

HCV PREVENTION AND NEEDLE AND SYRINGE PROGRAMS: PEER VOICES ENHANCING SERVICE DELIVERY

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Background:

Needle and Syringe Programs (NSP) are a well-established and successful part of Australia's approach to hepatitis C virus (HCV) prevention. In spite of this success, various elements of NSP service design have been identified as creating barriers and deterrents to access injecting equipment for some population groups, such as those in rural areas and Aboriginal and Torres Strait Islanders, which contributes to equipment sharing and HCV transmission.

While NSPs are prevalent globally, a scan of literature reveals there are few best-practice NSP service guidelines and, where they exist, these are primarily the work of governments, with little space for the voice of people who inject drugs.

This study builds on previous national consultations that identified issues in accessing injecting equipment. It aims to increase access to NSPs and decrease HCV transmission by identifying new models for peer-responsive NSP service delivery.

Methods:

This qualitative study undertook semi-structured interviews with more than 60 people. Additionally, peer participants supported data analysis and development of study outcomes.

Results:

The study is still underway at the time of abstract submission, however previous consultations identified confidentiality concerns, discrimination, location, opening hours and costs as barriers to accessing injecting equipment. Additionally, respondents emphasised the role of peer distribution of injecting equipment and the need to formalise these practices, the need for flexible service models such as automatic dispensing machines, as well as highlighting the benefits of peer-run NSPs and the need to develop of the peer workforce.

Conclusions:

The outcomes of this study will support an understanding client needs, leading to the development of peer-led best practice guidelines for NSP service provision.

Presentation attendees will understand the elements that create barriers or facilitate access to injecting equipment and how access to NSPs can be enhanced, and HCV transmission reduced, by ensuring services incorporate peer voices as part of service delivery.

Disclosure of Interest Statement:

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