



BACKGROUND

WORLD HEPATITIS DAY 2016 IN VICTORIA BC

ACCESS TO TREATMENT

Treatment of hepatitis C at diagnosis is important because:

- Currently in British Columbia, people with hepatitis C must wait until their liver damage has reached a certain stage of fibrosis (thickening of scar tissue) before being eligible for treatment to be covered by PharmaCare or Non-Insured Health Benefits;
- Early treatment is best for liver health; it prevents unnecessary liver damage and reduces the risk of liver cancer;
- Early treatment is more cost effective as it avoids the longer-term personal health and social welfare costs associated with supporting people with liver disease;
- There are no medical benefits associated with delaying treatment until their liver damage reaches a state of fibrosis; the treatment restrictions appear to be related to the cost of pharmaceuticals;
- BC offers treatment to people with HIV at diagnosis, why is the Province's approach to hepatitis C different?
- Action Hepatitis Canada has developed the following Position Statement addressing access to treatment for people with hepatitis C:

Action Hepatitis Canada (AHC) believes that Direct-Acting Antiviral (DAA) medications should be accessible to all Canadians who are living with chronic hepatitis C (HCV) regardless of their stage of disease progression.

Public reimbursement restrictions based either on fibrosis level or presence of cirrhosis should be eliminated. Reimbursement policies should be based on clinical evidence, ensuring early access to treatment for all people living with HCV.

Access to treatment of hepatitis C is a particular problem in Canadian prisons because:

- It is estimated that anywhere from 20 to 40% of inmates in Canada's federal and provincial jails are living with hepatitis C; this is compared with 0.8% in the rest of the population¹;
- There is no hepatitis C treatment available to inmates in BC provincial jails;
- Corrections Canada funds only 240 treatments per year for a federal inmate population of 10,000, of which an estimated 3,500 live with hepatitis C;
- Because of the demographic patterns we see in Canadian jails (i.e., a disproportionate percentage of inmates are Indigenous and come from poverty), there are unacknowledged race and class dimensions to denying access to treatment.
- Inmates in Canada have no access to harm reduction supplies for tattooing or drug use. Canada is trailing internationally in the recognition of the need for harm reduction in the prison system in the face of research that shows:

While PNSPs (Prison Needle and Syringe Programs) have been implemented in diverse environments and under differing circumstances, evaluations of these programs have consistently demonstrated that they:

- *do not lead to increased drug use or injecting;*
- *reduce drug overdoses;*
- *facilitate referrals of users to drug addiction treatment programmes;*
- *have not resulted in needles or syringes being used as weapons against staff or other people in prison;*
- *have been effective in a wide range of institutions; and*
- *have effectively employed different methods of needle distribution, such as peer distribution by people in prison, hand-to-hand distribution by prison healthcare staff or outside agencies, and automatic dispensing machines.²*

The statements above are endorsed and supported by the following organizations:

- AIDS Vancouver Island
- HepCBC
- Victoria Persons with HIV/AIDS
- Peers Victoria
- Society of Illicit Drug Users

For further information about this statement or World Hepatitis Day Events, please contact:

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¹ *Hard Time: Promoting HIV and Hepatitis C Prevention Programming for Prisoners in Canada*, Canadian HIV/AIDS Legal Network and Prisoners' HIV/AIDS Support Action Network (PASAN), 2007.

² *Under the Skin: A People's Case for Prison Needle and Syringe Programs*, Canadian HIV/AIDS Legal Network, 2010.