

5.3 Brief motivational therapy minimises health care costs except among more problematic drinkers

Findings The least expensive therapy tested by the US study Project MATCH also resulted in lower health care costs over the following three years, but costs incurred by clients with a particularly poor prognosis were lowest after more intensive therapies. MATCH randomised dependent drinkers seeking treatment to three one-to-one therapies. The briefest was four sessions of motivational therapy intended to mobilise the client's inner resources by enhancing commitment to change. The other two spanned 12 sessions. Twelve-step facilitation encouraged patients to work AA's 12 steps and to attend AA meetings. In cognitive-behavioural therapy, clients were taught skills and strategies for handling high-risk situations. With minor exceptions, outcomes were equally good. Since motivational therapy was the cheapest, it seemed the most cost-effective.

However, clients 'under-treated' by motivational therapy might have achieved parity by drawing on other health services, the cost of which might outweigh the lower initial cost. To investigate whether this happened, the featured study followed up 279 MATCH clients for three years. Though this did not reach statistical significance, total medical care costs (MATCH plus others) tended to be lower after motivational therapy. Its advantage was greater and became significant among patients with a better prognosis, ie, low dependence, less severe psychiatric symptoms, or a less pro-drinking social network. For patients with severe psychiatric disturbance and/or a pro-drinking social circle, cognitive-behavioural therapy incurred the least costs.

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In context In British studies of relatively stable alcoholic patients, an advice session with follow up contact has been found as effective as conventional treatment. The MATCH findings bolster the case for brief treatments but neither MATCH nor earlier studies have established their suitability across the full range of therapies or among the most problematic clients. Across a broader range of therapies and studies, brief motivational therapy has not always been found the most cost-effective. **Additional reading** Even within MATCH's truncated range, the more difficult clients eventually cost the health care system more when they were given the least expensive treatment. It seems likely that these patients also incurred the greatest social costs from crime, violence, suicide, and injury to other people, costs not counted in the featured study. If they had been, the cost-savings advantage of motivational therapy might have been reversed. MATCH itself found that clients achieved greater improvements when its therapies followed more intensive treatment.

Practice implications If these US findings are applicable to the UK, they suggest that within the limits of severity tapped by MATCH, low intensity motivational approaches are a safe and economic starting point for one-to-one psychosocial therapy. Unless problems are especially severe, more intensive interventions do not improve outcomes and cost more in themselves and in overall health care costs. Specifically, in terms of health costs, MATCH's motivational therapy seems preferable to cognitive-behavioural or 12-step approaches for less dependent patients, those with less severe psychiatric symptoms, or whose social circles are less pro-drinking. For patients with severe psychiatric symptoms and/or whose networks support drinking, cognitive-behavioural therapy seems preferable to motivational. Compared to the other two therapies, highly dependent patients do best in 12-step therapy at comparable overall cost.

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The study is not relevant to work with the most severely affected drinkers with multiple problems, nor to the choice between group and one-to-one therapies or when to deploy pharmacotherapy or residential care.

Featured studies Holder H.D., *et al.* "Alcoholism treatment and medical care costs from Project MATCH." *Addiction*: 2000, 95(7), p. 999–1013. Copies: apply Alcohol Concern.

Additional reading Finney J.W., *et al.* "The cost effectiveness of treatment for alcoholism: a second approximation." *Journal of Studies in Alcohol*: 1996, 57, p. 229–243. Copies: apply Alcohol Concern.

Contacts [Harold Holder, Prevention Research Center](#), 2150 Shattuk Avenue, Suite 900, Berkeley, California 94704, USA, e-mail center@prev.org.