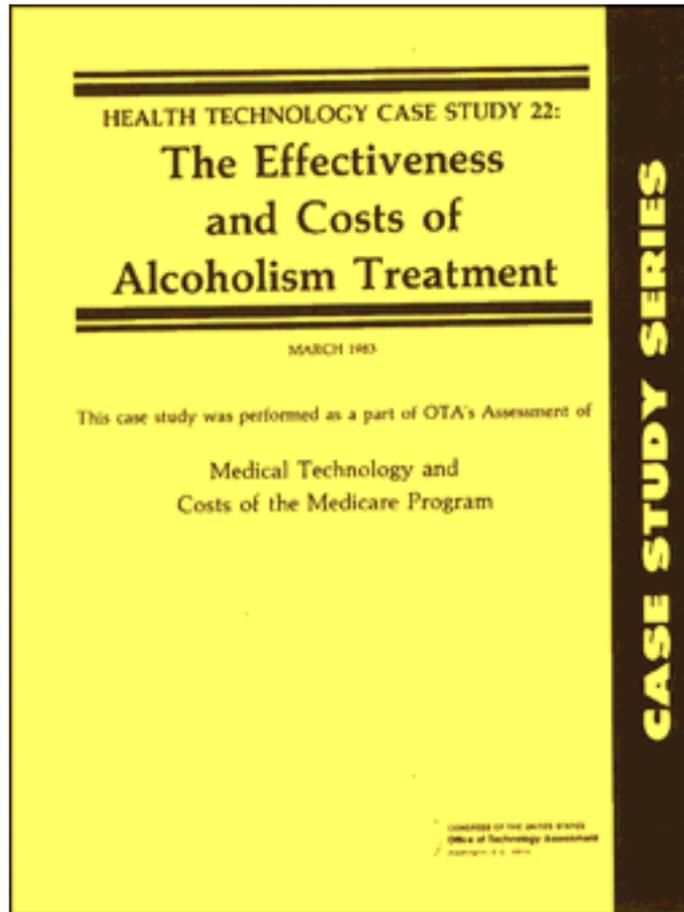


*The Effectiveness and Costs of Alcoholism
Treatment*

March 1983

NTIS order #PB83-192492



HEALTH TECHNOLOGY CASE STUDY 22:

The Effectiveness and Costs of Alcoholism Treatment

MARCH 1983

This case study was performed as a part of OTA'S Assessment of

Medical Technology and Costs of the Medicare Program

Prepared under contract to OTA by:
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OTA Case Studies are documents containing information on a specific medical technology or area of application that supplements formal OTA assessments. The material is not normally of as immediate policy interest as that in an OTA Report, nor does it present options for Congress to consider.



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Preface

The Effectiveness and Costs of Alcoholism Treatments is Case Study #22 in OTA'S Health Technology Case Study Series. It was prepared in response to a request by the Senate Finance Committee, Subcommittee on Health, and is part of OTA'S project on *Medical Technology and Costs of the Medicare Program*, requested by the House Committee on Energy and Commerce and its Subcommittee on Health and the Environment. A listing of other case studies in the series is included at the end of this preface.

OTA case studies are designed to fulfill two functions. The primary purpose is to provide OTA with specific information that can be used in forming general conclusions regarding broader policy issues. For example, the first 19 cases in the Health Technology Case Study Series were conducted as part of OTA'S overall project on *The Implications of Cost-Effectiveness Analysis of Medical Technology*. By examining the 19 cases as a group and looking for common problems or strengths in the techniques of cost-effectiveness or cost-benefit analysis, OTA was able to better analyze the potential contribution that those techniques might make to the management of medical technology and health care costs and quality.

The second function of the case studies is to provide useful information on the specific technologies covered. The design and the funding levels of most of the case studies are such that they should be read primarily in the context of the associated overall OTA projects. Nevertheless, in many instances, the case studies do represent extensive reviews of the literature on the efficacy, safety, and costs of the specific technologies and as such can stand on their own as a useful contribution to the field.

Case studies are selected either because they have been specifically requested by congressional committees or because they were chosen as part

of the analytical method in carrying out an assessment. Selection criteria were developed to ensure that case studies provide examples:

- of types of technologies by function (preventive, diagnostic, therapeutic, and rehabilitative);
- of types of technologies by physical nature (drugs, devices, and procedures);
- of technologies in different stages of development and diffusion (new, emerging, and established);
- from different areas of medicine (such as general medical practice, pediatrics, radiology, and surgery);
- addressing medical problems that are important because of their high frequency or significant impacts (such as cost);
- of technologies with associated high costs either because of high volume (for low-cost technologies) or high individual costs;
- that could provide information material relating to the broader policy and methodological issues being examined in the particular overall project; and
- with sufficient scientific literature.

Case studies are either prepared by OTA staff or are commissioned by OTA and performed under contract by experts, generally in academia. Each case study is subjected to an extensive review process. Initial drafts of cases are reviewed by OTA staff and by members of the advisory panel to the associated project. For commissioned cases, comments are provided to authors, along with OTA'S suggestions for revisions. Subsequent drafts are sent by OTA to numerous experts for review and comment.

Case studies contain findings and conclusions but do not include policy options. Development and presentation of options are done only in reports of major OTA assessments,

Health Technology Case Study Series^a

Case Study Series number	Case study title; author(s); OTA publication number ^b	Case Study Series number	Case study title; author(s); OTA publication number ^b
1	Formal Analysis, Policy Formulation, and End-Stage Renal Disease; Richard A. Rettig (OTA-BP-H-9(1)) ^c	12	Assessing Selected Respiratory Therapy Modalities: Trends and Relative Costs in the Washington, D.C. Area; Richard M. Scheffler and Morgan Delaney (OTA-Bp-H-9(12))
2	The Feasibility of Economic Evaluation of Diagnostic Procedures: The Case of CT Scanning; Judith L. Wagner (OTA-BP-H-%Z)	13	Cardiac Radionuclide Imaging and Cost Effectiveness; William B. Stason and Eric Fortess (OTA-BP-H-9(13))
3	Screening for Colon Cancer: A Technology Assessment; David M. Eddy (OTA-BP-H-9(3))	14	Cost Benefit/Cost Effectiveness of Medical Technologies: A Case Study of Orthopedic Joint Implants; Judith D. Bentkover and Philip G. Drew (o-1-A-Bp-H-9(14))
4	Cost Effectiveness of Automated Multichannel Chemistry Analyzers; Milton C. Weinstein and Laurie A. Pearlman (OTA-BP-H-9(4))	15	Elective Hysterectomy: Costs, Risks, and Benefits; Carol Korenbrot, Ann B. Flood, Michael Higgins, Noralou Roos, and John P. Bunker (OTA-BP-H-9(15))
5	Periodontal Disease: Assessing the Effectiveness and Costs of the Keyes Technique; Richard M. Scheffler and Sheldon Rovin (OTA-BP-H-9(5))	16	The Costs and Effectiveness of Nurse Practitioners; Lauren LeRoy and Sharon Solkowitz (OTA-BP-H-9(16))
6	The Cost Effectiveness of Bone Marrow Transplant Therapy and Its Policy Implications; Stuart O. Schweitzer and C. C. Scalzi (OTA-BP-H-9(6))	17	Surgery for Breast Cancer; Karen Schachter and Duncan Neuhauser (OTA-BP-H-907))
7	Allocating Costs and Benefits in Disease Prevention Programs: An Application to Cervical Cancer Screening; Bryan R. Luce (Office of Technology Assessment) (OTA-BP-H-9(7))	18	The Efficacy and Cost Effectiveness of Psychotherapy; Leonard Saxe (Office of Technology Assessment) (oTA-Em+-9(18)) ^d
8	The Cost Effectiveness of Upper Gastrointestinal Endoscopy; Jonathan A. Showstack and Steven A. Schroeder (OTA-BP-H-9(8))	19	Assessment of Four Common X-Ray Procedures; Judith L. Wagner (OTA-BP-H-9(19)) ^e
9	The Artificial Heart: Cost, Risks, and Benefits; Deborah P. Lubeck and John P. Bunker (OTA-BP-H-9(9))	20	Mandatory Passive Restraint Systems in Automobiles: Issues and Evidence; Kenneth E. Warner (OTA-BP-H-15(20)) ^f
10	The Costs and Effectiveness of Neonatal Intensive Care; Peter Budetti, Peggy McManus, Nancy Barrand, and Lu Ann Heinen (OTA-BP-H-9(10))	21	Selected Telecommunications Devices for Hearing-Impaired Persons; Virginia W. Stern and Martha Ross Redden (OTA-BP-H-16(21)) ^g
11	Benefit and Cost Analysis of Medical Interventions: The Case of Cimetidin& and Peptic Ulcer Disease; Harvey V. Fineberg and Laurie A. Pearlman (OTA-BP-H-9(11))	22	The Effectiveness and Costs of Alcoholism Treatment; Leonard Saxe, Denise Dougherty, Katharine Esty, and Michelle Fine (OTA- HCS-22)

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^bOriginal publication numbers appear in parentheses.

^cNumbers 1 through 17 of the Case Study Series were separately published case studies numbers 1 through 17 of OTA's August 1980 report *The Implications of Cost-Effectiveness Analysis of Medical Technology*.

^dBackground Paper #3 to *The Implications of Cost-Effectiveness Analysis of Medical Technology*.

^eBackground Paper #5 to *The Implications of Cost-Effectiveness Analysis of Medical Technology*.

^fBackground paper #1 to OTA's May 1982 report *Technology and Handicapped People*.

^gBackground Paper #Z to *Technology and Handicapped People*.

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