Deadly Peer Mob: community-led peer-yarning about hepatitis C

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Background/Approach:
Deadly Peer Mob (DPM) is a community-led peer-based program aimed at increasing the accessibility of harm reduction services, hepatitis C (HCV) education, and testing and treatment for Sexually-Transmitted-Infections and Blood-Borne Viruses among First Nations People who use drugs.

Stigma and previous experiences of discriminatory treatment in healthcare settings remain significant barriers to accessing services. Building on learnings from the Healthy Blood Healthy Body (HBHB) pilot peer-referral project, DPM has adapted PBHR WA's established "peer-diary" model and an incentivised peer-referral process to provide culturally safe, peer-led foundations for engagement. Empowering Aboriginal peers to lead peer yarns about HCV and harm reduction within their own social-networks provides culturally appropriate supported referral to low-threshold health and harm reduction services.

Analysis/Argument:
Peer-led engagement and incentivisation can help welcome marginalised populations back to healthcare and service access. Peer yarning promotes low-threshold access to HCV testing, treatment, and information while the peer diary documents lived experiences. By incentivising Aboriginal peers to access a community-led service and model-of-care, DPM addresses the social and structural factors that impact health outcomes for First Nations peers.

Outcome/Results:
The project has just begun its implementation phase and data collection is ongoing. The program is tracking peer-diary entries, the content of peer-to-peer yarns, and the number of successful incentivised referrals to PBHR WA. We anticipate presenting data by the conference date that demonstrates the program's impact on increasing service access, testing uptake, and reducing self-reported stigma amongst participants.

Conclusions/Applications:
Deadly Peer Mob provides an innovative, scalable model of Aboriginal-led harm reduction that can be applied to other projects seeking to eliminate HCV. By demonstrating the effectiveness of the peer-diary model in a community setting, this work highlights the effectiveness of peer-led, integrated models-of-care. Expanding the HBHB and DPM frameworks to regional settings could help to further address barriers to health equity.

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