

## Access to Needle and Syringe Programs (NSPs)

Hepatitis Australia National Advocacy Priority 3.2 - January 2014

### Key Messages

- Needle and syringe programs are fundamental to preventing the spread of hepatitis C as no vaccine is available and most new cases occur among people who inject drugs (PWID).
- An evaluation commissioned by the Department of Health in 2009 demonstrated NSPs result in cost savings of \$27 for every \$1 spent.
- In the ten years to 2009 NSPs averted almost 100,000 new cases of hepatitis C and a further 32,000 cases of HIV.
- Mathematical modelling studies indicate the optimal level of NSP investment for hepatitis C prevention has not yet been reached.
- Australia has been a world leader in demonstrating the public health benefits of NSPs

But...

- Threats to funding support for NSPs are evident and many Australians who inject drugs still do not have ready access to needle and syringe programs.

### The Issue

Formally introduced in New South Wales in 1987 as a response to the HIV epidemic, needle and syringe programs are a well-established part of Australia's bi-partisan harm minimisation approach to drug policy which encompasses supply-reduction, demand-reduction and harm reduction.

NSPs contribute to harm-reduction through provision of sterile injecting equipment to stop the spread of blood borne viruses and demand-reduction by providing a conduit to drug treatment services. NSPs in conjunction with hepatitis organisations and drug user organisations also play a vital role in the delivery of information to improve general health outcomes and engagement with hepatitis C treatment services.

### Cost effectiveness

There have been continued calls to increase the investment in NSPs but this has not occurred despite economic modelling demonstrating the long-term financial benefits. Two Australian, *Return on Investment* evaluation reports (2002 and 2009) found NSPs to be highly cost effective in the prevention of HIV and hepatitis C. Similar findings have been shown in international research.

It is estimated that between 2000-2009 the availability of NSPs in Australia directly averted 32,050 HIV infections and 96,667 hepatitis C infections<sup>1</sup>. The economic analysis for the same period established there was a \$1.28 billion saving in healthcare costs. When taking into account the productivity savings this increased to \$5.85 billion. This is equal to a \$27.00 return for each \$1.00 spent, based on gross funding of NSPs being \$243 million during 2000-2009. In comparison to other public health programs NSPs are a remarkably cost-effective intervention. The report concluded that increasing funding and the provision of NSPs to meet demand would avert even more hepatitis C infections and lead to enhanced cost-savings.

### Increasing accessibility

NSPs currently operate as dedicated services (primary) or as part of other health related services (secondary). Most primary NSP outlets are run by non-government community organisations. Secondary services are often within a community health centre or hospital setting. Needles and syringes are also available through commercial pharmacies or after-hours vending machines at a small cost. The way in which injecting equipment is distributed varies depending on local laws. Other forms of access to NSPs (eg. mobile services) are provided in different parts of the country.

In August 2013, much needed, new federal funding of \$5.6m (over 4 years) was announced to support increased accessibility to NSPs in regional and rural areas. Increasing accessibility to NSPs

can be achieved through a flexible approach to distribution methods. This includes increasing the volume and type of injecting equipment which is made available; increasing the number of sites across metropolitan, regional and rural areas; and embracing peer based distribution models.

#### NSPs in correctional settings

There has been a significant push to establish Australia's first NSP in a correctional facility although progress has been slow. Ultimately, the responsibility for programs within correctional facilities remains at a State and Territory Government level. Hepatitis Australia led the development of the 2011 *Consensus Statement: Addressing Hepatitis C in Australian Correctional Settings*, which was endorsed by over 20 leading research, public health, clinical and community organisations. Recommendations included the trial and evaluation of prison-based needle and syringe programs.

### **The Solution**

Hepatitis Australia supports the NSP position paper of the Australian National Council on Drugs as released in October 2013. Additionally, Hepatitis Australia believes it is vital that the funding of \$5.6m, which has already been allocated in the 2013-2014 federal budget to improve NSP accessibility in regional and remote areas, be retained and rolled out as soon as possible.

Hepatitis Australia also notes that recent changes to the funding arrangements between the Commonwealth and the States & Territories have resulted in a lack of transparency in NSP expenditure at the State and Territory level. Hepatitis Australia believes greater accountability is needed to ensure funds, previously identified for NSPs, are not currently being or will not in the future be redirected to other healthcare programs at the State and Territory level.

Hepatitis Australia believes the most immediate priorities for the Australian Government are to:

1. Roll out programs funded from the budgeted \$5.6m over the next 4 years to improve accessibility to needle and syringe programs across Australia's regional and rural communities to better match demand and to stop further transmissions of hepatitis C and other blood borne infections.
2. Ensure that funding provided to the States and Territories to support the delivery of needle and syringe programs does not dissipate over time due to lack of accountability; and
3. Continue to recognise and support the significant public health benefits of NSPs and Australia's role as a world leader in the prevention of blood borne viruses caused by sharing of contaminated injecting equipment.

### **More Information**

Access the Consensus Statement: Addressing Hepatitis C in Australian Correctional Settings at [hepatitisaustralia.com/policies](http://hepatitisaustralia.com/policies)

To find out more about the economic impacts of viral hepatitis or the cost effectiveness of NSPs; visit [hepatitisaustralia.com/reports](http://hepatitisaustralia.com/reports)

The ANCD position paper on Needle and Syringe Programs is available at [hepatitisaustralia.com/position-papers/](http://hepatitisaustralia.com/position-papers/)

For more information about hepatitis B or C visit [hepatitisaustralia.com](http://hepatitisaustralia.com)

### **References:**

---

<sup>1</sup> National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Australian Government, *Return on investment 2: Evaluation the cost effectiveness of needle and syringe programs in Australia*; Sydney Australia.