



AVHEC 2019 Angela Corry



Who we are

- We are the only peer based, not for profit community based harm reduction organisation that represents the needs of people who use drugs in WA.
- We provide a range of non-judgemental evidence and consumer informed and peer led services, including services aimed at reducing the transmission of BBV's and STI's.



Service we provide

- NSEP in the Perth metro and Southwest region of WA, including outreach and mobile service.
- Nurse Practitioner operated health services
- Peer HCV case management
- Peer education programs (overdose prevention and hep C)
- Peer Naloxone programs

- CaLD peer support program
- Youth programs
- Harm reduction information, education and advocacy, including significant emphasis on reducing stigma and discrimination
- Community and workforce development
- Postal service
- Health promotion

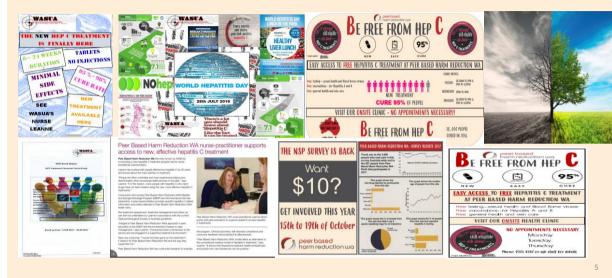
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- ✓ Recruited experienced Hepatology NP
- ✓ Research with post grad medical student: clinical audit (1074 files); recontacted tested but not treated previous consumers; focus groups with consumers
- ✓ Informed ongoing iterative model of engagement, treatment and ongoing care
- ✓ Consumer experience and input informs all aspects of service delivery including health promotion activities



Health promotion activities





Consumer consultations key populations

- √ Tested but not treated
 - ✓ Past PBHRWA consumers
- ✓ Tested and treated
 - ✓ Current PBHRWA consumers
- ✓ Mix of tested, treated and not tested or treated
 - ✓ PBHRWA peer educators, outreach consumers and their peer networks





What consumers said

✓ Tested but not treated

- ✓ Ongoing stigma and discrimination
- ✓ Interferon related treatment fear
- ✓ Existing health promotion of new treatments not resonating

✓ Tested and treated

- √ Varied but key factors: respect; kindness; and non-judgemental treatment
- √ Importance of peer support and flexible approach
- ✓ Not enough acknowledgement/promotion of improvements in physical and mental health post treatment







What consumers said

✓ Mix of tested, treated and not tested or treated

- √ Stigma and discrimination
- ✓ Unaware of new treatments
- ✓ Limited access
- ✓ Issues with veins and blood tests
- ✓ Other priorities
- √ Cost/benefit not resinating
- √ Mainstream messages not resonating/relevant
- ✓ Peer support and flexibility important





- Commenced testing and treatment in Perth clinic once NP's authorised to prescribe
- ✓ HCV testing and treatment information and resources included in all peer education
- ✓ Ongoing consumer feedback informed development of HCV peer case management role
- ✓ Expanded clinic to include outreach model in Perth
- ✓ Expanded clinic to SW site October 2018, including HCV peer case management role
- ✓ Commenced hepatitis C peer education program in Perth

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- ✓ 2x Peer workers trained in phlebotomy; 1 in Perth and 1 in the Southwest
- ✓ Southwest service expanded to include mobile health clinic across the region
- ✓ Incentive payments commenced in Southwest service this month
- ✓ Consumer experience and input informs all aspects of service delivery

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Key Learnings

- √ Engagement may take time
- ✓ Key role of peers
- √ Messaging important
- ✓ Service responsiveness, innovation and flexibility are imperative
- √ Trust, respect and no judgement is mutual
- ✓ Promotion of positive improvements
- ✓ Cannot overstate the impact of stigma and discriminatory experiences of people who inject drugs

"we aren't hard to reach, we are hiding from mainstream services"

