

South West HCV Peer-to-Peer Education

Overview

In 2014, Addaction and The Hepatitis C Trust (HCT) formed a partnership through which the two organisations worked together to support people with a history of injecting drug use into the hepatitis C (HCV) care pathway. The partnership project adopted three key interventions; peer-to-peer education, a buddying scheme, and a workforce development programme. An external evaluation was conducted on all three elements of the project (with the report available [here](#)). This case study summarises the findings of the peer-to-peer education intervention.

Key points

- **112** peer led workshops were delivered between September 2015 – 16
- **806** service users attended the peer-to-peer workshops, with **84% (n=681)** of attendees taking part in a study to monitor the effectiveness of the intervention
- **70% (n=477)** of those who completed feedback questionnaires indicated that their **knowledge had increased 'a lot or 'massively'**
- Post workshop data indicated an increase of **141%** in the numbers of people being tested for HCV

Why the pilot was established

The pilot was predicated upon Addaction's and HCT's shared understanding of four key issues:

- That people who inject drugs are at particularly high risk of HCV infection.
- That people who inject drugs find it difficult to engage in HCV testing and the care pathway.
- That there was a need for accurate and current information to be embedded into the drug using community regarding HCV prevention, testing and access rights to treatment
- That people who inject drugs can be cured of their HCV, for some an important step on their recovery journey

Additionally HCT have run a peer-to-peer (P2P) education programme since August 2010 with a single paid employee providing key messages about hepatitis C prevention, diagnosis, treatment and care to people attending drug services. HCT wanted to explore the possibility of using existing networks of volunteers within substance misuse services in order to expand the delivery of this intervention, in the belief that key messages around awareness, prevention, testing and treatment were best and most effectively delivered by peers.

How the P2P project worked

Peers were trained to deliver workshops using their own experience of hepatitis C as a platform to deliver core messages about the importance of testing, the urgency of linking with care for liver assessment and the availability of new treatments. The project ran across seven areas and workshops

were delivered into drug service day programmes, residential rehabilitation units, hostels and homeless shelters in each area.

Workshops typically lasted for one hour and featured the peers' personal story, a group discussion and a feedback questionnaire followed by a short quiz to test understanding at the end of the session. The peer educators were given clear instructions and guidance as to why and how data needed to be collected.

Follow-up telephone interviews with attendees to test long-term retention of the workshop messages and interviews with the peers themselves were also undertaken to form the qualitative arm of the study.

"I was in shared accommodation where there was a lot of drug users and there were a lot of needles around in the environment, so it was very relevant yeah – I knew about being able to catch things from needles but it helped remind me to be extra careful, and I did talk about it with people there and pass on the information"

An innovation that was introduced in the final phase of the project at the request of the peers was the on-site availability of hepatitis C testing immediately following the workshop ('Talk & Test').

Between September 2015 and September 2016, a total of 112 peer education workshops were held, attended by 806 participants. A breakdown of the areas in which the workshops were delivered can be seen in Figure 1.

Area	Workshops Established	Workshops Delivered Sept 15 - 16	Total Attendees	Average per workshop
Bournemouth	04/03/2016	10	56	6
Cornwall	09/08/2014	44	334	8
Devon	22/09/2015	10	64	6
Lincolnshire	25/11/2015	2	21	11
Liverpool	30/10/2015	8	54	7
St Helens	22/10/2015	9	65	7
North Somerset	28/8/2014	29	212	7
Total		112	806	7

Figure 1

Note – drug treatment services are commissioned across local authority areas some of which are therefore county-wide whereas others are focused on specific towns and cities. Data relates to the period covered by this evaluation. In some areas, workshops only ran for part of the year.

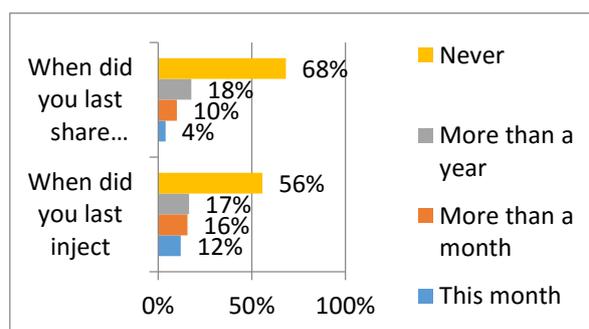
Outcomes

Target cohort reached

Information regarding participants' injecting drug use and sharing of equipment was requested as part of the questionnaire.

Figure 2

Responses showed that 44% of participants had some form of injecting history (as shown in figure



2). This indicates that the project reached its intended cohort.

Improved knowledge and awareness among key at-risk groups

Post-session questionnaires showed that the workshops led to substantially increased levels of knowledge and awareness among participants. Out of the total 806 attendees, 681 completed a five-question quiz to assess their understanding of the key messages. 70% (n=477) of those who completed the questionnaire indicated that their **knowledge had increased 'a lot or 'massively'** as a result of the workshop, with 89% (n=606) of respondents correctly answering all five questions.

"It's definitely changed my behaviour – I do still use drugs but I'd never share a fiver with someone now. It's made me very aware of the possibility of transmission so I am more cautious. I've never shared works but I definitely wouldn't in future because of this"

277 attendees initially consented to be contacted at a later date for further evaluation. As may be anticipated within this client group, 34 individuals (12% of those who initially left contact details, and 4% of all attendees) took part in the follow-up telephone interviews.

Longitudinal analysis, based on these interviews, showed that long-term retention of the information provided in the workshops was excellent, with near universal recall among those interviewed of the key messages. Additionally, and significantly, a number of those interviewed indicated that they had shared the information with their partners, friends and peers.

"I speak about it quite a bit with people I see in the service. I've also seen other service users who've been to the sessions telling others about it outside the main building – it's just quite an interesting topic, it's like one of those subjects at school where you want to come home and go 'Did you know...?'"

This indicates that the peer training is **successfully embedding accurate information and messages about hepatitis C within the drug using community**; messages which are then being repeated organically through the community itself.

Increased numbers of at-risk service users being tested

Feedback from previous workshops and from peer educators indicated that people may be more willing to be tested if the test was available at the close of the workshop they attended. The pilot responded to this by introducing on site availability of HCV testing immediately following a workshop 'Talk and Test'. This innovation was delivered at 5 of the workshops in Devon.

Overall, there were 27 recorded tests across all the Devon locations in the time preceding the peer sessions and 65 tests in the weeks immediately following delivery of a peer-to-peer education session. This indicates an average increase in testing of 141%, and provides evidence that the sessions play a vital role in ensuring that at-risk individuals realise the importance of getting tested for hepatitis.

"I've heard of people who've started using again because they had such a bad time with interferon. But now they've got this new treatment that's very quick and easy. So that stuck in my mind – that it is curable, it's not the end of the world if you do have it. I have to say that made me feel better about the idea of getting tested."

HCV test data indicated a particular spike in take-up where testing was available at the end of the workshop (Talk and Test) with a significant proportion of the monthly total (for the month following) having been tested at the end of a session.

"I think the session really made me think – it made me a bit more open-minded and willing to learn more about HCV and other things like that – about health risks and what I can do to stop them, it made me think I should care more about my health. I got tested after the session"

Birmingham

The 'Talk and Test' model was then adopted outside of this study in Birmingham through the period April 2016 to October 2016. Overall, 25 workshops were delivered in Birmingham with 195 attendees. 18 of these workshops adopted the 'Talk and Test' model whereby 72 clients received a HCV test within the workshop.

Talk and Test, ensuring that testing was available following sessions, led to **significant increases in the numbers of people tested in participating services.**

Delivery Date	Number attending session	Test complete on day	
April	8	6	75%
May	18	10	55%
June	21	10	47%
July	18	8	44%
August	28	16	57%
September	25	9	36%
October	26	13	50%
Total	144	72	50%

"We were told about where to go for testing, that we can go to our doctor, a clinic at the hospital, or at the R-Hub (Addaction service) where I go; and what the options were for treatment – it's handy to know I can give information to other people if I meet anyone who would benefit from it. I had another test about 6 months ago just for peace of mind. I would definitely advise someone to get checked out every couple of years at least."



For more information, please contact:

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