Social Science & Policy Research at INHSU 2023

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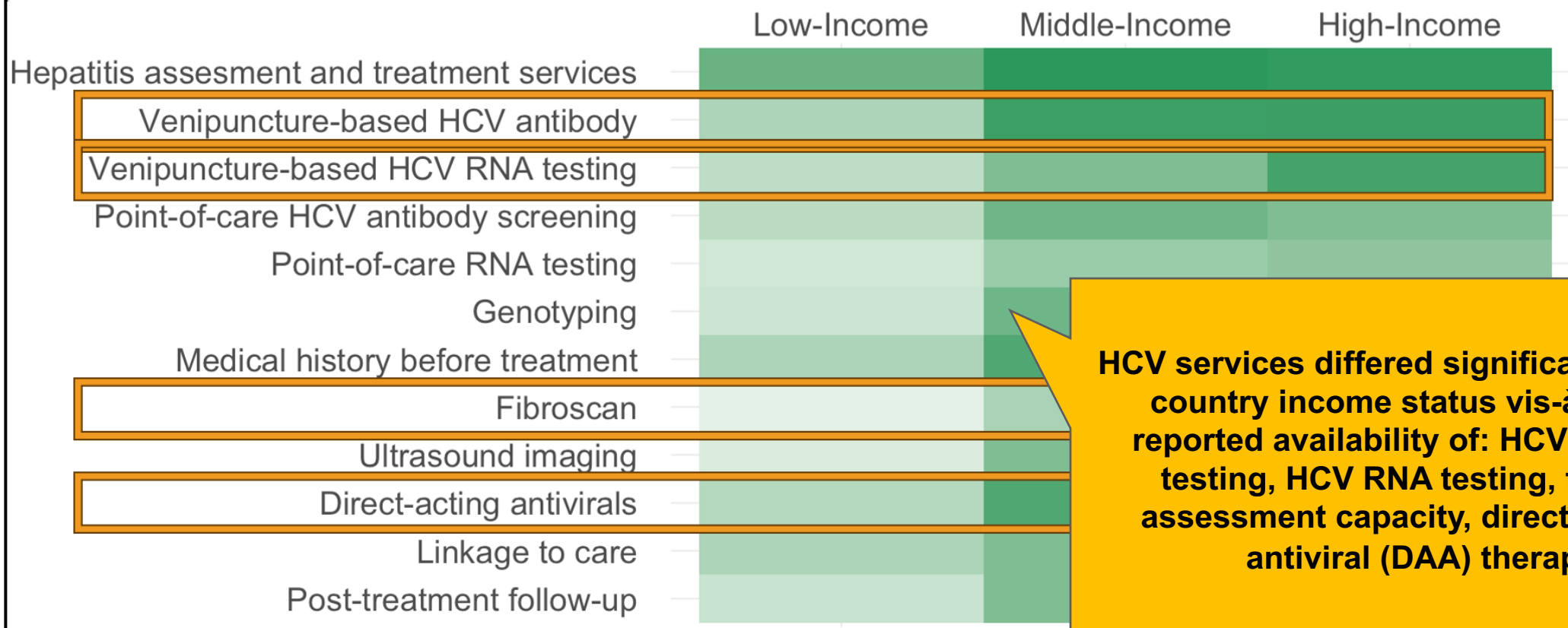
Takeaway #1: Prisons are key to HCV elimination, but critical barriers persist (especially in LMIC)

Access and barriers to prison-based HCV services

INSHU Prisons (PIs: Dr. Nadine Kronfli, McGill University, Canada & Dr. Matthew Akiyama, Montefiore, USA)

Availability of prison-based HCV services



HCV services differed significantly across country income status vis-à-vis the reported availability of: HCV antibody testing, HCV RNA testing, fibrosis assessment capacity, directly-acting antiviral (DAA) therapy

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Access and barriers to prison-based HCV services

INSHU Prisons (PIs: Dr. Nadine Kronfli, McGill University, Canada & Dr. Matthew Akiyama, Montefiore, USA)

Barriers to scaling-up prison-based HCV services

	Country classification (N=181)			p-value
	Low n = 54	Middle n = 15	High n = 112	
Limited motivation by policy makers, funders or implementers of prison services	34 (63%)	10 (67%)	38 (34%)	<0.001
Limited availability of prison healthcare resources	37 (69%)	9 (60%)	72 (64%)	>0.8
Stigma and discrimination	24 (44%)	4 (27%)	56 (50%)	0.2
Low HCV screening opportunities	25 (46%)	6 (4		
Lack of knowledge and awareness of HCV within the prison	37 (69%)	9		
Specialist prescribing restrictions	17 (31%)	3 (2		
Prisoner concerns regarding confidentiality	9 (17%)	3 (2		
Inconsistent and or delayed access to prison health services	26 (48%)	3 (2		
High price of DAAs	24 (44%)	4 (2		

Key barriers in LMIC:
Limited motivation by policy makers and funders
Lack of knowledge and awareness of HCV within the prison
Specialist prescribing regulations
High cost of DAA

INHSU INHSU PRISONS

Barriers to viral hepatitis care in EU/EEA prisons

Dr. Lara Tavoschi, University of Pisa, Italy & European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

To promote transferability and improvement of prison healthcare quality in EU/EEA the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has identified models of care for viral hepatitis elimination in prisons, and identify barriers to implementation to contribute to EU benchmarking.

Among barriers identified were:

- Engagement of people living in prison and prison governance structure,
- Availability of infrastructural and human resources
- Daily prison organisation
- Inter-sectorial collaboration within prison and between prison and community services
- Training for prison staff
- Lack of systematic monitoring

Takeaway #2: Peer-led models and community involvement are powerful tools for healthcare engagement and equity

Numerous presentations highlighting how peer work and interventions are recognized as impactful, adding value and reaching excluded and marginalized populations for hep c engagement, testing and treatment.

Why and how do peer models work?

Dr. Gabriele Vojt, Glasgow Caledonian University, Scotland, UK

Key elements - focus

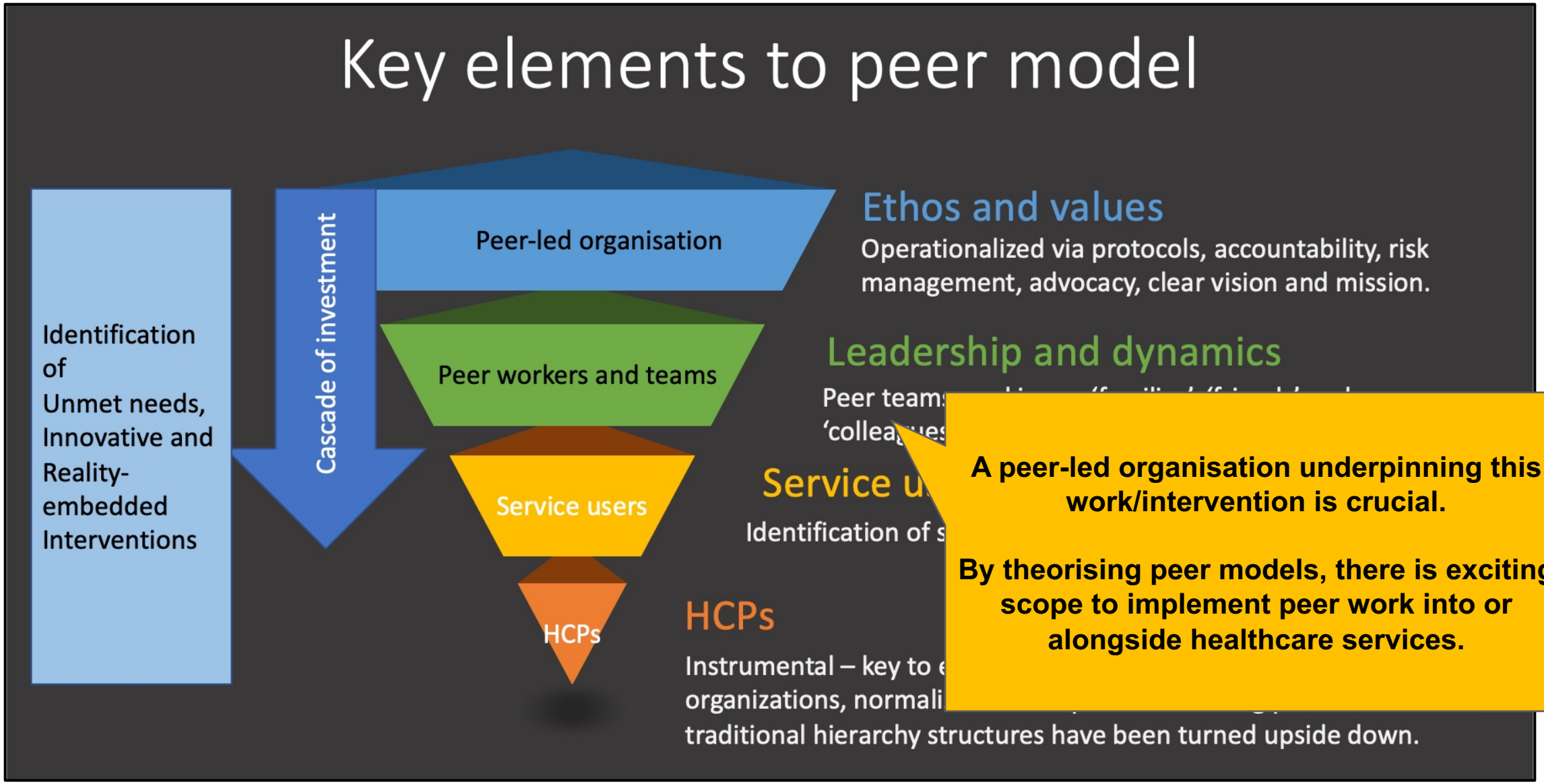
Key elements		Illustrative examples	Mechanisms
Peer-led organisation: ethos and values	Cascade of investment: (1) peer organisation to (2) peer employee to (3) peer volunteer to (4) service user	*'Talk the talk, and walk the walk'.* Training, CPD, research/ evidence Clear goal setting, and mission	Social influence, role modelling, enablement, professional identities
Peer workers	Personality, attributes, readiness	*'Not everyone with lived experience can be a peer.'*	Professional identity: Persistence, perseverance, empathy, non-judgemental, honest
	Credibility	*'I can spot a drug use[illegible] dealer in a crowd. No p[illegible] know who they are. And know who I am.'*	
	Transferability of 'old self' skills.	*'Anyone who's ever used [illegible] knows how to manipulate*	capabilities and consequences.

Not everybody with lived experience can be a peer, need for specific personality traits, no hidden agenda

Social influence, persuasion and (the formation of) professional identities are key underlying mechanisms

Why and how do peer models work?

Dr. Gabriele Vojt, Glasgow Caledonian University, Scotland, UK



Takeaway #3: Persisting stigma around treatment of people who use drugs

HCV reinfection in the DAA era: A qualitative exploration

Amy McEwan, Glasgow Caledonian University, Scotland, UK

Power & Control

- Cost of DAA treatment used to encourage adherence and deter further reinfection

Seeking Accountability & Blame

- Blame is placed on ‘chaotic lifestyle’

- Personal accountability
  - Patients viewed as the biggest barriers in their treatment/reinfection journey

“I have mentioned cost to patients before when I've been talking about the importance of them taking the drug, and I think that that's reasonable to say, look, it's really important that you carry on with the course of treatment we’re really keen to offer it to you. But if you don't complete it, you know it will not work and it does cost quite a lot of money. So it's really important that if you start it, you carry on.” -Jane

“barriers for treating those who have become reinfected is really the patient themselves if they don’t engage. That is literally it. Its patients who are failing to engage, which is our bigger barrier for treating people and reinfection is just trying to get them to come to the service. If they come to their appointments that’s aw we need to get them to take the treatment.” - Katy

Takeaway #4: Drug policy research is crucial, and there is a need to continue expanding the topics and focus/methods, going beyond harm reduction and treatment

What is drug policy research?

Dr. Alison Ritter, Drug Policy Modelling Program, UNSW Sydney, Australia

Bringing it all together

- Policy as:
  - Statements of (government) intent
  - Actions of government
  - Governmentality
- Focus:
  - Formation
  - Policy positions
  - Implementation
  - Outcomes
  - Effects
- Research approach:
  - Positivist – postmodernist/poststructural

What is drug policy research?

Dr. Alison Ritter, Drug Policy Modelling Program, UNSW Sydney, Australia

Conclusions

- Despite the appearance of neat categories, much drug policy research does not necessarily fall into only one of these categories
- All policy research makes a contribution
- Drug policy topics are broad: treatment, prevention, law enforcement, harm reduction – but research to date is lop-sided
  - Topic-wise: harm reduction and treatment (not law enforcement)
  - Focus-wise: policy formation & positions (not outcomes)

Criminalisation of drug use: voices from below

Dr. Marie Jauffret-Roustide, Centre d'études des mouvements sociaux, INSERM, France

Background

- France is a country that **invests money in harm reduction and care**, thanks to its **Welfare State** model that allows sustainable public funding for health programs.

- Nevertheless, France has one of the **most repressive legislation** towards people who use drugs (PWUDs) in Europe. Drug use is regulated by the Law of the 30st December 1970, that punishes PWUDs by considering them as criminal/deviants.

- In practice, the French model of drug policy is dominated by a **prohibitive regime**.

- At the community level, the criminalization of drug use constitutes a real **barrier for implementing innovative harm reduction programs** such as drug consumption rooms (DCRs).

- At the individual level, this prohibitive regime reinforces the **stigma of PWUDs in the society, silences their voices, and impedes their access to health and social services**.

Criminalisation of drug use: voices from below

Dr. Marie Jauffret-Roustide, Centre d'études des mouvements sociaux, INSERM, France

Conclusion

- Our research illustrates **how the lives of PWIDs are made vulnerable by prohibitive regimes**. All semi-structured interviews and pictures from photovoice reveal how a risk environment *(Rhodes, 2009)* framed by prohibition reinforces the stigmatization of PWIDs, increases their exposure to HIV/HCV risks and limits their access to care, to health and to social services.

- **Listening to these voices from below complete narrative, which often portrays PWIDs as the cause**

- These narratives and pictures about PWIDs lives point **alternatives to prohibition**. There are supported by sc decriminalization of drug use policies have a positive i decrease stigma and allow more sustainable resources allocated to social, health and care services embedded in harm reduction *(Stevens et al. 2019, Unlu et al. 2020)*.

Criminalization of drug use exposes people who inject drugs to HIV/HCV exposure, increases public disorder and impedes access to healthcare and harm reduction.

Reintroducing the voices of people who inject drugs in the public debate is a way to change the stigmatizing narrative.

“2.5 g, I could do that before noon”: a qualitative study on decriminalization of drug use in British Columbia, Canada

Matt Bonn, Canadian AIDS Society, Canada

- Some participants expect decriminalization to result in positive outcomes and felt as though the 2.5 g threshold was appropriate, the majority of participants foresaw a number of significant limitations due to the defined threshold quantity.
- Continued need to purchase substances in smaller quantities, which has the potential to be "stomped" or contaminated with other substances, thus potentially increasing overdose risk.
- Distrust of police use of discretion
- Potential for net widening (trusted dealers arrested)
- Potential for jurisdictional discrepancies

Future directions

Implementation barriers: leveraging implementation science for multilevel approaches to assessment, guided by key frameworks, including critical lens (e.g., intersectionality)

Viral hepatitis micro-elimination: models of care and barriers to implementation in 5 EU/EEA prisons.

Provider perceptions of incorporating hepatitis c testing technologies into standard practice: Considerations for widespread implementation and scale-up

Persistent barriers to hepatitis c treatment despite peer support: A mixed methods analysis

Feasiblity and challenges of implementing hepatitis c testing and treatment services in community-based opioid substitution therapy programmes in four South African cities.

Understanding availability and barriers to scaling-up prison-based hepatitis c services and perceived advocacy needs globally to inform a prison-based advocacy toolkit: the INHSU Prisons advocacy toolkit project

Provider perceptions of deimplementation in OAT provision during COVID-19: considering social inequity in health

Specific services for women who inject drugs and barriers to treatment access

Barriers and enablers to point-of-care HCV testing: a qualitative study using the theoretical domains framework comparing the perspectives of needle and syringe program workers and people who inject drugs

Prevalence of blood-borne viruses, HCV testing and treatment, and implementation barriers and facilitators in a prison-based surveillance system in Australia: the AUSHEP study

Future directions

- Leveraging the evidence base within Implementation Science
  - Wide **range of methods and tools building on decades of evidence** in organizational theory, sociology, social psychology, behavioral economics
- Going beyond barriers; need a larger focus on the design and evaluation of implementation strategies to address multilevel barriers & promote adoption of evidence-informed HIV/HBV/HCV care, OAT, …
- Why and how interventions work (e.g., theory-informed studies, process evaluations)? Through which mechanisms? Key to replication/scale-up
- Expanding drug policy research to cover laws, law enforcement, policing, supply control (going beyond treatment & harm reduction)