Embedding live experience leadership: The Acacia Prison blood-borne virus peer education program

Authors:

Armstrong M[1], Pickin H[2]

[1]HepatitisWA, [2]Acacia Health

Background/Approach:

People in custody experience a disproportionate burden of blood-borne viruses (BBV) and sexually transmissible infections (STI), yet stigma and distrust limit engagement with testing and treatment. At Acacia prison, variation in BBV education at induction identified an opportunity for improvement. In response, a structured, peer-led, strengths based BBV and STI education program was established, training eligible people in custody as Peer Health Educators. Initiated by HepatitisWA in partnership with Acacia Health, the program embeds education within prison induction and ongoing unit conversations, supported by custodial and health leadership.

Analysis/Argument:

The six to nine-month program applies a lived experience model, positioning peers as credible messengers who normalise conversations about hepatitis C, hepatitis B, human immunodeficiency virus (HIV) and STIs. Training is staged and competency based, emphasising communication, professional boundaries, cultural safety and evidence-based harm reduction. Successive “generations” of peer maintain continuity despite release, transfer, or attrition. Partnerships with external organisations strengthen clinical accuracy and cultural responsiveness while preserving peer ownership. Peer educators are renumerated during training and service delivery, and receive performance based yearly increments.

Outcome/Results:

Across four generations, more than 40 peers have been trained, with approximately 20 currently active. Peers have delivered an estimate 80-100 BBV induction sessions and thousands of brief interventions within units. Engagement contributed to increased informal referrals for BBV testing and treatment, identification of previously undiagnosed STI’s through facilitated disclosure, and strengthened engagement with the Health-in-Prison program. In 2025, impact was enhanced by concurrent rollout of point of care hepatitis C testing, aligned with increased voluntary uptake.

Conclusions/Applications:

Embedding a structured peer-led BBV program within custodial setting is feasible, scalable, and culturally impactful. Lived-experience leadership strengthens prevention, testing uptake, and health literacy. With sustained organisational support, peer education can become an integrated component of correctional health systems and support evidence-based BBV elimination strategies.

Disclosure of Interest Statement:

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and the 2018 Conference Collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.