

NSPs are taxes well spent

In October 2009 the National Centre in HIV Epidemiology and Clinical Research released the econometric study called *Return on Investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia*. It covered 1999 until 2009.

The estimate found that \$1 dollar spent on Needle and Syringe Programs (NSPs) saves the community \$27, including the business sector through prevented lost productivity.

WHAT THE RETURN ON INVESTMENT STUDY HAS SHOWN

HIV and hep C infections prevented among drug injectors due to NSPs (1999-2009)

HIV approx. 32,000	Hep C approx. 97,000
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HIV or hep C among injectors with and without NSPs

HIV current	0.1%	Hep C current	65.1%
HIV without NSPs	14%	Hep C without NSPs	87.1%

Direct healthcare cost savings due to infections prevented, only calculating direct savings.

Healthcare savings	\$1.28 billion
Return on investment	\$4 for each \$1 spent
Average savings per syringe	\$4.30

Net present 'value' of NSPs when including productivity savings due to infections prevented. Eg: costs to businesses if people get sick or die.

Value of NSPs	\$5.85 billion
Return on Investment	\$27 for each \$1 spent
Average savings per syringe	\$19

- The study concluded that NSPs are very "cost-effective compared with other public health interventions".
- Effectively, each time an NSP worker has handed out a five-pack, it has contributed to \$100 in savings to society.
- If Disability-Adjusted-Life-Years (DALYs) are calculated, each HIV infection prevented cost only \$4500 and each hepatitis C infection cost only \$1787 per DALY gained. This is cheaper than other interventions such as vaccinations (median cost \$58,000), or in-patient interventions (median cost \$9000).
- The study was funded by the Australian Government and is available at www.anex.org.au/downloads/NSP-Australia-ROI.pdf

What are NSPs & what do they do?

1. NSP is the acronym for Needle and Syringe Programs, which are often referred to as needle 'exchange'. NSPs do NOT give out drugs or encourage people to inject drugs.
2. By mid-2009 there were about 840 NSPs across Australia, 85 of which were 'primary' services which are specifically established to reduce harms from drug injection – including referrals to drug treatment.
3. Most NSPs are 'secondary'. They are incorporated into other health services such as hospital emergency departments or in community health centres.
4. Many pharmacies also distribute needles to drug injectors by selling them as part of their normal business.
5. NSPs are part of overall programs that also include services to collect used needles to reduce risks that someone may accidentally step on a contaminated syringe. In fact, THERE HAS NEVER BEEN a case of a member of the public contracting HIV in Australia by accidental 'needle stick' injury.
6. NSPs are supported by all major political parties in Australia. The Australian Medical Association and the World Health Organisation strongly support NSPs. All state and territory police departments do too!
7. In 2008, only 29 new HIV diagnoses were attributed to only drug injection. Less than one percent of injectors are HIV positive in Australia.
8. Hepatitis C is a far more transmissible virus than HIV, and it remains common among injectors. About 60% of injectors using NSPs have hep C.
9. World Health Organisation studies have found that free needle distribution DOES NOT lead to increased numbers of drug injectors or increased drug consumption by injectors. See <http://www.who.int/hiv/pub/idu/e4a-needle/en/index.html>
10. If NSPs did not exist in Australia, there would have been more than 3000 additional HIV infections and approximately 9600 extra hepatitis C infections each year.