Policy costing request—during the caretaker period for a general election

Name of policy:	Alcohol and other drug treatment				
Person requesting costing:	Senator Di Natale				
Parliamentary party:	Australian Greens				
Date of request to cost the policy:	1 July 2016				
Note: This policy costing request and the response to this request will be made publicly available.					
Has a costing of this policy been requested under Section 29 of the Charter of Budget Honesty (ie from the Treasury or the Department of Finance)?	No				
Details of the public release of this policy (Date, by whom and a reference to that release):	http://greens.org.au/alcohol-drug-treatment				
Description of policy	Description of policy				
Summary of policy (as applicable, please attach copies of relevant policy documents):	This policy will increase Commonwealth alcohol and other drug treatment (AOD) spending over three years as follows: • An additional \$200m in year one; • An additional \$300m in year two; and • An additional \$400m in year three.				
What is the purpose or intention of the policy?	Current spending by states and federal governments services only half the demand. This policy will increase existing Commonwealth expenditure from current spending of just under \$400 million per annum, to \$800 million per annum to better meet the needs of those needing treatment. It will also send a message to the states and territories to also increase their funding of these services				
What are the key assumptions that have been made in the policy, including:					
Is the policy part of a package? If yes, list the components and interactions with proposed or existing policies.	No				
Where relevant, is funding for the policy to be demand driven or a capped amount? If a capped amount, are the costs of administering the policy to be included within the capped amount or additional to the capped amount?	Capped at the amounts outlined in the description				

Will third parties (for instance the States/Territories) have a role in funding or delivering the policy?	No
If yes, is the Australian Government contribution capped, with additional costs to be met by third parties, or is another funding formula envisaged?	
Are there associated savings, offsets or expenses?	No
If yes, please provide details.	
Does the policy relate to a previous budget measure?	No. Builds on existing funding for AOD treatment.
If yes, which measure?	
If the proposal would change an existing measure, are savings expected from the departmental costs of implementing the program?	N/A
Will the funding/program cost require indexation?	No
If yes, list factors to be used.	
Evnected impacts of the proposal	

Expected impacts of the proposal

If applicable, what are the estimated costs each year? If available, please provide details in the table below. Are these provided on an underlying cash balance or fiscal balance basis?

Estimated financial implications (outturn prices)^(a)

	2016–17	2017–18	2018–19	2019–20
Underlying cash balance (\$m)	-	-200	-300	-400
Fiscal balance (\$m)	-	-200	-300	-400

(a) A positive number for the fiscal balance indicates an increase in revenue or a decrease in expenses or net capital investment in accrual terms. A positive number in the underlying cash balance indicates an increase in revenue or a decrease in expenses or net capital investment in cash terms.

What assumptions have been made in deriving the expected financial impact in the party costing (please provide information on the data sources used to develop the policy)?	N/A
Has the policy been costed by a third party?	No
If yes, can you provide a copy of this costing and its assumptions?	

What is the expected community impact of the policy?	Will provide the funding for much needed increase to AOD treatment services around the country.
How many people will be affected by the policy?	
What is the likely take up?	
What is the basis for these impact assessments/assumptions?	
Administration of policy:	
Who will administer the policy (for example, Australian Government entity, the States, non-government organisation, etc)?	Department of Health
Please specify whether any special administrative arrangements are proposed for the policy and whether these are expected to involve additional transactions/processing (by service delivery agencies).	N/A
Intended date of implementation:	1 July 2017
Intended duration of policy:	Ongoing
Are there transitional arrangements associated with policy implementation?	No
List major data sources utilised to develop policy (for example, ABS catalogue number 3201.0).	
Are there any other assumptions that need to be considered?	

NOTE:

Please note that:

The costing will be on the basis of information provided in this costing request.

The PBO is not bound to accept the assumptions provided by the requestor. If there is a material difference in the assumptions used by the PBO, the PBO will consult with the requestor in advance of the costing being completed.