

Hepatitis C

A recently published report is highly critical of the Department of Health's response to tackling Hepatitis C. It says the health service is ill prepared to tackle the spread of the virus, and gives a bleak assessment of the consequences for tens of thousands of injecting drug users, if action is not taken.

What does the report say?

The report published by the all party-parliamentary group (APPG) on Hepatology says bluntly that the Department of Health's Hepatitis C action plan is not working because it is not being implemented by primary care trusts. It says its initial pessimism about the action plan, published in 2004 with "no budget no targets no timetable" is justified, and that unless action is taken "hepatitis C will in the future become a crushing burden to our health service".

What's the background to the report?

Despite the publication of a hepatitis C strategy and action plan, concern is growing that not enough is being done to identify and treat the large numbers of people with the virus, most of them injecting drug users (IDUs). Estimates vary wildly on the numbers affected, from a Government figure of 200,000 at one end of the scale to projections of 900,000 on the other. Everyone agrees though that only a minority of cases have been detected and a fraction of these treated. Transmission too is increasing, with rates particularly high among young IDUs in London. Campaigners say unless action is taken hundreds of thousands of lives could be lost over the next couple of decades and the virus could become a huge financial burden to the NHS.

What is Hepatitis C?

Hepatitis C is a virus spread through contact with infected blood which attacks the liver. The virus does not produce early symptoms but if it goes untreated it can be fatal, causing liver cancer and cirrhosis. Though there are other means of transmission, by far the biggest driver of hepatitis C in the UK, is through injecting drug use. Campaigners say its image as a drug users disease has led to it

being given a low priority in terms of disease management.

What did the report find?

The APPG on Hepatology's report was based on an audit of the work primary care trusts (PCTs) are doing to tackle hepatitis C. Among the questions asked were what PCTs are doing to estimate the numbers of people with chronic HCV in their area and the numbers in treatment, and whether they have a protocol for testing and screening for hepatitis C. At the suggestion of the National Treatment Agency, the audit also asked whether the PCT had a clinical network (which would include drug service providers), and whether they consult with drug action teams when it



BRIEFING

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comes to the planning and development of services for drug users.

The responses were not encouraging. Only about a third of PCTs had "sensible" data collection systems, a testing protocol or clinical network in place, while two thirds said they consulted with DATs. London PCTs did not fare any better than elsewhere, despite the higher prevalence of the virus here, though south east and north east Strategic Health Authorities areas did better.

What is the National Treatment Agency doing?

While PCTs are responsible for providing testing and treatment for hepatitis C, drug services are responsible for delivering harm reduction services such as needle exchanges. There has been criticism that these have not been given enough priority in recent years, as drugs policy moved away from a focus on public health to the criminal justice system. "The current national drug

strategy...only peripherally mentioned blood borne viruses and included no specific targets on increasing coverage of syringe distribution or reducing risk behaviour, but focused on wider social harms, in particular drug related crime," one study concluded last year. In particular there is concern that there are not enough needle exchanges which are considered crucial to blood borne virus prevention. The NTA says that efforts are now being stepped up. It points out that providers are now required to gather data on hepatitis C screening and treatment as part of the National Drug Treatment Monitoring System and that the Healthcare Commission will be assessing harm reduction services as part of this year's improvement review. It also carried out an audit of needle exchanges last year in response to the Hepatitis C action plan.

What did the needle exchange audit find?

The audit suggests a lot more could be done by the drugs sector to combat the virus, both in terms of service provision and practice. It found that 80 per cent of needle service provision is by pharmacies, which cannot provide the same range of interventions as specialist services. But it also found that many specialist needle exchange services do not have on site testing, or discuss with drug users testing or safer injecting techniques. In addition, data collection on needle exchanges was poor at DAT level, with only a minority of DATs able to provide figures on the numbers of visits to needle exchanges, number of clients and the quantities of equipment distributed or returned. It makes much the same point as the APPG report when it says this is worrying "as such information on levels of provision is essential to the assessment of the adequacy of provision, as well as effective commissioning".