

Addressing the Incarcerated Setting to Achieve HCV Elimination

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Why Focus on Prisoners?



When asked about why he kept robbing banks:
“it is where the money is!”

- Willie Sutton

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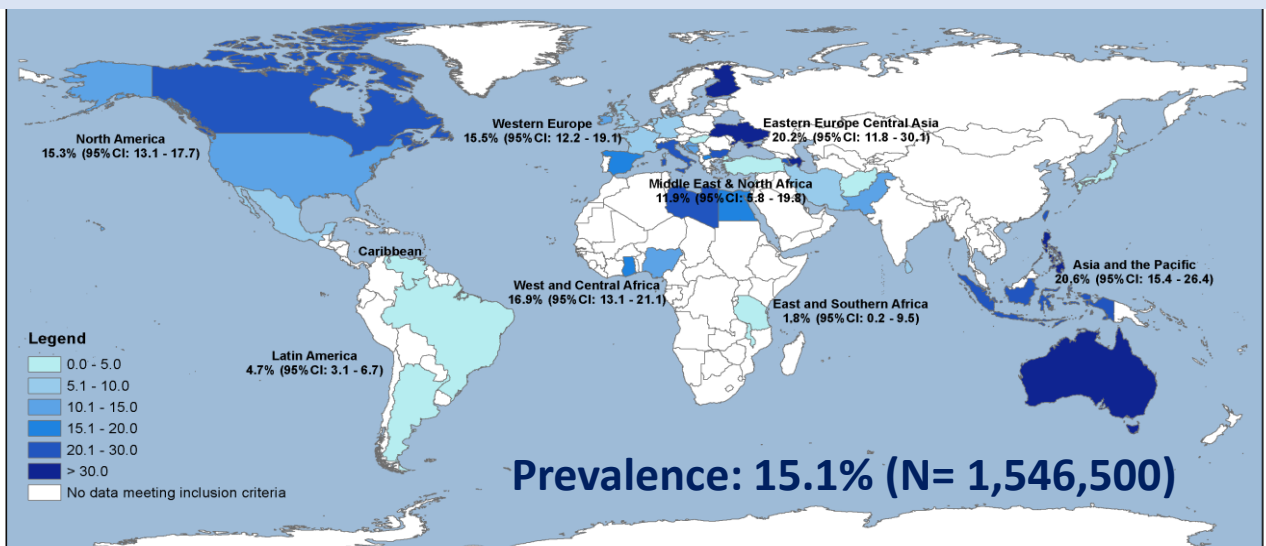
Overview

- 10.2 M incarcerated at any one time with >30 million transitioning through prisons/jails annually
- What matters:
 - Dynamics (sentenced prisoners, pre-trial detention, compulsory detention, etc)
 - Healthcare Responsibility (Ministries of Health, Justice, Interior, Special Prison branch)
 - High levels of within prison drug injection reported
 - >90% of prisoners will return to their community

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Dolan K, Lancet, 2016

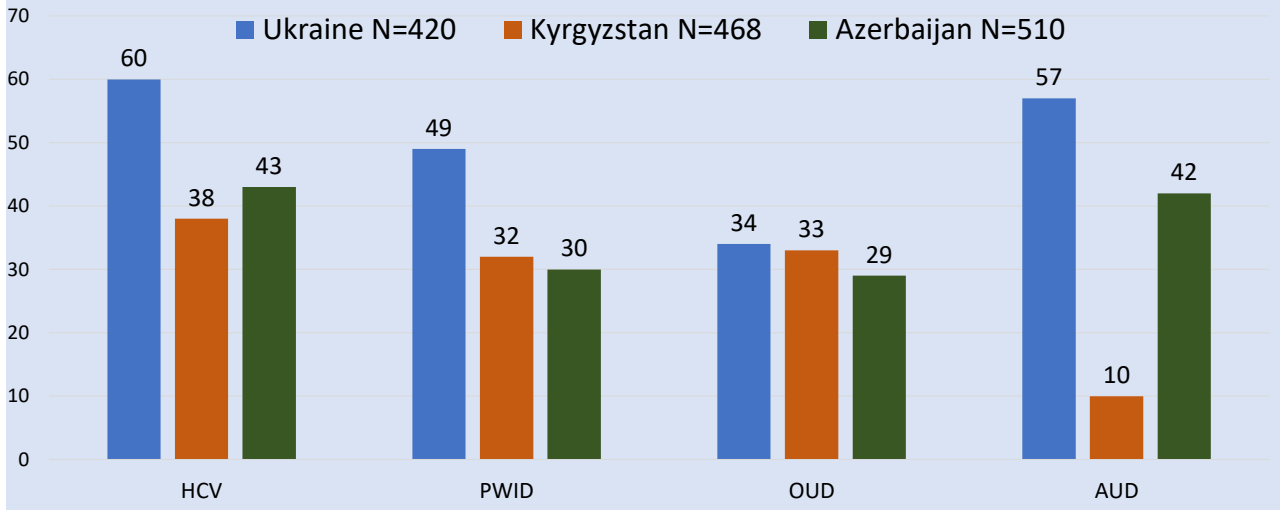
HCV Prevalence in Prisoners



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Dolan K, Lancet, 2016

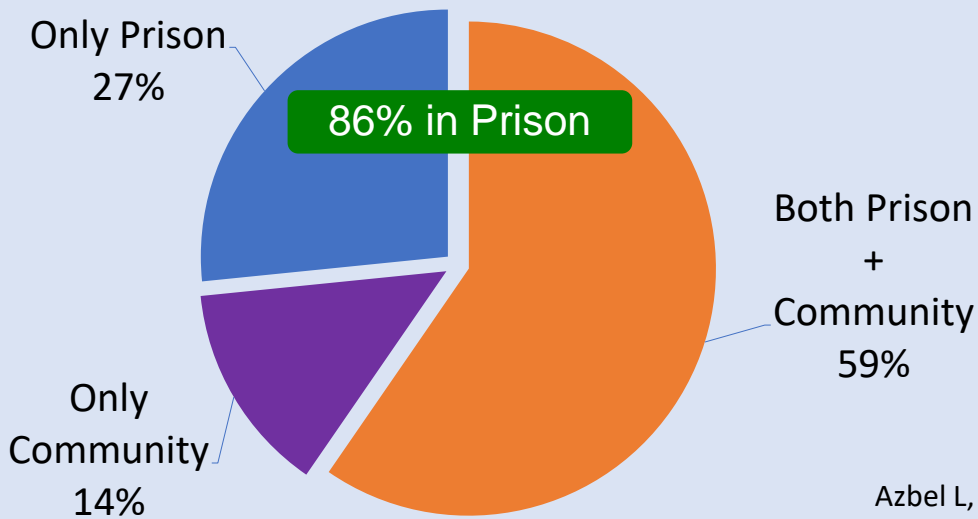
Prisoners: Eastern Europe and Central Asia



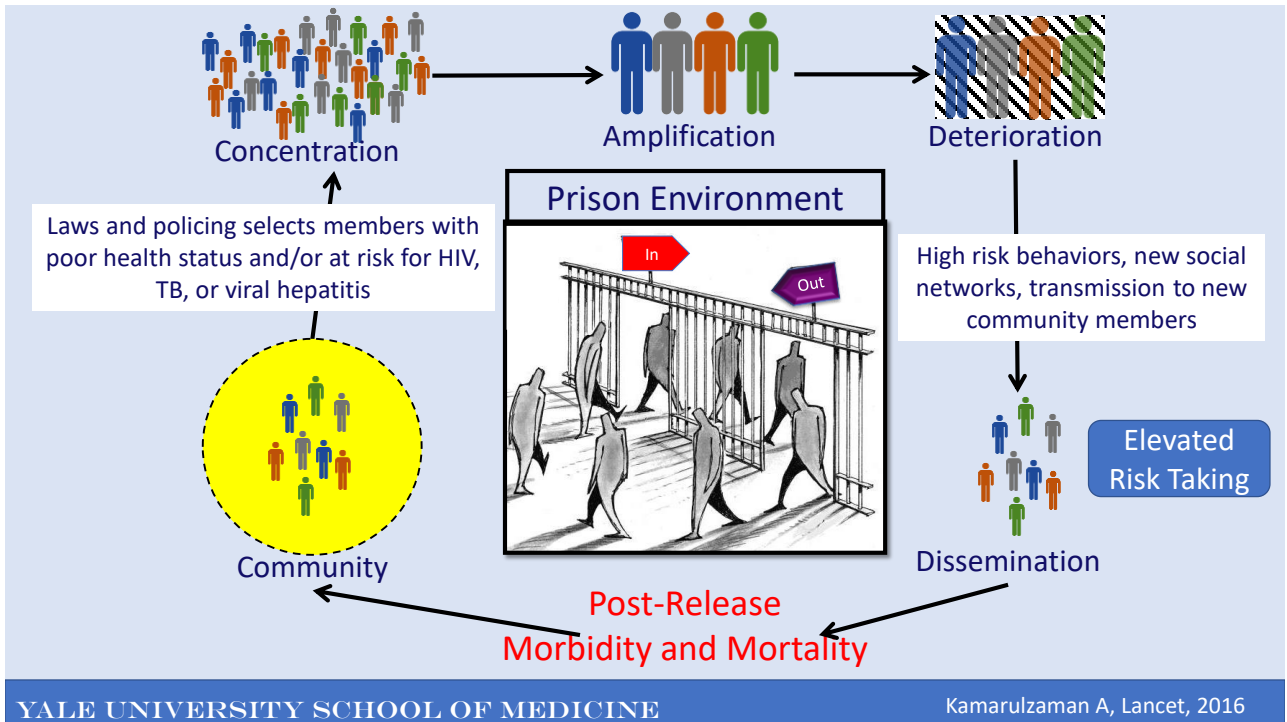
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Kyrgyzstan: Within Prison Drug Injection

Where does injection occur?



Azbel L, IJDP, 2017



Key Issues

- Pre-DAA era: HCV treatment outcomes were similar in prisoners and the community
- DAA era: SVR rates high, similar to the community
- Costs (payer – MoH vs other fixed and limited funding) – anti-prisoner sentiment
- Restrictions: highly varied across settings despite the principle of equivalence of treatment (prison/community)
- Re-infection – within prison and after release

Transitional Care for Incarcerated Persons



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Opioid Agonist Therapies Optimize Community HCV Treatment Outcomes

- Entry: Chronic HCV and adherent with 80% of OAT doses
- Placebo-controlled trial of immediate vs delayed HCV treatment with DAAs
- Outcomes
 - SVR: 91.5% vs 89.5% in immediate vs delayed treatment
 - SVR unchanged by ongoing drug use (~60% of participants)
 - Re-infection rates ~4% (36-month follow-up underway)

Dore G, Annals Intern Med, 2016
www.iasociety.org

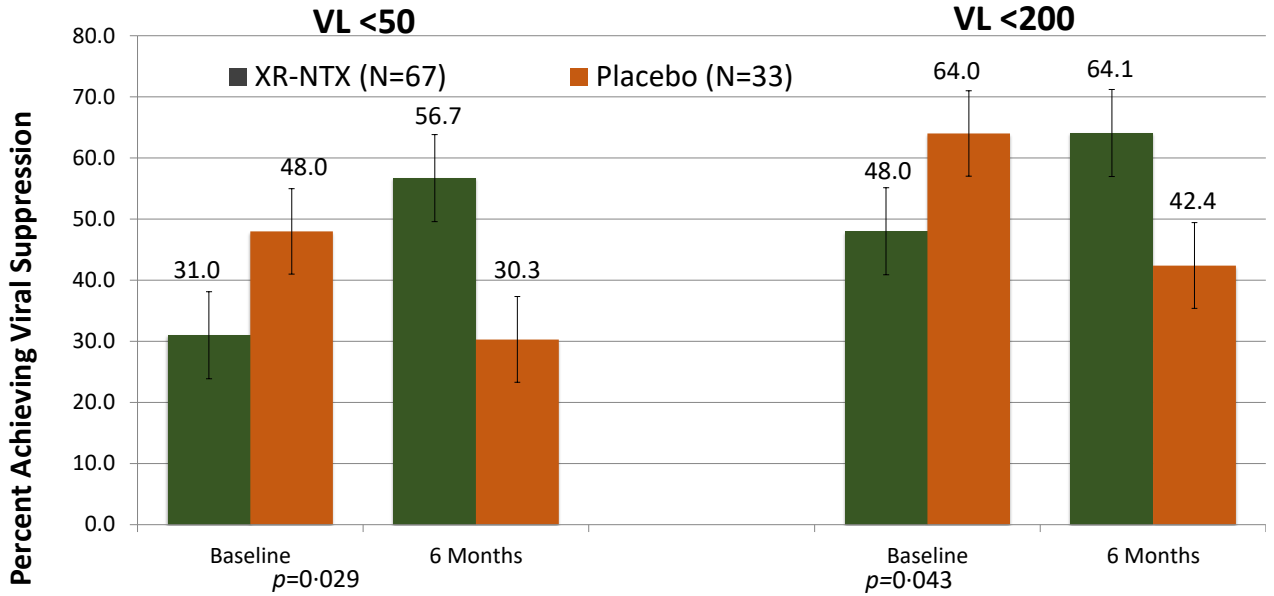
Lessons Learned from HIV

- HIV patients released from prison with opioid use disorder (74% were co-infected with HCV)
- Patients self-selected buprenorphine, methadone or no OAT
- Independent correlates of viral suppression at 24 weeks
 - Retention on OAT: aOR = 5.4 (1.15–25.1)

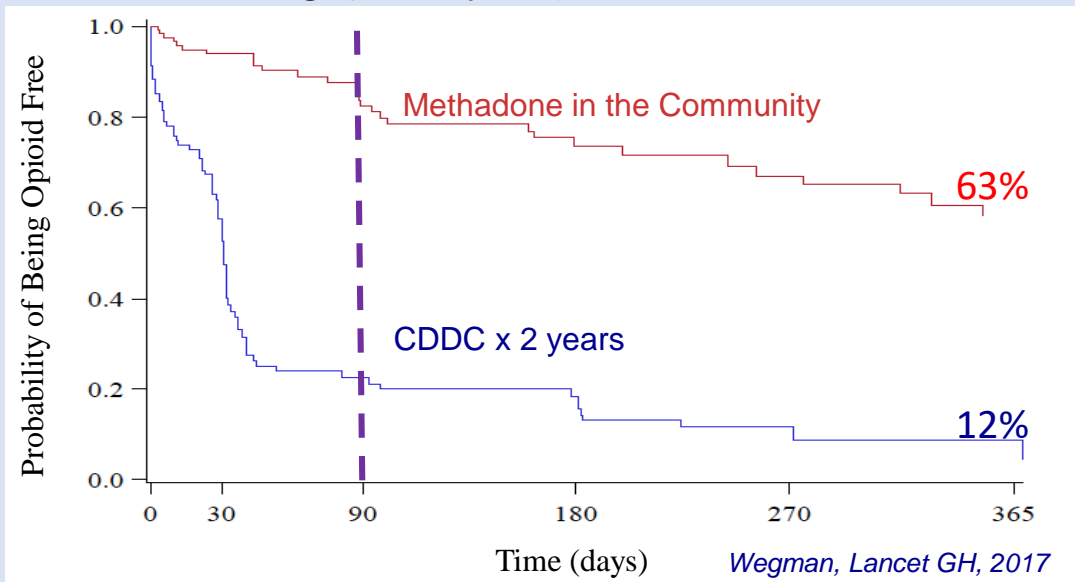
Lessons Learned from HIV

- Two RCTs using XR-NTX in HIV patients transitioning to the community
 - Alcohol (34% HCV+)
 - Opioids (82% HCV+)
- Compared to placebo, patients randomized to XR-NTX were significantly more likely to have viral suppression after 24 weeks
- Retention on XR-NTX was a predictor of outcome

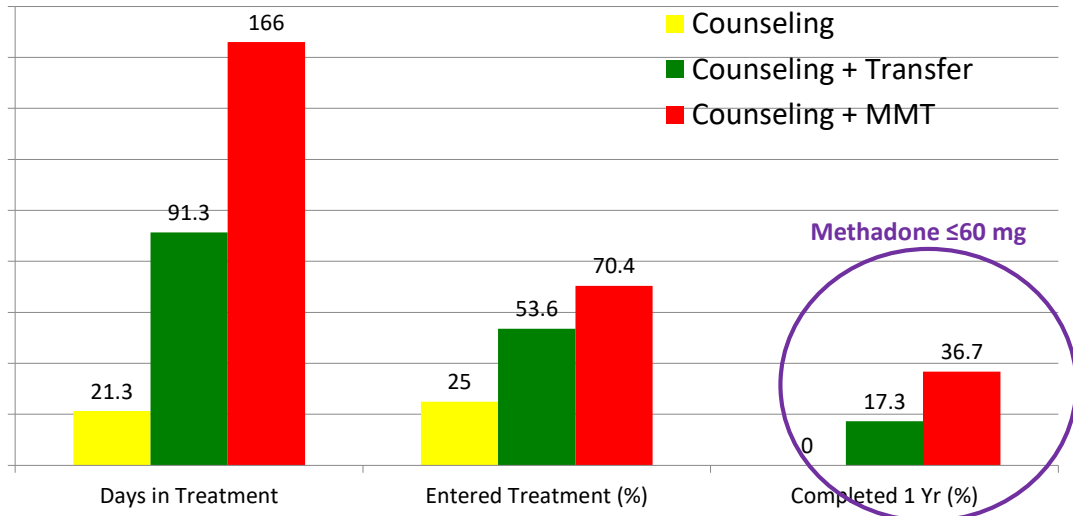
Extended-Release Naltrexone Improved HIV Viral Suppression Levels in Prisoners with Alcohol Use Disorders Transitioning to the Community



Impact of Methadone on Opioid Use After Release from a Controlled Setting (Malaysia)



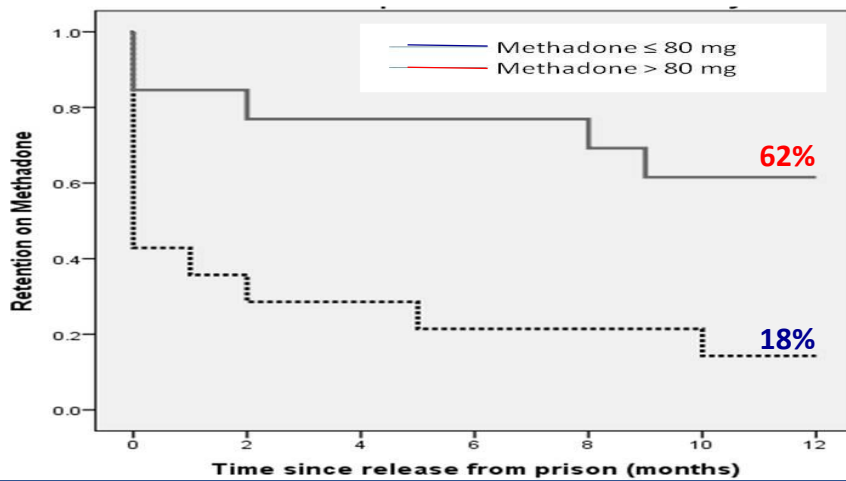
Impact of Starting Methadone Treatment Before Release from Prison



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Kinlock, J Sub Abuse Treat, 2009

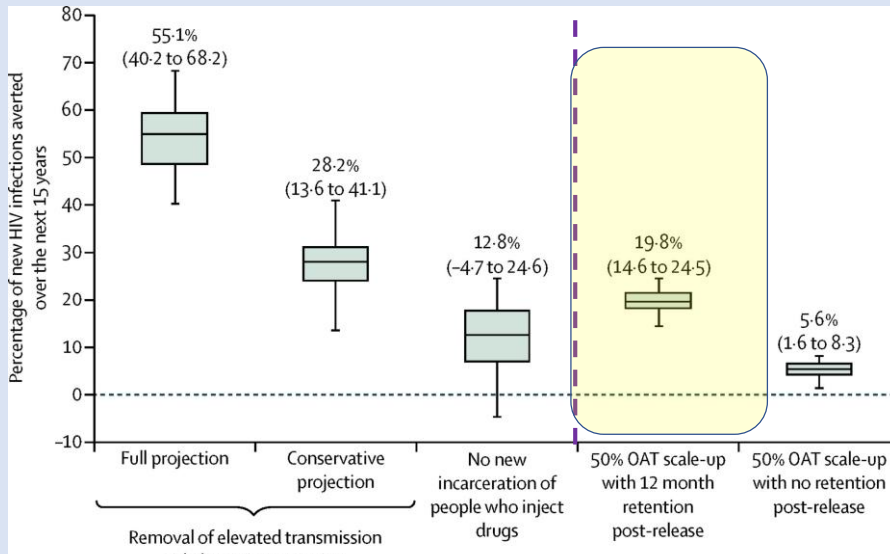
Impact of Methadone Dose on Retention on Treatment in Malaysia



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Wickersham, DAD, 2013

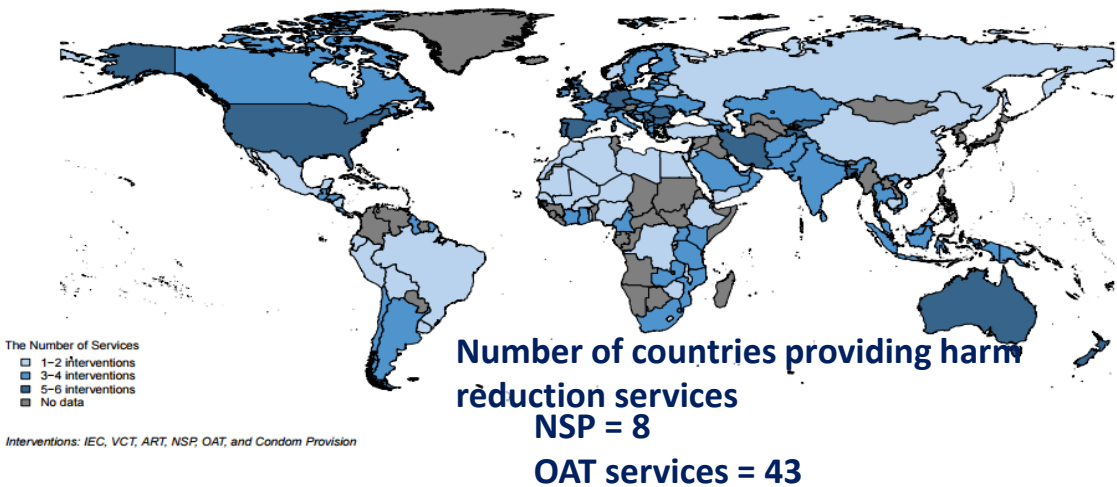
Lessons from HIV in Ukraine



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Altice FL, Lancet, 2016

Harm Reduction Programs in Prisons



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Kamarulzaman, Lancet, 2016

Potential Linkage Strategies to HCV Treatment (and Re-infection Prevention)

- Treatment of underlying substance use disorders
 - Consider new implants (probuphine, naltrexone)
- Needle and syringe programs
- Peer-driven interventions
 - Network-based PDIs
 - Peer navigators
 - Data-to-care strategies – Disease Intervention Specialists

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“It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

--Nelson Mandela



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