

## OP-ED



### Hepatitis C infection falls among Australians who inject drugs

By Ms Jenny Iversen and Professor Lisa Maher

A recent Australian study of people who inject drugs found that the number of new cases of hepatitis C virus infection dropped by more than half between 1995 and 2010. In the largest national study of its kind in the world, researchers from the Kirby Institute at the University of New South Wales examined data from nearly 36,000 people attending needle syringe programs between 1995 and 2010.

Almost 226,000 Australians have chronic hepatitis C. That is about one in every hundred Australians. Just over 10,000 previously undiagnosed cases are reported every year and hepatitis C infection is the most common reason for patients having a liver transplant. The future effect of hepatitis C on the Australian health care system has been likened to a train wreck. Why then do we so rarely hear about hepatitis C?

The fall in new cases of hepatitis C among people who inject drugs coincided with the expansion of opioid substitution treatment (methadone and buprenorphine) and an increase in the supply of injecting equipment from needle and syringe programs. These interventions aim to minimise the spread of blood borne viruses like HIV and hepatitis C. Also, fewer young people are starting to inject drugs these days and the types of drugs injected have changed over time. The decline in new hepatitis C infections is probably due to multiple factors.

Hepatitis C is one of the most commonly reported notifiable infections in Australia. As hepatitis C can lead to serious liver complications, such as liver failure or cancer, it is a huge burden on the health system. Among people with hepatitis C, drug-related deaths have declined since 2000, but liver-related deaths continue to increase due to the ageing nature of the affected population and low treatment uptake.

These results demonstrate the importance of Australia continuing its excellent surveillance system for HIV and hepatitis C among people who inject drugs. They also highlight the importance of Australia continuing its pragmatic bipartisan drug policy of harm reduction. The commonwealth, state and territory governments in Australia adopted harm minimisation as our official national drug policy in 1985. But we spend very little on harm reduction.

Another recent UNSW study estimated that in 2009/10 Federal and state governments spent a total of \$1.7 billion in direct response to illicit drugs. The bulk of this (\$1.12 billion, 66%) was allocated to law enforcement) with much smaller amounts allocated to drug treatment (\$361 million, 21%) and harm reduction (\$36 million, 2 %). The analysis showed that spending on harm reduction had fallen since 2002, when direct spending was estimated at \$45 million. So, harm reduction services are doing more with less. Imagine the gains that could be made if these services were in a position to do more with more. For every dollar spent on needle and syringe programs, four additional dollars in health care costs are averted. With each of the 200 liver transplants conducted in Australia per annum costing around \$150,000, you don't need a calculator to work out the value of prevention.

While the results of our study indicate that new hepatitis C infections are declining, we need to remain vigilant and to continue to invest in successful and cost-effective prevention strategies.