**INDIGENOUS PEOPLES IN CANADA AND HEPATITIS C – STIGMA DECONSTRUCTED**

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“It is hard for me being co-infected to go for help for my diseases from those who have not lived it. It’s like going to a bakery to buy a steak.” – Indigenous delegate with hepatitis C

**Background:** In Canada, the Métis, Inuit and First Nations peoples face disproportionately high rates of HIV, hepatitis C and both. The inequities are significant – recent estimates for 2011 found that Indigenous peoples made up 12.2% of new HIV infections and 8.9% of those living with HIV, when we constituted 4.3% of the population. New infections amongst Indigenous peoples were attributed to injection drug use for 58.1%, versus 13.7% for all Canadians. Hepatitis C prevalence is estimated at 1/125 for all Canadians, but at 7-10/100 for the Inuit, Métis and First Nations. Sub-population studies show even greater disproportionate burdens – for example, the A-Track study found 41.6% hepatitis C lifetime exposure. Stigma figures strongly in limiting help-seeking behaviour and thus engagement in the appropriate care cascades.

**Methods:** A workshop at the Canadian Aboriginal AIDS Network’s Wise Practices V meeting will build an early understanding of the lived experiences of First Peoples living with hepatitis C, HIV, and both, with a focus on stigma. Narrative analysis using grounded theory will identify themes, using a strengths-based, resilience approach.

**Results:** Diverse lived experiences – substance use, co-infection, stigma, reinfection, homelessness, hepatitis C in prison and other relevant dimensions – were voiced. The different trends of stigma, as well as similarities and differences in stigma for hepatitis C and HIV, were explored.It is paramount to develop approaches to reach out to Indigenous people who use drugs and others at risk in nonjudgmental ways.

**Conclusion:** Indigenous people in Canada require community-driven wise practices in terms of physical, mental, emotional and spiritual support. It is necessary to combine and build on the strengths and expertise of lived experience, our Elders, and community and academic researchers to consolidate their voice in a scientific way to ask and synthesize their experiences, opinions and advice.