

EVALUATING THE COST-EFFECTIVENESS OF PRISON NEEDLE AND SYRINGE PROGRAMS IN PREVENTING HEPATITIS C INFECTION AMONG PEOPLE WHO INJECT DRUGS IN CANADIAN FEDERAL PRISONS

Authors:

Houdroge F¹, Kronfli N^{2,3,4}, Stoové M^{1,5}, Scott N^{1,5}

¹Burnet Institute, Melbourne, Victoria, Australia, ²Centre for Outcomes Research and Evaluation, Research Institute of the McGill University Health Centre, Montréal, Québec, Canada, ³Department of Medicine, Division of Infectious Diseases and Chronic Viral Illness Service, McGill University Health Centre, Montréal, Québec, Canada, ⁴Department of Epidemiology and Biostatistics, School of Population and Global Health, Faculty of Medicine and Health Sciences, McGill University, Montréal, Québec, Canada, ⁵Monash University, Melbourne, Victoria, Australia

Background:

Prison needle and syringe programs (PNSPs) are evidence-based harm reduction strategies that reduce the transmission of bloodborne viruses, including hepatitis C virus (HCV), among incarcerated populations. Despite proven cost-effectiveness in community settings, evaluations in carceral settings are lacking. Since 2018, Canada has implemented PNSPs in nine of 43 federal prisons.

Methods:

A stochastic compartmental model was developed to estimate HCV and injecting-related infections (IRIs) prevented by PNSPs in Canadian federal prisons from 2018-2030. We projected three scenarios: the status-quo, reflecting current PNSP implementation with future coverage assumed to remain at 2022 levels, a counter-factual with no PNSP, and a scale-up from 2024 to reach 50% of people who inject drugs (PWID) in all federal prisons by 2030. Outcomes included new HCV cases and IRIs, with costs reported in 2023 Canadian dollars, discounted at 1.5% per annum, and benefit-cost ratio (BCR) calculated as total benefits divided by total costs.

Results:

In 2022, PNSP coverage across the nine federal prisons was estimated at 10% of PWID. Compared to no PNSP, this was projected to cost CAD \$0.58 [95% confidence interval (CI): \$0.44 – \$0.96] million and avert 32 [95% CI: -11 – 67] HCV cases and 33 [95% CI: -92 – 145] IRIs over 2018-2030, with an estimated BCR of 2.8 [95% CI: 0.8 – 3.9]. Compared to maintaining current coverage, expanding PNSPs to reach 50% of PWID across all federal prisons was projected to cost an additional \$3.4 [95% CI: \$2.4 – \$6.2] million, avert another 97 [95% CI: 73 – 104] HCV cases and 438 [95% CI: 388 – 459] IRIs, and save \$9.4 [95% CI: \$6.3 – \$11.4] in treatment costs between 2018-2030. This scale-up scenario had an estimated BCR of 2.8 [95% CI: 1.3 – 4.0].

Conclusion:

Both the current PNSP roll-out and its scale-up are cost-effective, saving nearly three dollars in treatment costs for every dollar invested.

Disclosure of Interest Statement:

NK reports research funding from Gilead Sciences, advisory fees from Gilead Sciences, ViiV Healthcare, Merck and Abbvie, and speaker fees from Gilead Sciences, Abbvie and Merck, all outside of the submitted work.

MS has received investigator-initiated research funding from Gilead Sciences and AbbVie and consultant fees from Gilead Sciences for activities unrelated to this work.