



Australian Government

Department of Finance

The Treasury

PUBLIC RELEASE OF 2019 ELECTION COMMITMENT COSTING

Name of proposal costed: Take Home Naloxone Program - expansion	
Costing Identifier:	COA030
Summary of costing:	To invest \$2.8 million to deliver a pilot Take Home Naloxone Program in Western Australia for people at risk of overdose on opioids and other prescription and illicit drugs.
Ongoing or Terminating (including date) ^(a)	Terminating 30 June 2021
Person making the request:	Prime Minister
Date costing request received:	9 May 2019
Date of public release of policy:	30 April 2019
Date costing completed:	13 May 2019
Additional information requested (including date):	Not applicable.
Additional information received (including date):	Not applicable.

(a) Ongoing policies continue indefinitely (until a decision is made to cease or alter the program).

Terminating measures end on a date set out in the initial policy and a further decision is required to continue the program beyond this date.

Financial implications (outturn prices) ^(b)

Impact on	2018-19	2019-20	2020-21	2021-22	2022-23
Underlying Cash Balance (\$m)	0.0	-2.0	-0.8	0.0	0.0
Fiscal Balance (\$m)	0.0	-2.0	-0.8	0.0	0.0

(b) 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 for the underlying cash balance indicates an increase in revenue or a decrease in expenses or net capital investment in cash terms.

Where relevant, state that the proposal has been costed as a defined or specified amount.

The proposal has been costed as a defined amount of \$2.8 million over two years from 2019-20.

Where relevant, include separate identification of revenue and expense components.

Not applicable.

Where appropriate, include a range for the costing or sensitivity analysis.

Not applicable.

Qualifications to the costing (including reasons for the costing not being comprehensive).

Not applicable.

Where relevant, explain effects of departmental expenses.

Consistent with the costing request, it is assumed that the Department of Health will absorb any associated departmental operating or capital expenses.

Where relevant, explain the reason for any significant differences between the assumptions specified in a party costing request and those used in a Treasury or Finance costing.

Not applicable.

Other comments (including reasons for significant differences between the estimated impact on the fiscal and underlying cash balances).

Where relevant, include an explanation of the medium term implications of the proposal^(c).

Not applicable.

(c) Information on the medium term implications will be provided if the cost of the policy is expected to be significantly different beyond the forward estimates period.

Background information

Costing methodology used:

This proposal has been costed consistent with the parameters of the Take Home Naloxone Program (the Program) pilot, announced in the 2019-20 Budget that will commence in New South Wales and South Australia from 1 July 2019.

As per the existing Program, the proposal has been costed as a capped, terminating pilot, with a defined funding amount of \$2.8 million over two years from 2019-20 to expand the Program pilot to people in Western Australia at risk of overdose on opioids, with \$2.0 million in 2019-20 and \$0.8 million in 2020-21.

This existing pilot is to run for twelve months over 2019-20, with a concurrent evaluation period occurring over eighteen months across 2019-20 and 2020-21, concluding 30 December 2020.

Policy parameters

This policy is to start from 1 July 2019 and is in addition to the \$7.2 million Take Home Naloxone Program pilot announced in the 2019-20 Budget. The policy aims to reduce barriers currently preventing a greater uptake of naloxone amongst people at risk of, or likely to witness, an overdose.

This policy reflects the cost to the Commonwealth to run the pilot in Western Australia. As per the existing Program, this policy will be implemented by the Department of Health, and is assumed to provide Pharmaceutical Benefits Scheme subsidised naloxone through a range of dispensing settings frequently accessed by at-risk groups.

Behavioural assumptions used (as appropriate)

Not applicable.