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## Evidence Supporting the Public Funding of Addictions Treatment

May 13, 2003

- 1. The results of four (4) major national studies indicate clients involved in the criminal justice system achieved positive treatment outcomes.**

*Hubbard, R. L. (2002). Replicated Effects of Criminal Justice Involvement on Substance Abuse Treatment Retention and Outcomes. National Evaluation Data Services (NEDS), Center for Substance Abuse Treatment, Substance Abuse Mental Health Services Administration.*

- 2. Addiction treatment for adolescents is effective in achieving many important behavioral and psychological improvements. For example, the percentage of adolescents with grades that were average or better increased from 53.2% to 85.2% following completion of residential treatment.**

*Hser, Yih-Ing (2001) An Evaluation of Drug Treatments for Adolescents in 4 US Cities. Archives of General Psychiatry, 58(7), 689-695.*

- 3. Addictions treatment is significantly associated with a 67% reduction in weekly cocaine use, a 65% reduction in weekly heroin use, a 52% decrease in heavy alcohol use, a 61% reduction in illegal activity, and a 46% decrease in suicidal ideation one year post treatment. Moreover, these outcomes are generally stable for the same clients five years post treatment.**

*Hubbard, R. L. (1997). Overview of 1-year Follow Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). Psychology of Addictive Behaviors, 11, 261-278.*

*Hubbard, R.L. (2003). Overview of 5-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcomes Studies (DATOS) (in press).*

- 4. Of those with hypertension who enter the healthcare system, a third may drop out, and 50% may comply with prescribed medication. Compliance with instructions to lose weight or stop smoking is substantially lower, with long-term success rates less than 10%. Reduction in depressive symptomatology following a planned intervention involving increased education and psychiatric visits was 29%.**

*Haynes, R. (2002). Helping Patients Follow Prescribed Treatment: Clinical Applications. Journal of the American Medical Association, 288(22), 2880-2883.*

*Katon, W. (1999) Stepped Collaborative Care for Primary Care Patients with Persistent Symptoms of Depression: A Randomized Trial. Archives of General Psychiatry 56(12), 1109-1113.*

- 5. The results of research provide consistent support for the cost benefits of substance abuse treatment. From a health policy perspective, such results are promising if the objective is to demonstrate that treatment investment can pay for all or part of its associated costs through reductions in other health care costs.**

*Holder, H. (1998). Cost Benefits of Substance Abuse Treatment: An Overview of Results from Alcohol and Drug Abuse. The Journal of Mental Health Policy and Economics, 1, 23-29.*

6. Besides Washington, D.C., voters have enacted treatment instead of incarceration initiatives in Arizona (Proposition 200, passed in 1996) and California (Proposition 36, passed in 2000). The Hawaii legislature enacted similar legislation in 2001. An analysis by the Arizona Supreme Court found that Proposition 200 diverted 2,600 nonviolent offenders into drug treatment in its first year, saving Arizona taxpayers \$2.56 million. It saved taxpayers more than \$6 million in prison costs during its second year. California estimates that Proposition 36 will divert more than 30,000 drug offenders per year into treatment, saving California taxpayers approximately \$1.5 billion over five years. As a result of Proposition 36, California increased the number of licensed and certified substance abuse “slots: by 68%.

McColl, W. & Opio, S. (March-April 2003) *Treatment Instead of Incarceration*. *Behavioral Health Management* 23(2), 21-24.

7. An additional dollar invested in treatment for cocaine addiction results in \$7.46 worth of savings in societal costs.

Rydell, C.P. & Everingham, S.S. (1994) *Controlling Cocaine Supply Versus Demand Programs*. RAND Drug Policy Research Center. Santa Monica, CA.

8. Following treatment, 19 percent more persons received income from jobs and 11 percent fewer persons received welfare income.

U.S. Department of Health and Human Services, Substance Abuse Mental Health Services Administration, Center for Substance Abuse Treatment (2001). *National Treatment Improvement Evaluation Study (NTIES), 1992-1007*. Conducted by National Opinion Research Center (NORC). ICPSR ed. An Arbor, MI: Inter-university Consortium for Political and Social Research [producer and distributor].

9. The conclusions of Ohio’s 4-year study on the cost effectiveness of substance abuse treatment confirm [that] drug treatment improves people’s lives, and saves money.

Center for Substance Abuse Treatment (Fall, 1998). *Treatment Improvement Exchange TIE Communiqué (TIE), Special Issue. Substance Abuse Treatment and Welfare Reform*. Retrieved May 13, 2003 from the CSAT website: <http://www.treatment.org/communique/comm98W/indexWelfareSept98.html>

10. Treatment is very cost beneficial to taxpayers. The cost benefit averages a \$7 return for every dollar invested. Second, criminal activities significantly declined after treatment. In 1992, the cost of treating approximately 150,000 individuals was \$200 million. The benefits received during treatment and in the first year afterwards totaled approximately \$1.5 billion in savings. The largest savings were due to reductions in crime. Finally, significant improvements in health and corresponding reductions in hospitalizations were found during and after treatment. Emergency room admissions, for example, were reduced by one-third following treatment. Treatment is a good investment!

State of California (1994). *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA), Exec Summary, (ADP) 94-4628*.

CALDATA

*Eight Domains: Criminal Justice System Costs, Victim Losses, Theft Losses, Health Care Service Utilization, Income Transfers, Decrements in Household Productivity, Social Impacts on Friends and Family, Short and Long Term Impacts on Children.*

*Public Safety Net: Study indicates that addictions treatment is the public safety net necessary to support ALL members of our Commonwealth during difficult economic*