

Speech at release of Needle & Syringe Study - 22 Oct 2009

Address by Dr John Herron - 22 October 2009



At the launch of the 2nd Return on Investment Study for Needle and Syringe Programs in Australia

Good morning distinguished guests, colleagues, ladies and gentlemen.

I have a confession to make.

When I was a member of the Federal Joint Parliamentary Committee on AIDS I was sceptical of the needle and syringe program. Fortunately I kept my scepticism to myself and I was pleased to see many studies, including the first return on investment report, validate the optimism of its supporters and resolved my scepticism. This second return on investment study provides further validation and clearly shows the outstanding contribution to public health that needle and syringe programs have made by preventing over 100,000 HIV and hepatitis C infections in the past 10 years.

I would like to thank Associate Professor David Wilson and his team at the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales for this excellent study.

I would also like to thank the Department of Health & Ageing for commissioning and releasing the report today.

As the Federal Government focuses on preventative health issues there can hardly be a better example of the value that prevention brings to the community.

Given that many others more qualified than me will be able to clearly articulate the returns that we have seen in economic, health and social terms from the modest investment in needle and syringe programs, I would like to take this opportunity today to focus on the important role of needle and syringe programs in the past, today and into the future.

In the mid 1980's Australia was very fortunate to have people with the foresight and the endeavour to introduce needle and syringe programs to protect people from the little known but fast spreading AIDS virus that became known as HIV. The combination of health, law enforcement and political compassion coupled with the local knowledge of drug users themselves is an extraordinary mix that has given us an extraordinary story to tell today.

Whilst public support may be fairly strong these days for the needle and syringe program this was not the case 20 odd years ago. Sometimes political leaders have to make courageous decisions. It is never easy to move ahead of public opinion when in parliament as a representative of the people but at times it is vital. Yet this is exactly what we saw back then for which we are now reaping the rewards.

Australia enjoys one of the lowest, if not the lowest rates of HIV infection amongst injecting drug users. My colleagues at the Australian National Council on Drugs who regularly work and advise in countries around the world all relate the horrible impact HIV has had on communities, in treatment centres and prisons with literally tens of thousands of people having acquired HIV as a result of drug use.

In my life and particularly in my role as Chairman of the Australian National Council on Drugs I have met many people and families that are working through the pain that drug dependence can cause. It serves as a reminder that the best of families and the worst of families can all find themselves in this situation and whilst the needle and syringe program cannot stop this from happening it can greatly reduce the likelihood of HIV or hepatitis C whilst people are injecting drugs. Just as importantly, it can also be the necessary conduit to getting people assistance earlier than otherwise might have been the case.

Before I finish I would like to acknowledge two groups that might not be getting the recognition they deserve today.

The first are the officers from the Department of Health & Ageing and their state counterparts – without their continued understanding and support over many years the expansion of the needle and syringe program would not have been possible. Public servants can often be unfairly criticized so I think it is important to publicly recognize their talent and hard work, particularly given there have been seven Federal Health Ministers since the inception of the needle and syringe program.

The second are the pharmacists who play such an important role in ensuring that there is widespread access to sterile equipment for those that will be injecting drugs. Drug injecting can and does occur in many places across this big country and we could never expect to have publicly funded needle and syringe programs operating in every place – a public health role admirably understood and supported by many pharmacists.

Finally it is important to understand that people who inject drugs are members of our community and they have families and friends. Drug use occurs for many reasons that time does not permit me to talk about today but everyone is entitled to have their health protected. Don't ever think that it could never be your child, brother, sister or friend that will need this help.

So to conclude – thank you to everyone involved in this important document. And thank you to everyone that has served the public good for so long with this extraordinary program.

Snapshot of Report Findings

Effectiveness of NSPs

It was estimated that over the last decade (2000-2009) NSPs have directly averted:

- 32,050 new HIV infections;
- 96,667 new HCV infections.

Economic analysis of NSPs during 2000-2009

During 2000-2009, gross funding for NSP services was \$243m.

This investment yielded:

- Healthcare costs saved of \$1.28 billion
- Approximately 140,000 DALYs gained
- Net financial cost-saving of \$1.03 billion

It was estimated that:

- For every one dollar invested in NSPs, more than four dollars were returned (additional to the investment) in healthcare cost-savings in the short-term (ten years)
- The majority of the cost savings were found to be associated with HCV-related outcomes.
- If patient/client costs and productivity gains and losses are included in the analysis, then the net present value of NSPs is \$5.85bn; that is, for every one dollar invested in NSPs (2000-2009), \$27 is returned in cost savings. This return increases considerably over a longer time horizon.
- NSPs are very cost-effective compared to other common public health interventions.

The full report is available at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/needle-return2>