

# Victoria St Working Group

## December meeting

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# Acknowledgements

- Firstly to all the participants involved in the research we have been doing in and around Melbourne street drugs markets
- The fieldwork team at Burnet Institute
- The many services based in and around the neighbourhoods we work: InnerSpace; HealthWorks; Nth Richmond CHC; SHARPS, Access Health



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# 20 yrs Melbourne research with PWID

- 1989-1995: Victorian Injecting Drug Use Cohort Study (VICS) N=626

Peer-based research model: current and active injectors were researchers

Funding initially granted to examine HIV, but almost none found in the cohort. However, **HCV identified in 1989, substantially altering focus of the work (85% prevalence)**

- 1996-2000:

Focus on ethnic Vietnamese injectors and street-based drug markets, peer based and education development.

Findings: socially isolated, limited in knowledge, high rates HCV Ab+; travelling back to Vietnam and using; little contact with service providers



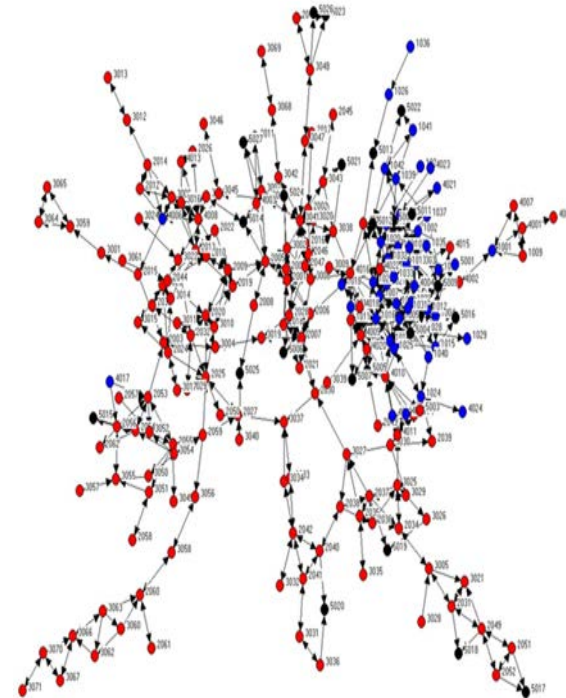
# Refining the research focus

Extra funding and rapidly increasing knowledge on HCV meant more sophisticated research methods

- 2000-2003: First HCV and social Networks (N=199)  
Cross-sectional design, based in Footscray
- 2005-2009: HCV & Networks 2 study (N=202)  
Longitudinal cohort across multiple sites (3/12 interview)
- 2008-2012: Melb Injecting Cohort study (MIX)  
N=688

Longitudinal cohort across six sites (1/12 interviews)

- 2012-current: SuperMIX (N=757)  
Networks 2/MIX cohorts combined (1/12 interview)
- 2015-current: TAP – HCV treatment with DAAs  
using SuperMIX and their injecting networks



# Why use outreach to engage people?

- Allows and encourages building of trusting relationships through on-going engagement
- In people's own environments which is familiar & comfortable
- Flexible & responsive
- Close to real life situation
- It builds trust & rapport
- “Snowball” effect – credibility as worker
- Time



# Social networks and HCV

## Networks 1 (2001-2) N=199

Ethnic Viet – N=49 (81% HCV PCR poz)

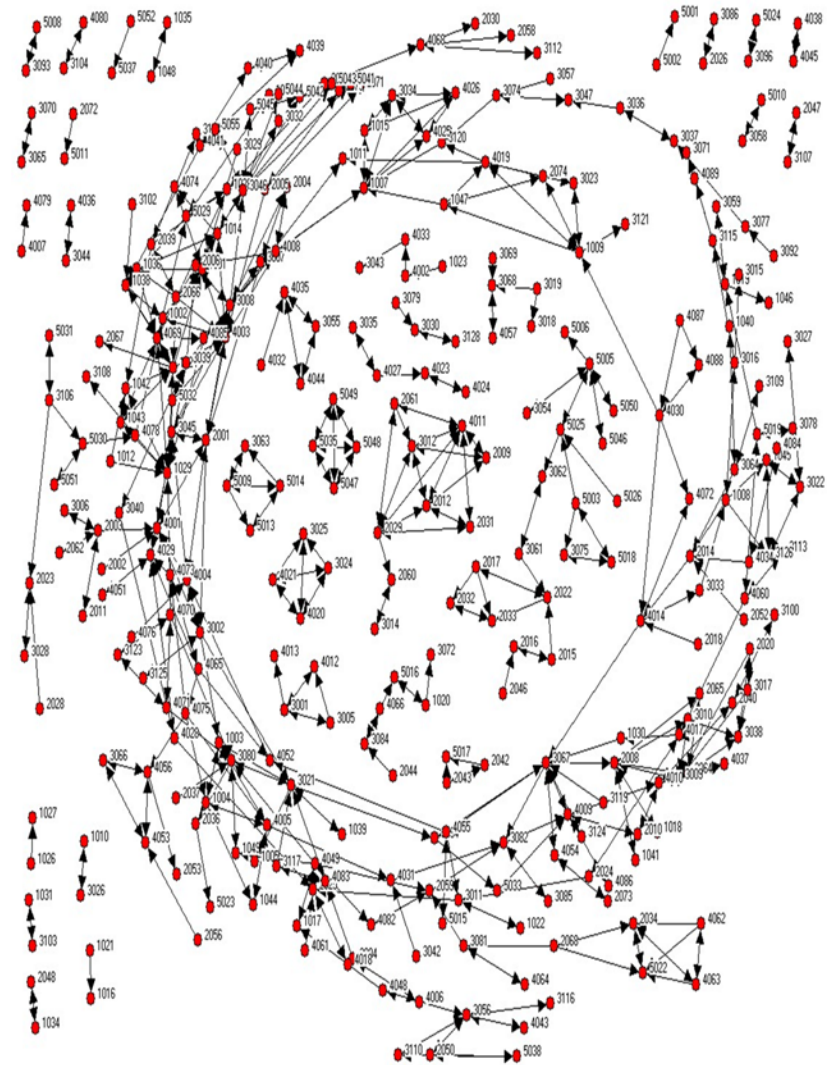
Non-Viet N=150 (71% PCR poz)

- Studying the social and injecting networks of PWID provides essential epidemiological information about HCV transmission
- However, field-based observations made us acutely aware of “hidden” networks, including those that go unreported to us in structured surveys



# Cohorts: Networks 2, MIX and SuperMIX

- *Networks* (established 2005)  
N=202 interviewed 4/12
- *MIX* (established 2008/9) N=688 interviewed 1/12
- The ***SuperMIX*** cohort is the combined cohort (N= 757) comprises PWID followed annually of whom 299 have chronic HCV infection
- The cohorts operate as the flagship program from which to build other studies especially the qualitative work



# HCV Treatment

- Advent of the new DAAs have seen the addition of a clinical trial using SuperMIX and a 'treat your friends' approach
- Not a simple process to add this to an observational cohort
- Relationships essential to engage people in the study



# The difference of on-going engagement ?

- Transitions:

- Smoking to injecting heroin
  - Injecting in arms to groins
  - Heroin alone to gel cap cocktail
  - In and out of regular drug use
  - Gaol to community
  - Single to family focused
- All of which are important to better understand how important local community is for people
  - “Bearing witness” to people’s lives and seeing them for more than research participants in epidemiological studies



# Purchases over time in Richmond

	2009	2010	2011	2012	2013	2014
<b>Lives outside of Yarra LGA</b>	157 (72%)	96 (82%)	57 (80%)	42 (65%)	44 (86%)	43 (68%)
<b>Lives in Yarra LGA</b>	61 (28%)	21 (18%)	15 (21%)	23 (35%)	7 (13%)	20 (32%)



Most purchases from MIX  
are from people in City of  
Yarra

\* 25% of all purchases

\* 11% from Darebin

\* 5% from Port Phillip

\* all others less than 5%

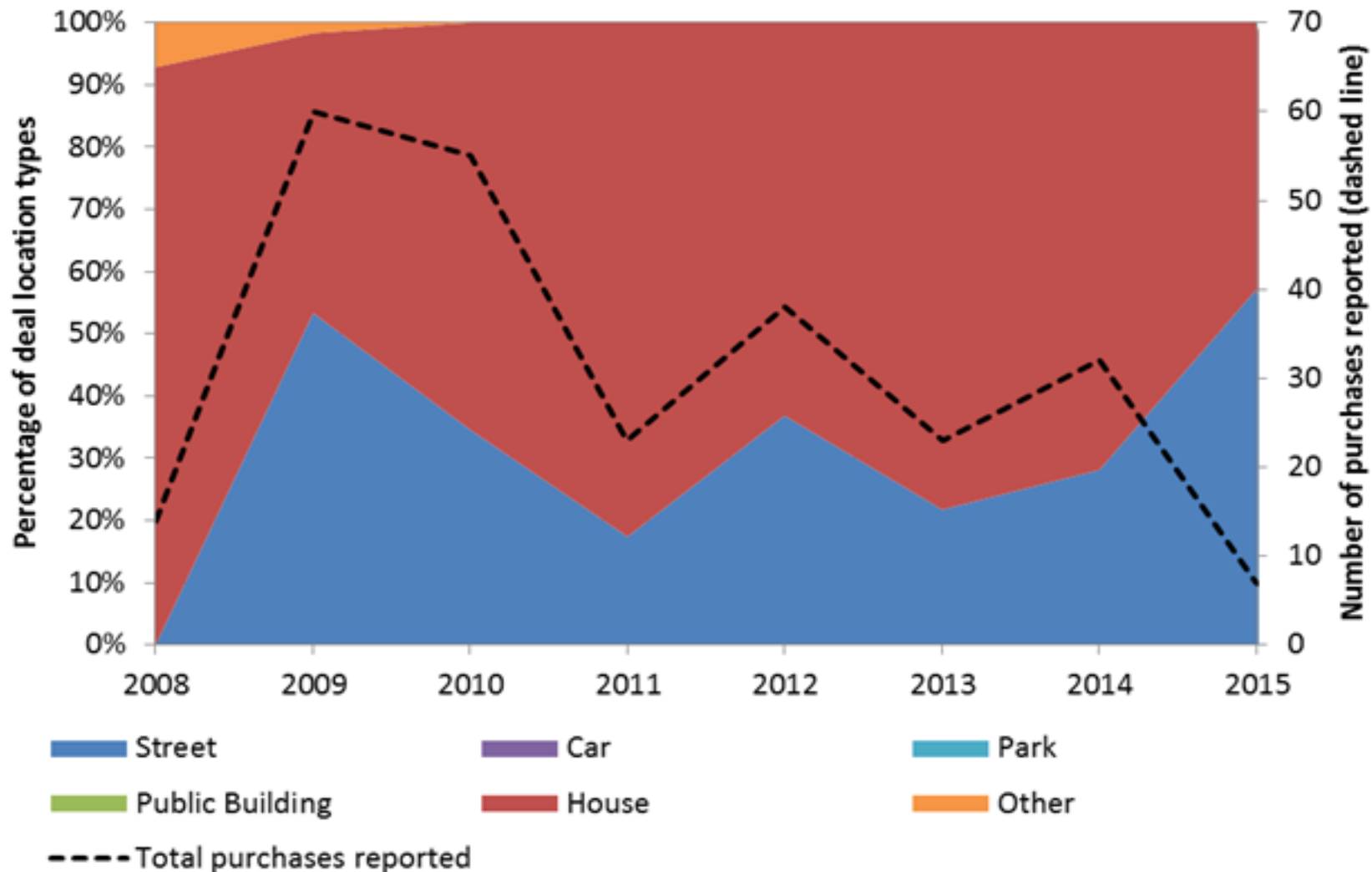
Lives	Freq.
0	14
Banyule C	15
Baw Baw S	2
Bayside C	9
Benalla RC	2
Boroondara C	9
Brimbank C	22
Casey C	3
Darebin C	68
Frankston C	24
Glen Eira C	3
Gr Dandenong C	10
Greater Dandenong C	7
Greater Geelong C	1
Hobsons Bay C	15
Hume C	20
Kingston C	13
Knox C	6
Macedon Ranges S	2
Manningham C	5
Maribyrnong C	29
Melbourne C	21
Melton S	1
Monash C	11
Moonee Valley C	20
Moreland C	26
Mornington Pen S	4
Mornington Peninsula S	6
Port Phillip C	33
Stonnington C	13
Whitehorse C	17
Whittlesea C	12
Wyndham C	6
Yarra C	150
Yarra Ranges S	1
TAS	1
Total	601

# Place purchased in Richmond (and surrounds)

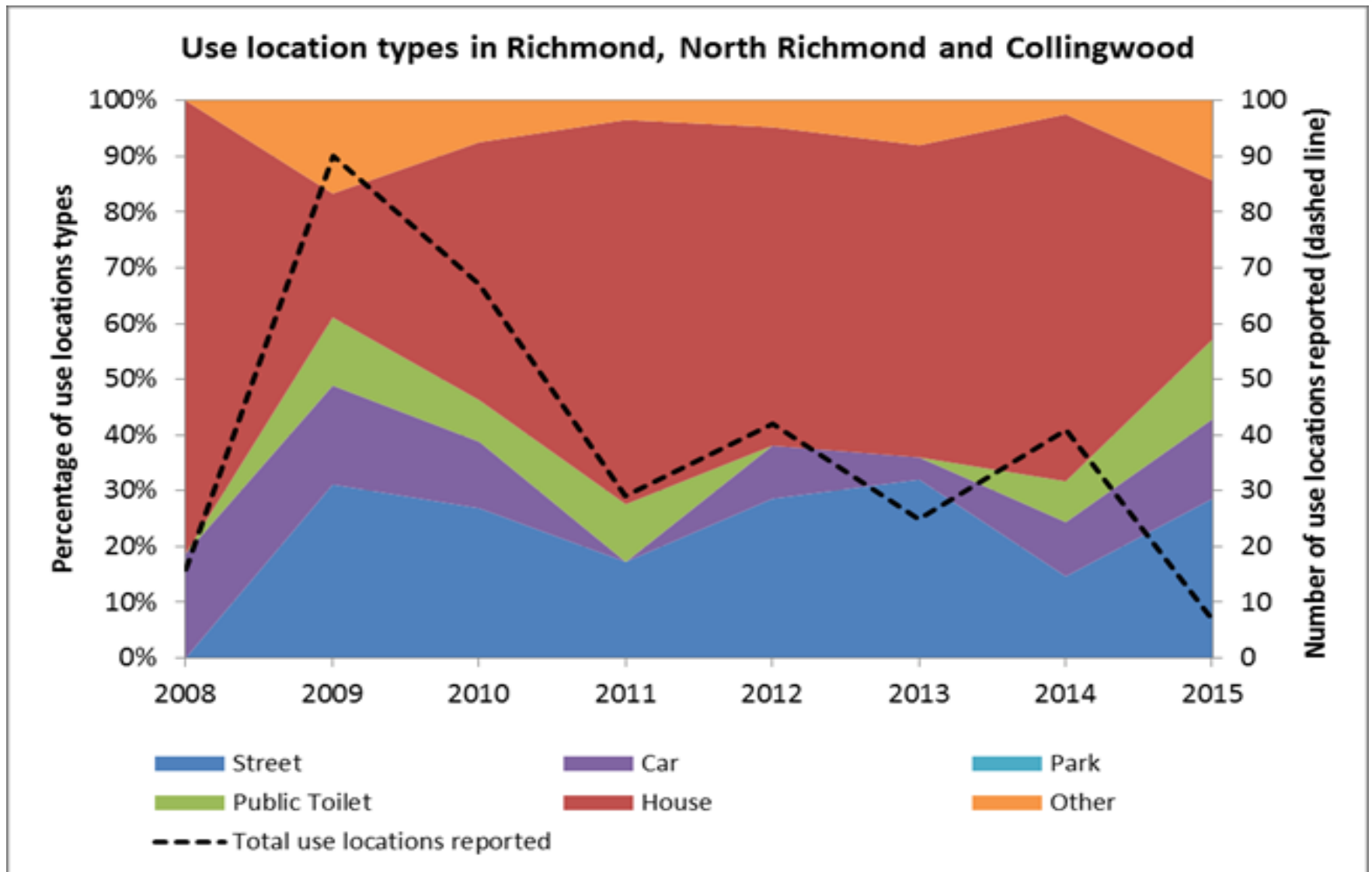


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**Deal location types in Richmond, North Richmond and Collingwood**



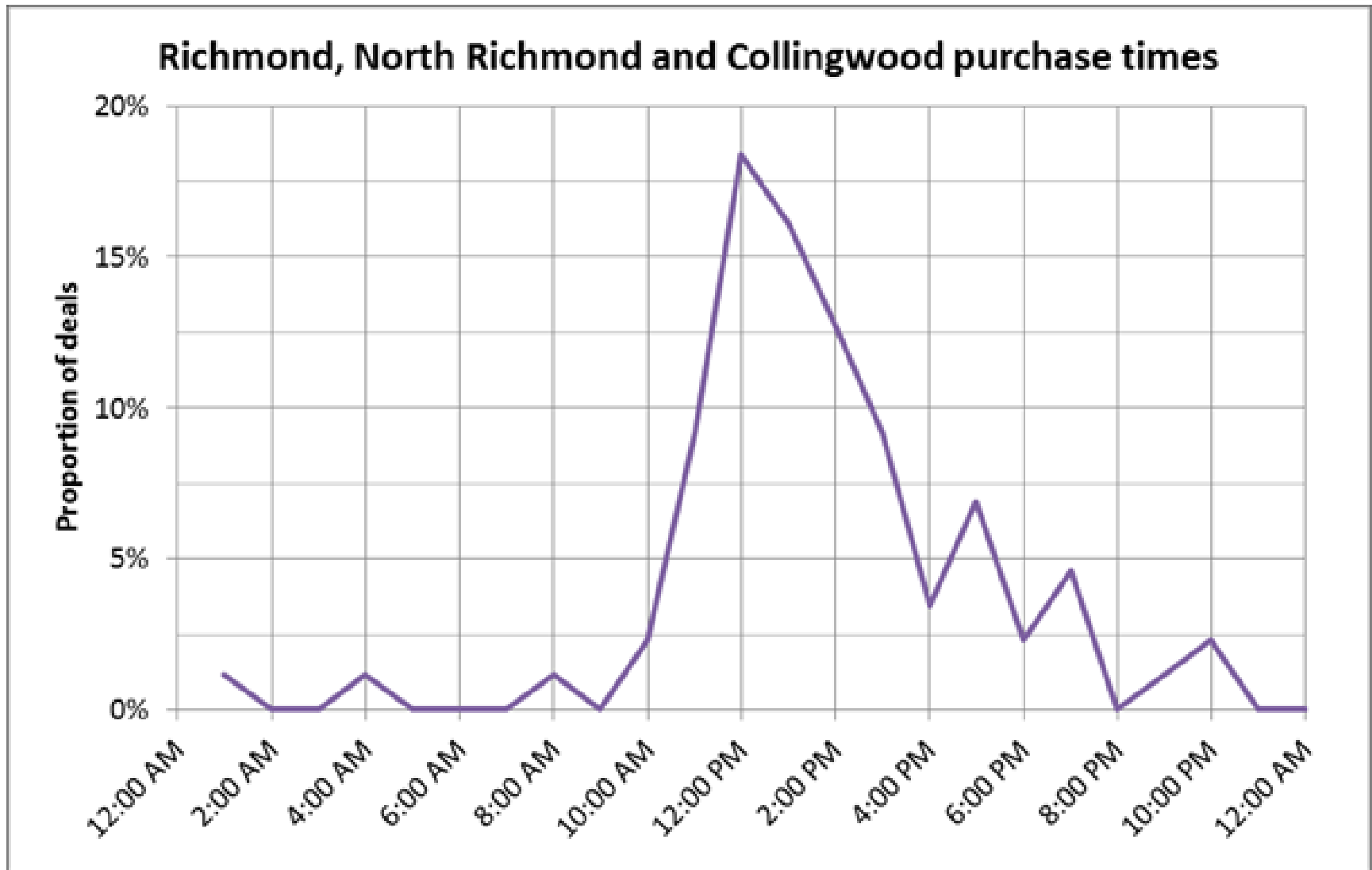
# Place used Richmond (and surrounds)



# Time purchased in Richmond (and surrounds)



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**Table 1: Distribution of BBV serology in the PWID survey samples**

	<b>2014 - Wave 1</b>		<b>2015 - wave 2</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
<i><b>HCV serology</b></i>				
Negative (HCV Ab-, HCV RNA-)	9	7	4	4
Current infection (HCV Ab+, HCV RNA+)	80	63	56	54
Past exposure (HCV Ab+, HCV RNA-)	38	30	43	42
<i><b>HBV Serology</b></i>				
Susceptible (HVBsAb-, HBV cAb-, HBVsAg-)	29	23	20	19
Immunised (HBVsAb+ only)	41	32	34	33
Past infection (HBVsAb+, HBVcAb+, HBVsAg-)	44	35	34	33
Past or current infection (HBVcAb+ only)	6	5	8	8
Current infection (HBVsAg+)	4	3	4	4
Likely past infection (HBSsAb+, HBVcAb equivocal)	3	2	2	2
HBSsAb-, HBVcAb equivocal (past infection or susceptible)	0	0	1	1
<i><b>HIV serology</b></i>				
Negative	123	96	96	93
Positive	5	4	7	7
<b>Total*</b>	<b>128</b>	<b>100</b>	<b>103</b>	<b>100</b>

\* one participant in 2014 was unable to be tested for HCV or HBV

# Policy implications

- Local level drug policy where interventions like CCTV are promoted without evidence they work
- Improving access to low threshold services including OST and needles and syringes (after hours esp)
- Ensuring changing face of old neighbourhoods incorporates the needs of people who come to these neighbourhoods every day
  - Affordable housing
  - Responsive services
  - Inclusive communities

