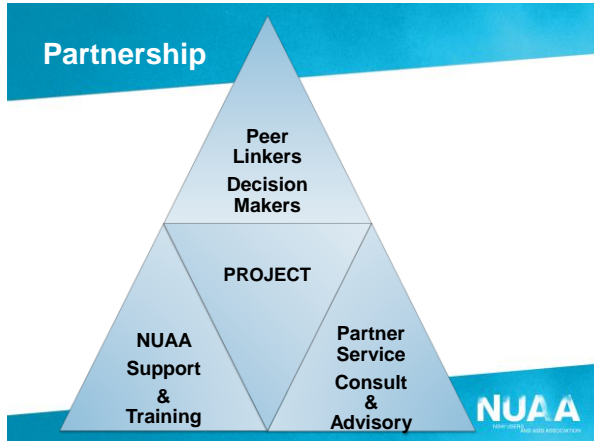
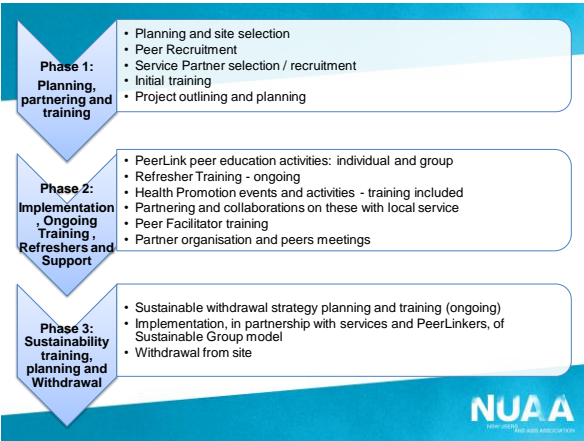


PeerLink

Peer education the forgotten tool for fighting viral hepatitis



“What you do [to provide better aid is] you shut up.
You never arrive in a community with any ideas.”
Ernesto Sirolli
Sustainable Development Expert (2012)



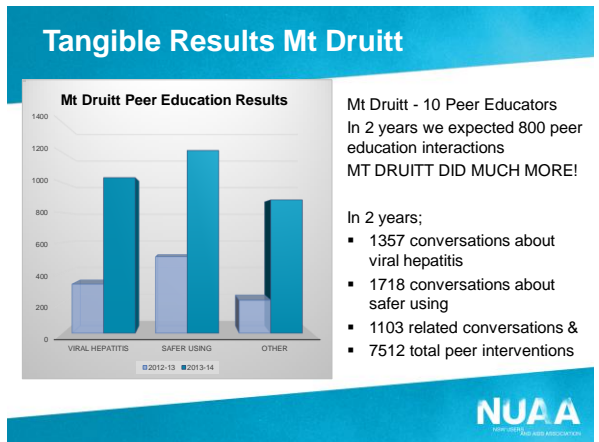
Measurement

What information is collected about Peer Education Activities?

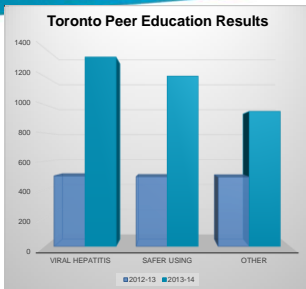
- ✓ Viral Hepatitis
- ✓ Safer using
- ✓ Other
- ✓ Number of resources handed out & referrals made
- ✓ Local Issues & trends

Worker	Month / Year	NAAA PeerLink Monthly Activity Table				
ACTIVITY WEEK	Peer(s) you have spoken to	Hep C	Safer Using	Other	Number of Resources handed out	Issues and Trends you noticed this week /month or any meetings attended
Monday to Sunday Week 1						
Monday to Sunday Week 2						
Monday to Sunday Week 3						
Monday to Sunday Week 4						
Totals						

Any questions or PeerLink issues, please call Jeffrey Regeher PeerLink Worker at NAAA, 0521 8547253, mob-0433262948, Freecall 18006444117, Email: info@naaa.org.nz, Fax: 05087259



Tangible Results Toronto

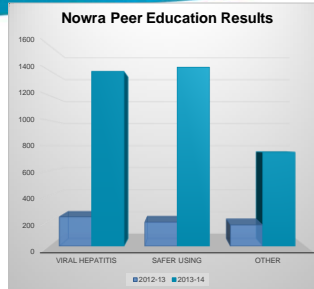


Toronto – 7 Peer Educators
 In 2 years we expected 800 peer education interactions
TORONTO DID MUCH MORE!

- In 2 years;
- 1832 conversations about viral hepatitis
 - 1692 conversations about safer using
 - 1442 related conversations &
 - 9456 total peer interventions



Tangible Results Nowra



Nowra – 9 Peer Educators
 In 2 years we expected 400 peer education interactions
NOWRA DID MUCH MORE!

- In 2 years;
- 1624 conversations about viral hepatitis
 - 1615 conversations about safer using
 - 97 related conversations &
 - 6510 total peer interventions



Intangible Results

- General knowledge of viral hepatitis in particular has proven higher in communities where PeerLink has been active in the community, than ones that do not have it (RISE Report)
- Peers developed self confidence
- Peers awareness of stigma and discrimination increases and as a result, their self-worth rose, and their community identity improved
- They expressed satisfaction with their improved knowledge about blood borne viruses and harm reduction.



Intangible Results

- They felt they were of benefit to their friends and were saving lives
- Some used this as a launching pad for employment and further study in the general community
- They felt like their relationships with service providers improved and this has been reported as a reciprocal benefit
- PeerLink has been a conduit for injecting drug users to get their voice heard at a state government policy level



PeerLink Express

A new PeerLink model is being rolled out over the next 12 months



PeerLink demonstrates that peer education can create sustainable, empowered communities achieving real results in viral hepatitis education amongst the injecting drug using community.



Questions?



Thank you

Contact details:

yvonne@nuaa.org.au or www.nuaa.org.au

Special thanks to all the wonderful PeerLinkers and the Organisations that have been involved.

References:

Wye, S.Q. (2006) AIVL: A Framework for peer education by drug-user organisations, AIVL, Canberra.

World Health Organisation (1986) The Ottawa Charter for Health Promotion, World Health Organisation, <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html> (04/09/14)

