

MEASURING THE IMPACT OF OST IN REDUCING BLOOD BORNE VIRUS TRANSMISSION IN PRISONS

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Introduction and Aims: The relationship between the provision of opioid substitution therapy (OST) and potential contribution to reductions in harms is complex. This study explored the role of OST in reducing blood borne virus transmission in Victorian prisons as a key indicator of program efficacy.

Design and Methods: Models were developed to quantify the spread of hepatitis B, C and HIV through injecting practices, with and without provision of OST. For each of the models, various input values were derived from existing literature and data regarding the Victorian prison system. Separate models were needed to include the differences in the way the diseases progress and interaction with treatment.

Key Findings: The models demonstrated reductions in transmission of all three diseases where OST provision was compared with no OST availability. The averted cases of HIV achieved through provision of OST in the Victorian prison setting was small, reflecting the low prevalence of HIV in the Australian general community and also in Victorian prisons.

Cases of HBV and HCV averted attributable to the provision of OST in Victorian prisons is substantial, with 45% of chronic HBV and 63% of chronic HCV cases averted in a 12 month period of delivery of OST when compared with no OST availability.

Discussions and Conclusions: Despite the use of conservative estimates of sharing of injecting equipment, injecting drug use in prison, and reduction in injecting drug use while receiving OST; substantial reductions in disease transmission are achieved with the delivery of OST in the prison setting.

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