The effectiveness of compulsory, residential treatment of chronic alcohol or drug addiction in non-offenders

Broadstock M, Brinson D, Weston A

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' conclusions
The review conclusions are based on the current evidence available from this report's critical appraisal of literature published on the effectiveness of compulsory residential treatment of chronic alcohol or drug addiction in non-offenders.

Route of referral is but one facet of the treatment process. There is a paucity of research investigating the complex interplay of other treatment factors such as cultural appropriateness, client motivation, perceived coercion, family, whanau and community support, different therapeutic modalities and other psychosocial factors: all of which are likely confounders. Thus, at present, the evidence remains incomplete.

Treatment is perhaps best seen as a sequentially linked chain of events, with route of referral forming just one of the initial processes. As a form of short term harm minimisation, civil commitment may save lives, though this has not been empirically evaluated and there is no evidence of harm. When considering the medium to long term clinical effectiveness of compulsory versus voluntary residential treatment in the non-offender population, strong evidence does not exist.

At present it is not possible to assess the cost-effectiveness of compulsory residential treatment of alcohol/drug dependence due to insufficient clinical evidence. However, given the relatively low cost of the intervention, the costs associated with alcohol/drug addiction, and the poor quality of life experienced by alcohol/drug addicts and their families/victims, this intervention has the potential to be highly cost-effective relative to less effective treatments or no treatment.

No indigenous research has evaluated New Zealand's alcohol and drug civil commitment legislation in terms of its effectiveness in achieving long-term behaviour change. Thus, there is a need for evaluation studies, using well operationalised baseline and outcome variables, which investigate the complex interplay between client and treatment characteristics within the New Zealand civil context.

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**Address for correspondence**
University of Canterbury, Private Bag 4800, Christchurch 8140, New Zealand Email: hsac@canterbury.ac.nz

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