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DOI: <https://doi.org/10.1159/000052054>

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ZORA URL: <https://doi.org/10.5167/uzh-94652>

Journal Article

Published Version

Originally published at:

Fischer, B; Rehm, Jürgen; Uchtenhagen, Ambros; Kirst, M (2002). Compulsory treatment - what do we know and where should we go? Editorial. *European Addiction Research*, 8(2):52-53.

DOI: <https://doi.org/10.1159/000052054>

Editorial

Compulsory Treatment – What Do We Know and Where Should We Go?

Benedikt Fischer Jürgen Rehm Ambros Uchtenhagen Maritt Kirst

The area of ‘compulsory treatment’ for drug dependence is receiving considerable social, political and scientific attention at the moment. In this special topic issue of *European Addiction Research*, we are aiming to offer an internationally diverse and comparative perspective on histories, practices and research of compulsory treatment, with special focus on examples from Sweden, Germany, Switzerland and Canada. A review paper on recent English-language compulsory treatment research complements this compendium.

The proper understanding and contextualization of current practices and discussions of compulsory treatment for drug dependence in different socio-cultural settings require a look back into history. Such a retrospective examination makes it clear that drug dependence or addiction as a form of social deviance has been approached by different institutional actors or apparatuses of control at different times and in different places, but namely apparatuses of medical treatment and criminal justice. Many contemporary forms of compulsory treatment have thus evolved as hybrid phenomena of conflicting ideologies and systems responding to addiction, consisting on one hand of the ideas of crime and punishment and, on the other hand, of illness and treatment [1, 2].

An instructive case study for the hybridization of the state’s responses to addiction is the compulsory treatment situation in Germany. As Boellinger [3] describes, Germany’s traditional approach to (illicit) substance use has been dominated by prohibitory mechanisms. However, supplementary or substitutive mechanisms of treatment have carved a variety of openings into the regime of

legal control and punishment of addiction, rendering the drug user a patient in drug treatment under the larger umbrella of the law. The Canadian example [4] presents a similar history in that treatment ideas for illicit drug users existed for most of the 20th century, yet control over the ‘problem’ of illicit drug use was firmly enshrined in the hands of law enforcement and punishment. For quite some time, treatment proponents tried to scale back the reach of punishment over illicit drug users, yet its main successes were provisions and programs in which treatment was to be provided as a subordinate function of punishment. The nature of the combination of punishment and treatment in the recently popular phenomenon of North American ‘drug courts’ [5] is probably a most instructive example of these dynamics and features as they have been carried into the present.

A slightly different, and socio-culturally distinct approach to compulsory treatment is found in Sweden. In Sweden, as Palm and Stenius [6] elaborate, the strong welfare orientation of the social system as well as the intrusive powers of the system of ‘patriarchal care’ for its citizens make compulsory treatment for drug misusers an essential and widely undisputed tool of social governance. This tool is largely legitimized on the basis of the state’s mandate to protect its citizens from harming themselves or others.

These histories and features, of course, raise numerous questions. One of them, from a more sociological tradition, concerns the implications of ‘compulsory treatment’ as emerging from the forces of law, treatment and welfare for the contemporary nature and effects of social control.

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1022–6877/02/0082–0052\$18.50/0

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'Compulsory treatment' may be seen as an integral and powerful component of what has been described as the 'great carceral continuum' of contemporary social disciplining [7]. In this context, an emerging fundamental debate is characterized by the question of whether compulsory treatment is a more reasonable approach (i.e., from a public health perspective) given its offer of the opportunity for treatment rather than just punishment [8], or whether it now subordinates the patient/offender to a wider, thinner and potentially more coercive net of social control [9].

From a more functional-empirical angle, the topic of compulsory treatment is confronted with a number of other critical questions. For example, the question of compulsory treatment's effectiveness is almost as old as the idea of compulsory treatment itself [10, 11]. Specific questions are whether compulsory treatment is as effective [12] or, in more recent times, as cost-effective [13] as voluntary treatment. All of these questions remain without any conclusive answers at this point, partly because they have been asked in an overly simplistic manner.

The Swiss article by Grichting et al. [14] suggests that a comparison of client cohorts entering compulsory versus voluntary drug treatment shows little differences in characteristics at treatment entry as well as at the point of discharge. Moreover, the implications of the legally mandated treatment may pose problems for the reintegration of compulsory treatment subjects into society. The review paper of Wild et al. [15] indeed shows that, among the great body of literature recently produced on compulsory treatment, a great part is non-empirical and, of the existing empirical examinations, many are burdened with conceptual and methodological shortcomings.

These observations point to the great need for systematic and rigorous research in the area of effectiveness and cost-effectiveness as projected outcomes of 'compulsory treatment' – a field currently starkly influenced by politics and ideology. However, Wild et al. [15] also address the necessity of more qualitative explorations and understandings. For example, these authors point to the distinct meaning and implications of 'coercion' for different audiences involved in substance use treatment, and how these differences interact with process and outcome variables of such interventions.

Thus, the usual approach of summarizing evidence via pooling or, in more trendy terms, meta-analysis is not sufficient for this topic. The question is not as simple as asking whether compulsory treatment works or does not work. The questions to answer are: under what circumstances does which type of compulsory treatment have effects on the clients; what kinds of effects do these types have on the clients, and what are the incidental 'costs' to society of these types of treatment? In this sense, empirical work on compulsory treatment is contributing to the completion of a puzzle, where different parts of the answer ought to be drawn from different treatment systems and environments. The puzzle is, indeed, very complex and a predominance of non-empirical or ideology-driven contributions will not be particularly helpful for scientific progress in this field.

We are hoping that this special topic issue will make a comparative contribution to both the socio-historical contextualization, as well as stress the importance of systematic empirical assessment of the effects of compulsory treatment.

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