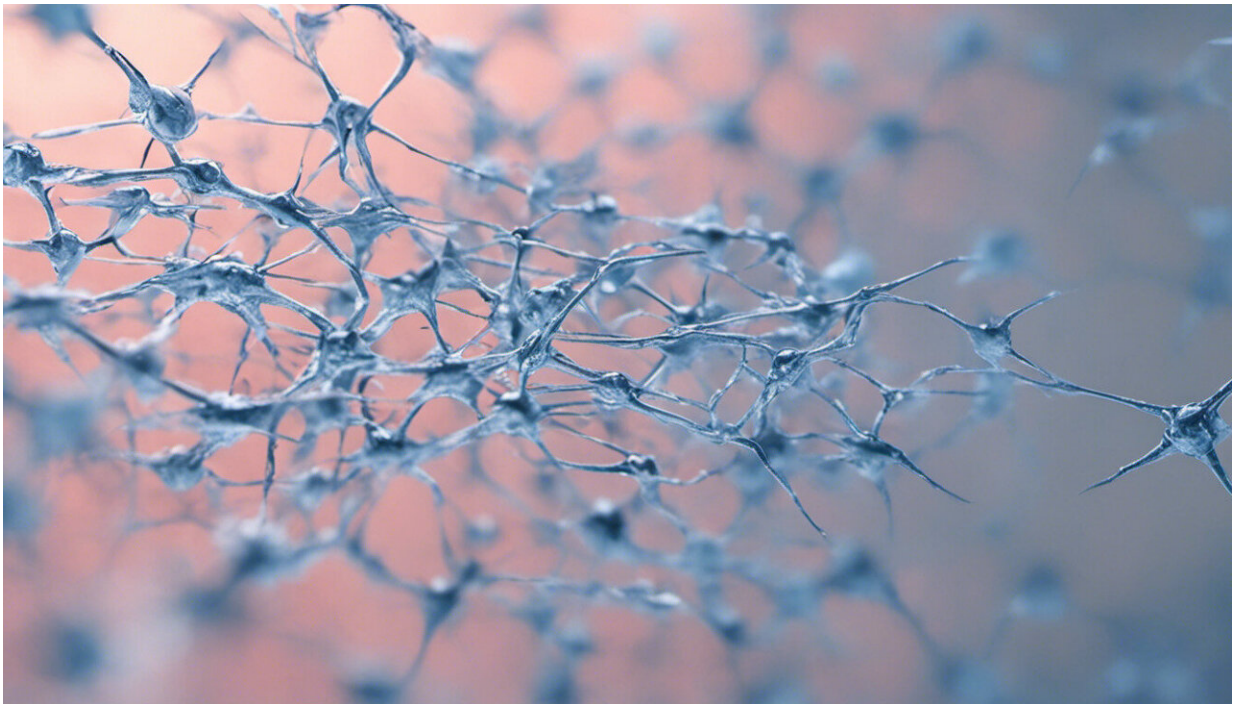


Direct-acting antivirals can cure hepatitis C, and prisons are now leading efforts to eliminate the virus

July 28 2022, by Freya Saich, Alexander J. Thompson, Jacinta Holmes, Rebecca Winter and Timothy Papaluca



Credit: AI-generated image ([disclaimer](#))

While most medical attention has been on COVID, work has been underway to eliminate another viral disease, hepatitis C.

In Australia, approximately [120,000 people](#) have hepatitis C. It's mostly spread through injecting drugs using unsterile equipment. Left untreated, hepatitis C can cause [liver damage](#), leading to cancer, liver failure and even death.

In 2016, Australians with hepatitis C gained access to a highly effective [treatment](#) option: direct-acting antivirals. These can cure hepatitis C in eight to 12 weeks. Australia took on the World Health Organization's goal of eliminating hepatitis C by 2030.

Thousands of Australians commenced treatment. But [numbers have slowed recently](#), prompting concern the goal of eliminating hepatitis C by 2030 may be unreachable. However, one sector has been making great progress in eliminating hepatitis C: prisons.

High rates of drug use among those entering prison

In Australia and many other countries, the criminalization of drug use results in the frequent incarceration of people who inject drugs. About [half of people entering prison](#) report a history of injecting drugs.

While [drug](#) courts and diversion programs help keep some people out of [prison](#), more needs to be done to [treat drug use as a health issue](#) rather than a criminal one.

The over-incarceration of people who inject drugs results in high rates of hepatitis C among the [prison population](#). In 2016, of people entering prison who reported injecting drugs, [approximately 50%](#) had been exposed to hepatitis C but not all may have had an active infection. This compares with less than 1% of those entering prison who did not report injecting.

Injecting drug use in prisons

Imprisonment enables some people to stop using drugs, but others continue to inject, and some start injecting.

No Australian jurisdiction provides sterile injecting equipment to people in prison, despite this being available in the community. The likelihood of syringe sharing in prisons is therefore high, and increases the risk of hepatitis C transmission.

[One NSW study](#) estimated 10% of people who injected drugs in prison were newly infected each year.

[Another study](#) found recent incarceration increases the risk of contracting hepatitis C by 62%.

Access to hepatitis C care in prisons

Direct-acting antivirals were listed on Australia's Pharmaceutical Benefits Schedule (PBS) in 2016. These subsidized medicines were made available to all Australians, including people in prison. Prisoners are usually excluded from the federal government's PBS subsidies, with medication costs falling to states and territories.

Most patients with [#hepatitisC](#) should take direct-acting antivirals, 1 pill once a day for 8-12 weeks. Patients are considered cured when hepatitis C RNA is no longer detected in their blood, which is called sustained virologic response or SVR. <https://t.co/zUyYwJASc2> pic.twitter.com/29dK2bnDYW

— JAMA (@JAMA_current) [December 5, 2018](#)

While overall hepatitis C treatment rates stagnated in Australia, the prison sector accounted for a rising percentage of all people treated. Between March 2016 and February 2017, around [6% \(2,052\) of all hepatitis C treatments occurred in Australian prisons](#). In 2020, this rose to [37% \(3,005\)](#).

For some people, prison is one of few places they can receive hepatitis C treatment.

A [pilot evaluation](#) of a nurse outreach program in Victorian prisons found of the 416 people who started direct-acting antiviral treatment, most (86%) had never had hepatitis C care before.

An [additional 75 people](#) were released from prison before they could start treatment. After referral to their preferred physician, only 19 were prescribed direct-acting antivirals within six months of release. Seven of those people were treated only after they were re-incarcerated.

Many people leaving prison face [multiple challenges](#), including housing instability, poverty, obtaining meaningful and reliable employment, and social connectedness. These are all potential barriers to accessing health care, including hepatitis C treatment.

Treatment in prison can also prevent new infections, as a [recent study](#) showed. This same study also saw a reduction in people being reinfected with hepatitis C.

One Queensland prison has [even reported eliminating hepatitis C](#). However, new entrants and the lack of prison-based needle and syringe programs have made it difficult to maintain its hepatitis C-free status.

But prisons have more to do

While significant progress has occurred, there is more work to be done within the prison sector to accelerate hepatitis C elimination.

Rapid point-of-care hepatitis C tests could be used to diagnose people entering prison, enabling anyone who tests positive to be promptly referred for treatment.

Harm reduction is critical. Strategies proven highly effective in the community should be widely accessible inside prisons, including opioid substitution treatment and needle and syringe programs. Despite widespread support for prison-based needle and syringe programs and [international evidence](#) showing that they can operate without compromising safety, no Australian jurisdiction has introduced one.

Many people serving supervised correctional orders in the community are likely to have undiagnosed or untreated hepatitis C. Greater coordination and provision of health services across the criminal justice system—including police detention, the courts and community-based corrective services—will enable more people to be diagnosed and treated.

These measures will reduce rates of [hepatitis C](#) in prisons and in the community.

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