

Cost and financing of drug treatment services in Europe: an exploratory study

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Introduction

This Selected issue provides an exploratory European overview of costs associated with treatment for drug dependence. The cost of drug treatment in Europe is looked at from two main angles in this report. First, an overview is presented of the main sources of funding for drug treatment and the financing mechanisms that are employed in a number of European countries. This is followed by a focused analysis of the unit costs of the four main drug treatment modalities (detoxification, psychosocial inpatient, psychosocial outpatient and opioid substitution treatment).

Financing drug treatment

- Data on the main funders of drug treatment services at national level are available for thirteen EU Member States.
- The state is the main payer for drug treatment, although countries differ in the level of government at which funds are distributed and managed (central government in **Estonia, Greece, Cyprus, Luxembourg, Portugal** and the **United Kingdom**; local or regional level in **Denmark, Spain** and **Finland**).
- Social health insurance systems are important funders in a number of countries (the **Czech Republic, Germany, Luxembourg, Austria** and **Slovenia**).
- A range of mechanisms for distributing funds to drug treatment providers are reported: the principal mechanisms mentioned include prospective annual budgets (e.g. **England**), case-based payments (e.g. **Austria** and **Germany**), cost-based retrospective reimbursement (e.g. **Austria**) and payment on a fee-for-service basis (e.g. the **United Kingdom**).

Estimating expenditure on drug treatment in Europe

- Nine countries reported estimates of national drug treatment expenditure.
- From the limited information available, it can be roughly estimated that each year these Member States spend between EUR 1 and EUR 20 per head of the adult population on treatment for drug dependence.
- For the seven countries with sufficient data to make the calculations, the average yearly expenditure per treatment client is estimated to range from EUR 550 to EUR 4 900.

Distribution of funding by drug treatment modality

- Detailed information about the distribution of funding across the main treatment modalities is available for the **Czech Republic, Germany, Luxembourg** and the **United Kingdom**.
- In the four countries, detoxification treatment is reported to receive not more than 20% of drug treatment funds.

- Substitution treatment is reported to receive just over half of the funds available for treatment in **Germany** and more than two-thirds in the **United Kingdom**, while in the **Czech Republic** and **Luxembourg** this modality accounts for less than 7% of the available funds.
- Psychosocial treatment consumes the greater part of treatment resources in the **Czech Republic** (inpatient and outpatient services each receiving about a third of the funds) and **Luxembourg** (outpatient psychosocial treatment accounts for half of the treatment budget).

Unit costs of drug treatment modalities

- Unit costs, presented as the daily cost of treating a patient, differ substantially between treatment modalities, based on data from six national focal points (the **Czech Republic**, **Germany**, **Luxembourg**, **Norway**, **Sweden** and the **United Kingdom**) and studies published in the scientific literature.
- The highest unit costs are reported for inpatient modalities. Detoxification carried out in inpatient settings is reported to cost between EUR 110 and EUR 303 per patient per day, with both the highest and the lowest estimates referring to treatment centres in the **United Kingdom**. The unit cost of inpatient psychosocial treatment is estimated to range from EUR 59 to EUR 404 per patient per day, with **Sweden** reporting the highest unit cost for this modality among this group of countries.
- Oral substitution treatment with methadone is reported to be the lowest-cost modality, with unit cost estimates ranging from EUR 2 to about EUR 37 per patient per day; the highest estimate is reported by **Norway**.

Components of substitution treatment cost

- Based on limited data from four countries, personnel costs — for wages, extra allowances or management and administration — are the largest cost component for oral opioid substitution treatment, accounting for almost half (48%) of all expenditure on this modality in the **United Kingdom** and for more than half in the **Czech Republic**, **Germany** and **Portugal**.

Heroin-assisted treatment

- Supervised injectable heroin treatment — a specialist intervention currently part of routine clinical practice in **Denmark**, **Germany**, **Netherlands**, **United Kingdom (England)** and **Switzerland** — is estimated to cost between three and 10 times as much as oral substitution treatment, due to higher medication and personnel costs. Nonetheless, in all countries that have introduced heroin-assisted treatment, it is recognised that injectable maintenance drug treatment should be targeted at patients with high levels of need.

Potential tools for treatment cost data collection

- Ensuring the highest treatment quality and the best treatment outcome for the lowest possible cost are priorities in the current financial climate. But, achieving a better understanding of drug treatment expenditure and treatment cost in the European Union will require major advances in data collection. Such advances include the development of a set of modality-specific and easy-to-use instruments to gather comparable cost data across Europe.