

QUESTIONS FOR THE MAJOR PARTIES - 2007 FEDERAL ELECTION

1. Public knowledge and understanding of hepatitis C

As part of the National Hepatitis C Strategy 2005-2008 priority was given to increasing public knowledge of hepatitis C and transmission risk factors. The *Senate Inquiry into Hepatitis C and the Blood Supply in Australia* also supported measures to increase public understanding of hepatitis C. An enormous amount of confusion, misunderstanding and stigma continues to surround hepatitis C within the community; this hampers prevention, testing and treatment efforts.

1a. Does your party support a sensitive mass media campaign to educate the broader community about hepatitis C?

1b. Will your party commit to advocating within the new Parliament for adequate resourcing of a hepatitis C mass media campaign?

2. Improving hepatitis C treatment uptake

Uptake of hepatitis C treatment remains low despite revision of treatment eligibility criteria. Many factors impact on the decision to undertake treatment including low awareness, the chance of being cured, available support networks, potential severe side effects, prior experience of discrimination in health settings and the need to travel long distances to liver clinics and waiting times within the clinics. Research shows that to decrease the burden of disease treatment uptake needs to be expanded at least three fold.

Treatment for hepatitis C is predominantly undertaken within liver clinics located in major metropolitan hospitals. A small number of GPs that have undergone specific training can provide ongoing treatment management, but not initiate treatment. Clinical trials are currently underway or being considered to improve treatment uptake by expanding access points to hepatitis C treatment in non-hospital settings such as drug treatment clinics and prisons. GP initiation of treatment is also under consideration.

2a. Does your party support the expansion hepatitis C treatment access points to improve treatment uptake?

2b. Will your party commit to funding of clinical trials of different models of treatment for hepatitis C?

3. Development and funding for a National Hepatitis B Strategy.

Unlike Hepatitis C and HIV/AIDS there is no National Strategy for Hepatitis B. The development of a National Strategy is required to achieve a coordinated and comprehensive response to hepatitis B in Australia. This response needs to move beyond testing, vaccinations and treatment to also address health promotion, health maintenance and the support needs of the 90,000 – 160,000 people living in Australia with chronic hepatitis B. Development of a National Strategy for Hepatitis B is currently stalled due to lack of funding commitment to this initiative.

It is essential that people with hepatitis B are central to the process of planning a comprehensive response, yet appropriate infrastructure is not currently in place to support links to some hepatitis B populations, particularly those from culturally and linguistically diverse backgrounds.

3a. Will your party support the development of a comprehensive National Hepatitis B Strategy and commencement of implementation by 2009?

3b. Will your party commit to the provision of adequate infrastructure within community organisations to facilitate their participation as partners in the development of the National Hepatitis B Strategy?

4. Harm Reduction Programs

The *House of Representatives Standing Committee on Family and Human Services Report into the impact of illicit drug use on families* recently recommended that the Australia Government should “only provide funding to treatment and support organisations which have a clearly stated aim to achieve permanent drug-free status for their clients or participants”. If such a recommendation was acted on this would mean no funding for long standing harm reduction programs such as Needle Syringe Programs (NSPs) and Methadone Maintenance Treatment (MMT) which have proven substantial benefits to the community.

MMT is an extensively researched treatment modality. There is strong evidence, from research and monitoring of service delivery, that substitution maintenance therapy with methadone, among other benefits, is effective in reducing overdose, reducing the transmission of blood borne viruses such as HIV and hepatitis C, reducing incidence of criminal activity, while improving the health and social functioning of individuals.

NSPs are supported by the National Drug Strategy’s Harm Reduction Framework and there is indisputable evidence they are cost-effective and save lives. A federally funded government study showed that between 1988 and 2000 NSPs led to the avoidance of 21,000 hepatitis C infections and 25,000 HIV infections among people who inject drugs. They are estimated to have prevented 90 deaths from hepatitis C and 4,500 deaths from HIV. Governments spent \$130 million on NSP provision in this period and prevented up to \$7.8 billion in HIV and hepatitis C treatment costs alone.

4a. Does your party support the provision of successfully proven harm reduction programs such as methadone and needle syringe programs?

4b. Will your party commit to advocating within the new Parliament for provision of funding incentives to the States & Territories to ensure expansion of access to needle syringe programs?

5. Hepatitis C in Custodial Settings

Imprisonment is an independent risk factor for hepatitis C. 30-40% of male prison entrants and 50-70% of female prison entrants have previously been exposed hepatitis C. Prisons are high risk environments for the transmission of hepatitis C largely due to unsafe injecting and tattooing practices. Access to education, the means of prevention and treatment within custodial settings is not currently equivalent to that provided within the community, despite human rights instruments guaranteeing the application of the principle of “equivalence” in health care. As most sentences are of less than 12 months duration the problem of hepatitis C within prisons is therefore also a major public health issue, given that prisoners quickly return to the broader community. If the problem of hepatitis C in the prison environment is not adequately addressed the hepatitis C epidemic in Australia will continue to grow.

Whilst prisons are a State matter, the Australian Health Minister’s Advisory Council has endorsed the development of the soon to be released *Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings*.

5a. Will your party advocate within the new Parliament for the implementation of the Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings?

5b. Does your party support the expansion of harm reduction programs to custodial settings?

6. Strengthening Hepatitis B and C Research

The National HIV Research Centres have incorporated hepatitis C research into their programs without a significant injection of funds. This has resulted in both hepatitis C and hepatitis B research being under funded within the National Research Centres despite their significant prevalence with the Australian community.

6a. Will your party commit to advocating within Parliament for increased funds specifically targeting hepatitis C and hepatitis B research across all research streams (basic science, clinical, social, viral, and epidemiology)?

7. Viral Hepatitis within Aboriginal and Torres Strait Islander communities

Surveillance and reporting of viral hepatitis in Aboriginal and Torres Strait Islander communities is sub-optimal, however, the available evidence points to much higher rates in Aboriginal and Torres Strait Islander populations than the non- Aboriginal and Torres Strait Islander population.

Too often funding for programs tackling viral hepatitis in Aboriginal and Torres Strait Islander communities are short-term and not sustainable. Educating and developing support within communities for harm reduction programs is a resource intensive process. To be effective and have a lasting impact on-going programs need to be established to tackle the significant problem of viral hepatitis in Indigenous communities.

7a. Will your party commit to on-going support to hepatitis community organisations for their work in partnership with Aboriginal and Torres Strait Islander communities around viral hepatitis education and prevention programs?

8. Endorsement and support for the inaugural World Hepatitis Day in 2008

Worldwide a staggering 1 in 12 people are living with either chronic hepatitis B or C. Recently a community led movement has mobilised to establish a designated World Hepatitis Day and obtain World Health Organisation endorsement of the day.

8a. Will your party commit to endorsing May 19th as World Hepatitis Day from 2008?

8b. Will your party commit to advocating within the new Parliament to specific additional funding for raising awareness of hepatitis B and C within Australia in association with World Hepatitis Day?