

Correctional Officer and Justice Health Staff Perspectives of Hepatitis C Treatment-as-Prevention Scale Up within the Prison Setting

Lise Lafferty, Jake Rance, Jason Grebely, Gregory J Dore, Andrew R Lloyd, and Carla Treloar,
on behalf of the SToP-C Study Group

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UNSW
SYDNEY



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The SToP-C Protocol Steering Committee members include:

Stuart Loveday (Hepatitis NSW)

Gregory Dore (UNSW Sydney)

Andrew Lloyd (UNSW Sydney)

Carla Treloar (UNSW Sydney)

Tony Butler (UNSW Sydney)

Annabelle Stevens (NSW Health)

Georgina Chambers (UNSW Sydney)

Alison Churchill (Community Restorative Centre)

Kate Pinnock (Community Restorative Centre)

Colette McGrath (JH&FMHN)

Julia Bowman (JH&FMHN)

Jason Grebely (UNSW Sydney)

Luke Grant (Corrective Services NSW)

Terry Murrell (Corrective Services NSW)

Natasha Martin (University of California San Diego)

Mary Harrod (NSW Users and AIDS Association)

Marianne Byrne (UNSW Sydney)

Sallie Cairnduff (Aboriginal Health & Medical Research Council)

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Background

- HCV is highly prevalent among the prisoner population; approx. 15% globally¹
- In Australia, a majority of people in prison have injected drugs at least once in their lifetime²
- Direct-acting antivirals are available under universal healthcare (though provided by Gilead for use within the study)

¹Dolan et al, *Lancet*, 2016;

²Reekie et al, *MJA*, 2014

SToP-C

- Surveillance and Treatment of Prisoners with hepatitis C (SToP-C)
- HCV treatment as prevention in the prison setting... will it work?
- Rolled out at 4 prisons in New South Wales (3 men's prisons (2 maximum, 1 minimum) and 1 women's prison (minimum/medium security))
- 2 Phases (Surveillance; Treatment/Surveillance)
- Qualitative Sub-study

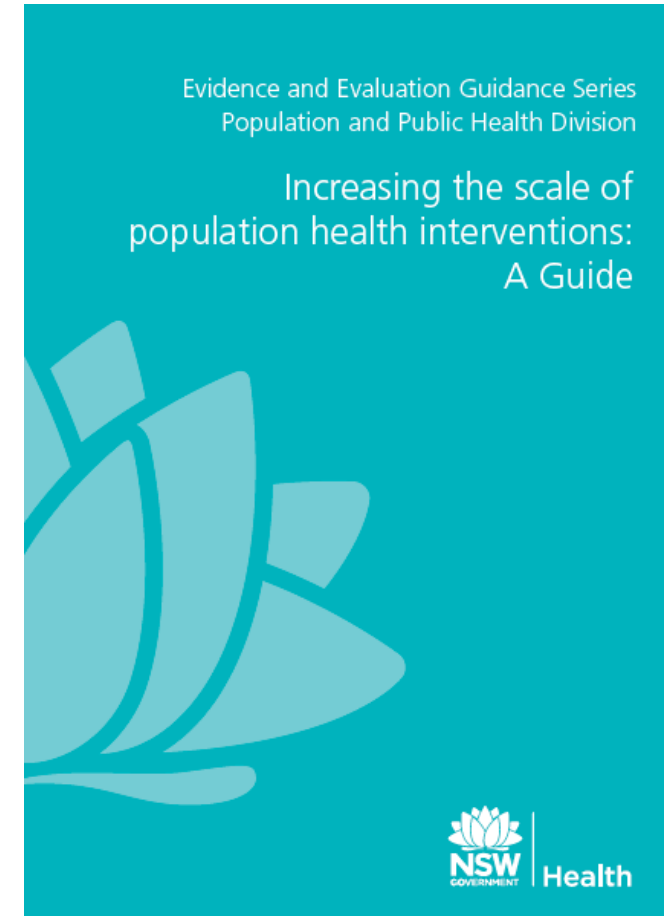
Methods

- Interviews conducted with correctional, health, and study personnel following commencement of treatment scale up (approximately two years after commencement of SToP-C)
- Analysis informed by Milat, Newson, and King's scale up guide¹

¹Milat AJ, Newson R, & King L (2014)

Key Components for HCV TasP Scale Up

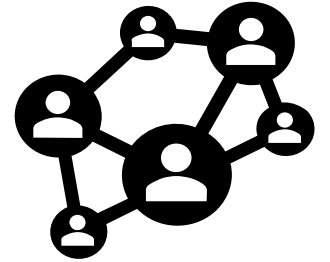
- **Stakeholder:** An individual or an organisation that can affect, will be affected by, or may have an interest in scaling up the intervention
- **Compatibility:** How consistent the context in which the original intervention was implemented is with that of the new environment or setting
- **Legitimise Change:** Potential advocacy strategies for engaging the support of opinion leaders and champions to act as spokespersons for scaling up the intervention
- **Reach:** The level of contact with or individual participation of an intended target population in an intervention



Participants

	Total (by group)
<i>CORRECTIONS</i>	(n=24)
Senior Administrators (Governors, Managers of Security)	8
Officers (Clinic, Wing, General Duties, Senior, IDATP)	12
Dedicated and ad hoc SToP-C officers (incl. 2 Dedicated)	4
<i>JUSTICE HEALTH & FORENSIC MENTAL HEALTH NETWORK</i>	(n=10)
Senior Administrators (Nurse Unit Managers)	4
Nurses (Population Sexual Health, Primary Care, Pill dispensing)	6
<i>SToP-C NURSES (Employed by The Kirby Institute)</i>	7 (n=7)
TOTAL	n=41

Stakeholder Analysis (interest in scale up)



“I think initially you need to get all your staff onboard, so with any sort of leadership or management, **communication is the key**. If you bring something in that staff don’t know about, **they’re wary, they can be wary of it**, so I think if in the first instance, I’d **get the key stakeholders together**, like the Governor, the Manager of Security [...] or your executive team, and [...] making sure that, you know, everybody knows about how [hep C is] spread and the difference in the treatment [...] how effective it is, from the 60% to the 95%. So you can **show them** that there’s going to be, you know, **it’s not just a pilot program** that is not getting positive results.” (Corrections, Senior Administrator)

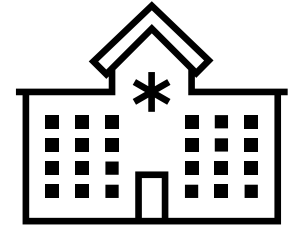
Compatibility *(consistency of context)*



- Prioritisation of HCV personnel (funding)

“Well, the fact that – because the University is paying for this, that’s a major – because we, if we don’t have enough officers, we’ll have posts like stripped or closed down whereas because this is run by **the University**, so they’re actually **paying for our time**. [...] Even if we’re 20 [officers] short, **they can’t redirect me** because I’m not under Corrective Services guidelines today, like I’m at the University’s disposal, so that’s been good in ensuring that it does continue to happen **because that is a big issue with** – we could run as many get-fit programs as you wanted through Activities, but they would fail because Activities is the first to be stripped, so you might have say a 6-week fitness camp that you run with the girls but out of those 6 weeks, that post has only been open 3 days in the 6 weeks, **it’s doomed to fail.**” (Correctional Officer)

Compatibility *(consistency of context)*



➤ Allocation of clinic space

“Just I guess **workspace**, it’s biggest, **it’s the only issue that’s really arisen**. It’s quite a small clinic and we’ve only got three sort of clinic rooms with five nursing staff on plus [the SToP-C nurse], so six nurses in three rooms. It’s a bit of a **challenge to juggle rooms** sometimes.” (Justice Health, Senior Administrator)

“So, like I will praise the hep C treatment, it’s been great and it has taken our workload, but **it’s also taken one of our clinic rooms**. So that’s been probably the only negative that I would say.” (Justice Health)

Legitimise Change (advocacy strategies)

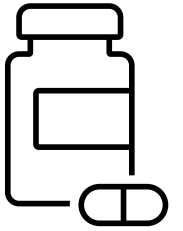


➤ Officer champions

“So **I was dead against it at first**, but now I’m like, “yeah it’s good”. [So *what changed?*] When **[the SToP-C officer] started explaining** that it could actually wipe out hepatitis C in the community as well. [...] I think it will only work if you **have somebody in blue on your side.**” (Correctional Officer)

“Having an honest conversation with the other officers, because the **other officers feel that they can speak honestly with another officer.** They can say, “I don’t agree with this fucking program”. You know, they can come right out and say that and then there’s **a point of conversation.** There’s something that then you can start to say, “Well what is it you don’t agree with?” and it does, **it starts to give you a real groundwork** of where the misinformation was, because there was a lot of misinformation about inmates getting something for nothing that the community couldn’t.” (SToP-C Officer)

Reach *(patient engagement)*



➤ Patient champions

“I really find [being] a regular face in the centre, **everyone knows you**, then all the [people in prison] know you, “Oh, you’re the SToP-C nurse. Give me some jelly beans, ha ha,” and then [...] they’ll go, “Oh yeah, **my friend and I are sharing**, blah, blah,” and I’ll go, “Are they on the study?” “No,” “**Can you just tell them to put their name down?**” That’s all I do, but that’s a way of me going, “Shit, **I’ll see if he’s got hep C too**.” (SToP-C Nurse)

“So if I see a patient and let’s say it’s their first diagnosis, primary infection, it’s likely to be custody acquired, I’ll ask them, “Please, please, **go tell your friends that you’re using with to come and get themselves tested, let’s get you all treated at the same time**,” and try and identify people that I see that could have [hep C].” (SToP-C Nurse)

Conclusion

Top tips for scaling up HCV treatment in prisons:

1. Gain senior administrator support
2. Create personnel buy-in (Corrections and Health)
3. Secure funding (for dedicated personnel)
4. Allocate clinic space
5. Recruit dedicated officers (internal within the prison)
6. Identify patient champions (for encouraging peers to get tested and treated)

