2.4 Cost effectiveness of alcohol treatment improved by cutting inpatient stays

Findings A British study found outcomes did not suffer when the length of alcohol treatment regimes and inpatient stays were halved, with consequent improvements in cost-effectiveness.

Researchers assessed staff views (study ❶) and outcomes (❷) before and after a five-week inpatient detoxification and therapy regime at an independent hospital's addiction unit was cut to two weeks. The new regime consisted of four to five days' inpatient detoxification then day treatment; both therapies were cognitive-behavioural and relied mainly on groups. Intake measures were compared with outcome measures taken by 'blind' interviewers six and twelve months after treatment discharge. Out of roughly 100 consecutive admissions, 75 patients from each regime could be matched on age, sex and severity of dependence. Data from these pairs was used to compare the treatments. Self-reports were confirmed by relatives and friends and by blood tests. Outcomes were not affected, but the average length of treatment and time physically on the unit were cut significantly, reducing costs by a third and improving cost-effectiveness. Programme completion was much higher (76% versus 55%) and aftercare cheaper.

In context The findings are consistent with earlier research (◤ *Secondary sources*) which suggests that inpatient regimes confer only modest additional benefits which within six months fade into statistical insignificance. In no case have such regimes proved superior to outpatient therapy preceded by inpatient detoxification.

In some ways this was an ideal test of inpatient treatment. The therapies in the two regimes were similar in type and intensity, and self-selection biases should have been minimised by consecutive referrals to a single centre and the matching of subjects. (Earlier studies finding no advantage for inpatient treatment have tested it only on patients willing to accept random allocation.) However, inpatient treatment was tested on patients for whom it may have been not just unnecessary, but inappropriate. They tended to be moderately dependent with good social resources and work/home commitments which made a short and mainly outpatient programme easier to fit in, probably boosting completion rates and outcomes. Usually *inpatient* retention is better, one reason why the results might not generalise to more problematic populations. Two recent US studies found residential settings best for patients with severe alcohol problems and suicidal ideation. It should also be stressed that the shorter regime retained an inpatient element during which three-quarters of the treatment was delivered.

Practice implications For most people with sufficient social resources and no serious medical/psychiatric impairment, extended inpatient programmes can be made more cost effective by trimming overall lengths and limiting the inpatient element (still valuable for many patients) to the first few days. Outcomes need not worsen if therapeutic inputs and progress (especially satisfactory completion) are maintained. Completion rates may even improve for patients with work/home commitments. The study authors believe two weeks may approach the limit to which programmes can be cut, a conclusion supported by the fact that many stays briefly overran.

LINKS *Nuggets* **1.1**, **1.6**

Inpatient and extended treatment is still needed for the severe medical complications of alcohol abuse (including withdrawal) and for patients with serious medical/psychiatric conditions. Especially for patients lacking social support and housing, residential settings may be needed to attract them to treatment, provide shelter, and to offer a sober and supportive respite in which to nurture personal resources and motivation ◤ *Secondary sources*.

Main sources ❶ Long C.J., *et al*. "Staff perceptions of organization change of treatment delivery on an addiction unit." *Journal of Advanced Nursing*: 1995, 21, p. 759–765 ❷ Long C.G. "Treating alcohol problems: a study of programme effectiveness and cost effectiveness according to length and delivery of treatment." *Addiction*: 1998, 93(4), p. 561–571. Copies: for both apply Alcohol Concern.

Secondary sources Finney J.W., *et al*. "The effectiveness of inpatient and outpatient treatment for alcohol abuse: the need to focus on mediators and moderators of setting effects." *Addiction*: 1996, 91(12), p. 1773–1796; also commentaries, p. 1803–1820. Copies: apply Alcohol Concern.

Contacts Dr Clive Long, Department of Psychology, St Andrew's Hospital, Billing Road, Northampton NN1 5DG, phone 01604 616182, fax 01604 635571.