

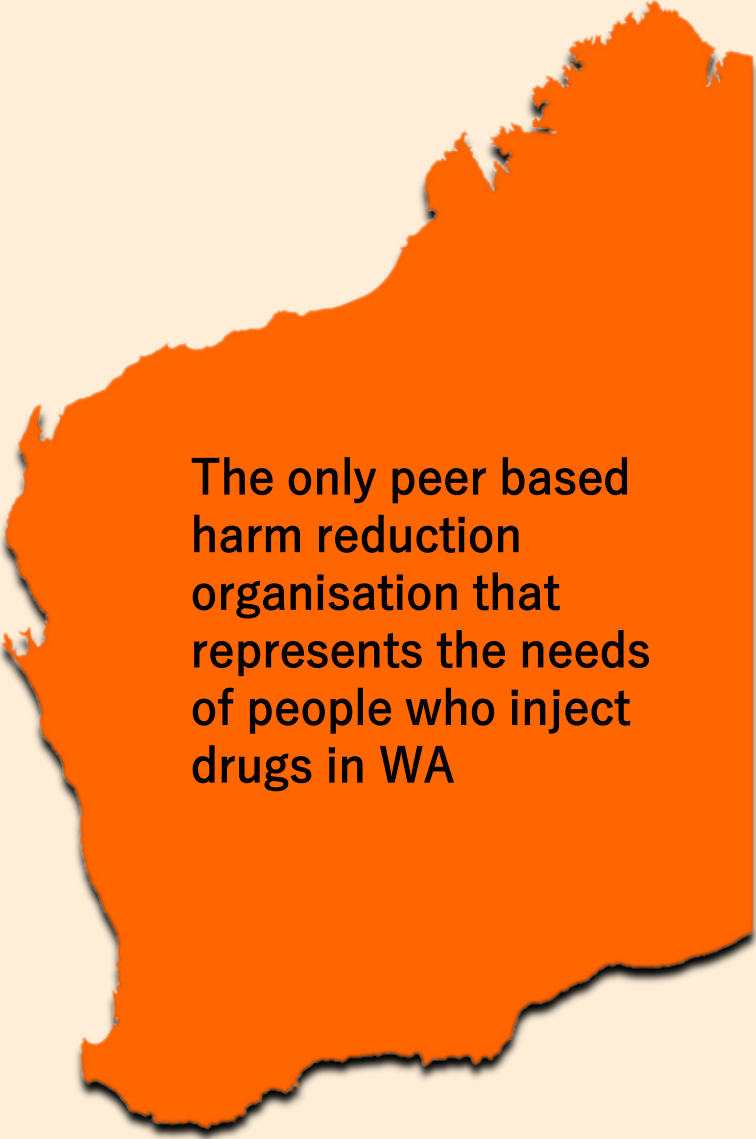
The Power of Peers

**Increasing the Uptake of HCV Testing and
Treatment Amongst People Who Inject
Drugs**

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Nurse Practitioner**



About Us...



The only peer based harm reduction organisation that represents the needs of people who inject drugs in WA

NSEP in the Perth metro and South West including outreach and mobile service – staffed by peer and outreach workers

Peer programs – Naloxone, Overdose prevention and management, HCV case management and Hep C peer harm reduction education

Nurse Practitioner led health services

Youth program and Community and Workforce development

What we did in response to WHO elimination targets, listening to our consumers and reducing barriers

Identified tasks that could be performed by peer workers

HCV case management workers

Educated peer workers about HCV testing and treatments – brief interventions

Phlebotomy & HCV VL finger prick test training



Further expansion

Incentivised testing

Expanded access – MNSEP, outreach

Utilised existing social networks of consumers to provide hep C education – HCPHRE

HCV Case Management

Patient Support



Weekly phone contact



Transport



SVR reminders



Medication delivery



Coordinates outreach visits

Results

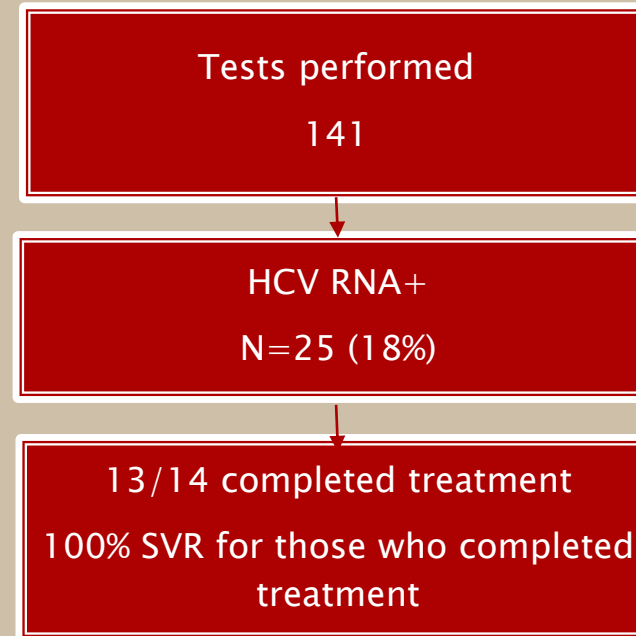
96 out of 108 people have been supported by the HCV case management worker – provide documentation for inclusion in the patient notes and record all patient interactions for outcome reporting

Testing Incentivisation

What we did

- SW fixed site, Mobile NSEP, outreach August 2019 to September 2020
- \$15 to undergo BBV/STI testing + \$15 for each referral – max \$45

Results



Comments from consumers

“So much better and it is great that it was all free – finished treatment now and feel great”

Hep C PHRE project

The Program

- ✓ Recruit and train people who inject drugs, who have completed or are undergoing hepatitis C treatment.
- ✓ Peer educators collect quantitative and qualitative data in a structured “peer diary”, and refer their peers to the service
- ✓ Diaries submitted monthly, mentoring is provided by a peer project officer, remuneration is provided to the peer educators

Peer Interaction Checklist

Date: _____ Age: _____ Postcode: _____
Gender: Male / Female / Other | Aboriginal / CALD (other cultures)
Drug of preference #1: _____ #2: _____

1) Has this person ever been tested for hep C?
☐ Yes, in the last year
☐ Yes, over a year ago
☐ Never tested

2) What is their current hep C status?
☐ They have hep C
☐ They don't have hep C
☐ They don't know

2b) If they DO have hep C, what year were they diagnosed? _____

3) Where did they get their last hep C test?
GP / Hospital / Prison / Needle & Syringe Program /
Pharmacotherapy or other drug treatment clinic / Not tested /
Other (specify): _____

4a) Have they ever had any treatment for their hep C?
☐ Yes
☐ No

If YES, what year? _____
If YES, what type? New / Old

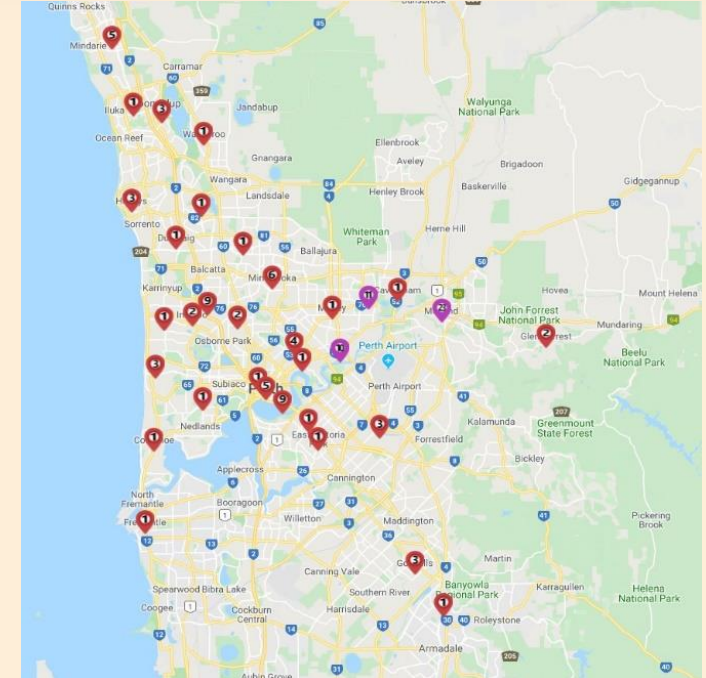
5) Where did they receive treatment?
GP / Hospital / Prison / Needle & Syringe Program /
Pharmacotherapy or other drug treatment clinic / Not treated /
Other: _____

6) Did their treatment work?
☐ Yes, cured
☐ On treatment now
☐ No, not cured
☐ Never treated
☐ Other: _____

7) Have they been tested for re-infection?
☐ Yes – Still cured
☐ Yes – Re-infected
☐ Have not re-tested
☐ Never tested

Results

- ✓ 598 drug using peers have been reached in the community
- ✓ 52 clinical appts
- ✓ Peer insights –
 - ✓ “Wouldn't have got the information any other way”
 - ✓ “Information easier to trust from a peer”



Conclusion

The involvement of peers in our model has led to a significant and sustained increase in the number of people accessing blood borne virus testing and treatment for hepatitis C



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