmes, South East Sydney Local Health District (SESLHD)

Suzie Hudson, Network of Alcohol and other Drug Agencies (NADA)

The purpose of this symposium is to discuss the current approaches to measuring health and social outcomes for people who access alcohol and other drugs (AOD) treatment and discuss where we need to be heading in the future. The movement towards outcomes based reporting and funding is fraught with challenges, with differing views from a diverse range of treatment types, philosophy's and stakeholders. Most importantly what might be a good outcome for government may differ from that of a service provider, which may then differ from people

accessing those services. This interactive symposium seeks to hear from a range of stakeholders on the current situation, followed by a discussion with the speakers and the audience on where we collectively need to be heading.

Jo Neale: the development of a new patient reported outcome measure (PROM) in the United Kingdom.

Mary Harrod: the perspective from the peer-based peak drug user group in NSW.

Jennifer Holmes: the development and implementation of client outcomes in government alcohol and other drugs services in NSW.

Suzie Hudson: the development and implementation of client outcomes in non-government alcohol and other drugs services in NSW.

Margins and belonging: Working with Aboriginal communities

Friday 11.15am - 1.00pm, Seminar Room 2

Chair:

Gracelyn Smallwood, James Cook University

Speakers:

Marlene Kong, The Kirby Institute

Natalie Beckett, Illawarra Shoalhaven Local Health District

Nathanael Curtis, South Coast Aboriginal Medical Service (AMS)

Dolie Ufi, Thralwal Aboriginal Corporation AMS

Steven Morgan, ACON

This symposium will provide an overview of the Aboriginal health sector and the importance of Aboriginal governance in program design, implementation and evaluation. It will also provide an overview of some of the challenges and rewards of working with Aboriginal communities around sexual health and blood borne viruses and show case examples of relevant programs.

Abstracts by author

A

Jeffery Adams¹, Stephen Neville²

¹SHORE & Whariki Research Centre, Massey University, ²Department of Nursing, Auckland University of Technology

Identities and Relationships among MSM

Friday 11.15am - 1.00pm, Theatre B

Views about sexuality and HIV/STI among gay and bisexual Chinese and South Asian men living in Auckland, New Zealand and the implications for health promotion

Introduction: The population of Asian gay and bisexual men (GBM) is increasingly rapidly in New Zealand but there is very little information available to understand how these men experience their lives, what their views about sexuality are, and the implications of this is for HIV health promotion.

Methods: Qualitative face-to-face interviews were conducted with 44 Chinese and South Asian GBM, under 30 years of age, living in Auckland (largest city), New Zealand.

Results: These men negotiated and managed their (sexual) identities deliberately; respecting their own cultural values but also ensuring this facilitated their assimilation / integration. The discourses of 'traditional western' models of sexuality were widely adopted. Most of the men identified as gay; all were comfortable with feeling sexually attracted to other men. However, disclosure of sexuality to family was typically hidden because of cultural obligations. Allied to this conservative discourses about sex and sexuality were articulated. The men had limited engagement with other gay men, and many experienced discrimination from within the gay community.

Conclusions: Providing health promotion to these groups will be challenging. It needs to recognize the men's conservatism, within a domain of health promotion which is inherently sexually overt. To effectively reach these men authentic ways to represent them in health promotion must be developed. If this is not handled sensitively and in a way that is appropriate to these men in this specific geographic context there is a risk of alienating them

and increasing the risk of them not engaging in health promoting behaviors.

Brent Allan¹, Graham Brown², Aaron Cogle³, Daniel Reeders², James Gray⁴, Rob Lake⁵, Simon O'Connor⁶, Simon Ruth⁷, John de Wit⁸

¹Positive Living Victoria, ²Australian Research Centre in Sex, Health and Society, ³National Association of People with HIV Australia (NAPWA), ⁴ACON, ⁵Australian Federation of AIDS Organisations, ⁶HIV Foundation Queensland, ⁷Victorian AIDS Council, ⁸Centre for Social Research in Health

Communities and Leadership

Friday 2.00pm - 3.45pm, Theatre B

Does a partnership investment in PLHIV leadership enhance meaningful engagement with PLHIV in the HIV sector?

Positive Leadership Development Institute (PLDI) is a multi-organisational partnership to build resilience, mental health and leadership capacities of people living with HIV (PLHIV) in Australia and New Zealand. The PLDI peer-led 3-day workshop aims to enhance emotional intelligence, psychological resilience, and leadership skills, and since 2013 has over 100 graduates. PLDI was borne as a practical response to HIV stigma and is based upon the principles of the greater involvement, meaningful engagement, and central role of PLHIV in the response to HIV.

However, beyond benefits for participants, does investment in PLHIV peer leadership translate to benefits for the HIV community, policy and research sector? We looked for where PLDI to date has enhanced meaningful involvement PLHIV in the HIV response. Drawing on a framework for community and policy sector influence of peer-based programs developed by the What Works and Why (W3) Project, a survey of the 25 PLDI partner organisations across the HIV sector was conducted in July 2015 and February 2016. The results provided an insight into where the investment in PLDI has encouraged sector engagement with new peer leadership and peer insights, as well as identified opportunities yet to be realised and challenges to overcome.

Supporting a new and emerging generation of PLHIV leaders is necessary and vital to continuing

the partnership approach to HIV in Australia and beyond. A collaboration of organisations across the sector can build and support PLHIV leaders to challenge stigma, exemplify resilience and be an asset to the HIV response.

Brent Allan¹, Suzy Malhotra¹, Andrew Eaton²

¹Living Positive Victoria, ²University of Toronto

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Highlighting diversity to strengthen communities: Developing Living Positive Victoria's 2015-2017 Community Engagement Strategy

Communities Deliver, a recent report by UNAIDS and Stop AIDS Alliance 2015, states that “while the core functions of the [community-based HIV] response remain essential, community systems are being challenged to adapt to changing service models and demands from funders.” (2015, p. 4). Living Positive Victoria (LPV), a community-based organisation (CBO) echoes this sentiment and has developed a 2-year Community Engagement Strategy that reflected the diversity of people living with HIV in Victoria; that detailed how LPV was currently succeeding at engaging Victorians living with HIV; and that provided recommendations to improve the organisation's relationship with the communities it seeks to represent.

Utilising a snowball sampling methodology, fifty participants (representing people living with HIV, members, volunteers, staff, and partner organisations) participated in individual and small group semi-structured interviews.

The report identified seven themes, six areas of strength, five areas of improvement, and four recommendations for Living Positive Victoria to better engage diverse communities. Many of the themes emanating from the interviews point to the systemic challenges faced by PLHIV who are not considered part of the ‘majority of PLHIV’ and the imperative to invest in processes of critical self-reflection in order to ensure continuous quality improvement. The findings from this report have important implications for NGOs as they face the challenging reality of adapting to the changing landscape of HIV and other STIBBVs.

Brent Allan¹, Christy Newman², Graham

Brown³

¹Living Positive Victoria, ²Centre for Social Research in Health, ³Australian Research Centre in Sex, Health and Society

Communities and Leadership

Friday 2.00pm - 3.45pm, Theatre B

Who am I as a leader? Promoting community belonging and influence through the Positive Leadership Development Institute Australia

Objective: The PLDI program, developed in Canada, aims to build leadership and resilience capacity among people living with HIV (PLHIV). Evaluation activities accompanied the translation of this program to Australia in 2013-2015. Key insights from these activities will be described to promote community dialogue regarding effective approaches to empowering PLHIV to contribute to and influence their local communities.

Method: Qualitative telephone interviews of workshop participants (N=59) from Australia and New Zealand were held at one and six months following five workshops. Pre and Post (six months) online emotional intelligence assessments and the Connor-Davidson 10-point resilience scale were conducted at four different intervals – pre-workshop, immediately post workshop and again at one and six months.

Results: Across five domains of emotional intelligence the average score of participants increased by 4.24%. Psychological resilience levels also increased and remained stable across the testing period. Interview themes included doing leadership differently – to each their own, learning from each other – a ‘family’ of peers, and challenges of integration – theory into practice.

Conclusions: PLDI graduates are demonstrating increased and sustained levels of emotional intelligence and psychological resilience, supported by insights from the qualitative interviews. Outcomes regarding community influence will be observed over the longer term, but PLDI graduates already report an increased sense of connection and belonging to HIV community.

B

Benjamin Bavinton¹, Duane Duncan^{2,3}, Garrett Prestage^{1,2}

¹The Kirby Institute, ²Australian Research Centre in Sex, Health and Society, ³University of New England

HIV: Emerging strategies in prevention among MSM

Friday 2.00pm - 3.45pm, Seminar Room 1

Gay men's relationship agreements reflect beliefs about their friends' relationships and attitudes

Objective: To examine associations between peer norms regarding relationship agreements in gay male regular partnerships.

Method: Monopoly was a national, online survey on relationships between men conducted in 2013-2014 with 4,215 useable responses. 2,723 respondents provided details on their 'primary regular partner' (PRP).

Results: About half (53.6%) had clear, spoken agreements with their PRP about sex with other partners, and 37.5% had agreed to be monogamous. Among the 56.6% of men who considered themselves 'in a relationship' with the PRP, 54.9% had monogamous agreements, of whom one-quarter reported having sex with other partners. Men with monogamous agreements were more likely to believe that more of their friends were in monogamous relationships than men with open agreements (mean score=2.44 vs 1.84, $p<0.001$), and that more of their friends believed that gay relationships should be monogamous (3.07 vs 2.31, $p<0.001$). Men under 30 years of age were more likely to: have monogamous agreements (74.4% vs 47.1%, $p<0.001$), believe more of their friends were monogamous (mean score=3.08 vs 2.59, $p<0.001$), and think that more of their friends believe gay relationships should be monogamous (2.30 vs 2.11, $p=0.03$). There were no differences between gay-identified and non-gay-identified men in their agreements or beliefs about their friends.

Conclusion: Men's own relationship agreements tended to align with their perceptions about the relationships and beliefs of their gay friends. Younger men perceived monogamy as the norm more than older men. Despite the diversity in gay men's relationships, normative beliefs about relationships are commonplace among gay men.

**Benjamin Bavinton¹, Garrett Prestage¹
², Iryna Zablotska¹, Fengyi Jin¹, Andrew Grulich¹**

¹The Kirby Institute, ²Australian Research Centre in Sex, Health and Society

HIV: Emerging strategies in prevention among MSM

Friday 2.00pm - 3.45pm, Seminar Room 1

Strategies to prevent HIV transmission among Australian gay male serodiscordant couples

Introduction: There are few data on the strategies used by gay male serodiscordant couples (GM-SDC) to prevent HIV transmission.

Methods: Opposites Attract is an ongoing cohort study of GM-SDC. At baseline, HIV-positive partners (HPP) had viral load (VL) tested; HIV-negative partners (HNP) reported the previous three months' sexual behaviour and perception of the HPP's last VL test.

Results: By October 2015, 148 couples were enrolled. At baseline, 90.5% of HPPs were on treatment and 87.8% had undetectable VL (UVL); 78.4% of HNPs perceived their partners to have UVL. In the previous three months, two-thirds of couples had condomless anal intercourse (CLAI): 61.5%, 40.5%, and 20.3% of HNPs reported insertive CLAI, receptive CLAI with withdrawal, and receptive CLAI with ejaculation respectively. Four HNPs took daily PrEP. The most common HIV prevention strategy within couples was relying on UVL only (56.1%), followed by consistent condom use (29.7%). Three out of the four HNPs taking PrEP perceived their HPPs to have UVL. Of the 14 HNPs who perceived their HPP to have detectable viral load, four engaged only in insertive CLAI (strategic positioning), while 10 (6.8% of all HNPs) had some receptive CLAI. The total number of receptive CLAI acts with detectable perceived VL and without PrEP was 127: 118 without and 9 with ejaculation.

Conclusions: Couples most commonly relied on UVL and condom use to prevent HIV transmission, while about 7% did not use any clear risk reduction strategies. However, within these, the absolute number of high-risk CLAI acts was very low.

**Jessica Botfield¹, Christy Newman²,
Anthony Zwi¹**

¹UNSW Australia, ²Centre for Social Research in Health

Navigating Sexual Health: Professional, youth and MSM perspectives

Friday 11.15am - 1.00pm, Theatre C

Bringing them in: Professional perspectives on the complexities of engaging young people from culturally diverse backgrounds with sexual health

services across Greater Western Sydney

Introduction: Young people from culturally and linguistically diverse backgrounds are often underserved by sexual and reproductive health care in Australia. Research being undertaken in Western Sydney seeks to understand the experiences of young people from migrant and refugee backgrounds and their engagement with sexual and reproductive health services.

Methods: The first phase of research comprised key informant interviews with a range of purposively selected experts in the field, including clinicians, policymakers, academics and advocates. Interviews explored the beliefs and experiences of professionals in relation to young people, sexual health and cultural diversity, with the aim of developing a comprehensive picture of professional views on the complexities of these issues and scope for innovative responses at the intersection of these.

Findings: Informants described significant challenges for services in attempting to be inclusive of the diversity of service users given the range of ages, languages, religious orientations and cultural backgrounds. They grappled with the challenges of conceptualising culture and diversity in this context, and the risk of collapsing all young people from diverse backgrounds into a 'homogenous group', i.e. "culturally and linguistically diverse (CALD) youth", which runs contrary to promoting a genuine sense of inclusion and belonging. **Conclusion:** While experts in the field identified a gap between policy and practice in promoting belonging in this context, they nonetheless saw opportunities for continued improvement. The next phase of research will explore these issues from the perspective of young people themselves, providing critical information on how services might better achieve these ideals in practice.

Loren Brener¹, Courtney von Hippel², Hannah Wilson³, Max Hopwood¹

¹Centre for Social Research in Health, ²University of Queensland, ³University of Sydney

Rapid Papers 1

Thursday 3.30pm - 4.45pm, Seminar Room 1

Drug and alcohol workers support for HCV treatment uptake among clients with a history of injecting drug use

Introduction: Hepatitis C virus (HCV) infection is a highly stigmatised illness because of its association

with injecting drug use. Although treatment is available for HCV, uptake remains low, especially amongst people who inject drugs (PWID). Research suggests that health workers' attitudes can influence quality of care as well as client health outcomes. This research assesses whether negative attitudes towards PWID impacts health workers' intentions to support people living with HCV who have a history of injecting drug use to access HCV treatment.

Methods: Ninety alcohol and other drug (AOD) workers from non-government organisations completed either an online or hard copy survey assessing their attitudes towards PWID and their support for HCV treatment for three different client scenarios: one who stopped injecting; one on methadone maintenance; and, one who continues to inject.

Results: Support for HCV treatment was strong, and significantly higher, in the two scenarios where the client was no longer injecting in comparison to support for the client still currently injecting. Additionally those participants who showed more negative attitudes towards PWID were less supportive of clients with a history of injecting entering HCV treatment, irrespective of whether the client was a current injecting drug user.

Conclusions: These findings illustrate the influence of health workers' attitudes towards PWID in shaping the HCV care and treatment options they may offer to their clients, especially those who are currently injecting. The attitudes of health workers may therefore act unintentionally as an additional barrier to HCV treatment uptake among clients living with HCV.

Graham Brown¹, Daniel Reeders¹, Annie Madden², Rob Lake³, Aaron Cogle⁴, Janelle Fawkes⁵

¹Australian Research Centre in Sex, Health and Society, ²AIVL, ³Australian Federation of AIDS Organisations, ⁴National Association of People with HIV Australia (NAPWA), ⁵Scarlet Alliance, Australian Sex Worker Association

Communities and Leadership

Friday 2.00pm - 3.45pm, Theatre B

How can we meaningfully embed and enhance peer leadership in Australia's response to HIV and hepatitis C?

Improving the health of communities affected by HIV and hepatitis C typically involves peer-led responses

for people who use drugs, gay men, sex workers and people living with HIV or hepatitis C navigating highly stigmatised contexts around sex, sexuality and drug use. Peer leaders from these communities are expected to advocate for the needs and experiences of an increasingly diverse and dynamic group of people within a policy system that is constantly changing and contested.

Governments are increasingly looking at ways to increase the value and impact of their investments in such peer-led programs. However, traditional program logic design struggles with the complexity of environments that are constantly changing and adapting. How can we increase the valuing of real time peer insights, build trust in peer leadership, and demonstrate effectiveness?

The What Works and Why (W3) Project piloted the application of a participatory complex systems approach to understanding the role of peer-led programs and leadership at a state and national level. The project developed a framework which identified four key system level functions that are required for peer-led programs to: demonstrate the authenticity of their peer and community insights; influence health, community, and political systems; adapt to changing contexts and policy priorities in tandem with their communities. We argue that if funders, policy-makers and researchers are not drawing on and gaining strategic benefit and insight from peer-led programs and leadership, then the sector is not maximising its assets.

Joanne Bryant, Loren Brener

Centre for Social Research in Health

Advances in Harm Reduction

Friday 2.00pm - 3.45pm, Seminar Room 2

What is the opinion context of peer distribution in NSW? Findings from the evaluation of NUAA's peer distribution pilot project

The authorisation of peer distribution of sterile needles and syringes holds great potential to reinvigorate harm reduction in NSW. Yet, the current legislative framework makes it unlawful for people apart from authorised NSP workers to distribute, meaning that people who inject drugs are exposed to criminal penalties if they distribute to peers. To date there is no published research exploring the opinions of those with the most investment in peer distribution: people who inject, staff of NSP, and police.

This paper hopes to continue the discussion about peer distribution by exploring perceptions about the possible benefits and risks attached to the authorisation of peer distribution. The paper uses data from the recent evaluation of a trial of authorised peer distribution run by the NSW Users and AIDS Association, in partnership with the NSW Ministry of Health.

Participants believed that the benefits of authorising peer distribution were enormous and the risks few, but not non-existent. They believed that authorizing peer distribution would improve opportunities to reduce the spread of BBV. But they also believed that it would represent an important symbolic shift towards acknowledging the humanity of drug users and their desire to help each other.

Some negligible risks were identified, including the potential that peer distributors might attract police attention by carrying large volumes of equipment, and that peer distribution may lead to a higher number of improperly disposed syringes in the community highlighting the need to pay attention to how the return and disposal of syringes might be managed.

Shazna Buksh

The University of the South Pacific

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Stigma predicts support: Measuring HIV/AIDS-related stigma and support for a hypothetical HIV+ family member amongst post-secondary students in Fiji

Introduction: Increased constraints in provision of healthcare in developing countries result in family members taking greater responsibility in providing care and support required by people living with HIV/AIDS (PLWHA). However, negative family reactions due to HIV/AIDS-related stigma are also common. This study compared the levels of three types of HIV/AIDS-related stigma, and support for a hypothetical HIV+ close family member and examined whether the three types of stigma predicted support for a hypothetical HIV+ family member.

Method: Three hundred HIV negative post-secondary students were surveyed using a questionnaire created on the basis of an earlier qualitative study with PLWHA (N = 11). The questionnaire consisted of four Likert scales which measured three forms of layered stigma (value-driven stigma, fear-driven

stigma and anticipated secondary stigma) and support for a hypothetical HIV+ family member. All four scales had high internal reliability.

Results: The data indicated that post-secondary students (1) express greater levels of supportive attitudes in comparison to stigmatising attitudes (2) express higher levels of value-driven stigma than other types of stigma, and (3) that HIV/AIDS-related stigma predicts willingness to provide support to HIV+ close family members amongst post-secondary students.

Implications: HIV/AIDS stigma-reduction efforts need to effectively address the three types of stigma by combining initiatives that reduce fear of transmission and social stigma. Furthermore, if family members are to continue the essential care-giving, services such as pre and post diagnosis counselling need to be extended to family members of PLWHA.

Shiraze Bulsara^{1,2}, Milton Wainberg³, Toby Newton-John²

¹The Albion Centre, ²University of Technology Sydney, ³Columbia University

Rapid Papers 1

Thursday 3.30pm - 4.45pm, Seminar Room 1

The syndemic of psychosocial predictors of retention in care

The HIV Treatment Cascade outlines the sequence for people living with HIV (PLWHIV), from acquiring the infection through to viral suppression. Long term adherence to antiretroviral treatment is necessary for viral suppression, which optimises individual health and is associated with significant public health benefits in the form of reduced risk of HIV transmission. Retaining people in HIV care to maintain and monitor medication adherence is therefore a priority. A multidisciplinary approach to treating HIV is considered the 'gold standard', and it is widely understood that psychosocial factors are critical to PLWHIV's ongoing engagement in care; however little remains known about the relationships between psychosocial predictors of retention in care. High rates of psychiatric illness (including substance abuse), as well as an HIV diagnosis, have the potential to marginalise PLWHIV either independently or as a syndemic (the additive impact of multiple unique, yet associated, health problems which interact to increase the burden of illness). The resulting stigma and/or discrimination can be debilitating and have the potential to interfere

with a person's functioning, including their ability to effectively manage their healthcare. The current presentation offers findings from a systematic review of the literature into predictors of retention in HIV care, with a particular focus on the syndemic of psychosocial factors including (but not limited to) substance use, other psychiatric illness, self-efficacy and stigma. Based on the data a model illustrating the interrelationships among syndemic factors will be developed, as well as strategies for optimising retention in care.

Jude Byrne

AIVL

Living with Hepatitis

Thursday 11.15am - 1.00pm, Seminar Room 1

You don't know what you've got till its gone

This paper will discuss and analyse the deliberate undermining of drug using women as 'good' mothers. It was not until my three adult children had passed the danger zones of growth that I realised I was lighter emotionally and psychologically, having reared three productive, happy, thoughtful human beings validated me in a way I had not thought possible. The expectation of the children of mothers who use drugs is bleak and as mothers we know this, this affects our mothering in ways that have not been identified or elucidated. Even within our own community there is an elevated sense of fear around mothering and what can be reasonably asked of us. The social misrepresentation and lowered expectation of mothers who inject has skewed the natural mothering instinct while simultaneously undermining any positive stories as exceptions. Positive role models are crucial but such role modelling has been denied to women who inject - the only reflection we have been allowed to acknowledge is damaged and tainted.

C

Hilary Caldwell

Centre for Social Research in Health

Contemporary Issues in Sex Work

Thursday 1.45pm - 3.00pm, Seminar Room 1

Sex workers describe the market of female clients in Australia

Political, moral and academic debates about the sex industry are increasingly addressing clients of sexual services, who are typically considered to be male. There is little scholarly evidence that women buy sex despite growing media and marketing of sex to women. This exploratory study describes the market for women who buy sex, and begins to address the empirical shortfalls.

The study is a qualitative project using semi-structured, in-depth interviews with 20 self-selecting key informants who are sex workers. It is part of a larger study that will also examine social settings within which women buy sex and interview women who have bought sex. A thematic analysis was used to characterise the market for women buying sex in Australia.

Preliminary results highlight a growing market of women buying sex although smaller than the market of men. Examination of advertising sexual services is misleading due to multiple advertisements for single workers, and hopeful or fake advertisements. All participants described women who buy sex as diverse, not fitting any stereotype, from all ethnicities and income groups and of all ages. All types of sexual services are available to women however there are fewer sex workers of all genders who are willing to see female clients. Sex workers spoke about the motivations of women to buy sex, and the specific behavioral, language and cultural differences between genders of clients.

These initial findings make clear that a market of women who buy sex exists and that further investigation is needed.

Elena Cama, Loren Brener, Max Hopwood, Carla Treloar, John de Wit

Centre for Social Research in Health

Stigma 1

Thursday 1.45pm - 3.00pm, Theatre B

Development of a brief indicator of stigma among people living with blood borne viruses and sexually transmitted infections in Australia

Introduction and Background: Stigma is recognised as having a major impact on psychosocial outcomes among people living with blood borne viruses and sexually transmitted infections. Each of the five Australian national strategies addressing HIV, viral hepatitis and sexually transmissible infections contains a clear objective to eliminate the negative

impact of stigma, discrimination, and legal and human rights issues on people's health. Despite this, there is currently no system in place to assess and monitor experiences of stigma among people with blood borne viruses and sexually transmitted infections to feed back to these strategies.

Descriptions of argument: In this presentation we will outline the protocol for the development of a preliminary stigma indicator for priority groups identified in the national strategies. This important project was funded in 2015 by the Australian Government Department of Health and is being conducted by the Centre for Social Research in Health.

Conclusions: This is the first study to attempt to develop a brief indicator of stigma for inclusion in routine data collection systems. It is hoped that the indicator will allow monitoring of changes of stigma over time in multiple priority populations, in addition to assessing the association of stigma with a range of health outcomes.

Michael Cecilio, Eric Schrimshaw

Mailman School of Public Health, Columbia University

Identities and Relationships among MSM

Friday 11.15am - 1.00pm, Theatre B

Racial/ethnic differences in self-presentation among men who have sex with men

Introduction: This study examined the racial/ethnic differences in self-presentation among men who have sex with men (MSM) using smartphone apps and websites for sexual partnering. Self-presentation on sexual partnering apps/websites may be reflective of ways in which men perceive they will successfully attract other men. Observed differences in self-presentation may be attributed to cultural norms but could also be due to experiences of discrimination and sexual racism.

Method: Using principles of time-space sampling, 996 personal advertisements of MSM in New York City were collected from the nine most popular apps/websites used by men to meet partners. Content analysis of profiles examined communication of personality, physical and sexual characteristics of self and partner sought.

Results: In comparison with White MSM, Black MSM communicated significantly less profile words on average (105.19 for White MSM (95% CI 91.72-118.66), 81.79 for Black MSM (95% CI 67.92-95.65)).

Black MSM posted significantly more unlocked profile photos in comparison with White MSM ($p < 0.001$). White MSM were more likely to mention seeking safer sex/sex with condoms (24.6% of white MSM) than all other groups (8.3%-15.4%). Black MSM were more likely to mention alcohol (40.7% vs. 7.2%-29.8% for all other groups) and marijuana use (14.8% vs. 1.1%-9.6%) than all other groups.

Conclusion: Observed differences in self-presentation may be due to stereotypes and social norms within sexual minority communities. MSM of colour may adapt self-presentation to increase success on apps and websites. The possible implications on health and well-being for MSM of colour should be noted.

Teddy Cook, Laurie Hopkins

PASH.tm

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

PASH.tm: Trans Men who have sex with men in the HIV response

The Peer Advocacy Network for the Sexual Health of Trans Masculinities (PASH.tm) is a recently established and autonomous working group of AFAO. PASH.tm seeks to address the sexual health needs of gay, bisexual and queer transgender men (Trans MSM). PASH.tm believes that advocacy, education, harm reduction and health promotion is best served through peer-led approaches. PASH.tm works from a space that honours sex positivity and is informed by evidence based practice. The goals of PASH.tm include: 1. Establish a local evidence base regarding HIV/STI risks for Trans MSM; 2. Educate health providers to deliver culturally safe care to Trans MSM; and 3. Develop sexual health promotion campaigns and resources for Trans MSM. Trans MSM are not identified as a priority population and are excluded from national PrEP access guidelines. This suggests that, despite evidence to the contrary, Trans MSM are considered at similar risk as heterosexual women. As such, Trans MSM have been overlooked from all major PrEP demonstration trials across the globe. Unclear rates of testing alongside current and flawed data collection for HIV notifications suggests a pressing need for the meaningful inclusion of Trans MSM in the national HIV response, particularly in relation to PrEP, and for further research to be explored. This oral presentation will introduce the work of PASH.

tm and further explore the current evidence base as it pertains to gay, bisexual and queer transgender men.

Denise Cummins^{1,2}, Donna Waters¹, Christina Aggar², David Crawford³, Catherine C O'Connor^{4,5,6}

¹Nursing School, University of Sydney ²Sydney District Nursing, Community Health, Sydney Local Health District, ³Positive Life NSW, ⁴Clinical School, University of Sydney, ⁵The Kirby Institute ⁶Sexual Health Service, Community Health, Sydney Local Health District

Living with HIV

Thursday 11.15am - 1.00pm, Theatre B

Losing part of me

Introduction: HIV associated neurocognitive disorder (HAND) can cause disability and decline in mental capacity. Fear and stigma are associated with HAND. People living with HIV who are at risk of or have HAND may be fearful of losing their cognitive abilities, of needing to rely on assisted care, and of the increase in stigma from a HAND diagnosis. Stigma may affect self-esteem, feelings of self-worth and belonging, as people living with HIV (PLHIV) may already feel they live on the margins of society.

Aim: To ascertain the experience PLHIV regarding HAND.

Method: A survey was distributed via the Pos Life NSW website over a three week period using Survey Monkey.

Results: There were 162 responses. Seventy-three percent had heard of HAND, 52% were concerned or anxious about it and 15% were too anxious to discuss with others. Up to 58% had experienced symptoms of cognitive impairment and 33% had noticed possible cognitive changes in friends. Fifty percent would like strategies to improve discussion about HAND with others. Common themes included fear of losing a part of themselves, losing independence, becoming a burden, judgement from others, memory deterioration and the unknown future.

Conclusion: Many PLHIV have experienced the stigma of a HIV diagnosis. Fear of developing HAND is a concern which raises anxiety for the future. There is a need to open the dialogue to enable PLHIV to talk about their concerns and to develop resources for PLHIV, including services and how to approach the subject of HAND with others.

D

John de Wit¹, Dean Murphy¹, Luxshimi Lal², Jennifer Audsley³, Norman Roth⁴, BK Tee⁵, Richard Moore⁶, Timothy Read⁷, Edwina Wright⁸

¹Centre for Social Research in Health, ²Burnet Institute, ³Doherty Institute for Immunity and Infection, ⁴Prahran Market Clinic, ⁵Centre Clinic, ⁶Northside Clinic, ⁷Melbourne Sexual Health Centre, ⁸Department of Infectious Diseases, The Alfred Hospital

Critical Perspectives on Pre-Exposure Prophylaxis (PrEP)

Friday 2.00pm - 3.45pm, Theatre C

Decreased condom use with casual partners of gay and bisexual participants in the VicPrEP study is associated with belief in the efficacy of PrEP

Objective: Pre-exposure prophylaxis (PrEP) decreases HIV risk among uninfected people, but risk compensation may affect prevention benefits. PrEP trials found no decrease in condom use, but included extensive prevention education. We investigated condom use with casual partners in the VicPrEP study of PrEP implementation.

Methods: Gay/bisexual men were recruited from three GP clinics and one sexual health centre in Melbourne. Participants consented to using daily Truvada and completing clinical evaluations and self-report behavioural surveys at study-entry and three-monthly intervals.

Results: Study-entry questionnaires were completed by 93 gay/bisexual men, 81 men completed three-month follow-up and 70 men completed 6 month follow-up. At study entry 67.7% were university educated and 75.3% were Australian-born; mean age was 37.7 years. The majority (>85%) of men had anal sex with casual partners in the three months before survey (no significant changes). Mean frequency of anal sex acts with casual partners remained stable. Mean perceived frequency of condom-protected anal sex acts (5-point scale: 1=none, 2=some, 3=half, 4=most, 5=all) decreased significantly (Wilks' Lambda $F(53,2)=3.26$; $p<.05$), from 3.1 at study entry to 2.6 and 2.5 at three and six months follow-up, respectively. Decrease in condom use was significantly associated with belief in the efficacy of PrEP (Wilks' Lambda $F(55,2)=3.25$; $p<.05$), but not condom attitude.

Conclusion: This study is amongst the first to document risk compensation amongst HIV-negative gay/bisexual men using PrEP. Decreased condom use with casual partners signals a change in HIV-protection strategies, reflecting confidence in PrEP. Reduced risk for HIV is contingent on adherence to PrEP.

Aisling Dowling, Kyle Leadbeatter

Hepatitis NSW

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Reducing isolation and bridging the gap to hepatitis C treatment

Hepatitis NSW's Hep Connect is a free telephone based peer-led service for people in NSW living with hep C, their partners and carers, and particularly for people who are considering or currently undergoing treatment for hepatitis C. The program provides opportunities for peer workers to share their unique experience of treatment to enhance people's capacity to make informed decisions when considering treatment. The program enables individuals with lived experience of hepatitis C to actively participate in Hepatitis NSW's community support services. These trained peer workers provide practical and emotional support and facilitate access to other services i.e. counselling. The presentation will explore how peer workers are trained and empowered to provide health promotion messages, emotional support and mentoring to individuals affected communities/their families/carers who are seeking guidance on how to navigate the health care system and manage their viral hepatitis. This program has created a network of peer workers throughout the state and offers individuals in regional and metro areas access to a unique treatment specific support service. An examination of recent qualitative and quantitative data collected through our Results-Based Accountability framework (RBA) will be included in the presentation along with brief case studies. This Hep Connect program is undergoing an external evaluation at present and I will include these findings in the presentation. Disclosure of interest statement Hepatitis NSW receives funding from the NSW Ministry of Health. No pharmaceutical grants are received for this project.

Aisling Dowling, Kyle Leadbeatter

Hepatitis NSW

Stigma 2

Thursday 3.30pm - 4.45pm, Theatre B

The power of personal stories, challenging stigma and discrimination: Changing attitudes

Stigma and discrimination are frequently Hepatitis NSW's C-een & Heard peer led program enables people who are affected by hepatitis C to talk about the psychosocial or medical and treatment-related aspects of their experience of living with hepatitis C, to educate and inform the health and community workforce and the broader community in NSW. The program enables individuals with lived experience of hepatitis C to participate in Hepatitis NSW's education services, delivered within the context of harm reduction theory and practice. The presentation will outline how this peer-led program addresses stigma and discrimination in health and community workforce, the beneficiaries of this positive speakers program and the impact it has on deconstructing stereotypes about people with hepatitis C, while increasing positive attitudes among audiences. The presentation will explore how peer workers are trained, supported and empowered to share their personal stories. An examination of recent qualitative and quantitative data collected through our Results-Based Accountability framework (RBA) will be included in the presentation, along with some brief case studies. This program is an example of how people from affected communities forge a sense of belonging through peer led health promotion activities. Disclosure of interest statement Hepatitis NSW receives funding from the NSW Ministry of Health. No pharmaceutical grants are received for this project.

Ian Down¹, Garrett Prestage^{1,2}, Graham Brown², Jeanne Ellard², Kathy Triffitt¹

¹The Kirby Institute, ²Australian Research Centre in Sex, Health and Society

Living with HIV

Thursday 11.15am - 1.00pm, Theatre B

Changes in the sexual behaviour of recently HIV-diagnosed men following diagnosis

Objective: To examine changes in sexual behaviour following recent HIV diagnosis among gay and bisexual men (GBM).

Method: The HIV Seroconversion Study was a national, online study of GBM recently diagnosed

with HIV. 213 men provided information about their sex with casual partners in the four weeks before and after their HIV diagnosis.

Results: Mean age was 32.8 years. In the four weeks prior to diagnosis 68.8% reported having engaged in sex with casual partners. This included 40.9% who reported condomless anal intercourse (CLAI): 23.3% insertive and 36.3% receptive. In the four weeks after diagnosis 37.6% reported having engaged in sex with casual partners. This included 17.8% who reported CLAI: 11.7% insertive and 15.5% receptive.

Conclusion: In the immediate period following HIV diagnosis, many GBM change their sexual behaviour, and very few report engaging in CLAI, despite having commonly done so prior to diagnosis. Only one in eight report engaging in insertive CLAI, which would represent the highest risk for onward transmission. Receiving an early diagnosis would appear to be one of the most effective methods of reducing the likelihood that men with recent HIV infection engage in behaviours that might infect others. Concerns about the possibility of onward transmission between diagnosis and commencing treatment apply to only a minority of recently diagnosed men. Perhaps supporting these particular men with targeted counseling and information about onward transmission at this time may be an effective supplement to current health promotion and stigma reduction strategies.

Angella Duvnjak

AIVL

Stigma 2

Thursday 3.30pm - 4.45pm, Theatre B

Some won't even touch your hand to take your money off you: Harm reduction strategies and experiences of stigma and discrimination within the lives of people who inject drugs

Introduction/Aims: This paper draws upon findings of a peer-based qualitative study conducted by the Australian Injecting and Illicit Drug Users League (AIVL) into the re-use of injecting equipment in Australia. Re-use of injecting equipment remains unacceptably high amongst people who inject drugs (PWID) in Australia contributing toward escalating Hepatitis C transmission. This peer-driven study aimed to explore from the perspective of people who inject drugs (PWID) the reasons for continued re-use of injecting equipment in Australia.

Methods/approach: A qualitative study based on

the findings of eight focus groups with a total of 50 PWID participants held across Australia. A thematic analysis of the focus group data was conducted.

Results/Findings: Our research identified various intersecting contextual factors that act as barriers to harm reduction practices being taken up by PWID. Experiences of stigma and discrimination significantly impacted upon the ability for PWID incorporate harm reduction practices into their lives.

Discussion/Conclusion/Recommendations: The broader societal narrative of the criminalised, drug using 'other' continues to inform many of the practices within key settings that PWID encounter including health settings. The negotiation of the 'drug user' identity was revealed to have a significant impact upon the ability of injecting drug users to 'take up' the harm reduction opportunities available to them. Illicit drug use remains criminalised and injecting drug use engenders fear and social opprobrium. PWID are acutely aware of this 'disease' and must negotiate this complex interplay of narratives and power structures often in settings where harm reduction is ostensibly to be prioritised.

E

Melanie Eagle, Marina Mazza

Hepatitis Victoria

Stigma 2

Thursday 3.30pm - 4.45pm, Theatre B

Hepatitis Heroes: A digital fight against stigma and discrimination

Stigma and discrimination are frequently experienced by people with viral hepatitis, inhibiting health care access and political mobilisation. No broad-ranging, well-resourced campaign has been undertaken nationally to improve community awareness about hepatitis. Hence, the cycle of stigma and discrimination is perpetuated.

New digital techniques offer an opportunity to give expression to the affected community and supporters, and maximize their voices. In 2013 the Hepatitis Heroes website was launched at Melbourne's Federation Square. With the Happy Livers band playing, Heroes spoke publicly.

This website (now incorporated into Hepatitis Victoria's website and featured on the rotating carousel) showcases over 45 Heroes - health

workers, advocates, researchers, clinicians and those bravely confronting their own condition. The site invites the public to make a pledge against discrimination.

Heroes are encouraged to use social media to spread the word, reinforced across multiple media channels by Hepatitis Victoria. In 2014 'Hep Heroes - The Movie' was launched providing another way to disseminate the messages, including YouTube and in education sessions. Digital media is a useful tool for giving expression to the personal impact of hepatitis and maximizing the fight against stigma and discrimination. The Hepatitis Heroes initiative has allowed Hepatitis Victoria to build relationships with valued individuals and supporters. It has generated a versatile body of information with the potential to be used in multiple ways to spread the word and reduce isolation amongst the affected community.

F

Michael Frommer

Australian Federation of AIDS Organisations (AFAO)

Law and Policy: HIV

Thursday 3.30pm - 4.45pm, Theatre C

Spitting and mandatory BBV testing: Back to the Future...

The SA and WA governments recently passed legislation providing for forced BBV testing of individuals who have spat at (or whose bodily fluids have contacted) a police officer (in South Australia, it also covers other emergency services). The introduction of the legislation followed concerted Police Association advocacy.

Presented as protecting police, these laws will in fact serve to fuel officers' unfounded fears regarding HIV transmission risk. The legislation ignores carefully framed National HIV Strategy and HIV Testing Policy limitations on compulsory testing, and is likely to be arbitrarily applied. There is an important role for the Commonwealth in identifying and responding to jurisdictional issues of national significance. The SA and WA legislation clearly flouts national policies but the Commonwealth has taken a hands-off approach, arguing that these are jurisdictional issues. This perspective ignores the potential for policy replication elsewhere - particularly in the context of law and order politics. The legislation has been

presented as workforce protection without regard to actual BBV transmission risks and perpetuates the common misconception that HIV can be transmitted through contact with saliva. It will serve to heighten police officers' fears when what's needed is accurate information regarding risk.

It seems that in 2015 we are seeing the introduction of laws based on 1984 notions of HIV transmission risk. It's time for the Commonwealth establish "a respectful dialogue" – as suggested in the National HIV Strategy – with WA, SA and the Police Association and work to prevent their replication across Australia.

G

Gianfranco Giuntoli

Social Policy Research Centre

Living with HIV

Thursday 11.15am - 1.00pm, Theatre B

Beyond the health-related: Exploring the quality of life of people living with HIV/AIDS using the capability framework of Amartya Sen

Quality of life research on People Living with HIV/AIDS (PLWHA) often consists of health-related quality of life studies, which imply a focus on PLWHA as patients or clinical cases, rather than as social actors with individual, social and economic rights who experience freedoms and constraints to fulfil valued social roles and achieve desired social statuses. This paper proposes a complementary approach to the investigation of the quality of life of PLWHA known as the 'capability framework', which was founded by the economist Amartya Sen and which suggests that quality of life should be measured by focusing on people's capabilities, namely their real opportunities to lead the life that they have reason to value. The paper introduces the capability framework and contextualises its definition of quality of life against other relevant concepts, such as wellbeing, and alternative approaches to quality of life. It therefore proposes an operationalisation of the concept of capabilities through a fourfold model of people's experiences of opportunities in everyday life, which is used to assess a specific material aspect of the quality of life of PLWHA, i.e. their housing conditions. The analyses of this dimension of quality of life are undertaken using data from the HIV

Futures V Survey, an Australian nationwide survey of various clinical and social aspects of the lives of PLWHA. The analyses show how the proposed fourfold model of opportunities can help to cast new light on the relationships between the personal and social opportunities of PLWHA and their quality of life.

Mark Goodhew¹, Jane Stein-Parbury²

¹Sydney MSIC, ²University of Technology Sydney

Rapid Papers 1

Thursday 3.30pm - 4.45pm, Seminar Room 1

Moving beyond satisfaction surveys

Consumer satisfaction surveys of drug and alcohol harm-reduction services are one means of incorporating consumers' views into service delivery. The results of these surveys are often positively skewed and may not accurately reflect all consumers' opinions. Therefore, face to face advisory groups may be a more effective way of integrating consumers' views into service delivery. One hundred consumers of the Sydney Medically Supervised Injecting Centre (MSIC) engaged in a satisfaction survey, which included tick box and written response questions. The survey included questions about consumer participation and interest in being involved in a consumer advisory group, as MSIC is in the process of developing one. All quantitative questions were positively rated in relation to service delivery, but the written responses provided conflicting information about how the respondents viewed other MSIC consumers. On the one hand they negatively viewed other consumers' antisocial behaviour, but on the other hand they appreciated that MSIC provides an environment that promotes positive socialisation among consumers. Nearly two thirds reported they would be interested in an advisory group, as it could help themselves, MSIC and their community. Despite MSIC consumers reporting they don't always like each other's behaviour, many socialise together and expressed a desire to help each other through the formation of an advisory group. It is envisioned this group will better reflect consumers' needs and foster a sense of belonging among MSIC's consumers. The group has been established using an action research methodology. This paper will report on the preliminary activities of the group.

Dash Gray, Donatella Cifali, Effe Katsaros

Multicultural HIV and Hepatitis Service NSW

Rapid Papers 1

Thursday 3.30pm - 4.45pm, Seminar Room 1

More than a seat at the table - a dialogue to embrace diversity

The Multicultural HIV and Hepatitis Service have worked with people on the margins, living with HIV since 1991 and with Hepatitis C since 2011. The margins we work with include cultural, ethnic, sexual and gender diverse identities. It could be argued that we work with those on margins of mainstream metropolitan service accessibility. While we work using bi-lingual and bi-cultural support staff, the model is based upon a way of working that often steps outside stereotypical boundaries of language, gender, religion or cultural expectation. Are we asking those on the margins to join 'us' or are our practices and structures reaching out and embracing them? If we step outside this notion of us and them – a task not unknown to the broad HIV and hepatitis sector, we can see opportunities to embrace the vast diversity, experience and resilience often overlooked as 'complex needs'. The success of harm reduction in Australia was forged on a model where those on the margins set the agenda for lives, not of assimilation but of defiance, survival and ultimately celebration. This is where the strength to change legal, social and cultural norms and opportunity to change lives and systems lives and hides. Learning and growth for individuals, communities and services often occurs at intersections that push the boundaries of assumption and comfort for individuals, workers and services alike. We will present a sample of unusual pairings and outcomes to promote a practice that encourages services and workers to demystify and enter the CALD margin.

H

**Behzad Hajarizadeh, Jacqui Richmond,
Naomi Ngo, Jayne Lucke, Jack Wallace**

Australian Research Centre in Sex, Health and Society

Living with Hepatitis

Thursday 11.15am - 1.00pm, Seminar Room 1

Hepatitis B-related concerns and anxieties among people with chronic hepatitis B in Australia

Aims: This study examined feelings and attitudes about having hepatitis B among people with chronic hepatitis B (CHB), including hepatitis B-related concerns and anxieties.

Methods: People with CHB attending four liver clinics and one general practice in three Australian jurisdictions completed a self-administered questionnaire about their feelings and attitudes about having hepatitis B.

Results: Ninety-three people completed the survey. Mean age was 45 years, 43% were women, and 75% were born in Asia. Seventy-six percent of participants reported having hepatitis B-related concerns/anxieties. The most common concerns were of developing liver cancer (57%), and infecting other people (53%). Thirty-five percent of participants were unwilling to talk to anyone about their hepatitis B while 25% changed how they lived as a result of having hepatitis B. Lower educational level was associated with feeling scared of hepatitis B (adjusted Odds Ratio [OR]: 4.04; 95%CI: 1.09-14.90; P=0.04), and an unwillingness to talk to anyone about hepatitis B (adjusted OR: 4.41; 95%CI: 1.09-17.83; P=0.04). Very good English proficiency was associated with a higher likelihood of participants changing how they lived (adjusted OR: 12.66; 95%CI: 2.21-72.42; P<0.01), and seeing life differently because of having hepatitis B (adjusted OR: 21.10; 95%CI: 3.70-120.19; P<0.01). Health professionals were the key support for 34% of participants in coping with having hepatitis B, while 18% reported no one supported them.

Conclusions: Hepatitis B-related concerns and anxieties are prevalent among people with CHB. Clinical management of people with CHB must address their psychological support needs as an essential component of comprehensive care.

Mo Hammoud¹, Garrett Prestage^{1,2}, Louisa Degenhardt³, Toby Lea⁴, Fengyi Jin¹

¹The Kirby Institute, ²Australian Research Centre in Sex, Health and Society, ³National Drug and Alcohol Research Centre, ⁴Centre for Social Research in Health

Drugs: Experiences of drug use, prevention and treatment across different populations

Thursday 11.15am - 1.00pm, Theatre C

At what age do gay men commence using drugs?

Objective: To examine lifetime history of drug use among gay and bisexual men (GBM).

Method: Flux is a national, online cohort study of drug use among GBM commenced in 2014 with 2,251 useable responses at baseline.

Results: Mean age was 32.8 years. 56.5% had ever used 'party drugs' and 69.9% had ever used marijuana. The mean age for first use of drugs was 18.7 for marijuana and 21.6 for party drugs. The mean age of first use of illicit drugs has declined over time: Among men born before the 1960s the mean age of first using marijuana and party drugs was 22 and 30 respectively, but among men born in the 1990s these mean ages were 17 and 18 respectively. The first party drug used among men born before the 1960s was speed (63%) and among men born in the 1990s was ecstasy (62%). Men born in the 1970s were the most likely to have ever used any illicit drugs (79% marijuana; 70% ecstasy; crystal 41%; GHB 32%), and men born in the 1990s were least likely to have ever used illicit drugs (60% marijuana; 31% ecstasy; crystal 5%; GHB 8%). Men who socialized more with GBM who also used drugs commenced using party drugs ($p=0.009$) and marijuana ($p<0.001$) at an earlier age.

Conclusion: Although younger men are less likely to have ever used illicit drugs, the age at which GBM first use drugs has declined over time. Drug use in GBM's peer networks may influence earlier use of drugs.

Nyah Harwood

Centre for Social Research in Health

Drugs: Experiences of drug use, prevention and treatment across different populations

Thursday 11.15am - 1.00pm, Theatre C

Transgender people who inject drugs in Australia: An ethnography

Introduction/Objective: "Trans" or "transgender" refers to people who identify as a sex/gender different from that assigned to them at birth. In Australia and worldwide, trans people comprise one of the most marginalised social categories and face dramatically reduced life chances compared to cisgender (non-trans) persons. Marginalisation is further compounded where trans people occupy multiple social categories, such as people who are trans and are also people who inject drugs. Much Australian research looks at drug use in Lesbian, Gay Bisexual, Transgender populations, as well as women who use drugs. However, to date, there is a considerable dearth of qualitative research that

explores the lived experiences of trans people who inject drugs in Australia.

Methods/Approach: Working from a critical trans and critical drug user politics, the study uses trans scholar, Viviane Namaste's Reflexive Poststructuralist Sociology. This qualitative approach is undergirded by a Foucauldian epistemology and uses Dorothy Smith's methodology of institutional ethnography to undertake in-depth interviews with 25-40 trans people who inject drugs in Australia.

Results/Findings: Having began data collection in late 2015, this presentation will present the preliminary findings from the in-depth semi structured interviews. This will comprise main themes arising out of interviews.

Conclusion/implications: In opposition to current "disease" models of "addiction", this presentation presents the research through a critical trans and critical drug user politics that center the lived experiences of trans people who inject drugs. This has the potential to contribute new scholarship and to empower trans people who inject drugs in Australia.

Nyah Harwood¹, Jude Byrne²

¹Centre for Social Research in Health, ²AIVL

Communities and Leadership

Friday 2.00pm - 3.45pm, Theatre B

The transgender and drug user movements in Australia: Shared goals, pleasure and resistance

In Australia, trans people and drug users comprise two of the most marginalised social categories. Injecting drug use among Australian trans populations is higher than among cisgender (non-trans) populations. Furthermore, many trans people are injecting drug users and vice versa. Injecting drug users and trans people face many similar problems and goals: bodily autonomy; employment; housing; criminalisation/decriminalisation/legalisation; (de)legitimation; dealing with medical and justice systems. These are all problems that present attainable goals. While comprising two separate identity categories and movements there is much that can be made from alliances between trans and drug user movements in Australia.

The practice of injecting drugs, and more particularly injecting drug use within marginalised communities, such as the trans community, has been interpreted as one of many supportive factors in shoring up the

claim that drug use is pathological and an adaptive behaviour of the “maladapted”. However, working at the intersection of critical trans and critical drug user politics, we offer a departure from such narrow concepts of drug use and “addiction” to instead view drug use, particularly injecting drug use, as a legitimate practice that is central to the shaping of identity, practices of pleasure and resistance, and expression of bodily autonomy. We do this under the urgent imperative for harm reduction initiatives to respond to and accommodate trans people who use drugs, particularly people who inject drugs, just as trans initiatives must respond to and accommodate people who use drugs; all under the aim of working together to achieve common goals.

Martin Holt

Centre for Social Research in Health

Critical Perspectives on Pre-Exposure Prophylaxis (PrEP)

Friday 2.00pm - 3.45pm, Theatre C

The undiagnosed and untreated: The ‘unhealthy others’ of the HIV treatment as prevention era?

Drawing on Treichler’s concept of the ‘epidemic of signification’ and Crawford’s HIV-positive ‘unhealthy other’, this paper considers how the treatment as prevention era is generating new meanings and ‘others’ against which healthy, responsible selves can be situated.

In the early years of HIV, ‘high risk groups’ became the contaminated others for the general population. During the 1990s, oppositions between HIV-negative and HIV-positive people were observed as well as between HIV-positive people who ‘successfully’ or ‘unsuccessfully’ managed living with HIV. In the combination prevention era, we see new meanings and contrasts: the diagnosed and undiagnosed, the treated and untreated, and those with detectable and undetectable viral loads.

These oppositions are an outcome of treatment as prevention – those who avoid testing, do not access treatment or cannot attain an undetectable viral load become irresponsible, recalcitrant others who can be blamed for the failure to limit the epidemic. While some of these others can recognise, speak for and defend themselves (e.g. the untreated), some cannot so easily (e.g. the undiagnosed).

This analysis shows the ongoing performativity and potential divisiveness of biomedical discourse, and the creation of respectable identities through

opposition with unhealthy, irresponsible others.

Max Hopwood, Carla Treloar, John de Wit

Centre for Social Research in Health

Identities and Relationships among MSM

Friday 11.15am - 1.00pm, Theatre B

“She’s my wife and men are just sex”: Compartmentalisation and wellbeing among married men who have sex with men

Introduction: Approximately 17, 000 men who have sex with men (MSM) in Australia currently live with a female partner. In particular, little is known about the mental health and wellbeing of married men who have sex with men (MMSM), including their experiences of anxiety and depression related to the internalised and social stigma of homosexuality and mixed-orientation marriages. However, past studies have shown that gay and bisexual men are at a high risk for mental health problems such as depression and anxiety disorders, compared to heterosexual people.

Method: This presentation will report the findings of an interview-based study which aimed to explore how MMSM manage their sexual identities in everyday life and their experiences of stigma, depression and anxiety. Interviews were conducted in 2015 and 2016 with MMSM from NSW and Victoria.

Findings: A thematic analysis identified factors such as social norms and expectations, compulsory heterosexuality, social isolation, coming out later in life, disclosure of homosexuality to wives and children, alcohol use, and stress and coping as significant experiences and milestones for MMSM. The interrelationship of these factors with the development of depression and anxiety in MMSM was complex as the social and cognitive processes of compartmentalisation and integration, which men highlighted, were at once adaptive and destructive to wellbeing.

Conclusion: This study is one of the first to explore mental health and wellbeing in the wider context of MMSM’s lives. The findings will contribute to online resources to address issues of stigma, depression and anxiety among MMSM.

Lynlee Howard-Payne

University of the Witwatersrand

Navigating Sexual Health: Professional, youth and MSM perspectives

Friday 11.15am - 1.00pm, Theatre C

Citizenship in a time of HIV: Understanding medical adult male circumcision in South Africa

During public health crises, the rights of the individual are often considered secondary to the 'good' of the collective. In Sub-Saharan Africa medical adult male circumcision (MAMC), has been shown to reduce a man's risk of HIV infection by 60 per cent (when engaging in peno-vaginal sex). Thus experts have been compelled to consider the implications of mandatory MAMC in South Africa in a radical effort to curb the spread of the virus. However, this poses interesting ethical questions about the rights of the individual citizen versus the possible benefits of rolling out evidence-based interventions for general population health. Reporting on an arm of a larger study of the meanings of MAMC for HIV prevention in South Africa, in this paper we report on findings from semi-structured repeated interviews conducted with thirty urban-based men in Alexandria Informal Settlement in Johannesburg, focused on individual understandings of the use of mandatory MAMC as a possible nationwide HIV prevention strategy. The participants had conflicting views of this strategy indicating support for a mandatory MAMC HIV prevention initiative due to the perception that HIV remains a crisis in South Africa while at the same time believing that this strategy stands in strong contrast to the rights-based culture strongly propagated by the South African government that enshrines both the right to bodily integrity and traditionally-practiced circumcision. This has implications for public health messaging regarding the implementation and possible upscaling of MAMC for HIV prevention in South Africa.

Robyn Horwitz¹, Loren Brener¹, Bill von Hippel², Courtney von Hippel²

¹Centre for Social Research in Health, ²School of Psychology, University of Queensland

Drugs: Experiences of drug use, prevention and treatment across different populations

Thursday 11.15am - 1.00pm, Theatre C

Using implicit associations to assess drug use trajectories of young people

Introduction: Understanding drug use trajectories for people who use drugs is important in order to reduce harms associated with more severe drug

use and injecting. This research aims to develop an understanding of the different drug use pathways and to examine whether identification with drug use may predict aspects of future drug use.

Methods: This longitudinal study tracked young people who were either currently involved in or "at risk" of using illicit drugs to assess the association between implicit and explicit identification with drug use and change in their drug use over time. 228 participants took part in the first phase of the research and 78 participants were recruited for the follow up over a 19 month period. Results: Frequency and recency of use were significantly correlated with identification with drugs as well as several other known predictor variables including severity of use, peer networks, function of use and negative social sanctions. Regression analysis revealed that neither implicit nor explicit identification with drug use predicted frequency or recency of use at Time 2 after controlling for themselves at Time 1.

Discussion: Identification therefore seems not to play a causal role. The failure of implicit and explicit identification at time 1 to predict drug use at time 2 emerges despite the fact at time 2 these variables are all correlated. This suggests that these relationships track behaviour but identification as a user implicitly does not have an effect on actual use of drugs over time.

Peter Hull¹, Martin Holt¹, Toby Lea¹, Limin Mao¹, Evelyn Lee¹, John de Wit¹, Garrett Prestage², Iryna Zablotska²

¹Centre for Social Research in Health, ²The Kirby Institute

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Assessing the effect of online recruitment of the Gay Community Periodic Surveys: Increased reach to younger, at-risk men in regional areas

Background: In 2014 the Gay Community Periodic Surveys (GCPs) implemented online advertising and recruitment of gay and bisexual men to supplement face-to-face recruitment at gay events, social venues, clinics and sex-on-premises venues. We evaluated the effect of this change on the sample composition. Survey data collected in Queensland and Adelaide in 2014 and in Sydney and Melbourne in 2015 were analysed to identify differences between online and offline participants.

Methods: Men were recruited online or offline (that is in community venues, clinics or events). We used chi-square and logistic regression procedures to compare demographic characteristics and risk practices on the online and offline subsamples.

Results: Data from 8,261 participants were included. 6,271 (75.9%) men completed surveys offline and 1,990 (24.1%) online. Men who participated online were younger (30.5 vs. 37.0 yrs, $p < .001$), more likely to live in regional areas (20.2% v 5.5%, $p < .001$), less socially engaged with gay men and more likely to be born in Australia (85.8% vs. 68.0%, $p < .001$). Online participants were less likely to have been tested for HIV (80.6% vs 91.5%, $p < .001$) and reporting fewer male partners, but more likely to report condomless anal sex (with casual or regular partners) than offline participants.

Conclusions: Online and offline participants differed significantly on demographic, sexual practice and testing variables. Online recruitment successfully reaches men who may be at risk for HIV but not otherwise captured through offline recruitment. Differences on the behaviour monitoring indicators need to be considered in ongoing reporting of behavioural trends.

J

Elena Jeffreys

School of Political Science and International Studies,
University of Queensland

Rapid Papers 1

Thursday 3.30pm - 4.45pm, Seminar Room 1

International conferences: Creating, Mirroring, Redistributing Marginality

Introduction: International conference spaces; ICAAP, IAS, Biomedical, Research Conferences, are regular and plenty across the HIV and STI sectors. So much so, community organisations could spend all day every day and every spare dollar participating, influencing and attending. As a community representative I have attended many of these events, and during a four year PhD research project I documented one ICAAP (Bangkok, 2013) and one IAS (AIDS2014, Melbourne). My research questions included “How do sex worker community organisations deal with International Conference spaces?”

Methods: Literature review, qualitative case study of Scarlet Alliance Australian Sex Workers Association and Empower Foundation Thailand. This included participant observation, interviews and general documentation.

Results: Sex worker organisations struggle to engage productively with International Conference structures. Key issues include barriers to travel to international conferences, lack of affirmative action for community voices at conferences, lazy and apparently arbitrary poor choices by abstract review teams that do not recognise the importance of community or community partnerships, lack of resourcing for autonomous sex worker spaces and organising within conference structures, and a general distaste by conference organisers for the types of content that sex worker communities want to raise.

Conclusion: International conference spaces have not been effectively impacted by the actions and involvement of sex worker community organisations during the course of the HIV epidemic, or contemporary interest in STIs.

Recommendations: An open and frank review of the way that International conferences reinforce, rather than challenge, marginalisation of affected communities should take place as a matter of priority.

Elena Jeffreys

School of Political Science and International Studies,
University of Queensland

Contemporary Issues in Sex Work

Thursday 1.45pm - 3.00pm, Seminar Room 1

Research for no reason: Academically present, politically vacant

Aims: To assess if researchers who have studied sex work in NSW during their careers are represented in the current campaign to maintain decriminalisation of sex work in NSW.

Methods: Qualitative media review 2006-Present. Quantitative analysis of submissions to NSW Committees on decriminalisation of sex work.

Results: Researchers who study sex work in NSW are not represented within the NSW political sphere of current campaigns to maintain decriminalisation in NSW. Sex workers are by far more statistically likely to be present in the media and to submit to relevant NSW Committees. Health institutions are also well represented. There are standout researchers, such

as Basil Donovan and Eva Cox, who are present politically. This is an anomaly, yet has a measurable impact on the political landscape.

Discussion: Ethics committees, supervisors and researchers themselves need to interrogate the reasons for research with sex work. Decriminalisation is in danger of being repealed in NSW and yet most researchers on sex work remain dangerously silent on the issue. Problematically, it is not uncommon for research on sex work in NSW is used against sex work law reform efforts. Researchers who have unintentionally harmed the politics within this landscape have made no effort to correct their mistakes.

Conclusion: There is a history of research projects on sex work in NSW where partnership with sex work communities is done very badly. As such perhaps it is not a bad thing that these researchers are politically vacant; preventing potential harms to the political process.

K

Noemi Keresztes¹, Bettina F Piko², John de Wit³

¹Institute of PE and Sport Sciences, University of Szeged, ²Department of Behavioral Sciences, University of Szeged, ³Centre for Social Research in Health

Navigating Sexual Health: Professional, youth and MSM perspectives

Friday 11.15am - 1.00pm, Theatre C

Would you dare to let your partner know what you want regarding sex? Sexual competence among Hungarian university students

Introduction: Social and interpersonal skills are an important part of healthy sexual development. For sexual health, positive, respectful attitudes toward sexuality and having pleasurable and safe sexual experiences are necessary. Based on earlier studies, sexual competence can be considered as contributors to sexual health. The main goal of our study was to investigate young adults' (aged 18-35 years) sexual behavior and its correlates.

Method: Online self-administered questionnaires were used to collect data among Hungarian university students via Facebook (N=357; Mean age = 21.7 years; SD= 2.3; 26.1% male, 73.9% female). The

questionnaire included items on a wide range of topics and we focused on sexual interaction competence.

Results: We found that mean scores on both the 'Refusing sex' and 'Contraceptive use' subscales of the Sexual Competence and Interaction Competence in Youth were higher among female than male students and scores were highest for 'Communication about sex' among heterosexuals. Age, living situation and religion did not have a significant relationship with any subscale, nor did participation in sex education. Information regarding sex from parents and sexual partners significantly increases competence while other sources like books, Internet, sisters/brothers and peers do not.

Conclusion: Findings provide a foundation for further research and sex education programs targeting the Hungarian university student population where sociodemographics, sexual information sources, sexual habits and experiences could be key elements as well as special communication trainings regarding sex.

Timothy Krulic, Brent Allan, Suzy Malhotra

Living Positive Victoria

Living with HIV

Thursday 11.15am - 1.00pm, Theatre B

I've watched them blossom into beautiful people again: Young, Positive and Forging Belonging

Objective: Determine effective community based models for supporting young people living with HIV (PLHIV).

Method: Selected international examples of best practice in support services prioritising PLHIV (18-30 yrs) from a range of like settings to Australia. All participants focused upon employing the principals of greater involvement and meaningful engagement of PLHIV. Mixed methods of data collection included interviews and surveys from service providers.

Results: Young people's experiences and understandings of HIV, stigma and belonging requires significantly different structures of support and community than organisations and services established in response to the early epidemic. Young people disassociate their needs from traditional structures of peer support, for whom the notion of a "support group" carries negative connotations of excessive emotional neediness and 'structured

therapy'. Many young people do not see themselves as a part of formal community structures with low representation of young people among their staff and governance. Group peer support models were recognised by all contributors as effective means of achieving increased and sustained social inclusion, resilience and community engagement. A service requires the systemic involvement of young people in its development and implementation to ensure it remains appropriate to their needs. Accessible community is safe, non-judgemental and inclusive. It also exists where young people do: online, in social media, and in youth culture spaces.

Conclusion: Empowering young PLHIV to create support networks and focus on the issues they find most relevant enables them to forge community and a sense of belonging for themselves – a step towards overcoming marginalisation.

L

Lise Lafferty¹, Carla Treloar², Tony Butler¹, Jill Guthrie³, Georgina M Chambers⁴

¹The Kirby Institute, ²Centre for Social Research in Health, ³National Centre for Indigenous Studies, ⁴National Perinatal Epidemiology and Statistics Research Unit

Living with Hepatitis

Thursday 11.15am - 1.00pm, Seminar Room 1

Exploring dimensions of social capital of men in prison living with hepatitis C

Purpose: Prison is a unique environment whereby the usual dimensions of social capital may be inhibited or present differently than in the general population. The purpose of this study is to identify and understand the sources and dimensions of social capital of men in prison.

Methods: Thirty male inmates living with hepatitis C participated in in-depth interviews across three correctional centres in NSW (inclusive of minimum, medium, and maximum securities). Interviews were transcribed then thematically coded and analysed using NVivo software.

Results: Social capital dimensions were found to be present in prison, specifically focusing on trust and safety, informal and formal networks, agency, and civic engagement. However, there were differences in the access and expression of these resources in

prison. Reciprocity appears to be an instrumental component of several dimensions of social capital in the prison context but may not be an individual dimension of social capital among male prisoners.

Conclusions: Dimensions of social capital do not necessarily translate into the prison context. Reciprocity may have implications on a person's agency, their informal networks, civic engagement, and trust and safety in prison. An inmate's social capital may foster greater treatment uptake relating to health and rehabilitative programs (such as hepatitis C treatment) during their incarceration.

Kari Lancaster¹, Kate Seear², Carla Treloar³

¹National Drug and Alcohol Research Centre, ²Monash University, ³Centre for Social Research in Health

Advances in Harm Reduction

Friday 2.00pm - 3.45pm, Seminar Room 2

Laws prohibiting peer distribution of injecting equipment in Australia: A critical analysis of their effects

The law is a key site for the production of meanings around the 'problem' of drugs in public discourse. Taking the laws and regulations governing possession and distribution of injecting equipment in one jurisdiction (New South Wales, Australia) as a case study, we use Carol Bacchi's poststructuralist approach to policy analysis to critically consider the assumptions and presuppositions underpinning this legislative and regulatory framework, with a particular focus on examining the discursive, subjectification and lived effects of these laws.

We argue that legislative prohibitions on the distribution of injecting equipment except by 'authorised persons' within 'approved programs' constitute people who inject drugs as irresponsible, irrational, and untrustworthy and re-inscribe a familiar stereotype of the drug 'addict'. These constructions of people who inject drugs fundamentally constrain how the provision of injecting equipment may be thought about in policy and practice.

We suggest that prohibitions on the distribution of injecting equipment among peers may also have other, material, effects and may be counterproductive to various public health aims and objectives. However, the actions undertaken by some people who inject drugs to distribute equipment to their peers may disrupt and challenge these constructions, through a counter-discourse in which

people who inject drugs are constituted as active agents with a vital role to play in blood-borne virus prevention in the community. Such activity continues to bring with it the risk of criminal prosecution, and so it remains a vexed issue.

Toby Lea

Centre for Social Research in Health

Drugs: Experiences of drug use, prevention and treatment across different populations

Thursday 11.15am - 1.00pm, Theatre C

Methamphetamine treatment options for LGBTI people: A review of the evidence

Lesbian, gay, bisexual, transgender and intersex (LGBTI) people typically report higher rates of methamphetamine use compared to non-LGBTI people. The contexts and motivations for methamphetamine use may also differ considerably between LGBTI and non-LGBTI people, as well as within LGBTI communities. While most LGBTI people who use methamphetamine do not develop problems from their use, some people may need support in managing, reducing or ceasing methamphetamine use. However, treatment options for methamphetamine are limited, and psychosocial interventions such as cognitive behaviour therapy are currently regarded as the most effective treatments. While people experiencing problems with methamphetamine use are often difficult to engage and retain in treatment, LGBTI people may experience additional barriers to treatment, including fear of discrimination from service providers and perceptions that services will have inadequate knowledge of LGBTI issues.

This review paper will: (i) describe methamphetamine treatment options for LGBTI people in Australia, (ii) describe LGBTI people's experiences of and preferences for treatment, (iii) examine whether treatment outcomes differ between LGBTI and non-LGBTI people in controlled studies, and (iv) examine whether LGBTI people experience improved treatment outcomes when services are culturally tailored to their needs.

This review will focus largely on international research due to the relative absence of Australian research in this area. The findings of this paper may help to improve responses to methamphetamine use among LGBTI people in Australia.

Kyle Leadbeatter

Hepatitis NSW

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Addressing static health literacy and empowering active and informed health consumers

It will surprise few that many people who have lived with hepatitis for a number of years have avoided engaging with health services, community organisations and information sources. Marginalisation of people living with hepatitis C, often within the health system, contributes to disempowerment and creates static health literacy. In other words, many people living with hepatitis C have an understanding of the virus and health options which lines up with the time they were diagnosed. For many this translates to only interferon-based treatment, significant side-effects, painful liver biopsies, barriers to accessing treatment, stigma within health settings, and few support options. While it has been historically difficult to reach out to much of this demographic as a result of their marginalisation, the increased visibility of hepatitis C with the developments in new treatments has opened up an unprecedented opportunity to reengage and improve treatment rates. Using a platform that emphasises the changes to the hepatitis health landscape, programs that centre on empowering health consumers who are active, informed and conscious are vital to reengaging people around taking control of their own health. Through Hepatitis NSW's chronic disease self-management program Living Well, participants gain knowledge, skills, resources, confidence and motivation to better manage their health and be more active in addressing the effects of hepatitis C on their lives. Working against structural marginalisation and improving treatment rates needs to centre on empowering the affected community and fostering an active approach to health.

Emily Lenton

Australian Research Centre in Sex, Health and Society

Living with Hepatitis

Thursday 11.15am - 1.00pm, Seminar Room 1

'We're from the same tribe': Hepatitis C and intimate relationships

Introduction: Social research on hepatitis C has shown that living with this highly stigmatised disease

can profoundly change the way people feel about and experience intimate relationships. To date, however, few studies have directly explored how the stigma associated with the sexualities of people who inject drugs inform and shape experiences of intimate relationships for people living with hepatitis C.

Method: The paper analyses 15 in-depth semi-structured interviews conducted with people who contracted hepatitis C via injecting drug use. These interviews were collected as part of a research Masters Degree project exploring hepatitis C, sexuality and intimate relationships.

Findings: The interview data identified a number of ways a hepatitis C diagnosis shaped intimate relationships. Some participants, despite no longer injecting drugs, only entered relationships with other people with histories of substance use. Others only had relationships with people who had no histories of substance use, although many did not disclose their hepatitis C status. Still others had no sexual contact. Drawing on Margrit Shildrick's ideas of anomalous bodies (1997, 2000, 2002), the paper explores how ideas of injecting drug use and the stigma associated with it directly inform the ways hepatitis C shapes intimate relationships.

Recommendations: The paper suggests that the powerful symbolic and cultural associations of hepatitis C and injecting drug use need to be challenged. This is essential to producing strategies that are both effective and ethical, not least in the context of some of our most intensely valued experiences, those of sexual intimacy and meaningful personal relationships.

Jayne Lucke, Graham Brown, Marina Carman, Anthony Lyons, Jennifer Power, Ros Le, Jack Wallace

Australian Research Centre in Sex, Health and Society

Communities and Leadership

Friday 2.00pm - 3.45pm, Theatre B

Understanding the 'community' in community engagement: What does the research tell us?

The active engagement of affected communities is an accepted guiding principle of the policy response to blood-borne viruses and STIs in Australia. However, the nature of 'communities' is contested, differs across BBVs and STIs and changes over time.

This paper reflects on understandings of 'community' drawing on findings from four studies conducted at ARCSHS around gay men and subcultures, people living with HIV, peer-based community programs, and affected community understandings of hepatitis B.

These studies demonstrate complexity in how communities are composed, how they organise themselves, and how individuals see themselves in relation to the community. However, complexity can be lost in health policy and programs that focus on unified categories like 'gay men' or 'people living with HIV', where levels and forms of identification vary internally.

In other cases, the category has been constructed across communities, such as 'culturally and linguistically diverse' communities. Or, for example, 'people living with viral hepatitis' may see other communities to which they belong as much more relevant to their lives and experience. This has implications for the targeting of health programs, and for researcher and policymaker expectations of the insights that community engagement can deliver. Further research should continue to add to a complex and current understanding of how individuals and communities affected by BBVs and STIs understand their own experience and connections.

M

Limin Mao¹, John de Wit¹, Philippe Adam¹, Aaron Cogle², Sean Slavin³, Jeffrey Post⁴, Edwina Wright⁵, Michael Kidd⁶

¹Centre for Social Research in Health, ²National Association of People with HIV Australia (NAPWAH), ³Australian Federation of AIDS Organisations (AFAO), ⁴The Prince of Wales Hospital, ⁵The Alfred Hospital, ⁶Flinders University

HIV Treatment: Issues in uptake and adherence

Thursday 1.45pm - 3.00pm, Theatre C

To be on antiretroviral treatment (ART) or not: What contributes to differences in ART uptake patterns?

An online survey was conducted from October 2014 to August 2015 among people living with HIV (PLHIV) in Australia to discern personal, clinical and social factors associated with ART use or non-use.

A final 360 responses were retained with the response rate estimated to be 82.4%. The majority (n=347, 96.4%) were men who mostly identify as gay, homosexual or queer (n=325). All 13 females identified as straight. Participants were, on average, 46.7 years old (sd=10.8; median=48) with about three-quarters born in Australia (n=263).

The 358 participants with a known ART status were further divided into three groups: 208 (57.8%) had been on continuous ART; 117 (32.5%) were on intermittent ART with at least one treatment break before; and 33 (9.2%) were not on ART, including 26 being ART naïve.

Multinomial logistic regression results show that, compared to those on continuous ART, people who had intermittent ART were more likely to be diagnosed with HIV earlier (AOR=0.37; 95% CI=0.27-0.51; p<0.001) and less likely to be screened by the PHQ9 protocol in the survey as having major depression in the past two weeks (AOR=0.38; 95% CI=0.15-0.99; p=0.045); whereas people who were NOT on ART at the time of survey tend to perceived more ART-related concerns than necessities (AOR=0.14; 95% CI=0.06-0.32; p<0.001) and had lower HIV self-management score (AOR=0.67; 95% CI=0.49-0.91; p=0.011).

These findings strongly suggest that to improve timely ART initiation, communicating both the personal and population benefits of early ART with PLHIV and building HIV self-management and treating depression are essential steps.

Heather McCormack

Hepatitis NSW

Advances in Harm Reduction

Friday 2.00pm - 3.45pm, Seminar Room 2

Drawing Them In: Stories from people who know

The diversity of communities affected by viral hepatitis and the changing profile of hepatitis C treatment and prevalence make development of relevant and engaging health promotion resources difficult. Publications must be practical, respectful, culturally appropriate and suitably targeted to deliver health promotion messages successfully.

During the Staying Safe research project (Centre for Social Research in Health, 2015), Treloar et al found little development in health promotion messages over 20 years. Limited targeting to diverse audiences reduced effective uptake of messages.

The peer-based storyline process Drawing Them In incorporates education and creative workshops to produce the accessible-literacy health promotion publication Transmission Magazine.

I examine the 12 recommendations from the Technical review of hepatitis C health promotion resources (Winter et al, 2011) and use them to evaluate Drawing Them In to identify benefits of and challenges to effective health promotion messaging.

Drawing Them In and Transmission Magazine demonstrate a targeted and engaging model of health promotion and community engagement that addresses many challenges identified by Winter et al and Treloar et al.

Drawing Them In participant evaluations show both actual and self-reported increase in knowledge about hepatitis C prevention and management as well as increased engagement with health and community services.

The defining features of Drawing Them In – active involvement at all stages of peers from affected communities, alongside a wholistic health education approach informed by health literacy principles – enables production of effective and appropriate hepatitis C health promotion resources.

Rosalind Moxham¹, Pene Manolas¹, Kerry Foley²

¹Positive Central, ²Yaralla House

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Yaralla House, a comprehensive high care residential facility for people living with HIV (PLHIV)

Yaralla House, Sydney is the only public residential facility in the world that specifically accommodates PLHIV who require high level care as a result of HIV associated dementia. The house currently has 11 permanent male residents, aged between 42 and 64 years plus one respite bed. Services at Yaralla house consist of the medical team which includes a medical consultant, registrar, psychiatrist, nursing unit manager, nurses and access to the neighbouring public hospital for any acute care. The allied health team includes a social worker, occupational therapist, physiotherapist, divisional therapist and dietitian. All food provided is cooked fresh and the house is professionally cleaned. Social activities are part of the prescribed care and cultural

celebrations part of the yearly diary. The resource to resident ratio is high and this is necessary to manage any challenging behaviour of residents, provide regular medical monitoring and intervention, assist with activities of daily living and provide a safe living environment. The level of care provided at Yaralla House has proven to be effective that some admissions once established then stabilised on a medical regime are able to be transferred to a low care facility where they are able to live more independently. Whilst those that remain in care live with undetectable viral loads, stable CD4 counts in an environment where importance is placed upon their quality of life. As there is no single or definitive cause for HIV associated dementia and no complete cure, then Yaralla House remains part of health care for PLHIV.

Christian Munoz

National Association of People with HIV Australia (NAPWHA)

Stigma 2

Thursday 3.30pm - 4.45pm, Theatre B

Cultural and linguistic diversity (CALD) as a marginalising element in the lived experience of people living with HIV (PLHIV)

Past research has established that CALD is a marginalising feature in the lived experience of PLHIV. In the context of current improvements to treatment guidelines and the contemporary focus on quality of life outcomes, it is time to reflect on the currency of this information. 30 years into the epidemic, communities have evolved exciting and innovative adaptations and this paper will demonstrate that the CALD PLHIV community is no different. Over 50% of presenters to a community based rapid HIV testing service identified as CALD. The paper will present historical literature that has guided program development, it will draw on an environmental scan of NAPWHA member organisations and other services and include details of interviews with CALD PLHIV who access these services. This will explore the strategies of belonging that have emerged over the last 30 years. I will examine past experience, note the elements that have remained constant over time and identify themes and concepts that may characterise a new paradigm. All service providers have an obligation to refresh their understanding of this area to reduce marginalisation and enhance belonging in CALD individuals living with HIV. I will

conclude with recommendations to the three pillars of the HIV response in Australia; health services, community services and research bodies in light of this new information.

Dean Murphy

Centre for Social Research in Health

Critical Perspectives on Pre-Exposure Prophylaxis (PrEP)

Friday 2.00pm - 3.45pm, Theatre C

Having an effect: Exploring understandings of effectiveness in demonstration projects of HIV pre-exposure prophylaxis

This paper explores the concepts of efficacy and effectiveness by drawing in the accounts of men participating in an open-label demonstration project of the antiretroviral drug, Truvada, as HIV pre-exposure prophylaxis (PrEP) among gay men in Melbourne, Australia.

The accounts of these men suggest that (the effect of) PrEP is not fixed, but rather is enacted through two different sets of practices: adherence to the daily dosing regimen, and the (non)use of condoms and other HIV risk-reduction strategies while taking Truvada. Participants accepted a degree of responsibility for the study results. Adherence was not only about avoiding HIV acquisition but also about ensuring that PrEP 'worked'. The concept of effectiveness was also drawn on in relation to engaging in sexual practices associated with risk of HIV acquisition. On the one hand, participant's accounts indicated a concern that changing sexual practices too dramatically after starting Truvada could undermine protection provided by PrEP. On the other hand, the accounts also suggested an understanding of responsibility for producing data, which meant producing occasions of condomless sex, without which the effectiveness of PrEP could not be determined.

These findings provide evidence of how PrEP effectiveness is actively produced, notably through the efforts and accounts of study participants. Also, the study demonstrates the temporal aspects of effectiveness vis-a-vis efficacy. Whereas efficacy is both in the past ('proven') and also somewhat outside time, effectiveness—or the successful uptake of an intervention after it has been proven to be efficacious—is always in the future.

Dean Murphy¹, Marsha Rosengarten²

¹Centre for Social Research in Health, ²Goldsmiths, University of London

Critical Perspectives on Pre-Exposure Prophylaxis (PrEP)

Friday 2.00pm - 3.45pm, Theatre C

New thinking about HIV-negative identity: Experiences of participants in the qualitative arm of the VicPrEP study

In this paper we explore what PrEP means to those who take it in relation to biomedicine, sexual practices and HIV prevention approaches. A total of 24 interviews with men were conducted in the VicPrEP study.

The accounts of participants suggested the emergence of a new thinking about HIV-negative identity, with the possibility of experiencing this status as more definite (less ambiguous) than an HIV-negative status in the absence of PrEP. Men on PrEP generally drew on conventional 'neo-liberal' framings of risk, where risk is understood to be a causal effect located in individual actors. The identity of 'Neg and on PrEP' reinstates this but specifically locates potential risk in assumed HIV-negative men not taking PrEP, thereby positioning themselves as different from – and more responsible than – other HIV-negative men not using condoms.

Being 'on PrEP' was associated with divergent approaches to disclosing HIV status. Many men reported that they disclosed their 'Neg and on PrEP' status in order to reassure potential sex partners that they presented no risk HIV, others felt less inclined to disclose HIV status than before starting PrEP.

Experiences of disclosure, sex, and testing as reported within the constraints of the study point to an altering experience of HIV in relation to the presence of PrEP, and this warrants a review of conventional methodologies that have relied on notions of 'identity' and 'risk'. Hence PrEP may be considered a new contributor to a dynamic epidemic, opening possibilities for new engagements with prevention.

N

Christy Newman¹, Asha Persson¹, John de Wit¹, Denton Callander², Heather-Marie Schmidt³, Tina Gordon³, Pene Manolas⁴,

Alison Rutherford⁵, Catriona Ooi⁶

¹Centre for Social Research in Health, ²The Kirby Institute, ³NSW Health, ⁴Pozhet, ⁵South Western Sydney Sexual Health Clinics, ⁶Western Sydney Sexual Health Centre

Identities and Relationships among MSM

Friday 11.15am - 1.00pm, Theatre B

Ever at the margins? Expert views on the challenges of defining and reaching heterosexually-identified men who have sex with men for health promotion and care

Introduction: The NSW HIV Strategy aims to achieve an 80% reduction in HIV among men who have sex with men (MSM) by 2020. Prevention and testing activities are well established for MSM who identify as gay or bisexual, but up to 20% of HIV diagnoses in NSW are outside this group, including heterosexually-identified MSM, who may not identify with or be reached by existing health promotion strategies. Almost no Australian research exists on this group and the international literature is scant or not translatable to this context.

Methods: Semi-structured interviews were conducted with 'key informants' holding either professional experience or community knowledge of this population to understand expert views on how to define and reach men fitting this description, with a focus on health promotion and care.

Results: Findings highlight the complexity of defining MSM, which includes diverse sub-groups, such as those who are 'culturally straight' due to social and family expectations, and those who are 'straight but sexually fluid', that is, they strongly identify as heterosexual but do or have had sex with men on occasion. These different groups may require different forms of engagement, creating considerable challenges for clinical and health promotion systems.

Implications: This project addresses a major gap in knowledge of MSM, which will critically inform health policy and testing and prevention activities. The feasibility of conducting research with men fitting this description will be explored as a means to further expand understanding, but is complicated by their enduring location 'at the margins', and well beyond easy reach of existing forms of health care and promotion.

O

Darryl O'Donnell

Department of Sociology, Macquarie University

Law and Policy: HIV

Thursday 3.30pm - 4.45pm, Theatre C

Closer attention to bureaucracy can improve our understanding of public policy: The case of 'A New Era' of HIV policy in NSW

Theories of the policy process provide explanatory models for how issues come to the attention of policymakers and how public policies change. The pluralism of this literature emphasises civil society and political actors in processes of policy change. This is consistent with popular and scholarly accounts of HIV policy in Australia that centre community activism and political leadership in shaping Australia's lauded HIV policy settings.

This paper draws from case study research of HIV policy change in NSW during the period 2007 to 2015 that explored whether closer attention to bureaucrats and bureaucracy can improve our understanding of public policy. The research described the arrest of policy drift and the establishment of new, ambitious policy settings during a period of transformative change from 2011.

The case description is compatible with policy process theories but emphasises endogenous sources of change within the NSW bureaucracy even in the context of rapid exogenous developments in HIV prevention science and technology. Endogenous conditions, especially state capacity, ordered and constrained the possibilities for policy change.

They included bureaucratic policymaking authority, governance of dense policy networks by bureaucrats with knowledge expertise, and adequate allocable funding. HIV bureaucrats engaged in intensive practices that tended gaps between policy in its real and ideal forms. This occurred through partnerships forums, the allocation and attachment of conditions to funding and the shared examination of evidence and data. In NSW, the ideal form of HIV policy is bureaucratically-engineered and effect is given to it through directed puzzlement, mobilisation and strategy implementation.

Catriona Ooi¹, Christy Newman²

¹Western Sydney Sexual Health Centre, ²Centre for Social Research in Health

Navigating Sexual Health: Professional, youth and MSM perspectives

Friday 11.15am - 1.00pm, Theatre C

Navigating the complexities of 'belonging' as a female clinician in a men's sex on premises venue

Expanding sexual health screening into sex-on-premises-venues (SOPVs) potentially provides access to new populations of at-risk men, including those currently located at the margins of existing systems. However, SOPVs are commercial enterprises providing spaces for men to have sex, and entering those environments to provide clinical services is not without its challenges.

This presentation will provide a reflective analysis of the experience of delivering a pilot sexual health clinical service in a Sydney SOPV as a female clinician. Based upon the successful a[TEST] service, this pilot was first developed in 2014 as a collaboration between ACON and Western Sydney Sexual Health Centre, offering STI and rapid HIV testing deep in the heart of the SOPV, in a visually and spatially demarcated space, usually a VIP nude room.

Being female can be beneficial in demarcating the clinical role in this environment, but can also cause discomfort among clients. Issues of belonging have to be negotiated in both practical and symbolic ways – a male outreach worker must be present to make connections with men first, and act as an advocate and diplomat between clients and clinician.

While on-site screening services in SOPVs offer a unique way to scale up testing activities among MSM, issues relating to the insider/outsider status of those who deliver these services are important to recognise, to ensure both staff and clients feel they can belong in that space, even if the gender dynamics that feature when the clinician is a woman are new and potentially challenging for some.

P

Sonam Paljor¹, Lance Feeney²

¹Multicultural HIV and Hepatitis Service, ²Positive Life NSW

Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Improving HIV treatment: 7 good reasons to embrace the margins

Engaging communities as partners is a critical

component of HIV health promotion. Community engagement allows agencies to tap into wider perspectives, sources of information, and develop potential solutions to improve programs and services. It also provides the basis for developing productive and ongoing relationships, improving dialogue and creating a more inclusive process. In practice, however, community engagement with people with low literacy skills and HIV remains limited and under-utilised. Their level of marginalisation is often exacerbated when diagnosed with HIV in conjunction with being from a culturally and linguistically diverse background.

In 2015, the Multicultural HIV and Hepatitis Service (MHAHS) collaborated with the Positive Life NSW and an external designer to develop a new resource to increase understanding of the benefits of modern HIV treatment and uptake among people from CALD backgrounds with low literacy skills.

This paper will discuss the meaning of low literacy, and its impact on confining communities to the margins of our society, including when accessing HIV treatment and care via our health care system. We will explore the relative meaning of margin in different organisational contexts and discuss how developing resources with low literacy populations has the potential to improve treatment uptake as well as make the health care system more inclusive. The project is a good example of how organisations can tap into the margins of population affected by HIV and expand their organisational knowledge and relevance to new stakeholders.

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¹Living Positive Victoria, ²Formerly Queensland Positive People, ³ACON

Living with HIV

Thursday 11.15am - 1.00pm, Theatre B

Demarginalising PLHIV through shared leadership aspirations building resilience and more cohesive communities

The Stigma Audit (2012) by the National Association of People living with HIV Australia found that psychological resilience was a key factor in determining how PLHIV deal with HIV stigma. It issued a challenge to build programs and services that focused upon building individual resilience in order to reduce the marginalising effects that HIV stigma plays in the response to HIV.

The Positive Leadership Development Institute (PLDI) is a weekend residential workshop facilitated by and for PLHIV. It is predicated upon exploiting community diversity and demonstrating that a powerful community is made up of enabled and empowered individuals. Participants are exposed to the notions of PLHIV identity, belonging, culture and history through shared experiences meant to strengthen their commitment to addressing marginalisation in their own way. They explore individual examinations of values, behaviours and attitudes as well as defining a theory of leadership development that can be applied across numerous contexts. There are also discussions on the manifestations of HIV stigma and how to address it. Consequently there is an encouragement and fostering of a shared sense of belonging and camaraderie which builds a network of stronger more robust community cohesion.

Resilience building has been shown to positively counter the damaging effects of marginalisation across numerous populations. An increased confidence, visible presence and volume of diverse PLHIV across the community provides a role modelling effect. This 'coming out' process challenges HIV stigma head on, fosters opportunities for PLHIV to engage to social change and ultimately de-marginalises PLHIV in the process.

Garrett Prestage^{1,2}, Iryna Zablotska¹, Feng Jin¹

¹The Kirby Institute, ²Australian Research Centre in Sex, Health and Society

HIV: Emerging strategies in prevention among MSM

Friday 2.00pm - 3.45pm, Seminar Room 1

Acting on the desire to bareback among 'bottoms'

Objective: To identify, among gay and bisexual men (GBM) that indicate they only prefer to 'bottom' and who enjoy barebacking, which men act on their desire.

Method: We reviewed 75,863 Australian online profiles from a popular gay dating website. 52,226 men responded to questions about their sexuality, preferred position during sex, and whether they engaged in 'safer sex'. We excluded 39,485 men who indicated they did not enjoy 'barebacking', a further 4,182 who were not exclusive bottoms, and another 815 men who sought sex with HIV-positive men (as many were likely to be HIV-positive themselves). We compared the remaining 1,856

bottoms (75.1%) who did not always engage in 'safer sex' with the other remaining 617 bottoms who always practiced 'safer sex'.

Results: Among these bottoms who enjoyed barebacking, those who did not always engage in 'safer sex' were older (36.0 mean age) and more likely to be Anglo-Celtic (85.6%) than those who always engaged in 'safer sex' (32.3 mean age; 75.9% Anglo-Celtic). They were also more likely to enjoy amyl (aOR=1.46) and meeting partners at porn theatres (aOR=1.51) but less likely to enjoy phone sex (aOR=0.67) or mutual masturbation (aOR=0.77).

Conclusion: The majority of GBM who only take the receptive position during sex and who enjoy 'barebacking' do not always restrict themselves to 'safer sex' in how they promote themselves online. Those who do not always engage in 'safer sex' tend to be somewhat older and of Anglo-Celtic background. They also prefer having sex in person, usually involving penetrative sex.

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HIV: Emerging strategies in prevention among MSM

Friday 2.00pm - 3.45pm, Seminar Room 1

Online preferences about sex with HIV-positive partners

Objective: To examine stated preferences for HIV-positive partners among gay and bisexual men (GBM) on an online dating site.

Method: We reviewed 75,863 Australian online profiles from a popular gay dating website. Men could indicate their preferences from a list of 22 types of partners: 8420 men (11.1%) indicated that they were interested in sex with HIV-positive men, but 3798 (5.0%) listed all types of men. There were 2072 men (2.7%) who listed a preference for 21 of the 22 types of men, including 1581 men (2.1%) who specifically excluded HIV-positive men. We compared these 1581 men with the 4622 men specifically selected HIV-positive men.

Results: Mean age was 38.3 years. Men who specifically excluded HIV-positive men were younger (34.7 mean age), less likely to identify as gay (25.7%), and more likely to always prefer 'safer sex' (55.5%) than those who specifically included

them (39.6 mean age; 65.2% gay-identified; 32.4% preferred safer sex). Men who specifically excluded HIV-positive men were also more likely to live outside of Sydney and Melbourne.

Conclusion: Men who were specifically concerned not to have sex with HIV-positive men were younger and less connected to urban gay communities, and they tended to restrict themselves to 'safer sex'. While what is meant by 'safer sex' on these online profiles is unclear, the desire to avoid sexual contact with HIV-positive men appears to largely reflect levels of engagement with gay communities. These attitudes likely reflect lack of knowledge as much as stigma.

Julianita Purnomo¹, Ling Fan¹, Katherine Coote¹, Limin Mao², Lei Zhang³

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HIV Treatment: Issues in uptake and adherence

Thursday 1.45pm - 3.00pm, Theatre C

New technologies and engaging / retaining key population at higher risk in the HIV treatment cascade in the Asian Pacific: A systematic review of literature

Introduction: This literature review was conducted to examine the impact of new technologies in the engagement and retention of key populations in the HIV treatment cascade, focusing on the Asia-Pacific region.

Methods: The review was informed by PRISMA and Cochrane guidelines for the conduct of systematic reviews. The scope of search strategy included studies published in English, between 2010 and 2014. A wide range of Medical Subject Heading terms, subject headings, keywords and controlled vocabulary search terms derived from review questions for each the databases were used to ensure a broad coverage of published studies in the review. Studies were excluded if they were conducted outside the Asia-Pacific region or did not include key populations at higher risk of HIV.

Results: The database search identified 4964 records. After preliminary screening of titles and abstract, 172 records were examined in full, resulting in, a final set of 50 records that met review criteria for further data extraction, including: five randomised controlled trials; six systematic reviews; and one meta-analysis. Most studies (38%) were observational studies. Ten studies (20%) were either

quasi-experimental studies or impact evaluation of what was achieved by eHealth and mHealth initiatives. Among the included primary studies, the studies were mostly conducted in China (26%), followed by India (23%) and Australia (17%).

Conclusions: Upon completion, this review will summarise the findings of existing research regarding the efficacy of new technologies in engaging and retaining key populations, from the Asia-Pacific region, in the HIV treatment cascade.

R

Kane Race

University of Sydney

Identities and Relationships among MSM

Friday 11.15am - 1.00pm, Theatre B

Queer counterpublics in the digital context

Queer counterpublics have been seen as a significant resource for gay men's HIV prevention in the critical literature, where they tend to be conceived as rhizomatic structures consisting of relays among various forms of media circulation and visible, accessible inhabitations of urban space.

While the theorisation of counterpublics can be criticised for its tendency to characterise digitally-arranged sex as ipso facto privatising, this paper argues that creating contexts for collective reflexivity about private sexual exchanges persists as a priority for counterpublic health in the digital context. Concerns about counterpublic health are particularly topical right now, given the intense governmental assault on 'nightlife' in Australian urban centres (a traditional locus of LGBTI socialisation); not to mention the proliferation of homonormative discourses which are characteristically HIV, sex and drug phobic and fail to register the significance of digital sexualities for their constituents.

Compared with previous generations of gay men, the sexual subjectivities of upcoming generations of same-sex attracted individuals are being formed in substantially altered conditions, which creates a range of pedagogical challenges – not least the question of how to promote acknowledgement of (and non-vitriolic reflexivity around) a range of hidden, widely engaged in, but presumptively illicit sex/risk practices.

Referencing a range of empirical examples drawn

from common sexual media engagements among gay and MSM, this paper argues that some trajectory from private to public – or what I call 'frame-overflowing' – is a necessary precondition of counterpublic activity, even while it intrinsically runs the risk of breaching ethical sensitivities.

Kane Race¹, Davi Martinelli¹, Dermott Ryan², Johann Kolstee²

¹University of Sydney, ²ACON

Drugs: Experiences of drug use, prevention and treatment across different populations

Thursday 11.15am - 1.00pm, Theatre C

Harm reduction in process: The ACON Rovers, GHB, and the art of paying attention

In recent work on environmental and health risk, Isabelle Stengers has suggested that neoliberal modes of governmentality are seized by a strange injunction: 'the right not to pay attention' (2015). She characterises 'paying attention' as an art that brings into play connections we are in the habit of keeping separate.

In this paper, we use this insight to characterise different forms of prevention in the drugs field, arguing that modes of attention are an important consideration for 'counterpublic health' and harm reduction.

Our case study centres on the ACON Rovers, a team of volunteers who rove around LGBTIQ dance events on the lookout for people in trouble. Through certain 'arts of interception,' and an immanent practice of working with possibilities, the Rovers aim to avert certain dangers, especially those associated with the drug GHB. Doing this work well involves a certain mode of attending to risk derived from communal embodied experience that has regard to the affective relations and impacts of surveillance. Since they effectively intervene in drug effects, we suggest the Rovers are engaged in a form of 'ontological politics'. Their mode of operation can be contrasted with that of drug enforcement, which assumes 'the right not to pay attention'.

Jake Rance, Carla Treloar

Centre for Social Research in Health

Living with Hepatitis

Thursday 11.15am - 1.00pm, Seminar Room 1

'I'm always going to be with you, so don't worry':

Accounts of changing hepatitis C serostatus among couples who inject drugs

Introduction: Within the field of illicit drug use and hepatitis C (HCV), there has been limited research examining the complex interpersonal and social dynamics characterising the relationships of couples who inject drugs. To contribute to more sophisticated HCV prevention efforts, we investigated how couples who reported experiencing changes in HCV sero-status during the course of their relationship understood and responded to such changes.

Approach: Drawing on a large sample of qualitative interviews with couples who inject drugs, we adopted a methodology that positioned partnerships rather than individuals as the primary unit of analysis. Importantly, this aspect of our work redresses the commonplace tendency to either overlook, or discount as dysfunctional and drug-driven, the partnerships of people who inject drugs.

Findings: While some couples sought greater biomedical understanding as a means of coming to terms with sero-change, others drew on alternative 'rationalities' that sat firmly outside conventional biomedical discourse (privileging notions of kinship and blood, for example). Regardless of which explanatory framework they drew on, participants were ultimately concerned with prioritising their partnership by limiting the potential social and relational damage of living with HCV.

Conclusion: The health-related benefits of intimate partnerships are well-recognised in the wider literature. However, little attention has been paid to couples experiencing high levels of social stigma and exclusion, such as those who inject drugs. Understanding how our participants responded to sero-change within the lived context of their intimate partnership will contribute to both our knowledge of living with HCV and our efforts at its prevention.

Daniel Reeders¹, Graham Brown¹, Colin Batrouney², Carlos Sepulveda²

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Navigating Sexual Health: Professional, youth and MSM perspectives

Friday 11.15am - 1.00pm, Theatre C

The application of complex systems to understand peer network health promotion with sexually adventurous men

Sexually adventurous gay men are quick to adopt

new opportunities for pleasure and prevention.

Peer based health promotion use insights from engagement with these networks to understand how they are changing, and how to influence. Traditional evaluation methods struggle with programs that are continuously evolving in tandem with their target audience and context.

The What Works and Why (W3) project used participatory methods from complex systems to develop: better understanding of how peer based programs work; methods to support capturing and sharing insights from practice; and a framework to evaluate the role and contribution of peer based programs.

With the Sexually Adventurous Men (SAM) project at the Victorian AIDS Council, we mapped out practitioners' implicit mental models of two complex adaptive systems: the community system made up of separate but overlapping networks and cultures in sexually adventurous practices; and the policy system of the HIV sector, media, health system and politics.

We found the 'system logic' of peer network targeted health promotion such as the SAM Project was to create products that were culturally relevant enough to circulate via existing sexually adventurous networks. The goals of these products were to amplify the circulation of social and sexual practices that reduce HIV infection risk rates overall, and to provoke men who consume them to revise their mental models to better fit the increasing complexity of HIV prevention. In the process we articulated a program theory of peer based health promotion not elsewhere advanced in the public health literature.

Adam Rolander

University of Melbourne

HIV: Emerging strategies in prevention among MSM

Friday 2.00pm - 3.45pm, Seminar Room 1

MSM social capital and HIV risk: Identifying tools and trends of at risk and hard to reach MSM in Okinawa, Japan

Background: As MSM HIV prevention research in Japan has focused on the visible gay community (gay-community-attached MSM), previous studies have failed to reach the large sexually-active MSM population who are not socially active in the gay community. This research project addressed the research gap by means of an anonymous multiple

choice online survey aimed to capture both gay-community-attached and non-attached MSM, conducted in Okinawa, Japan.

Methods: As previous research has shown that HIV/AIDS rates decrease with an increase in social capital, the survey included 56 questions about MSM and HIV, focusing on MSM social capital. Data from 265 valid MSM respondents was acquired and survey results were used to generate a 'general social capital score' and a 'bonding social capital score'. Trends were identified using Linear regression, and differences in response between various sub-groups of respondents compared using the two tailed, two sample t-test.

Results: Results show that MSM who use gay internet services frequently have significantly lower levels of MSM bonding social capital (trust, shared norms, values, opinions) and are most active in anonymous sex, thus at higher risk from HIV/AIDS.

Conclusions: Despite having easy access to information about HIV/AIDS, MSM with low bonding social and are less likely to accept MSM HIV/health information provided through the MSM community. This research will improve Japanese MSM HIV prevention for the most 'at risk' and 'hard to reach' MSM in the immediate future, particularly in Okinawa which has the highest rate of HIV infection in Japan.

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Rapid Papers 2

Friday 11.15am - 1.00pm, Seminar Room 1

Consumer led and co-production research in a world that's not used to it: The consumer led research network

The Strategic Plan for Mental Health in NSW has announced the establishment of a Collaborative Research Framework for Mental Health in NSW. A key principle underpinning this framework is 'the engagement of consumers and carers at all stages of research, including its translation into practice and policy'. In this context a group of consumer researchers, led by Bradley Foxlewin, has established the 'NSW Consumer Led Research Network', an independent body, supported by the NSW Mental Health Commission. The Network has been established to support an environment for the

discussion and development of consumer led mental health and drug and alcohol research activities, in NSW. The Network has held its first forum, entitled "Enabling consumer led and coproduction research in a world that is not used to it" which was attended by 75 people from three states in Australia. While the forum had a number of keynote speakers the emphasis was on gathering ideas for a forward momentum in consumer led and coproduction research. Some of the main themes emerging from the forum will be presented, as well as a rationale for the necessity of the further development of consumer led research.

S

Kate Seear

Monash University

Stigma 1

Thursday 1.45pm - 3.00pm, Theatre B

A 'necessary evil': Lawyer's ethics, drugs, addiction and the making of stigma

Debates about 'addiction', agency and responsibility feature in law with increasing frequency. In this paper, I argue that legal conceptualisations of addiction have potential effects, including the potential to stigmatise and marginalise people labelled as 'addicts'. I also argue that these effects should be understood as ethical problems for lawyers.

This argument is developed through an analysis of interview data I collected with Australian and Canadian lawyers whose work involves addiction.

In making strategic decisions in cases involving drug use, lawyers often make assumptions about their clients' agency and capacity. Drawing upon feminist science and technology studies and performativity theories, I argue that these approaches can both benefit clients and reinforce drug-related stigma, especially where lawyers construct their clients as non-agentive and irrational. This is of concern because people who use drugs are often already assumed to be non-agentive and irrational, and highly stigmatised and marginalised as a result. I call for more critical work that reflects on the 'ethics' of such practices.

Using lawyer Christine Parker's 'ethics of care' model, I conclude with a discussion of how lawyers

might navigate cases where 'addiction' features in the future, with a view to improving the impact of legal practice on vulnerable populations.

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HIV Treatment: Issues in uptake and adherence
Thursday 1.45pm - 3.00pm, Theatre C

Parameters associated with adherence to antiretroviral therapy in HIV-infected Australian adults: The PAART Study

Introduction: Some patients have difficulty maintaining antiretroviral therapy (ART) adherence, reasons for this in Australia are not well understood.

Methods: We developed a national, 2-year cohort study of HIV-positive adults on ART with undetectable viral load. Participants complete an annual questionnaire regarding demographics, physical health, psychosocial stressors, HIV disclosure, stigma/discrimination, healthcare access, treatment adherence/side effects, health/treatment perceptions, and finances/employment. Neurocognition is assessed using Cogstate.

Pharmacy ART dispensing data are collected annually; clinical/virological outcomes bi-annually. Results: We present baseline data for the first 350 participants: 332 (94.9%) male, mean age 50.6 years, mean HIV-duration 14 years. Participants were recruited at 11 sites: 144 (41%) at sexual health clinics, 114 (33%) hospital clinics, 92 (26%) general practices. 43 participants (12.3%) reported missing ≥ 1 ART dose in previous week; 42 participants (12.0%) missed ≥ 1 dose/month over previous 3 months. 31 variables associated with incomplete ART adherence over past-week in univariate analyses, including >1 ART pill per day, and methamphetamine use, but not neurocognitive impairment (GDS ≥ 0.5 , in 27.1%)/pharmacy copayments. In forward logistic regression, increased odds for non-adherence independently associated with: born outside Australia (OR=4.9 [95%CI 1.5-15.7], $p=0.007$); prior AIDS-defining illness (OR 3.6 [95%CI 1.5-8.6], $p=0.004$); having delayed/interrupted ART in previous 12 months (OR=13.3 [95%CI 3.0-58.8], $p=0.001$); currently living alone (OR=3.8 [95%CI 1.5-9.6], $p=0.004$); and current depression (PHQ-

9 summary score >10) (OR 2.7 [95%CI 1.1-7.1], $p=0.038$).

Discussion: In HIV-positive adults on suppressive ART, 12% report suboptimal short-term adherence at levels associated with ART failure. Non-adherence mostly associated with psychosocial factors rather than ART/medical parameters.

Lucy Stackpool-Moore¹, Paul Kidd², Brent Allan³, Heath Paynter⁴, Simon Ruth⁵

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Law and Policy: HIV
Thursday 3.30pm - 4.45pm, Theatre C

Policing the margins: HIV, crime and stigma

The repeal of Australia's only HIV-specific indictable criminal offence, section 19A of the Crimes Act 1958 (Vic), has focused attention on the impact of criminal prosecutions on the HIV response – specifically, the impact that criminal prosecutions have on stigma, discrimination and the marginalisation of people living with HIV (PLHIV). This paper will critically examine the application of the criminal law to allegations of HIV transmission and exposure, in Australia and globally, as a driver of stigma and an impediment to realising the human rights of PLHIV. We argue that the history of HIV criminalisation illustrates the problematic role of the law in social control, the production of stigma and the policing of deviance. We suggest that in the case of HIV transmission, exposure and nondisclosure, the application of criminal law is detrimental to society as well as to the individuals involved: it accentuates stigma by casting PLHIV as a dangerous group who place the community at risk of harm. This undermines the human rights of people living with HIV, and creates—rather than dissipates—barriers to seeking testing, support and other health services.

Carolyn Stuble

WHOS (We Help Ourselves)

Rapid Papers 1
Thursday 3.30pm - 4.45pm, Seminar Room 1

Evaluating need and implementing harm reduction services in an abstinence based organisation

Abstinence from Alcohol and Drugs has long

been the philosophy underpinning the Therapeutic Community (TC) model of care. However, infectious disease and overdose prevention must be addressed whilst a client is in treatment reducing risk when relapse occurs. This paper will discuss the moral dilemma that harm reduction may pose for an abstinence based service exploring the challenges and benefits? The community as method approach focuses on living and social skills; part of lifestyle change is addressing risk behaviors. Implementing harm reduction (HR) into WHOS services has had challenges both on a local level and internationally amongst abstinence based bodies. How harm reduction today has become a major component of the WHOS seven programs in NSW and QLD will be discussed highlighting education groups covering BBV, STI's, overdose prevention/ CPR, safe sex, infection control and the inclusion of Opioid Treatment Programs further enhancing services offered to clients. Building partnerships with both Government services and NGO's is integral to ongoing effectiveness of the HR program and provide onsite services e.g. Liver and sexual health clinics. To ensure the HR program continues to be effective, evaluating need, appropriateness and satisfaction is essential. Anonymous questionnaires administered to new clients address specific risk taking behaviours these results continue to indicate medium to high prevalence risk taking amongst this client population. Findings from results outlined in this paper identify the need for a HR program to continue as a major component in this and other programs regardless of whether abstinence is an ultimate goal of treatment.

T

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¹The Kirby Institute, ²Center for Research and Training on HIV/AIDS, Hanoi Medical University

HIV Treatment: Issues in uptake and adherence
Thursday 1.45pm - 3.00pm, Theatre C

Barriers to access and uptake of antiretroviral therapy (ART) among HIV positive MSM in Hanoi, Vietnam

Objective: Approximately 20% of people living with HIV (PLHIV) in Vietnam are unaware of their status and only 40% of these have access to ART. Little is

known about what happens when men who have sex with men (MSM) are diagnosed with HIV. This study aimed to explore barriers to access and uptake of ART among HIV positive MSM in Hanoi.

Methods: We conducted 35 in-depth interviews with MSM receiving (n=20) and not receiving (n=15) ART. Participants were recruited using snowball sampling based on previous research and social networks. Interviews ranged from 60 - 120 minutes and were transcribed prior to thematic analysis.

Results: Preliminary results highlight the role of syndemic conditions, including the dual stigma of HIV and same-sex relationships and a lack of community support, leading to fear of disclosure of HIV status. Health system barriers included reticence by providers to discuss risk behaviours and same-sex relationships, aggravated by limited time and space for clinical encounters. Many lacked knowledge about treatment at diagnosis and some reported reluctance to accept their diagnosis. Synergisms between these factors impede access to, and uptake of, ART.

Conclusions: This is the first study to examine ART uptake among Vietnamese MSM. Results indicate a need to address stigma and discrimination and to build confidence and comfort in both the affected and broader community. Removing health system barriers to create a safe, confidential treatment environment for MSM will also be necessary if Vietnam is to achieve its stated goal of complying with UNAIDS 90-90-90 targets.

Carla Treloar¹, Luke McCredie², Andrew Lloyd²

¹Centre for Social Research in Health, ²UNSW

Advances in Harm Reduction
Friday 2.00pm - 3.45pm, Seminar Room 2

The prison economy of needles and syringes: What opportunities exist for BBV risk reduction when prices are so high?

Aim: A formal Needle and Syringe Program (NSP) is not provided in Australian correctional centres. Injecting equipment circulates in prisons as part of an informal and illegal economy. This paper examined how this economy generates blood-borne virus (BBV) risk and the risk mitigation opportunities for inmates.

Method: The HITS-p cohort recruited NSW inmates who had reported ever injecting drugs and who

had a negative HCV serological test within 12 months prior to enrolment. For this study, qualitative interviews were conducted with 30 participants enrolled in HITS-p.

Results: A needle/syringe was nominated as being typically priced in the 'inside' prison economy at \$100-\$150 (range \$50-\$350). Purchase or hire of equipment was paid for in cash (including transactions that occurred outside prison) and in exchange for drugs and other commodities. A range of other resources was required to enable successful needle/syringe economies, especially relationships with visitors and other prisoners, and violence to ensure payment of debts. Strategies to mitigate BBV risk included retaining one needle/syringe for personal use while hiring out others, keeping drug use (and ownership of equipment) "quiet", stealing used equipment from the prison health clinic, and manufacture of syringes from other items available in the prison.

Conclusions: The provision of prison NSP would disrupt the inside economies built around contraband needles/syringes, as well as minimise BBV risk. However, any model of prison NSP should be interrogated for any unanticipated markets that could be generated as a result of its regulatory practices.

V

Stefanie Vaccher¹, Andrew Grulich²,
Garrett Prestage^{1,2}, Iryna Zablotska¹

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Critical Perspectives on Pre-Exposure Prophylaxis (PrEP)

Friday 2.00pm - 3.45pm, Theatre C

Use of strict behavioural eligibility criteria helps to identify a group of high-HIV risk gay men for participation in the NSW pre-exposure prophylaxis (PrEP) trial

Introduction: Australian criteria for determining behavioural eligibility for HIV pre-exposure prophylaxis (PrEP) are unique. These eligibility criteria have been first trialled in the PrELUDE study. We assessed the characteristics and risk profile of study participants to evaluate how these behavioural risk criteria performed.

Methods: Data on behavioural eligibility from the pre-screening forms of 303 PrELUDE participants was analysed using STATA to assess the effectiveness of the Australian behavioural eligibility criteria in identifying patients at high-risk of HIV.

Results: PrELUDE participants had a median age of 36 years (range: 20-69 years) and most identified as gay or bisexual men (GBM, 97.4%). The majority (83%) were full or part-time employed, 81% had attained post-secondary education and 49% were circumcised. Approximately 85% of participants met at least one high-risk criterion, with 48% meeting two or more high-risk criteria. Having had any receptive intercourse with a casual male partner of HIV-positive or unknown status, or using methamphetamines in the previous 3 months individually accounted for 80% and 44% of high-risk enrolments, respectively. Participants identified as medium-risk were predominately GBM offered PrEP based on the prescriber's clinical judgement, or women planning to conceive naturally with an HIV-positive partner.

Conclusions: Newly developed Australian behavioural eligibility criteria successfully select individuals who are at the highest risk of HIV acquisition, whilst allowing patients with more complex needs the opportunity to access PrEP on a case-by-case basis. Such criteria enable the precise targeting of PrEP to individuals who can benefit most.

W

Jack Wallace, Jeanne Ellard, Ros Le, Lizzie Smith, Jacqui Richmond

Australian Research Centre in Sex, Health and Society

Stigma 1

Thursday 1.45pm - 3.00pm, Theatre B

Hepatitis B stigma and discrimination: Looking for a home

Chronic hepatitis B is recognised as a national and global health priority with the development of the Australian National Hepatitis B Strategy and the World Health Organisation Global Hepatitis Strategy. While these strategies give hepatitis B an equivalent political status as HIV and hepatitis C, there are a paucity of resources available for addressing

hepatitis B related issues. Aspects of programmatic responses to HIV and hepatitis C have been incorporated into the policy responses to hepatitis B without a clear articulation or understanding of the implications of this inclusion. This is particularly clear in terms of the discussion about hepatitis B related stigma and discrimination with assumptions made within the HIV and hepatitis C sectors of similarities and crossovers between the experiences of people with HIV, people with hepatitis C and people with hepatitis B. Hepatitis B is a different infection from HIV and hepatitis C. It is vaccine preventable. It disproportionately affects people whose cultural understanding of health is different from that used by the western medical model. The social marginalisation experienced by some people with hepatitis B is overlaid with race, culture, immigration, social and cultural marginalisation rather than necessarily by behaviour. The paper will draw on an analysis of policy documents, literature and interview data to argue that the nature and experience of hepatitis B stigma and discrimination are different and require responses that fundamentally differ from a different response.

Nicole Wiggins

AIVL

Rapid Papers 1

Thursday 3.30pm - 4.45pm, Seminar Room 1

AIVL Hepatitis C Awareness Project (HAP)

The AIVL Hepatitis C Awareness Project aims to raise awareness of HCV testing, diagnosis, liver health assessment and the new generation treatments among PWID so that people can 'know their HCV status', 'fully understand their HCV diagnosis', 'know the state of their liver health' and 'be aware of what ongoing monitoring, management and treatment options may be available to them now and in the future depending on their individual situation. One of the issues that is becoming more and more obvious is that many people in our community may have been HCV tested (often many times over many years) but still don't necessarily fully understand their HCV status or the diagnosis they received. People are also not sufficiently aware that they can be symptom-free but still have underlying progressive liver disease. We also know that we need to be encouraging and supporting people to have their liver health assessed so they know where they stand in relation to their HCV diagnosis

and whether they need to be considering treatment now or in the future. The latest data is that 124 people every month are now dying from hepatitis C related conditions in Australia and this number is set to continue increasing over the coming years. We must act now to ensure our community has all the information they need in a form that 'speaks to them' to address their hepatitis C. The presentation will include a summary of key theme's and learning's from the project up to March 2016.

Y

Kenneth Yates

Centre for Social Research in Health

Stigma 1

Thursday 1.45pm - 3.00pm, Theatre B

What do needle and syringe programs do? An assemblage approach

Objective: To understand the experience of NSP service engagement from the perspective of NSP clients and NSP workers, and in doing so, answer the broader theoretical question of "what do NSPs do?".

Approach: Semi-structured, in-depth interviews were conducted, using a convenience sample of 31 clients, and all 12 workers, at NSPs across two local health districts in Western Sydney over the course of 2012 and 2013. Interview transcripts were coded and analysed using an assemblage theory framework, with the aid of qualitative data analysis software.

Findings: A range of factors were involved in service access that were not directly related to obtaining injecting equipment. Some of these included material needs such as clothing or sleeping bags. Others concerned simply having another human being to talk to, or to experience a social encounter that was not stigmatising. NSP workers and service provision more generally were subjected to discriminatory attitudes and practices from other, non-NSP health workers, which in some circumstances obstructed service provision. NSP workers engaged in emotional labour, rapport-building and impression management (face work) to facilitate better relations between NSPs and non-NSP health workers, in turn establishing the conditions for future service provision.

Implications: While the distribution of sterile injecting

equipment is and should be core business, the work of NSPs is always already in excess of distribution. The approach taken by the present research suggests some novel possibilities for understanding how discrimination and marginalisation can be understood in the context of service engagement and service provision.