Gilead Sciences Ltd submission to the Scottish Parliament Health & Sports Committee call for written views on healthcare in prisons

Introduction

1. Gilead Sciences is a research-based biopharmaceutical company that discovers, develops and commercialises innovative medicines in areas of unmet medical need. Gilead seeks to transform and simplify care for people with life-threatening illnesses around the world. Gilead’s portfolio of products and pipeline of investigational drugs includes treatments for HIV/AIDS, liver diseases, cancer, inflammatory and respiratory diseases, and cardiovascular conditions. Collaborations of all kinds – with partners in healthcare settings, science, academia, business and local communities – are central to our work.

2. Partnerships enhance our ability to develop innovative medicines and deliver them to people as efficiently as possible. Through our medicines and our partnerships we have significant expertise of delivering healthcare to the most vulnerable communities where inequity of health provision is a major challenge. We have demonstrated the ability to deliver medicines for hard to reach populations and patients and the opportunity to utilise settings to promote better and sustainable health.

What is Hepatitis C?

3. Hepatitis C is typically acquired through contact with infected blood and other bodily fluids. Key routes for transmission include:
   - Blood transfusions prior to 1991.
   - Injecting drug use – this is the probable cause of the majority of infections in Scotland.
   - Medical or dental treatment where un-sterile equipment has been used (particularly during travel to high prevalence countries).
   - Tattooing or body-piercing with un-sterile equipment.
   - Hepatitis C can be transmitted through unprotected sex and the risk of transmission may be higher amongst men-who-have-sex-with-men.¹

4. For approximately one-in-four people infected with hepatitis C, their immune system will clear the virus within a few months,² for the remaining three-of-four people infected the virus persists inside the body for many years. This is known as chronic hepatitis.
   - Chronic hepatitis can cause significant damage to the liver and can lead to liver cirrhosis (scarring), liver cancer and death. However, the speed of disease progression is variable.
   - Patients who develop cirrhosis require lifelong monitoring for the development of liver cancer. If not treated, patients may require a liver transplantation.
   - Treatment prior to the development of cirrhosis reduces this risk, and cured patients without cirrhosis can be discharged from care. Untreated patients may also actively transmit the virus.
   - Increasing the rate of treatment, and specifically treating those who are transmitting the virus, could significantly reduce the national disease burden and ultimately lead to eradication of hepatitis C. Hepatitis C treatment, in HMP is a potentially effective method in engaging the more chaotic, life-style drug users and reduces the pool of infected individuals and the reservoir in the larger community as and when prisoners are released.
Hepatitis C in Scotland

5. It is estimated that around 36,700 people are chronically infected with the Hepatitis C virus in Scotland, the majority infected through drug use. In September 2015, Scotland committed to the elimination of hepatitis C as a public health concern in its Sexual Health and Blood-Borne Virus Framework for 2015-2020. It set a target of initiating 1,500 people into treatment each year in 2015-2020 in order to achieve a 75% reduction in the annual number of people developing hepatitis C-related liver failure and/or liver cancer by 2020. These target patient numbers have been broken down and specific numbers attributed to Scotland’s regional Health Boards, based on estimated patient populations. Patients with serious liver fibrosis or other morbidity are prioritised for treatment with new medicines, but the updated Framework also sets out an intention that, “the ultimate goal should be the offer, as soon as practically possible, of therapy to all people with chronic hepatitis C.”

HCV in Scottish Prisons

6. Many people arrive into the criminal justice system as a result of crime committed to fund their drug use, making them highly vulnerable to hepatitis C infection. In response to the higher rates of infection seen in prison populations compared to the general population, the Scottish government agreed with the Scottish Prison Services that all new inmates should be offered opt-out blood-borne-virus (BBV) testing during their induction period following admittance to a prison facility.

- Around 90% of the UK Hepatitis C infections are found in people who inject drugs (PWID); 60% of PWIDs will spend time in prison.
- In Scotland the main transmission of Hepatitis C is through drug use. The prevalence of Hepatitis C within the Scottish prison population is 19%.
- It is well documented that Hepatitis C incidence is highest in areas of deprivation and health inequalities.

7. Prison represents a key touchpoint where people with Hepatitis C can access services including testing, diagnosis and linkage to care and treatment. Prison is an opportunity to raise Hepatitis C awareness and identify, care for and treat an otherwise difficult to reach Hepatitis C population. Prison can provide a period of stability by reducing lifestyle difficulties and social stressors of outside behaviours. A prison sentence can be an opportune time for many inmates to start treatment with health and social care support enabling inmates through counselling support to have time to reflect and deal with their lifestyle, healthcare needs and drug and alcohol issues. Successfully completing Hepatitis C treatment has been noted to catalyse changes in other areas of their lives leading to a sustainable improvement in health and behaviour.

8. The Scottish Prison Service has responded to Hepatitis C and other BBVs by improving provision for testing in recent years. The system is currently not optimal as linkage to care has not grown proportionately with testing. Hepatitis C treatment can range from 8-24 weeks, with an additional 4 weeks pre-treatment for diagnostic and liver staging tests, and 12 weeks post treatment to confirm treatment outcome. Therefore inmates serving a sentence of less than six months are usually not considered for treatment. Communication with other services (such as community health and community drug treatment services) could be a key driver to facilitate linkage to care for inmates returning to the general population that have tested positive for
Hepatitis C in prison. However, this is not always the optimal outcome with documented loss to follow up of positively diagnosed individuals.

9. Furthermore, ongoing and renewed chaotic behaviour among people who use drugs (PWIDs) is not uncommon upon leaving prison, which can facilitate onward transmission of the virus through high risk behaviour such as injecting and sharing equipment with others.

10. As described herein, opt-out blood-borne-virus (BBV) testing upon entry to prison is routine practice in Scotland, and testing has increased in the last 12 months – particularly in Glasgow. Each prison approaches testing differently - opting for either venous sample or dry blood spot test. There is no mechanism to check if a new inmate has been previously tested - resulting in repeat testing in repeat offenders. This results in a high volume of tests for the laboratories to process, which can cause delays (up to 5 weeks) in obtaining the results. This has serious consequences for health and resources with new prisoners and general population patients receiving results following a long delay, receiving duplication results and delaying initiation of treatment. This is a health issue, a public health concern and a waste of limited NHS resource. Anecdotal feedback has revealed that delays in patients receiving results in the community often results in patients disengaging from services and continuing their high risk behaviours, fuelling risk of onward transmission of Hepatitis C and HIV.

11. It is a critical requirement that appropriate prison healthcare policies are implemented with adequate monitoring, reporting and implementation, underpinned by linkage to care protocols. These are required to ensure that inmates have access to testing, are appropriately diagnosed and that the prison setting is utilised to reach and treat patients with new Hepatitis C treatments that have a high efficacy and cure rate. Such protocols and prison patient pathways would ensure that those prisoners serving intermittent terms of incarceration and movement within the prison estate would also be tracked and receive healthcare benefits. Such protocols would also support hepatitis elimination in the prison and community patient populations. Diagnosis, retention to care and treatment in prisons would address individual patient health needs and also be a major contributor to Scotland’s public health in reducing the number of new Hepatitis C infections in the community. Such aligned and retention to care and treatment would underpin the Scottish government’s commitment to the WHO strategy of eliminating hepatitis C by 2030.

12. There is significant stigma associated with Hepatitis C infection within the general population which is also observed within the prison setting. This requires to be tackled by the development of holistic Hepatitis C and BBV services. Continuous education should be made available for prison staff (both clinical and non-clinical) and inmates to raise awareness of Hepatitis C to reduce stigma and increase uptake of testing and adherence to curative treatment.

Challenges and Opportunities

13. Unless the burden of Hepatitis C disease is tackled now, there is likely to be an increased number of people requiring complex treatment for end stage liver disease, liver carcinoma and liver failure caused by untreated Hepatitis C. This will dramatically erode the Governments public ambition to reduce end stage liver disease in Scotland. There will be a continued and significant public health risk through ongoing PWID hepatitis C transmission, compounded by the inability of NHS services to readily engage such patients when they are out of the prison estate.
14. Gilead believes that there is a good opportunity for the Scottish Government Inquiry to build on the success to date in providing quality healthcare for Scotland’s prison population. Such health provision is not only ethical; it also confers significant benefit to Public Health Scotland and its objectives to eliminate hepatitis C. To build on the success to date requires review of the prison patient pathway and patient care plans, reducing and deleting duplication of testing and partial service provision and minimising lost to follow up of inmates. By identifying opportunities and gaps in the prison patient healthcare journey the Scottish government can maximally employ resources, impact prisoner and community health and be a global leader in the commitment to eliminate hepatitis C infection. The advent of new, shorter course and more tolerable hepatitis C medicines (direct - acting antivirals) provides a medical opportunity to significantly improve health in Scotland. Gilead has experience of partnership and collaboration with governments which dramatically improves health and supports government healthcare ambitions. We are supportive of the Scottish government’s commitment to healthcare in prisons and are keen to share our expertise of partnerships to deliver patient, community and national health hepatitis C elimination plans.

References.

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