

# Elimination of Hepatitis C in NSW Prisons: Possible or Pointless?

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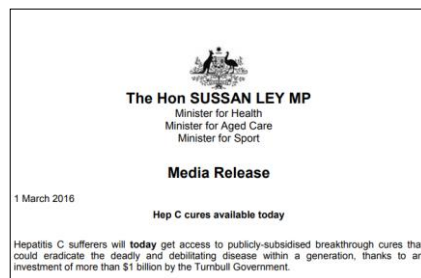
Population Health  
Justice Health & Forensic Mental Health Network  
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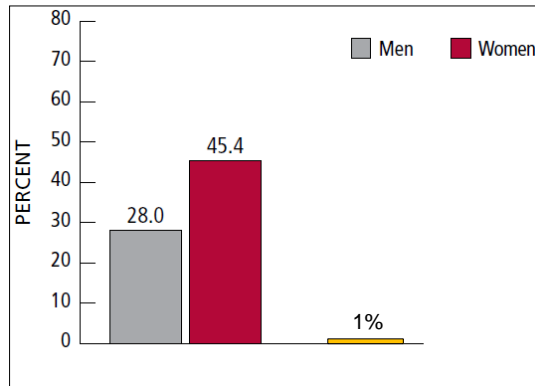
## Background

- In March 2016, new, curative Direct Acting Antivirals (DAAs) for Hepatitis C virus (HCV) treatment became available in Australia
- Australia is one of the only countries in the world to have universal access to these new treatments for people in prison



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## Hepatitis C Virus - Prevalence in NSW prisons vs. Australian community



Source: JH&FMHN 2009 Inmate Health Survey & Kirby Institute, HIV, Viral Hepatitis and Sexual Transmitted Infections Annual Surveillance Report 2015



## Hepatitis C treatment prior to DAAs

- In 2015/16, approximately 157 patients per annum were treated with the old Interferon medication within Justice Health & Forensic Mental Health Network (JH&FMHN)
- Serious side effects
- Low tolerance



Credit: Gilead Sciences



## Current status – DAAs

- High numbers of people both in the community and prisons treated in the first 12 months of new DAAs becoming available
- 2016/17, 613 patients treated in NSW Prisons in the 1st year of new DAAs
- 2017/18, Key Performance Indicator with NSW Ministry of Health to treat 1000 patients
- As at 30 June 2018, 1,127 patients have been treated !!

PBS-RPBS authority prescription – Non PBS reform public hospitals  
(Not valid unless authorised by delegate)

1300 Anzac Parade  
 Malabar NSW 2236  
 Phone: 02 9700 3000  
 Provider No. [redacted]  
 Prescriber name: [redacted]  
 Prescriber number: [redacted] Pager Number: [redacted]

Highly Specialised Drugs and Trastuzumab Only

Patient's Medicare no. [redacted] Patient's Ref no. [redacted]  
 Patient's full name [redacted]  
 Patient's address [redacted] Postcode [redacted]  
 Tick for return to patient   
 Endorserment no. [redacted] Concessionary or dependent, PBS beneficiary or Safety Net concession cardholder   
 Safety Net entitlement

Authorisation is requested for the following:  
(Tick appropriate boxes)  
 PBS prescription from Delegate on behalf of the Chief Executive Medicare   
 PBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

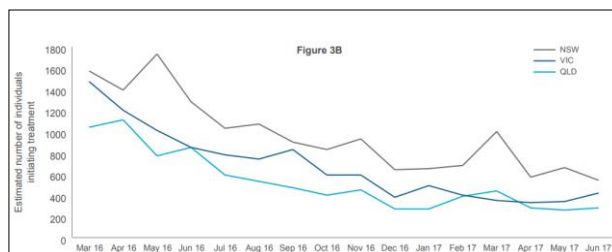
Only one item per form  
*Epclusa*

Dosage: *7 daily*  
 Quantity: *28* Prescriber initials: [redacted] Date: *6.11.17*  
 No. of repeats: *1*



## Current status - DAAs cont'd

- Community treatment numbers now dropping (below graph)
- NSW prison treatments numbers increasing
- Now emphasis on hard to reach / marginalised populations
- Recognition of the unique opportunity that JH&FMHN has to make a significant impact on treatment numbers in NSW



Source: The Kirby Institute, UNSW, Monitoring hepatitis C treatment uptake in Australia Issue 8, 2017

## NSW prison system

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- 38 gaols across NSW (including rural & remote)
- Nearly 14,000 patients in prison at any one time and growing
- Approximately 40,000 patients coming in and out of system in any year
- Approximately 50% with a history of injecting drug use
- Approximately 25% patients in prison are Aboriginal

NSW prison numbers grow 15pc in two years to reach record high - ABC  
www.abc.net.au/news/2017-01-30/nsw-prison-numbers-reach-record\_8224288  
Jan 29, 2017 - Prison guard walks along corridor at AMC past cells Photo: The NSW prisoner population jumped 15 per cent over two years. (ABC News: ...



Credit: Gilead Sciences



## HCV opportunities in the prison system

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- Unique opportunity to deliver HCV treatment to a highly marginalised population with a high prevalence rate

Potential to

- Increase testing
- Scale up HCV treatment
- To virtually eliminate HCV in some targeted smaller prisons with populations of 200 and under
- Reduce transmission by driving down infection rates
- Prevention
- Increase knowledge around health and harm minimisation



## Challenges

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- Access to unhindered harm minimisation advice limited
- OST is accessible however room for growth
- Culture of injecting networks and sharing in prison environments
- Patients not skilled at negotiating injecting order
- Complacency (we all have it)



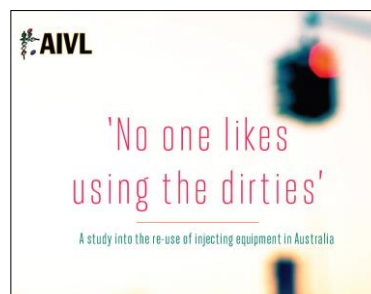
Source: Mjåland, K, 2015



## Challenges cont'd

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- Some patients worried they will be judged by staff and may feel ashamed
- Fear of punitive action leads to secrecy
- Lack of other equipment e.g. cotton, alcohol swabs
  - likely contributing to new infections and reinfections plus Injecting Related Injuries Disease (IRID) such as abscesses, septicemia, endocarditis etc.



Source: Australian Injecting & Illicit Drug Users League (AIVL), 2015



## Challenges

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- Infection / Reinfection while in prison
  - Accessibility of drugs (56.4% state that its easy to obtain drugs in prison with 38.2% stating they has injected while in prison)\*
  - Nil Needle Syringe Program (NSP) in any state in Australia
  - Access to prevention strategies e.g. Fincol, condoms is inconsistent
  - Efficacy and complexity of preferred disinfectant questionable
  - Beginning to see incidences of reinfection ? due to sharing of injecting equipment while in prison

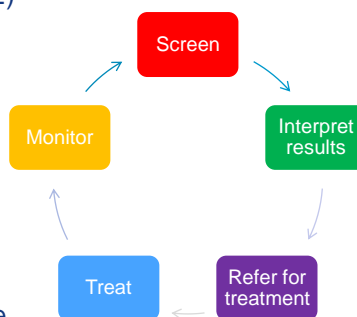
Source: 2015 Network Patient Health Survey\*



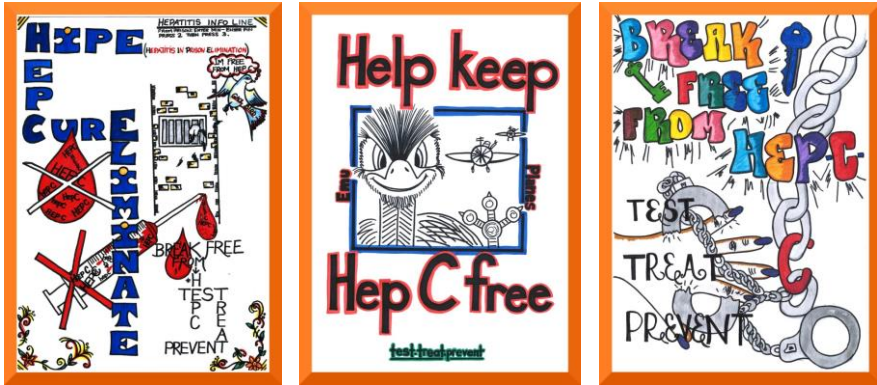
## What are we doing now?

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- Hepatitis in Prisons Elimination (HIPE) Program
  - 12 prisons targeted (4 complete virtual elimination)
  - Health Promotion
  - Screening, Treatment, Education
  - Replicate in other jurisdictions or wings is also possible
  - Patient buy in and instilling a sense of pride (co-production)



## Patient artwork developed during HIPE



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## Patient artwork cont'd



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## Patient artwork cont'd

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- Many patients thought it was valuable to participate in the art competition

"When I saw the signs go up for the Justice Health Poster comp, I went "that's for me". I decided to use the 'Test, Treat, Prevent' slogan as I thought it was right to the point – nice and simple"  
(Penny)

"I think posters like the ones we did can do a lot of good. I think if we have posters around the place it would remind people how hep c is passed on" (Katie)



## What else can we do?

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- Increase screening
  - From 2016/17 to 2017/18, BBV screening has increased by 32%
- Increase treatment
  - In 2018/19, treatment KPI to be increased from 1,000 patients treated to 1,500 patients
- Dried Blood Spot (DBS) for HIV and HCV being trialled at two reception prisons
  - Test linking patients from remand into community





## What else can we do?

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- Health promotion
  - Limited resources
  - Customised information through key partners e.g. Hepatitis NSW, NSW User's & AIDS Association, NSW Ministry of Health



## What else can we do?

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- Pilot more effective harm minimisation strategies? e.g. ? bleach, in partnership with CSNSW
- Increase OST to patients accessing HCV treatment in partnership with Drug & Alcohol if resourced
- Continue to acknowledge that security plays a part
- Identify hotspots
- Partnerships and patient acceptability
- Cultural appropriateness



## Conclusion

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- So, is

### **Elimination of Hepatitis C in NSW Prisons, Possible or Pointless????**



## Acknowledgements

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- Population Health team
- JH&FMHN Chief Executive, Network Executive Team, Operations & Nursing, Services & Programs, and countless other staff
- NSW User's & AIDS Association (NUAA)
- Hepatitis NSW
- Corrective Services NSW
- NSW Ministry of Health
- Patients



[Thank you](#)

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<http://www.justicehealth.nsw.gov.au>