The Journal of Mental Health Policy and Economics
J. Mental Health Policy Econ. **3**, 55 (2000)

COMMENTARY

How can Policy Makers use Available Evidence on the Cost Benefits of Drug Treatement?

Christine Godfrey* and Steve Parrott

Centre for Health Economics, University of York, York, UK

Abstract

All the studies on the cost benefits of drug treatment reviewed by Cartwright in this issue suggest benefits outweigh costs by some margin. What lessons does this review of mainly American data have for European policy makers? Drug treatments are associated with a wide range of consequences outside the health sector and there are considerable differences in treatment regimes across countries. This could well influence results. There are also considerable differences in methodologies used across available studies and many lack strong study designs. An interesting feature is the lack of valuation of individual drug users benefits, does this imply that policy makers in the US do not "care" about drug misusers. Would the situation be the same in Europe or other parts of the world? There is a lot of research to be done and perhaps specific guidelines are required to ensure economic evaluations in this area can be used to guide policy decisions with more confidence.

Alcohol and drug treatments remain controversial and in many countries struggle for funding. However, as detailed in William Cartwright's review, all available studies suggest the benefits of treatment outweigh the costs. An earlier article from Holder[1] also indicates that there are reductions in health care costs following treatment for substance misuse, i.e. cost-offsets. The vast majority of the available research is based on data from the United States. Do these reviews have any implications for Europe? Also, how good are the studies from which these findings have been drawn? What other research is needed to aid policy makers across Europe and the rest of the world?

Obviously it is more difficult to generalize economic data compared to clinical outcomes. Treatment structures and costs vary considerably. The interventions supported in different countries vary especially in intensity. For example, inpatient and residential places in the UK for either alcohol or drug programmes have been reduced dramatically in recent years. Setting up drug services in different areas with different rates of problems could involve very different cost structures. Methadone maintenance when delivered for a large number in an urban setting could be much cheaper per person than a service delivered in rural area. Staffing levels and qualifications may impact on both costs and outcomes and clearly these will vary between and within countries. Unfortunately for reviewers drug treatments are far from standardized.

The research is also complicated by the wide range of consequences that arise from changing patterns of drug use. The categories, crime, health care, employment, are likely to be similar but different factors may influence the magnitude of these items. For example, levels of crime needed to support drug habits may well depend on the price of the illicit drugs. Productivity gains through treatment will depend on overall unemployment rates. Most drug users in the UK, for example, seem to struggle to gain employment after treatment. Also health care costs will be different from the US and vary across other countries. There are some data available from European treatment studies. The NTORS study, for example, in the UK does suggest that for every £1 spent on illicit drug treatment there is a corresponding saving of £3 in reduced crime.[2]

* Correspondence to: Professor Christine Godfrey, Centre for Health Economics, University of York, York YO1 5DD

On a more cautionary note, the quality of the research studies in this area is not the highest. There is a lack of economic data collected at the same time as clinical outcomes in well controlled studies. Many of the studies reviewed by Cartwright used estimates based on authors' judgements. Most data, including NTORS, are from naturalistic studies without controls.

More intriguingly the review highlights the different means of identifying, measuring and valuing all the costs and consequences relevant to substance misuse treatments. The most striking feature of these studies is that no account at all is taken of the individual benefits of treatment in terms of quantity and quality of life. This has a hidden implication that society puts no value at all on the participants in these treatments. This is in contrast to all other health care areas where the individual outcomes are the primary focus. Cartwright discusses measures which could be adopted. This raises many interesting research questions. For drug and alcohol misusers should we be confining these individual outcomes to health or should new fuller utility measures be constructed including elements such as inter-personal relationships and other social dimensions? Should money measures be used or a utility measure? Who can value these outcomes—substance misusers or the population? Does the general population 'care' about drug misusers?

Most attention in available research has been focused on potential gains to society from treating those abusing drugs and alcohol. Crime costs are a particular challenge to evaluate and value. As Cartwright mentions theft is a transfer—resources are not lost to society. This is not a concept well received by the majority of the population and clearly there is some danger that economic studies fail to address the issues such as increased fear of crime and money spent on securing goods and preventing crime. Cartwright's review also raises many other measurement issues especially the dynamics of treatment and its effects. Some programmes, like methadone maintenance, are on-going and for others several 'doses' of treatment may be necessary. Ideally measurement should chart how different treatment episodes affect individuals' drug use careers and therefore the societal and individual consequences attached to different treatment histories.

Solutions to many of these problems are tied up in valuation and the weight given to different items will vary across communities and countries. The cost-effectiveness of different substance misuse interventions may more than other health care areas vary across time and locality. The need for more research especially in Europe is not an empty call. Guidelines for published studies to aid generalizability and quality are desperately needed. Future reviews could also suggest how research results could be combined with local data to illustrate the cost and benefits of different policy options specific to that jurisdiction.

References

1. Holder HD. Cost benefits of substance abuse treatment: an overview of results from alcohol and drug abuse. *Mental Health Policy Econ* 1998; **1**: 23–29.
2. Gossop M, Marsden J, Stewart D. *NTORS at One Year: Changes in Substance Use, Health and Criminal Behaviour One Year After Intake*. Department of Health: London, 1998.