HEPATITIS C TREATMENT AMONG MEN LEAVING PRISON WHO HAVE HISTORIES OF INJECTING DRUG USE IN VICTORIA, AUSTRALIA

Stewart AC[1,2], Winter R[1,2,3], Wilkinson AL[1,2], Cossar RD[1], Dietze PM[1,2,4], Thompson A[3], Curtis M[1,2,5], Walker S[1], Stoové M[1,2]

[1] Behaviours and Health Risks, Burnet Institute, Melbourne, Australia; [2] School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia; [3] Department of Gastroenterology, St Vincent's Hospital, Melbourne, Australia [4] National Drug Research Institute, Curtin University, Melbourne, Australia; [5] Monash Addiction Research Centre, Monash University, Melbourne, Australia

Background: Declining treatment numbers among some populations challenge efforts to eliminate HCV in Australia. HCV prevalence and incidence is disproportionately higher among people with a history of incarceration, indicating a population requiring a renewed approach to eliminate HCV. We present data on HCV testing and treatment uptake among a cohort of men released from prison who have a history of injecting drug use and incarceration in Victoria, Australia.

Methods: Participants were men leaving prison with a history of injecting drug use. Baseline and follow-up interview (3-, 12-, 24-months after prison release) data on HCV testing and treatment was linked with data on DAA prescriptions recorded in Australia's subsidised prescription medication program (Pharmaceutical Benefits Scheme). We report serial cross-sectional descriptive statistics detailing engagement in HCV testing and treatment, and dispensed DAA treatments by prescription schedule (i.e., dispensed in the community or in prison) recorded March 2016–December 2018.

Results: Data for 400 men were included. At baseline, 95% (n=392/400) reported ever being tested for HCV: of those, two-thirds (66%, n=258/392) reported a positive last test result. Across follow-up, men who had an HCV test since their last interview increased from 30% (n=84/277) at three-months to 72% (n=164/228) at 24-month follow-up. Of the men reporting an HCV test, positive results were reported by 48% (n=40/84) at three-months, 64% (n=99/155) at 12-months, and 58% (n=96/164) at 24-months. A total of 438 DAA prescriptions were dispensed March 2016–December 2018 among 154 men, with 65% (n=284/438) recorded as a prescription schedule relating to DAA treatment dispensed in prison.

Conclusion: Findings highlight men who inject drugs with a history of incarceration have successfully accessed HCV testing and treatment. Ongoing review of the delivery of services in both prison and community settings may be required to ensure continued HCV testing and treatment uptake among this population.

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