Treatment is Prevention

Do not under-estimate the importance of prevention as the key to treatment

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The Burden

World Health Assembly (2014)

- 1.4 million deaths every year from viral hepatitis
- 500 million people living with viral hepatitis (184 million living with HCV)
- Most infected people are unaware of their infection
- Promote the involvement of civil society in all aspects of preventing, diagnosing and treating viral hepatitis
- Establish national harm reduction policies based on [national] legislation, policies and procedures ….

The Burden

- Viral hepatitis is a major problem within indigenous communities
- Low- to middle-income countries have a disproportionate disease burden
- People who inject-drugs – 67% prevalence of HCV, worldwide

Prevention – hepatitis C

"The shadowy entity of non-A, non-B hepatitis unexpectedly proved to cause both liver cirrhosis and cancer. Acute hepatitis C causes only minor symptoms, but the hepatitis C virus often establishes chronic infection with sinister consequences.

"… it soon became apparent that injecting drug use had silently amplified prevalence of hepatitis C infection in young people in Western countries.

"Hepatitis C infection became the commonest cause of liver transplantation in Australia, and **health authorities struggled to find an effective control strategy**."

Professor Yvonne Cossart, MJA, July 2014

Monitoring – hepatitis C

- The “HCV Ab” is not an antibody – it is not protective.
- The test for virus, the PCR test, has only recently been routinely offered.
- The “window period” of 12 weeks for Ab, does not ‘fit’ with patterns of incarceration. PCR has a “window period” of 3 weeks, but …….
- Risk factors are multiple, and confounded by other health conditions which ‘collide’ with the criminal justice system.

Monitoring – hepatitis C

Current surveillance definitions are over 10 years old

- Do not reflect the contemporary use of PCR testing
- Do not reflect the potential impact of treatment
- Do not reflect the clinical reality of acute hepatitis C infection
- Inadequately acknowledge hepatitis C re-infection

Third National Hepatitis C Strategy (2010)

"The provision of sterile injecting equipment in Australian prisons is a controversial issue for some in the Australian community.

"In view of the well documented return on investment and effectiveness of Australian community-based NSPs, it is appropriate throughout the life of this strategy for state and territory governments to identify opportunities for trialling this in Australian custodial settings."

Fourth National Hepatitis C Strategy (2014)

"The principle prevention tool in Australia is the needle and syringe program – it is cost-efficient and highly effective in reducing transmission of hepatitis C and other bloodborne viruses such as HIV.

"The prevalence of hepatitis C is disproportionately higher among people in custodial settings, due primarily to a high rate of imprisonment for drug-related offences and **unsafe injecting drug use in prisons.** New drug therapies which will cure the large majority of hepatitis C cases should inform future approaches."

Treatment – hepatitis C

- Only 2-4% of people who inject drugs, are accessing treatment – worldwide
- Cure is possible – current medications ~50%, triple therapy ~ 90%
- Cost – current medications ~$20,000, future treatments ~$84,000.

Treatment – hepatitis C

- Current treatment capacity is limited by side-effects of treatment (this will be reduced in the foreseeable future)
- Shared-care arrangements – currently only one shared-care clinician in Justice Health (only two in the ACT) (this will increase in the mid-term future)
- Access to specialist support (adequate currently, but no capacity to increase)

Treatment in Prison

- The proximity of health services to the client
- Mental health and addiction services
- Peer support
- Alcohol is ‘controlled’
- “Shared Care” - not only a good idea …. Essential
- Never under-estimate market forces

Treatment in Prison – the future

- Seek – screen
- Test – opt-in or opt-out?
- Treat – do new treatments have a place in high-risk environments?
- Retain – easily achieved, but will a ‘new’ market be revealed with new VERY EXPENSIVE treatments

Treatment in Prison

- A contaminated environment with restricted access to community standard infection control and harm minimisation
- Risk of post-treatment re-infection
- Co-morbidities (addictions, mental illness)
- The “punishing environment”
- Transition to community

Treatment – an Australian scenario

Treatment as …… treatment

There are 340 residents at the AMC

- ~ 50% have been exposed to hepatitis C virus
- ~ 70% of those have current infection.

- ~ 100 residents could benefit from treatment (immediately, or ‘rolled-out?)

- If a course costs $84,000, drug costs alone could reach $8,400,000.

What is next?

- Treatment as …… treatment
- Prevention as Prevention (*sic* Third National Strategy)
- Treatment as Prevention (*sic* Fourth National Strategy)
- Prevention as Treatment (Prisoners are deferring treatment, because of the risk of reinfection)