



Hepatitis C in European prisons: a call for an evidence-informed response

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Drug use and HCV in prisons

- Globally, >10 million held in prisons at any given time
- High turnover rate in the prison population
 - > 30 million people spend time in prisons each year
- Drug use is an important issue in prison populations
 - In the EU, \pm 1/2 of all members of the prison population have used illicit drugs at some time in their lives
 - People who inject drugs (PWID) have high rates of imprisonment
- Not only in Europe
 - In Australian prisons
 - 1/3 of entering inmates HCV Ab+
 - 56% HCV Ab+ among entering inmates who injected drugs
 - 1/3 inmates who were HCV Ab+ were unaware of their infection



HCV in prisons

- Prevalence of HCV infection among prisoners is many times higher in most custodial settings than in the general population
- HCV prevalence in the general population
 - Western Europe: 0.5%
 - Southern Europe: 2.5%
 - Eastern Europe: 6%
- HCV prevalence in inmates: 30% - 40% (range: 2%–58%)



HCV in prisons

- HCV (as HBV and HIV) is transmitted in prisons through the sharing of
 - Contaminated injecting equipment
 - Unsafe sexual contact
 - Unsafe skin penetration
 - Improper sterilisation or reuse of medical or dental instruments
- Imprisonment is an independent risk factor for HCV infection for PWID in the community
- One of the most important risk factors for HCV infection is intravenous drug use while in prison



Health care for prison inmates

- International guidelines (WHO) support that prisoners shouldn't be discriminated and same health care and preventive measures as in the general population should be available for prisoners
- Due to the high proportion of drug users among the prison population, the World Health Organization (WHO, 2007) as well as the United Nations Office on Drugs and Crime (UNODC, 2012) repeatedly emphasised the need to implement evidence-based health interventions in prisons
- Incarceration period = window of opportunity, including HCV testing, treatment, care and support



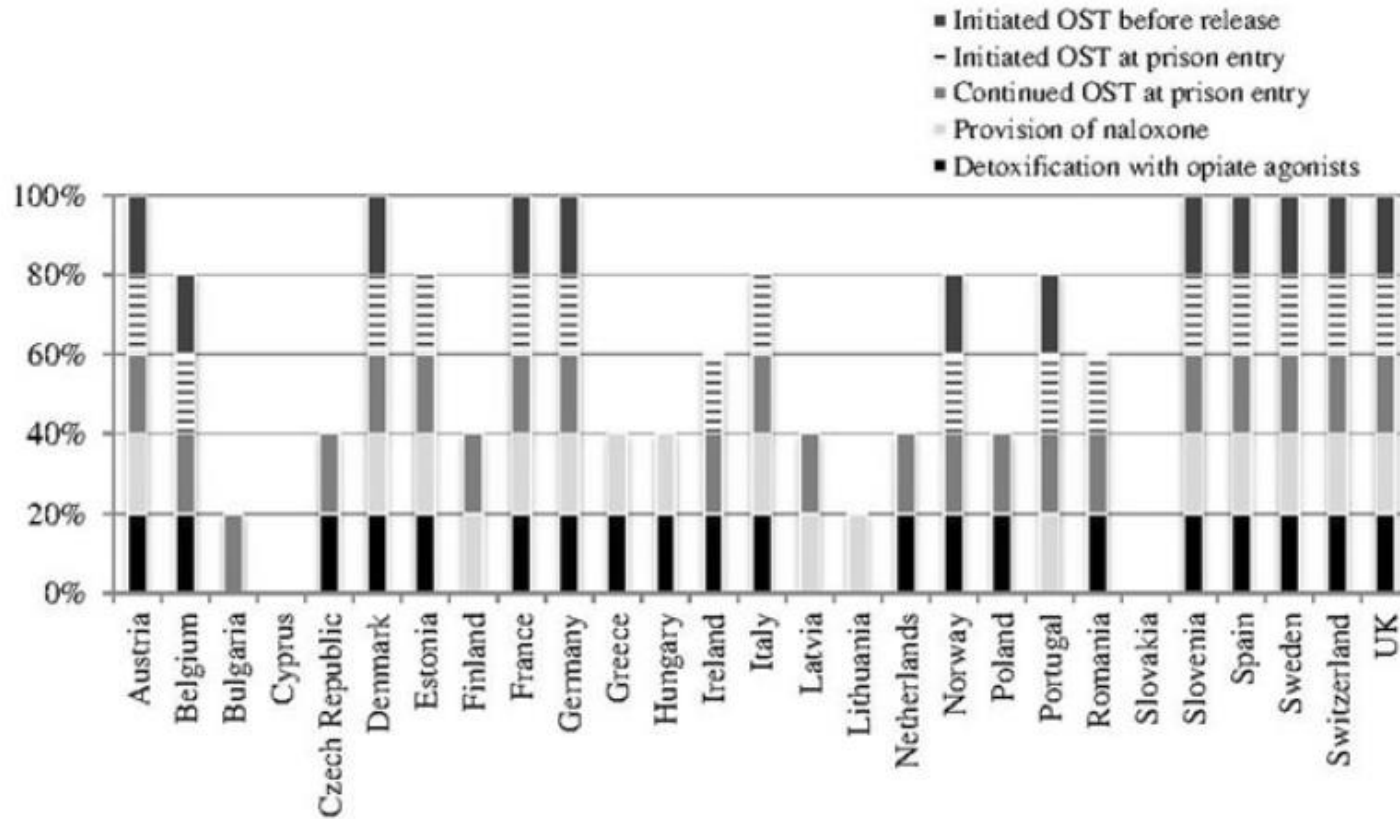
Health care for prison inmates

- Effective and efficient prevention models that are applied in the community are very rarely implemented in custodial settings
- 60 /10,000 prisons worldwide provide needle exchange
 - HCV prevention limited to verbal advice, leaflets and other measures directed toward cognitive behavioural change

Recent situation in Europe

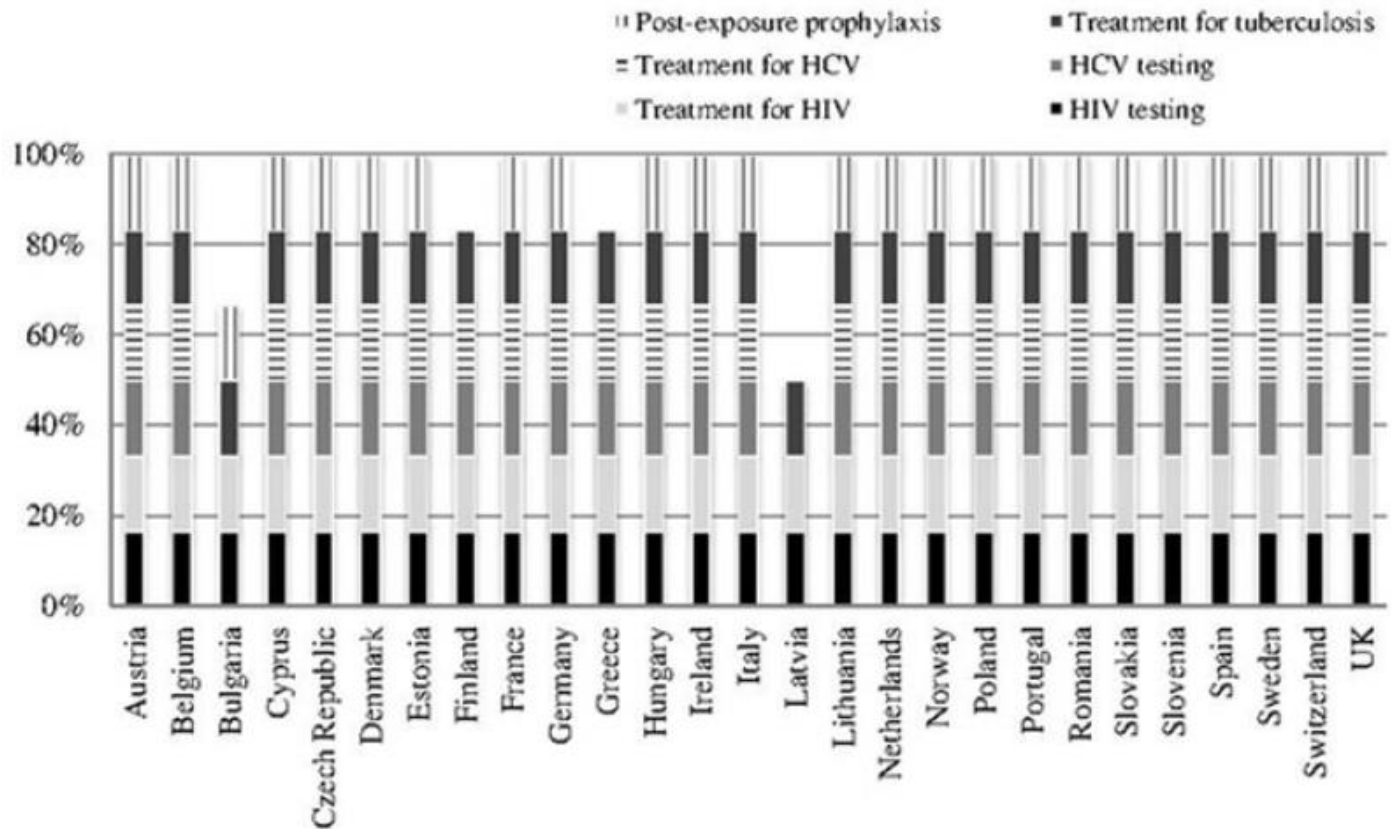
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- A survey conducted between 2012 and 2013 among the 29 European countries
 - 27 countries responded



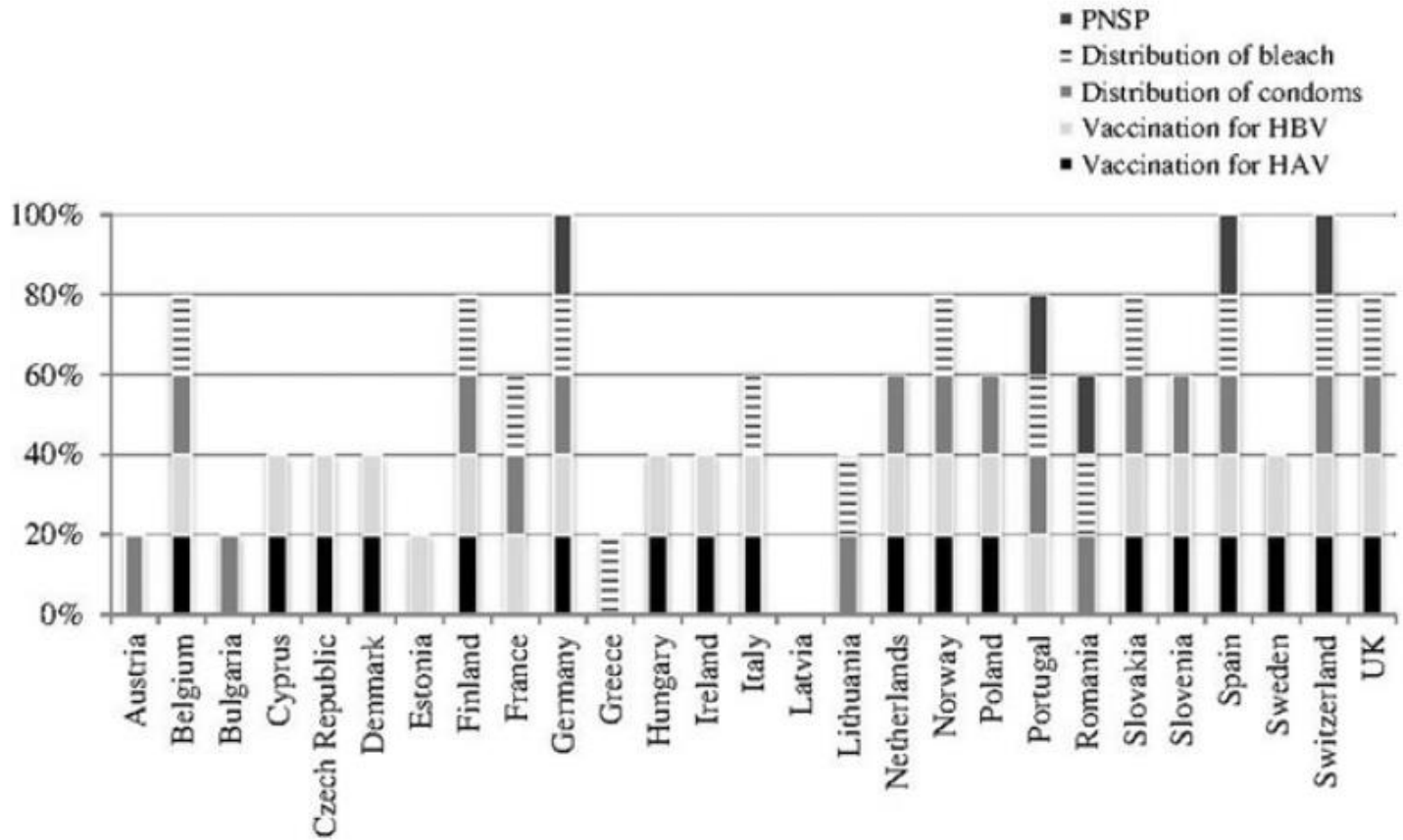
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HCV screening in prisons

- Screening strategies are different in countries
 - No
 - Voluntary
 - Standardized, systematic approach
- Uptake for screening is low
- Introduction of dried blood spot testing compared to venipuncture for HCV case-finding was likely to be cost-effective in prisoners in the United Kingdom and the United States if a minimum level of continuity of care in treatment or referral between prison and the community could be ensured
- More efforts needed to increase testing



HCV treatment for prisoners

- HCV treatment (peg-interferon and ribavirin) outcomes for prisoners are comparable to those observed in non-incarcerated patients
- Acceptable results: sustained viral response (SVR) rates ranging between 36% and 66%
- Correctional institutions are an important setting for health interventions
 - Possible to monitor patients more closely
 - Opportunity to engage with a difficult-to-reach population
 - Lifestyle stability



Programmes to improve HCV care in prisons

- Project ECHO
- To improve access to quality health care for New Mexicans with hepatitis C
- Use of teleconferencing, videoconferencing, and e-mail communication to connect specialists with primary care providers in prisons and rural areas
- Through Project ECHO, 226 patients received interferon and ribavirin treatment for hepatitis C
- Treatment response rates similar to university clinic site
- Lack of specialist clinicians in settings such as prisons can be overcome by telemedicine



Programmes to improve HCV care in prisons

- The Hepatitis C Continuity Program developed in New York
- To provide continuity of HCV treatment to prisoners
- A referral process was developed, staff were mobilized, and health-care facilities in the community were recruited to accept referrals
- This programme included 70 prisons and 21 health care facilities
- Outcome:
 - It was possible for HCV treatment to be initiated during incarceration without regard to the expected incarceration time remaining
 - Inmates who initiated HCV treatment prior to release received timely referral to appropriate clinics for continuation of treatment or for integrated HCV-HIV/AIDS care



Programmes to improve HCV care in prisons

- Nurse-led model of care in NSW, Australia
- To increase the number of people in custody with chronic hepatitis C being assessed and receiving anti-viral therapy
- Clinical nurse consultants as the key providers and decentralised care via telemedicine
- To provide evidence for safety, effectiveness, and increased capacity of the nurse-led model of care
- Outcome:
 - Model of hepatitis C care, enhanced treatment uptake and reduced the burden of the disease
 - In the 2-year study, 108 patients were treated
 - Antiviral treatment delivery was safe and effective



Conclusions

- HCV prevalence is very high in prisons
- Intravenous drug use is one of the most important risk factors
- Harm reduction strategies to prevent transmission of HCV in prisons lags far behind compared to outside of prisons
- Screening for HCV infection and treatment uptake are low
- HCV screening and treatment for HCV in prison should be routinely available and offered under standard guidelines and protocols equivalent to those applied in the community



Thank you for your attention