Embedding peer leadership in codesign improves community self-determination

Authors:

Yvonne *Samuel*[1], *Leah McLeod*[1], *Joel Murray*[1,10] *Esha Leyden*[2], *Jane Dicka*[3], *Sal Endemann*[4], *Carol Holly*[5], *Paul Dessauer*[6], *Peta Gava*[6], *Rodd Hinton*[7], *Brie Llyod*[7], *Emily Ebdon*[8], *Louise Hughes*[9] *and on behalf of the National Reference Group*

[1]*AIVL Australian Injecting Drug Users League;* [2]*Queensland Injectors Health Network,* [3]*Harm Reduction Victoria;* [4]*Northern Territory AIDS and Hepatitis Council;* [5]*Hepatitis SA;* [6]*Peer Based Harm Reduction Western Australia;* [7]*NSW Users and AIDS Association;* [8]*Tasmanian Users Health and Support League;* [9]*Canberra Alliance for Harm Minimisation & Advocacy;* [10]Neophile

Presenter's email: *yvonnes@aivl.org.au*

Background: The leadership and meaningful involvement of affected communities are critical to the effectiveness of health promotion and behaviour change campaigns. The It's Your Right 2 (IYR2) campaign is an example of this, as the campaign embedded peer leadership throughout the development, implementation and evaluation, recognising the critical role of self-determination in improving health and wellbeing outcomes.

Description of Model of Care/Intervention: IYR2 is a national hepatitis C testing, treatment and prevention campaign, designed, implemented and evaluated by people who use and inject drugs, including Aboriginal health workers from Drug User Organisations (DUOs), supported by AIVL and Eliminate Hepatitis C Australia partnership at Burnet Institute. A National Reference Group (NRG) of strong representation of peers, invited partners and allies was convened to support implementation. The NRG brought peer knowledge of community norms, hepatitis C, injecting social practices, and experiences of incarceration to the decision-making process.

Effectiveness/Acceptability/Implementation: The peer experience directly shaped campaign messaging, tone, imagery, project planning and implementation. The NRG effectively identified what would work (acceptability, feasibility), informed cultural safety (appropriateness), and facilitated a cohesive implementation of the campaign (fidelity).

Conclusion and Next Steps: IYR2 produced authentic and community-acceptable campaign materials. With feedback from the DUOs and partner organisations indicating they were well received. The process challenged traditional hierarchies and forged allyship. Embedding peer leadership in IYR2 resulted in clear campaign messaging, strong community trust, and consistent implementation across states.

Implications on communities, practice, policy and/or First Nations communities: Self-determination is a core component in the continuum of community empowerment. Building community trust through peer leadership and the meaningful involvement of affected communities is essential in addressing stigmatised health issues such as hepatitis C. IYR2 demonstrates how partners can collaborate with people who use and inject drugs to drive effective and impactful health promotion and behaviour change campaigns.

Disclosure of Interest Statement:
"The Australian Drug Users League (AIVL) recognise the considerable contribution that partner Burnet (AC Australia) and our member organisations and their partners have made to the roll out of the campaign. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations."