

Scaling Up Hepatitis C Treatment within the Prison Setting: The Role of Social Capital

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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

Methods

- Surveillance and Treatment of Prisoners with hepatitis C (SToP-C)
- Interviews conducted across three correctional centres*

Post-Rx Participant Demographics	Total
Participants	23
Age	39 (mean)
Security Classification	Maximum: 20 (87%) Minimum: 3 (13%)
Time served (current sentence)	7 years (average)
Injecting drug use since treatment initiation	10 (43%)

Social Capital

- **Bonding:** Connections between homogenous groups (e.g., people who inject drugs)^{1,2}
- **Bridging:** Connections between heterogenous groups³
- **Linking:** Connections between people and institutions (e.g., prisoners and health personnel)³

What role did social capital play in treatment engagement and adherence?

¹Putnam, 2000; ²Ehsan et al, *SSM Popul Health*, 2019;
³Gittell & Vidal, 1998

Treatment Uptake & Adherence

Peer support (Bonding) –

(Do you remember what you guys would talk about when you talked about (your treatment)?) Just saying that it's like **one tablet a day** for three months, **instead of getting injections** and yeah, **no side effects** (Theo, maximum security).

Medication reminders (Bonding) –

Sometimes [...] I forget to have my tablet and think, 'oh fuck, my tablets' because **my (cell mate) he was on it too**. So, when he would take his, **we would take ours together**. (Connor, maximum security).

Ongoing study participation (Linking)

Dedicated study nurses –

Yeah, well I went on (treatment) and they said that **I'd cleared it** and I was like 'cool' and I finished the course and about a week or two weeks later they said, '**you've been re-infected** but with a different strain [...] so we're going to **put you back on [treatment]** again.' I said, 'alright, cool' but I said, '**I'm not going to stop shooting up**' anyway so... *(So, you felt like you could be honest with the nurse about that?)*
Yeah [...] **Got to keep it real** (Charlie, maximum-security).

Dedicated study officers –

(The SToP-C officer is) good actually. She is good. *(What's good about her?)* **She doesn't judge**, always has a smile on her face, **she tries to help you**. She's good, I like her (Mark, maximum-security).

Common Theme: Non-judgemental care

Discussion

- Social capital was observed as influencing treatment uptake and adherence through encouragement of peers to get tested and treated, as well as reminders to take medication daily (bonding and bridging)
- Role of peer support highlights valuable opportunity for peer HCV education and care engagement programmes within the prison setting.
- Trust is critical in hepatitis C treatment as prevention scale up efforts (linking)