

REWRITING THE POLICY NARRATIVE:

HEPATITIS C AND A RIGHT TO HEALTH

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*“Focusing our
efforts on the
social conditions
and lived
realities of
HCV”*

- Undertaking a Critical Discourse Analysis (CDA) of Australia’s four hepatitis C strategies using Fairclough’s (1989) CDA approach
- Using human rights as an analytical framework to challenge us to develop alternative hepatitis C narrative and enhance our response

Australian HCV Policies: Quick Overview

- Four strategies: 1999, 2005, 2010 and 2014
 - Goals:
 - Reduce incidence of transmission of hepatitis C
 - Reduce the impact of the virus on health when transmission occurs
 - Objectives:
 - Reducing the incidence of hepatitis C
 - Reducing transmission of hepatitis C
 - Promoting better access to and quality of treatment
 - Reducing stigma and discrimination related to hepatitis C
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A Discourse on HCV in Prisons

- Prisons are serious incubator threat to both inmates [and] custodial staff [because] **access to education, the means of preventing transmission and infection control are severely limited.**
(Strategy 1, 1999:24-25)
 - Hepatitis C prevention and treatment measures are **hampered by structural barriers** that prevent the implementation of measures such as Needle and Syringe Programs
(Strategy 3, 2010:17)
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Fairclough (1989) encourages us to make causality and responsibility visible in the text

- Prisons are not naturally existing in our society; operate under government authority
- Re-author the previous statements to demonstrate responsibility/causality:
- **Australian governments have chosen not to address** the structural barriers that prevent the implementation of measures such as Needle and Syringe Programs

Community context

- 90% new HCV transmissions are related to injecting drug use; 80% of people living with HCV have experience with injecting drug use
- Despite this, the policy is silent on any role that drug prohibition plays in HCV
- The policy reinforces a narrative that only the individual is responsible and they must change their behaviour

HIV and Law Comparisons

“Punitive laws...create and punish vulnerability[,] promote risky behaviour, hinder people from accessing prevention tools and treatment, and exacerbate the stigma and social inequalities that make people more vulnerable”

- Global Commission of HIV and the Law (2012:3)

By silencing drug criminalisation as a structural factor in hepatitis C transmission, the maintenance of this system is placed at higher priority than our hepatitis C goals.

What do we mean by 'human rights'?

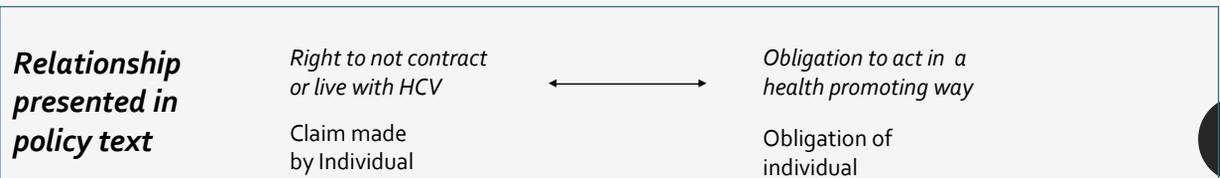
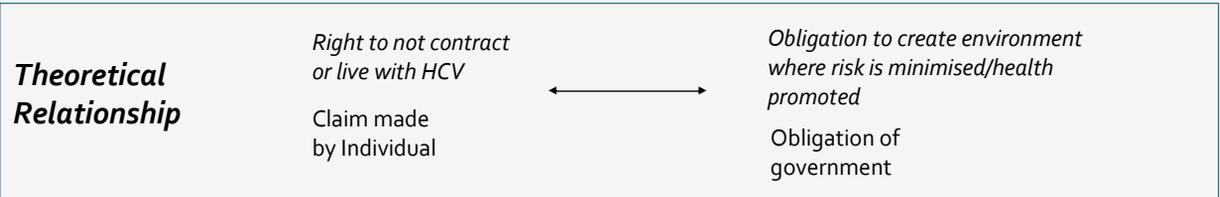
- **Human rights are dualistic relationships** that have a *claim* and a *corresponding obligation*
- Human rights **manage the relationship between state and citizen, and limit state power**
(Baxi, 2008)

Rights within Australian Hepatitis C Policy

Rights as described in the 4th National Hepatitis C strategy (2014:10):

- a right to participate fully in society, without experience of stigma or discrimination
- rights to comprehensive and appropriate information and health care
- right to the confidential and sensitive handling of personal and medical information

By silencing structural factors, we minimise the rights-relationship



To *define* HCV in a narrow and incomplete way means we *respond* to HCV in a narrow and incomplete way

“How do we eliminate Hepatitis C?”



“How do we ensure that people who inject drugs attain the highest standard of health?”

The narrative must be re-defined in genuine partnership with community members affected by hepatitis C.

Silencing those voices only serves to re-produce the power that excludes and controls, and removes the “human” from human rights.

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