



Washington State  
Department of Social  
and Health Services

Research and Data  
Analysis Division

Daniel J. Nordlund, Ph.D.  
Sharon Estee, Ph.D.  
Barbara Felver

In conjunction with

Division of Alcohol and  
Substance Abuse

Kenneth D. Stark, Director  
Antoinette Krupski, Ph.D.,  
Research Administrator

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## METHADONE AND NON-METHADONE TREATMENT OF PERSONS ADDICTED TO OPIATES RESULTS IN LOWER HEALTH CARE COSTS AND REDUCED ARRESTS AND CONVICTIONS: WASHINGTON STATE SUPPLEMENTAL SECURITY INCOME RECIPIENTS

### TREATMENT FOR OPIATE ADDICTION LOWERS HEALTH CARE COSTS, WHETHER PERSONS RECEIVE METHADONE OR NON-METHADONE TREATMENT

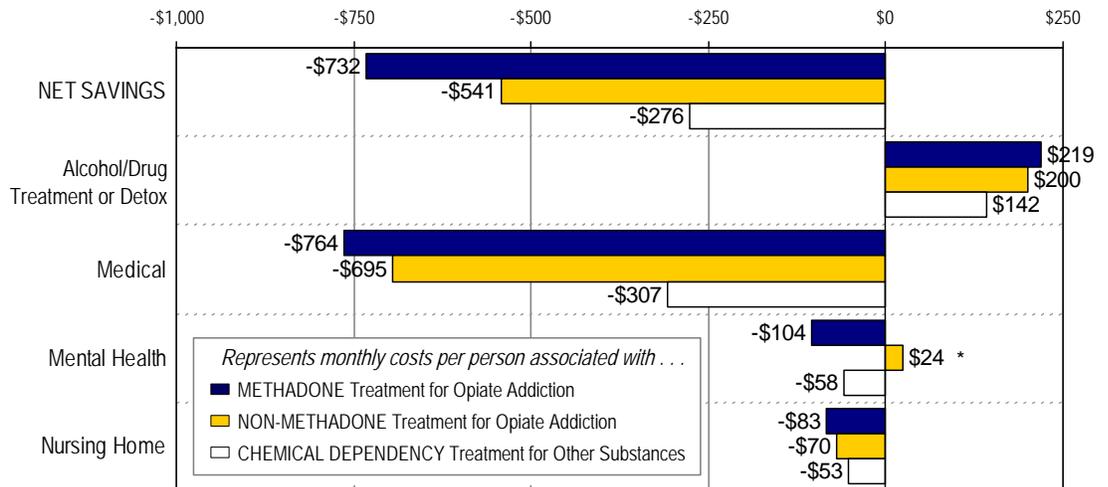
The overall cost offset of medical, mental health, and long-term care relative to the cost for providing chemical dependency treatment is substantial for clients addicted to opiates, regardless of the type of treatment. These cost offsets averaged:

- **-\$732** per person per month for methadone treatment, and
- **-\$541** per person per month for non-methadone treatment.

These monthly savings are much higher than the cost offsets associated with providing substance abuse treatment for those dependent on other substances: **-\$276** per person.

The average monthly costs for providing chemical dependency treatment are: **\$219** for methadone treatment, **\$200** for non-methadone treatment of opiate addiction, and **\$142** if treated for other substances. Although the costs for treating opiate addiction are somewhat higher than the cost for treating other chemical dependencies, the return on the investment is far greater.

### Investments for Opiate Addiction Treatment are Higher, but the Long-Term Return on the Investment is Greater, Regardless of the Type of Treatment Received



\* Differences in costs not statistically significant

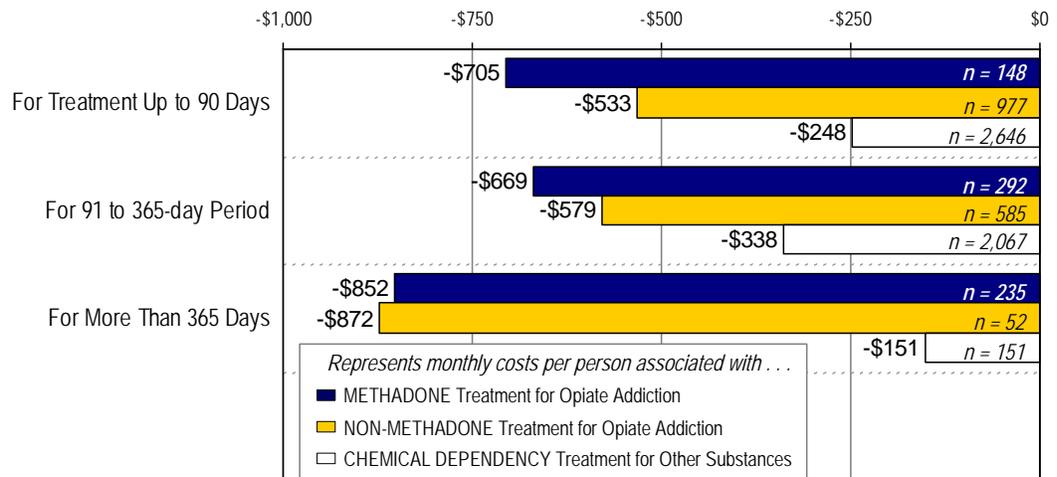
## STAYS IN TREATMENT OVER 365 DAYS RESULT IN THE GREATEST COST SAVINGS FOR THOSE ADDICTED TO OPIATES

Cost offsets were examined for differing amounts of time spent in treatment. Regardless of length of stay, the savings associated with treating opiate addiction – through either methadone or non-methadone treatment – are greater than the savings associated with treating dependency on other substances.

For those with relatively shorter stays – up to 90 days – the monthly savings for treating opiate addictions are **more than twice the savings** for treating addictions to other substances. For those in treatment more than 365 days, the savings for treating opiate addiction are **about five times** those for treating other types of substances.

- For treatment stays up to 90 days, the average monthly savings is **–\$705** for methadone recipients, **–\$533** for non-methadone treatment, and **–\$248** for persons treated for other chemical dependencies.
- After 365 days, these savings are **–\$852** for methadone recipients, **–\$872** for non-methadone treatment, and **–\$151** for persons treated for other chemical dependencies.

### Highest Savings are for Opiate Addiction Treatments of Over 365 Days



#### ABOUT TREATMENT FOR OPIATE ADDICTION

**Methadone Treatment** – or opiate substitution treatment – is an outpatient service for individuals addicted to heroin or other opiates. Under this approach, state-funded and accredited opiate substitution treatment agencies provide counseling and daily or near-daily administration of methadone or other approved substitute drugs. Patients also receive education, random urine drug screening to monitor drug use, and are subject to stringent rules regarding compliance.

**Non-Methadone Treatment** – or “drug free” treatment – may occur in residential or outpatient modalities. Residential modalities include intensive inpatient and long-term residential treatment. Both are highly structured programs conducted in a residential setting--intensive inpatient treatment typically lasts 21 to 28 days while long-term residential treatment lasts 90 days or longer. Outpatient treatment services consist of a variety of diagnostic and treatment services provided according to a prescribed treatment plan in a non-residential setting.

## TREATMENT FOR OPIATE ADDICTION REDUCES THE LIKELIHOOD OF CRIMINAL ARRESTS AND CONVICTIONS

In this analysis, persons with opiate addictions that received *either* methadone or non-methadone treatment are combined as a single group, and then compared against those who received treatment for other types of chemical dependencies.<sup>1</sup>

The likelihood of re-arrest or conviction is reduced as a result of entering treatment.<sup>2</sup> The longer clients stay in treatment, the better their outcomes. For example, the likelihood of re-arrest in the year after treatment for persons addicted to opiates or other drugs is reduced by 19 percent if they enter treatment. This likelihood is reduced even further, a reduction of 43 percent, when such persons complete treatment.

The improvement is similar, although not as pronounced for persons who stay in treatment for more than 90 days, with a reduction of 39 percent for persons addicted to opiates and a reduction of 26 percent for persons with other chemical dependencies.

### Criminal Justice Outcomes Improve Upon Entry to Treatment, with the Best Outcomes Found Among Those Who Complete Treatment

	Arrests		Felony Convictions		Any Conviction	
	Opiates	Non-Opiates	Opiates	Non-Opiates	Opiates	Non-Opiates
Entered Treatment	– 19% <i>n</i> = 1,517	– 19% <i>n</i> = 6,696	– 51% <i>n</i> = 1,497	– 33% <i>n</i> = 6,694	– 35% <i>n</i> = 1,497	– 13% <i>n</i> = 6,644
Completed Treatment	– 43% <i>n</i> = 780	– 43% <i>n</i> = 2,485	– 72% <i>n</i> = 772	– 41% <i>n</i> = 2,470	– 34% <i>n</i> = 772	– 39% <i>n</i> = 2,470
Stayed in Treatment More than 90 Days	– 39% <i>n</i> = 780	– 26% <i>n</i> = 2,485	– 19% <i>n</i> = 772	– 37% <i>n</i> = 2,470	– 32% <i>n</i> = 772	– 27% <i>n</i> = 2,470

<sup>1</sup> This allowed adequate sample size for statistical comparison.

<sup>2</sup> Percentages reflect the results of proportional hazards models in which the effects of covariates (age, gender, race/ethnicity) on the risks of re-arrest or conviction are controlled.

## TECHNICAL NOTES

This paper examines “cost offsets” of medical, mental health, and long-term health care costs among opiate addicts who were treated with or without methadone. These findings are compared against savings identified for persons with other types of non-opiate chemical dependencies who undergo treatment. In addition, criminal justice outcomes are identified for opiate addicts (regardless of treatment modality) and are compared to outcomes for clients treated for other types of chemical dependencies.

The study population included 16,034 clients who received Supplemental Security Income (SSI) benefits at some time between July 1997 and December 2001 and who were identified as having a substance abuse problem based on administrative records. The SSI program provides cash and medical assistance to persons with little or no income who are unable to work due primarily to physical or mental disability.

The results of the original study and a report on stimulant drug abuse are also available.<sup>3</sup>

Three cost comparisons are made in the first section of this analysis:

- Opiate addicts who are treated with methadone are compared to SSI clients who appear to need treatment for opiate addiction but do not get it;
- Opiate addicts who are treated with non-methadone forms of treatment are compared to SSI clients who appear to need treatment for opiate addiction but do not get it; and
- SSI clients who are treated for non-opiate chemical dependencies are compared to clients who appear to need treatment for non-opiate chemical dependencies but do not get it.

Opiate addictions for these clients were identified through medical diagnoses or procedures, receipt of methadone or non-methadone (“drug free”) treatment, or arrests for opiate-related offenses. Clients were included only if they had at least one month of service before the opiate addiction was identified *and* after admission occurred. For this report, a subset of 3,354 persons were identified as dependent on opiates by the presence of:

- Heroin, non-prescription methadone, prescribed opiate substitutes, or other opiates and synthetics as primary, secondary, or tertiary drug of abuse in TARGET records.
- Diagnosis of opiate abuse or dependence in Medicaid claims data.

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<sup>3</sup> Estee, S. and D. Nordlund. 2003. *Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project: 2002 Progress Report*. Washington State Department of Social and Health Services, Research and Data Analysis Division, February. Nordlund, D., Estee, S. and Yamashiro, G.. 2003. *Treatment of Stimulant Addiction Including Addiction to Methamphetamine Results in Lower Health Care Costs and Reduced Arrests and Convictions: Washington State Supplemental Security Income Recipients*. Washington State Department of Social and Health Services, Research and Data Analysis Division, December.

Additional copies of this fact sheet may be obtained from the following websites:

<http://www1.dshs.wa.gov/RDA/> or <http://www1.dshs.wa.gov/dasa/>

or through the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or 206-725-9696 (within Seattle or outside Washington State), by e-mailing [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org), or

by writing to 6535 Fifth Place South,  
Seattle, Washington 98108-0243.

