Treatment as prevention in the prison setting: prisoners' perspectives

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Background

- HCV is prevalent among the prison population (26%)[1]
  - 31% antibody prevalence among Australian prisoner population[2]
- DAAs became widely available in Australia on 1 March, 2016
- The Surveillance and Treatment of Prisoners living with hepatitis C (SToP-C) study is the first trial to explore treatment as prevention among those living with HCV

[1]Larney et al, Hepatology, 2013
[2]Butler et al, 2015

Methods

- Participants recruited from the four correctional centres engaged with SToP-C
- Eight participants were recruited from each prison (n=32 total); including eight women (or one women's prison)
- In-depth interviews were conducted pre-treatment (prior to treatment scale-up)
- All participants had been screened for HCV within the previous six months
- Purposive sampling to include those living with and without HCV
- Eligibility:
  - Have a lifetime history of injecting drug use
- Participation in the SToP-C trial and qualitative study are voluntary

Participant Demographics

	Men	Women	Total or Average
Participants	24	8	32
Mean age	39	41	40
Security Classification	Maximum: 16 Minimum: 8	Med / Min: 8	-
Average time served (current sentence)	5.5 years	3.3 years	4.5 years
Mean age at initiation to injecting	19	24	22
HCV RNA+	11*	5	16
HCV RNA-	11*	3	14

Treatment as Prevention (of transmission)

Challenges to Treatment as Prevention

"I know they are trying to eradicate it, but I think that's going to be very, very hard to … it sort of like needs to go righto, "let's not even start the program", they don't give anyone the pills or anything, just the whole system, they have to do the whole system, then start everybody at once you know what I mean? But when you are coming off the street, logistically it would be hard, but you sort of maybe have to put them somewhere, like have a holding wing. So if you get the question when you come in here "if you think you might have been at risk and think you might have it, well then get checked" and if you have got it start them on the tablets straight away, because it's only going to … because the boys that are taking tablets, they're still going to use you know what I mean? No matter what, they're still going to use. So if they've done the course and cleared it, then you get someone who comes in and you've known them for years and "oh yeah, how you going mate?" He's got it and the next minute, everybody that's already been cleared, they're just all been re-infected and they're all going to start re-infecting themselves you know what I mean, so that's the logistics behind trying to, you know what I mean?" (Male, maximum security, HCV positive)

Elimination = Treatment **AND** Prevention

There's no point getting on [treatment] if you're still going to use drugs, because eventually you're going to contract it back again, so it's just pointless doing it really. (Male, maximum security, HCV negative)

Like once everybody's had the [treatment] you know what I mean, say there's 10 people and there's only 1 person that's got [HCV], well eventually he's going to re-infect everybody else again. (Male, maximum security, HCV negative)

A lot of people come through the remand centre, so if someone gets out, gets hep C again and then comes back, it sort of defeats the purpose, you are just going to be chasing your tail, you'll never catch it, you've just got to sort of do what you can. […] Treatment as prevention, they figure if they can treat everybody, then it stops anybody else getting it. That's not going to happen. It's just pure and simply not going to work. […] Too many people in and out, in and out. (Male, maximum security, HCV positive)

Prevention as Prevention

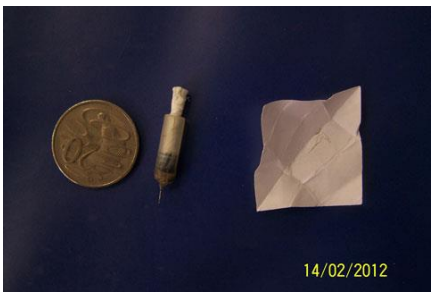
It's a tough road ahead for any treatment to try and you know to annihilate it all together, hep C, to get rid of it for everyone. You're dealing with humans, different behaviours, different reasons why they use drugs and I don't think it could ever be fully eradicated. [*Okay, like it's just too tricky with the drug use to try and get everyone …?*] Especially with the prison system you know, because that's where the bulk of it is. Outside, people might go and buy a syringe pack with 50 syringes at the exchange or somewhere like that, so they've got clean syringes all the time. In here, there will be one syringe and you know, blokes will use it 'til it's like a roofing nail for the next 12 months. (Male, maximum security, HCV negative)

There's a lot of awareness, but in terms of prevention, what are they going to do, roll out clean syringes for everyone? There's nothing really. … There are girls who are having treatment who are sharing needles. (Female, HCV positive)

Well [prison needle syringe programs] would be one way of stopping it once everybody's got rid of it. They are talking about eradicating it totally out of the system. I think that's about the only way, with treatment as well. (Male, maximum security, HCV negative)

Conclusion

- Risk of re-infection was highlighted as an ongoing concern, particularly in the absence of primary prevention measures
- Participants perceived TasP efforts to require both treatment and prevention



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