

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

Substance Use Disorders

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
Early Intervention								
Brief intervention in primary care	Sep. 2016	\$8,623	\$3,124	\$5,499	(\$322)	\$8,301	\$26.79	55%
Teen Intervene	Jun. 2016	\$4,187	\$1,292	\$2,894	(\$453)	\$3,734	\$9.24	60%
Brief intervention in emergency department (SBIRT)	Sep. 2016	\$2,999	\$965	\$2,034	(\$512)	\$2,487	\$5.86	58%
Brief intervention in a medical hospital	Sep. 2016	\$2,573	\$781	\$1,792	(\$189)	\$2,384	\$13.60	67%
Brief Alcohol Screening and Intervention of College Students (BASICS): A Harm Reduction Approach	May. 2014	\$1,253	\$373	\$880	(\$86)	\$1,167	\$14.53	65%
Brief intervention for youth in medical settings	Feb. 2015	\$439	\$183	\$256	(\$392)	\$48	\$1.12	47%
Alcohol Literacy Challenge (for college students)	Jun. 2016	(\$137)	(\$39)	(\$98)	(\$5)	(\$141)	(\$29.68)	49%
Treatment for Youth								
Teen Marijuana Check-Up (TMCU)	Sep. 2018	\$9	\$26	(\$16)	(\$128)	(\$119)	\$0.07	48%
Adolescent Assertive Continuing Care (ACC)	Sep. 2018	(\$1,061)	\$20	(\$1,082)	(\$2,345)	(\$3,406)	(\$0.45)	40%
Functional Family Therapy (FFT) for adolescents with substance use disorder	Jun. 2016	(\$1,454)	\$31	(\$1,486)	(\$4,082)	(\$5,536)	(\$0.36)	37%
Multidimensional Family Therapy (MDFT)	May. 2015	\$2,778	\$2,026	\$752	(\$9,504)	(\$6,726)	\$0.29	30%
Treatment for Adults								
Contingency management (higher cost) for substance use disorders	May. 2014	\$26,754	\$3,797	\$22,957	(\$673)	\$26,081	\$39.74	78%
Seeking Safety	May. 2014	\$24,029	\$7,337	\$16,693	(\$467)	\$23,563	\$51.49	73%
Contingency management (higher cost) for marijuana use	May. 2014	\$18,537	\$5,699	\$12,838	(\$673)	\$17,863	\$27.53	78%
Brief marijuana dependence counseling	May. 2014	\$17,628	\$5,417	\$12,212	(\$657)	\$16,972	\$26.84	91%
Brief cognitive behavioral intervention for amphetamine users	May. 2014	\$13,177	\$2,730	\$10,447	(\$248)	\$12,929	\$53.16	63%
12-Step Facilitation Therapy	May. 2014	\$10,991	\$2,217	\$8,774	\$378	\$11,369	n/a	60%
Community Reinforcement Approach (CRA) with vouchers	May. 2014	\$10,812	\$2,364	\$8,447	(\$1,418)	\$9,393	\$7.62	60%
Supportive-expressive psychotherapy for substance use disorders	May. 2014	\$11,571	\$4,564	\$7,007	(\$2,399)	\$9,172	\$4.82	61%
Motivational interviewing to enhance treatment engagement	Dec. 2014	\$8,031	\$2,019	\$6,012	(\$314)	\$7,718	\$25.61	56%
Cognitive-behavioral coping-skills therapy for alcohol or drug use disorders	Sep. 2016	\$7,670	\$1,581	\$6,089	(\$313)	\$7,357	\$24.51	57%
Relapse Prevention Therapy	May. 2014	\$7,199	\$1,527	\$5,672	\$0	\$7,199	n/a	56%
Holistic Harm Reduction Program (HHRP+)	May. 2014	\$6,204	\$1,106	\$5,098	(\$957)	\$5,247	\$6.48	56%
Contingency management (lower cost) for opioid use disorder	Dec. 2016	\$4,952	\$828	\$4,124	(\$419)	\$4,533	\$11.81	58%
Individual drug counseling approach for the treatment of cocaine addiction	May. 2014	\$6,181	\$744	\$5,438	(\$2,802)	\$3,380	\$2.21	54%
Contingency management (lower cost) for substance use disorders	May. 2014	\$3,442	\$588	\$2,854	(\$295)	\$3,147	\$11.67	59%

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
Matrix Model Intensive Outpatient Treatment Program (IOP) for stimulant use disorders	May. 2014	\$4,333	\$885	\$3,448	(\$1,508)	\$2,825	\$2.87	52%
Node-link mapping	May. 2014	\$2,057	\$339	\$1,718	\$0	\$2,057	n/a	53%
Sober living houses	Oct. 2016	\$2,199	\$392	\$1,807	(\$339)	\$1,861	\$6.50	53%
Peer support for individuals with substance use disorder	May. 2014	\$4,055	\$944	\$3,112	(\$3,316)	\$739	\$1.22	50%
Contingency management (lower cost) for marijuana use	May. 2014	\$581	\$220	\$361	(\$295)	\$286	\$1.97	51%
Cognitive-behavioral coping-skills therapy for opioid use disorder	Dec. 2016	(\$554)	(\$38)	(\$516)	(\$634)	(\$1,188)	(\$0.87)	49%
Day treatment with abstinence contingencies and vouchers	May. 2014	\$2,729	\$974	\$1,755	(\$6,375)	(\$3,646)	\$0.43	44%
Behavioral self-control training (BSCT)	May. 2014	(\$17,472)	(\$4,596)	(\$12,877)	(\$186)	(\$17,658)	(\$93.94)	23%
Medication-assisted Treatment								
Methadone maintenance for opioid use disorder	Dec. 2016	\$10,633	\$2,059	\$8,575	(\$4,439)	\$6,194	\$2.40	84%
Buprenorphine (or buprenorphine/naloxone) maintenance treatment for opioid use disorder	Dec. 2016	\$10,096	\$2,053	\$8,044	(\$5,444)	\$4,652	\$1.85	81%
Injectable naltrexone for opiates	Dec. 2016	(\$868)	\$1,423	(\$2,292)	(\$19,488)	(\$20,357)	(\$0.04)	0%
Injectable naltrexone for alcohol	Dec. 2016	(\$8,563)	\$331	(\$8,894)	(\$19,488)	(\$28,051)	(\$0.44)	0%

Other Substance Use Disorders topics reviewed:

Program name	Date of last literature review	Notes
Adolescent Community Reinforcement Approach (A-CRA)	Sep. 2018	Click for meta-analytic results
Buprenorphine implants	Dec. 2016	Click for meta-analytic results
Community Reinforcement and Family Training (CRAFT) for engaging clients in treatment	Sep. 2016	Click for meta-analytic results
Dialectical behavior therapy (DBT) for co-morbid substance use disorder and serious mental illness	May. 2014	Click for meta-analytic results
Early initiation of buprenorphine treatment for opioid use disorder (compared to referral to treatment only)	Dec. 2016	Click for meta-analytic results
Early initiation of methadone treatment for opioid use disorder (compared to referral to treatment only)	Dec. 2016	Click for meta-analytic results
Family Behavior Therapy (FBT)	May. 2014	Click for meta-analytic results
Injectable bromocriptine for alcohol	Dec. 2016	Click for meta-analytic results
MET/CBT-5 for youth marijuana use	Feb. 2015	Click for meta-analytic results
Motivational Enhancement Therapy (MET) (problem drinkers)	May. 2014	Click for meta-analytic results
Naltrexone implants	Dec. 2016	Click for meta-analytic results
Parent-Child Assistance Program	Aug. 2017	Click for meta-analytic results
Wraparound services for pregnant/postpartum women in treatment for substance use disorders	Sep. 2016	Click for meta-analytic results
Anger management for substance abuse and mental health clients: Cognitive-behavioral therapy	May. 2014	No rigorous evaluation measuring outcome of interest.
Behavioral Couples Therapy (marital)	May. 2014	No rigorous evaluation measuring outcome of interest.
Buprenorphine taper for prescription opioid use disorder	Dec. 2016	No rigorous evaluation measuring outcome of interest.
Dialectical behavior therapy for substance abuse: Integrated treatment model	May. 2015	No rigorous evaluation measuring outcome of interest.
Matrix Model treatment for adolescents with substance use disorder	Jun. 2013	No rigorous evaluation measuring outcome of interest.
Medication-assisted therapies for opioid use during pregnancy—buprenorphine vs. methadone	Dec. 2016	No rigorous evaluation measuring outcome of interest.
Preventing Addiction-Related Suicide (PARS)	May. 2014	No rigorous evaluation measuring outcome of interest.
Recovery Support Services	Jun. 2016	No rigorous evaluation measuring outcome of interest.
Seven Challenges	Jun. 2020	No rigorous evaluation measuring outcome of interest.
Therapeutic community for non-offenders	May. 2014	No rigorous evaluation measuring outcome of interest.

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Washington State Institute for Public Policy

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