TREATMENT AS PREVENTION IN THE PRISON SETTING: PRISONERS' PERSPECTIVES

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Background: Hepatitis C virus (HCV) is a global public health concern. Inmates within the prison system are particularly affected, with a global prevalence estimated to be 15%. On 1 March 2016, Australia provided universal access to new direct-acting antiviral therapy, thus providing a promising setting for trialling treatment scale-up efforts. The Surveillance and Treatment of Prisoners with hepatitis C (SToP-C) study is implementing the first real-world trial of treatment as prevention (TasP) for HCV.

Methods: Participants were recruited from four correctional centres in New South Wales, including one women's prison and across security classifications (minimum, medium, and maximum). Thirty-two prisoners with a history of injecting drug use (i.e., risk of exposure to HCV) participated in qualitative interviews prior to prison-wide treatment roll-out. All participants had been screened for HCV within the previous six months; n=16 HCV positive, n=14 HCV-negative, and n=2 awaiting test results.

Results: Most participants indicated support for treatment scale-up and perceived prison officers as supportive of treatment interventions. However, prisoner movement was consistently raised as a major challenge for TasP elimination efforts; i.e., prisoners moving between prisons or coming in from community (who have not yet been treated) may join injecting networks of those already treated. Others described TasP as "fighting a losing battle". Participants worried about resistance to treatment should they become reinfected. Suggestions for harm reduction measures to assist TasP effectiveness (and reduce risk of re-infection) included education, increasing access to opioid substitution therapy and prison needle syringe programs.

Conclusion: There are a number of challenges in HCV treatment scale-up efforts in the prison setting. TasP in the prison setting is likely to reduce transmission rates. However, prisoners remain concerned about long-term effectiveness of TasP efforts (and treatments) without access to effective prevention measures.

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