

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 HCV (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.

Methods: We convened a roundtable discussion between 'peer experts' (n=20 existing PWID peer networkers (PNs) from Harm Reduction Victoria, who distribute sterile injecting equipment and information in their communities) and 'professionals' (two clinical providers and EC Partnership representatives). The PNs have wide reach; in July 2016-March 2017 distributing 50,323 sterile needles and syringes with increasing number of contacts per PN/month. Seventeen peer experts completed pre- and post-discussion surveys which included five knowledge questions on HCV testing, treatment eligibility and accessibility.

Results: Twelve peer experts had ever had HCV and seven had ever received HCV treatment. While pre-discussion knowledge of HCV was high, it was higher still on the post-discussion survey. Key messages emerging from the discussion included DAA treatment experiences not matching expectations, the need to build trust and 'normalise' hepatitis C treatment among PWID, and potential interest of PWID in accessing treatment offset by multiple competing life priorities, persistent stigma around drug use and fear of discrimination.

Conclusion: The discussion highlighted barriers to treatment preparedness, and the need for improved health promotion messaging to create more realistic expectations of treatment, and 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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