

AN INTEGRATED MULTILEVEL APPROACH CAN INCREASE THE UPTAKE OF HEPATITIS C TESTING AND TREATMENT AMONGST PEOPLE WHO INJECT DRUGS

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Background: Direct Acting Antiviral medicines have revolutionised the treatment of hepatitis C (HCV), however many people who inject drugs do not access testing or treatment for a variety of reasons. Peer Based Harm Reduction WA's consumer-centred approaches increase the accessibility of testing and treatment for HCV.

Description of Model of Care/Intervention: After consultation with our consumers a range of service delivery changes were implemented to address barriers to access, including no cost treatment, point-of-care-testing (POCT), incentivised testing, outreach delivery, and individualised support throughout treatment. Peer-driven programs included HCV treatment support workers trained in phlebotomy and POCT for HCV and Syphilis, and a HCV peer education program. Collaboration with other services allowed our patients to simultaneously access incentivised COVID-19 and Flu vaccination and incentivised syphilis and HIV testing.

Effectiveness/Acceptability/Implementation: One hundred and twenty patients have received peer support through the program. Twenty-five peer educators have been trained and 598 of their drug-using peers reached in the community. One hundred and forty people were tested for Blood Borne Viruses. A total of 7 peer workers have been trained to perform HCV POCT and 2 peer workers have been trained to perform Syphilis POCT. Three hundred and twenty-two COVID vaccinations were provided during the program.

Conclusion and Next Steps: Adopting an integrated multilevel approach to HCV engagement, testing, and treatment has increased the uptake of HCV testing and treatment amongst people who inject drugs, contributing to meeting HCV elimination goals. Ongoing evolution of this model will further reduce barriers to access.