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• 中文關鍵字	藥物濫用；經濟成本；願付價值法；市場評價法
• 英文關鍵字	Drug Abuse；Economics Costs；Willingness-to-pay；Contingent Value Method
• 中文摘要	本研究之目的有二：首先使用健保資料庫以估計藥癮治療相關疾病、藥癮共病疾病之健保醫療費用；其次，以假設市場評價法分別估計藥癮患者與一般民眾對藥癮治療之願付金額。本研究之特色在以假設市場評價法導出病患與一般大眾對於藥癮治療之願付金額，此方法之特色在於除了能將治療藥癮患者所耗用之有形的成本涵括在內，如：藥癮引起之犯罪成本與醫療費用；同時也能將治療藥癮患者對廣泛大眾所帶來的無形價值與福利包括在內，如：被藥癮患者加害之恐懼的避免，或幫助治療藥癮患者之利他行爲所帶來的福利提升。 本研究成本推估之結果爲以下四點：第一、2002 年藥癮相關疾病之健保醫療費用共計約 7 千萬元。第二、2002 年藥癮共病疾病之健保醫療費用共計約 2 億 2 千萬元。第三、以病患角度推估之藥癮治療之願付金額費用一年約介於 22,554 元至 25,164 元之間。將此數字乘上 87-92 年因毒品使用移送觀察戒治之新入所人數約 125,152 人 42，可得藥癮病患一年願付藥癮治療金額約介於 28 億 2 千萬與 31 億 5 千萬之間，約佔台灣 2002 年國民生產毛額 92 兆 352 億之 0.03%。。第四、以一般民眾角度推估之藥癮治療之願付金額每月約介於 81 至 93 元。以 2002 年全民健保被保險人共 12,683,752 人，乘上一般民眾每個月對藥癮治療之願付金額再乘以 12，可得以一般民眾角度所推估之一年之藥癮社會成本約介於 123 億與 144 億元之間，約佔台灣 2002 年國民生產毛額之 0.15%。 比較本研究結果與其他國外相關研究可知，台灣藥物濫用之社會成本佔國內生產毛額之比例雖約爲美國的五分之一，但與加拿大之比例相近。然而，必須要特別注意各研究間所使用之研究方法與涵蓋之成本項目之差異。一般而言，學者認爲以人力資本法估計間接成本所得之經濟成本數據較以願付金額之估計值較高。 隨著國內藥癮問題惡化，藥癮防治相關單位應定期監控並更新藥癮所帶來之社會成本金額大小，俾以評估介入政策之成效。

- 英文摘要

The willingness to pay (WTP) approach is another way, compared to human capital approach, to evaluate cost saving of treating an illness. However, WTP is rarely used in costing the drug abuse treatment. The purpose of this study is to use contingent evaluation method (CVM) to illicit the willingness to pay (WTP) for drug abuse treatment. Two types of survey were conducted to assess the WTP. First, a face-to-face interview was conducted during July-November, 2004 in three hospitals, to assess the patients ? HH ? HH WTP for treatment of heroin addiction. Second, a telephone interview survey was administered to Taiwan residents during October of 2004, to evaluate the WTP of paying extra National Health Insurance premium for the treatment of drug abuse. Results from the patients ? HH ? HH survey showed that the estimated annual WTP for heroin addition treatment is NT$22,554 to $25,164. This estimate is multiplied by the number of persons newly admitted to detoxification detention centers of 125,152 during 1998-2003, yielding an estimated cost of illness between NT$2.82 billion and NT$31.5. This estimate represents 0.03% of Taiwanese GDP. Results from the residents ? HH ? HH survey showed that the estimated monthly WTP for treating drug abuse patients is NT$81 to NT$93. This estimate is multiplied by 12 months to obtain the annual estimate, and then is multiplied by the number of the insured population of 12,683,752, yielding an estimated cost of illness between NT$12.3 billion and NT$14.4 billion. This estimate represents 0.15% of Taiwanese GDP. Any comparison must take into account the methodological differences between studies. Compared to cost estimate of the US from Rice et al in 1985 and the cost estimate of Ontario, Canada, from Xie et al. in 1992, Taiwanese estimate on the economic costs of drug abuse is relatively lower than the US ? HH ? HHs figure (0.83% of American GDP), but is about the same level than Ontario, Canada (0.17% of Canadian GDP). However, Xie et al. and Rice et al. used the human capital (HC) approach rather than WTP approach. HC estimates are usually smaller than estimates obtained from WTP approach. The large economic costs resulting from drug abuse in Taiwan highlight the need for continuously monitoring the impact of substance abuse on society and the importance of effective intervention in the prevention and treatment of drug abuse.