



peer based  
harm reduction wa

# hcv treatment...

IN A NEEDLE AND SYRINGE EXCHANGE PROGRAM

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# Overview

- Background PBHRWA
- The Hepatitis C Treatment Program
- Implementations
- Summary

# PBHRWA

## 2 fixed sites in Perth and Bunbury

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### NSEP

- Needle and syringe one for one exchange program – approx 12,000 client interactions yearly
- Provides advocacy & support for people on pharmacotherapies health promotion and information, resources and resource production
- Consultation on policy, consumer issues, NSEP etc
- Training and education for the broader AOD, Health, Mental Health, Community Welfare and other services

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## OUTREACH SERVICES – METRO AND SOUTHWEST

- Ace program – outreach to Aboriginal clients including home visits
- Youth program – outreach to males and females aged 16-25
- Outreach to the general population
- Safe Disposal Program
- Overdose Prevention and Management Project
- Peer Administered Naloxone program

# PBHRWA Low Threshold Health Clinic

## **STI's and Sexual and Reproductive Health**

- STI education, testing, and treatment
- Contraceptive advice and scripts for the pill, Implanon insertion and removal
- Pap Smears

## **BBV's**

- BBV testing
- HCV treatment
- Advanced liver disease – HCC screening

## **General**

- Wound dressings
- Treatment for infections – cellulitis, UTIs, URTIs
- Naloxone prescribing
- Vaccinations
- General Health care

# How we went about it

Collaborative study between UWA and PBHRWA

Retrospective audit

Prospective study of patients undergoing hepatitis C treatment

# About

## **Retrospective Audit**

80% consumers self-reported a previous psychiatric history

54% who inject drugs use amphetamines

25% of the sample was hepatitis C antibody positive

## **Prospective Study**

20 patients have undertaken treatment

10 have completed and achieved an SVR

# Demographic Characteristics

## of the clinical population

	N=20	
Parameter		
Mean age	44	
Gender		
Male	11	(52%)
Female	9	(48%)
Drug Use		
Past drug history	1	(5%)
Current amphetamine use	12	(60%)
Current heroin use	5	(25%)
Current combined heroin/amphetamine	2	(10%)



# Barriers

## 1. How to recruit

2. Poor venous access

3. Minimal support

4. Follow up

5. Re-infection issues

6. Patient complexity

# Addressing the barriers

## 1. Peer based education

- Peers and NSEP workers were educated about HCV
- NSEP workers triage clients –
  - Brief interventions – substance related problems
  - Health issues
  - Education

## 2. Case management worker

- Outreach
- Transports clients to and from appointments
- Provide support during the hepatitis C treatment program – weekly phone calls
- Another person to reinforce reinfection issues
- Reminds clients of their appointments

## 3. NP Prescribing

One stop shop

- Reduce hospital admissions

## 4. Providing education to Health professionals

# What the consumer wants...

- More targeted education
  - Patient incentives
  - User friendly services – feel safe
  - One stop shop approach
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How do  
we reach  
the other

75%



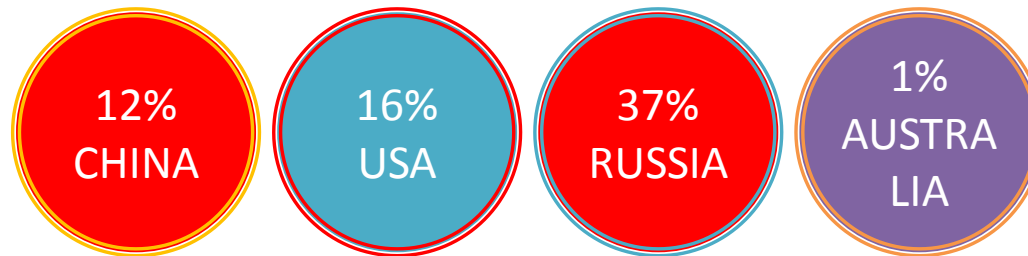
- Be more flexible in how we deliver care
- Consider the complex client
- Identify services engaged with people who use drugs
- Services at the forefront and engaged with people who use drugs should be enabled to access these clients

# About

## The Achievements of Harm Reduction

Harm Reduction also benefits the whole community, as well as respecting people's choices and enhancing our ability to have more control over our health

### HIV prevalence among people who use drugs



Between 2000 and 2009, the Australian Government... spent **\$243 million** on Needle and Syringe Programs. this prevented an estimated **32,000 HIV** and **97,000 hep C** infections which saved **\$1.2 billion** in direct healthcare costs. if patient costs and productivity gains/losses are included, the community saved **\$5.8 billion**

**For every \$1 invested in NSPs, \$27 was returned to Australian tax payers**  
**1 fitpack = \$100 saving!**

# Summary.



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