



# National Committee for Addiction Treatment

POSITION STATEMENT  
SEPTEMBER 2008

## SPENDING MORE ON ADDICTION TREATMENT SAVES TAXPAYERS MONEY

Alcohol and drug abuse is a widespread problem in New Zealand that adversely affects the whole of society and imposes significant costs on the taxpayer.

This statement summarises the extent of the problem and outlines how providing treatment for these disorders can help reduce these costs and improve the wellbeing of the people affected – and society as a whole.

Evidence shows that spending more on treatment saves greater public expenditure in other areas. A recent UK study of two standard treatment therapies for alcohol problems found that they both saved about five times as much in expenditure on health, social, and criminal justice services as they cost.



## CRIME

- Alcohol and other drug abuse are clearly linked to offending.
- Of people apprehended and detained by NZ Police, 37% reported a dependency on at least one drug.<sup>1</sup>
- More than 50% of users of all drugs (other than cannabis) reported that their drug use had contributed to their criminal activity to some extent. Cannabis figures were around 27%.<sup>2</sup>
- A Department of Corrections study in 1998 found that 89% of serious offenders were alcohol and drug affected in the period leading up to their offence.
- Alcohol abuse is responsible for 75% to 90% of weekend crime.
- Lifetime rates of alcohol or drug abuse in the NZ prison population are 83.4%. Only one third have received some treatment for the problem.

## VIOLENCE

- 5.7% of NZers aged 12-65 years have experienced physical assault as a result of someone else's drinking.<sup>3</sup>
- 5.3% have experienced sexual harassment as a result of someone else's drinking.<sup>4</sup>
- Substance abuse is strongly associated with domestic violence. It has been estimated that between 25% and 50% of men who are physically abusive to their partners have substance abuse problems.
- An Australian report found that about half of sexual assaults are committed by men who had been drinking and approximately half of victims report they were drinking at the time.

## INJURY AND ACCIDENTS

- Alcohol abuse was responsible for 70% of accident and emergency hospital admissions and 3.9% of all deaths in NZ in 2000.
- On present trends, Wellington Hospital A&E expects 60% of drunk presentations this year to be women.
- Between 2003 and 2005 driver alcohol impairment was a contributing factor in 30% of fatal crashes, 18% of serious crashes and 11% of minor injury crashes. For every 100 drunk drivers or riders killed in road crashes, 55 of their passengers and another 35 sober road users die with them.
- A recent 11-year study at Christchurch hospital found that 49% of instances of facial injuries were alcohol related of which most were young men injured by interpersonal violence.
- Alcohol consumption when swimming or boating is considered a key factor in the high level of drowning by Pacific people according to Water Safety New Zealand.



## MENTAL AND PHYSICAL HEALTH

- People who abuse substances have a higher prevalence of chronic physical diseases.
- Substance abuse is associated with about a three-fold increase in suicide behaviour.
- 74% of people who abuse substances who attended outpatient treatment in two NZ clinics were diagnosed as having another co-existing mental health disorder.
- 28% of frequent drug users tested positive for Hepatitis C.<sup>5</sup>



## SOCIAL COSTS

- Economists have estimated that the sum of alcohol harm ranges from \$1 billion to \$4 billion per year, made up of public health (at least \$655 million), crime (over \$240 million), social welfare (over \$200 million), and other related spending (over \$330 million). Lost productivity amounts to over \$1.17 billion a year.
- A 2008 Business and Economic Research Limited (BERL) report for NZ Police estimates illicit drug use in 2005/06 caused \$1.31 billion of harm.

## COST OF TREATMENT

- A brief intervention in one session for a person with a low level of problem (\$80).
- A course of eight community-based counselling sessions (\$640).
- A place on a methadone programme for one year (\$2,200).
- One week in a medical detox unit (\$4200).
- A three month period of residential treatment (\$8,670).

## BENEFITS OF TREATMENT

- Reduces the level of criminal offending – not only crime as a result of intoxication but also crime to finance substance use.
- Reduces the costs associated with imprisoning offenders (\$76,650 per annum) or managing offenders in the community (\$3,446 per annum).
- Reduces the numbers of people selling illicit drugs (drug users often also sell drugs).
- Reduces domestic and child abuse.
- Reduces socio-economic inequalities.
- Reduces the economic costs associated with substance use. People in recovery are more likely to contribute to the economy through employment and lowered beneficiary rates.
- Improves the health and wellbeing of individuals, families, and communities with a consequent reduction in the need for expensive medical, mental health, and social services.

## EFFICACY OF TREATMENT

- A reduction in expenditure on drugs by 70%.
- A reduction in clients troubled by alcohol use of 70%.
- A decline of 64% of percentage of clients arrested for any charge.
- A 15% increase in employment rates.
- Substantial reductions in other mental health problems and suicidal behaviour.
- Improved health and a decline in risky behaviours.
- Significant improvements in living conditions and social relationships.<sup>6</sup>



1. New Zealand Arrestee Drug Abuse Monitoring (NZ-ADAM, 2007)
2. Ibid.
3. NZ Health Behaviours Survey, 2007
4. Ibid.
5. All points, NZ Mental Health Survey, 2006
6. All points, US National Treatment Improvement Evaluation Study, 1997



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