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

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Background

- HCV is highly prevalent among the prisoner population; 22% in Australia[1]
- A majority of people in prison have injected drugs at least once in their lifetime[2]
- Current correctional policies prohibit primary prevention measures (e.g., prison needle syringe programs)[3]

[1]Butler et al, 2017; [2]Reekie et al, *MJA*, 2014; [3]Lafferty et al, *HRJ*, 2018,

SToP-C

- Surveillance and Treatment of Prisoners with hepatitis C (SToP-C)
- HCV treatment as prevention in the prison setting… will it work?
- Rolled out at 4 prisons in New South Wales (3 men's prisons (2 maximum, 1 minimum) and 1 women's prison (minimum/medium security)
- 2 Phases (Surveillance; Treatment/Surveillance)
- Qualitative Sub-study: Pre-Rx and Post-Rx

Methods

- Interviews conducted pre- and post-treatment across 4 correctional centres (only 3 post-Rx)

- Pre-Treatment

  n=32 participants; n=16 maximum, n=8 minimum, n=8 women

- Post-Treatment

  n=24 participants; n=20 maximum, n=3 minimum, n=1 woman (excluded from analysis)

  Sentence length impacted post-treatment availability

Pre-Treatment Participant Demographics

	Men	Women	Total/Mean
Participants	24	8	32
Age (Mean)	41	39	40
Security Classification	Maximum: 16 Minimum: 8	Minimum / Medium: 8	--
Time served (current sentence)	5.5 years	3.7 years	4.6 years
Current injecting drug use (within previous 6 months)	8 (33%)	3 (38%)	11 (34%)
HCV status (current infection)	11* (46%)	5 (63%)	16 (50%)

*2 awaiting test results

Pre-Rx injecting behaviours: Environmental

- Security / Scrutiny

It's a process, the Fincol. You have to sort of wash your syringe with it a good six to seven times and you know, so sometimes I find that some women are hurrying to try and have their shot and inject, because you've got to watch out for officers and you know, it's not an easy sort of thing to do. (Female, HCV positive)

It depends on what they're using, how they are using, who's around, how much time they've got. Whether they're in a cell where there are no cameras, you know what I mean? Sometimes they are locked out in the yard under six cameras and we've all got to sort of huddle around and try to smother it so they don't see it. (Male, HCV negative, maximum security)

Pre-Rx injecting behaviours: Economic

- Hierarchy / Who goes first?

  Yeah it depends whose syringe it is and who owns [the drugs] and who's putting their stuff inside there … it depends … who's putting the stuff in the spoon (Male, HCV positive, minimum security)

Pre-Rx injecting behaviours: Social

- Network safety

  So I have shared with someone and that's my celly and we've both done our scans and everything came back clear and that's the only reason we … So yeah, and then it's a trust issue there too, because I have to know that if I'm not there and he won't just feel the need [to inject with other people] and if he does, he doesn't share, do you know what I mean? It's strange, but it's functional. (Male, HCV negative, minimum security)

Post-Treatment Participant Demographics

	Total/Mean
Participants	23
Age	39
Security classification	Maximum: 20 (87%) Minimum: 3 (13%)
Time served (current sentence)	7 years
Injecting drug use since treatment initiation	10 (43%)

Post-Rx injecting behaviours: Environmental

- Ongoing issue of security/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)

However…

> Heaps of boys, they get bored in the cell, so they clean their fit. [*So it's almost like something to do?*] … Yeah especially when they're in the cell, they're not going to go back to the cell and use quickly, they're in their cell, they're going to kick back, relax … They can have dinner before they have a shot, so they got heaps of time to do Fincol. (Maximum Security)

- Lack of access to primary prevention

> *Why are you only smoking it rather than injecting?* Because there's no needle exchange. (Maximum Security)

Post-Rx injecting behaviours: Economical

- Hierarchy / Who goes first?

  There's a hierarchy, you know what I mean. If you've got the drugs and then I've got the fit, then we're first, we're going first no matter what. Like so we'll go first and then duh, duh, duh after us but then next week it could change. It could change, like it might stay the same for the bloke who's got the fit, he's there, but this bloke hasn't got [drugs] this week, the other bloke's got [drugs], so now he's there. Alright and he gets pushed down, he's number 5 on the list then. [*So hep C doesn't factor into, "oh you should go last, because you've got hep C"?*] No, no, no. That would be so good if it was, but no. (Maximum Security)

Post-Rx injecting behaviours: Social

- Status quo

  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)

- 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)

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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