

INVOLUNTARY TREATMENT FOR SUBSTANCE USE DISORDERS: 6 MONTH OUTCOME

L Nixon¹, L Bullen¹, A Hafeez², K Walagama³

¹Involuntary Drug and Alcohol Treatment Unit, Bloomfield Hospital, Orange, NSW,

²Community Mental Health, Perth, WA, ³Community Mental Health, Sri Lanka

Introduction: Controversy continues concerning coercive treatment in addiction. The literature on effectiveness is equivocal. The outcomes of the first 80 patients treated in the Involuntary Drug and Alcohol Treatment (IDAT) Unit at Orange are presented to further discussion on effectiveness, and hence consideration of its ethical legitimacy.

Approach: After discharge from IDAT, individuals are offered assertive follow up by one of two outreach clinicians. Given the large distances from which many individuals come to IDAT, this is usually by phone, supported by contact between the outreach clinician and local clinicians. Records of these interactions were reviewed and the status 6 months after discharge was coded as abstinent, improved, relapsed, dead, in care or lost to follow up.

Key Findings: The criterion that treatment could not be provided in a less restrictive environment effectively selects individuals for whom no other interventions had been effective. However, more than half of those admitted were either abstinent or showing significant improvement 6 months after discharge

Discussions and Conclusions: The surprisingly good outcomes presented here are similar to those noted for the urban IDAT Unit in Sydney. In presenting their outcomes, Sydney clinicians opined that the provision of Assertive Community Treatment following discharge was the likely explanation for this outcome. In our case, however, Assertive Community Treatment was not possible due to geographic considerations; we opine that the level of resource of the unit combined with ongoing assertive distance follow up by a clinician with whom the individual has already developed a therapeutic alliance, is the most probable explanation.

Implications for Practice or Policy: If further development of involuntary treatment is considered it is essential that this be provided with the same level of resources and post-discharge support. These results should not be taken to support involuntary treatment in the absence of these factors

Disclosure of Interest Statement: There are no conflicting interestes