



Peer support is the key Hep C Treatment for injecting drug users

Jenny Kelsall & Damon Brogan

Introduction

Injecting drug users (IDUs) are the group most affected by hepatitis C (HCV) in Australia. However, few take up the option of treatment. Despite more inclusive treatment guidelines since 2001, in practice 'current drug use' is still identified as a major barrier to treatment.

The Program

We report on an innovative pilot program for IDUs which combined access to drug treatment & pharmacotherapy with access to HCV screening, assessment & treatment. The program was based at Turning Point, a large drug treatment centre in Victoria, Australia. The 'one stop shop' model provided access to a wide range of onsite staff & services, including pharmacy, NSP, case workers/counselors, legal & forensic services, psychiatrists/psychologists, etc.

Peer Involvement in hep C treatment

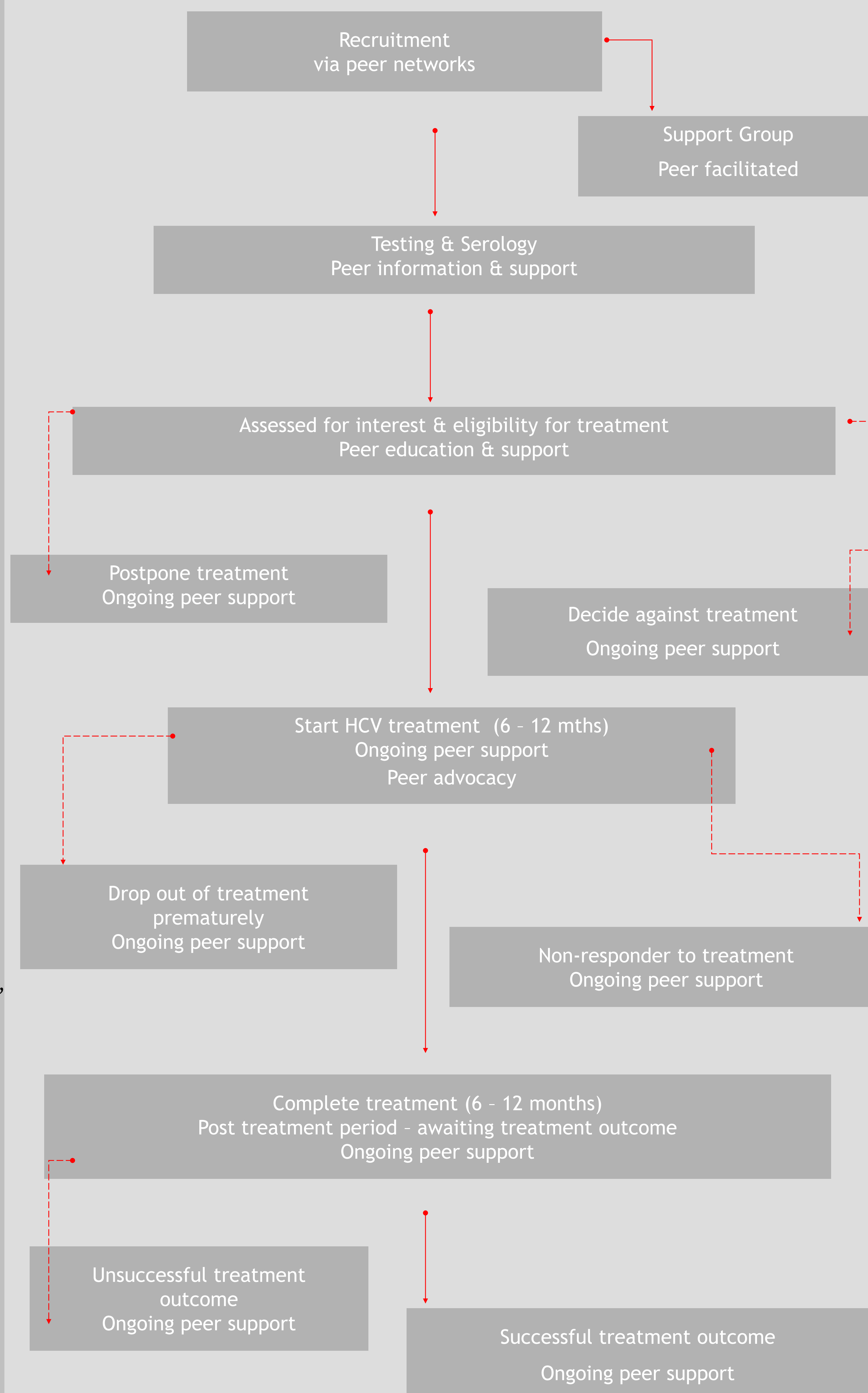
Peer involvement was one of the unique features of the model. The State Drug User Organisation (DUO) VIVAIDS played a key role in developing an inclusive model of service provision & a peer worker, employed & supported by the DUO, operated as the only non-clinical member of the multidisciplinary team.

The role of the peer worker

The peer worker's role was defined as a broadly based education, advocacy & support role; she was the primary source of support for clients at all stages of screening, assessment & treatment as well as during the post treatment period. In addition the peer worker provided practical assistance to clients including transport to appointments, facilitating domestic help & referral to other agencies, arranging reimbursements for pharmacy fees, etc.

The flexibility of the peer worker allowed her to spend time with clients at the clinic as well as in their own homes & on neutral territory. Clients consistently emphasized the importance of the peer worker's flexibility and the alternative perspective (i.e. consumer perspective) she brought to the team. They viewed her pivotal position as a major advantage as it enabled her to have a foot in both camps & to advocate to the medical staff on their behalf. The peer worker also came to regard her advocacy role as one of her key functions; she was frequently called upon as a 'go-between' to facilitate communication between clients & clinicians. As a result, the clinicians' ability to collaborate with a peer worker & to give her a voice was an essential ingredient of the success of the model.

Peer-driven pathways to hepatitis C screening & treatment



The Clients

After a lengthy period of consultation & development of the model, the pilot program operated in earnest from May 2006 - June 2007. During that period:

- * 167 clients initiated screening for hepatitis C
- * 102 clients tested HCV RNA +
- * 95 clients were tested for HCV genotype
- * 33 commenced anti-viral therapy
- * 62 clients postponed/decided against treatment or were considered inappropriate candidates

Of 33 clients who started treatment:

- * 1 client was lost to follow-up
- * 2 clients did not respond to treatment (@ 3mths)
- * 7 clients dropped out prematurely due to severe side effects
- * 23 clients completed treatment (6 - 12 months)

Unfortunately, the pilot program finished prematurely & prior to many clients completing treatment. The authors were unable to access treatment outcome results for all clients at the time of writing.

"...appropriate support should be an integral part of treatment because the drugs are so savage. You can't just send clients away to deal with it alone because it just sets them up to fail. . . . It can be a terrifying process and without appropriate support they'll get through on good luck not good management."
(Peer worker 2007)

"Drug users are seldom involved in the provision of health services. However, drug users & peer workers (PWs) can play a pivotal role . . . due to their capacity to identify needs & devise realistic solutions & to facilitate information exchange between drug users, service providers & policy makers. This exchange has the potential to lead to the development of services that accurately reflect the needs of users & to empower individuals within marginalised communities. However, the involvement of PWs demands a significant re-orientation of health services, in that staff must relate to drug users as colleagues rather than clients & injecting drug use must be regarded as a valid form of expertise."

Coupland et al. (2005): Clients or colleagues? Reflections on the process of participatory action research with young injecting drug users. IJDP Vol 15, Issue 3, pp191-198

A "Peer-Based" Model of Care

The impact of peer involvement was apparent in a range of ways throughout the program. Although other factors contributed to the success of the model, including the excellence of the clinical staff & their ability to work with peers, the 'peer' factor was central to enhanced client engagement and continuity of contact. It was evidenced in:

- * The number of clients who accessed the program
- * The number of clients who actively recruited clients from their own social networks (peer recruitment)
- * The retention of clients, their regular attendance & commitment to the program
- * The number of clients who attended & actively participated in Support Group meetings
- * The level of support among clients towards each other prior to and during treatment
- * The sense of ownership amongst clients - 'this is our clinic'.
- * The sense of empowerment reported by clients - 'we can look after ourselves and our mates'.

What the clients said about 'peer involvement'

Clients who were interviewed as part of a formal evaluation of the peer worker's role reported:

"...my needs are met here in a whole lot of different ways, from personal to support, to my addiction to ramifications from my addiction".

"...I think she (peer worker) has made the difference between sticking to this or not.."

"...if we didn't have the peer support worker this program wouldn't be running..."

"I reckon she puts a human face on this."

"She's not a doctor or anything, but a normal person... Like you and me."

"I think the fact that she has been there makes you feel that you don't have to hide anything from her. She is not judging you. She won't will she?"

"Well the doctors are in touch basically by having the peer worker there. She can tell the doctors exactly what the patients are feeling and she can get through to them."

"Yeah. And for some people it might be easier to talk to someone like [the peer support worker] rather than the doctors so you still get the information across."

"The peer worker has been right beside me all the way through treatment She can be both inside and outside the (clinical) team depending on the situation."

"The peer worker is the person I talk to about my drug use - its much easier to talk to her"

Norman et al (2008) The acceptability and feasibility of peer worker support role in community based HCV treatment for injecting drug users. Harm Reduction Journal 2008, 5:8