Brief intervention for youth in medical settings
Substance Use Disorders: Early Intervention
Benefit-cost estimates updated December 2023. Literature review updated February 2015.

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: This category of treatment for youth using alcohol, marijuana, or other drugs is defined by several features: (1) substance abusing youth are identified in primary care or emergency department settings, often using a structured substance abuse screening instrument, and (2) interventions are brief, typically one session of less than one hour duration, and often utilize motivational interviewing techniques.

Benefit-Cost Summary Statistics Per Participant

Benefits to:

Taxpayers	$183	Benefit to cost ratio	$1.12
Participants	$356	Benefits minus costs	$48
Others	$71	Chance the program will produce	
Indirect	($172)	benefits greater than the costs	47%
Total benefits	$439		
Net program cost	($392)		
Benefits minus cost	$48		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2022). 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	SE	Age	ES	SE	Age	ES	p-value
Cannabis use before end of high school	17	4	596	-0.025	0.113	18	-0.003	0.170	18	-0.025	0.825
Problem alcohol use	17	5	854	-0.099	0.068	17	-0.014	0.102	19	-0.099	0.145

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:[1]	Benefits accrue to:				
		Taxpayers	Participants	Others[2]	Indirect[3]	Total
Cannabis use before end of high school	Criminal justice system	$24	$0	$59	$12	$94
Problem alcohol use	Labor market earnings associated with problem alcohol use	$150	$352	$0	$0	$502
Problem alcohol use	Property loss associated with problem alcohol use	$0	$1	$2	$0	$3
Problem alcohol use	Health care associated with problem alcohol use	$10	$2	$11	$5	$27
Problem alcohol use	Mortality associated with problem alcohol	$0	$1	$0	$8	$9
Program cost	Adjustment for deadweight cost of program	$0	$0	$0	($196)	($196)
Totals		$183	$356	$71	($172)	$439

[1]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.

[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	$328	2014	Present value of net program costs (in 2022 dollars)	($392)
Comparison costs	$0	2014	Cost range (+ or -)	10%

These interventions typically take place during a single visit to a primary care or emergency department setting. We estimate the per-participant cost for youth based on similar programs for adults. For primary care, we use the estimate from Fleming, M.F., Mundt, M.P., French, M.T., Manwell, L.B., Stauffacher, E.A. & Barry, K.L. (2002). Brief physician advice for problem drinkers: Long-term efficacy and benefit-cost analysis. *Alcoholism: Clinical and Experimental Research, 26*(1), 36-43.

In emergency departments, we use a cost estimate from a study in Washington State of $53 per person screened. O'Neil, S. (2006). *Expanding the continuum— Improving care: Washington State brief intervention and referral to treatment program,* paper delivered at the Co-occurring Disorder Conference. In the collection of studies in our meta-analysis, 11,613 patients were screened to identify 2,171 youth eligible for the intervention. Our cost estimate is weighted by the numbers in treatment groups in these studies.

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)
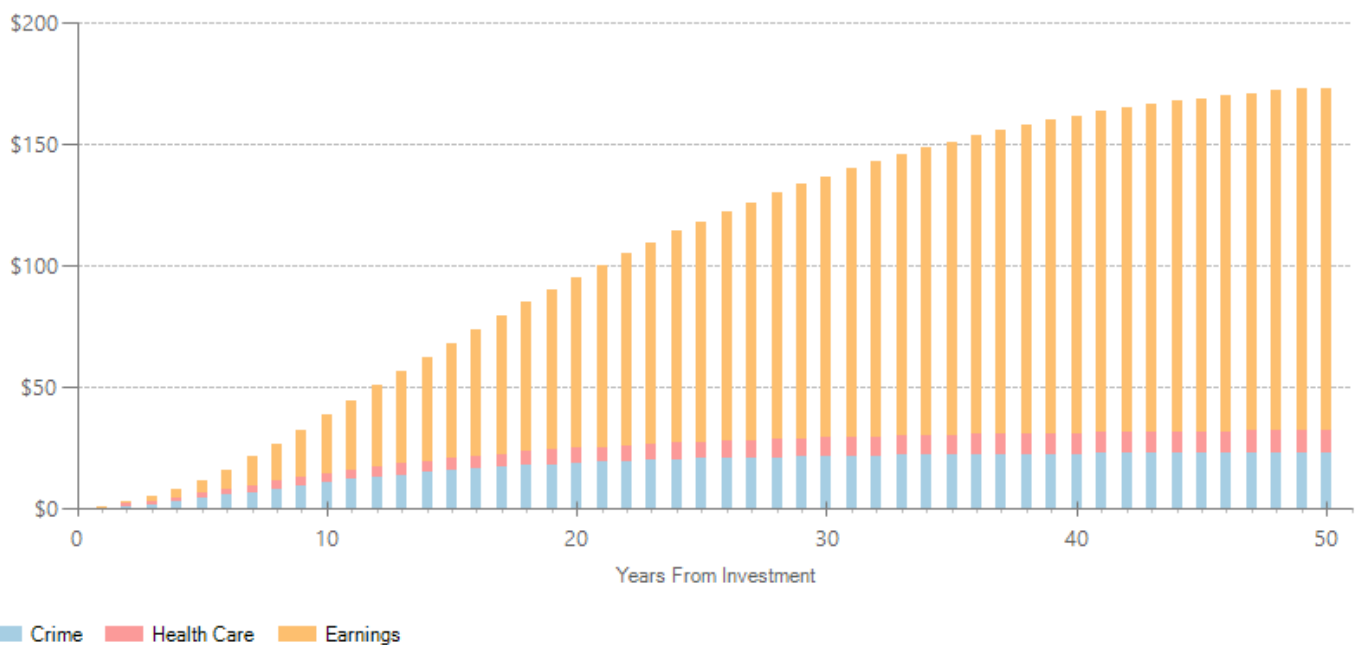

Cumulative net benefits
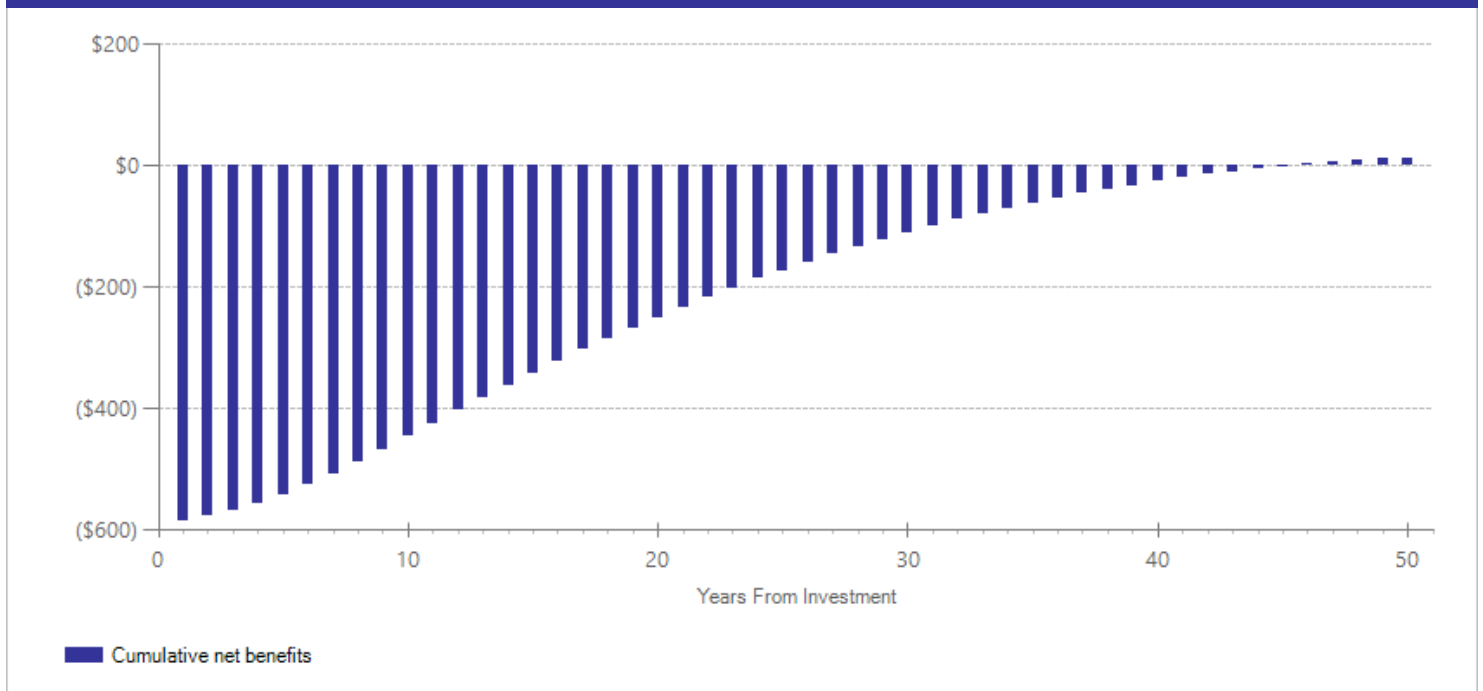
The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in discounted dollars. If the dollars are negative (bars below $0 line), the cumulative benefits do not outweigh the cost 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)
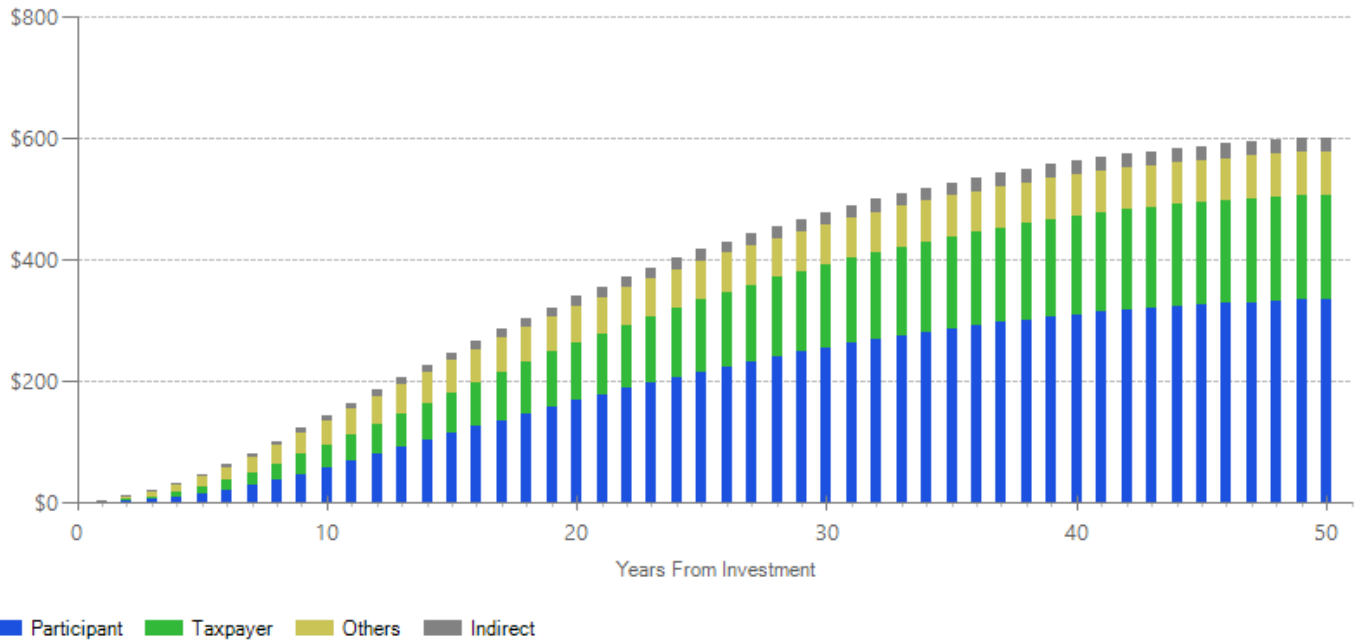
The graph above illustrates the breakdown of the estimated cumulative benefits (not including program costs) per-participant for the first fifty years beyond the initial investment in the program. These cash flows provide a breakdown of the classification of dollars over time into four perspectives: 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.

Taxpayer Benefits by Source of Value Over Time (Cumulative Discounted Dollars)

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

Bernstein, E., Edwards, E., Dorfman, D., Heeren, T., Bliss, C., & Bernstein, J. (2009). Screening and brief intervention to reduce marijuana use among youth and young adults in a pediatric emergency department. *Academic Emergency Medicine : Official Journal of the Society for Academic Emergency Medicine, 16*(11), 1174-85.

Bernstein, J., Heeren, T., Edward, E., Dorfman, D., Bliss, C., Winter, M., & Bernstein, E. (2010). A brief motivational interview in a pediatric emergency department, plus 10-day telephone follow-up, increases attempts to quit drinking among youth and young adults who screen positive for problematic drinking. *Academic Emergency Medicine : Official Journal of the Society for Academic Emergency Medicine, 17*(8), 890-902.

D'Amico, E.J., Miles, J.N.V., Stern, S.A., & Meredith, L.S. (2008). Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment, 35*(1), 53-61.

Haller, D.M., Meynard, A., Lefebvre, D., Ukoumunne, O.C., Narring, F., & Broers, B. (2014). Effectiveness of training family physicians to deliver a brief intervention to address excessive substance use among young patients: a cluster randomized controlled trial. *Canadian Medical Association Journal, 186,* 8.

Spirito, A., Monti, P.M., Barnett, N.P., Colby, S.M., Sindelar, H., Rohsenow, D.J., . . . Myers, M. (2004). A randomized clinical trial of a brief motivational intervention for alcohol-positive adolescents treated in an emergency department. *The Journal of Pediatrics, 145*(3), 396-402.

Walton, M.A., Chermack, S.T., Shope, J. T., Bingham, C.R., Zimmerman, M.A., Blow, F.C., & Cunningham, R.M. (2010). Effects of a brief intervention for reducing violence and alcohol misuse among adolescents: a randomized controlled trial. *Jama, 304*(5), 527-35.

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