



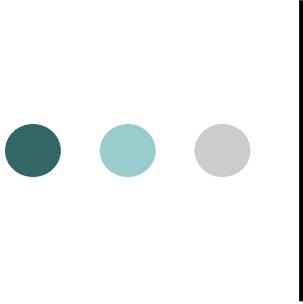
# Who's Not Coerced?

Dr John Howard (NCPIC/NDARC)

and

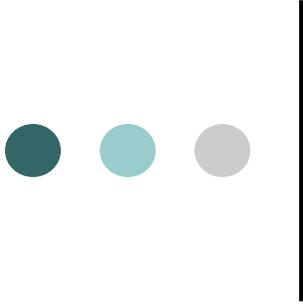
NADA Treatment Sub-Committee:

Barbara Rich (Chair), Gerard Byrne Kate Hewett,  
James Pitts, Garth Popple, Will Temple



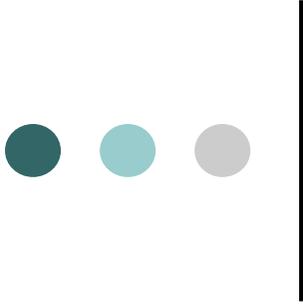
# What does the research to date tell us?

- ‘Compulsory Treatment’ means many things: pre-court diversion, court diversion, ‘coercion’ into treatment by police, family, school, the ‘Inebriates Act’, etc.
- Aims can be somewhat confused:
  - Reduce:
    - Freedom (ie Incapacitate),
    - Use,
    - Social and economic costs
    - Personal costs
    - ?



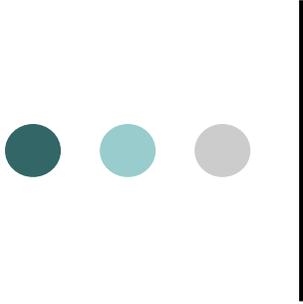
# Despite these possible 'confusions'

- Overall, there is limited empirical evidence demonstrating the effectiveness of compulsory AOD treatment' (ANCD, 2007, p.104)
- But it remains uncertain as to what works best with which populations/persons
  - Some evidence from a selection of studies follows, illustrating the range of studies and findings



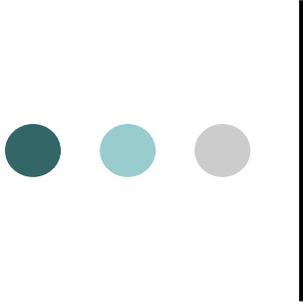
## Kelly, Finney & Moos (2005)

- An important push to accessing treatment
- Reduces costs for criminal justice (but ? Displaces cost elsewhere?)
- Treatment satisfaction was reported by 'mandated' clients
- Reductions in substance use similar/better to 'voluntary' clients



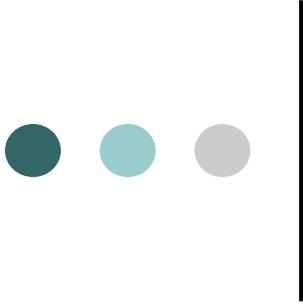
## Copeland and Maxwell (2007)

- Texas study
- 27,198 adults presenting to public Texas treatment programs
- 69% legally coerced
- Findings:
  - Less psychological distress,
  - Higher treatment completion and
  - Higher abstinence for those coerced



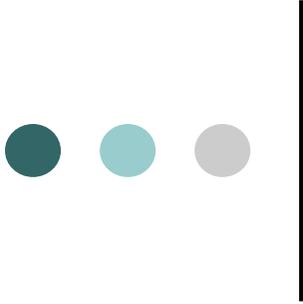
## Stevens, Berto et al. (2006)

- European study
- Participants perceived greater pressure, but reported motivation to be as high as non-coerced
- ‘Pressure’ differential – eg ‘medical’ pressure more associated with ‘action stage of change’, pressure from family and friends less so
- Coercion ‘valuable route’ into treatment
- But motivation is ‘*dynamic*’



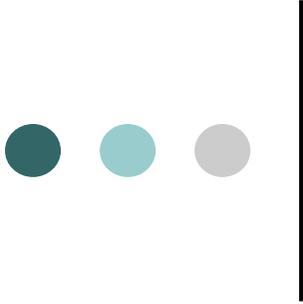
## Jainchill, Hawke & Messina (2005)

- Adolescent males and females in a 'modified' TC
- Findings:
  - Reductions in substance use
  - General improvements in behaviour



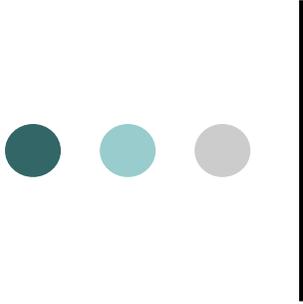
## Sullivan, Birkmayer et al. (2008)

- Also see coercion coercion as a useful means of initiating treatment
- Psychodynamic approaches not useful
  - no 'limit setting'



## Klag, O'Callaghan & Creed (2005)

- Review of 30 years of research on 'legal coercion'
- Much 'success' reported is low level evidence
- Questions remain:
  - How does coercion actually work on individuals?
  - How much pressure is enough and for how long?



## Some issues remaining:

- Civil liberties – restriction on ‘movement’ – ie in prison, residential and community treatment
- Mental illness/comorbidity – where ‘better’ to treat
- What treatments are most appropriate for which populations
- Motivation? Internal, external, mixed? Is one better than the others?
- How does coercion actually work on individuals?
- How much pressure is enough and for how long?
- Unintended negative consequences: eg
  - net widening (treating those not requiring treatment),
  - intensity of treatment greater than required, etc.
- Cost:
  - What is the ‘real’ cost?
  - Any cost-effectiveness studies?