



Editors' Choice

The effectiveness of compulsory drug treatment: A systematic review



D. Werb^{a,b,*}, A. Kamarulzaman^c, M.C. Meacham^b, C. Rafful^b, B. Fischer^d, S.A. Strathdee^b,
E. Wood^{a,b,e}

^a International Centre for Science in Drug Policy, Li Ka Shing Knowledge Institute of St. Michael's Hospital, 30 Bond Street, Toronto, ON, Canada M5B 1W8

^b Division of Global Public Health, Department of Medicine, University of California, San Diego, 9500 Gilman Drive, La Jolla, CA 92093-0507, USA

^c Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, Malaysia

^d Social & Epidemiological Research Unit, Centre for Addiction & Mental Health (CAMH), 33 Russell Street, Toronto, ON, Canada M5S 3B1

^e Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, 608-1081 Burrard Street, Vancouver, BC, Canada V6Z 1Y6

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ABSTRACT

Background: Despite widespread implementation of compulsory treatment modalities for drug dependence, there has been no systematic evaluation of the scientific evidence on the effectiveness of compulsory drug treatment.

Methods: We conducted a systematic review of studies assessing the outcomes of compulsory treatment. We conducted a search in duplicate of all relevant peer-reviewed scientific literature evaluating compulsory treatment modalities. The following academic databases were searched: PubMed, PAIS International, Proquest, PsycINFO, Web of Science, Soc Abstracts, JSTOR, EBSCO/Academic Search Complete, REDALYC, SciELO Brazil. We also searched the Internet, and article reference lists, from database inception to July 15th, 2015. Eligibility criteria are as follows: peer-reviewed scientific studies presenting original data. Primary outcome of interest was post-treatment drug use. Secondary outcome of interest was post-treatment criminal recidivism.

Results: Of an initial 430 potential studies identified, nine quantitative studies met the inclusion criteria. Studies evaluated compulsory treatment options including drug detention facilities, short (i.e., 21-day) and long-term (i.e., 6 months) inpatient treatment, community-based treatment, group-based outpatient treatment, and prison-based treatment. Three studies (33%) reported no significant impacts of compulsory treatment compared with control interventions. Two studies (22%) found equivocal results but did not compare against a control condition. Two studies (22%) observed negative impacts of compulsory treatment on criminal recidivism. Two studies (22%) observed positive impacts of compulsory inpatient treatment on criminal recidivism and drug use.

Conclusion: There is limited scientific literature evaluating compulsory drug treatment. Evidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms. Given the potential for human rights abuses within compulsory treatment settings, non-compulsory treatment modalities should be prioritized by policymakers seeking to reduce drug-related harms.

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Background

Globally, dependence to illicit and off-label drugs remains a key source of morbidity and mortality, and is implicated in criminal recidivism. For instance, 1.7 million of the world's estimated 13 million people who inject drugs (PWID) are believed to be

HIV-positive while more than 60% of PWID globally are estimated to be hepatitis C (HCV) positive (UNODC, 2015). Illicit drug dependence is also estimated to have contribute to 20.0 million disability-adjusted life years in 2010 (Degenhardt, Whiteford, & Ferrari, 2013) while, the United Nations Office on Drugs and Crime (UNODC) estimated that there were as many as 231,400 drug-related deaths in 2013, the majority of which were the result of drug overdoses (UNODC, 2015). Additionally, a UNODC review found that between 56% and 90% of PWID reported imprisonment since initiating injection drug use (Jurgens, 2007).

An increasing range of evidence-based treatment modalities have been found to be effective in improving outcomes from

* Corresponding author at: Division of Global Public Health, University of California San Diego, University of California School of Medicine, 9500 Gilman Drive, La Jolla, CA 92093-0507, USA.

E-mail address: dwerb@ucsd.edu (D. Werb).

substance use disorder and attendant harms. For example, among individuals addicted to opioids, opioid substitution therapies (OST) including methadone and buprenorphine maintenance have been shown to reduce negative drug-related outcomes and to stabilize individuals suffering from opioid dependence (Amato, Davoli, Ferri, & Ali, 2002; Gowing, Ali, & White, 2004; Mattick, Breen, Kimber, & Davoli, 2009). In a recent review, use of Suboxone (a combination of buprenorphine and naloxone) was demonstrated to be effective for opioid withdrawal (As, Young, & Vieira, 2014; Ferri, Davoli, & Perucci, 2011; Krupitsky et al., 2011; Wolfe et al., 2011). Evidence of effectiveness for pharmacotherapies for stimulant use disorder remains mixed (Castells et al., 2010; Fischer, Blanken, & Da Silveira, 2015). However, a large set of psychosocial tools have shown promise for a range of substance use disorders (Dutra et al., 2008; Grabowski, Rhoades, & Schmitz, 2001; Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012; Mooney et al., 2009; Prendergast, Podus, Finney, Greenwell, & Roll, 2006; Shearer, Wodak, Van Beek, Mattick, & Lewis, 2003).

In many settings, compulsory treatment modalities have been in place or are being implemented. For instance, a recent international review found that as of 2009, 69% of a sample of countries ($n = 104$) had criminal laws allowing for compulsory drug treatment (Israelsson & Gerdner, 2011). Compulsory drug treatment can be defined as the mandatory enrolment of individuals, who are often but not necessarily drug-dependent, in a drug treatment program (Wild, 1999). While most often consisting of forced inpatient treatment (i.e., individuals are placed under the care and supervision of treatment institutions), compulsory treatment can nevertheless be designed as outpatient treatment as well, either using an individualized treatment or group-based model that can include psychological assessment, medical consultation, and behavioral therapy to reduce substance use disorder (Hiller, Knight, Broome, & Simpson, 1996). Compulsory drug treatment (particularly in inpatient settings) is often abstinence-based, and it is generally nested within a broader criminal justice-oriented response to drug-related harms (WHO, 2009). Compulsory treatment is distinct from coerced treatment, wherein individuals are provided with a choice, however narrow, to avoid treatment (Bright & Martire, 2012). Perhaps the most widely known example of coerced treatment is the drug treatment court model, which provides individuals charged with a drug-related crime with therapeutic measures in addition to criminal justice interventions under the auspices of the criminal justice system (Werb et al., 2007). While no systematic evaluation of the effectiveness of compulsory treatment approaches has been undertaken, observers have cited concerns regarding human rights violations within compulsory drug treatment centers (Hall, Babor, & Edwards, 2012; Jurgens & Csete, 2012). Further, while overviews as well as reviews on related topics (i.e., quasi-compulsory treatment) exist (Stevens, Berto, & Heckmann, 2005; Wild, Roberts, & Cooper, 2002), no recent systematic assessments of the efficacy or effectiveness of compulsory or forced addiction treatment have been undertaken. This represents a critical gap in the literature given the implementation and scale up of compulsory treatment in a range of settings, including Southeast Asia, Latin America, and Australia.

Observers have also noted that while the overall number of countries that employ compulsory drug treatment approaches is declining, the mean duration of care is increasing, as is the number of cases of individuals sentenced to compulsory drug treatment (Israelsson & Gerdner, 2011). Relatedly, observers have expressed concern with evidence that compulsory treatment centers incorporate therapeutic approaches generally unsupported by scientific evidence, and employ punishment for individuals who relapse into drug use (Amon, Pearshouse, Cohen, & Schleifer, 2013; Hall & Carter, 2013; Pearshouse, 2009a). Given the need for

scientific evidence to inform effective approaches to drug treatment, we therefore undertook a systematic review of the effectiveness of compulsory drug treatment.

Methods

We employed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for the development of systematic reviews (Moher, Liberati, Tetzlaff, & Altman, 2009). A full review protocol is available by request to the corresponding author.

Eligibility criteria

Studies were eligible if they were peer-reviewed, and if they evaluated the impact of compulsory drug treatment on illicit drug-related outcomes. The primary outcome of interest was defined as the frequency of post-treatment drug use. The secondary outcome of interest was defined as any post-treatment drug-related criminal recidivism (i.e., post-treatment arrest or incarceration). Randomized control trials (RCTs) and observational studies were both eligible for inclusion. To be eligible, treatment interventions reported had to be compulsory; however, the type of intervention (e.g., inpatient abstinence-based therapy, outpatient group therapy, OST, etc.) could vary. Reviews as well as multi-component studies that did not disaggregate findings between components were not eligible if they did not provide specific data regarding the impact of compulsory treatment. Studies that assessed mandated treatment for legal or licit substances (i.e., alcohol, tobacco) were also not eligible. Further, studies that only evaluated outcomes such as attitudinal or psychosocial change, or psychological functioning related to substance use were excluded. Finally, studies that evaluated coerced or quasi-compulsory treatment (i.e., wherein individuals are provided with a choice between treatment and a punitive outcome such as incarceration such as a drug treatment court model) were excluded.

Information sources

We searched the following 10 electronic databases: Pubmed, EBSCOhost/Academic Search Complete, Cochrane Central, PAIS International/Proquest, JSTOR, PsycINFO, Soc Abstracts, Web of Science, REDALYC (Spanish language) and Scielo Brazil (Portuguese language). We also searched the internet (Google, Google Scholar), relevant academic conference abstract lists, and scanned the references of potentially eligible studies.

Search

We searched all English-, Spanish- and Portuguese-language studies and abstracts and set no date limits. The following search terms were used: “forced treatment,” “compulsory treatment,” “substance abuse,” “substance use,” “mandated treatment,” “mandatory treatment,” “addiction,” “addiction treatment,” “involuntary treatment,” “involuntary addiction treatment.” The terms were searched as keywords and mapped to database specific subject headings/controlled vocabulary terms when available, including MeSH terms for PubMed searches. Each database was searched from its inception to its most recent update as of June 15th, 2015.

Study selection

Two investigators (MM, CR) conducted the search independently and in duplicate using a predefined protocol. The investigators scanned all abstracts and obtained full texts of articles that potentially met the eligibility criteria. Validity was

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