



## Repeated entries to the Swedish addiction compulsory care system: A national register database study



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### ABSTRACT

This study identified and described specific client groups who have repeated entries to the Swedish addiction compulsory care system. Specifically, through the use of baseline data from the Swedish government Staten's Institutions Styrelse (SiS) database, for 2658 individuals who were assessed at their compulsory care intake interview by social workers in the national social welfare system between 2001 and 2009 the study identified the associations between specific predisposing, enabling and need characteristics and repeated addiction compulsory care entries. The logistic regression model identified that individuals whose children have been mandated to the child welfare system, who have experienced prior compulsory care including compulsory treatment through LVU (law (1990:52) with specific provision about care of young people under 18), and those who have been in prison are more likely to have two or more entries in the addiction compulsory care system compared to their counterparts. Individuals who have been mandated to compulsory care for their substance use disorder two or more times have significant multiple complex problems and repeated experiences of institutionalization. These individuals are a group in need of a well-coordinated and integrated system of aftercare services to reduce the likelihood of re-entry into addiction compulsory care.

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### 1. Introduction

It is common that individuals with substance abuse or dependence make use of addiction treatment repeatedly. There is research that indicates that repeated use of treatment may be seen as a positive thing and that more treatment episodes may improve outcomes for substance abusers. For example, a study by Weisner, Ray, Mertens, Satre, and Moore (2003) exploring whether short-term outcomes predict long-term outcomes for individuals with substance use disorders found that for clients who were not abstinent at 6 months after leaving drug treatment, treatment readmission was a major predictor of being abstinent at the 5 year follow-up. They interpret this finding as demonstrating that many clients may need repeated treatment and such use should not always be seen as relapse (Weisner et al., 2003). A different study found that drug users who relapsed after an initial period of post-treatment abstinence were more likely to have had a history of more treatment episodes than drug users who remained abstinent

after treatment and did not relapse (Dennis, Scott, Funk, & Foss, 2005).

However, substance abusers who repeatedly are in treatment have more severe alcohol and drug problems compared to their counterparts. For example, Cacciola, Dugosh, Foltz, Leahy, and Stevens (2005) found that individuals with substance use disorders who entered drug treatment programs and who had a history of prior drug treatment also had more severe drug problems compared to those entering treatment for the first time. Among Drug Abuse Treatment Outcome Study (DATOS) cocaine users, Grella, Hser, and Hsieh (2003), found that clients with higher service needs were more likely to be treatment repeaters. Further, it has been shown that drug treatment repeaters, compared to clients with only one admission, have more severe levels of drug use, criminality, and injection drug use (Anglin, Hser, & Grella, 1997; Anglin, Longshore, & Turner, 1999). In Sweden an earlier longitudinal retrospective/prospective study of medical inpatients admitted to the Magnus Huss Clinic in 1976–78 discovered that most patients had repeated contacts with specialized alcohol treatment, psychiatry, social services and somatic care. High treatment users had the most unfavorable social situation and the most severe alcohol-related problems (Damström-Thakker, 1990).

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A longitudinal analysis of heavy alcohol and drug abusers, interviewed when treated for misuse problems by the health or social services systems of Stockholm County in 2000–2002, describes extensive prior treatment histories and continued high treatment utilization (Stenius, Ullman, Storbjörk, & Nyberg, 2011).

Some individuals with severe substance use problems are mandated to enter compulsory care by the court system. Sweden, the focus of our study, has a long history of court-mandated compulsory care for severe substance use (Gerdner & Berglund, 2011). A study from Storbjörk (2010) indicates that those in compulsory treatment, in addition to using higher levels of alcohol and drugs, tend to be younger, and have an inferior social situation (housing, livelihood) compared to their counterparts in voluntary treatment. Also, a prior Swedish national register database study has identified for a national sample of 12,009 individuals assessed for substance use disorders that having reported more compulsory treatment episodes for narcotics and alcohol was associated with having had more addiction treatment episodes within the voluntary treatment system (Grahn, Chassler, & Lundgren, 2014).

However, none of these prior studies examined repeated compulsory care entries. This is the first national study using government register data to longitudinally examine having a history of more than one compulsory care entry among adults in Sweden. Having more than one compulsory care entry is measured through register data from the Swedish Government institution overseeing compulsory care and through client-self report. The purpose of this study is to describe population groups with multiple compulsory care entries. The study will provide researchers, policy makers and addiction treatment providers, research results on populations groups which may be vulnerable to repeated compulsory care. Policy and program planning efforts can be targeted to reduce compulsory care use for these groups.

### 1.1. The compulsory care system in Sweden

In Sweden, the laws on compulsory addiction treatment have existed for about a hundred years. This law, the “law of treatment for substance abusers in specific situations” “Lag om vård av missbrukare i vissa fall” (LVM), is founded on the framework of civil (non-criminal justice) rehabilitating compulsory treatment and is not based on a punishment-focused framework. Implementation of the law includes an assessment conducted by a combination of social workers and physicians (SOU 2011:35) who determine whether a client is in need of compulsory care. If the assessment made by the social workers and physicians meets the criteria for compulsory care the law requires this team to apply for compulsory treatment for the client through the Swedish court system. If the investigation by social workers and physicians along with the assessment from the court result in the conclusion that an individual's level of substance dependence has reached such proportions that he/she is a danger to himself/herself or others and refuses to enter voluntary care, then the client will be sentenced to compulsory care (Lag 1988:870) om vård av missbrukare i vissa fall (LVM). In Sweden, compulsory care for substance dependence can be as long as up to six months.

### 1.2. Socio-political concerns in Sweden regarding compulsory treatment

Although compulsory care is commonly used and has legitimacy in the addiction treatment system in Sweden (Palm, 2007; Runquist, 2012) its' use is a sensitive, political issue. Compulsory care can be understood to protect some of society's most vulnerable individuals who no longer can care for

themselves and their families due to their substance abuse and who are at danger to themselves and others, by providing them with care (against their own will). However, questions may be raised about government intrusion into personal matters and whether the government has the right to provide care to an individual without the individual's agreement and to do so in a locked institution, depriving them of individual freedoms. In Sweden, one argument is that it would be unethical not to mandate care for this population (Storbjörk, 2010). It should be noted that compulsory care may be requested by the family members of those with heavy substance abuse problems: families are often the driving force initiating an investigation for compulsory care (Reitan & Weding, 2012). Even so, in 2005, a special government commission (SOU, 2005:82) called for the development of coordinated care for people with severe abuse, integrating social services, health care, dependent care, psychiatry, compulsory treatment and prison care, to provide an individualized system of care. The commission called for research to increase knowledge about which interventions result in the best outcomes. In 2011 another special government commission (SOU 2011:35) was carried out and this time the consideration in Sweden was how to organize the compulsory care system and whether it should be aligned with the healthcare system rather than the social welfare system given increased recognition of addiction as a chronic health problem. The outcome of that investigation was that the Swedish addiction treatment continued to be organized by the social welfare system (Prop. 2012/13:77; Storbjörk, 2014). It is important to note that even though Sweden have accepted the practice of compulsory care, these periodic discussions about compulsory addiction treatment insure that the compulsory system comes under frequent review.

### 1.3. Overall aim and research question

The overall aim of this study is to identify and describe specific client groups which have had more than one entry in the Swedish addiction compulsory care system. Specifically, through the use of individual level data from the Swedish government Staten's Institutions Styrelse (SiS) database, the Swedish National Registry of Adult Compulsory Care for Addiction of 4515 individuals were assessed at their compulsory care interview by social workers in the national social welfare system between 2001 and 2009. The study identified the associations between specific predisposing (age and gender) characteristics, enabling characteristics (education, family/social relationships and employment) and needs (history and type of substance misuse, mental health status and treatment history, criminal justice history and loss of child(ren) to the child welfare system) characteristics and whether the client had two or more entries into the addiction compulsory care system. Two or more entries were defined in the following manner: for individuals who had entered compulsory care between 2001 and 2009: having reported having had a prior compulsory care entry prior to their first entry 2001–2009 and/or having at least two entries between 2001 and 2009.

Below, please find a description of the underlying theoretical framework guiding this study.

### 1.4. Theoretical framework

The theoretical framework for this study is based on the “Behavioral Health Model for Vulnerable Populations” (Gelberg, Andersen, & Leake, 2000). This framework describes that vulnerability effects both a person's ability and opportunity to seek and utilize care. The model specifically indicates that substance abuse, mental health problems, homelessness and birthplace are indicators of vulnerability affecting health care utilization.

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