

Justice Health & Forensic Mental Health Network, in partnership with Corrective Services NSW & Hepatitis NSW

Elimination of Hepatitis C in a Prison Setting

overview

Justice Health & Forensic Mental Health Network (JH&FMHN) delivers health care to adults and young people in contact with the forensic mental health and criminal justice systems across community, inpatient and custodial settings.

This comprises of providing HIV & Related Programs (HARP) services, the treatment of viral Hepatitis C Virus (HCV), viral Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and Sexually Transmissible Infections (STIs). The prevalence of health conditions is also generally higher for people in custody.

Prisons can drive the epidemic of HCV both within the prison system and in the community at large (Lloyd, 2016). The elevated risk of HCV infection in prisons is associated with the rate of prisoners who have ever injected drugs, the injecting rate in prison, the rate of sharing needles and syringes in prison, and restricted or lack of access in prison to harm reduction measures such as opioid substitution therapy (OST), needle and syringe programs (NSP), or bleach for cleaning injecting equipment.

background

The Compulsory Drug Treatment Program (CDTP) is a standalone correctional centre in Sydney and it provides sentenced, repeat drug-related patients with a program to undertake comprehensive drug treatment and rehabilitation.

In March 2016, new Direct Acting Antivirals (DAAs) with minimal side effects for the treatment of HCV became available on the Pharmaceutical Benefits Scheme (PBS). It was identified that the CDTP provided a stable cohort with minimal patient movement to potentially cure all patients with HCV in one of NSW's prisons. As a typical HCV DAA treatment course lasts between 3-6 months, patients mandatory longer sentences in the CDTP would allow for the full course of treatment.

the journey to change

The journey to change involved multiple stakeholders and collaboration was crucial to project initiation.

Internal stakeholders included the executive of Population Health, Drug & Alcohol, Operations & Nursing, Pharmacy and Primary Care. Furthermore, the Corrective Services NSW (CSNSW) CDTP team were highly

supportive and engaged, as well as Hepatitis NSW as the partnering non-government organisation (NGO). Productive discussions and financial collaboration

between services facilitated the ability to establish the project's goal of firstly establishing the new HCV treatment within the CDTP and secondly, through ongoing reviews, screening, concurrent treatment and harm minimisation of existing and newly admitted patients. The goal of developing an innovative and novel approach for HCV elimination and cure.

CSNSW worked collaboratively with JH&FMHN to ensure that patients could access the clinic when they needed, have their medication administered and obtain support and guidance from the health staff. This was essential to the effectiveness of the process.

With respect to Hepatitis NSW, this organisation was able to provide the necessary resources, support, harm minimisation and guidance for not only the patients, but also JH&FMHN and CSNSW CDTP staff.

results

In May 2016, all patients in the CDTP were reviewed for HCV risk factors (n=58) and patients with risk factors were screened (n=54). This included the required pathology tests as well as a comprehensive drug and alcohol history assessment. Of this group, 18 patients (33%) had chronic HCV and were provided with further work-up including the use of a FibroScan machine. With consideration to the unique challenges faced by JH&FMHN concurrent treatment commencement was viewed as an innovative measure to reduce re-infection alongside the provision of harm minimisation education. This

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approach aimed to virtually eliminate or 'control' the virus across the entire centre.

Follow up testing resulted in all patients (100%) achieving an End of Treatment (EOT) Response, 15 patients (83%) achieving a Sustained Virological Response (SVR), and 3 patients (17%) were released prior to SVR assessment.

A SVR is achieved when the virus continues to be undetectable 12 weeks or more after completing treatment and is deemed as 'cure' based on evidence contained in academic research. All patients (other than those released prior to assessment) achieving SVR were considered a success – they had been cured of HCV.

Following treatment completion, new patients entering the CDTP were screened as required to control the overall risk. The centre was eliminated of HCV and is considered a first-of-its-kind in the NSW custodial setting.

challenges

The broad range of stakeholders involved in the project presented challenges associated with time, competing priorities, resources and historical arrangements. This was mitigated through consultation, including education on the efficacy of the new HCV medications and how these could be used effectively within the CDTP setting.

Promotion of the project's alignment with the JH&FMHN Strategic Plan 2013-2017 and the NSW Hepatitis C Strategy 2014-2020 also helped to ensure its relevance.

Furthermore, whilst the project involved significant health and wellbeing benefits for the patients, the reduction in Work Health & Safety risks to all staff

through a HCV - free CDTP was apparently clear and viewed by all staff as a significant driver towards a safer workplace free from the risks of HCV transmission.

future strategies

Broad screening, concurrent treatment initiation and ongoing review of new admissions in a centre with minimal patient movement and stable length of stay are considered an innovative and novel approach for HCV control. The methodology presents an opportunity to adopt a similar model in comparable size centres in JH&FMHN, as well as the potential for replication and scalability across other custodial health jurisdictions nationally and internationally.

JH&FMHN have begun this process of identifying similar size centres within the NSW custodial and forensic mental health settings and working with the relevant stakeholders to achieve similar results as the CDTP.

Future promotion internally and externally includes the project team being successful for presentation within the JH&FMHN Conference in May 2017, as well as through Abstract submission for the Australasian Viral Hepatitis Elimination Conference in Cairns in August 2017, which gathers policy makers, researchers, health care providers, community and other individuals committed towards virtual hepatitis elimination.

The broader public health implication of this initiative is returning HCV inmates/patients to their communities. This reduces the overall prevalence of HCV in the community, ultimately moving the community towards a safer HCV-free environment, minimising the risks of HCV transmission to the public and WHS risks to health care workers.