



Lise Lafferty, Jake Rance, Carla Treloar,
on behalf of the SToP-C Study Group

AVHC
August 2018



Disclosure of interest: Nothing to declare

Background



- HCV is highly prevalent among the prisoner population; 22% in Australia¹
- A majority of people in prison have injected drugs at least once in their lifetime²
- Current correctional policies prohibit drug use in the prison setting (and other primary prevention measures)³
- Despite international policies and guidelines outlining that health care in prison should be equitable to that available in the community (e.g., needle syringe programs)⁴
- Treatment scale-up has resulted in low prevalence in one prison in Cairns, with treatment scale-up gaining momentum in NSW and elsewhere⁵

¹Butler et al, 2017; ²Reekie et al, *MJA*, 2014; ³Lafferty et al, *J Viral Hep* (In press); ⁴Lafferty et al, *HRJ* (In press); ⁵Bartlett et al, *CID*, 2018



Facilitators of prison-based treatment



Structural: Proximity to clinic^{1, 2}

Because you don't have to go travel all over the countryside to see a nurse or get your blood test, it's all in one place. (Female, Tx cleared, reinfected)

Patient level: Opportunity for self-improvement¹

If they are in here, they've got time on their hands so it's easier. ... Other responsibilities, then they might have a drug habit on the outside or they might not have accommodation, they've got big problems you know what I mean, so then [treatment's] just on top of that. (Male, HCV detectable. (Male, Tx cleared, reinfected)

¹Lafferty et al, *J Viral Hep* (In press); ²Swan et al, *AIDS Patient Care STDs*, 2010



SToP-C



- Surveillance and Treatment of Prisoners with hepatitis C
- Study trialling HCV Treatment as Prevention (TasP) across 4 NSW correctional centres
 - 2 maximum security; 1 minimum; and 1 women's
- 3 epidemiological phases: Surveillance; Treatment; and Surveillance/monitoring (Recruitment and enrolment ongoing)
- 4 qualitative components: Prisoners (pre- and post-treatment scale-up); Advocates and policymakers; and Correctional and Justice Health staff



Methods



- Interviews conducted post-treatment scale-up across n=4 correctional centres
- N=41 personnel participated: Corrective Services NSW personnel (n=24) and Justice Health & Forensic Mental Health Network (n=17)
- Participants included frontline workers (officers, nurses) and senior administrators





Experiences of correctional staff in treatment scale-up

- Dedicated study officers act as a liaison

[S]he's explained it from an officer's point of view too ... No, but it's probably [the SToP-C officer] that changed my mind, because I was like, "no, they shouldn't get that, they don't deserve it. They've got their hepatitis pretty much from their own stupid behaviour, they don't deserve it. Yeah, that money should be spent on people in the community that aren't in jail", but now I realise why they've picked the jail and that it will have a good flow-on effect and that there's the opportunity to eradicate it completely, so that's sort of what's changed and [the SToP-C officer] was the one who explained it in pretty easy to understand terms about what the goal was. (Corrective Services)

- Most correctional staff were supportive of TasP efforts as this improved their OHS

So, it's good for the inmates, they get healthier, so it doesn't go into the community, and it's safer for us working in this environment (Corrective Services)

"What's in it for me?" (Corrective Services)



Experiences of correctional staff in treatment scale-up

- Dedicated HCV nurses allowed other nursing staff to focus on other population health issues

The work that SToP-C has done has just taken all of those people who want to be tested for hep C off our list. So we still have like the STIs and stuff like that, but it's ruled out a lot of work for us, which is great, like it's decreased our workload and that's more what the patients want to be tested for. (Justice Health)





Differing approaches to drug use and HCV prevention

Suggestions for prevention of HCV transmission in the prison setting:

Prevention

Well less drugs in prison and that would only stop through non-contact visits. [...] Non-contact visits for maximum security inmates. (Corrective Services)

Harm reduction

I think if there was a needle exchange program in the system it would save a lot of the spread of hep C. (Justice Health)



Discussion

- People in prison at risk of HCV perceive benefits of prison-based HCV treatment
- Correctional and Justice Health personnel can be supportive of prisoner access to HCV treatment
- However:
 - A dedicated officer that is respected by...
 - Prisoners likely enhances patient engagement
 - Officers increases staff support for treatment scale-up

Staff knowledge and support are paramount for supporting treatment scale up initiatives





Acknowledgements

This research was supported in part by Gilead Sciences, Inc and a National Health and Medical Research Council (NHMRC) Partnership Project Grant (APP1092547).

We wish to thank the participants for their time and expertise.

The SToP-C Protocol Steering Committee members include:

Stuart Loveday (Hepatitis NSW)	Colette McGrath (JH&FMHN)
Gregory Dore (UNSW Sydney)	Julia Bowman (JH&FMHN)
Andrew Lloyd (UNSW Sydney)	Jason Grebely (UNSW Sydney)
Carla Treloar (UNSW Sydney)	Luke Grant (Corrective Services NSW)
Tony Butler (UNSW Sydney)	Terry Murrell (Corrective Services NSW)
Brenda Currie (NSW Health)	Natasha Martin (University of California San Diego)
Georgina Chambers (UNSW Sydney)	Mary Harrod (NSW Users and AIDS Association)
Alison Churchill (Community Restorative Centre)	Marianne Byrne (UNSW Sydney)
Kate Pinnock (Community Restorative Centre)	Sallie Cairnduff (Aboriginal Health & Medical Research Council)

