

Community & Peer Led Models to Enhance the Health of PWUD

- INHSU 2021

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Overview

- Where we are – a brief reminder of our current situation in terms of the health of people who use drugs
- A brief outline of what peer models look like in a few places
- Why peer led models are about more than hep C
- What we can do together and why legal and regulatory reform is health care



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Some Terms

- Peer – accepted by another as having related experience
- Peer Worker – a peer who is in a working role defined as peer – usually for a service or organisation
- Lived experience - accepted as having had the experience of the issue
- Living experience – currently experiencing and living with the relevant issue
- These are not set in concrete and are what we are settling on in our Victorian context



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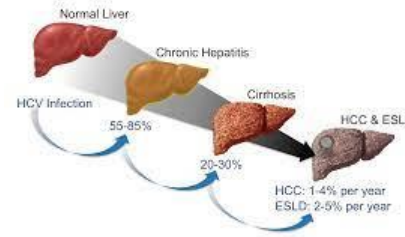
Health

INHSU – hepatitis and health



International Network on
Health and Hepatitis in
Substance Users

Disease and Organ focus



Ottawa Charter – health as a resource for living



Well-being is not simply the absence of disease

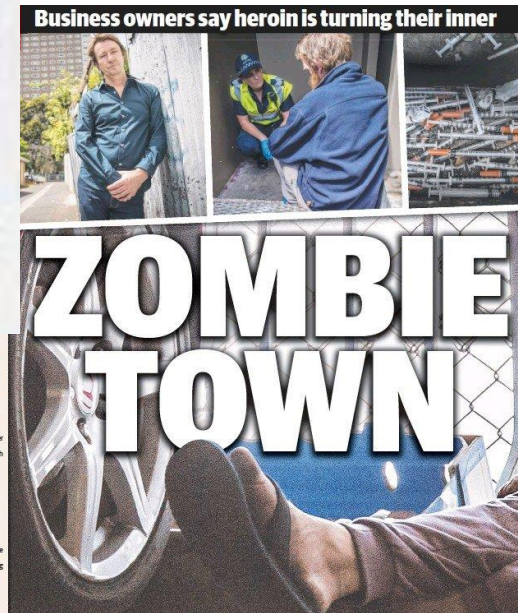
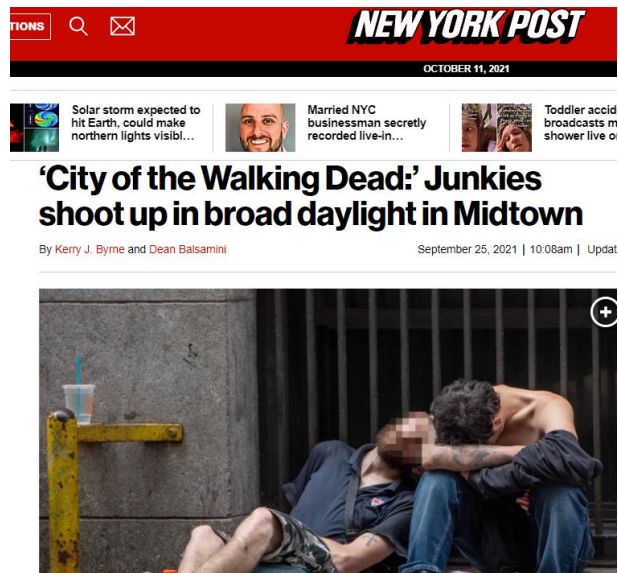


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Some numbers

- 39.4% of PWID HCV+ (Grebely et al., Addiction 2019)
- 1 in 8 PWID Living with HIV (UNODC 2020); 10% new HIV in PWID
- 93,000 + OD deaths USA alone to Jan 2021 / Australia more people OD than die on roads
- PWUD clearly face sometimes overwhelming odds to the extent numbers like this lose meaning
- On an individual level it is friends dying from overdose and liver cancer almost constantly.

Stigma & Hate



Hep C U Later - UK

Hep C U Later program – partnership seeking to eliminate hep C across the community, with a focus on embedding peers into every pathway

People with lived experience of hepatitis C and its treatment lead the project and focus on linkages.

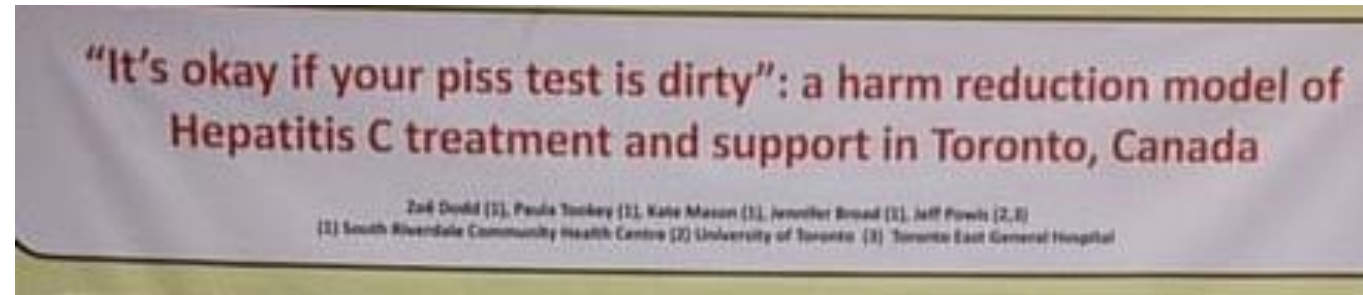
Supporting, promoting and including harm reduction approaches are key to this program.

1705 Day 2 in Models of Care Session



Canada

- Catie - <https://catie.ca/en/home>
- Connecting with Care - <http://blog.catie.ca/2020/02/05/connecting-with-care-in-canada/>
- Toronto Community Hep C Program – started 2006 – since 2011 has operated a peer training program. This year one of the first Community Support Workers became the Program Manager – for both Hep C and HR Programs at Sth Riverdale CHC
- First Nations peer programs such as those highlighted by Peers4Wellness study (<https://www.catie.ca/en/webinars/peer-navigation-indigenous-women-hiv-and-hepatitis-c-care>)



Australia

- Organisations of PWU/ID have been funded in many jurisdictions for many years
- HCV models generally developed by PWUD and clinicians in partnership as well. Often delivered directly by drug user organisations
- Peer Based Harm Reduction WA; QUIHN –deliver health services
- NUAA, HRVic, CAHMA – partner with clinical providers

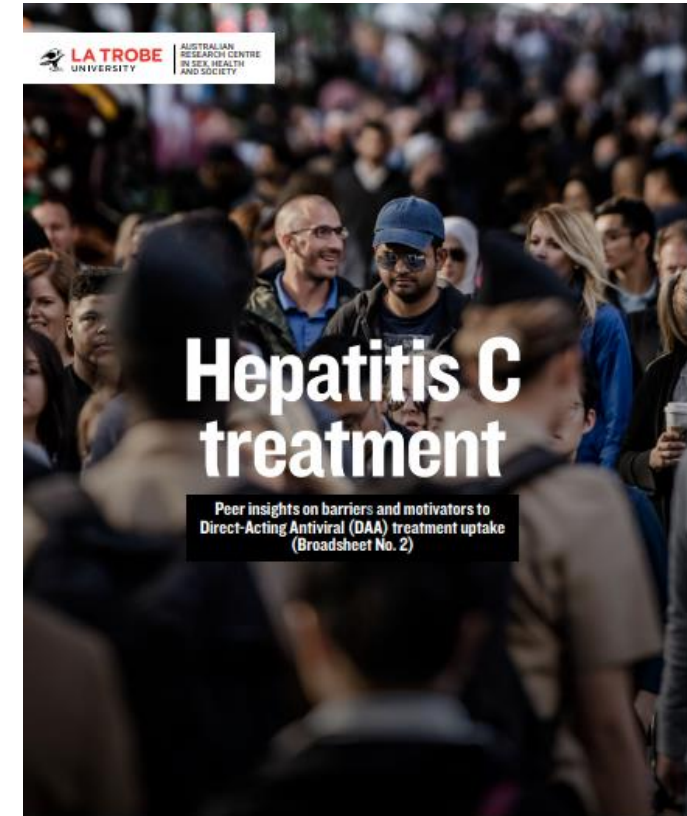


Why are these models so important?

Peer Insights

“They’ve been in the same environment [drug use] so they can relate... I don’t even know you but I know that you have used because you are in this organisation, so I can be honest with you, I don’t even know you from a bar of soap, but I can be honest ... and I know that you’re not going to piss in my pocket and hate me and look at me and throw daggers at me while I’m asking you a simple question ... So that’s probably the best part. That’s the difference.” – FG 1 (community member)

“a service get themselves a peer worker ... respected as part of the team ... to show the [injecting drug use] community this isn’t a place where you are going to get looked down on because people from your community are staff and they’re respected members of our staff” – FG 3 (peer worker)



Peer and Community Innovation

- Peer led interventions are usually innovative and occasionally disobedient...continuum
- We see and feel the impacts of terrible policy early and usually respond in a range of ways

Event and Festival Harm Reduction

Safe Supply (DULF VANDU and more- Canada) ==>>>

Naloxone provision / Peer NSP provision

COVID – 19 response – eg SANPUD- withdrawal support



VANDU
@VANDUpeople

AUGUST 31: INTERNATIONAL DAY OF OVERDOSE AWARENESS

COP-FREE DAY ON 300 BLOCK

FREE FOOD, MUSIC, VENDORS

SAFE SUPPLY FOR PRE-REGISTERED VANDU MEMBERS

11AM: ROLL CALL
12:30PM: MEMORIAL MARCH
1:30PM: BLOCK PARTY
2:30PM: SAFE SUPPLY DISTRO

COP-FREE DAY
ON 300 BLOCK

FREE FOOD, MUSIC, VENDORS

SAFE SUPPLY FOR PRE-REGISTERED VANDU MEMBERS

Why drug law reform is health reform

People who use drugs may be deterred from accessing services owing to the threat of criminal punishment, or may be denied access to health care altogether. Criminalization and excessive law enforcement practices also undermine health promotion initiatives, perpetuate stigma and increase health risks to which entire populations — not only those who use drugs — may be exposed. Certain countries incarcerate people who use drugs, impose compulsory treatment upon them, or both. The current international drug control regime also unnecessarily limits access to essential medications, which violates the enjoyment of the right to health.

- *UN Special Rapporteur Anand Grover report A/65/225 2010*

Drug law reform comes in all sorts of ways including =>

A very similar change to syringe laws came here recently and it seems small but it tells us a different story to criminalisation.



What ties all this together

- Peers and community need our own spaces and platforms
- Peer developed, led and implemented (as opposed to simply peer staffed) programs help address inequity and keep us in control
- But are not enough
- If we accept health is more than the absence of disease, then we must accept that too often government is asking us to help solve problems it is actively making worse
- This dissonance is traumatic



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What can we all do?

- While models that work are fantastic, as is evidence, innovation is important and supporting is crucial
- Service delivery with peers is a step but only the first
- Carve out space for peers to feed into policy – e.g. Vic Dept of Health Lived and Living experience advisory groups
- Support drug law reform – it really is not separate from healthcare
- Drug laws work against all of us.
- Be a “policy entrepreneur” (and watch Alison Ritter’s plenary from this morning)



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