



NEWS RELEASE from the EU drugs agency in Lisbon

HEPATITIS C AND INJECTING DRUG USE: IMPACT, COSTS AND POLICY OPTIONS

Hepatitis C may cost countries billions of EURO in healthcare

(15.12.2004 LISBON) Hepatitis C infections occurring in recent years in the **European Union** may cost countries billions of EURO in future healthcare, reports the **EU drugs agency (EMCDDA)** in new research out today into the costs and impact of the disease.

New hepatitis C (HCV) infections occurring in 1999, for example, in six of the most affected countries – **France, Germany, Italy, Portugal, Spain** and the **UK** – are likely to incur healthcare costs of up to 1.43 billion EURO for the six countries over the next two decades. When projected to **25 EU Member States**, total future HCV healthcare costs could rise substantially, according to the agency.

Data presented today estimate lifetime healthcare costs per infected person at 14 140–18 800 EURO in **France** and ranging between 13 100 and 26 200 EURO per person in the six countries.

The estimates are published in a major scientific monograph ***Hepatitis C and injecting drug use: impact, costs and policy options***. The publication, a conglomeration of research by recognised world experts in hepatitis C, drug use and public health methods, presents state-of-the-art knowledge and new analyses on the impact and costs of the disease among injecting drug users (IDUs) as a basis for future policy-making.

Since the introduction of screening of blood and blood products for the disease in 1990–91, drug injecting is now the most common route of infection, largely due to risk behaviour such as sharing of syringes and other injecting equipment. While HCV may affect over 1% of the population in the **EU**, prevalence is dramatically higher among those who have injected drugs.

According to **EMCDDA** data presented in the monograph, up to 90% of newly notified cases of HCV infection in **EU** countries are now IDUs. The **EMCDDA 2004 Annual report**, published last month, cites HCV prevalence rates of between 17% and 95% in IDUs, depending on the country and study setting, underlining the need for prevention and treatment in this main at-risk population.

Commenting on the disease, **EMCDDA Director Georges Estievenart** says: 'Hepatitis C affects an estimated 170 million people worldwide and at least a million, but possibly several million, people in western Europe who are at risk of developing liver cirrhosis or liver cancer. It is a highly infectious and potentially fatal blood-borne disease that attacks the liver and for which there is as yet no vaccine. Prevention is therefore a must. It is better to provide testing, prevention education and treatment now than to let infected people become chronically ill.'

Also addressed in today's monograph are the indirect costs of the disease, such as lost economic productivity, and intangible costs to the individual – such as pain, suffering, death and bereavement – which can impact severely on lives but are difficult to quantify. The monograph states that 'an exclusive focus on direct healthcare costs, excluding other costs to society or the individual, is likely to underestimate the cost-effectiveness ratio of an intervention'.

'A considerable part of the HCV-positive population is asymptomatic, remains hidden and constitutes a potential source of infection with high infectivity. Only a small proportion of those infected with HCV are diagnosed – the proverbial tip of the iceberg', according to the monograph.

But, although those who have contracted the disease often remain symptom-free for many years, chronic infection may cause a variety of complaints (fatigue, chest and abdominal pain) that 'lead to a significant reduction in their day-to-day functioning and cause a marked reduction in their quality of life'.

New cost-effectiveness analyses presented in the monograph suggest that screening IDUs for infection and offering combination antiviral therapy (*see below*) to those with moderate liver disease can enhance quality of life, extend life expectancy and be cost-effective. The researchers estimate that over two-thirds of the average treatment costs are compensated by avoiding the costs of liver-disease-related complications.

Evidence is still inconclusive as to whether needle and syringe programmes (NSPs) are cost-effective in preventing HCV, as they clearly are in preventing HIV. However, NSPs are an important public health intervention for IDUs in general, as their combined cost-effectiveness in reducing the transmission of HIV, hepatitis and other blood-borne viruses is beyond doubt.

Methadone maintenance treatment (MMT) is found to be highly effective and cost-effective for HIV prevention but probably much less so in the case of HCV – however the effects of MMT increase strongly with the proportion of IDUs reached. Thus, at very high levels of coverage, MMT can be cost-effective in terms of HCV prevention.

'Major advances' in treatment but low access for IDUs

Today's research says that 'major advances' have been made in the treatment and management of hepatitis C over the last decade with 'dramatically increased rates of success'.

Until the late 1990s, HCV infection was largely treated with a single drug, interferon, which cured around 20% of cases. Since 2001, antiviral therapy using a combination of long-lasting interferon and ribavirin has cured between 40% and over 80% of cases, depending on the type of HCV virus present and on the patient.

However, studies show that, although IDUs are the main risk group for infection, they 'seem to profit little from the advances that have been made in the management of chronic hepatitis'.

Doctors often decide not to treat active IDUs for fears of their poor compliance to programmes, side-effects and risk of re-infection among this group. But recent research studies have shown that treating IDUs is feasible and effective, and new guidelines recommend case-by-case decisions on treatment.

Results presented today underline the need to focus on early prevention and to target prevention measures at new and young injectors who may not yet be infected. Here the monograph reaffirms the findings of an EMCDDA publication released earlier in 2004. It stated that: 'The key to effective prevention is to reduce the number of people who start to inject drugs and to influence behaviour of young and new injectors. To achieve this we need to raise awareness of hepatitis C amongst professionals, drugs users and the wider public'.

For further background material on hepatitis C from the EMCDDA, and to download the monograph in pdf format see:
<http://www.emcdda.eu.int/?nnodeid=428>