

# INJECTING CULTURE FOLLOWING PRISON-WIDE HEPATITIS C TREATMENT SCALE-UP: NEGOTIATING RISK AFTER CURE

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**Background:** Prisons are a high risk environment for the transmission of hepatitis C (HCV) due to the high prevalence of HCV and no access to sterile injecting equipment for people who inject drugs whilst incarcerated. Scale-up of hepatitis C (HCV) treatment among people with ongoing injecting risk behaviours may lead to reductions in HCV prevalence and incidence (known as treatment as prevention, TasP). Previous research showed that HCV was viewed as inevitable amid the prison injecting culture, but with little understanding of how HCV treatment modified practices. This study aimed to understand whether TasP influenced changes of risk behaviours in injecting culture following prison-wide treatment scale-up.

**Methods:** Interviews were undertaken with n=24 patients across the four correctional centres involved in the SToP-C study, including two maximum security prisons, one minimum, and one women's medium/minimum.

**Results:** Overall, several participants reported concern of future risk of HCV exposure due to having no access to sterile injecting equipment and/or insufficient support for managing drug dependency. Among participants reporting injecting drug use since commencing treatment (n=11; i.e., at risk of reinfection), a majority indicated no change in their injecting practices. For others, smoking (rather than injecting) was a viable means for maintaining HCV cure following treatment. Having personal equipment afforded immediate protection against exposure, but was not viewed as a long-term solution. Only one participant discussed a preference to use with others who had completed HCV treatment and had achieved cure.

**Conclusion:** This research highlights ongoing risk practices following TasP in which access to harm reduction strategies is limited. TasP programs in prison settings may be undermined by the absence of increased access to harm reduction and subsequent inability for patients to protect against future exposure.

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