**EVALUATION OF TWO COMMUNITY-CONTROLLED PEER SUPPORT SERVICES FOR ASSESSMENT AND TREATMENT OF HEPATITIS C VIRUS INFECTION IN OPIOID SUBSTITUTION TREATMENT CLINICS: THE ETHOS STUDY, AUSTRALIA**

Treloar C1, Rance J1, Bath N2, Everingham H2, Micallef M3, Day C4,5, Hazelwood S6, Grebely J3, Dore GJ3

1 Centre for Social Research in Health, UNSW Australia

2 NSW Users and AIDS Association (NUAA)

3 Kirby Institute, UNSW Australia

4 Drug Health Service, Royal Prince Alfred Hospital, Sydney, NSW, Australia

5 Discipline of Addiction Medicine, Central Clinical School, Sydney Medical School, University of Sydney, Sydney, NSW, Australia

6 Newcastle Pharmacotherapy Service, Drug and Alcohol Clinical Services, Hunter New England Local Health District, Newcastle, NSW, Australia

**Introduction**: Peer support services have been shown to be beneficial in increasing uptake and adherence to treatment in other areas but few examples of these services exist in hepatitis C (HCV) care. This study examined the performance of two community-controlled peer support services operating within a larger study aimed at increasing access to HCV care and treatment for opiate substitution treatment (OST) clients, ETHOS.

**Method**: Semi-structured interviews were conducted in two clinics with three groups of participants: clients (n=31), staff (n=8) and peer workers (n=3) and examined the operation of the service in relation to process, outputs and impacts.

**Results**: There was a very strong positive response to the peer worker services reported by staff and clients who had and had not interacted with a peer worker. A number of changes were reported that were not explicit goals of the service including providing access to additional services for clients and staff, peer workers acting as mediators between clients and staff and a less tangible notion of a changing “feel” of the clinic to a more positive and client-friendly social and physical space. Explicit goals of the service were also reported in peer workers supporting clients to consider and prepare for treatment (via blood tests and other assessments) as well as provide information and support about treatment.

**Conclusions**: The peer support service was acceptable to clients and clinic staff. All groups of participants noted that the service met its goals of engaging clients, building trusting relationships and providing instrumental support for clients to access HCV treatment. Peer workers may also contribute to more effective deployment of health resources by preparing clients for clinical engagement with HCV health workers.