

Injectable naltrexone for opiates (for individuals in the criminal justice system) Substance Use Disorders: Medication-assisted Treatment

Benefit-cost estimates updated December 2019. Literature review updated December 2016.

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: Long-acting injectable naltrexone is used as an alcohol or opiate antagonist to treat alcohol or opiate dependence. Naltrexone is an antagonist that blocks the euphoric effects of alcohol or opiates, and patients do not develop tolerance or experience withdrawal symptoms when they stop taking the drug. It is intended to reduce cravings and prevent relapse. Patients also receive counseling therapies such as cognitive behavioral treatment or motivational enhancement therapy. Injections are typically administered monthly for one to six months. Our benefit-cost estimates assume one full year of treatment and one corresponding full year of effectiveness.

Benefit-Cost Summary Statistics Per Participant

Benefits to:

Taxpayers	\$1,724	Benefit to cost ratio	\$0.02
Participants	\$1,127	Benefits minus costs	(\$16,849)
Others	\$2,163	Chance the program will produce	
Indirect	(\$4,698)	benefits greater than the costs	1 %
<u>Total benefits</u>	<u>\$316</u>		
<u>Net program cost</u>	<u>(\$17,166)</u>		
Benefits minus cost	(\$16,849)		

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](#).

Detailed Monetary Benefit Estimates Per Participant

Benefits from changes to: ¹	Benefits to:				
	Participants	Taxpayers	Others ²	Indirect ³	Total
Crime	\$0	\$800	\$1,688	\$400	\$2,888
Labor market earnings associated with opioid drug abuse or dependence	\$794	\$338	\$0	\$0	\$1,132
Health care associated with opioid drug abuse or dependence	\$68	\$474	\$475	\$237	\$1,254
Mortality associated with opioids	\$265	\$113	\$0	\$3,248	\$3,626
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$8,583)	(\$8,583)
Totals	\$1,127	\$1,724	\$2,163	(\$4,698)	\$316

¹In 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.

²"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.

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

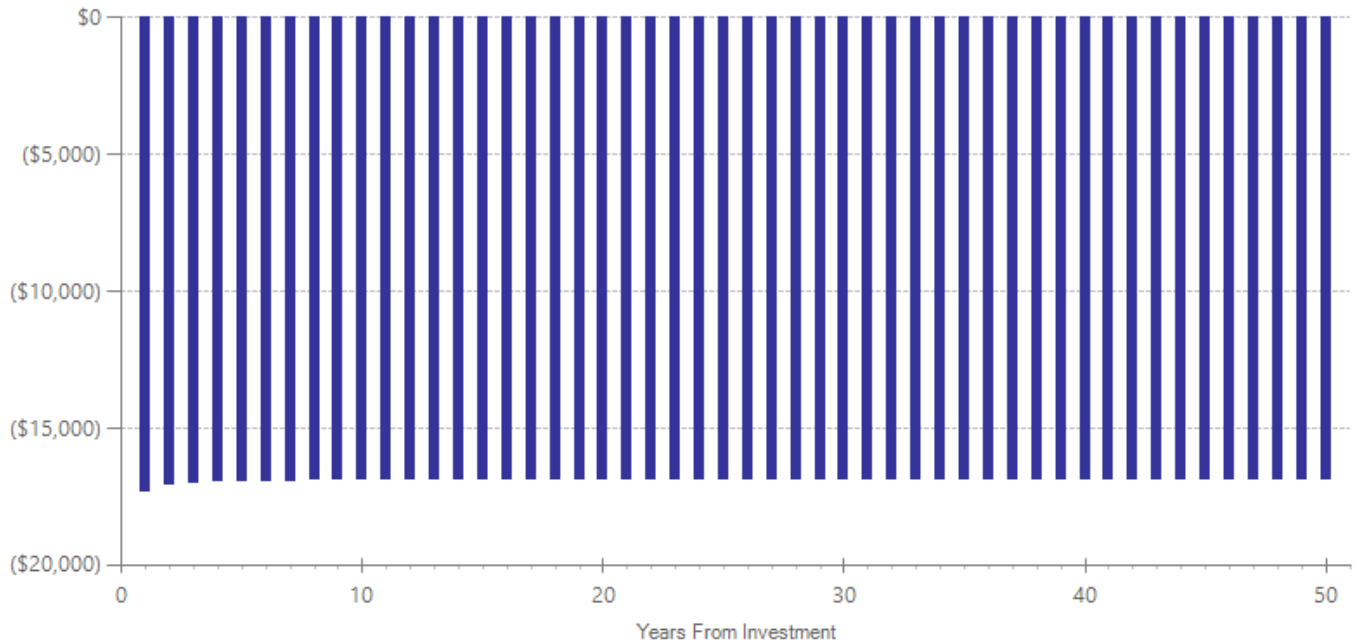
Detailed Annual Cost Estimates Per Participant

	Annual cost	Year dollars	Summary	
Program costs	\$16,356	2015	Present value of net program costs (in 2018 dollars)	(\$17,166)
Comparison costs	\$0	2015	Cost range (+ or -)	10 %

From January to June of 2015, Medicaid in Washington State spent an average of \$1,363.03 per patient per month on injectable naltrexone treatment for alcohol and opiate dependence. We assume an average treatment period of about 12 months. This information is based on personal communication with Donna Sullivan at Washington Health Care Authority.

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](#).

Detailed Annual Cost Estimates Per Participant



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 non-discounted dollars to simplify the “break-even” point from a budgeting perspective. 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.

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		
Crime	44	2	169	-0.218	0.208	44	0.000	0.000	45	-0.218	0.294
Opioid use disorder	44	2	169	-0.594	0.248	44	0.000	0.000	45	-0.594	0.017

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](#).

Citations Used in the Meta-Analysis

- Lee, J.D., McDonald, R., Grossman, E., McNeely, J., Laska, E., Rotrosen, J., & Gourevitch, M.N. (2015). Opioid treatment at release from jail using extended-release naltrexone: A pilot proof-of-concept randomized effectiveness trial. *Addiction, 110*(6), 1008-1014.
- Lee, J.D., Friedmann, P.D., Kinlock, T.W., Nunes, E.V., Boney, T.Y., Hoskinson, R.A., . . . O'Brien, C.P. (2016). Extended-release naltrexone to prevent opioid relapse in criminal justice offenders. *New England Journal of Medicine, 374*(13), 1232-1242.

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