

Peer Support Improves Outcomes And Treatment Access In Opioid Substitution Settings

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NSW Users and Aid Association (NUAA)

"ADVANCING THE HEALTH, RIGHTS AND DIGNITY OF PEOPLE WHO USE DRUGS ILLICITLY IN NSW"

About NUAA

The NSW Users and AIDS Association (NUAA) is a peer-based drug user organisation and the peak body in NSW representing people who do or have used drugs. We work with the Ministry of Health and present the consumer perspective on health service delivery.

NUAA has a long involvement in consumer engagement and advocacy in a variety of settings. This paper describes the work of a peer engagement officer in and OST clinic who worked to promote access to hepatitis C treatment with clinic clients

Consumers often view Opiate Substitution Treatment (OST) clinics as punitive environments with little flexibility and literal and figurative barriers preventing patient-focussed care. The practices of many OST clinics are not conducive to engagement in health care. The target of hep C elimination requires that we change this paradigm.

- (1) GOING TO 52 WOODRIF, without invitation
- Things that may get you exited:
"being noisy, disrupting or in any way annoying"
2. Things that **MAY** get you exited:
- Things that will incur an administrative cost:
- (1) CA - ringing the clinic. You already have an appointment and if staff have to work to help you, you must pay
 - (2) NO - requesting a variation of the script
 - (3) BE - missing an appointment, even if you have an "excuse"
- 3.
- (1) **Calling the mobile number** (regardless of reason, as you will miss your appointment from your last visit, if you are calling staff will have to work or help you - you must pay)
 - (2) **Failing to bring your Medicare Card** to an appointment
 - (3) **Requests for variation** of the scripts (extensions, take-a-way changes)
 - (4) **Calls from Pharmacy** or any other associated provider that results in administrative time, where it is the results of your actions (ie calls when you have failed to dose)
 - (5) **Not attending an appointment** (even if you have an "excuse" or contact us) as this will require the adjustment of a script (see later)
 - (6) **Failing to attend an appointment**, without contacting us as this will require more adjustments. (see later)
4. Things that **WILL** result in the **Removal of Take-a-ways**
- (1) **Failing to attend an appointment with out notice**
 - (2) **Having your security deposit in a negative balance**
 - (3) **Any take-a-way violation**
 - (4) **Continued use of any Benzodiazepam or Amphetamine**
5. Things that **WILL** result in the **"REMOVAL of BULK Privileges"**

Only come to the clinic five minutes before you appointment but don't be late.

6. It is your **RESPONSIBILITY** to:
- (3) **KEEP A POSITIVE BALANCE TO YOUR SECURITY DEPOSIT.** This is held to cover any breaches of these rules that require payment of **"Administrative Cost"** for services not covered by Medicare and to cover the administration cost of your future "exit" form requirements.
 - (4) **KEEP YOUR PHONE DETAILS UP TO DATE** if we can't contact you on the number you have given to us it is your fault
 - (5) **ONLY COME TO THE CLINIC 5 MINUTES BEFORE YOUR APPOINTMENT.** If you arrive early you will be sent away, remember if you are Loitering you will be exited, go to the Centro shops.
 - (6) **NOT TO BE LATE**, if you are greater than 5 minuets late, you will be send away till the end of the clinic
 - (7) **BE AWARE OF PUBLIC HOLIDAYS AND ORGANISE YOUR TAKE-A-WAYS.** All scripts cover pharmacy closures. You can not get more than 4 take a ways at any time.
 - (8) **NOT BE NOISY, DISRUPTIVE, INTRUSIVE OR IN ANY WAY ANNOYING** while at the clinic. You will be warned and exited if you do not change your behavior.

The intervention

Peer support consists of a worker with lived experience of injecting drug use and hepatitis C working in treatment settings appropriate to their skill base. For this project, NUAA upskilled a well-regarded consumer engagement officer in HCV treatment and support in an inner city drug and alcohol service.

The role involved:

- Acting as a go-between the services and consumers
 - Advocating for consumers where required
 - Providing brief educational interventions on hepatitis C, transmission, testing, monitoring and treatment
 - Encouraging connection with health care providers for testing, monitoring and treatment
 - Providing support to people as they navigated the new hepatitis C treatment pathways
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Evaluation methods

We undertook to evaluate the acceptability and efficacy of this intervention

Survey examined:

- Overall satisfaction with service
- Acceptability of PSW role
- Efficacy of the PSW role

A total of 47 clients completed the survey (out of approximately 150 service clients)

Survey was administered by a PSW who was not connected with the service

Demographics

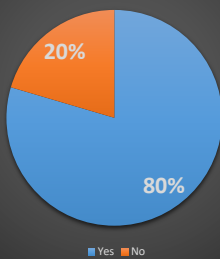
The majority of participants were male (75%),

Aged over 35 years (58%)

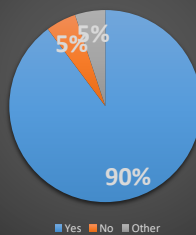
Long term service users (77% had attended the clinic for at least 1 year)

NUAA
NEW USERS
AND AIDS ASSOCIATION

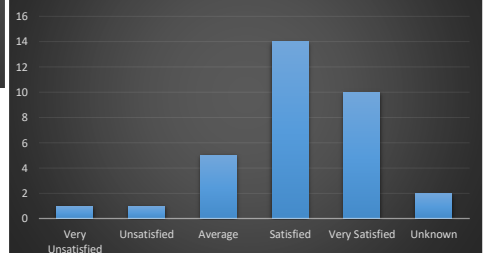
Has the PSW chatted with you
in the last 12 months?



PSW improved the
atmosphere?

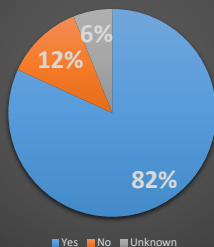


How satisfied are you with
the PSW?



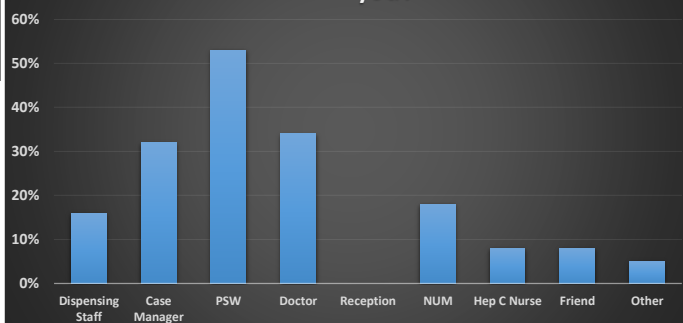
Results Connecting

Did the PSW advocate for you with Rankin?



Results Outcomes

In the last 12mths who discussed hep C with you?



The PSW had discussed hepatitis C with 30% of those surveyed

Verses;
 Doctor (20%)
 Dispensing staff (10%)
 Hepatitis C nurse (5%)

Nearly half (47%) of participants reported that the Peer Support Worker was involved in the decision making process to proceed with treatment

Indicating that this support was instrumental in the decision.

Let's Get Personal!

I feel my joint status as a consumer of the service, combined with my formal peer support role helps to reach out to others who have become distrustful and disconnected from the service.

I have a huge sense of achievement in the positive changes have occurred due to the work I do at the Opiate Treatment Centre.

Sharing a good news story....

Learnings

- Peer support worker was highly effective in engaging with OST clients around HCV treatment
 - Peer support can facilitate hepatitis C treatment access in Opiate Substitution Treatment settings.
 - Peer Support Worker roles must be considered in all high-volume Opiate Substitution Treatment Clinics in order to ensure equitable access to health care.
 - Further, the ongoing support of a peer through the testing, decision making process and the treatment regime is the next evolution of ensuring the most vulnerable and marginalised injecting drug users and people in opiate treatment can and do access and complete hepatitis C treatment.
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Recommendations

- Structural norms in clinical practice inhibit discussion, education and support
 - Peer support “meets people where they live” providing opportunities for engagement
 - Peer support will be essential to achieving the target of hepatitis C elimination
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Acknowledgements:

All the generous peers/consumers who agreed to be interviewed
St Vincent's Rankin Court Opiate Treatment Program
Tony Mc Naughton Peer Support Worker