hepatitis australia

Submission No: 54
Supp to Sub:
AUTHORISED: 105
9/5/07

Submission to the House of Representatives Standing Committee on Family & Human Services Inquiry into the impact of illicit drug use on families addressing:
Terms of Reference No. 2 Impact of harm minimisation programs on families

Summary

Harm minimisation is a comprehensive approach to the reduction of drug-related harm that has provided the framework for Australia's drug strategy since 1985. Harm minimisation employs a balance of demand reduction, supply reduction and harm reduction strategies to reduce adverse health, social and economic consequences of drug use to individuals, their families and the wider community.

Harm reduction strategies, which aim to reduce drug-related harms for those using illicit drugs, are a key tenet of Australia's comprehensive harm minimisation approach. Harm reduction strategies have been shown to be cost-effective mechanisms for reducing the incidence of hepatitis C in Australia. In so doing they result in a saving of the social, personal and financial costs associated with living with chronic hepatitis. These benefits accrue to individuals, families, carers, the general public and governments.

Hepatitis Australia is the national peak community organisation representing the interests of those living with, or at risk of viral hepatitis. One of our key objectives is to ensure new infections of viral hepatitis in Australia are rare. We support harm reduction strategies as an effective mechanism toward achieving this objective.

Background

The principle of **harm minimisation** has been the framework of each of Australia's National Drug Strategies since 1985. The mission of the *National Drug Strategy* is to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reduce the harmful effects of licit and illicit drugs in Australian society.

This approach provides a balanced approach incorporating three main initiatives:

- **Supply reduction:** controlling the supply of illicit drugs through legislation and regulation. For example, prohibition and policing of the importation and trafficking of illicit drugs
- **Demand reduction:** encouraging people to refrain from drug use or to reduce use of illicit drugs. For example, resilience training programs to encourage young people not to initiate drug use and rehabilitation programs for people dependent on illicit drugs
- **Harm reduction:** helping people who are using illicit drugs currently to reduce the harm from their drug use. For example provision of education programs and Needle and Syringe Programs.

The *National Illicit Drug Strategy: Tough on Drugs was launched* in 1987 and forms part of the *National Drug Strategy*. The focus of this strategy is on supply reduction and demand reduction programs. The *National Illicit Drug Strategy* introduced the concept of 'zero tolerance' to official government policy. 'Zero tolerance' is referred to as a policy that promotes 'no drugs' or 'no drug use' as the aim of education and intervention initiatives.

Despite the differences between the terminology used by the *National Drug Strategy* and the terminology used by the *National Illicit Drug Strategy*, the Australian Government and state and territory governments continue to provide support for harm reduction initiatives

such as Needle and Syringe Programs (NSPs), which have been shown to be very effective at reducing the spread of blood borne viruses as a result of injecting drug use. Commitment to harm reduction programs should not be viewed as a value statement about injecting or illicit drug use; it is a pragmatic and evidence-based response to the realities of drug related harms in our society.

Hepatitis C

Hepatitis C is a blood borne virus; it is transmitted when the blood of someone with the virus enters the blood stream of another person. Transmission may occur through sharing of injecting drug equipment, unsterile tattooing or body piercing, occupational exposure in health care settings or exposure to contaminated blood products.

An estimated 90% of new cases of hepatitis C in Australia are believed to occur as a result of exposure to the virus at and around the time of injecting drug use.[1] The sharing and reuse of injecting equipment and blood splatter at the time of injecting are widely acknowledged as the most common source of infection. A single incident of sharing injecting equipment may result in hepatitis C infection.

To reduce hepatitis C incidence in Australia it is therefore necessary to both reduce initiation into injecting drug use and reduce the potential for transmission of the virus among people who are currently injecting drugs.

Infection with the hepatitis C virus results in the development of a chronic health condition for 75% of those exposed to the virus. Hepatitis C has significant social, health and economic consequences for individuals, families and the nation. It results in liver inflammation and a diminished quality of life from the debilitating symptoms of pain, fatigue and depression. It is a slowly progressing disease which over time can lead to liver cirrhosis, liver cancer and/or liver failure. Hepatitis C is the most common reason for liver transplantation in Australia.

Hepatitis C and Harm Reduction Strategies

For over twenty years harm minimisation has provided a comprehensive approach to the reduction of drug-related harm that employs a balance of demand reduction, supply reduction and harm reduction strategies. Whilst initiatives which lead to a reduction in injecting drug use, such as supply and demand reduction strategies, are vital to reducing incidence of hepatitis C, harm reduction measures remain a critical element in the prevention of hepatitis C in Australia and elsewhere. Harm reduction measures include:

- the provision of Needle and Syringe Programs to reduce the risk of blood borne virus transmission associated with the use of shared or reused injecting equipment;
- education and information interventions to promote safer injecting and drug-use practices to reduce the risk of a range of adverse health outcomes associated with drug use;
- the use of drug replacement therapy, such as methadone maintenance therapy, to reduce reliance on illicit drugs and the harm associated with injecting illicit drugs.

[1] Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis, Hepatitis C Sub-Committee (2006), Hepatitis C Virus Projection Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006, National Centre in HIV Epidemiology and Clinical Research, Sydney.

There is strong evidence supporting the efficacy of Needle and Syringe Programs in preventing new incidence of hepatitis C. The Commonwealth Departments of Health and Ageing 'Return on Investment of Needle and Syringe Programs' estimates that in the period from 1988 to 2000, approximately 21,000 hepatitis C infections were prevented through the introduction of Needle and Syringe Programs.[2]

This equates to the prevention of an estimated 16,000 case of chronic hepatitis C, 650 future cases of cirrhosis and 90 hepatitis-related deaths and in pure economic terms represents a significant saving in public health expenditure, with the total treatment costs avoided over the lifetime of cases estimated at $783 million (undiscounted).

The efficacy and cost benefit of harm reduction strategies in preventing blood borne virus incidence has also been demonstrated in the more recent 'Economic evaluation of hepatitis C in Australia.'[3] This evaluation estimated the impact of publicly-funded harm reduction, education and prevention initiatives conducted between1999/00 to 2004/05, on health costs associated with hepatitis C and HIV/AIDS.

The estimated discounted gross benefit was $1,153m and the estimated net benefit was $919m. Notably, approximately 80% of the estimated total net benefits were private benefits accrued to individuals rather than governments. The evaluation concluded that the greatest health and financial gains were found to be from the combination of education, prevention and harm reduction strategies. Education and prevention programs alone were shown to be of significantly less benefit than when combined with harm reduction strategies such as Needle and Syringe Programs.

In addition to the economic benefit of harm reduction strategies families and carers also derive significant social and personal benefits due to a reduction in the number of individuals who may otherwise be living with the adverse impacts of a chronic and stigmatised illness which can place great strain on interpersonal relationships within families and social networks.

---

[2] Health Outcomes International, National Centre in HIV Epidemiology and Clinical Research and Michael Drummond (2002), Return on Investment in Needle and Syringe Programs in Australia, Commonwealth Department of Health and Ageing, Canberra.

[3] Applied Economics (2005), Economic Evaluation of Hepatitis C in Australia, Australian Government Department of Health and Ageing, Canberra.

Recommendations

Hepatitis Australia recommends that:

1. The members of committee consider the ample evidence supporting the application of the principle of harm minimisation in Australia.
2. Harm reduction measures such as Needle and Syringe Programs are supported by the committee members as one of a range of measures to reduce drug related harms such as hepatitis C and HIV which have a significant impact on both the individual and their families and carers.
3. The members of the committee support a broad range of education initiatives to reduce drug related harms such as hepatitis C.
4. The committee members consider the promotion of the benefits of harm reduction to their political colleagues and the general public reducing the potential for evidence-based policies to be eroded.

Helen Tyrrell
Chief Executive Officer
Hepatitis Australia
PO Box 716
Woden ACT 2606
Ph: 02 6232 4257