NOTHING ABOUT US WITHOUT US: THE ROLE OF PEER EDUCATORS IN HCV TESTING AND TREATMENT UPTAKE.

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Background/Approach: Despite Direct Acting Antiviral treatments for hepatitis C (HCV) being listed on the Pharmaceutical Benefits Scheme for three years, treatment uptake remains low. An estimated 170,000 Australians still live with chronic HCV. Research mapping treatment uptake across Australia's Primary Health networks ranks WA's three networks in the lowest ten.
Peer Based Harm Reduction WA operates a unique Nurse-Practitioner-led health clinic and HCV case management service which, supported by peer needle & syringe exchange program (NSEP) workers, operates out of our fixed-site and outreach NSEPs.

Focus groups with people who inject drugs (PWID) identified a lack of appropriate, targeted education as contributing to low rates of uptake amongst their peers. Barriers to testing and treatment were identified, including;

- "Horror stories" of side-effects experienced by people who underwent interferon-based treatment,
- Failure to prioritise non-symptomatic HCV as an issue,
- Previous experience of discrimination in health care settings.

Utilizing the unique peer engagement of our NSEP and Outreach services to recruit peer educators, we aim to increase access to testing and treatment for HCV.

Analysis/Argument: This presentation explains our innovative approach, which builds on our established peer education model. We have recruited, trained and are supporting a team of volunteer peer educators who have themselves completed treatment with DAAs.

Outcome/Results: Peer educators speak from their experience of treatment to dispel myths about side-effects and to promote the benefits of clearing the virus, thus "normalizing" treatment within their social networks. The project supports people living with chronic HCV to access a low-threshold, non-judgmental health service that specialises in working with PWID.

Conclusions/Applications: We present a cost-effective, easily adapted model for effectively engaging with "hard-to-reach" populations who typically do not access mainstream health services.
Further, we demonstrate that peer educators can influence knowledge, attitudes and behaviour of their peers to increase uptake of testing and treatment for HCV.

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