



Reinfection and Retreatment

Attitudes among Australian prisoners from the SToP-C study

Never Stand Still

Arts & Social Sciences

Centre for Social Research in Health

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Background: Prison, a unique setting

- Intensely social nature of living with & treating HCV in prison
- Contemporary prisons no longer closed, 'total institutions'
- *Both* a microcosm sharing many of the same determinants of health
- ... *And* a distinct policy (e.g. limited prevention), physical (e.g. crowded) & social (e.g. normative + 'prisonisation') environment
- Direct implications for prevention, transmission & treatment



Background: Prison and hepatitis C



- Global burden: 15% prevalence among 10.2 million people in prison
- Australia: 50,000 people detained each year; 70% indicted for drug-related crimes; nearly half report injecting drug use (IDU)
- Overall HCV prevalence of 22%, *doubles* among people reporting IDU
- Incarceration = rates of injecting decline but rates of sharing increase = increased risk per injecting episode
- Designated a 'priority population', yet historically very low in-prison treatment (Tx) rates



Background: The advent of universal access



- Entitled people in prison full, absolutely free access to effective new direct acting antivirals (DAAs)
- 'Treatment-as-prevention' (TasP) becomes a public health proposition with feasibility demonstrated in modelling work
- Prisons as critical access points to transient, high prevalence populations (as per opioid substitution treatment clinics)
- Controlled environment of prison an opportune & advantageous setting to test 'real-world' translation of TasP





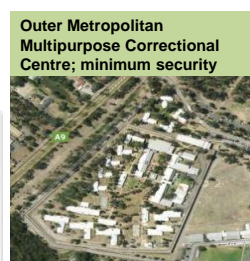
The Study:

Surveillance & Treatment of Prisoners with HCV (SToP-C)

- World-first study to assess the feasibility of HCV ‘treatment-as-prevention’ with new interferon-free DAAs in the prison setting
- Four NSW prisons: 1 x women’s (minimum to medium security) and 3 x men’s (1 x minimum; 2 x maximum)
- Total of 2561 participants enrolled + tested (Oct. 2014–July 2018; ongoing); Enrolment open to anyone incarceration at one of the four prisons, no history of IDU needed
 - 268 with HCV infection consented for treatment & worked up; 204 onto Tx (Jan. 2017 – July 2018; ongoing)



The Sites



The qualitative component



- Evaluate patient + provider attitudes & barriers towards DAA therapy for HCV TasP in the prison setting
- Interview participants: prisoners (pre + post Tx); prison staff (officers + health); community advocates; policy-makers; family members
- Today's focus: 23 post-treatment interviews from three men's prisons
- Recruitment issue in lower security prisons underscores highly transient, permeable nature of contemporary prisons:
 - NSW prison population = 10,000;
 - Annual imprisonments = 25,000;
 - 63% males, 76% females = 'short stay' = less than 6 months



Overview of pre-treatment findings



- Pre-treatment interviews indicated a general responsiveness + willingness to engage with treatment
- Reported advantages included:
 - 'one-stop shop' model (e.g. transport);
 - structure + routine;
 - 'self improvement'
- Reported disadvantages:
 - likelihood of reinfection;
 - stigma = concerns around inadvertent disclosure = reduced social status, access to injecting networks = confidentiality concerns





Hani: 'I've asked them a million times '

Even myself, I'm careful, but I know before I get out of jail again, there's a chance I'll have hep C again, just because I've asked them a million times for help to get on the methadone program ... if they're not going to help people out, then they're going to keep doing the same thing over and over again aren't they? They've got a habit. (42; last IDU 'this morning'; no OST)



Gary: 'water, Fincol, water'

I believe if you do SToP-C, you should get on methadone ... Wouldn't the smart thing be to take away how you caught hep C? ... when I came back over here to get my final blood test, I thought for sure I've got hep C again. I had tears in my eyes ... You are just going around in circles here ...

... I do what I can now not to get it again, hence the water, Fincol, water. (31; last IDU 'today'; no OST)





Kai: 'try my hardest not to use'

I'm going to try my hardest not to use, but the only way I can use is if I get my own needle and not let anyone use it ... or if I do I'll smoke it ...

I get worried about being reinfected, so I would say other people would too. There's a couple of boys in our wing that's done the treatment with me and we talk to each other ...

I'd rather use with the fellows that have already done the program – if they want to use.

(38; last IDU early during Tx; methadone)



Jerome: 'everyone's been treated'

Like I said, when I had a fight I was a bit concerned. But with the people I have in my unit now, I know everyone's been treated, so the likelihood of getting reinfected through a fight or something, is very low. (43; last IDU 3.5 years; no data)

Eddo: 'it's cleaning the place up'

[SToP-C] is the best thing ... it's cleaning the place up ... It's safer for us ... You don't feel bad about – don't misunderstand this bit – having a fight with someone and not catching something. (52; last IDU 22 years; methadone)





Conclusion

The imperative of a public health strategy that includes an explicit focus on the issue of reinfection during treatment discussions with patients – both in the community and prison – *and* the promotion of retreatment if required ...

... While also not losing sight of *prevention as prevention*



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