

Hepatitis C is a significant issue for both young people and for the broader community. More Australians have been exposed to the Hepatitis C than any other notifiable disease over the past decade.¹ Young people are significantly overrepresented in Hepatitis C incidence and prevalence with the highest rates of infections occur among people aged between 15 - 29 years of age.² Hepatitis C poses a significant public health risk and threatens to undermine the right to the highest attainable standard of health under Article 24 of the Convention on the Rights of the Child.

About Hepatitis C:

Hepatitis C is a viral infection of the liver that can be transmitted by blood to blood contact even when blood has been outside the body for an extended period of time. Methods of transmission can include sharing: tattooing equipment, body piercing equipment, drug injecting equipment and domestic items (razors, toothbrushes). The most common form of transmission is through sharing drug injecting equipment such as needles, syringes and spoons.³

It is a slow-acting virus with no preventative vaccine. It can cause long term liver problems including liver cancer. The long term nature of the virus can present a particular challenge when working with young people as they are likely to experience long term affects that may not be apparent until many years after the initial infection.

Surveys of secondary school students' and teachers' knowledge of Hepatitis C highlighted the challenges involved in addressing Australia's piecemeal and fragmented response to Hepatitis C education among young people. A 2002 survey of over 2,300 young people found that only 13% knew that there is no vaccine for Hepatitis C and only one third knew that Hepatitis C can be transmitted through sharing razors and toothbrushes.⁴

Infection in the ACT & Young People:

The ACT has the highest rate of injecting drug use in Australia and the highest risk for contracting Hepatitis C is through injecting drug use. The prevalence of Hepatitis C infection among young people who inject drugs has doubled in recent years – from 22% in 1997 to 41% in 2001 – a rise twice that of the rate of increase among injectors overall.⁵

Prison populations also have high rates of Hepatitis C infection. While it is often difficult to assess the rate of infection for prison populations, it is believed that approximately one third of male prisoners and two thirds of female prisoners have Hepatitis C.⁶ High rates of infection among prison populations is a result of a number of risk factors including that injecting drug users (IDU's) are much more likely to be imprisoned than the general population, prisons can be highly

¹ Australian Hepatitis Council (2001) *Australian Media Guide to Hepatitis C* p3

² Australian Hepatitis Council (2003) *Policy Series 2* p9

³ Australian Hepatitis Council (2001) *Australian Media Guide to Hepatitis C* p7

⁴ Smith, A. et al. (2003) *Secondary Students and Sexual Health 2002* Melbourne: Australian Research Centre in Sex, Health & Society p21

⁵ Australian Hepatitis Council (2003) *Policy Series 2* p9

⁶ Dolan, K. (2000) "The Epidemiology of Hepatitis C Infection in Prison Populations" *Hepatitis C: Informing Australia's National Response* p67

stressful, crowded, violent and boring places and this can lead to people commence injecting drugs.⁷ This is of particular concern, and relevance, considering two new prisons are being built in the ACT.

Strategies to Address Hepatitis C:

A harm minimization approach is effective, best practice and central to preventing the further transmission of Hepatitis C. Needle and syringe programs have been one of the most successful harm minimisation strategies demonstrated by decreased rates of Hepatitis C among injecting drug users from 63% in 1995 to 49% in 1998.⁸

Education and awareness of Hepatitis C form another key part of reducing rates of Hepatitis C infection. In order for young people to be able to make informed choices about their behaviors they need to have access to adequate knowledge about safe practices and behaviors in order to prevent them contracting Hepatitis C.

Hepatitis C initiatives for young people need to be youth specific and need to be holistic and collaborative. Cross-sectoral partnerships and inclusion of the health, youth and educational sectors is imperative to meeting the goal of Hepatitis C prevention.

The Youth Coalition is committed to:

- ◆ Advocating for the inclusion of young people as a target group in Hepatitis C prevention strategies
- ◆ Advocating for targeted Hepatitis C information and support for newly arrived young people and refugees
- ◆ Advocating for improved Hepatitis C related prevention, planning and healthcare infrastructures.
- ◆ Advocating for harm minimisation drug policy including the support and further development of: community and prison based needle and syringe programs, heroin prescribing trials and the establishment of safe injecting venues.
- ◆ Advocating for increased health literacy of young people, the youth sector, the alcohol and other drugs sector
- ◆ Advocating for blood awareness initiatives to be conducted in primary, secondary and tertiary schools and for Hepatitis C to become part of the curriculum in both mainstream and alternative education settings.
- ◆ Advocating for increased awareness of Hepatitis C in youth services
- ◆ Advocating for youth-specific psycho-social research to better inform health improvement initiatives targeting young people
- ◆ Advocating for targeted youth-friendly Hepatitis C information and resources

⁷ Dolan, K. (2000) "The Epidemiology of Hepatitis C Infection in Prison Populations" p66

⁸ National Centre in HIV Epidemiology & Clinical Research (2002) *Prevalence of HIV, HCV and injecting and sexual behaviour among IDU at needle and syringe programs: Australian NSP survey national data report 1995-2001* Sydney: NCHECR, University of New South Wales