



Australian Government
Department of Health and Ageing

The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05

Summary version

*National
Drug Strategy*

The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05

Summary version

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1 Introduction

This booklet summarises the results of a study by Collins and Lapsley (2007) that estimates the social costs of drug abuse in Australia in the financial year 2004/05, with 'drugs' including alcohol, tobacco and illicit drugs. The study is the fourth in a series prepared for the Department of Health and Ageing by these authors; previous studies were undertaken for 1988, 1992 and the financial year 1998/99.

The full report examines the study's methods, concentrating on the economic aspects, with three appendixes detailing the demographic, epidemiological and criminological methods used. Bibliographical details of the full report, and a list of all tables that it contains, can be found at the end of this booklet.

The different uses of substance abuse cost estimates are discussed in some detail in the World Health Organization publication *International guidelines for estimating the costs of substance abuse* (Single et al. 2003):

First, economic cost estimates are frequently used to argue that policies on alcohol, tobacco and other drugs should be given a high priority on the public policy agenda...

Second, cost estimates help to appropriately target specific problems and policies. It is important to know which psychoactive substances involve the greatest economic costs...

Third, economic cost studies help to identify information gaps, research needs and desirable refinements to national statistical reporting systems...

Last but not least, the development of improved estimates of the costs of substance abuse offers the potential to provide baseline measures to determine the efficacy of drug policies and programmes intended to reduce the damaging consequences of alcohol, tobacco and other drug use. Estimates of the social costs can assist policy makers in evaluating outcomes, as expressed in terms of changes in social costs in constant dollar terms. Estimates of social costs can also facilitate cross-national comparisons of the consequences of substance abuse and different approaches to confronting those consequences.

The purpose of the research summarised here was to provide reliable estimates that could inform all of these public policy objectives.

2 Interpreting the results

The definition of the economic costs of drug abuse used in the three previous Collins and Lapsley studies, and for the present study, is:

the value of the net resources that in a given year are unavailable to the community for consumption or investment purposes as a result of the effects of past and present drug abuse, plus the intangible costs imposed by this abuse

This cost concept, which applies to what has been labelled the demographic approach, is based on the calculation of the size and structure of a hypothetical population in which no drug abuse had occurred. This hypothetical population is then compared with the actual population size and structure, as a basis for estimating drug abuse costs.

Thus, for the purposes of this study, the counterfactual (that is the hypothetical) situation that is compared to the actual 2004/05 drug abuse situation is one in which there has been no abuse of the drug in question for an extended period of time. The study in effect estimates the social costs that were borne in the financial year 2004/05 and that resulted from all drug abuse in 2004/05 and in previous years.

3 Aggregate results

The total social costs of drug abuse

This section summarises the overall social costs of drug abuse, classified by type of drug. Table 1 summarises the total costs. Commentary on the costs attributable to individual drugs is complicated by the joint nature of some crime costs. It is also complicated by the need to adjust for interactive effects arising when some health conditions are causally related to the consumption of both alcohol and tobacco.

Table 1, Total social costs of drug abuse, 2004/05

	Alcohol (\$m)	Tobacco (\$m)	Illicit drugs (\$m)	Alcohol and illicit together (\$m)	All drugs (\$m)	All drugs adjusted for health interaction (\$m)
Tangible	10,829.5	12,026.2	6,915.4	1,057.8	30,828.9	30,489.8
Intangible	4,488.7	19,459.7	1,274.5		25,222.9	24,683.0
Total	15,318.2	31,485.9	8,189.8	1,057.8	56,051.8	55,172.8
Proportion of unadjusted total	27.3%	56.2%	14.6%	1.9%	100.0%	

Notes: Health-related cost components in final column have been adjusted by 2.18% to take account of drugs interaction. As a result of rounding, totals may not correspond exactly with the sums of their individual components.

Of the total social costs of drug abuse in 2004/05 of \$55.2 billion, alcohol accounted for \$15.3 billion (27.3 per cent of the unadjusted total), tobacco \$31.5 billion (56.2 per cent) and illicit drugs \$8.2 billion (14.6 per cent). Alcohol and illicit drugs acting together accounted for another \$1.1 billion (1.9 per cent).

Tables 2 and 3 provide full details of the tangible and intangible cost components of total costs. As is explained in Section 4 below, care needs to be taken to avoid double counting some of the tangible costs of crime. Accordingly, for comprehensive estimates of aggregate crime costs, readers should consult Section 4.

Table 2, Tangible social costs of drug abuse, 2004/05

		Alcohol	Tobacco	Illicit drugs	Alcohol and illicits together	Total	Total adjusted for interaction
		(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)
Labour in the workforce							
	Reduction in workforce	3,210.7	4,969.5	889.4		9,069.5	8,872.1
	Absenteeism	367.9	779.6	733.5		1,880.9	1,840.0
Total		3,578.6	5,749.1	1,622.9		10,950.5	10,712.1
Labour in the household							
	Premature death	1,423.9	9,156.4	458.5		11,038.8	10,798.5
	Sickness	146.9	686.7	37.0		870.6	851.7
Total		1,570.8	9,843.1	495.5		11,909.4	11,650.2
Total paid and unpaid labour costs		5,149.4	15,592.2	2,118.3		22,859.9	22,362.2
Less consumption resources saved		1,611.3	7,583.1	469.5		9,663.9	9,453.5
Total net labour costs		3,538.0	8,009.1	1,648.9		13,196.0	12,908.7
Healthcare (net)							
	Medical	540.7	158.4	104.7		803.8	786.3
	Hospital	662.2	223.4	86.5		972.1	950.9
	Nursing homes	401.2	(177.3)	6.2		230.1	225.1
	Pharmaceuticals	297.6	77.3			375.0	366.8
	Ambulances	74.8	36.6	4.4		115.8	115.8
Total healthcare		1,976.7	318.4	201.7		2,496.8	2,445.0
Road accidents n.e.i.		2,202.0		527.6		2,729.6	2,729.6
Fires n.e.i.			63.0			63.0	63.0
Crime n.e.i.							
	Police	747.1		1,716.9	320.2	2,784.2	2,784.2
	Criminal courts	85.8		146.8	28.0	260.7	260.7
	Prisons	141.8		348.6	146.6	636.9	636.9
	Property	67.1		445.4	144.6	657.1	657.1
	Insurance administration	14.3		94.6	30.7	139.6	139.6
	Productivity of prisoners	368.0		892.1	387.7	1,647.9	1,647.9
Total crime		1,424.0		3,644.5	1,057.8	6,126.3	6,126.3
Resources used in abusive consumption		1,688.8	3,635.6	892.7		6,217.1	6,217.1
Total		10,829.5	12,026.2	6,915.4	1,057.8	30,828.9	30,489.8
Proportion of total unadjusted tangible costs		35.1%	39.0%	22.4%	3.4%	100.0%	

Notes: n.e.i. = not elsewhere included. As a result of rounding, totals may not correspond exactly with the sums of their individual components.

Numbers in brackets are negative.

Tangible costs attributable to alcohol in 2004/05 were \$10.8 billion, to tobacco were \$12.0 billion, and to illicit drugs were \$6.9 billion. Alcohol and illicit drugs acting together to cause crime contributed a further \$1.1 billion. Labour and health costs constituted the major cost component for alcohol. Workforce costs were a large component of tobacco tangible costs. Crime costs comprised a very high proportion of illicit drug costs.

Table 3, Intangible social costs of drug abuse, 2004/05

	Alcohol (\$m)	Tobacco (\$m)	Illicit drugs (\$m)	All drugs (\$m)	All drugs adjusted for health interaction (\$m)
Loss of life	4,135.0	19,459.7	1,204.7	24,799.5	24,259.6
Pain and suffering (road accidents)	353.6		69.7	423.4	423.4
Total intangible costs	4,488.7	19,459.7	1,274.5	25,222.9	24,683.0
Proportion of unadjusted total intangible costs	17.8%	77.2%	5.1%	100.0%	

For intangible costs, except for pain and suffering of road accident victims, only the value of loss of life (to be precise, the loss of a year's living) could be estimated. Intangible alcohol costs were \$4.5 billion, tobacco costs \$19.5 billion, and illicit costs \$1.3 billion. The predominance of intangible costs attributable to tobacco is a direct result of the high level of premature mortality caused by smoking.

The budgetary implications of drug abuse

The full report presents estimates of the budgetary implications of drug abuse that is its impact upon public expenditures and revenues at both national and state/territory levels. However, the estimates relate to the budgetary impact of drug abuse, not drug consumption. Furthermore, they incorporate estimates of the revenue losses resulting from drug-induced morbidity and premature mortality. Results are presented for the budgetary impact of drug abuse for the Australian Government and state governments separately for each type of drug.

Alcohol tax revenue in 2004/05 exceeded alcohol-attributable costs borne by the public sector by \$1.4 billion. The Australian Government accrued an alcohol-attributable surplus of \$1.8 billion, while the state governments were in deficit to the tune of \$387 million.

Tobacco tax revenue in 2004/05 exceeded tobacco-attributable costs borne by the public sector by more than \$3.5 billion. Of this surplus \$2.7 billion accrued to the Commonwealth and around \$800 million to state governments.

By their nature, illicit drugs yield no tax revenue. Their production or importation by a clandestine industry renders taxation impossible. Indeed, overall tax revenue is reduced (by an estimated \$299.5 million in 2004/05) because drug-attributable mortality and morbidity reduce revenue from general taxes on income and consumption. At the same time, the

consumption of illicit drugs imposes substantial costs, particularly crime costs, on the public sector. In 2004/05, public sector outlays attributable to illicit drugs, together with revenue losses amounted to almost \$2.7 billion, of which 84 per cent was borne by state governments.

The introduction of the GST in 1999 removed the states' ability to tax tobacco and alcohol, except through the GST, causing a significant adjustment of taxing powers between the two levels of government. The Australian Government is now the major beneficiary of the tax revenue from tobacco and alcohol.

4 Some disaggregated costs

This section provides detailed estimates of the costs of crime, health care and production losses. It also presents information on the breakdown of the costs of illicit drugs according to the type of drug. The full report also provides detailed estimates of the costs of road accidents attributable to the consumption of alcohol and illicit drugs, and of the costs of fires attributable to smoking.

The presentation used in the full report provides comprehensive information on particular areas of costs while avoiding double counting some of the costs. For example, crime costs include productivity losses, for which separate aggregate drug abuse cost estimates are made. Productivity costs cannot be included in both areas without double counting, and yet to exclude them from crime costs would give the impression that the total costs of drug-attributable crime were lower than they are. This problem is overcome in the case of crime by estimating overall costs as well as 'not elsewhere included' costs, which are the values carried over to the aggregate tables. In this way all double counting is avoided.

Crime

Table 4 below presents estimates of drug-attributable crime costs. They are certainly substantial underestimates as a result of the considerable under-reporting of crimes to police. Some component of crime costs is causally attributable jointly to alcohol and illicit drugs. It is, however, not possible to indicate what proportion of these joint costs is attributable to either alcohol individually or illicit drugs individually.

Table 4, Summary of selected drug-attributable crime costs, 2004/05

	Alcohol (\$m)	Illicit drugs (\$m)	Both (\$m)
Tangible costs			
Police	747.1	1,716.9	320.2
Criminal courts	85.8	146.8	28.0
Prisons	141.8	348.6	146.6
Property	67.1	445.4	144.6
Insurance administration	14.3	94.6	30.7
Violence	187.5	196.1	203.2
Productivity of prisoners	368.0	892.1	387.7
Total tangible	1,611.5	3,840.5	1,261.0
Intangible costs			
Loss of life (violence)	124.4	130.1	134.8
Total intangible costs	124.4	130.1	134.8
Total costs	1,735.9	3,970.6	1,395.8
Total n.e.i.			
Tangible	1,424.0	3,644.5	1,057.8
Intangible	0.0	0.0	0.0
Relevant costs as a proportion of GDP	0.20%	0.48%	0.16%

Note: n.e.i. = not elsewhere included.

Alcohol-attributable crime cost \$1.7 billion in 2004/05 while crime attributable to consumption of illicit drugs cost \$4.0 billion. Crime attributable jointly to both types of drugs cost a further \$1.4 billion.

Health

Drug-attributable morbidity imposes health care costs for medical services, hospitals, nursing homes, pharmaceuticals and ambulances. However, the premature deaths caused by drug abuse can relieve the community of some health care cost burdens. If the prematurely deceased were still alive, they would be placing demands on health care resources. The paper estimates these health care savings as well as the health care costs.

Table 5 presents estimates of drug-attributable health care costs and savings. Note that in-patient pharmaceutical costs are incorporated in hospital costs; the pharmaceutical costs identified here refer to prescribed pharmaceuticals outside the hospital system.

Table 5, Health care costs and savings resulting from drug abuse, 2004/05

	Medical (\$m)	Hospitals (\$m)	Nursing homes (\$m)	Pharma- ceuticals (\$m)	Ambu- lances (\$m)	Total (\$m)
Alcohol						
Gross costs	562.3	693.9	389.2	324.8	80.4	2,050.5
Savings from premature deaths	21.5	31.6	(12.0)	27.2	5.5	73.9
Net costs	540.7	662.2	401.2	297.6	74.8	1,976.7
Tobacco						
Gross costs	462.1	669.6	436.6	205.2	62.5	1,836.0
Savings from premature deaths	303.7	446.2	613.9	127.9	25.9	1,517.6
Net costs	158.4	223.4	(177.3)	77.3	36.6	318.4
Illicit drugs						
Gross costs	122.5	112.6	11.9	n.a.	6.0	252.9
Savings from premature deaths	17.8	26.1	5.7	n.a.	1.6	51.2
Net costs	104.7	86.5	6.2	n.a.	4.4	201.7
All drugs						
Gross costs	1,146.8	1,476.1	837.7	530.0	148.9	4,139.5
Savings from premature deaths	343.0	504.0	607.6	155.0	33.0	1,642.7
Net costs	803.8	972.1	230.1	375.0	115.8	2,496.8

n.a. = not available.

Numbers in brackets are negative.

Total drug-attributable gross health care costs in 2004/05 were \$4.1 billion while net costs were \$2.5 billion.

The study disaggregates the costs of smoking into active and involuntary components. Medical conditions attributable to active smoking occur from smokers inflicting adverse health effects on themselves. Conditions attributable to involuntary smoking occur when smokers inflict adverse health effects on others (including the unborn). Estimates of the impact of involuntary smoking on deaths, hospital bed-days and hospital costs, classified by age, are presented in Table 6.

Table 6, Tobacco-attributable deaths, hospital bed-days and hospital costs, 2004/05, by age and smoking status

	Voluntary	Involuntary	Total
Deaths (number)			
0–14	0.0	36	36
15+	14,753	112	14,865
Total	14,753	149	14,901
Hospital bed days (number)			
0–14	0.0	61,178	61,178
15+	689,951	2,489	692,440
Total	689,951	63,667	753,618
Hospital costs (\$m)			
0–14	0.0	30.6	30.6
15+	636.0	3.1	639.1
Total	636.0	33.7	669.6

The above table clearly illustrates that the costs of involuntary smoking are largely imposed on the young. For children under 15 in 2004/05, involuntary smoking accounted for 25 per cent of deaths, 96 per cent of hospital bed-days and 91 per cent of hospital costs.

The illicit drug-attributable mortality and morbidity costs as presented in table 6 of the full report relate to illicit drugs as a whole. In reality, 'illicit drugs' represents a range of drugs and these costs should, wherever possible, be disaggregated to the level of individual drugs. However, the ability to disaggregate is severely limited by the scope of the available epidemiological data. It is possible to identify some of the effects of individual drugs on mortality, potential years of life lost, hospital usage and *gross* hospital costs. However, this does not take into account any savings that have resulted from drug-attributable premature deaths. Table 7 summarises these effects.

Table 7, Individual drug categories, summary of health outcomes, 2004/05, persons

	Deaths (number)	PYLL ages 0–74 (number)	Hospital bed days (number)	Gross hospital costs (\$'000)
Opiates	228	9,417	22,463	13,094
Cannabis	1	41	7,287	3,054
Amphetamines	0	0	4,710	2,618
Cocaine	0	0	627	412
Psychostimulants	17	806	578	740
Hallucinogens	1	50	418	494
Other psychotropics	3	132	129	192
Anabolic steroids	0	0	0	0
Other	139	4,561	122,683	68,998
Licit/unspecified/combined	483	16,498	40,811	22,961
Total	872	31,504	199,706	112,563
Sum of identified drugs	250	10,445	36,212	20,604

PYLL = potential years of life lost.

As Table 7 shows, a significant proportion of the total impact on mortality and morbidity results from unspecified drugs. Only 28.7 per cent of total illicit drug-attributable deaths can be assigned to specific drugs, 33.2 per cent of potential years of life lost, 18.1 per cent of hospital bed-days and 18.3 per cent of gross hospital costs.

Productivity

Drug abuse causes a loss of national productive capacity in the paid workforce as a result of drug-attributable death and sickness. Losses are also experienced in the unpaid workforce (the household sector) from the same causes. Against these losses are the savings in national resources that would have been consumed if the drug-attributable deaths had not occurred. Net production losses represent the gross reduction in productive capacity less these consumption savings. Table 8 presents estimates of the reductions in productive capacity that resulted from drug abuse in 2004/05.

Table 8, Paid and unpaid production costs of drug abuse, 2004/05

		Alcohol	Tobacco	Illicit drugs	Total	Proportion of gross costs
		(\$m)	(\$m)	(\$m)	(\$m)	(%)
Labour in the workforce						
	Reduction in workforce					
	Male	2,741.4	4,030.1	762.3		
	Female	469.3	939.3	127.1		
	Total reduction in workforce	3,210.7	4,969.5	889.4	9,069.5	39.7
	Absenteeism					
	Male	228.5	646.9	698.9		
	Female	139.4	132.7	34.6		
	Total absenteeism	367.9	779.6	733.5	1,880.9	8.2
	Total paid production costs	3,578.6	5,749.1	1,622.9	10,950.5	47.9
Labour in the household						
	Premature death					
	Male	1,294.4	5,806.9	314.6		
	Female	129.5	3,349.5	143.9		
	Total premature death	1,423.9	9,156.4	458.5	11,038.8	48.3
	Sickness					
	Male	60.7	452.8	30.1		
	Female	86.3	233.9	6.9		
	Total sickness	146.9	686.7	37.0	870.6	3.8
	Total unpaid production costs	1,570.8	9,843.1	495.5	11,909.4	52.1
	Total paid and unpaid production costs	5,149.4	15,592.2	2,118.3	22,859.9	100.0
Consumption resources saved						
	Male	1,464.1	5,534.8	367.8		
	Female	147.2	2,048.3	101.6		
	Total consumption resources saved	1,611.3	7,583.1	469.5	9,663.9	
	Total net production costs	3,538.0	8,009.1	1,648.9	13,196.0	
	Percentage of total net production costs	26.8%	60.7%	12.5%	100.0%	

Of the total net production costs of \$13.2 billion, tobacco accounted for by far the largest share (60.7 per cent or \$8.0 billion). Alcohol represented 26.8 per cent (\$3.5 billion) and illicit drugs 12.5 per cent (\$1.6 billion). Of the gross production costs of \$22.9 billion, workforce losses represented 47.9 per cent (\$11.0 billion) and household losses 52.1 per cent (\$11.9 billion).

5 Comparability with previous social cost estimates

The authors have previously estimated the social costs of drug abuse in Australia for the calendar years 1988 and 1992, and for the financial year 1998/99. It is tempting to try to calculate the rate of change of these costs over time by comparing the four sets of estimates. However, this is an exercise that should be approached with caution.

Estimates of the social costs of drug abuse can change for a variety of reasons, the main reasons being changes in:

- the underlying available epidemiological information
- the scope of estimates
- the information available for the estimation of some categories of cost
- the costs and effectiveness of prevention and treatment programs
- the general level of prices and costs.

The cost estimates over time would be comparable (after adjustment for general price inflation) if movements in estimated costs resulted from changes in one or more of:

- the prevalence of drug consumption
- the costs or effectiveness of prevention and treatment
- the general level of prices and costs.

On the other hand, the results over time would not be directly comparable if the changed social cost estimates resulted from changes in one or more of:

- information on relative risk
- the scope of the estimates
- information availability.

Between 1998 and 2005 there has been a significant change in the relative risk information for alcohol, indicating that the 1998/99 estimates of the social costs of alcohol were significant underestimates. Therefore it is not appropriate to compare the estimates for 1998/99 and 2004/05. However, the estimates for tobacco and illicit drugs are broadly comparable, after accounting for the increase in the general price level.

Accordingly, the basis for comparison of the 1998/99 and 2004/05 estimates of the social costs of tobacco is provided in Table 9. The same comparison for illicit drugs is provided in Table 10.

Table 9, Comparison of constant price estimates of the social costs of tobacco, 1998/99 and 2004/05, at 2004/05 prices

	Tobacco 1998/99 (\$m)	Tobacco 2004/05 (\$m)	Tobacco per cent change
Tangible	9,184.8	12,026.2	30.9
Intangible	16,315.2	19,459.7	19.3
Total	25,500.0	31,485.9	23.5

The *real* social costs of tobacco abuse are estimated to have risen between 1998/99 and 2004/05 by 23.5 per cent (consisting of a 30.9 per cent increase in tangible costs and a 19.3 per cent increase in intangible costs). Although smoking prevalence has been falling steadily and smoking-attributable mortality has also fallen, the lagged effects of past smoking both on health care and on the workforce have meant that the overall social costs of smoking continue to rise. As the lagged effects work their way through the system, and assuming that smoking prevalence continues to decline, real smoking costs (adjusting for inflation) should eventually fall significantly.

Table 10, Comparison of constant price estimates of the social costs of illicit drugs, 1998/99 and 2004/05, at 2004/05 prices

	Illicits 1998/99 (\$m)	Illicits 2004/05 (\$m)	Illicits per cent change
Tangible	6,182.8	6,915.4	11.8
Intangible	1,172.9	1,274.5	8.7
Total	7,355.6	8,189.8	11.3

During the same period the *real* social costs of illicit drug use are estimated to have risen by 11.3 per cent (consisting of an 11.8 per cent increase in tangible costs and an 8.7 per cent increase in intangible costs).

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