

### **THE COSTS AND CONSEQUENCES OF THREE POLICY OPTIONS FOR REDUCING HEROIN DEPENDENCY.**

**Drug and Alcohol Review, 26, 369-378**

**Moore, Ritter & Caulkins (2007).**

Plain English summary and implications for police prepared by Roger Nicholas.

#### **Aims and Methodology**

The project compared the costs of three interventions for reducing heroin dependency, namely drug maintenance (the use of methadone or buprenorphine treatment), residential rehabilitation, and prison. A hybrid model that combines drug therapy with a prison term was also considered. Using Australian data, each intervention's cost-consequence ratio was estimated. This took into consideration the likely level of heroin use reduction from each intervention, the length of the intervention, and post intervention effects (as measured by likely abstinence rates following each kind of intervention). The outcome measure from these analyses was the cost of averting a single year's heroin use as a result of each of these methods. The basic question being posed was: For dependent heroin users who come to the attention of authorities in such a way that could lead to either a one year prison term, a course of drug maintenance therapy or a stay in residential rehabilitation, how would each intervention perform in terms of the amount of heroin use reduced and the cost of the program?

#### **Key findings:**

- The researchers cited other authors who estimated that in Victoria, a person actively using heroin generates, on average, social costs of approximately \$30,000 per year<sup>1</sup>.
- Assuming post program abstinence from heroin is sustained for two years, then the cost per year of heroin use averted is approximately \$5,000 for drug maintenance treatment, \$11,000 from residential rehabilitation and \$52,000 for prison (the cost of imprisonment per year is much higher than this - approximately \$74,000). The costs for drug maintenance and residential rehabilitation include a component of \$3,650 for community correctional costs. In other words, if one million dollars was available to spend on reducing heroin use, spending the funds on drug maintenance therapy would avert nearly 200 person years of heroin use. If it was spent on residential rehabilitation, then 90 heroin use years would be averted. If it was spent on imprisonment then 19 years of heroin use would be averted.
- Given that it would be unacceptable to sentence heroin users to treatment programs that they could simply walk away from if they chose, the researchers examined a hybrid scenario in which non-completers of drug maintenance programs and residential rehabilitation were sent to prison. They found that this approach was more effective than prison alone, but completion rates would need to reach 95-98% for this option to become the most cost effective.
- This research deals with heroin users as if they were all identical. As such, these results cannot

<sup>1</sup> Clark, N., Gospodarevskaya, Harris, A., & Ritter, A. (2003). Estimating the Cost of Heroin Use in Victoria. Melbourne: Premiers' Drug Preventions Council.

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be taken to mean that there is no role for either residential treatment or prisons. If, for example, an individual heroin user is heavily involved in violent crime (resulting in very high social costs to the community) and has not done well in drug maintenance therapy in the past, then prison is likely to be the most cost effective option.

- Further research is still needed to determine whether measuring the reductions in heroin use from each option accurately reflect reductions in criminal and health-related problems.

## **Implications for police**

This research focussed on measuring the financial cost implications of various ways of reducing heroin dependency. It is important to remember that where criminal justice matters are concerned, a wide variety of considerations come to the fore, in addition to the financial costs of a particular course of action. These other considerations include: the needs of victims; the deterrent effects of imprisonment; the extent to which the experience of imprisonment is likely to increase drug use and criminal behaviour once released; and, reducing crime, social harms and health problems.

Nevertheless, for policy makers (including police) and legislators who are responsible for spending public moneys, the financial cost of various policy options is an important consideration. As the authors noted, residential treatment and prison still have important roles even when cost effectiveness is the only factor taken into consideration. It is likely that there would be merit in further exploring whether there are subgroups of heroin users who would respond best to specific options or combinations of options. This would enable the judiciary and those with a role in the criminal justice system to better match heroin using criminals with various health and criminal justice outcomes.

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