

One of the principal aims of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the collection and analysis of information on addiction and its consequences for both drug users and the wider population. Intravenous drug users (IDUs) constitute by far the largest reservoir of hepatitis C virus (HCV) infection in Europe, and injecting drug use remains the major risk-factor for the acquisition of the virus. HCV is now recognised as a major healthcare problem in the European Union, and policies for reducing the burden of infection must be based on understanding the epidemiology, natural history and dynamics of HCV transmission in IDUs. However, evidence-based information in this population is particularly difficult to acquire. Furthermore, there is an urgent need to develop tools to guide cost-effective intervention. This monograph aims to integrate current knowledge and research findings, and has the stated intention of providing an up-to-date basis for policy-making in this important area.

The monograph is divided into five sections: part I provides general information on the epidemiology, natural history, treatment and prevention of HCV; part II deals with models of HCV transmission, injecting drug use and policy options; part III addresses the healthcare costs of drug-related HCV infection; part IV places these issues in the wider context of the costs of drug use; and part V assesses the efficacy of needle and syringe programmes and methadone maintenance. Each part of the book is structured logically and contains a useful introduction that places subsequent chapters in the appropriate context.

The standards of presentation are high. Although details of, for example, mathematical and pharmaco-economic modelling may evade some readers, every effort has been made to render these sections accessible, and the limitations of each model are analysed clearly and critically. Contributors have been allowed to express individual perspectives, but these views have been well-marshalled by the editors, and each section and chapter is cross-referenced.

Overall, this monograph is a valuable attempt to describe and quantify the HCV epidemic in the European Union, and to apply the best available research methods to evaluate potential interventions. While it is always easy to criticise individual statements—for example, the assertion that only Luxembourg, Greece and (possibly) Germany offer treatment to IDUs is not consonant with the policy of my own and many other UK units—the only actual weaknesses of this book arise from the very issues it sets out to address. There are major gaps in our knowledge of all aspects of HCV infection in IDUs, and corresponding major deficiencies in the information required to develop accurate models of the behaviour of HCV or to assess the likely efficacy of intervention. Furthermore, tools for the effective study of other diseases, such as that caused by human immunodeficiency virus, have not yet been fully validated in the context of HCV. Such concerns only serve to underline the importance of this monograph. I consider it to be a very useful contribution to an increasingly important public health debate and excellent value for those with an interest in this vital dimension of the HCV epidemic.

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