**HEPATITIS C AND ASSOCIATED INJECTING RISK BEHAVIOURS IN PEOPLE WHO INJECT DRUGS**

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**Introduction:** Hepatitis C (HCV) is a major public health concern, with people who inject drugs (PWID) most at risk. In Australia, injecting drug use accounts for almost 90% of newly acquired HCV. The primary objectives of this study were to determine the extent of HCV screening for antibodies among a group of regular PWID; and to compare the risk behaviours between those who reported screening positive and negative for antibodies (anti-HCV).

**Methods:** The Illicit Drug Reporting System (IDRS) is an annual sentinel surveillance system involving survey interviews with ~900 PWID in all capital cities of Australia. The survey consists of demographics, drug use, price, purity and availability of illicit drugs, mental health, blood borne viruses and crime. In 2013, a module was included to determine the extent of knowledge about HCV testing and treatment.

**Results:** The majority of participants reported HCV screening and of those, two-thirds had returned a positive result. Participants who reported an anti-HCV positive result were older, had longer injecting histories, and were more likely to be in current opioid substitution treatment therapy compared to the anti-HCV negative group.

Those who were anti-HCV positive were seven times more likely to use a needle after someone else (receptive sharing) than those who were anti-HCV negative, even after controlling for age, gender, length of injecting history and frequency of injecting occasions.

**Conclusion:** Previous studies suggest that knowledge of one’s serostatus prompts individuals to modify their behaviour to avoid infecting others; results shown here suggest that rather than prompting protective behaviours (reducing distributive sharing), individuals who were anti-HCV positive were more likely to receptively share needles.

Harm minimisation strategies and health promotion messages are needed to educate and inform individuals of the additional risks receptive sharing poses specifically re-infection, infection with a different genotype, and/or infection with additional BBVI (i.e.HIV).

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