



# Understanding how the experience of living with Hepatitis C impacts on accessing hepatitis C treatment for people who are clients of a rural opiate treatment unit.



**Katherine McQuillan, Western NSW LHD**  
[Katherine.mcquillan@gwahs.nsw.gov.au](mailto:Katherine.mcquillan@gwahs.nsw.gov.au)

**Background:** Of the 21,000 people who live with chronic HCV infection in Australia and also receive Opiate Substitution Treatment (OST), only 5% have actually commenced hepatitis C treatment (1) . This compelling statistic highlights the need to find ways to engage OST clients into HCV treatments and prevent a strain on the health care budget in the future. This study aims to understand how the experience of living with hepatitis C impacts on accessing HCV treatment for people who are clients of a rural opiate treatment unit.

**Methods:** Drawing from a phenomenological approach, information was gathered through five, face to face, semi structured interviews of clients attending the rural opiate treatment unit. Interpretative Phenomenology analysis was used to provide three super ordinate themes to explain why people do not seek treatment.

**Results:** The three super ordinate themes identified were; Worry, shame and embarrassment, Feeling Supported or unsupported and Identity change. Participants expressed negative feelings about being HCV positive and over time for some, led to a movement towards contemplating treatment. At times this seemed more like a see-sawing effect towards or away from treatment depending on their level of worry, shame or embarrassment, if they were being supported and what information they were receiving at the time. When changes occurred within their identity, the path to the new self was realised and behaviour change followed. The Trans Theoretical Model (TTM)(2) was used to highlight where people fit on the continuum of change which showed the move towards or away from treatment.

**Conclusions:** Participants were at various points along their hepatitis C journey, depending on how much change had occurred within their identity. These findings reflect how people encounter various amounts of shame, stigma and discrimination from the community and health care setting and how that directly impacts on how they access care. It showed that the effects of a hepatitis C diagnosis spans across the person’s life. All participants except one explained the lived experience of having hepatitis C in this rural area as a negative one.

**Implications for Practice:** Recommendations to increase education and support for General Practitioners (GPs) and health care workers in this rural area to reduce stigma and discrimination surrounding a HCV diagnosis and increase access to care. To build stronger networks with Allied health and the OTU in an attempt to deal with the social aspects and needs of the clients in view to readying them for treatment.

*For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on ‘view completed projects’*

Katherine is the Hepatitis C clinical nurse specialist for Bathurst in the Western NSW Local Health District. My main role is to improve access to treatment for people living with Hepatitis C, knowing there are high rates of hepatitis c in the area including the OTU. This research has helped me become more aware of the burden that a Hepatitis C diagnosis carries with it and will definitely change some of my work practices for this complex group of clients.



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