Hepatitis C in the CA Correctional System

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Centerforce
Information, Education and Advocacy for individuals, families and communities impacted by incarceration
Rates of HCV testing in incarcerated settings 1999-2000

- In the U.S. as a whole: 7.9%
- In California: 11.7%
Prevalence of HCV Among People who are incarcerated

- In the United States as a whole:
  - 31%*
  
  *OF THOSE TESTED
  
  ~26.5% of HCV+ treated

- In California:
  - 41% (39.4% for men, 53.5% for women)**
  
  **Upon entry
Hep C in the incarcerated in CA

- 133,261 adults currently living in state prison in CA*
  - ~5% (6,071) are women
    - 4,503 women in Chowchilla
- Estimated 54,637 currently living with Hep C
- 1999-2000**: CA treated 2,024 people in prison for Hep C = 40% of whole U.S.
Cost of Hep C in the incarcerated in CA

- In 2011, Liver Disease was the 2nd Leading Cause of Death in CDCR*
  - 19.6% of deaths overall (n = 76)

- Cost: Approximately $5,000 to treat Hep C in CDCR system**
  - Cost for latest type 1 treatment is ~ $65,000 per patient**

- Hep C tx is cost-effective***
Paroled in CA

- 2009: ~77.6% (n = 130,182)
- 2010: ~76% (n = 122,741)
- 2011: ~61% (n = 97,675)
  - ~~40,047 with Hep C
  - 4.4% (n = 4,298) to Fresno or Madera
    - ~~1,762 with Hep C

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Parolees in CA (2012)

- 28.8% African American
- 36.2% Hispanic
- 61.7% less than 40 years old
- 92.6% men
HCV-related risk behaviors on outside

- 70-83% of people in state prisons report a past hx of drug use
- 45-57% report IVDU in month before incarceration
- 75% of IDUs spend some time in correctional facilities

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HCV-related risk behaviors inside

- **Injection Drug Use**
  - Estimates of IDU use inside range from 3-28% among adults

- **Tattooing inside common**
  - 36.5% report tattooing from Ohio study*
  - Risk for HCV approx 3X greater among those who get tattoos inside**

- Two studies of **HCV incidence** have found rates of 0.4-1.1 infections per 100 person years of incarceration among men
HIV-related risk behaviors inside

- Male-male sex
  - 84% of incarcerated population is male
  - Estimates of male inmates who have had sex (oral or anal) with other male inmates range from 4-30%
  - Project START found that 17% had had sex while confined
HIV-related risk behaviors inside

- Rape and sexual assault
  - Prison Rape Reduction Act of 2002 states that **13.6%** of individuals sexually attacked at least once during incarceration
  
  - In 2005, there were **2.83 allegations of sexual violence per 1,000 inmates** held in prisons, jails, and other adult correctional facilities
    - 38% involved staff sexual misconduct, 35% inmate-inmate nonconsensual sex

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The Case for HCV prevention in prisons

- Most return to the community
- 1/3 with HCV pass through correctional system annually
- Initial & most consistent contact with healthcare system
- Primary, secondary, & tertiary prevention

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Components of an HCV Prevention Program in Incarcerated Setting

- Screening
- Treatment
- Harm Reduction
- Education
- Transitional Care
Challenges Faced by People Inside

- Disconnection from loved ones
- Educational levels
- Past Experiences of violence
- Emotional growth
- Drug Addiction
- Prison culture
- Loss of Hope
- Loss of Motivation
- Job skills and opportunities
- Prevalent and Incident Health issues

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HCV prevention interventions for people who are incarcerated

- Harm reduction: Needle exchange
  - WHO and UNAIDS recommends that prisoners have access to bleach and that needle-exchange programs be considered
  - Evaluation of programs providing sterile needles and syringes in 3 European countries*:
    - No increase in drug use
    - A dramatic decrease in needle sharing
    - No new cases of HIV or Hep B or C
    - No reported instances of needles being used as weapons
  - No US prison has a needle-exchange program
Harm reduction: Methadone Treatment

- WHO and UNAIDS recommends that prisoners have access to methadone maintenance programs.
- 70-85% of inmates need some level of substance abuse treatment and yet only 10% receive treatment during incarceration.
- 2003 study:
  - 48% of US prison systems provide methadone treatment, largely for pregnant inmates or short-term detox.
  - Only 8% refer opiate-dependent inmates to methadone programs upon release.
HCV prevention interventions for people who are incarcerated

- **Harm reduction: condoms**
  - WHO and UNAIDS have recommended the distribution of condoms to prisoners since 1993
  - 48/50 state prison systems and all but 5 jails consider condoms to be contraband (Vermont, MS, NYC, Philadelphia, LA, SF, and DC)
  - Only two US systems distribute dental dams and condoms to female inmates
HCV prevention education

What:
- Educational Materials (e.g. posters, brochures)
- 1 hour educational presentations
- Education/support for HCV+
- 1:1 conversation
- Video / DVD
HCV prevention education

- **Who:**
  - Medical and/or CO speaker
  - Community speaker
  - Peer Educator (i.e., fellow prisoners)

- Trusted
- Credibility
- Language/Terminology
- Behaviors
- Motivations
- Timing
- Creates a community of knowledge

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Transitional Care

- Effective community re-entry support is vital for continuity of care post-release.
- Re-entry/transitional and community health programs serving this community must communicate effectively to successfully support client needs.
- Case management may be particularly useful in helping high-risk clients engage in health-seeking behaviors (e.g. accessing primary care and substance abuse treatment services).
Re-entry Success

Strong predictors of post-release care utilization & not recidivating include:

- housing stability
- housing comfort
- no alcohol use
- Drug treatment
- Food
Re-entry Success

For Disease Prevention as well as overall success, programs should also support

- Partner/Family Communication re:
  - Risks of infection
  - Testing
  - Prevention
  - Treatment
  - Decision making
  - Support and planning for success