



Out on the road

Julie Byrne-King
Nurse Practitioner

Shae Roberts
Perth HCV Case Management Worker



Disclosures

- Peer Based Harm Reduction WA is funded primarily by SHBBV WA.
- Additional funding and support from the Mental Health Commission WA, AbbVie, Gilead Sciences, the Kirby Institute and WA Primary Health Association.

Peer Based Harm Reduction WA's Perloo (Perth) office is located on Whadjuk Noongar Boodja. Our Goomburrup (Bunbury) office sits on Wardandi Noongar Boodja

PBHR WA acknowledges that sovereignty has never been ceded.

This is, was, and always will be Noongarland.

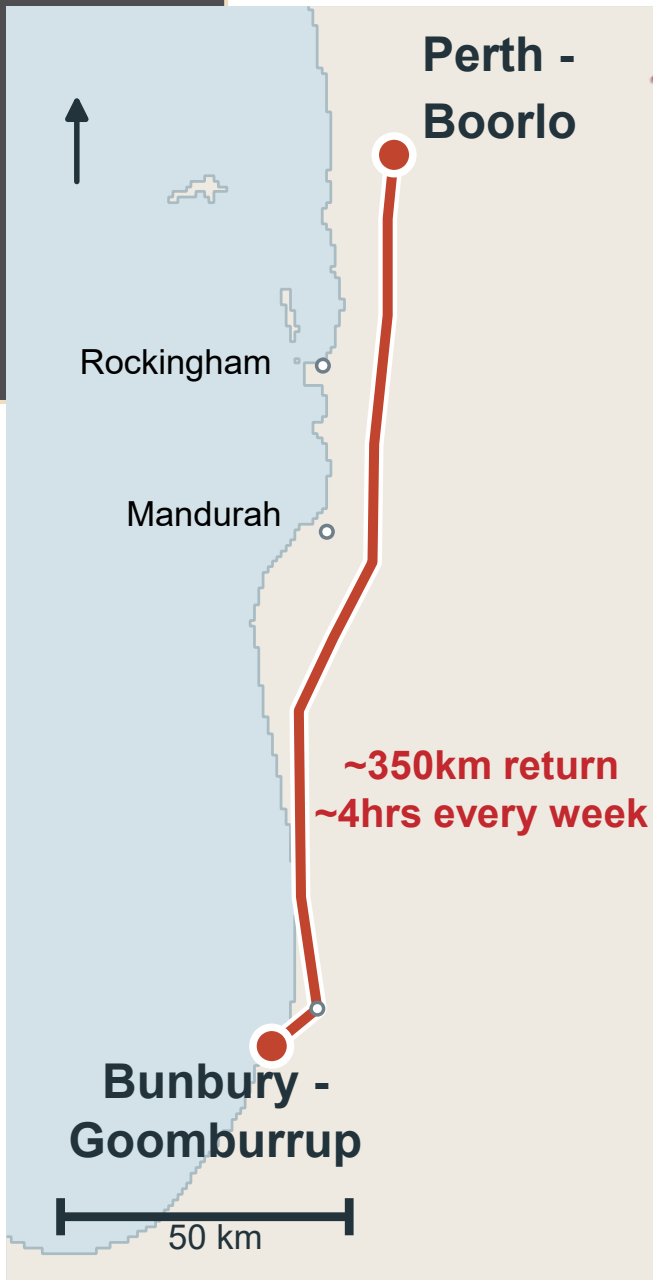
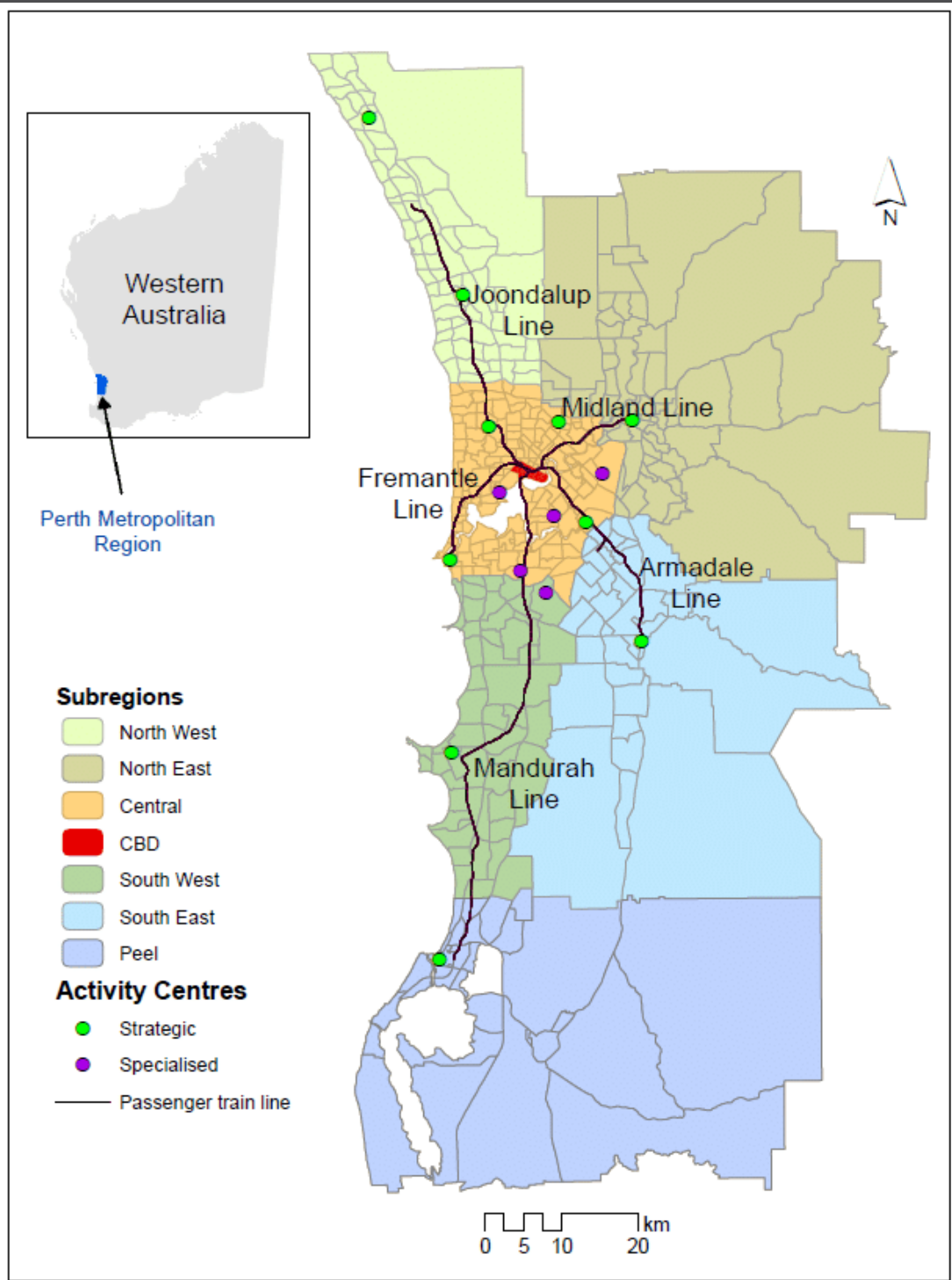
We acknowledge the Traditional Owners and Custodians of this Country we recognise and pay our respect to their culture and their continuing connection to the land and waters of these beautiful places. We thank them for protecting these places and their ecosystems since time immemorial.

We pay our respect to Elders past and present, and extend that respect to all First Nations people.

Where we work

Western Australia – Metropolitan Perth & the South West

Perth metro



Julie's weekly drive



South West

Our model

What's in the van...



What we offer...



How people find us...



Which test, and why

Considerations for selecting the test from inside the van

Will we see this person again?

Incentives assist return/follow up. Peer-led HCV support to meet clients where they are

Anticipated prevalence?

We can go to sites known within the community, and change it up if not seeing people

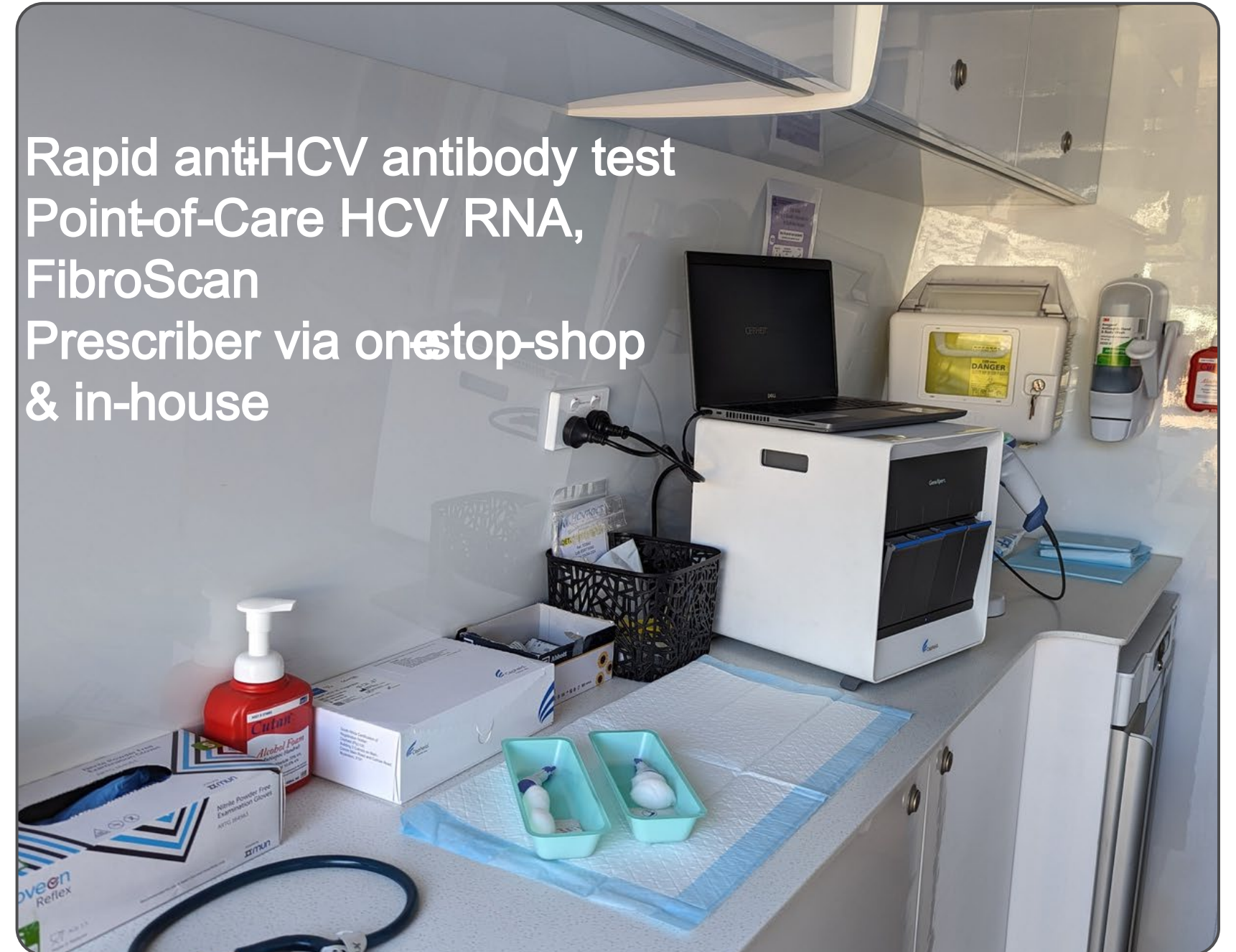
Other tests needed at the same time?

Clinician & peer on board = capacity for all testing to be done on site.

Power, connectivity, temperature?

We are self contained for power, but weather can affect us, heavy rain, excessive heat (*the A/C doesn't work well in WA summer*)

Rapid antiHCV antibody test
Point-of-Care HCV RNA,
FibroScan
Prescriber via onstop-shop
& in-house



What's hard

And what we've done about it

1

People staying for RNA results

- Incentivising return for RNA

2

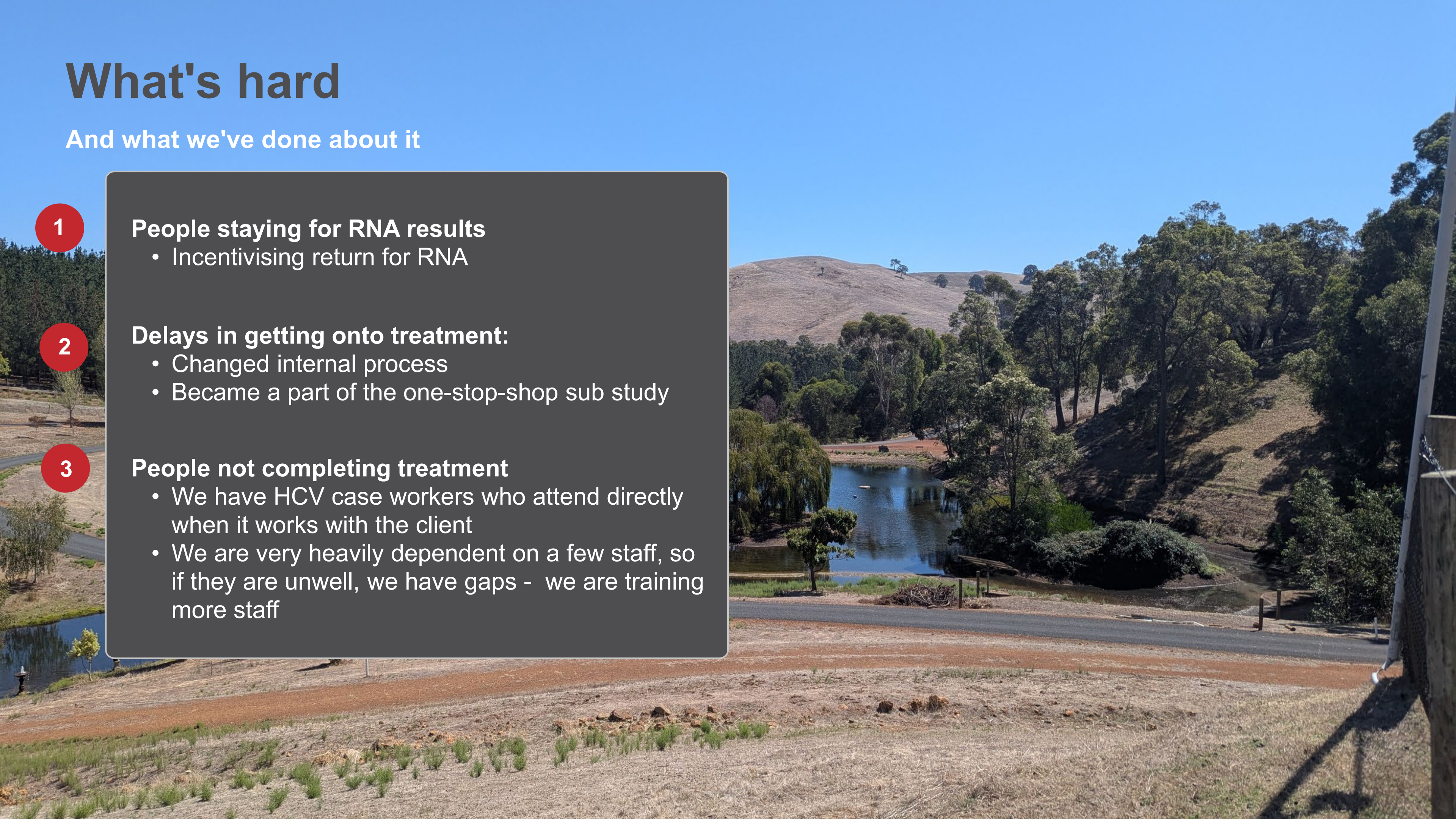
Delays in getting onto treatment:

- Changed internal process
- Became a part of the one-stop-shop sub study

3

People not completing treatment

- We have HCV case workers who attend directly when it works with the client
- We are very heavily dependent on a few staff, so if they are unwell, we have gaps - we are training more staff

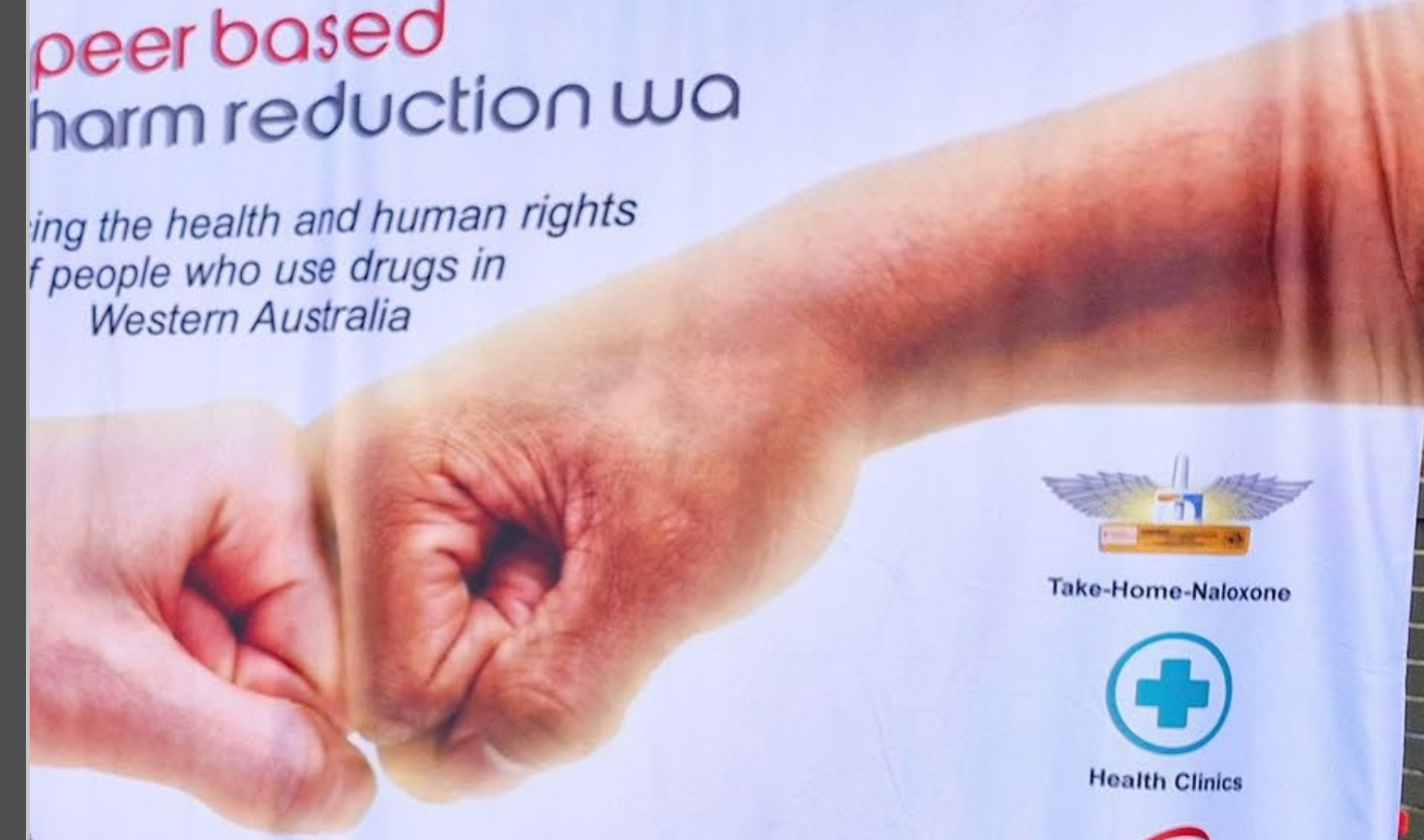


What works

- *Peer-first contact*
- *Incentives*
- *Same-visit results*
- *Removing barriers to treatment*
- *Filling the script for client*
- *Giving people choice & support*

peer based
harm reduction wa

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of people who use drugs in
Western Australia



www.harmreductionwa.org

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