

## Behavioral self-control training (BSCT) Substance Use Disorders: Treatment for Adults

Benefit-cost estimates updated December 2019. Literature review updated May 2014.

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

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](#).

**Program Description:** Behavioral self-control training is a standalone treatment approach often used to pursue a goal of moderate or non-problematic drinking rather than complete abstinence, although abstinence goals are also permissible. This approach teaches self-monitoring, managing drinking speed and duration, identifying high-risk situations, goal setting, rewards for goal attainment, and coping skills. When used with a goal of moderate or controlled drinking, behavioral self-control training is contra-indicated for pregnant women, women trying to become pregnant, clients with medical or psychological problems worsened by drinking, clients who are mandated to remain abstinent, or in other situations where there is strong pressure for abstinence. Treatment in the included studies occurred over one to three months.

### Benefit-Cost Summary Statistics Per Participant

#### Benefits to:

Taxpayers	(\$3,386)	Benefit to cost ratio	(\$79.40)
Participants	(\$7,721)	Benefits minus costs	(\$13,347)
Others	(\$148)	Chance the program will produce	
Indirect	(\$1,926)	benefits greater than the costs	23 %
<b>Total benefits</b>	<b>(\$13,181)</b>		
<b>Net program cost</b>	<b>(\$166)</b>		
<b>Benefits minus cost</b>	<b>(\$13,347)</b>		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2018). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our [Technical Documentation](#).

### Meta-Analysis of Program Effects

Outcomes measured	Treatment age	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
				First time ES is estimated			Second time ES is estimated			ES	p-value
				ES	SE	Age	ES	SE	Age		
Alcohol use disorder	41	12	333	-0.393	0.161	41	0.165	0.181	42	-0.393	0.001
Drinking and driving <sup>^</sup>	41	1	20	-1.048	0.337	41	n/a	n/a	n/a	-1.048	0.001

<sup>^</sup>WSIPP's benefit-cost model does not monetize this outcome.

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

### Detailed Monetary Benefit Estimates Per Participant

Affected outcome:	Resulting benefits: <sup>1</sup>	Benefits accrue to:				
		Taxpayers	Participants	Others <sup>2</sup>	Indirect <sup>3</sup>	Total
Alcohol use disorder	Criminal justice system	(\$2)	\$0	(\$4)	(\$1)	(\$7)
Alcohol use disorder	Labor market earnings associated with alcohol abuse or dependence	(\$3,237)	(\$7,604)	\$0	\$0	(\$10,841)
Alcohol use disorder	Health care associated with alcohol abuse or dependence	(\$111)	(\$20)	(\$123)	(\$55)	(\$309)
Alcohol use disorder	Property loss associated with alcohol abuse or dependence	\$0	(\$11)	(\$21)	\$0	(\$32)
Alcohol use disorder	Mortality associated with alcohol	(\$37)	(\$86)	\$0	(\$1,787)	(\$1,910)
Program cost	Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$83)	(\$83)
<b>Totals</b>		<b>(\$3,386)</b>	<b>(\$7,721)</b>	<b>(\$148)</b>	<b>(\$1,926)</b>	<b>(\$13,181)</b>

<sup>1</sup>In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

<sup>2</sup>"Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

<sup>3</sup>"Indirect benefits" includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

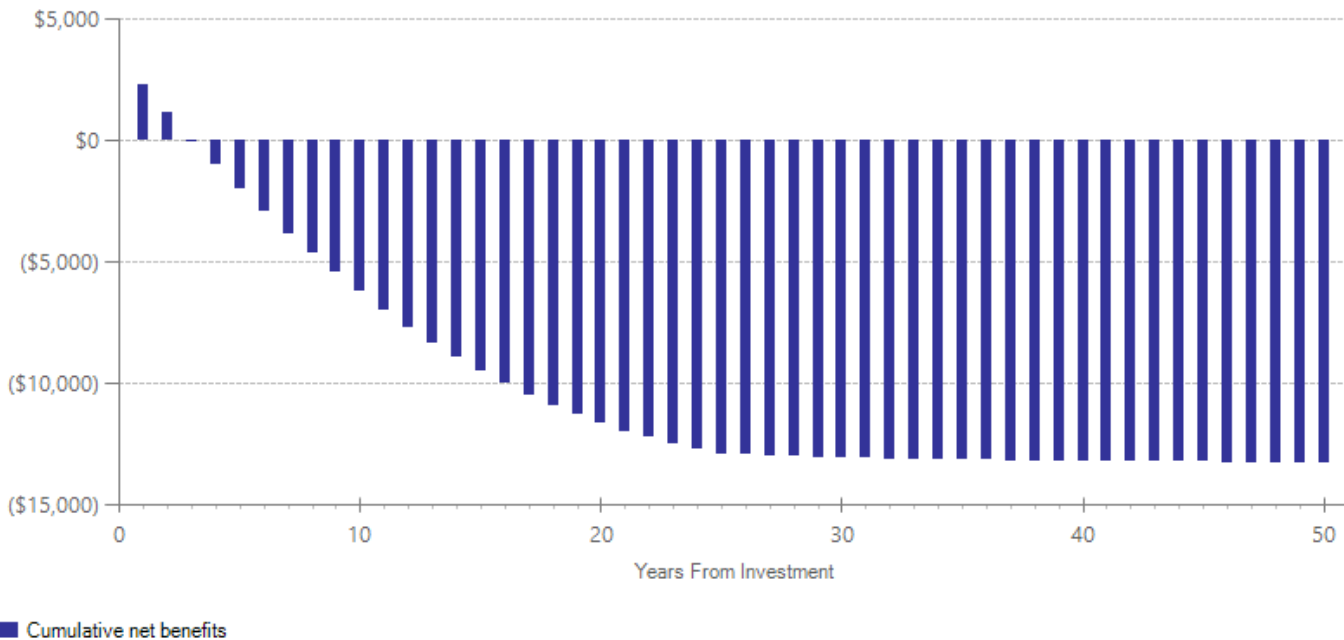
### Detailed Annual Cost Estimates Per Participant

	Annual cost	Year dollars	Summary	
Program costs	\$957	2013	Present value of net program costs (in 2018 dollars)	(\$166)
Comparison costs	\$804	2013		Cost range (+ or -)

In the studies included in our meta-analysis, treatment took place over a one- to three-month period. The per-participant cost of treatment is the weighted average estimate for studies included in the analysis. We calculated this average estimate using Washington's Medicaid hourly reimbursement rates for individual or group therapy multiplied by the weighted average of total hours of these therapies across the studies (averaging 12 total hours). Comparison group costs are computed in a similar manner based on treatment received in the studies (individual or group treatment as usual or no treatment).

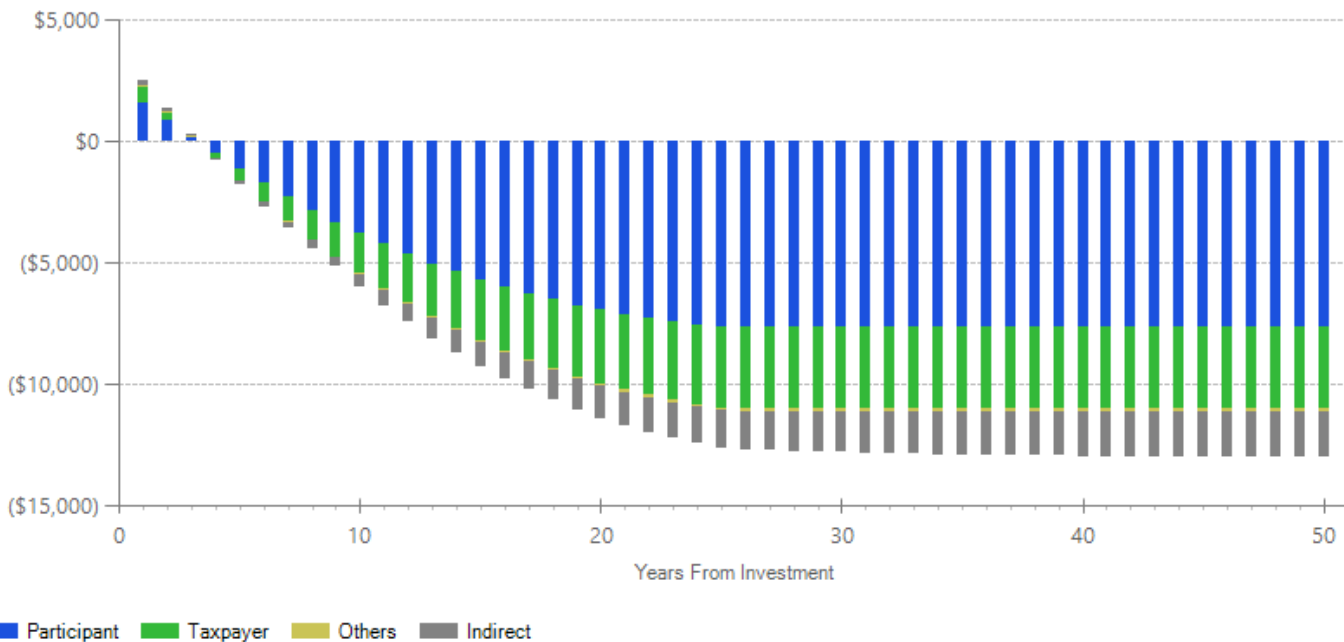
The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our [Technical Documentation](#).

## Benefits Minus Costs Over Time (Cumulative Discounted Dollars)

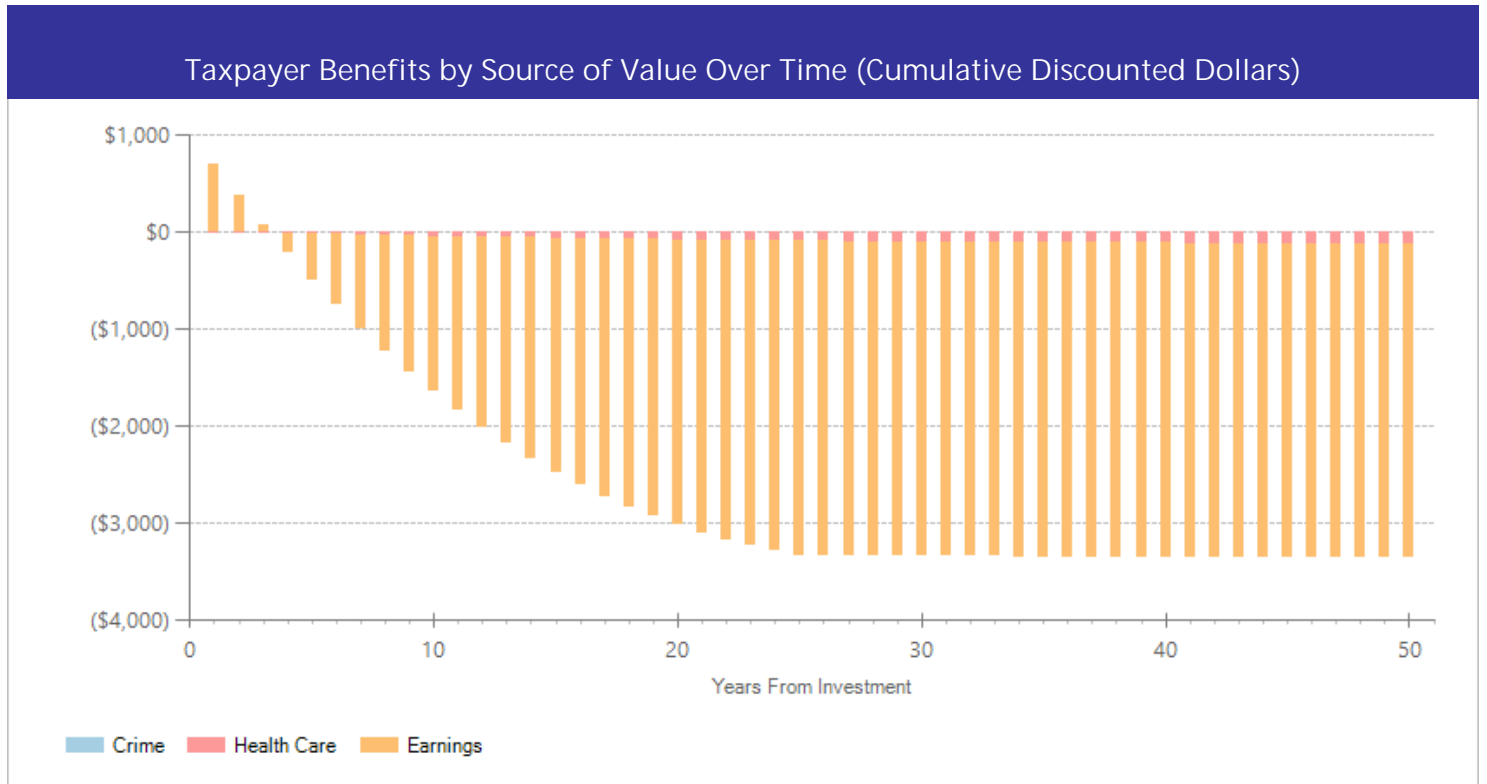


The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in discounted dollars. If the dollars are negative (bars below \$0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach \$0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above \$0, the benefits of the program exceed the initial investment.

## Benefits by Perspective Over Time (Cumulative Discounted Dollars)



The graph above illustrates the breakdown of the estimated cumulative benefits (not including program costs) per-participant for the first fifty years beyond the initial investment in the program. These cash flows provide a breakdown of the classification of dollars over time into four perspectives: taxpayer, participant, others, and indirect. "Taxpayers" includes expected savings to government and expected increases in tax revenue. "Participants" includes expected increases in earnings and expenditures for items such as health care and college tuition. "Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance. "Indirect benefits" includes estimates of the changes in the value of a statistical life and changes in the deadweight costs of taxation. If a section of the bar is below the \$0 line, the program is creating a negative benefit, meaning a loss of value from that perspective.



The graph above focuses on the subset of estimated cumulative benefits that accrue to taxpayers. The cash flows are divided into the source of the value.

## Citations Used in the Meta-Analysis

- Alden, L. (1988). Behavioral self-management controlled-drinking strategies in a context of secondary prevention. *Journal of Consulting and Clinical Psychology, 56*(2), 280-286.
- Baker, T.B., Udin, H., Vogler, R. The Effects of Videotaped Modeling and Self-Confrontation on the Drinking Behavior of Alcoholics. *The International Journal of the Addictions, 10*(5), 779-793.
- Brown, R.A. (1980). Conventional education and controlled drinking education courses with convicted drunken drivers. *Behavior Therapy, 11*(5), 632-642.
- Caddy, G.R. & Lovibond, S.H. (1976). Self-regulation and discriminated aversive conditioning in the modification of alcoholics drinking behavior. *Behavior Therapy, 7*(2), 223-230.
- Foy, D.W., Nunn, B.L., & Rychtarik, R.G. (1984). Broad-spectrum behavioral treatment for chronic alcoholics: Effects of training controlled drinking skills. *Journal of Consulting and Clinical Psychology, 52*(2), 218-230.
- Graber, R.A., Miller, W.R. (1988). Abstinence or Controlled Drinking Goals for Problem Drinkers: A Randomized Clinical Trial. *Psychology of Addictive Behaviors, 2*(1), 20-33.
- Harris, K.B. and W.R. Miller. (1990). Behavioral Self-Control Training for Problem Drinkers: Components of Efficacy. *Psychology of Addictive Behaviors 4*(2), 82-90.
- Heather, N., Whitton, B., & Robertson, I. (1986). Evaluation of a self-help manual for media-recruited problem drinkers: Six-month follow-up results. *The British Journal of Clinical Psychology, 25*, 19-34.
- Hester, R.K. & Delaney, H.D. (1997). Behavioral self-control program for windows: Results of a controlled clinical trial. *Journal of Consulting and Clinical Psychology, 65*(4), 686-693.
- Sanchez-Craig, M. (1980). Random assignment to abstinence or controlled drinking in a cognitive-behavioral program: Short-term effects on drinking behavior. *Addictive Behaviors, 5*(1), 35-39.
- Sanchez-Craig, M., Annis, H.M., Bornet, A.R., & MacDonald, K.R. (1984). Random assignment to abstinence and controlled drinking: Evaluation of a cognitive-behavioral program for problem drinkers. *Journal of Consulting and Clinical Psychology, 52*(3), 390-403.
- Vogler, R.E., Compton, J.V., & Weissbach, T.A. (1975). Integrated behavior change techniques for alcoholics. *Journal of Consulting and Clinical Psychology, 43*(2), 233-243.

For further information, contact:  
(360) 664-9800, [institute@wsipp.wa.gov](mailto:institute@wsipp.wa.gov)

Printed on 05-16-2021



## Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.