Peer-led harm reduction service delivers significantly better outcomes in HCV prevention and treatment

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INTRODUCTION

Genuine peer models are the exception in harm reduction services in Australia. In spite of a commitment to community partnership in New South Wales, there are only two programs with identified peer roles that provide harm reduction and hepatitis C (HCV) treatment.

The NSW Users and AIDS Association (NUAA), established in 1989, is one of the longest-standing, funded, drug user organisations in the world. NUAA commenced operations with a peer-led needle and syringe program (NSP) and has retained a commitment to providing this service from that time. Today we run one of the highest volume NSP services in NSW that is entirely staffed by people who inject drugs.

Data provided in this poster is derived from the NSW Needle and Syringe Enhanced Data Collection and the Australian National Needle and Syringe Program Survey, both conducted by the Kirby Institute, University of New South Wales, Sydney.

DESCRIPTION OF MODEL

The NUAA NSP is a fixed-site service located in inner Sydney staffed by peer workers and volunteers. Starting in 2015, we have undertaken a process of strengthening service delivery in this vital program area. Features of the model and new initiatives include:

- No injecting equipment limits and self-service
- Doubling service hours – continuously open from 8AM – 8PM
- Team of peer workers and volunteers with volunteer training including referrals, brief interventions, harm reduction and hepatitis C.
- In house primary care clinic delivered in partnership with Kirketon Road Centre (expanding to 20 hours in 2018)
- Health promotion initiatives such as vein care clinic featuring ”Accuvein” device
- Peer navigation service for clients wishing to undertake hep C treatment

EFFECTIVENESS

The NUAA NSP is demonstrably more effective that other NSP services in NSW. Over the past three years, occasions of service have increased by 100% while distribution of sterile injecting equipment has increased by over 50%. A state-wide NSP survey has shown that while the NUAA NSP client base is more marginalised than in comparable local services, receptive syringe sharing is significantly lower than the rest of NSW with 15.2% of attendees having used equipment after a peer in the previous month compared to 20.3% for the rest of the state. Likewise, the percentage of attendees who have taken up treatment for hepatitis C in the previous year was over 45% compared to 40% in the rest of the state and 36% nationally. These results have been replicated across multiple surveys and demonstrate that peer-delivered services are highly effective and the NUAA service model should be replicated throughout the state.

NUAA Needle and Syringe Program: Peer delivered, no limits, self service, full range of equipment

Staff and volunteers self-identify as people who inject drugs; enhanced volunteer training includes hep C, brief interventions, healthy. boundaries

5% lower receptive sharing than comparable services (15% vs 20%);

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