

The graphic header features several logos and a central title. On the left is the UNSW Sydney logo, which includes the university crest and the text 'UNSW SYDNEY Australia's Global University'. To the right of this is the 'Kiry Institute' logo, followed by the 'SToP-C' logo where each letter is in a separate box. Further right is the 'Arts & Social Sciences Centre for Social Research in Health' logo. The central focus is an orange rectangular box containing the title: 'INJECTING CULTURE FOLLOWING PRISON-WIDE HEPATITIS C TREATMENT SCALE-UP: NEGOTIATING RISK AFTER CURE'. A thin orange line connects the UNSW logo to the bottom of the orange title box.

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AVHEC  
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Disclosure of interest: Nothing to declare

## Background



- HCV is highly prevalent among the prisoner population; 22% in Australia<sup>1</sup>
- A majority of people in prison have injected drugs at least once in their lifetime<sup>2</sup>
- Current correctional policies prohibit primary prevention measures (e.g., NSP)<sup>3</sup>
- Pre-treatment interviews showed that HCV was not a priority among injecting networks; injecting events had to be quick so as to not attract attention of officers (limited time for cleaning); some injecting partnerships were based on perceived/confirmed HCV status<sup>4</sup>

<sup>1</sup>Butler et al, 2017; <sup>2</sup>Reekie et al, *MJA*, 2014; <sup>3</sup>Lafferty et al, *HRJ*, 2018, <sup>4</sup>Lafferty et al, *Drug Alcohol Depen*, 2018



## Methods



- Surveillance and Treatment of Prisoners with hepatitis C (SToP-C)
- Interviews conducted post-Tx scale-up across 3 male correctional centres
  - 2 maximum security; 1 minimum security
- N=23 patients participated
  - n=20 maximum; n=3 minimum
- Sentence length impacted post-Tx availability





## Injecting behaviours post-Tx

- Nearly half of participants (n=11) reported injecting drug use since treatment commencement; others reported smoking
- Majority indicated no change in injecting behaviour – continued sharing of equipment
  - Do you think with the new treatments are going to change the way people are injecting together?* No. That's not going to change. If anything, it's getting worse (Maximum Security)
- Ongoing issue of scrutiny
  - Because like I said, especially here, it takes up that extra time to do the bleaching for them to be seen by an officer, so it's just water, water, water (Maximum Security)
- Network safety
  - I can't speak for other people, but for me, yeah I'd rather use with the fellows that have already done the program [HCV treatment], if they want to use. (Maximum Sec)
  - With the one [needle-syringe] that I use, only two people. (Minimum Security)
- Change in consumption method
  - Why are you only smoking it rather than injecting?* Because there's no needle exchange. (Maximum Sec\*)



## Discussion

- Minimal change in injecting culture post HCV treatment scale-up
- No other structural or policy changes (treatment is the only change)
- Some injecting networks were formed following treatment on the basis of perceived HCV status
- Prison policies should consider how best to support people who inject drugs to protect themselves against HCV transmission whilst incarcerated





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