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The matter of reinfection

Attitudes among Australian prisoners from the SToP-C study

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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

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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

Lithgow Correctional Centre; maximum security

Outer Metropolitan Multipurpose Correctional Centre; minimum security

Goulburn Correctional Centre; maximum security

Dillwynia (women's) Correctional Centre; minimum to medium security

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

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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)

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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)

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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)

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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)

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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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