4.1 Rare attempt to compare cost-effectiveness of different treatments for different clients

Findings The state of Ohio found that per dollar, short-term, intensive alcohol and drug treatment regimes delivered the best abstinence returns for severely addicted clients. Researchers adjusted for caseload differences which have previously precluded comparisons between treatment modalities.

Two thirds of the 17,385 clients entering non-methadone treatment in 1993–1995 participated in the study. A quarter were interviewed six months and a year later. Report ❶ benchmarked four types of programme against simple detoxification. At issue was how much they cost for each *extra* year of abstinence they achieved. This was assessed separately for high severity clients (using main drug at least twice a day) and for mid- and low- severity clients. Statistical adjustments further evened out case-mix differences.

For high severity clients, short-term residential rehabilitation was most cost-effective. It maximised the chances of a client remaining abstinent (57% in the first year) and did so at the lowest cost – $19,000 for each additional year of abstinence. Not far behind were intensive short-term non-residential programmes. Routine non-residential regimes failed to achieve sufficient gains while gains from long-term residential programmes were outweighed by their cost.

For mid-severity clients, routine non-residential treatment was most cost-effective – $14,000 for each additional year of abstinence. Short-term residential treatment was *least* cost-effective, over $73,000 for each additional year.

Report ❷ assessed whether the treatments delivered savings for society in terms of health and justice costs, accidents, and job functioning. Each treatment type more than paid for itself with each category of client; intensive non-residential programmes delivered the greatest returns for the most severely problematic, routine non-residential treatment for the less severe.

LINKS Nuggets **4.2 2.4 1.6** • *NTORS* issue 2, p. 16 • *How brief can you get?* issue 2, p. 23 and follow-up letters in issue 3, p. 24.

In context Despite some weaknesses, this is one of the few guides on how to maximise return on treatment for different clients. Report ❶ assumed that statistical adjustments for case-mix and self-selection biases created an even playing field. However, these could not have fully compensated for the fact that just 17% of clients made it through to the final analysis and that they differed from clients who did not. This degree and pattern of attrition reduces confidence in the findings and in their generalisability to other clients. Clients who secure public funding for long-term residential therapy tend to have the most difficult and extensive problems. It would be unsafe to assume that they could have been treated as well and at lower cost elsewhere. Report ❷ additionally suffered badly from missing data.

In the US context the good performance of short-term inpatient regimes with severely dependent clients may reflect their close links with NA/AA-based aftercare, especially since in report ❶ abstinence was the outcome. This may have discriminated against services for which abstinence is not the primary aim or most impressive outcome.

Practice implications For those highly dependent, short-term, intensive programmes produce more abstinence per £ than less intensive outpatient regimes or costly long-term residential treatment. For less dependent clients, routine non-residential therapy is the preferred starting point. These conclusions 'make sense' in terms of balancing intensity of intervention with intensity of need, but require confirmation by studies less compromised by attrition and selection biases and with more relevant measures of success.

Featured studies ❶ Shepard D.S. "Cost-effectiveness of substance abuse services: implications for public policy." *Psychiatric Clinics of North America*: 1999, 22(2), p. 385–400. Copies: apply DrugScope ❷ New Standards Inc. *Ohio Department of Alcohol and Drug Addiction Services. Cost-effectiveness study*. 1996. Copies: apply Ohio Department of Alcohol and Drug Addiction Services, fax 00 1 614 752 8645, e-mail quality@ada.state.oh.us.

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