

Evidence-Based Treatments to Reduce the Disordered Use of Opioid Drugs

EFFECTIVE TREATMENTS AND ASSESSING THEIR
COST-EFFECTIVENESS IN COLORADO



Colorado Results First...

Began in 2014 and was jointly funded by the Colorado State Legislature and Executive Branch.

Two full-time team members are in the Governor's Office of State Planning and Budgeting.

Utilizes the best available research on programming to understand the level of research behind our own state programs.

Runs benefit-cost analyses on evidence-based programs to project their cost-effectiveness.

To date, the team has assessed programs in the following policy areas:

- Adult Criminal Justice
- Juvenile Justice
- Child Welfare
- Behavioral Health
- Prevention

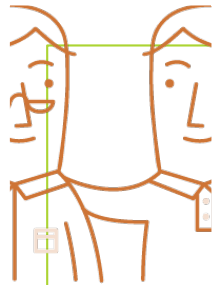
The Results First Process



Effective Treatments for Opioid Use Disorder



The Washington State Institute for Public Policy (WSIPP) analyzed the best available research on opioid use disorder treatments.



Generally, opioid use disorder treatments are categorized into two types:

- **Medication-Assisted Treatments**
- **Non-Medication-Assisted Treatments**

Medication-Assisted Treatments (MATs)



► MATs **combine behavioral therapy and opiate substitutions** to treat substance use disorders.

► **Contingency management** can enhance MATs. This strategy provides rewards, including vouchers to buy physical goods and prizes, to participants to reinforce treatment compliance.

► Behavioral therapies include **counseling, cognitive behavioral therapy, and motivational enhancement therapy**.

► Opiate substitutions include **methadone, buprenorphine** (brand names include Cizdol, Suboxone, or Subutex), and **naltrexone** (brand names include Vivitrol or Revia).

► These medications can be administered daily, once a month, or once every several months, depending on the medication type (e.g. pill, syrup, injection, or implant).

Non-Medication-Assisted Treatments



Brief Intervention in Primary Care

Patients in primary care are screened for "hazardous" alcohol and/or drug use. Those screening positive receive a brief intervention.



Cognitive-Behavioral Coping-Skills Therapy

A manualized, standalone treatment for alcohol and/or drug abuse or dependence. This intervention emphasizes identifying high-risk situations that could lead to relapse and developing skills to cope with those situations.



Motivational Interviewing to Enhance Treatment Engagement

A non-confrontational technique, used early in treatment, to help clients increase their motivation and commitment to change.



Relapse Prevention Therapy

A cognitive-behavioral approach to help patients anticipate problems and identify strategies to avoid using alcohol and drugs. Typically used during outpatient treatment, but can be a standalone intervention.

What is most effective?

Medication-Assisted Treatments

The intensity of behavioral therapy and type of opiate substitution can have an impact on effectiveness. **MATS that provide more intensive behavioral therapy and daily opiate substitutions have been demonstrated to be the most effective.**

Other MATS are effective, such as those that use longer-acting opiate substitutions and/or contingency management, **but they have not been demonstrated to be as effective** as programs that provide more intensive behavioral therapy and daily opiate substitutions.

Naltrexone injections have been rigorously tested on justice involved populations and **have been demonstrated to be effective at reducing the disordered use of opioid drugs and crime.**

Non-Medication-Assisted Treatments

Relapse Prevention Therapy has been demonstrated to be the most effective; however, this could be due in part to the treatment setting this program is often offered in.

Other considerations...

Setting

The effectiveness of treatment may be linked to the setting in which it is delivered. For example, Relapse Prevention Therapy was studied on individuals in both outpatient and inpatient settings. As inpatient settings tend to be more intensive than outpatient settings, the level of effectiveness measured for this program takes into account the more intensive nature of the program delivery.

Appropriateness

It is important that health professionals select a program based on the specific needs of the individual.

If a program does not target the needs of the individual, the program may not be effective.

When considering the evidence around which treatment(s) are most effective, one must consider the population the treatment has been studied on and the program setting.

“Effective” versus “cost-effective” treatments...

Not all effective programs are cost-effective, and not all cost-effective programs are highly effective.

- *Cost-effectiveness reflects if the benefits of the program outweigh its cost.*

- Some programs can be so inexpensive that even slight impacts on outcomes will make the program look cost-effective.
- Some programs are so expensive that even large impacts on outcomes will make the program look cost-ineffective.

The Cost-Effectiveness of Colorado's Opioid Use Disorder Programs...

Colorado Results First uses information about “what works” and cost data to project if programs can be cost-effective in our state.

In 2016, Colorado Results First assessed Methadone Maintenance Treatment and found that...

Total Benefits	Taxpayer Benefits	Non-Taxpayer Benefits	Program Cost (FY 2015)	Benefits Minus Costs (Net Present Value)	Taxpayer Benefits to Cost Ratio	Total Benefits to Cost Ratio
\$10,098	\$967	\$9,131	\$3,386	\$6,712	\$0.29	\$2.98

Opportunities for Future Benefit-Cost Analyses

The Colorado Results First team is currently working to assess the level of evidence of health care programs administered or supported by the state.

Analyses of *maintenance treatments that use buprenorphine, naltrexone, and Suboxone* are anticipated by winter of 2017.

Questions/Comments/Discussion



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