

Redefining Preparedness for Hepatitis C Treatment from the Peer Perspective

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Background

Direct acting antiviral (DAA) treatment for hepatitis C virus (HCV) is available in Australia at subsidised prices, including to people who currently inject drugs (PWID). However DAA treatment uptake has slowed.



To increase PWID access to DAAs, the Eliminate Hepatitis C (EC) Partnership is working to better understand the lived experience of PWID with HCV, and to harness these peers' potential as early adopters to influence treatment preparedness among PWID networks.

Results

ROUNDTABLE DISCUSSION THEMES



DAA treatment experiences were not matching expectations

- Expecting no side-effects, and experiencing them
- Expecting to feel different on and after treatment, e.g. have a feeling of "fog lifting" and to have more energy



Need to build trust and 'normalise' hepatitis C treatment among PWID



Potential interest in accessing treatment offset by multiple competing life priorities, persistent stigma around drug use and fear of discrimination

'PEER EXPERTS'

18 peer experts completed pre-discussion survey and 17 peer experts completed the post-discussion surveys.

Table 1: Characteristics of 'peer experts'

	N = 18 n(%)
Age in years (median, range)	41 (32 - 61)
Length of time as Harm Reduction Victoria peer networker	
<1 year	10 (56)
1-2 years	3 (17)
>2 years	5 (28)
Ever had HCV	12 (67)
Currently have HCV	3 (17)
Ever been treated for HCV	7 (39)
Reported being treated with DAAs	4 (22)

KNOWLEDGE OF HCV

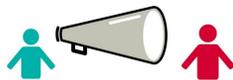
Pre-discussion knowledge was high, with improvements seen in two items on understanding antibody test result and on re-treatment of HCV (shaded in grey).

Table 2: Responses to five HCV knowledge questions

Knowledge Statement	Correct Answer	Pre-survey		Post-survey	
		n	%	n	%
Number of surveys		18		17	
If you have antibodies to hepatitis C that means you have hepatitis C	False	11	65	13	80
You have to have a liver biopsy (invasive test) before getting hepatitis C treatment	False	14	92	14	96
New treatments for hepatitis C are available to everybody, including people who currently inject	True	17	96	17	100
Hepatitis C treatment is only available through hospitals	False	18	100	16	93
If you get hepatitis C again after you've been treated, you can be treated again	True	14	84	15	86

Methods

ROUNDTABLE DISCUSSION



We convened a roundtable discussion between 20 'peer experts' and a range of 'professionals'.

'Peer experts'



- Existing PWID peer networkers (PNs) from Harm Reduction Victoria
- Have lived experience (including current experience of) injecting drug use
- Distribute sterile injecting equipment and information in their local communities
- PNs have a wide & expanding reach; July 2016-March 2017 PNs distributed 50,323 sterile needles and syringes
- Receive a small monthly stipend

'Professionals'



- Two clinical providers (infectious disease physician and hepatology nurse)
- EC Partnership representatives

Roundtable discussion allowed 'peer experts' to:

- Share their experiences of hepatitis C testing and treatment with clinical professionals
- Build their knowledge of hepatitis C testing and treatment
- Build capacity to act as hepatitis C treatment advocates within their networks



The 'peer experts'

- Asked the 'professionals' questions
- Shared their own, and their contacts', experiences with hepatitis C testing and treatment



The 'professionals'

- Described their work
- Demonstrated the use of a FibroScan
- Asked 'peer experts' questions

PRE-DISCUSSION & POST-DISCUSSION SURVEYS

Peer experts' were invited to complete an anonymous pre- and post- discussion survey, which included five knowledge questions on HCV testing, treatment eligibility and accessibility.

Conclusion

The roundtable discussion highlighted:

- Barriers to treatment preparedness
- The need for improved health promotion messaging to create more realistic expectations of treatment
- The need to accurately position treatment within PWID lives

These findings will inform ongoing engagement and training with PNs, to enable them to influence treatment preparedness among PWID networks and contribute to building a workforce of 'PWID peer treatment ambassadors' to increase demand, referrals and support for HCV treatment within community settings.

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For more information on the EC Partnership visit our website ecpartnership.org.au or email ecpartnership@burnet.edu.au