Syringe Programs Are Cost Effective at Preventing Hep C in the U.K.

A trio of British studies projected the impact of programs that provide clean injection-drug materials to people who inject drugs.

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Syringe services programs (SSPs) that provide clean injection-drug materials to people who inject drugs (PWID) cost-effectively prevent hepatitis C virus (HCV) transmission in the United Kingdom.

Researchers conducted a suite of three related studies that were published in the journal Addiction. The studies relied on data from three British cities with varying degrees of HCV prevalence among the local PWID population, including Bristol (45 percent prevalence), Dundee (26 percent) and Walsall (18 percent).

Using a mathematical model, the study authors estimated the costs of existing SSPs in these cities to project how such programs would impact hep C transmission. They looked in particular at a hypothetical scenario in which there were no SSPs for the first decade of the period between 2016 and 2065.

The model suggested that compared with an absence of these programs, the existing SSPs were associated with lower health care and hep C treatment costs in all three cities. The SSPs would save an estimated 159,712 pounds ($210,438) in Bristol and 2.5 million pounds ($3.3 million) in Dundee.

During the 50-year period considered for the analysis, SSPs would reduce new HCV infections by a projected 8 percent in Bristol and 40 percent in Dundee and would also improve quality of life among PWID.

The study authors considered a metric known as a quality-adjusted life year (QALY), which is a composite measurement of the extra years of life lived along with improvements to the quality of health during that time. SSPs, they projected, added 502 QALY in Bristol, 195 in Dundee and 192 in Walsall.

Even if the cost of HCV treatment rose, the study authors projected, SSPs would remain cost effective.

To read a press release about the study, click here.

To read the three study abstracts, click here, here and here.
