NAVIGATING HEPATITIS C (RE-)EXPOSURE IN THE PRISON SETTING FOLLOWING HEPATITIS C TREATMENT COMPLETION

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Background:
Hepatitis C virus (HCV) is highly prevalent in prison. A majority of people who enter prison have a history of injecting drug use, the primary risk factor for HCV transmission. Provision of opioid agonist treatment (OAT) can be a risk reduction strategy for HCV exposure in prison for people with opioid dependence, though the waitlist is typically several months or longer. This qualitative study sought to understand how people who are incarcerated navigate HCV (re-)exposure following treatment completion.

Methods:
Semi-structured interviews were completed with n=25 men incarcerated in an urban reception and remand prison in New South Wales, Australia. De-identified transcripts were coded inductively and analyzed thematically, informed by a fragile treatment environment lens focused on both HCV and OAT treatment.

Results:
Overall, 25 men were included (100% completed HCV treatment during current incarceration, 13 were receiving long-acting injectable buprenorphine). Participants viewed risk of HCV (re-)exposure as part of injecting drug use in prison. Participants described long-acting injectable buprenorphine as supporting reduced injection drug use while incarcerated but was not always experienced as adequate with some participants reporting supplementing with 'the yard program' (injecting drug use in the yard/cells) as the prescribed OAT dose was insufficient. Continuity of care was ambiguous as people cycled from prison to community to prison, with people being removed from their OAT program after missing a scheduled dose in the community often due to a participant being 'on the run'.

Conclusion:
Continuity of OAT and HCV care remains a fragile experience for people who cycle in and out of incarceration, with people who miss their OAT appointment in the community having to wait several months upon re-incarceration. This leaves people vulnerable to injection sharing and reinfection while waiting to commence OAT or to return to the dosing level sufficient to sustain them between doses.

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