

INJECTING RISK BEHAVIOURS AMONG PEOPLE WHO INJECT DRUGS IN AN AUSTRALIAN PRISON SETTING, 2005-2014: THE HITS-P STUDY

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Background: HCV transmission remains high in prisons globally. Understanding injecting risk behaviours in prisons is crucial to effectively develop and implement HCV prevention programs in this setting including treatment as prevention. This study investigates injecting risk behaviours in the Hepatitis C Incidence and Transmission Study in prisons (HITS-p) cohort.

Methods: HITS-p is a cohort study which enrolled people with a history of injecting drug use from 23 prisons in NSW from 2005-2014. Participants completed a survey at enrolment and follow-up visits to determine recent injecting behaviours. Generalized estimating equation (GEE) methods were used to assess injecting risk behaviours prior to and following prison entry and to investigate injecting risk behaviours in prison.

Results: Overall, 499 participants with a history of injecting drug use were included (mean age, 28 years; 65% male). Recent injecting drug use decreased from 71% in the three months prior to prison entry as compared to 27% since entering prison. Among people reporting recent injecting, needle/syringe sharing increased from 19% prior to entering prison to 73% since entering prison. At enrolment, the proportion reporting any injecting, ≥weekly injecting, and needle/syringe sharing in prison was highest among younger individuals. In GEE analyses, participants were significantly less likely to inject drugs following incarceration. Among injectors, participants were less likely to inject ≥weekly but more likely to share a needle/syringe. Among continuously imprisoned participants, younger age was associated with increased odds of any injecting, ≥weekly injecting, and sharing a needle/syringe.

Conclusion: These data indicate that upon entry to prison, injecting drug use decreases, but syringe sharing increases among injectors. Younger individuals are more likely to exhibit high-risk injecting behaviours in prison. These data highlight the need for improved HCV prevention strategies (including improved needle/syringe access and scale-up of HCV therapy) for those at increased risk of HCV transmission in prison, including younger individuals.

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