DRUG & ALCOHOL FINDINGS

NATIONAL ADDICTION CENTRE
Alcohol - Concern
DrugScope

About this document

4.2 Cocaine treatment nets benefits for society

Findings Treating cocaine addicts dramatically cuts drug use and crime. The most problematic may need months in residential care, the remainder generally do as well in non-residential settings.

The Drug Abuse Treatment Outcome Study (DATOS) interviewed clients of US drug services at intake and one year after leaving treatment. 1648 were dependent or daily cocaine users seen at non-methadone services. Data was available for 1605.

The treatments they had attended were either:

- long-term residential therapeutic communities, with on average 11-month programmes;
- short-term, 'Minnesota model' residential programmes of three to four weeks;
- non-residential drug-free programmes providing counselling and other therapies planned to last on average five months.

LINKS Nuggets 4.7 4.3 3.7 2.4 1.3 • *NTORS* issue 2, p. 16.

Post-treatment gains (report ❶) included a reduction in the proportion using crack over the past year from 67% to 29% and in those using any form of cocaine daily from 41% to 9%. The proportion who had committed drug-related crimes fell from 43% to 16% and there was a drop of 40% in the proportion imprisoned.

Therapeutic community clients had the most extensive problems, but after treatment only 24% still regularly used cocaine, statistically indistinguishable from the other two modalities. Improvements were concentrated among clients who stayed at least three months and the relative benefits were clearest among clients with the greatest problems. After stays of at least three months, just 15% used cocaine weekly, far fewer than after corresponding periods in the other modalities. Non-residential programmes were the most cost-effective option for clients with fewer complicating problems.

Report ❷ compared the cost-benefits of the two long-term modalities – therapeutic communities and counselling. Both modalities paid for themselves roughly twice over. Though they cost nearly eight times as much, therapeutic communities acheived parity because took in far more criminal clients and achieved greater savings.

In context Differences between the tested services and those currently available in the UK limit the study's applicability to Britain. Most of the US services emphasised group processes and abstinence and the therapeutic communities scheduled long stays. Clients too were different: a quarter at Minnesota model programmes and over half the remainder were subject to criminal proceedings.

Cost-benefit calculations were not adjusted for the possibility that clients may have curbed their criminal activity for reasons unrelated to treatment, notably criminal justice supervision. They also did not cost in extra treatment received in the follow-up year. Both would tend to exaggerate the benefits of treatment. Weighing against this, benefits would have accrued over succeeding years and only the savings from crime were counted.

Practice implications The findings justify retention of a range of residential and non-residential programmes and suggest that these should last at least three months to benefit the more problematic clients. Given this range, the prognosis for problem cocaine users (including those dependent on crack) is good and more than justifies their treatment. For cocaine users with multiple and severe problems, the wrap-around therapeutic environment afforded by long-term residential care is cost-effective. For the remainder, non-residential programmes perform as well and are cheaper. The findings argue against untested, cost-driven cuts in treatment stays. Poorer outcomes and higher readmission rates may mean that such cuts lose more they save.

Featured studies ❶ Simpson D.D., *et al*. "A national evaluation of treatment outcomes for cocaine dependence." *Archives of General Psychiatry*: 1999, 56, p. 507–514 ❷ Flynn P.M., *et al*. "Costs and benefits of treatment for cocaine addiction in DATOS." *Drug and Alcohol Dependence*: 1999, 57, p. 167–174. Copies: for both apply DrugScope.

Contacts DATOS web site, http://www.datos.org; follow link to Texas Christian University (TCU) web site or e-mail the TCU team at ibr@tcu.edu.

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Extended text with references

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