

# MAKING THE INVESTMENT CASE

**COST-EFFECTIVENESS  
EVIDENCE FOR HARM REDUCTION**

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**It goes to show that it makes sense to put money  
inside Harm Reduction Mats**



As moni for HIV, hepatitis C (HCV), and tuberculosis (TB) dey reduce for abroad, and govments get other ogbonge things wey dem wan take money do for health mata, wetin dem for mind na how to make sure say the moni wey dem put na the correct one, and e dey make sense well well.

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Informato from plenty plenty place outside we kontri don show say harm reduction de work well and e fit save moni as dey dey go.<sup>1</sup> People wey dey advocate for harm reduction get work now to show people wey wan give money, especially govment, say to put money inside harm reduction make sense.

The money wey dem dey use to fight HIV for people wey dey inject drugs.<sup>2</sup> (People wey dey shook medicine wen dey high pesin) for many kontri wey no get plenty money, like Africa, na only 5% (5 over 100) of the money wey dem need, wey be US\$2.7 billion every year till 2025.<sup>3</sup> Naim dey for grand.<sup>4</sup> The people wen dem dey give money for harm reduction no plenty, and the money self no reach. The Kontris wey no get plenty moni sef fit get wahala becos people wey wan give money no plenty again.<sup>5</sup>

As di HIV dey plenty dey go for people body wen dey chook medicine wey dey high pesin, money wey dem go use fight di mata no come dey reach again. The way wey HIV dey full everywhere and di money wey no too dey cause wahalafor people wey dey fight the mata.

# HOW WE GO KEEP OGBONGE SERVICES AND THE COMMUNITIES (PEOPLE WEY NEED OGBONGE SERVICES) FOR MIND

People wey dey advocate dey talk say e no too gud make we dey talk about only moniwen we wan talk about budget mata. We suppose to dey talk about human rights (things wey be your right as human being), and make sure say people wey dey the communities and people wey the mata dey concern join for the mata well-well.

As we dey talk about moni, make we no forget to talk about ogbonge services wey dem dey give the people. We no go allow money matter spoil the kain services wey people need. Human rights and community mata dey very very important.

We suppose to dey put moni inside things wey go help remove the wahala kasala wey dey around human rights and the laws wey dey punish people wey dey use drugs (wey dey high pesin). If we no put money for that kind thing, we no go fit end HIV, TB, HCV, and we no go fit cover all the people wey dey use drugs under Universal Health Coverage (health for everybody) plan by 2030.

# HOW HARM REDUCTION CARRY DEY SAVE MONI: INFORMATE FROM SEVEN AREAS

## 1. Needle and Syringe Programmes (NSPs) dey work well well and e dey save moni

UNAIDS talk say the normal moni wen dey need to give 1 person NSP service for 1 year be US\$23-71 (dollars).<sup>6</sup> If we reason di money dey we dey take fight HIV and HCV infections dey NSP fit to stop, e go save money, e go be ogbonge achievement for public health.<sup>7,8</sup>

For obodo **Australia**, every one-dollar dey Australia people put for NSP between 2000-2009, dem save money dey pass four times (4x) pass money wen dem for use do health treatment for people. . E mean say dem save plenty money dey dem for use treat HIV if e happen.<sup>9</sup>

For anoda place dey be **Ukraine**, NSP, condom, and HIV informate dey dem give people help prevent HIV infections dey for reach 790 people for one year, and e save about US\$97 for each infection dey dem stop.<sup>10</sup> E show say even with small NSP coverage dey reach 20-38%, e still dey save money (cost-effective) for HIV prevention.

One research for **Bangladesh** show say if dem start National Syringe Program (NSP) early, wen HIV rate for people dey inject drugs dey low, e go dey cost less pass when the rate don reach 40% and above. But dem still find out say both ways dey save money for the long run.<sup>11</sup>

Similarly, research for Yunnan province for **China** find out say NSPs dey cost less and e save money. The \$1.04 million dey dem spend for NSPs between 2002 and 2008, dem estimate say e save dem \$1.38-1.97 million for HIV treatment and care costs because e reduce the number of infections dey for don happen.<sup>12</sup>

## 2. Opioid Substitution Therapy (OST) Wey dem dey call Medication Assisted Treatment for Naija dey save money for people dem and our society

Opioid substitution therapy (OST) cost pass NSP. E fit cost between US\$360-1,070 for methadone and US\$1,230–3,170 for buprenorphine for one person for one year, but e still dey save money for long term.<sup>13</sup> The cost-effectiveness of OST dey rise when dem consider benefits wey e give to society as a whole, like reduction in crime and people wey dem no put for prison.<sup>14</sup>

One research for **Indonesia** estimate say if dem increase the number of people wey dey use Opioid Substitution Therapy (OST) from 5% go reach 40% for West Java, e go fit prevent like 2,400 HIV infections for eight years. E go cost dem around US\$7,000 to prevent each HIV infection.<sup>15</sup> Similarly, for **Russia**, evidence show say OST fit save plenty healthcare money wey dey connected to HIV and TB, so e go dey cost-effective.<sup>16</sup>

Some studies dey compare how cost-effective different kinds of Opioid Substitution Therapy (OST) be. For example, one research for Vancouver, Canada find out say treatment wey involve heroin dey save money pass methadone treatment for people wey get chronic opioid problem. When dem consider the money wey dey spend for crime and expenses wey individuals spend by themselves, heroin treatment even save money.<sup>17</sup>

## 3. Combined harm reduction services better pass stand-alone services

Plenty evidence dey show say if dem combine National Syringe Program (NSP), Opioid Substitution Therapy (OST), and antiretroviral treatment (ART), e be the best way and e dey save money pass for HIV strategy wey dey work well for people wey dey inject drugs.<sup>18,19,20</sup>

One research for **Malaysia** show say when dem combine National Syringe Program (NSP) and Opioid Substitution Therapy (OST) between 2006 and 2013, e dey effective and dey save money for preventing HIV,

and as time go on, e go dey save money pass. If more people dey use am and dem consider other things wey affect individuals and society, the cost-effectiveness go fit become even better.<sup>21</sup>

For **Slovakia**, one research discover say every Euro wey dem spend for harm reduction, e generate benefits wey worth three Euros, and if dem prevent one HCV infection, e go save €106,000 for treatment and the way person dey live better for 25 years.<sup>22</sup>

Researchers for the **United Kingdom** find out say if dem cover plenty people with National Syringe Program (NSP) and Opioid Substitution Therapy (OST), e reduce the risk of person to get HCV by 29-71%. Dem also see say NSP dey save money (and e fit save even more for some places) for HCV prevention. But if dem remove OST and NSP, e go cause big problem for HCV sickness wey dey spread. For one place for the UK, e fit make new HCV infections increase by 349% by 2031.<sup>23</sup>

#### **4. Naloxone distribution by peers (people wey follow dey use drugs wen dey high pesin) sef dey save moni**

Naloxone dey save life for people wey done overdose (pesin take too much drugs reach level wey fit to wound or pai am) on opioids. Wen dem give naloxone to people wey dey see person wey overdose, like friends and family of people wey dey use opioids dey high, e go save moni. Dem see dis one for ogbonge informate inside **United States** and **Russia**.<sup>24,25</sup>

#### **5. Drug Consumption Rooms (room to safely take drugs wen dey high pesin) get plenty beta wen we put moni inside**

Drug consumption rooms dey cost well well to set up, but e dey give plenty benefit.<sup>26</sup>

For Vancouver, inside **Canada**, their drug consumption room give dem benefit wey reach US\$6 million dollar every year after dem don pay for everything.

For **United States** too, wey put US\$1.8 million to set-up one drug consumption room for Baltimore, dem don save US\$7.8 million.

## 6. To siddon dey look, to commot moni or to stop harm reduction services fit get bad economic wahala

Dem get proof say if dem reduce or comot hand for the services wey dey help reduce harm, e fit cause wahala wey fit make HIV and HCV infections plenty.

If **Switzerland** for example, comot the services wey dey help reduce harm for 2000, dia ogbonge informate show say we for don get plenty people wey get HIV infection, reach like 4,965.<sup>27</sup>

One study wey dem do for **Mexico** talk say wen Global Fund for AIDS, Tuberculosis and Malaria comot hand for dia mata for 2013, e reduce how people fit get beta harm reduction. People wey dey do outreach (provide ogbonge informate) work no come plenty and di harm reduction package wen dem dey give no come make sense again. This one show say e dey important make dem waka step by step, to reduce the moni wey donors dey give and focus on support wey dem go get for inside the country.<sup>28</sup>

For **Belarus**, the time wey moni no dey for eight months, e reduce how dem carry give syringe by 75%. Dis one come make de program pafuka and e come affect them well well. If no be say dem get moni wahala, dem for fit prevent 53% (53 over 100) more HIV infections for eight months and 26% more for 22 months. E go even cost dem 11% less to prevent each infection.<sup>29</sup>

## 7. The moni wey Govment dey spend to enforce drug policies (give uniform and court people)

Many govments dey put plenty moni inside drug policies to punish or send people go prison. Apart from say dis one dey against human rights, dis kind way dey put heavy load on top public health, society, and individuals. Many Kontri dey lock people up becos of drug use and possession. To lock person up dey cost plenty moni, and e still dey cause serious public health wahala. For example, the way HIV dey spread for inside prison, e fit dey 50 times worse pass how e dey spread for outside.<sup>30</sup>

For Kontris inside Asia, dem dey send people wey dey use drugs go detention and rehab (place wey dem dey force people to stop drug use) centers by force. UN agencies don already talk say this kind place no dey



work and e dey against human rights. De study wen dem do inside **Vietnam** show say to detain person wey dey inject drugs for this kind center dey cost the local government 2.5 times pass to give dem OST (treatment for people wey dey use opioid) for the community for one year.<sup>31</sup>

If govment go fit change their mind, make dem stop to dey see drug users as criminal, e go save dem plenty moni wey dem dey use for law enforcement and locking people up. Portugal don show example for this mata.<sup>32</sup> Wen dem 7.5% of the moni wey dem dey spend to control drug (US\$7.66 billion), e cause 94% reduction for new HIV infections among people wey dey inject drugs, and e go also reduce number of people wey fit die for AIDS by 2030.<sup>32,33</sup> Dis one go fit stop to HIV for people wey dey inject drugs - something wey plenty Kontris don talk say dem go do but dem neva still do am.

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