

HEPFRIEND; A DUBLIN BASED PEER FACILITATED MODEL OF ENGAGEMENT IN THE HEPATITIS C CARE PATHWAY

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HepFriend

BACKGROUND: Peer support models are thought to be effective in engaging hard to reach individuals with Hepatitis C. However, in Ireland whilst peer support is used on an *ad hoc* basis by homeless and addiction specific community based services, there is an urgent need to develop an evidence based peer support model to enhance access to the HCV care Pathway to ensure that those with the most significant disease are supported to get appropriate care & treatment

METHODS: A community consultation process was initiated by the HepCare Europe team and representation was sought from organisations with expertise in the needs of this particular cohort in particular input from those with a lived HCV. Through community collaboration & partnership the HepFriend Peer Support model for Dublin was developed between HepCare EU & 4 key organisations along with a welcome commitment to deliver a 12 month pilot project in the community.

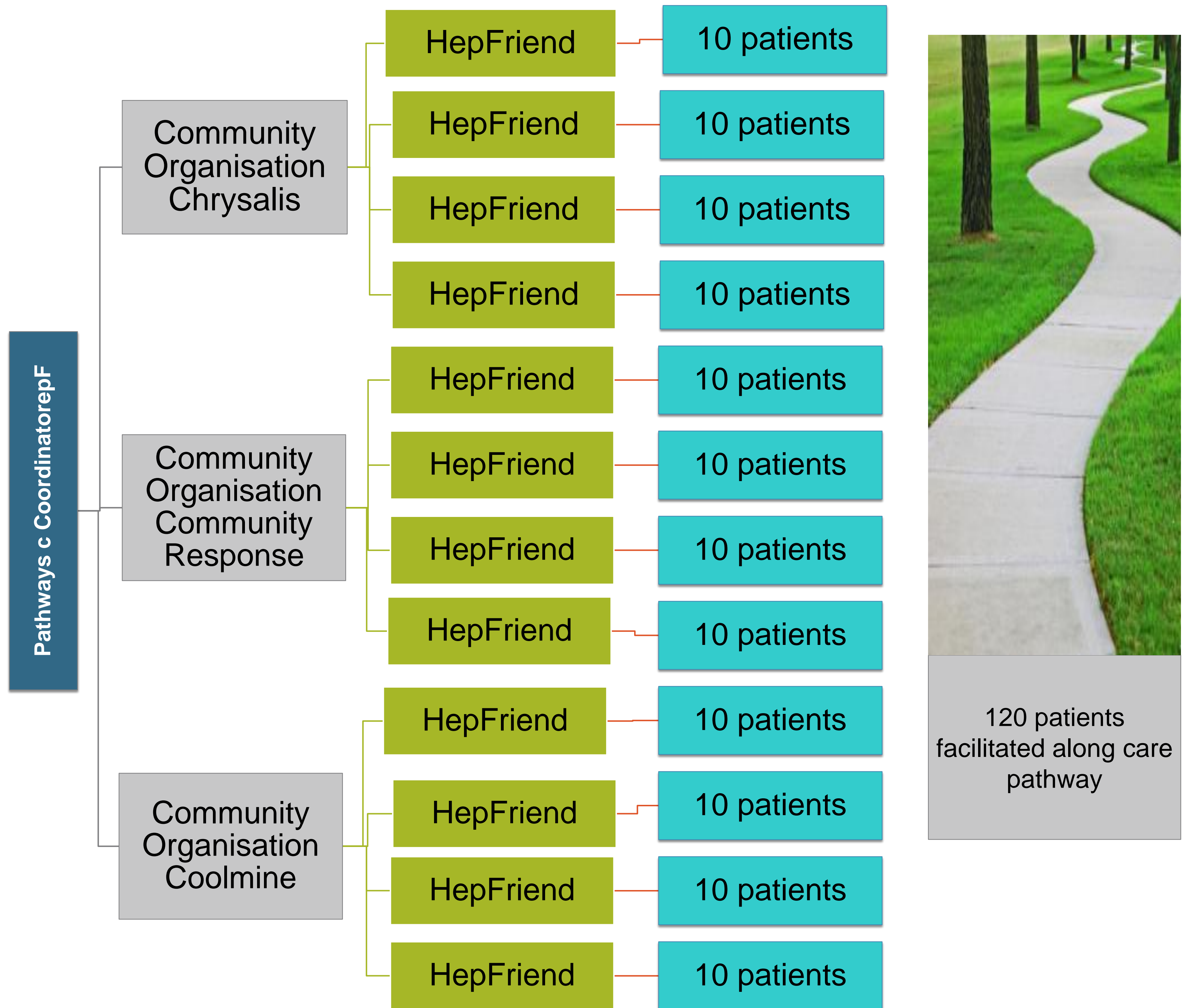
REFERENCES:

Crawford, S. & Bath, N (2013) Peer Support Models for People With a History of Injecting Drug Use Undertaking Assessment & Treatment for Hepatitis C Virus Infection, *Clinical Infectious Diseases* 57 (suppl_2): S75-S79
 Fortier E, Alavi M, Micallef M, Dunlop A, Balcomb A, Day C, Treloar C, Bath N, Haber P, Dore G, Bruneau J, Grebely J (2015) The effect of social functioning and living arrangement on treatment intent, specialist assessment and treatment uptake for hepatitis C virus infection among people with a history of injecting drug use: The ETHOS study. *International Journal of Drug Policy* 26 (11): 1094-1102

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RESULTS: Each organisation has nominated 4 HepFriend peer workers with a lived experience of HCV to volunteer on the project during the pilot phase, this gives a collective number of 12 HepFriend peer workers. Each peer will work with up to 10 individuals giving capacity to work with 120 individuals over the course of the pilot. The types of intervention carried out by the volunteers include support and information on the HCV care pathway; peer facilitated referral and attendance at clinical appointment if required. HepFriend peers have participated in a 2 day training programme and received certification through the Mater Misericordiae University Hospital in Dublin, Ireland.

CONCLUSION: Any planned intervention for HCV must engage many services and not just focus on treatment alone, which makes peer support a particularly important element in working with such vulnerable populations.

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