

What is involuntary alcohol and other drug treatment, and is it effective?

Involuntary¹ AOD treatment is a form of treatment where an individual who has severe substance dependence is admitted to treatment involuntarily, when they are at severe risk of harm because of their substance use. This operates through a legal mechanism called 'civil commitment' which is similar to what is sometimes used for mental health patients. This is different to other types of 'compulsory' or 'coerced' treatment which are used in response to criminal offending (e.g., drug courts).

The potential benefits of involuntary AOD treatment must be assessed against the removal of liberty and possible risks for already vulnerable people, such as the potential for re-traumatisation, undermining of trust and a reluctance to engage with future treatment. This document provides an overview of what involuntary AOD treatment is (in the context of NSW) and what evidence there is for its effectiveness.

Involuntary alcohol and other drug treatment in NSW

Involuntary treatment operates in many countries around the world, and in Australia in two jurisdictions (NSW and Victoria). In NSW, the Involuntary Drug and Alcohol Treatment Program (IDAT) operates in two locations, with eight beds in Orange and four beds in North Sydney.

The IDAT program is only available to adults aged 18 and over, who meet the following eligibility criteria:

1. Have severe substance dependence, and
2. Care or treatment is necessary to protect from serious harm, and
3. Likely to benefit from treatment for substance dependence and has previously refused treatment, and
4. No other appropriate and less restrictive means is available.

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Referral to the IDAT is made by a medical practitioner. A Magistrate oversees the application to ensure that the individual meets the eligibility criteria, and the admission is in their best interest.

The IDAT program typically involves 28-days admission unless otherwise decided by the Magistrate. The care provided includes:

- comprehensive medical and psychiatric assessment
- medically supervised withdrawal management
- psychoeducation and therapeutic program
- aftercare (up to 6-months of voluntary care provided in the community) and discharge planning

¹ Other terms are used for this treatment, including but not limited to 'compulsory treatment' or 'civil commitment'. We use the term 'involuntary' because that is the term used in NSW.



Link to Report:
Involuntary
treatment for alcohol
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Is involuntary AOD treatment effective?

In 2023, DPMP conducted a review of the evidence for involuntary AOD treatment (commissioned by the NSW Ministry of Health, brokered by the Sax Institute). This review focused on involuntary treatment provided in the healthcare system for people experiencing significant harm from their AOD use (it did not review the evidence for other types of compulsory treatment provided in the criminal justice system).

The review identified 9 peer reviewed papers and 4 reports assessing the effectiveness of involuntary AOD treatment programs. The four reports and two of the peer reviewed papers assessed the NSW IDAT program specifically.

The evidence from the papers and reports were low to medium quality, and found that:

- Some studies found benefits of involuntary AOD treatment for reducing AOD use, reducing unplanned emergency health service use (i.e., ED presentations), and mental health outcomes
- In studies where involuntary AOD patients were compared to voluntary AOD patients, the voluntary patients had equivalent or slightly better outcomes (most of the comparison groups were not matched on the severity of their AOD use)

Of the reports evaluating the NSW IDAT program specifically, the findings showed that:

- The majority of the stakeholders, including patients, felt the program was an appropriate last resort option
- Patients had reduced substance use and unplanned emergency health service utilisation following discharge from IDAT
- Patients experienced improved physical health, psychological wellbeing, and quality of life following discharge from IDAT
- About half of patients accessed voluntary treatment after discharge from IDAT
- Involuntary patients experienced similar outcomes to a matched control group who undertook voluntary treatment. Whilst people in IDAT appeared to do as well as matched controls, this doesn't mean treatment was equally effective because patients in IDAT would not have received treatment unless admitted involuntarily.

Prepared by:
Keelin O'Reilly and Dr Claire Wilkinson
Drug Policy Modelling Program,
Social Policy Research Centre, UNSW
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