

Evaluation of two community-controlled peer support programs for assessment and treatment of hepatitis C virus infection in opioid substitution treatment clinics: the ETHOS study, Australia

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on behalf of the ETHOS Study Group

Peer support programs in HCV treatment

Context

- Low treatment uptake
- Significant barriers to accessing care

ETHOS

- hepatitis C care in OST setting

OST

- highly regulated and sometimes punitive environment
- frequent tensions between staff and clients
- peer support workers can often provide a bridge between clients and providers

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ETHOS peer support

Community controlled peer support:
Devised & implemented by drug user organisation (NUAA)

Clinic 1 - privately-owned, for-profit

2 PSW, 1 morning/week

Clients of clinic

Engaged clients in waiting room, no access to operational areas of clinic

Clinic 2 – publicly funded

1 PSW, 2 days/week

At request of clinic, PSW was not a client of clinic

PSW had access to operational and clinical areas

Training and supervision for PSW re confidentiality, barriers, managing difficult situations

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Method of evaluation

In-depth interviews with:

PSW (n=3)

Clinic staff (n=11)

Clients
n=16 clinic 1; n=15 clinic2
Engaged/not in ETHOS

Results
"workshopped" with current PSWs

Process - establishing and conducting PSW
Outputs - short term changes in relation to aims
Outcomes - referral & support of clients to undertake HCV treatment

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Process

- Regardless of client's contact with PSW – very positive response

Well, you know, like [the peer worker is] down on the ground floor. She's in the waiting room talking to people and, and, and doing what I believe she should do. And, and doing it well. ... And she does a great job. She's got a lot of respect from a lot of people and she's earned it. (Paul, client, clinic 2)

- Staff had initial reservations, but then also positive

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Process

- Success of PSW: trust and experience

I like that we have our own peers who are in the same predicament as we are. Encouraging and helping others in the same predicament. ... instead of having a textbook person there, I listen more to [PSW] because they've been there, they've done that. They've come through the other side ... that's a top idea as opposed to the people who are dosing us doing it. (Rachel, client, clinic 1)

they can relate to those people. ... 'cause I just think it's different when it comes from a peer. They might say to me, "What would you know about it?" ... if it's a peer, they're more likely to tell more, to talk, to open up more. (Jane, staff, clinic 1)

Everybody who's a user or, or whatever, don't have exactly the same stories, but there's that camaraderie, and just that no judgment. Nobody feels like they're being judged by the person they're talking to. They've been through the same sort of stuff. ... I think for drug and alcohol the last thing somebody wants is someone preaching to 'em. And coming from someone who's been there ... there's that openness and that trust. (peer worker #1)

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Outputs



access to **extra services** for clients and staff eg free dental treatment

I was on cloud nine. I was feelin' happy and I felt like, "Hey, this is great. I'm doing something. I'm **giving back**." (peer worker #1)

Clinic "feel": friendlier, re-humanising, "added depth to the clinic, that we care a bit more", "more inviting", "the **vibe**" (clients, staff and peer workers)

its helped clients feel more relaxed about their interactions with us. Because often [the PSW] will act as a **mediator**. ... So that's, that's really assisted us. But I think it's also helped our staff to be a bit more relaxed and open about dealing with clients and, you know, with client advocates as well. (Reba, staff, clinic 2)

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Outcomes: facilitate access to assess & treatment



And PSW start you, they sort of bring out a conversation to the table. ... and believe it or not, that's how I actually gotten in to have my blood test. Just by them saying, "Do you want a pamphlet?" (Sarah, client, clinic 1)

To go on a treatment or go from testing to treatment, it's got a lot to do with how they're dealt with. How people are treating them. It's, the major factor. It's having people that care. ... There's a guy I've worked with now for 12 months, he's only just going for his fibroscan 'cause we'd get him to his doctors' appointments - he'd always not turn up. So I offered to go with him ... and it was all through, more through fear of what he's gonna find out. He's happy to go on his own now. (PSW#1)

I actually see less people but for **more quality interactions**. ... They've already been taught about hep C. ... the impact on their life ... the side-effects and then when they come into me it's about 'let's just find out where I'm at and then we can discuss my options about where I can go'. ... they've done the groundwork. And probably the hard work as well. (Anthea, staff, clinic 1)

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Discussion



Tangible effects relating to aims

- Facilitating client engagement in hep C care

Unanticipated but tangible effect

- Additional resources

Less tangible

- Mediating role
- High regard, credibility and trustworthiness of PSW
- Changing "feel" of the clinic

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Discussion



2 clinic models

- Not discernible by clients
- Role of PSW more important than model of working
- Pragmatic, but allow PSW to exhibit credibility and autonomy (esp regarding confidentiality)

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Conclusions



PSW desirable but not essential?

- Demonstrated benefits in other health areas
- Contribute to effective deployment of resources via low cost intervention

IFN free treatments – don't need PSW?

- Marginalisation & distrust remains
- Part of changing discourse around treatment?

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