



From left to right: Julie Dixon (SESAHS) and Gary Gahan (NSAHS); Chris Puplick (ANCAHRD), Jim Hales (Health Outcomes International), Major Brian Watters (ANCD) and John Ryan (Anex); Dr Margaret MacDonald (NCHECR); Mary O'Brien (ARCSHS) and Michaela Coleborne (Cth. Dept. of Health and Ageing); Stuart Loveday (President Australian Hepatitis C Council).

NSP savings bonanza \$\$\$

NSPs have saved Australian taxpayers an astronomical amount of money, prevented innumerable people from the grief and suffering of HIV and hepatitis C, and they have enhanced the quality of life for many people who live at the margins of society.

These are the findings from the Return on Investment in Needle and Syringe Programs (NSP) in Australia. Not since 1997 has such a project been undertaken. Launched at the Australasian Society for HIV Medicine (ASHM) Conference, the findings from the study were made public on 23 October 2002.

Commissioned by the Commonwealth, the Return on Investment study analysed the effectiveness of NSP in preventing the transmission of HIV and hepatitis C in Australia from 1991 to the end of 2000. It also calculated the return on investment in NSP during this period.

During this ten-year period, NSP contributed to the prevention of:

- 25,000 HIV infections
- 4500 HIV deaths by 2010
- 21,000 hepatitis C infections
- 650 cases of liver cirrhosis among injecting drug users by 2010
- 90 hepatitis C related deaths by 2010
- Innumerable instances of grief, suffering and loss of quality of life

From 1991 to 2000, close to \$150 million was spent on NSP for a return on investment of up to \$7.7 billion. The figure represents the amount saved on treatment for HIV and hepatitis C.

Major Brian Watters, Chairman of the Australian National Council on Drugs (ANCD), stated that the importance and value of NSPs have been more than demonstrated by the release of this report. 'It is hoped that this will further enhance the public's awareness of the purpose and value of NSPs and help in overcoming

the misunderstanding that these programs somehow condone or encourage the injecting of illicit drugs - issues that were recognised by the ANCD when it released its Position Paper on needle and syringe programs late last year,' he said.

Since the establishment of the first (and at that time, illegal) NSP in Kings Cross, Sydney, in 1986 approximately 850 outlets in Australia have been established, excluding pharmacy-based outlets. Government advisory committees such as the ANCD and the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD) recognise the importance of NSP in harm minimisation. National strategies on HIV, hepatitis C and the National Illicit Drugs Framework recognise the vital role of NSP in the prevention of harms associated with drug use.

In their position paper on NSP, the ANCD said 'It is important that needle and syringe programs recognise the unique position they occupy, specifically in relation to the opportunity for intervention with injecting drug users'.

It is not surprising that the Return on Investment study concludes that the program has yielded a significant public health benefit, and that continued investment is warranted from both a financial and human perspective.

The study arrived at its conclusions through a comparison of countries with and without NSP. HIV data from 103 cities and hepatitis C data from 101 cities were compared. Some of these cities had no established NSP, others had introduced NSP between 1997

(when the first such study was conducted) and 2002, and a third group had introduced NSP before 1997.

Referred to as 'an ecological study design', the comparison assisted in determining the overall beneficial effect of the introduction of NSP in preventing HIV and hepatitis C infection. The analysis found that in major cities that have NSP in place the rate of HCV/HIV infection has declined by about 8 per cent, whereas in cities without NSP there has been an increase of 18 per cent.

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Armed with these numbers, and with an understanding of treatment options and the progression of infection, it was possible to calculate the cost that would have been incurred without NSP.

Measuring these figures against data from state and territory health authorities on government expenditure, it was possible to derive a figure on the cost-effectiveness of NSP. A conservative estimate placed the returns on investment at \$2.4 billion, although savings were estimated to be as high as \$7.7 billion.

The figure however only represents the direct costs associated with treatment of illness. It does not include indirect costs such as productivity losses brought about by illness. Similarly, indirect benefits such as increased productivity due to lives saved and extended employment were excluded from the analysis. It is possible that in taking these factors into account,

the return on investment in NSP in Australia has been considerably higher.

Apart from the measurable financial benefits accruing from the introduction of NSP, the study also examined quality of life effects of NSP. To do this, it utilised an approach known as the 'quality adjusted life year' (QALY). If NSP reduces the probability of infection, or increases the average time to infection, fewer injecting drug users will progress to the later stages of the disease during their lifetime, resulting in QALY gains.

The study concluded that the NSP has contributed significantly to:

- The number of cases of HIV and hepatitis C avoided
- A reduction in the number of deaths from HIV, and to a lesser extent hepatitis C
- An increase in the number of life years among injecting drug users
- An improvement in the quality of life among injecting drug users.

If a monetary value could be placed against each of these outcomes, it is clear that the financial gains calculated thus far would again be significantly increased.

You can get to the report from a link on the Anex website www.anex.org.au or go directly to www.health.gov.au/pubhth/publicat/hac.htm

See the Opinion Piece by Chris Puplick on page 3.

3 hi-tech needle fear fix
The development of retractable syringe technology is on the agenda. The Minister for Health and Ageing approved an implementation plan for an initiative that will cost \$27.5 million.

6 the inside story on steroids
Illicit use of steroids is linked to many health issues, and poses some interesting ethical questions with respect to sport.

4 nsp innovations rollout
\$30.5 million were allocated by the Council of Australian Governments (COAG) as part of the Illicit Drug Diversion Package - Supporting Measures relating to NSP. The extra funding has made it possible for NSP to meet both old and new challenges.

5 national networking frenzy
NSP workers from across Australia meet for the first time in close to two decades at the National Meeting of NSP Workers in June 2002. The event marked a significant moment in the history of NSP in Australia.