



Patients in Court-Ordered Substance Abuse Treatment

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Commitment to involuntary care is a multistage process comprising many different aspects; legal, psychological, medical, social and ethical among others. It can also be analyzed from the perspective of a continuum starting from the report to the social authorities, the evaluations on whether to commit or not, the actual commitment and aftercare following involuntary treatment.

Through four original studies, this thesis aims at enhancing the knowledge of the total process:

1) 74 patients were interviewed about experiences of the evaluation prior to the decision on involuntary care. They reported anger and violation. Half of them had no contact with their social worker. Their substance use had not changed during evaluation. Of the interviewed patients, 35 had a previous experience of commitment. Even though a majority of the patients reported that coercive measures had been applied during care, they felt that they could influence the care and were satisfied with the care at the institution. The patients were not satisfied with the contact with the social worker in charge of planning aftercare and few plans were carried out.

2) This study explored the decision by the social welfare board to petition the court for commitment by having experts assess 106 cases that the board previously had made decisions about. The comparison between the boards' decisions and the experts' assessments revealed significant association between the patients' social variables and the board's decision. In contrast, the experts' assessment showed no such association.

3) Prior to an amendment of the involuntary legislation, the difference between municipalities in rate of petitions was very

small. After the responsibility to petition the court for commitment was transferred from central authority to local authority, differences emerged. Two municipalities with high rate (55%) and two with low rate (12%) were contrasted in order to measure global outcome; substance abuse, housing and means of support. There was no significant difference in regard to global outcome between the patients from the two types of municipalities. Seven patients had deceased during two years after evaluation; none of the deceased patients had been committed.

4) Case management was used as an intervention in aftercare following commitment and 36 patients were randomised to either case management or treatment-as-usual. The patients in the case manager group seemed to have retained their abstinence in a higher degree than the patients in the control group. Despite the fact that one of the core components of case management is to link to care, the use of care did not differ between groups. Patients with a continued severe substance abuse had significantly more contact with in-patient care and social services, while abstinent patients had less contact with care and service.

Conclusion

A majority of the patients were unsatisfied with the contact to the social authorities during evaluation and aftercare. When petitioning the court, other variables beside the legal may influence the social authorities' decision. In spite of the involuntary care, most patients felt they could participate in the planning of their care. The case management interventions were well received by the patients in aftercare and case management assistance seems to have supported abstinence.