Prevention of hepatitis C in prison settings

Overview

Opioid agonist therapy (OAT), needle and syringe programs (NSP), and naloxone play crucial roles in preventing hepatitis C and injecting related harm amongst people who use drugs within prison settings*. OAT helps manage opioid substance use disorders, reducing injecting drug use and the risk of hepatitis transmission. NSP's provides clean needles and syringes, minimising the spread of hepatitis among people in prison who inject drugs. Naloxone can save lives by swiftly reversing opioid related overdoses. Together, these interventions significantly contribute to public health efforts in combating hepatitis C and drug related harms within prison populations. While this fact sheet specifically focusses on interventions targeting people who inject drugs, it is important to note that prevention measures in prisons may relate to other possible forms of transmission, such as tattooing and piercing and medical and dental procedures.

Opioid Agonist Therapy (OAT)

Opioid agonist therapy (OAT) can also be known as opioid agonist maintenance therapy (OAMT), opioid substitution therapy (OST) and medication-assisted treatment (MAT). OAT is an intervention that is known to be effective in the treatment of opioid use in community settings and the benefits in prison have also been found to be similar to those in the community. Indeed, evidence indicates that uptake of OAT in prison, and continuation post-release from prison, is protection against drug related deaths and is also effective in targeting infectious diseases.

How it works:
With OAT, the person takes medication that reduces cravings for opioid drugs and prevents withdrawal. The most commonly used forms of OAT in the community are methadone and buprenorphine – these are long-acting opioid drugs that are used to replace the shorter-acting opioids the person is taking. 'Long-acting' means that the drug acts more slowly in the body, for a longer period of time. By acting slowly, it prevents withdrawal for 24 to 36 hours and reduces opioid cravings.

OAT in prisons:
OAT can be used in prisons as part of drug treatment for individuals who are assessed as having an opioid problem. It may be continued upon entry, initiated in prison, or re-initiated before the end of a sentence. There is some evidence to suggest that providing OAT during incarceration reduces injecting risks and increases engagement with community treatment after release from prison (EMCDDA, 2023).

**See toolkit website for information on HCV testing and treatment in the context of prevention*

Continuity of care when entering and leaving prison is a key issue for those undergoing OAT as even short gaps in treatment may trigger relapse into illicit opioid use and this increases the risk of overdose and/or transmission of hepatitis C virus (HCV) infection. Current evidence supports the provision of OAT in prison, particularly if continued in the community through appropriate referral to community services, to reduce mortality after release. However, access to OAT in prisons and the continuity of OAT in the community is still lacking in many countries globally.

Needle and Syringe Programs (NSP)

Needle and syringe programs (NSPs) are also known as syringe service programs, needle exchange programs, and syringe exchange programs. These are services that allow people to access sterile equipment for injecting drugs (e.g. needles, syringes, and drug preparation equipment) as a measure to prevent the risk of infection. There is good evidence that NSPs are effective in reducing injecting risk behaviour. The provision of clean injecting equipment, including a sufficient supply of sterile needles and syringes should be provided as part of a combined approach through the implementation of harm reduction, counselling and treatment programmes. NSPs should also provide safe disposal for used injecting equipment and education on safer drug use and injecting practices.

NSP in prisons:

Only nine countries have NSPs in prisons (Harm Reduction International, 2022). While there is only tentative evidence suggesting that NSPs are effective in reducing hepatitis C transmission in the prison, it is recognised that the evidence base may be hampered by factors including structural barriers such as access of researchers to prisons and acceptability among prison staff (ECDC/EMCDDA, 2023). There is broad consensus, that despite the lack of evidence base, principles of equivalence of care should apply, and implementation of prison NSPs is recommended (ECDC/EMCDDA, 2023).

Naloxone

Naloxone, an opioid overdose reversal medication, is widely used in hospital emergency departments and by ambulance staff. Its accessibility saves lives by swiftly reversing opioid overdoses, which prevents fatalities.

Naloxone in prisons:

There is evidence that naloxone is effective in preventing overdose deaths (EMCDDA, 2017) and the EU Justice Programme has developed an implementation guide to support its use at the time of release from prison (Horsburgh, 2018). There are several programs globally providing naloxone in prisons, as well as provision upon release. Naloxone programs should be linked to training and awareness campaigns for sustainability and effective implementation.

Naloxone is important in safeguarding the health and well-being of individuals in prison settings, contributing significantly to the overall management of hepatitis in prison settings.

Safe Tattooing Programs in Prisons*

There is a high prevalence of tattooing in prisons (Peña-Orellana M, 2011), most of which occurs using unsterile and homemade equipment. Unsafe tattooing practices are associated with increased transmission of HBV and HCV. A systematic review of 124 studies (including studies conducted in prison) found that tattooing was associated with a 2.56 higher odds of HCV infection in prisons (Jafari S, 2010). Similarly, a systematic review of 31 studies (including studies conducted in prison) found that tattooing was associated with a 1.30 higher odds of HBV infection in prisons (Jafari S, 2012).

Despite the increased risk, safe tattooing programs are exceedingly rare in prison. Currently, prison tattooing programs exist only in one prison in Luxembourg, implemented in 2017 with the leadership of prison nurses (WHO, 2020). No direct evidence currently exists regarding the prevention effectiveness of safe tattooing programs for reducing HBV/HCV transmission. However, the high prevalence of tattooing in prisons and the increased associated risks of HBV/HCV transmission recommend the implementation and evaluation of safe tattooing programs for HBV/HCV prevention.

**Kronfli N et al, 'Global Guidelines for Hepatitis Service Delivery in Prisons', 2024, available at <https://www.inhsu.org/the-network/inhsu-prisons/>*

Combined harm reduction interventions

Whenever possible, interventions should be combined to achieve synergistic effects. Evidence suggests that the biggest reduction of hepatitis C and injection risk behaviour can be achieved by providing both high coverage of NSP and OAT. It is likely that additional services, such as disease treatment and vaccination, offered in combination with NSP and drug dependence treatment, would further prevent disease transmission among people who inject drugs.

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