NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Costing statement: Needle and syringe programmes

Implementing the NICE guidance on Needle and syringe programmes (PH52)

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1 Introduction

1.1 This costing statement considers the cost implications of implementing the recommendations made in needle and syringe programmes (NICE public health guidance 52).

1.2 A costing statement has been produced for this guidance because the variation in current local provision means it is not possible to quantify with a reasonable degree of certainty what impact the recommendations will have on resources.

1.3 Needle and syringe programmes are commissioned by local authorities (Via Public health teams with local authorities), although some local joint commissioning arrangements are in place with Clinical commissioning groups (CCGs). Providers could be in local authorities, the NHS and other organisations in the public, private, voluntary and community sectors. This includes those working in: drug services, community pharmacies, urgent and emergency care departments. We encourage organisations to evaluate their own practices against our recommendations and assess the potential local costs. Some of these are discussed in this statement.

1.4 The statement demonstrates that for a relatively small investment, around £200 per annum for a person who injects drugs, there is the potential to avoid significant future healthcare costs estimated to be between £10,000 and £42,000 per individual, per annum. In addition there may savings in wider societal costs, for example crime costing an average of £26,074 is committed by an addicted person not in treatment.

2 Background

2.1 This guidance updates Needle and syringe programmes (NICE public health guidance 18). It has been extended to include

services for people who inject Image– and Performance–Enhancing Drugs and people aged under 18 years, including those under 16 years who inject drugs. Where PH18 has not been fully implemented there may be further additional costs in developing services.

2.2 The economic analysis supporting PH18 considers needle and syringe programmes containing a mix of pharmacy and centre based locations to be cost effective, particularly as part of multifaceted interventions.

2.3 An analysis of needle and syringe provision in England following PH18 was conducted by Liverpool John Moores University. A substantial percentage of commissioners reported that all the recommendations were implemented at least partly. This indicates there is further scope for improvement.

3 Epidemiology

3.1 Figures for 2010/11 suggest that an estimated 93,400 people inject opiates such as heroin and/or crack cocaine in England (Hay et al. 2011).

3.2 In 2012, there were 10,873 diagnoses of hepatitis C infection in England, of these infections 96% were to people where injecting drug use was indicated (Public Health England, 2013).

3.3 In 2012, 29% of people who inject drugs, around 27,000 people, reported the symptoms of injection site infections (Public Health England, 2013).

4 Resource impact

4.1 No new economic evidence has been considered in the updating of the guidance following PH18. PH18 economic evidence indicated

that NSPs were cost effective and likely to achieve a return on investment when,

- Interventions also increase the recruitment rate for opioid substitution therapy.
- Multifaceted interventions (for example over 100% syringe coverage and opioid substitution therapy were shown to have the greatest reduction in hepatitis C incidence).
- Where over 100% syringe coverage is achieved.(For example noticeable decreases in HIV incidence was observed)
- Needle and syringe programmes containing a mix of pharmacy and centre based locations.

4.2 It is estimated that the cost of injecting equipment for a person who injects psychoactive drugs is around £200 per year and for a person who injects image– and performance– enhancing drugs injector around £6 per year plus dispensing costs. This may avoid the annual cost of treating a person with hepatitis C which is between £22,000 and £41,000, for a person with HIV this is between £10,000 and £42,000 depending on stage of disease progression. For example, for each additional 10% of people who inject drugs who use a needle and syringe programme there will be a reduction in the numbers of people being diagnosed with blood–borne viruses such as hepatitis C. A small investment may accrue significant returns, as set out in table 1.

Table 1 Possible impact of increasing the population of people who inject drugs that use a needle and syringe programme by 10% for Hepatitis C

Population (England)	Number of people	Annual cost £	Estimated total cost per annum £'000s
People who inject drugs[1]	93,400		
10% of new people in needle and syringe programmes	9,340	201	1,900
Number of people from this group likely to be newly diagnosed with hepatitis C, costed at midpoint[2]	1,044	31,500	32,900
Potential return as a result of 10% increase in people using needle and syringe programme			**31,000**

[1] Only includes the people who inject heroin and crack cocaine because prevalence of people who inject Image– and Performance– Enhancing Drugs is unknown

[2] based on 10% of the annual incidence of people who inject drugs and are diagnosed with hepatitis C

Table 2 Potential costs of needle exchange schemes are set out below

Equipment costs for people who inject psychoactive drugs[3]	**Unit cost £**	**Annual Units**	**Total annual cost per person £**
Needle, average cost (four a day)	0.02	1,460	29
Syringe, average cost (four a day)	0.03	1,460	44
Spoon with filter (one a day)	0.10	365	37
Sharps bin (one a week)	0.65	52	34
Pre-injection swab (four a day)	0.01	1,460	15
Citric acid (four a day)	0.03	1,460	44
Total equipment costs for psychoactive drug injectors per year			**202**
Equipment costs for people who inject image– and performance–enhancing drugs[4]			
Needle, average cost (one a week)	0.02	52	1
Syringe, average cost (one a week)	0.03	52	2
Sharps bin (one every 3 months)	0.65	4	3
Pre-injection swab (one a week)	0.01	52	1

[3] assuming average 4 injections per day
[4] assuming one injection a week

Total equipment costs for people who inject image– and performance– enhancing drugs per year			**6**

In addition to the costs of the injecting equipment there will usually be additional costs of premises and staffing to dispense the items, which should be estimated locally.

5 Specific recommendations which may have a resource impact

5.1 *Recommendation 3 Commission both generic and targeted services to meet local need*

Background

5.1.1 Local authorities(public health) should commission a range of generic and targeted services that meet local need as set out in the local joint strategic needs assessment (JSNA) informed by consultation and data analysis from recommendations 1 and 2. Recommendation 3 advises commissioners to ensure services are offered at a range of times and in different locations, taking the geography and demographics of the local area into account. Public Health England has prepared a JSNA support pack for drug and alcohol services to use when preparing the JSNA.

Potential costs

5.1.2 This recommendation aims to increase:-

- The proportion of people who have more than 100% coverage of injecting equipment, (that is, the proportion of people who have

more than 1 sterile needle and syringe available for every injection).

- Provision of injecting equipment for secondary distribution, costing around £200 per person per annum.
- The number of people who have been tested for hepatitis B and C and other blood-borne viruses (including HIV) in the past 12 months. Test costs around £7 per person.
- The proportion of each group of people who inject substances who are in contact with a needle and syringe programme.

5.1.3 Recommendation 3 also recommends outreach and detached services should be commissioned for areas where there are high levels of drug use. If these services are not currently provided this will lead to additional commissioning costs.

Potential savings

5.1.4 Where it is possible to increase the contact of needle and syringe services with groups that currently do not use existing services there should be benefits to individuals as well as savings for the NHS and wider society.

5.1.5 If the recommendation is successfully implemented this may reduce the spread of blood-borne viruses and other infections so reducing costs for both the NHS services, such as A&E and transplant services, and wider society.

5.2 *Recommendation 10 Provide equipment and advice to people who inject image- and performance-enhancing drugs*

Background

5.2.1 Recommendation 10 says that services should be modified or extended to meet the needs of this group. This might include, for

example providing outreach or detached services in gyms or other locations where might visit. Services may also need to operate outside normal office hours to meet their requirements.

Potential costs

5.2.2 Tailoring these services may incur some costs. As they may operate outside normal office hours, the cost could be higher than for a conventional needle and syringe programme.

5.2.3 Additional costs may be incurred by having to provide staff running the service with additional training to meet the needs of this group.

Potential savings

5.2.4 Implementing this recommendation should reduce the transmission of blood–borne viruses, so reducing NHS treatment costs.

5.3 *Benefits and savings*

5.4 The health economic analysis for PH18 estimated that needle and syringe programmes are cost effective. Although it does acknowledge there are limitations with drawing conclusions with respect to cost effectiveness due to the paucity and quality of the underpinning effectiveness evidence.

5.5 If needle and syringe programmes are part of an integrated care pathway which leads to a higher proportion of people who inject drugs taking part in opioid substitution therapy, or take part in other drug treatment, then a fall in the number of people who inject drugs is likely. It is estimated that the annual cost of all drug related crime is £13.9bn. Any addicted person not in treatment commits crime costing an average £26,074 a year (Public Health England, 2013).

6 Conclusion

6.1 Organisations are advised to assess the local resource implications of this guidance.

6.2 Potential additional costs may be incurred as follows:

- increased provision of injecting equipment
- provision of services specifically tailored for people who inject image– and performance- enhancing drugs.

6.3 Potential local savings may be incurred as follows:

- reduced accident and emergency attendances and the associated hospital bed days for injection site infections
- reduced need to treat blood–borne infections and viruses, and any chronic conditions arising from these infections and viruses.

6.4 The statement demonstrates that for a relatively small investment there is the potential to avoid significant healthcare and societal costs in the future. To summarise it is estimated that the cost of injecting equipment for a person who injects psychoactive drugs is around £200 per year and for someone who injects image– and performance– enhancing drugs around £6 per year, plus dispensing costs. This compares to the cost of treating a person with hepatitis C which is between £22,000 and £41,000 per annum, for a person with HIV this is between £10,000 and £42,000 per annum depending on stage of disease progression.

7 References

Hay G, Rael dos Santos A, Millar T (2011) National and regional estimates of the prevalence of opiate and/or crack cocaine use, 2010–11: a summary of key findings. London: National Treatment Agency for Substance Misuse.

Bates G, Jones L, McVeigh J (2013) Update of NICE Guidance PH18 on 'Needle and syringe programmes': Analysis of survey data on needle and syringe provision in England. Liverpool John Moores University (Centre for Public Health)

Home Office (2012) Drug misuse declared: findings from the 2011/12 British Crime Survey for England and Wales. London: Home Office.

Public Health England (2013) Shooting Up: Infections among people who inject drugs in the UK 2012. London: Public Health England

NHS Choices Website (accessed 25/02/2014)

About this costing statement

This costing statement is an implementation tool that accompanies the NICE (2014) guidance: Needle and Syringe Programmes (NICE public health guidance).

Issue date: April 2014

This statement is written in the following context

This statement represents NICE's view. It was arrived at after careful consideration of the available data and through consulting professionals. It should be read in conjunction with NICE's guidance. The statement focuses on those areas that may have an impact on resource utilisation.

The cost and activity assessments are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.