McMaster University | HEALTH FORUM

Rapid Synthesis

Use and Regulation of Involuntary Substance-Use Treatment for Adults

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Appendices

Appendix 1: Methodological details

Background to the rapid synthesis

This rapid synthesis mobilizes both global and local research evidence about a question submitted to the McMaster Health Forum's Rapid Response program. Whenever possible, the rapid synthesis summarizes evidence drawn from existing evidence syntheses and from single research studies in areas not covered by existing evidence syntheses and/or if existing evidence syntheses are old or the science is moving fast. A systematic review is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select and appraise research studies, and to synthesize data from the included studies. The rapid synthesis does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

The Forum produces timely and demand-driven contextualized evidence syntheses such as this one that address pressing health and social system issues faced by decision-makers (see our website for more details and examples). This includes evidence syntheses produced within:

- days (e.g., rapid evidence profiles or living evidence profiles)
- weeks (e.g., rapid syntheses that at a minimum include a policy analysis of the best-available evidence, which can be requested in a 10-, 30-, 60- or 90-business-day timeframe)
- months (e.g., full evidence syntheses or living evidence syntheses with updates and enhancements over time).

This rapid synthesis was prepared over a 60-business day timeframe and involved five steps:

1) submission of a question from a policymaker or stakeholder (in this case, the British Columbia Ministry of Health)
2) identifying, selecting, appraising and synthesizing relevant research evidence about the question
3) conducting and synthesizing a jurisdictional scan of experiences about the question from other countries and Canadian provinces and territories
4) drafting the rapid synthesis in such a way as to present concisely and in accessible language the research evidence
5) finalizing the rapid synthesis based on the input of at least two merit reviewers.

Identification, selection, quality appraisal and synthesis of evidence

For this rapid synthesis, we searched Health Systems Evidence, Cochrane Library and PubMed for:

1) guidelines (defined as providing recommendations or other normative statements derived from an explicit process for evidence synthesis)
2) evidence syntheses
3) protocols for evidence syntheses that are underway
4) titles/questions for evidence syntheses that are being planned and
5) single studies (when no guidelines or evidence syntheses are identified or when they are older).

In Health Systems Evidence, we searched for overviews of systematic reviews, evidence synthesis and systematic reviews by searching "involuntary" filtering by diseases, mental health and addictions. In the Cochrane Library, we searched for involuntary treatment. In PubMed, we searched for: (((((involuntary) OR (mandat*) OR (compulsory) OR (secure) AND (((((treatment) OR (care) OR (commitment) OR (civil commitment) OR (involuntary treatment[MeSH Terms]))) AND ((((((((substance use disorder) OR (drug misuse) OR (addiction) OR (drug abuse) OR (substance use) OR (substance dependence)) OR (Substance-Related Disorders[MeSH Major Topic])) OR (Substance-Related Disorders[MeSH Terms]) [Title/Abstract]).

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid synthesis, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

For any included guidelines, two reviewers assess each guideline using three domains in the AGREE II tool (stakeholder involvement, rigour of development and editorial independence). Guidelines are classified as high quality if they were scored as 60% or higher across each of these domains.

For each evidence synthesis we included, we documented the dimension of the organizing framework (see Appendix 2) with which it aligns, key findings, living status, methodological quality (using AMSTAR), last year the literature was searched (as an indicator of how recently it was conducted), availability of GRADE profile, and equity considerations using PROGRESS PLUS.

For AMSTAR, two reviewers independently appraise the methodological quality of evidence syntheses that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health-system arrangements or to economic and social responses. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that it needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.)

For primary research (if included), we documented the dimension of the organizing framework with which it aligns, publication date, jurisdiction studied, methods used, a description of the sample and intervention, declarative title and key findings, and equity considerations using PROGRESS PLUS. We then used this extracted information to develop a synthesis of the key findings from the included syntheses and primary studies.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French, Portuguese or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents that did not directly address the research questions and the relevant organizing framework. All of the information provided in the appendix tables was taken into account by the authors in describing the findings in the rapid synthesis.

Identifying experiences from other countries and from Canadian provinces and territories

For each rapid synthesis, we collectively decide on what countries to examine based on the question posed. For other countries we searched relevant government and stakeholder websites. In Canada, we search websites from relevant national and provincial governments, ministries and agencies (e.g., Public Health Agency of Canada). While we do not exclude countries based on language. Where information is not available in English, Chinese, French, Portuguese or Spanish, we attempt to use site-specific translation functions or Google translate.

Appendix 2: Framework to organize what we looked for

We used the framework below to categorize each of the evidence documents included in the rapid synthesis and to structure the presentation of findings in the rapid synthesis and Appendices 2 and 3.

- Criteria for admission to involuntary treatment
  - Identification of risk of harm
  - Recent overdose or toxic even from any substance
  - Long-term substance use
  - Referral from the court system
  - Referral from an employer
  - People who have been referred by a care provider
    - Primary-care provider
    - Addictions specialist
    - Other specialist (e.g., emergency medicine or other providers who frequently work with people who use substances)
    - Case worker
    - People admitted by a family member or friend (e.g., with approval from a care provider)
- Types of substance(s) used
  - Opioids
    - Prescription opioids
    - Heroin
    - Fentanyl
  - Stimulants
    - Cocaine
    - Crack
    - Methamphetamine
  - Alcohol
  - Cannabis
  - Injected substances (unspecified type)
  - Other
- Priority populations
  - People with a comorbid mental health issue
  - People with other medical conditions
  - People who are homeless or marginally housed
  - Indigenous peoples
    - First Nations, Métis and Inuit
  - Black people, and other people of colour (i.e., Asian, Pacific Islanders, Latinx)
  - 2SLGBTQI+
  - People involved in the justice or court system (either as perpetrators/offenders or victims/survivors)
- Features of treatment approach
  - Who pays for treatment (public, private or mixed payment models)
  - Length of time of treatment program
  - Where is treatment provided
    - Inpatient/residential treatment
    - Outpatient (e.g., with support from community-based organization or other community groups)
    - Mixed inpatient and outpatient model (e.g., with a stepped approach down to lower levels of care intensity)
  - Treatment approaches used
    - 12-step approach
    - Cognitive behavioural therapy
    - Motivational interviewing

        - Medication
    - 'Safeguards' in place to ensure that admission and treatment follow Mental Health Act
    - Threshold or criteria for when to transition to involuntary treatment
    - Supports provided after discharge
- Outcomes as compared to other alternatives (e.g., involuntary treatment)
    - Achievement of client goals
    - Care experiences
    - Use of substances
    - Health-related outcomes
    - Social outcomes
        - Housing
        - Employment
        - Education
        - Imprisonment and criminal recidivism
    - Costs
    - Provider experiences
- Above findings in relation to one or more equity-deserving groups from PROGRESS-Plus framework
    - Place of residence
    - Race/ethnicity/culture/language
    - Occupation
    - Gender/sex
    - Religion
    - Education
    - Socio-economic status
    - Social capital
    - (plus) Personal characteristics associated with discrimination and/or exclusion (e.g., age, disability), features of relationships (e.g., young caregivers) and time dependant relationships (e.g., recently discharged from hospital, released from prison)

Appendix 3: Summary table of evidence organized by type of substance used

Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
Opioids	• Forcible detention of individuals judged to be at risk of harming themselves or others due to their opioid use (12) • In 2005, the State of Florida implemented a policy whereby anaesthesiologists referred for opiate use disorders were contractually obligated to take naltrexone for two years (20) • In Sweden, compulsory treatment is preceded by an investigation carried out by the local welfare agency; individuals who are mandated to participate in compulsory treatment are defined by the court as being of danger to themselves or others as a result of drug-use-related causes (16)	*Who pays for treatment* • In a study in Vietnam, the treatment was paid by the government or by international donors (25) *Length of time of treatment* • 21- or 28-day residential treatment programs (28) • 120 days on average (26) • As long as six months in Sweden (16) *Where is treatment provided* • Inpatient/residential treatment (11; 14; 32; 33) • Outpatient (11; 14; 17; 18; 32; 33) *Treatment approaches used* • Participants who received referral cards and methadone maintenance treatment while still in compulsory detoxification had increased odds of successful referral to a methadone maintenance treatment clinic after release (32) • Compulsory treatment can be as long as six months, receiving both medical and behavioural interventions (16) *'Safeguards' to ensure follow of Mental Health Act* • None identified *Criteria for transition to involuntary treatment* • None identified *Supports provided after discharge* • None identified	*Achievement of client goals* • None identified *Care experiences* • In British Columbia, interviewees pointed out perceived differences between mental illnesses and substance use disorders (SUDs), and did not endorse the use of involuntary care or criminal justice system involvement in treatment (44) • In China, detainees at the Compulsory Detoxification Centre expressed less positive and more negative attitudes and beliefs about methadone maintenance treatment when compared to voluntarily treated patients (45) • The perceived benefits of utilizing involuntary civil commitment to save lives from opioid overdoses would likely be at the expense of long-term potentially worsening opioid overdose risks if involuntary treatment is not implemented ethically (54) *Use of substances* • Reduction in heroin use was seen for both inpatient and outpatient treatment (11) • Increase methadone maintenance treatment patient dropout (9) • High relapse rates following release from involuntary treatment in Vietnam (46) • Over the course of the three-month observation period, less than 50% of the participants in involuntary treatment relapsed into severe opioid use (55) *Health-related outcomes* • A systematic review and meta-analysis found that people exposed to involuntary treatment had two to three times higher odds of experiencing non-fatal overdose in their lifetime than those not exposed to compulsory treatment but did not increase odds of HIV or syringe sharing (13)	• A national study in Sweden found that individuals who were younger, with less education, with a history of inpatient psychiatric hospitalization, who had more prosecutions for drug-related crimes, who were on parole, who were homeless, and who had at least one parent born outside of the Nordic countries were all more likely to have a history of compulsory treatment (16) • Outpatient treatment, homelessness, and a high frequency of drug use at intake were associated with decreased odds of treatment completion among Latinos, although completing treatment was challenging for all clients (overall completion rate of 15%), clients attending programs that used language translators more often reported a higher percentage of Latino clients completing treatment (33) • One study in China suggested gender-specific treatment approaches, targeted support for high-risk groups (such as male patients with a history of poly drug use and female patients with borderline personality disorder) (56) • In Vietnam, both incarceration and compulsory rehabilitation substantially decreased the

Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			• Involuntary drug treatment was associated with an increase in non-fatal overdose risk (47) *Social outcomes* • None identified in studies only addressing opioids *Costs* • A study in Vietnam found that on average, community-based voluntary methadone maintenance treatment cost US$4,108 less than centre-based compulsory rehabilitation, and voluntary methadone maintenance treatment participants had 344.20 more drug-free days than compulsory rehabilitation participants (25) *Provider experiences* • None identified in studies only addressing opioids	odds of individuals with HIV reinitiating medication for opioid use disorder and HIV treatment upon release (53)
Stimulants	• None identified in studies only addressing stimulants	*Who pays for treatment* • None identified *Length of time of treatment* • 21- or 28-day residential treatment programs (28) • 120 days in average (26) *Where is treatment provided* • Inpatient/residential treatment (11; 14; 48) • Outpatient (11; 14; 17; 18; 48) *Treatment approaches used* • None identified *'Safeguards' to ensure follow of Mental Health Act* • None identified *Criteria for transition to involuntary treatment* • None identified *Supports provided after discharge* • None identified	*Achievement of client goals* • None identified in studies only addressing stimulants *Care experiences* • None identified in studies only addressing stimulants *Use of substances* • A reduction in cocaine use was only observed among those who entered residential treatment (11) • Limited or no benefits for methamphetamine use (8) • Comparing involuntary treatment to other judicial system punishment, some studies showed reduced drug use in those in involuntary treatment (11) • Treatment completion, relapse within six months, time to relapse, and percentage of days with methamphetamine use in 24 months following treatment did not differ significantly in simple comparisons between voluntary and involuntary treatment groups; however, when client and treatment characteristics were controlled, the short term outcome of relapse within six months was worse for those	• Lower post-treatment methamphetamine use was related to being African American or other/mixed ethnicity (compared to non-Hispanic White), having high school (or more) education, and lower pre-treatment methamphetamine use (48) • The coercion for the involuntary treatment of women more frequently came from child protective services (48)

Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			reporting legal pressure (from criminal justice system or from child protective services) (48) o Treatment completion was related to the type of treatment, with odds of completion 2.4 times greater for residential than for outpatient treatment *Health-related outcomes* • None identified in studies only addressing stimulants *Social outcomes* • None identified in studies only addressing stimulants *Costs* • None identified in studies only addressing stimulants *Provider experiences* • None identified in studies only addressing stimulants	
Alcohol	• People with serious risk of harming themselves (27) • Stepped care mandated for college students violating campus alcohol policy (21)	*Who pays for treatment* • None identified *Length of time of treatment* • 28-day mandated hospital admission followed by voluntary aftercare support for up to 6 months (27) • 21- or 28-day residential treatment programs (28) • 120 days on average (26) *Where is treatment provided* • Inpatient/residential treatment (14) • Outpatient (14; 18) *Treatment approaches used* • During a 28-day mandated hospital admission, treatment included supervised withdrawal, comprehensive assessment, rehabilitation and support followed by voluntary aftercare support for up to six months (27) *'Safeguards' to ensure follow of Mental Health Act* • None identified *Criteria for transition to involuntary treatment*	*Achievement of client goals* • None identified in studies only addressing alcohol *Care experiences* • No significant relationship was found for the motivation for treatment (i.e., voluntary or mandated) and length of sobriety following treatment among Veterans (49) *Use of substances* • None identified in studies only addressing alcohol *Health-related outcomes* • Involuntary and voluntary treatment showed a reduction in emergency department visits, with no statistical difference between both (27) *Social outcomes* • None identified in studies only addressing alcohol *Costs* • None identified in studies only addressing alcohol *Provider experiences* • None identified in studies only addressing alcohol	• None identified in studies only addressing alcohol

Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		• Completing 28-day mandated hospital treatment (27) *Supports provided after discharge* • None identified		
Cannabis	• None identified	*Who pays for treatment* • None identified *Length of time of treatment* • None identified *Where is treatment provided* • None identified *Treatment approaches used* • None identified *'Safeguards' to ensure follow of Mental Health Act* • None identified *Criteria for transition to involuntary treatment* • None identified *Supports provided after discharge* • None identified	*Achievement of client goals* • None identified *Care experiences* • None identified *Use of substances* • None identified *Health-related outcomes* • None identified *Social outcomes* • None identified *Costs* • None identified *Provider experiences* • None identified	• None identified
Drugs (unspecified or all drugs)	• In California, the decision of referral depends on the judge (17) • One study in Vancouver found that incarceration, non-fatal overdose and cocaine use were significantly associated with an increased hazard of referral to coerced treatment, while daily cannabis use and employment were negatively associated with referral to coerced treatment (18) • In Australia (2017–2021) there was an experience of linking the welfare for unemployed people to mandatory drug treatment; the criteria for admission was based on the recommendations of the medical professional, and the job seeker may be required to participate in activities	*Who pays for treatment* • Only four papers explicitly mention who pays for the involuntary treatment, and always was through public funds (15; 22-24) *Length of time of treatment* • 120 days on average (26) *Where is treatment provided* • Inpatient/residential treatment (14; 26; 28-31) • Outpatient (14; 29-31) • Mixed inpatient and outpatient (14) *Treatment approaches used* • All subjects met with a counsellor for weekly sessions, participants also attended group therapy three times a week that typically lasted three or four months and then were stepped down to once-weekly group therapy during outpatient treatment (26) *'Safeguards' to ensure follow of Mental Health Act*	*Achievement of client goals* • None identified *Care experiences* • A systematic review found that treatment-oriented measures (referral, retention), showed benefits of compulsory treatment relative to non-compulsory treatment (10) • In Norway, involuntarily admitted patients with SUDs showed significant motivation and readiness to seek help (34) • In Mexico, significant uncertainty, violence and human rights violations surrounded participants involuntarily taken to treatment centres as part of a drug detoxification project by the police (35) *Use of substances* • One high-quality review found no positive impact in reducing drug use (14) • A low-quality systematic review found no differences between compulsory and non-compulsory treatment in reducing drug use (10)	• In Massachusetts, the proportion of individuals committed to substance use rehabilitation programs who were reported to be homeless increased from 3 of 8 (37.5%) in 2016 to 84 of 138 (60.9%) in 2018 (50) • In Sweden, the risk of dying immediately after discharge is higher in people that attended compulsory care, especially in younger clients, given that most younger clients are committed for misuse of drugs, and older clients for misuse of alcohol (39) • When considering the referral of Aboriginal Australians to involuntary drug and alcohol treatment, clinicians saw a tension between their goals to save someone's life and

Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
	designed to address their substance abuse as part of their Job Plan (24) • In Sweden, compulsory care can be mandated for a maximum of six months for individuals with severe substance use and a danger to themselves or others (15) • In the U.S., substance-related involuntary treatment is most frequently recommended by court clinicians for individuals who use opioids, cannabis and alcohol and display risk behaviours that appear to pose a clear and serious danger (19)	• None identified *Criteria for transition to involuntary treatment* • None identified *Supports provided after discharge* • None identified	• No statistically significant differences in the before and after substance use patterns between those coerced into treatment versus those voluntarily treated and those not treated (18) • Reductions in substance were similar in quasi-compulsory treatment and voluntary treatment groups in five European countries (United Kingdom, Italy, Austria, Germany, and Switzerland) (31) • Participants who were mandated demonstrated less motivation at treatment entry, yet were more likely to complete treatment compared to those who were not court-ordered to treatment (26) • Relapse rates were similar for drug-dependent patients admitted involuntarily versus voluntarily in Brazil (37) • In the U.S., one study found that at five-year follow-up, the justice-mandated cohort did not differ significantly from the justice-no-mandated and the justice-no-involved groups in terms of abstinence, remission and clinical consequences (28) • Legally mandated treatment for substance was associated with higher odds of completing treatment among older adults (36) • Upon discharge from involuntary commitment, individuals generally relapsed and/or experienced medical morbidity during their first year of release (38) *Health-related outcomes* • In Sweden, the risk of dying immediately after discharge is higher in people that attended compulsory care, especially in younger clients (39) o The risk of dying during the first two weeks after discharge was higher than during the remaining one-year follow-up period • Improvements in overall health and mental health were similar in quasi-compulsory treatment and voluntary treatment groups in	practising in a culturally safe way (43) • In the U.S., mandated participants tended to be a few years younger, slightly less educated, had less income in the past 30 days, and were more likely to be of Hispanic ethnicity (30) • Women did better with integrated treatment and mandated treatment regardless of treatment conditions for psychiatric, trauma and substance use outcomes (30) • In Sweden, clients who were older, previously mandated to compulsory care as minors, sentenced to prison, or had children involved in the child welfare system were more likely to experience repeated compulsory care entries for addiction (51) • When patients had a diagnosis of SUD, the likelihood of receiving subsequent treatment orders increased if they also had schizophrenia or a mood disorder (23) • Pregnant individuals in the U.S. face challenges in substance-use treatment, but criminal justice referrals increase program completion rates (22) • One study in Sweden reported that females and young adults are at an increased likelihood of being admitted to compulsory care via court order, and admission to compulsory care has been

Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			five European countries (United Kingdom, Italy, Austria, Germany, and Switzerland) (31) • In Sweden, involuntary treatment was associated with an increased likelihood of imprisonment post- care (15) *Social outcomes* • Two systematic reviews showed no differences between compulsory and non-compulsory treatment for criminal behaviour (10; 14) • On several measures of recidivism, including long-term re-arrest rates (controlled for the time at risk), clients mandated from two highly structured programs were found to recidivate at less than half the rate of non-mandated clients (40) • Reductions in crime and improvements in employment status were similar in quasi-compulsory treatment and voluntary treatment groups in five European countries (United Kingdom, Italy, Austria, Germany, and Switzerland) (31) • In the U.S., one study found that at five-year follow-up, the justice-mandated cohort did not differ significantly from the justice-no-mandated and the justice-no-involved groups in terms of arrests; however, the justice-mandated patients were more likely to be employed at five years post-treatment than either the justice-no-mandated or justice-no-involved cohorts (28) *Costs* • None identified *Provider experiences* • A study in California reported many problems when implementing the Substance Abuse and Crime Prevention Act; providers planned the program according to clinical criteria and assumptions, but the population was different than expected, given that the courts have the final word, not the healthcare providers (17) • In California, providers perceived the assessment of client populations with multiple	associated with an elevated risk of substance-use mortality (52)

Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			needs (such as dually diagnosed, women and homeless clients) particularly challenging when not in the hands of the clinicians themselves (29) o Compared to residential programs, outpatient programs reported that the policy impacted them more regarding drug testing, reporting to criminal justice personnel, and determining client discharge, which resulted in reduced flexibility in responding to client needs • 21 clinicians in Massachusetts reported some or high moral distress with the use of involuntary commitment and reported inconsistent approaches on its use (e.g., team-based decision, last resort petition) (41) • In the U.S., while some addiction medicine physicians considered civil commitment for SUDs to be an effective approach for treating certain disorders, others opposed the approach because they felt it would jeopardize patient rapport and be ineffective for unmotivated individuals (42)	

Appendix 4: Summary table of experiences from other countries and select Canadian provinces and territories

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
Canada (federal)	• Not specific	• Under the Criminal Code of Canada, individuals who have committed a federal offense may be determined to be either not criminally responsible or in very rare cases 'unfit' to stand trial • If determined to be not criminally responsible, a review board may be struck at the provincial level and may order an assessment of the mental condition of the individual ○ An assessment may take up to thirty days in confinement (which may be within a hospital) with an extension period of not more than 60 days • The review board may recommend that an individual be admitted for treatment, however this cannot be done without consent • Other avenues can include the use of treatment requirements as part of probations orders, but again these must be agreed to by the individual • There are also federal provisions to permit diversions to healthcare facilities	• No details of proposed treatment approach were identified	• No relevant information about outcomes was identified	• No relevant information related to equity-deserving groups was identified

• **Alberta**	• Not specified	• Under the Mental Health Act, a person can be involuntarily detained and treated under certain circumstances
		• To be detained under one admission certificate, a person must be examined by a qualified health professional who can determine that the person:
		  ○ is suffering from a mental disorder
		  ○ can benefit from treatment for the mental disorder
		  ○ is likely to cause harm to others or to suffer negative effects within a reasonable time
		  ○ is unsuitable for admission to a facility other than as a formal patient
		• If an admission certificate is issued, the facility can observe, care for, examine, assess, treat, detain and control the person for 24 hours to determine if they should be admitted as a formal patient
		• A facility can observe, care for, examine, assess, treat, detain and control a person who has been
			• No details of proposed treatment approach were identified	• No relevant information about outcomes was identified	• United Conservative Party leader Danielle Smith stated that her government would build more than 700 addiction beds at 11 treatment centres within communities, including four First Nations

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		detained involuntarily under admission or two renewal certificates for a one-month period • A community treatment order can be issued for a person by two qualified health professionals (at least one must be a psychiatrist) if they believe that the person is suffering from a mental disorder, is likely to cause harm to others or to suffer negative effects, and has met other criteria related to the regulations • A community treatment order expires six months after its issue day • The Compassionate Intervention Act proposes to allow a family member, doctor or police officer to make a petition to family court for a treatment order when someone is a danger to themselves or others o The treatment order would require a person to engage in treatment for their addiction and drug use o Additional details regarding what constitutes a danger have not been reported o If turned into legislation and passed, the Compassionate Intervention Act would give the police and family members or legal guardians of adult and youth drug users the ability to refer them into involuntary treatment if they pose a risk to themselves and others • Emails and reports obtained by the Globe and Mail from 6 October to 15 December indicate that officials from Alberta's Ministry of Health and Addiction were looking into how and under which circumstances a drug addict could be forced into treatment under a Compassionate Intervention Act			
• **Saskatchewan**	• No substance-specific services, voluntary or involuntary; however, treatments are provided accordingly where needed	• Three involuntary admission criteria must all be met: 1) a patient with a mental disorder requiring inpatient care, 2) not fully capable of healthcare decision-making, and 3) likely harm to self/others or deterioration • Identification of risk of harm o Mental disorder is a functional definition for which treatment is recommended but does not need a specific diagnosis	• Individuals can be held in hospitals for up to 21 days, which can be renewed every 21 days • Out-of-hospital under community treatment order (CTO) individuals can have	• No relevant information about outcomes was identified	• A registered/ psychiatric nurse in a remote/rural area with limited physician access may refer a patient for involuntary examination

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		○ The patient has a mental disorder necessitating a psychiatric examination to determine the need for admission and refuses such examination ○ Apprehension without warrant if a peace officer believes a person a) has a mental disorder and b) is likely to harm themselves/others or deteriorate • Referral from the court system ○ A provincial court judge may issue a warrant for authorized persons (usually a peace officer) to surrender a person for psychiatric examination with evidence typically supplied by a family member • The following providers are authorized to refer a person to involuntary examination which *may* result in involuntary admission ○ primary-care providers ○ psychiatric resident or qualifying nurse, if a physician is not and will not be available in time • There is specific legislation for youth involuntary detoxification (ages 12 to 17), but no such equivalent exists for adults • This is regulated by The Mental Health Services Act at the level of mental disorder, which is not specific to substance use ○ The procedure is 1) referral to 2) involuntary psychiatric examination which *may* result in 3) involuntary admission • There are three ways to initiate psychiatric examination: 1) physician or prescribed health professional (preferred), 2) peace officer, or 3) provincial court judge	plans that last up to six months • Treatments can be provided in residential treatment facilities with admission to a designated mental health centre (typically in a general hospital) • Outpatient treatment is provided by community-based organization or other community groups • Threshold criteria is in place to support individuals to transition from inpatient to community-based involuntary treatment		
• **Manitoba**	• Substance abuse (unspecified)	• Effective 1 November 2006, the Youth Drug Stabilization Act serves to involuntary detain and stabilize Manitobans under the age of 18 years should they fall under the following admission criteria: ○ persistent and severe abuse of one or more drugs ○ significant physical or psychological health deterioration arising from persistent drug use	• Under the Mental Health Act, C.C.S.M. c. M110, an individual may be involuntary admitted in a psychiatric facility for up to 21 days (with the possibility of	• No relevant information related to outcomes was identified	• No relevant information related to equity-deserving groups was identified

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		○ requires assessment by an addictions specialist regarding detainment ○ refused voluntary assessment and/or experienced unsuccessful intervention(s) to address substance abuse concerns • Under the Mental Health Act C.C.S.M. c. M110, the province has laid the legal framework for which adults may be assessed and treated in psychiatric facilities, which includes involuntary treatment of patients under the following criteria: ○ A physician requests an application be made for an individual with a mental health disorder who they believe could inflict severe harm to themselves or others if they are not involuntarily admitted to a psychiatric facility ○ An individual's physical or psychological health is deteriorating and reasonable treatment can be provided at a psychiatric facility, or the individual refuses/lacks the capacity to agree to voluntary treatment • A police officer could be requested to bring an individual for an assessment through the use of a warrant or 'emergency power' • The Youth Drug Stabilization Act provides involuntary stabilization in a safe, secure facility environment for up to seven days, but any treatment after this stabilization period is on a voluntary basis ○ Facility staff will provide care for the youth and addiction counsellors will help to develop a treatment plan upon discharge ○ Legal parents/guardians will be required to have routine communication with the facility and attend meetings	renewal for up to 90 days) ○ If individuals are deemed 'not mentally competent,' the psychiatrist must obtain consent from family members, a committee, proxy or public trustee prior to providing medication to the individual		
• **Ontario**	• Alcohol • Substance use/ drug addiction (not specified)	• Mental Health Act, R.S.O. 1990, c. M.7 specifies that a person may be held as an involuntary patient (for involuntary admission) if: ○ The patient is suffering from a mental disorder of a nature or quality that likely will result in (i) serious bodily harm to the patient, (ii) serious bodily harm to another person, or (iii) serious physical impairment of the patient unless the	• An involuntary patient may be detained, restrained, observed and examined in a psychiatric facility for not more than two weeks under a certificate of	• No relevant information related to outcomes was identified	• People with a comorbid mental health issue/ suffering from mental disorder are more likely to be admitted involuntarily • Individuals with police contact in the prior week and immigrants

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		patient remains in the custody of a psychiatric or mental health facility ○ The patient has been found incapable, within the meaning of the Health Care Consent Act, 1996, of consenting to their treatment in a psychiatric facility and the consent of their substitute decision-maker has been obtained • Under Art. 20 a person may also be admitted as a patient involuntarily upon recommendation of a physician. • Under Art. 22 where a judge has reason to believe that a person in custody who appears before them charged with an offence suffers from mental disorder, the judge may, by order, remand that person for admission as a patient to a psychiatric facility for a period of not more than two months	involuntary admission. This can be renewed for one additional month on first renewal, two additional months on second renewal, three additional months on third renewal or four additional months on fourth renewal (Mental Health Act, R.S.O. 1990, c. M.7) • Treatment is provided in psychiatric facility; alternatively, treatment can be done in public hospital (upon advice of attending physician that the patient requires hospital treatment not provided in the psychiatric facility) (Mental Health Act, R.S.O. 1990, c. M.7) • Specific treatment approaches are not specified		both experienced greater likelihood of being involuntarily admitted
• **Quebec**	• Mental disorder (unspecified) • Substance abuse not reported	• Involuntary admissions are governed by the Mental Patients Protection Act (Loi P-38.001), which restricts involuntary confinement in an institution to cases where a person poses a risk (danger) to themselves or others; there are three forms of confinement: ○ The first is preventive confinement, which can be invoked by a physician without the intervention of a court if the patient's mental state meets the "grave and immediate"	• The Mental Patients Protection Act (Loi P-38.001) requires that where the court has set a confinement period of more than 21 days, the person under confinement must be examined on a regular basis to	• No relevant information related to outcomes was identified	• No relevant information related to equity-deserving groups was identified

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		standard; a physician, not necessarily a psychiatrist, may authorize preventive confinement, and a physician may not keep a person in such confinement for more than 72 hours without a court order ○ Following that is temporary confinement, during which the individual must undergo psychiatric examinations by two separate physicians; if both physicians agree that confinement is necessary, a court order must be obtained within 48 hours (presumably from the date the second physician made their decision) to confine a patient ○ Court-authorized confinement is allowed when the court has serious reasons to believe that the person is dangerous and that the person's confinement is necessary, upon recommendation by two psychiatric assessments	determine whether continued confinement is necessary, and reports of such examinations must be produced at the following times: (1) 21 days from the date of the court's decision pursuant to article 30 of the Civil Code and (2) every three months thereafter • Specific treatment approaches could not be identified		
• **Prince Edward Island**	• Not specified	• Mental Health Act ○ Physicians may apply for involuntary psychiatric assessment of an individual they judge to be at risk for harming themselves or others, and is refusing to undergo voluntary psychiatric assessment ○ An application may be submitted to a judge requesting an involuntary psychiatric assessment ○ A peace officer may detain an individual for an involuntary psychiatric assessment if they judge the individual to be at risk of harming themselves or others with urgency that does not allow for a judicial order	• Individual may be involuntarily detained for up to 28 days ○ Certificate may be renewed • Psychiatrists may provide a certificate of leave, which allows involuntary patients to receive outpatient care, so long as they comply with conditions of the certificate (e.g., reporting for treatment). ○ This may be cancelled if the patient is a danger to themselves or others, or if they fail to report for treatment	• A news article provides the perspective of the family member of an adult undergoing a mental health crisis ○ The article states that the act does not allow family members to initiate involuntary treatment for individuals undergoing crisis who are not at risk of immediately harming themselves or others	• No relevant information related to equity-deserving groups was identified

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			○ The patient has the ability to consent to treatment if they are judged to understand their condition and the proposed treatment ○ If unable to consent a certificate of incapacity may be filed • Involuntary patients are admitted to level 4 and above facilities that are capable of providing dedicated mental health care		
• **Newfoundland and Labrador**	• Not specified	• Under the Mental Health Care & Treatment Act ○ Two certificates of involuntary admission are required ▪ first certificate can be completed by physicians, nurse practitioners, or other authorized personnel ▪ second certificate must be completed by a psychiatrist, or an alternate physician if a psychiatrist is unavailable ○ The certificates must contain a proof of psychiatric assessment and must confirm that the patient: ▪ has a mental disorder and is at risk of harm to themselves or others ▪ is unable to make informed decisions about their treatment ▪ requires treatment that can only be received in a psychiatric unit ○ As an alternative, patients may be admitted based on a judge's order ▪ Any person may apply to a judge for an order of psychiatric assessment if they have reason to believe an individual is suffering	• Under the Mental Health Care & Treatment Act: ○ Patients have the right to legal representation, correspondence and visitors ○ Patients must be informed of the reasons that they have been admitted ○ Detention may last for up to 30 days – this may be renewed as many times as necessary ○ Care providers may conduct any diagnostic tests or prescribe any medication they	• An evaluation of the Mental Health Care and Treatment Act found: ○ Patients had a lack of respect from staff and lack of comprehension on the reasons for certification ○ Greater attention should be provided to personal health and desire to move on with life following the completion of treatment ○ Practitioners noted that they believed two signatures on the certificate is unrealistic and that	• No relevant information related to equity-deserving groups was identified

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		from a mental disorder, is at risk of personal harm or of harming others and is not complying with psychiatric assessment ▪ As a result of the order, a peace officer may detain the individual and a psychiatric assessment may be performed • Community treatment orders (CTOs) may be used in circumstances when an individual has been involuntarily admitted to psychiatric units three or more times in the past two years, if it is determined that the individual is able to adhere to the community treatment plan	deem necessary without patient consent, with the exception of psychosurgery • Community treatment orders (CTOs) ensure care for mental and physical health in addition to housing, income, nutrition, social, transportation and employment support • Community Treatment Orders can last for six months, with the option to renew for additional six-month periods	the language in the act is not clear ○ Peace officers voiced concerns with liability, long wait times in hospital and stigma surrounding mental illness ○ Patient representatives expressed concerns related to patients declining to choose a representative or choosing one who is ill-suited to the task ○ Overall, the act provides standards that lend towards a more efficient patient-centred approach	
• **Nunavut**	• Alcohol • Substance use/ drug addiction (not specified)	• The new Mental Health Act, S.Nu. 2021, c.19 covers the provisions for mental health and addiction services, which include substance-use treatment and involuntary admission ○ Art. 24: As a last resort, voluntary status should be the first option if the individual can consent ○ Art. 35: criteria include mental disorder, and because of the mental disorder, they are likely to cause serious harm to themselves or to others, and likely to suffer substantial mental or physical deterioration or severe physical impairment ○ Art. 40: Following initial assessment of a health professional, the individual shall undergo psychiatric assessment ○ It is required to identify a *tikkuaqtaujuq* (selected representative) of the individual, who will be advised of the importance of involving	• Art. 34–35: Inpatient treatment in a health facility (i.e., hospital, health centre, alcohol/drug treatment facility, mental health facility) ○ Art. 4: No specific treatment mentioned; general activities include: ▪ clinical services, including examinations, diagnostic services, medication	• No relevant information related to outcomes was identified	• Art. 24 of the Mental Health Act forbids the placement of an individual in involuntary status by reason only of the following: ○ political, religious or cultural beliefs ○ sexual orientation or gender identity ○ criminal or delinquent behavior ○ alcohol or other drug addiction or use ○ intellectual or learning disability

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		close family and friends in mental health care and addictions treatment • Individuals may also be admitted for involuntary treatment based on a court order	management and psychiatry ▪ therapy ▪ substance-use treatment ▪ Inuit counselling ▪ support groups ▪ trauma treatment ▪ postvention services ▪ respite care and other supports for experiencing mental health challenges • Art. 44: Outpatient treatment through community-assisted treatment – requires community support plan o Art. 45: Treatment and services included in the community support plan may include: ▪ family support ▪ counselling (i.e., Inuit counselling) ▪ other Inuit approaches to healing ▪ cultural supports • Art 43 (4-5): Certificate of involuntary admission can be renewed no		

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			more than 30 days on first renewal (done by a psychiatrist not involved in the original certificate), 60 days on second renewal, or 90 days on subsequent renewals (done by two medical practitioners, one of which should be a psychiatrist)		
Australia	• Substance abuse (drug and alcohol)	• NSW Health has implemented the Involuntary Drug and Alcohol Treatment Program, which provides involuntary treatment to individuals with severe substance dependency; the criteria for involuntary admission is the following: o 18 years of age or older o severe substance dependency o treatment is needed to protect themselves and others from harm o individual will likely benefit from treatment o previously refused treatment o no other appropriate or less restrictive means are available • Under the Severe Substance Dependence Treatment Act 2010 enacted by the Victoria State Government, individuals with severe substance use dependency may be required to receive withdrawal treatment in a 'declared' treatment centre; the admission criteria is the following: o the individual has a mental health illness o the individual is facing physical and psychological health deterioration o the individual is at risk of inflicting serious harm upon themselves or others o immediate treatment will be provided to the individual and there are no other less restrictive forms of treatment • The admission criteria for the Government of Western Australia's proposed Compulsory AOD Treatment Program is:	• The first stage of the Involuntary Drug and Alcohol Program is 'involuntary treatment admission,' which lasts a total of 28 days and consists of the following: o a comprehensive medical and psychiatric assessment o substance withdrawal management under medical supervision o psychoeducational and therapeutic education o aftercare and discharge planning • At the end of the Involuntary Drug and Alcohol Programs' involuntary treatment stage, the individual is discharged and transferred to	• No relevant information related to outcomes was identified	• According to the Australian government's Institute of Health and Welfare, the rate for involuntary treatment is elevated for: o adults between the ages of 25 to 64 o males o Aboriginal and/or Torres Strait Islander peoples

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		○ has a severe SUD ○ is at risk of causing harm to themselves or others ○ is in need of treatment/will likely benefit from treatment ○ no other less restrictive treatment forms are available	community care by a local health district for up to six months ○ A total of 12 beds are available across two hospital locations in the state • The compulsory treatment program in the state of Victoria provides individuals with: ○ withdrawal treatment under medical supervision ○ time to recover ○ support with building decision-making capacity regarding their substance use concerns ○ an opportunity to engage in voluntary treatment ○ possible detainment for a maximum of 14 days • The Government of Western Australia proposed a Compulsory AOD Treatment Program to provide short-term involuntary treatment and stabilization for individuals with severe alcohol or drug addiction concerns		

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			• The proposed program includes treatment for up to 12 weeks, followed by nine months of voluntary residential rehabilitation, transitional housing and/or aftercare support		
New Zealand	• Not specified	• The Substance Addiction Act allows any third party to apply for someone who used drugs to have compulsory drug treatment after it has been signed off by an approved specialist • Patients must have a severe substance addiction and must be severely impaired in their capacity to make informed decisions • Patients can only be held for treatment up to 16 weeks • Should someone have the capacity to decide that they do not want to be treated, the Act cannot apply • Mental health assessments for treatment can be applied for through the Ministry of Justice • Resources for the Substance Addiction Act can be found on the Ministry of Health's website	• When an individual is accepted for compulsory substance addiction treatment, the clinician in charge of the treatment signs a Compulsory Treatment Certificate and begins the treatment • The clinician must ask the Family Court within 10 days of signing the certificate to review the patient's compulsory status • A Family Court judge interviews the patient about the treatment they have received within seven days of receiving a review application	• No relevant information related to outcomes was identified	• None specified in relation to involuntary substance treatment

Portugal	• Narcotics
	• Psychotropic substances
	• Including table of all "plants, substances or preparations" that were previously criminalized
		• Decriminalisation Law n.º 30/2000
		  ○ Art. 2(2): Purchase, possession and consumption of all drugs for personal use (defined as the average individual quantity sufficient for 10 days' usage for one person)
		  ○ While the Dissuasion Commissions are not authorized to mandate treatment, they can make suspension of sanctions conditioned on the offender's seeking treatment
			• Art. 12: The public or private health service chosen by the consumer shall notify the commission every three months of whether treatment is continuing or not; treatment cost will be shouldered by	• One paper examined the outcomes of the Portugal's policy in terms of drug-related mortality and drug-related illnesses like HIV, AIDS and hepatitis	• None specified in relation to involuntary substance treatment

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
	○ Heroin ○ Ecstasy ○ Cannabis ○ Amphetamines ○ Cocaine	○ Art. 11 (2) notes that Dissuasion Commissions can "provisionally suspend proceedings" – meaning to impose no sanction – where an alleged offender with no prior offenses is found to be an addict but "agrees to undergo treatment."	consumer if it is provided by a private health service		
Sweden	• Alcohol • Narcotic drugs	• Care of Abusers (Special Provisions) Act (Lag om vård av missbrukare i vissa fall, or LVM) notes that individuals can be admitted for involuntary treatment: ○ if individuals with substance use problems so severe to constitute a danger for themselves or others ○ for whom voluntary treatment is deemed to be inadequate ○ directed against persons incapable of decision-making ○ there is a court order	• According to Berg, Petersson & Skårner (2022): An assessment of the individual client's physical, social and psychological needs, which forms as the basis for treatment and support offered after the stay has ended • Treatment consists of physical/medical care, and brief interventions such as motivational interviewing and relapse prevention • Compulsory treatment is limited to a maximum of six months • Abstinence from alcohol and drugs during this period	• No relevant information related to outcomes was identified	• The following are more likely to be admitted to compulsory care: ○ people who socially disadvantaged, with unstable housing and employment ○ people involved in the justice or court system (either as perpetrators/offenders ○ women more likely court-ordered than men • People with other medical conditions: higher risk of alcohol-related compulsory care for individuals with an alcohol use disorder as main diagnosis upon assessment, and who are polysubstance users
United Kingdom	• England and Wales ○ Alcohol ○ Drugs (not specified) • Northern Ireland – not specific to substance abuse ○ Alcohol	• In England and Wales ○ Mental Health Act of 1983: Code of Practice (2.9-2.13) notes that there are no grounds for compulsory measures on the basis of alcohol or drug dependence alone; however, alcohol or drug dependence may be accompanied by, or associated with, a mental disorder ○ 14.15–14.16: Compulsory admission should be considered where a patient's current mental state, together with reliable evidence of past experience, indicates a strong likelihood that	• In England and Wales ○ 2.13: Measures to address alcohol or drug dependence if that is an appropriate part of treating the mental disorder, which is the primary focus of treatment	• No relevant information related to outcomes was identified	• None specified in relation to involuntary substance treatment

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
	○ Drugs (not specified) • Scotland – not specific to substance abuse	they will have a change of mind about informal admission, either before or after they are admitted, with a resulting risk to their health or safety or to the safety of other people • In Northern Ireland ○ The Mental Health (Northern Ireland) Order 1986: The treatment of a person suffering from mental disorder shall not be by reason only of dependence on alcohol or drugs. ○ Part II, 4: Criteria for compulsory admission to hospital, accompanied by medical recommendation from a medical practitioner: ▪ suffering from mental disorder of a nature or degree that warrants detention in hospital for assessment, followed by medical treatment ▪ substantial likelihood of serious physical harm to themselves or to other persons • In Scotland ○ Mental Health (Care and Treatment) (Scotland) Act 2003: Whereas a person is not mentally disordered by reason only of dependence on or use of alcohol or drugs, the compulsory treatment order is made in respect of the patient with mental disorder to prevent mental disorder worsening, and that if not provided, would be a significant risk to the health, safety or welfare of the patient or the other persons	○ 26.15–26.44: Treatment plan includes primary, secondary and tertiary preventive strategies: ▪ primary includes the care environment, engaging with individuals and families and psychological treatment/ programmes ▪ secondary includes de-escalation strategies and enhanced observation ▪ tertiary strategies include guided responses of staff and carers when there is behavioural disturbance, including restrictive interventions to the patient • In Northern Ireland ○ Treatment is provided in hospitals, but no specific details can be found about the treatment approaches • In Scotland		

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			○ Treatment is provided in hospitals, but no specific details can be found about the treatment approaches		
United States					
California	• Not specified	• Involuntary commitment and guardianship laws for those with substance use disorders (SUDs) is covered by the following criteria and laws: ○ Cal. Welf. & Inst. Code Ann. § 5201: Allows anyone to request an evaluation if a person is a danger to themselves or others, or gravely disabled due to a mental disorder ○ Cal. Welf. & Inst. Code Ann. § 5340: Intends to provide legal procedures for custody, evaluation and treatment of controlled substance users, without considering them to have a mental health disorder	• Cal. Welf. & Inst. Code Ann. § 5225: Permits a judge to order evaluation for defendants with chronic alcoholism or drug use who pose a danger to themselves or others or are gravely disabled; detention can last up to 72 hours • Cal. Welf. & Inst. Code Ann. § 5250: Allows certification of detention for up to 14 additional days of intensive treatment; criteria include being a danger to oneself or others, gravely disabled or refusing voluntary treatment	• No relevant information related to outcomes was identified	• None specified in relation to involuntary substance treatment
• **Colorado**	• No specific substance but must have SUD	• To qualify for involuntary treatment, a person must have SUD and be a danger to themselves or others • Various individuals, like spouses, guardians, relatives, doctors, nurses, treatment facility administrators, certified peace officers or responsible individuals, can request involuntary treatment • The request needs to be supported by a certificate from a licensed doctor	• No information was identified about features of the treatment approach	• No relevant information related to outcomes was identified	• None specified in relation to involuntary substance treatment

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
		• The person must have previously refused voluntary treatment, and there should be evidence of this • The person is informed of their right to either accept a court order with specific conditions or contest the commitment process • A hearing is scheduled within 10 days, where relevant testimony, preferably from a doctor, is presented • If the person declines examination by a licensed doctor, they may be evaluated by a doctor appointed by the court			

• **Massachusetts**	• Alcohol
	• Substance use (unspecified)
		• The Massachusetts General Law Chapter 123, Section 35 allows eligible people (e.g., guardians, physicians, spouses, police officers, blood relatives, court officials) to petition someone with SUD to be involuntarily committed at an inpatient treatment facility
		  ○ The government indicates that involuntary commitment should be the last option for treatment
		  ○ At the court hearing, a qualified physician, psychologist or social worker examine the person summonsed (with the right to refuse examination) in addition to other testimony and evidence, after which the judge will decide whether the person has an alcohol or substance use disorder and there is a likelihood of serious harm to self or others
		  ○ "Likeliness of serious harm" is defined as a substantial risk of physical harm to self by threats or attempts at suicide, homicidal or violent behaviours (reasonable fear or evidence) to others in the community, or a very substantial risk of physical impairment or injury based on a person's impaired judgment
			• Civil commitment occurs at specific approved facilities for men and women and may be up to 90 days (involuntary treatment in the community is not authorized)
			• Individuals may continue treatment on a voluntary basis or potentially meet the criteria for continued care
			• Individuals with complex medical conditions may be admitted to a hospital-based program
			• Typically, individuals will be assessed for withdrawal management and, once complete, the individual will receive clinical support services where counsellors and case managers will support
				• No relevant information related to outcomes was identified	• None specified in relation to involuntary substance treatment

Jurisdiction	Type of substance	Criteria for admission to involuntary treatment	Features of treatment approach	Outcomes	Priority populations and equity-deserving groups
			them through aftercare plans		
• **Washington**	• Mental disorder (unspecified) • Substance use disorder (unspecified)	• The Involuntary Treatment Act (ITA) authorizes the involuntary commitment of people who pose 'a serious threat or harm to self or others; in imminent danger from a grave disability, or severe deterioration in routine functioning by increasing loss of volitional control, and is not currently receiving care' and whether it is based on their individual's mental disorder or SUD • The process may be initiated by anyone (typically a family member, first responder, caregivers, or medical or care providers) • If a petition is filed, the individual is entitled to a jury trial	• According to the ACLU in Washington, an individual may be detained for an initial 72- to 120-hour emergency detention that may be extended into a 14-day intensive treatment program, after which designated people (e.g., facility staff, crisis responder) may petition for an additional commitment of 90 or 180 days to a long-term community bed or a state hospital bed • An individual will lose their federal gun rights	• In 2021, 27,668 ITA investigations were conducted, which resulted in 15,208 initial detentions and 3,274 orders for 14-day commitments	• In King County within Washington, people in the ITA are likely to be Black, Indigenous, Native Hawaiian/Pacific Islander or multiracial • Nearly 31% of cases within the ITA system were people experiencing housing instability

Appendix 5: Findings from each evidence document, organized by document type, and sorted by relevance to the question

Table 1. Detailed data extractions from evidence syntheses

Dimension of organizing framework	Declarative title and key findings	Relevance to question	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations

• Types of substance(s) used
  ○ Opioids
  ○ Cocaine
  ○ Crack
  ○ Meth-amphetamine
  ○ Alcohol
  ○ Cannabis
• Outcomes as compared to other alternatives
  ○ Use of substances
  ○ Social outcomes
  ▪ Imprisonment and criminal recidivism
	Most effectiveness studies covered in the present review, including treatment-oriented measures (referral, retention), showed benefits of compulsory treatment relative to non-compulsory treatment, while most studies investigating criminal behaviour and substance use showed no differences between the two types of treatment.
	
	This overview summarized the findings of 170 studies published between 1988 and 2001.
		High	No	4/8	Last search November 2001	No	None

• Types of substance(s) used
  ○ Opioids
  ○ Cocaine
  ○ Meth-amphetamine
• Outcomes as compared to other alternatives
  ○ Use of substances
• Where is treatment provided
  ○ Inpatient/ residential treatment
  ○ Outpatient
	Literature on quasi-compulsory treatment published in French, German, Dutch, and Italian and compared to reviews of the English literature showed that coerced treatment could have a similar outcome to voluntary treatment.
	
	Several studies suggest that motivation is more important than source of referral in predicting outcome and that perceived coercion cannot be directly inferred from referral source.
	
	Treatment can be seen as a sequentially linked chain of events, with motivation (or coercion) at the beginning.
	
	Motivation can be seen as encompassing problem recognition, treatment readiness and desire for help and has been found to be an important predictor of treatment engagement and retention.
	
	A different approach is to compare outcomes between those who are sentenced to treatment, or another punishment.
		High	No	4/8	Published 2005	No	None

Dimension of organizing framework	Declarative title and key findings	Relevance to question	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
	Some studies showed reduced drug use among the treated group compared to those who stayed in the judicial system. A reduction in heroin use was seen for both inpatient and outpatient treatment. The reduction in cocaine use was only observed among those who entered residential treatment.						

• Types of substance(s) used
  ○ Opioids
• Criteria for admission
  ○ Referral from the court system
• Outcomes as compared to other alternatives
  ○ Use of substances
	Police sending users to compulsory detoxification and re-education through labour centres contributed to higher rates of methadone maintenance treatment patient dropout.
	
	The objective of this study was to identify studies reporting original data about the influence of Chinese drug policing activities on methadone maintenance treatment access and outcomes. The review included 85 studies, which reported that:
	• fear of incarceration deterred users from initiating and continuing methadone maintenance treatment
	• the rates of methadone maintenance treatment referral by police were considerably lower than those by drug user peers and by the community and the media
	• police sending users to compulsory detoxification and re-education through labour centres contributed to higher rates of methadone maintenance treatment patient dropout
	• arrests in and around methadone maintenance treatment clinics were not uncommon
	• cooperation between local police and public health agencies was difficult to achieve
	• a limited number of trial programs were conducted to refer detainees in compulsory detoxification to methadone maintenance treatment clinics after release, but the outcomes were not promising.
		High	No	4/11	Last search April 2012	No	None

Dimension of organizing framework	Declarative title and key findings	Relevance to question	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations

• Types of substance(s) used
  ○ Opioids
  ○ Cocaine
	Different compulsory treatment modalities were evaluated, and most studies (78%) failed to detect any significant positive impacts on drug use or criminal recidivism over other approaches.	High	No	9/11	Last search July 15 2015	No	None

Dimension of organizing framework	Declarative title and key findings	Relevance to question	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
○ Meth-amphetamine ○ Alcohol • Where is treatment provided ○ Inpatient/ residential treatment ○ Outpatient ○ Mixed inpatient and outpatient model • Outcomes as compared to other alternatives ○ Use of substances ○ Social outcomes ▪ Imprisonment and criminal recidivism	This review included nine quantitative studies evaluating compulsory treatment options including drug detention facilities, short (i.e., 21-day) and long-term (i.e., 6 months) inpatient treatment, community-based treatment, group-based outpatient treatment, and prison-based treatment for the outcomes of post-treatment drug use and criminal recidivism. Three studies (33%) reported no significant impacts of compulsory treatment compared with control interventions. Two studies (22%) found equivocal results but did not compare against a control condition. Two studies (22%) observed negative impacts of compulsory treatment on criminal recidivism. Two studies (22%) observed a significant impact of long-term compulsory inpatient treatment on criminal recidivism: one reported a small effect size on recidivism after two years, and one found a lower risk of drug use within one week of release from compulsory treatment. The results of this systematic review do not, overall, suggest improved outcomes in reducing drug use and criminal recidivism among drug-dependent individuals enrolled in compulsory treatment approaches, with some studies suggesting potential harms.						
• Types of substance(s) used ○ Meth-amphetamine • Criteria for admission ○ Referral from the court system • Outcomes as compared to other alternatives ○ Use of substances	The review found small but robust results with coercive treatment programs in the criminal justice system, specifically with methamphetamine use disorders; benefits, if any, are limited. This paper aimed to review the evidence for mandatory treatment regimes for people who use methamphetamines. Despite the growing popular enthusiasm for mandatory drug treatment programs, significant clinical and ethical challenges arise, including determining decision-making capacity in people with substance use disorders, the impact of self-determination and motivation in drug treatment, current treatment effectiveness, cost effectiveness and unintended treatment harms associated with mandatory programs.	High	No	2/11	Published in 2021	No	None
• Types of substance(s) used ○ Opioids	People exposed to compulsory drug abstinence programs had two to three times higher odds of experiencing non-fatal overdose in their lifetime and in the last 6–12 months than	High	No	5/9	Published October 2021	No	People living with HIV

Dimension of organizing framework	Declarative title and key findings	Relevance to question	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations

• Outcomes as compared to other alternatives
  ○ Use of substances
  ○ Health-related outcomes
•
	those not exposed to compulsory treatment but did not increase odds of HIV or syringe sharing.
	
	The dual epidemics of drug use disorders and HIV has spurred a rise in legally-enforced compulsory drug abstinence programs (CDAP), despite limited evidence on its effectiveness.
	
	This review and meta-analysis evaluated the association between compulsory drug abstinence programs exposure and HIV and overdose-related risk. The synthesis included 8 studies (5,253 individuals/776 events) across China, Mexico, Thailand, Norway and the United States.
	
	The odds of experiencing non-fatal overdose in lifetime and in the last 6–12 months were 2.02 (95% CI 0.22 – 18.86, p = 0.16) to 3.67 times higher (95% CI 0.21 – 62.88, p = 0.39), respectively, among those with compulsory drug abstinence programs exposure than those without.						

• Types of substance(s) used
  ○ Opioids
• Criteria for admission to involuntary treatment
  ○ Identification of risk of harm
  ○ Recent overdose or toxic even from any substance
  ○ Long-term substance use
  ○ Referral from the court system
  ○ People who have been referred by a care provider
	The short-term benefits of civil commitment for opioid misuse do not outweigh the long-term harms.
	
	This review examined the impacts, in particular the long-term harms, of civil commitment (forcible detention of individuals judged to be at risk of harming themselves or others due to their opioid use) on individuals who have experienced this method of involuntary treatment in the United States. The study identified major issues with a civil commitment such as the lack of available medications for opioid use disorder, the association with criminal proceedings, and the emphasis on civil commitment as opposed to increasing the accessibility of voluntary community-based alternatives.
		High	No	5/9	Published May 2021	No	Socio-economic status Individuals may be more likely to seek civil commitment when they cannot often afford expensive community-based alternatives

Table 2. Detailed data extractions from primary studies

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations

• Types of substance(s) used
  ○ Opioids
  ○ Cocaine
  ○ Methamphetamine
  ○ Alcohol
• Criteria for admission
  ○ Referral from the court system
• Features of the treatment approach
  ○ Treatment approaches used
	Publication date: 2011
	
	Jurisdiction studied: Europe
	
	Methods used: Documentary study
		38 countries in Europe	Laws for compulsory commitment to care of substance misusers are common in European countries, with 28 (74%) of the 38 explored.
			
			The study explores the existence and types of laws on the compulsory commitment to care (CCC) of adult substance misusers in Europe and how such laws are related to variations in demographics; alcohol consumption and epidemiology in misuse of opiates, cocaine, amphetamines; temperance culture heritage; health and welfare expenditure; and involvement and role of the state in welfare distribution.
			
			The most common type of law is the compulsory commitment to care under criminal law (17 countries, 45%), civil compulsory commitment to care (acute and rehabilitative) is almost as frequent (14 countries, 37%).
			
			Countries with more alcohol consumption, more often have civil compulsory commitment to care, especially with a rehabilitative intention.
			
			More prevalence of narcotic misuse, on the other hand, is generally related to less compulsory commitment to care; this is true for opiates in relation to compulsory commitment to care in general (any type), for amphetamines in relation to compulsory commitment to care under criminal law, and for cocaine in relation to rehabilitative civil compulsory commitment to care.
				• None

• Types of substance(s) used
  ○ Opioids
• Criteria for admission
  ○ Referral from the court system
• Where is treatment provided
  ○ Inpatient/ residential treatment
  ○ Outpatient
• Features of the treatment approach
	Publication date: 2013
	
	Jurisdiction studied: China
	
	Methods used: Quasi-experimental
		226 individuals addicted to heroin released from Compulsory Detoxification Centres to community methadone maintenance treatment
		
		Follow-up for six months
			Participants who received referral cards and methadone maintenance treatment while still in compulsory detoxification had increased odds of successful referral to a methadone maintenance treatment clinic after release.
			
			This study aimed to examine the effectiveness of three intervention models for referring heroin addicts released from Compulsory Detoxification Centres to community methadone maintenance treatment (MMT) clinics in China.
			
			Of the 226 participants who were released and followed, 9.7% were successfully referred to methadone maintenance treatment (16.2% of HIV-positive and 7.0% of HIV-negative participants).
				• People living with HIV

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Treatment approaches used			A higher proportion of successful referrals was observed among participants who received both referral cards and methadone maintenance treatment while still in detoxification centres (25.8%) as compared to those who received both referral cards and police-assisted methadone maintenance treatment enrolment (5.4%) and those who received referral cards only (0%) (adjusted OR = 1.2, CI = 1.1-1.3). Having participated in a methadone maintenance treatment program prior to detention (OR = 1.5, CI = 1.3-1.6) was the only baseline covariate associated with increased odds of a successful referral.	
• Types of substance(s) used ○ Opioids • Criteria for admission ○ Referral from the court system • Where is treatment provided ○ Inpatient/ residential treatment ○ Outpatient • Outcomes as compared to other alternatives ○ Use of substances ○ Care experiences ○ Social outcomes ▪ Costs	*Publication date:* 2016 *Jurisdiction studied:* Vietnam *Methods used:* Cost-effectiveness study	208 participants in centre-based compulsory rehabilitation and 384 participants in community-based voluntary methadone maintenance treatment Follow-up three years (2012–2014)	On average, community-based voluntary methadone maintenance treatment cost US$4,108 less than centre-based compulsory rehabilitation, and voluntary methadone maintenance treatment participants had 344.20 more drug-free days than compulsory rehabilitation participants. In Vietnam, two dominant approaches for heroin treatment are centre-based compulsory rehabilitation (CCT), funded by the Vietnamese government, and community-based voluntary MMT, funded primarily by international donors. This cost-effectiveness analysis compared two approaches; the primary end-point was drug-free days over three years. Total costs, including both program and participant personal costs, were measured and cost-effectiveness compared. The incremental cost-effectiveness ratio for MMT was US$11.99 per drug-free day suggesting methadone maintenance treatment is the more cost-effective alternative.	• None
• Types of substance(s) used ○ Opioids ○ Cocaine ○ Methamphetamine • Criteria for admission ○ Referral from the court system • Where is treatment provided ○ Outpatient	*Publication date:* 2004 *Jurisdiction studied:* California, U.S. *Methods used:* Implementation research	964 individuals enrolled to Substance Abuse and Crime Prevention Act	California found many problems when implementing the Substance Abuse and Crime Prevention Act (SACPA), because the program was planned according to some assumptions regarding the possible target population; however, when implemented the population was different than expected, given that the courts have the final word, not the healthcare providers. The program was planned for clients with minor substance abuse histories and no recent arrest for violent or other disqualifying charges; however, many clients who attended the	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
			compulsory programs had major abuse problems and previous arrests for violent crimes. In terms of primary drug abuse, 54% of the clients reported methamphetamine use, as opposed to 39% of pre-act clients. Heroin use, on the other hand, was reported by half as many compulsory program clients as pre-act clients.	

• Types of substance(s) used
  ○ Opioids
  ○ Fentanyl
  ○ Cocaine
  ○ Crack
  ○ Methamphetamine
  ○ Alcohol
• Criteria for admission
  ○ Referral from the court system
  ○ People who have been referred by a care provider
• Where is treatment provided
  ○ Outpatient
• Outcomes as compared to other alternatives
  ○ Use of substances
  ○ Health-related outcomes
  ○ Care experiences
  ○ Social outcomes
  ▪ Imprisonment and criminal recidivism
	Publication date: 2020
	
	Jurisdiction studied: Vancouver, B.C., Canada
	
	Methods used: Prospective cohort
		3,196 community-recruited drug users	There were no statistically significant reductions in within-group substance use outcomes for people coerced into treatment, voluntarily attending treatment or not attending treatment; incarceration, non-fatal overdose and cocaine use were significantly associated with an increased hazard of coerced treatment.
			
			This study aimed to assess changes in substance use and related outcomes before and after coerced addiction treatment (by a doctor or the criminal justice system) compared to 1) people who voluntarily attended treatment and 2) people not attending treatment.
			
			Of all coerced treatment events, 354 (54.8%) involved coercion by a physician, 300 (46.4%) involved coercion by the criminal justice system and eight (1.2%) involved coercion by both.
			
			There were no statistically significant differences in the before and after substance use patterns between those coerced into treatment versus either of the two control groups.
			
			There were no statistically significant differences in substance use patterns between people who reported formal coerced treatment through the criminal justice system and people who reported informal coerced treatment through a physician.
			
			Incarceration, non-fatal overdose and cocaine use were significantly associated with an increased hazard of coerced treatment, while daily cannabis use and employment were negatively associated with coerced treatment.
				• None

• Types of substance(s) used
  ○ Opioids
  ○ Cocaine
  ○ Methamphetamine
	Publication date: 2019
	
	Jurisdiction studied: Australia
		None	The study concludes that evidence showed little chance of efficacy if welfare is linked with mandatory drug treatment.	• Unemployed

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Alcohol • Criteria for admission ○ People who have been referred by a care provider • Features of the treatment approach ○ Who pays for treatment • Outcomes as compared to other alternatives ○ Social outcomes ▪ Employment •	*Methods used:* Implementation research		This article situates the Australian proposal (years 2017 and 2018) to introduce mandatory drug treatment for the unemployed within the relevant research literature. The criteria for admission was based on the recommendations of the medical professional, and the job seeker may be required to participate in activities designed to address their substance abuse as part of their Job Plan. This participation will count towards their mutual obligation activity requirements.	
• Types of substance(s) used ○ Opioids • Criteria for admission ○ Referral from the court system • Outcomes as compared to other alternatives ○ Care experience	*Publication date:* 2021 *Jurisdiction studied:* British Columbia, Canada *Methods used:* Mixed methods	Nine participants from local and regional drug user and advocacy organizations regarding involuntary care	Interviewed participants perceived differences between mental illnesses and substance use disorders (SUDs), and emphasized the need to improve the current system of voluntary care, reduce coercion and criminal justice system involvement in treatment, and better address the social determinants of health to reduce drug-related harm in the context of the opioid overdose crisis. Participants did not endorse the use of involuntary care, they recommended that a voluntary system should include: individual control and autonomy, peer advocacy in decision-making, and elimination of police and criminal justice system involvement from treatment encounters. Several participants saw potential value for involuntary care in times of acute crisis, but emphasized that it should be primarily for persons with complex, concurrent, or severe mental disorders – rather than being used in relation to SUDs in the absence of co-occurring mental disorders. Participants expressed concerns regarding what they saw as the conflation of SUDs and mental disorders involving psychiatric emergencies, as they saw the two situations as being distinct, having different needs, and requiring different treatment interventions.	• None
• Types of substance(s) used ○ Opioids ○ Fentanyl	*Publication date:* 2021 *Jurisdiction studied:* Massachusetts, U.S.	213 individuals that underwent temporary involuntary commitment secondary to substance use	The proportion of individuals committed to substance use rehabilitation programs through the Section 35 program who were reported to be homeless increased from 3 of 8 (37.5%) in 2016 to 84 of 138 (60.9%) in 2018.	• Place of residence

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Cocaine ○ Crack ○ Methamphetamine ○ Alcohol • Criteria for admission ○ Referral from the court system ○ People who have been referred by a care provider	*Methods used:* Cohort study	under Section 35 of the Massachusetts General Law	In 1986, the state of Massachusetts enacted section 35 of chapter 123 of the Massachusetts General Law, commonly known as Section 35, to allow for the temporary involuntary commitment of individuals who pose a risk to themselves or others secondary to substance use. The purpose of this study was to assess how a pilot program to make the process more expedited altered the use of the Section 35 process and to examine the social and clinical characteristics of individuals who were involuntarily committed to substance use rehabilitation programs.	• Race/ethnicity/ culture/language • Occupation • Gender/sex
• Types of substance(s) used ○ Alcohol • Criteria for admission ○ Identification of risk of harm ○ People who have been referred by a care provider • Features of the treatment approach ○ Length of treatment • Outcomes as compared to other alternatives ○ Health-related outcomes	*Publication date:* 2022 *Jurisdiction studied:* Australia *Methods used:* Case and controls study	231 patients who were involuntarily treated for alcohol dependence and 231 matched controls	Involuntary treatment of alcohol dependence for persons at serious risk of harm to themselves was associated with reduced health service utilization in the year following treatment, and the outcomes did not differ from those of a control group. This study aimed to determine if there were differences between involuntary and voluntary treatment for alcohol dependence on subsequent emergency and hospital care in hospital and community-based alcohol treatment. Involuntary treatment comprised a 28-day mandated hospital admission which included supervised withdrawal, comprehensive assessment, rehabilitation and support followed by voluntary aftercare support for up to six months. Treatment as usual comprised three not mutually exclusive forms of intensive voluntary alcohol treatment: withdrawal management, rehabilitation and pharmacotherapies for alcohol dependence. Both groups showed a reduction in emergency department visits (incidence rate ratio (IRR = 0.56, 95% CrI = 0.39–0.78) and unplanned hospital admissions (IRR = 0.49, 95% CrI = 0.37–0.65). There was no statistically significant difference between the two groups (IRR = 0.77, 95% CrI = 0.58–1.03 for emergency department visits and IRR = 0.79, 95% CrI = 0.62–1.01 for hospital admissions).	• None
• Types of substance(s) used ○ Opioids	*Publication date:* 2022 *Jurisdiction studied:* Sweden	7,929 persons committed to compulsory care for substance abuse	The risk of dying immediately after discharge from compulsory care is very high, especially for younger clients.	• Gender/sex • Age

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Methamphetamine ○ Alcohol • Criteria for admission ○ Referral from the court system • Features of the treatment approach ○ Length of treatment • Outcomes as compared to other alternatives ○ Health-related outcomes	*Methods used:* Cohort study	One-year follow-up after discharge	In total, 494 persons died during follow-up, corresponding to an overall mortality rate of 7.1 per 100 person-years (95% confidence interval: 6.5, 7.8). The risk was higher for men than for women and increased with age. The risk of dying during the first two weeks after discharge was higher than during the remaining follow-up period – hazard rate ratios comparing the first two weeks with subsequent time windows were between 2.6 (1.3, 5.0) and 3.7 (2.4, 5.9). This heightened risk near discharge was only observed for deaths due to external causes, and only for people below the median age of 36 years. The mortality rate among the youngest age groups committed to compulsory care for substance abuse was higher than that observed among people undergoing methadone maintenance treatment in Stockholm during the same time. The mortality rate during follow-up was 13 per 100 person-years among male clients aged 50–64, more than 100 times higher than the corresponding rate in the Swedish population. Given that most younger clients are committed for misuse of drugs, and older clients for misuse of alcohol, this means that the difference between men and women are mainly related to risks associated with drug use, and, consequently, that long-term consequences of alcohol misuse affect men and women to a similar degree.	
• Types of substance(s) used ○ Alcohol ○ Unspecified drugs • Criteria for admission ○ People who have been referred by a care provider • Outcomes as compared to other alternatives ○ Care experience	*Publication date:* 2023 *Jurisdiction studied:* Australia (New South Wales) *Methods used:* Qualitative study	11 drug and alcohol clinicians who had referred clients to involuntary drug and alcohol treatment	When considering the referral of Aboriginal Australians to involuntary drug and alcohol treatment, clinicians saw a tension between their goals to save someone's life and practising in a culturally safe way. This study explores the beliefs and attitudes of drug and alcohol clinicians when considering the referral of Aboriginal Australians to involuntary drug and alcohol treatment in New South Wales, Australia. Almost all clinicians were worried that being in involuntary drug and alcohol treatment would further erode their Aboriginal client's autonomy and be re-traumatizing.	• Aboriginal Australians
• Types of substance(s) used	*Publication date:* 2004	350 clients mandated to the same long-term residential	On several measures of recidivism, including long-term re-arrest rates that controlled for the time at risk, clients	• Race and ethnicity

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Opioids ○ Cocaine ○ Crack • Criteria for admission ○ Referral from the court system • Outcomes as compared to other alternatives ○ Social outcomes ▪ Imprisonment and criminal recidivism	*Jurisdiction studied:* United States *Methods used:* Cohort study	treatment facilities from three different legal sources Follow-up 3.6 years since admission to the program	mandated from two highly structured programs were found to recidivate at less than half the rate of comparison group clients. The three programs were evaluated, the Drug Treatment Alternative to Prison (DTAP) program, the Treatment Alternatives to Street Crime (TASC) and the "mandated as usual" program. Combined with the results of a previous retention study involving these clients, the findings support the use of structured protocols for informing clients in mandatory programs about legal contingencies of participation and enforcing contingencies through frequent contact between legal agents and treatment staff.	
• Types of substance(s) used ○ Methamphetamine • Criteria for admission ○ Referral from the court system • Where is treatment provided ○ Inpatient/ residential treatment ○ Outpatient • Outcomes as compared to other alternatives ○ Use of substances	*Publication date:* 2005 *Jurisdiction studied:* Los Angeles, C.A., U.S. *Methods used:* Cohort study	350 clients treated for methamphetamine use 24 months of follow-up	Treatment completion, relapse within six months, time to relapse, and percentage of days with methamphetamine use in 24 months following treatment did not differ significantly in simple comparisons between the pressured and non-pressured groups; however, when client and treatment characteristics were controlled, the short-term outcome of relapse within six months was worse for those reporting legal pressure (from criminal justice system or from child protective services). Clients reporting pressure were younger, less likely to have received residential treatment, and had longer treatment episodes than those not reporting pressure. The most common type of legal pressure reported was "other court" (37%) followed by probation/parole (30%), child protective services (28%) and drug court (4%). The source of pressure was significantly related to gender: Probation and Other Court sources were predominantly male (81% and 75%, respectively), while Child Protective Services was predominantly female (84%). Treatment completion was related to the type of treatment, with odds of completion 2.4 times greater for residential than for outpatient treatment. Lower post-treatment methamphetamine use was related to being African American or other/mixed ethnicity (compared	• Race/ethnicity/ culture/language • Gender/sex • Education

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
			to non-Hispanic White), having high school (or more) education, and lower pre-treatment methamphetamine use.	

• Types of substance(s) used
  ○ Not specified
• Criteria for admission
  ○ Referral from the court system
• Where is treatment provided
  ○ Inpatient/ residential treatment
  ○ Outpatient
• Outcomes as compared to other alternatives
  ○ Care experience
	Publication date: 2009
	
	Jurisdiction studied: California, U.S.
	
	Methods used: Mixed methods
		115 treatment programs in five California counties were surveyed, and five focus groups were conducted with 37 treatment providers	Little attention has been paid to how involuntary treatment programs operate "on the ground" in clinics where providers must accommodate not only a new population of clients but also a new system of care that involves collaboration with the justice system that was previously separate.
			
			California's Proposition 36 offers nonviolent drug offenders community-based treatment as an alternative to incarceration or probation without treatment.
			
			The study objective was to examine how substance abuse treatment providers perceive the impact of Proposition 36 on their clinical decision-making.
			
			The 115 program surveys included in this study represented 77 outpatient and 38 residential treatment programs.
			
			Compared to residential programs, outpatient programs reported that the policy impacted them more regarding drug testing, reporting to criminal justice personnel and determining client discharge.
			
			Providers in the focus groups particularly highlighted their changing roles in assessing clients' treatment needs and determining the best care routes for them.
			
			Providers in the focus groups particularly highlighted their changing roles in assessing clients' treatment needs and determining the best routes of care for them, emphasizing the tension between county assessment centres and treatment providers in determining the initial level of care, and between the criminal justice system and treatment providers in increasing intensity of ongoing care as opposed to incarceration.
			
			For providers in some counties, assessment of client populations with multiple needs (such as dually diagnosed, women and homeless clients) was particularly challenging when not in the hands of the clinicians themselves.
				• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
			The greater frequency of drug testing and the expectation to report positive drug tests has resulted in reduced flexibility in responding to client needs.	

• Types of substance(s) used
  ○ Not specified
• Criteria for admission
  ○ Referral from the court system
• Where is treatment provided
  ○ Inpatient/ residential treatment
  ○ Outpatient
• Outcomes as compared to other alternatives
  ○ Use of substances
  ○ Health-related outcomes
	Publication date: 2009
	
	Jurisdiction studied: United States
	
	Methods used: Quasi-experimental study
		2,726 women with co-occurring psychiatric and substance use disorders and histories of trauma
		
		12 months of follow-up
			The mandated treatment participants reported, at six and 12 months, significantly greater improvements in psychiatric symptoms, trauma-related symptoms, alcohol use and drug use.
			
			This study at a national scale compared mandated and voluntary treatment and condition (integrated treatment vs. services as usual) by examining psychiatric, substance use and trauma-related outcomes following treatment at six- and 12-month follow-ups.
			
			During the baseline interview, most participants (n = 1,763, 64.6%) indicated they entered treatment voluntarily. The voluntary and mandated groups were similar in many of their baseline demographics. Mandated participants tended to be a few years younger (34.1 vs. 37.5), slightly less educated, had less income in the past 30 days, and were more likely to be of Hispanic ethnicity.
			
			A greater proportion of mandated than voluntary clients reported living in residential substance abuse treatment (68.3% vs. 43.1%).
			
			Women did better with integrated treatment and mandated treatment regardless of treatment conditions for psychiatric, trauma, and substance use outcomes at both follow-ups.
				• Race/ethnicity/ culture/language
				• Gender/sex
				• Education
				• Socio-economic status

• Types of substance(s) used
  ○ Opioids
  ○ Cocaine
  ○ Crack
  ○ Alcohol
• Criteria for admission
  ○ Referral from the court system
• Where is treatment provided
  ○ Inpatient/ residential treatment
	Publication date: 2009
	
	Jurisdiction studied: United Kingdom, Italy, Austria, Germany and Switzerland
	
	Methods used: Cohort study
		845 individuals who were mandated treatment instead of being sentenced to prison
		
		18 months follow-up
			Reductions in substance use and crime as well as improvements in overall health, mental health and employment status were similar in quasi-compulsory treatment and voluntary treatment groups in five European countries.
			
			This study evaluates quasi-compulsory drug treatment arrangements for substance-dependent offenders receiving treatment instead of imprisonment compared to voluntary treatment within five European countries.
			
			Higher reductions of substance use were found for inpatient-treated than for outpatient-treated individuals in the first six months after treatment entry.
				• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Outpatient • Outcomes as compared to other alternatives ○ Use of substances ○ Health-related outcomes ○ Social outcomes ▪ Employment ▪ Imprisonment and criminal recidivism				
• Types of substance(s) used ○ Opioids (injected) ○ Methamphetamine (injected) • Criteria for admission ○ Referral from the court system • Where is treatment provided ○ Outpatient • Outcomes as compared to other alternatives ○ Use of substances	*Publication date:* 2011 *Jurisdiction studied:* Thailand *Methods used:* Cross-sectional study	252 Thai people who inject drugs participating in the Mitsampan Community Research Project in Bangkok	Among people with compulsory treatment experience, 77 (96.3%) reported injecting in the past week, and no difference in intensity of drug use was observed between those with and without a history of compulsory detention. Despite Thailand's official reclassification of drug users as "patients" deserving care and not "criminals," the Thai government has continued to rely heavily on punitive responses to drug use such as "boot camp"-style compulsory "treatment" centres. The study found 80 (31.7%) participants reported a history of compulsory treatment. In multivariate analyses, compulsory drug detention experience was positively associated with current spending on drugs per day (adjusted odds ratio = 1.86; 95%CI: 1.07 - 3.22) and reporting drug planting by police (AOR = 1.81; 95%CI: 1.04 - 3.15).	• None
• Types of substance(s) used ○ Opioids • Criteria for admission ○ Referral from the employer • Where is treatment provided ○ Outpatient • Outcomes as compared to other alternatives ○ Use of substances	*Publication date:* 2011 *Jurisdiction studied:* Florida, U.S. *Methods used:* Cross-sectional study	Of 22 anaesthesiologists, 11 underwent mandated pharmacotherapy with naltrexone and the other 11 did not	Nine of the 11 anaesthesiologists mandated for opiate use treatment who took naltrexone returned to the practice of anaesthesiology without a relapse. In 2005, the State of Florida impaired professionals monitoring program implemented a policy whereby anaesthesiologists referred for opiate use disorders were contractually obligated to take naltrexone for two years. Eight out of 11 anaesthesiologists who did not take naltrexone experienced a relapse on opiates. Only one out of 11 anaesthesiologists experienced a relapse on opiates after taking naltrexone, while another relapsed on an inhalant (nitrous oxide).	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Social outcomes ▪ Employment				
• Types of substance(s) used ○ Opioids • Criteria for admission ○ Referral from the court system • Where is treatment provided ○ Inpatient/ residential treatment ○ Outpatient ○ Mixed inpatient and outpatient model	*Publication date:* 2012 *Jurisdiction studied:* Sweden *Methods used:* Cross-sectional study	13,903 individuals who had been assessed for a drug use disorder through the Swedish public welfare system	Individuals who were younger, with less education, with a history of inpatient psychiatric hospitalization, who had more prosecutions for drug-related crimes, who were on parole, who were homeless, and who had at least one parent born outside of the Nordic countries were all more likely to have a history of compulsory treatment. Laws regarding compulsory drug use disorder treatment in Sweden have existed for about 100 years. The current law is founded on the framework of civil (noncriminal justice) rehabilitating compulsory treatment and does not include a punitive component. Compulsory treatment is preceded by an investigation carried out by the local welfare agency; individuals who are mandated to participate in compulsory treatment are defined by the court as being of danger to themselves or others as a result of drug-use-related causes. Annually, compulsory treatment represents approximately 13% of the total institutional drug use disorder treatment in the country. Compulsory treatment can be as long as six months, receiving both medical and behavioural interventions. Compulsory treatment participants were, on average, 40 years of age; the large majority of the sample was men (69.1%) and on average this sample had 11 years of education. A significant number of individuals had a history of mental health treatment; approximately 44% had used outpatient mental health treatment, 23% had been in inpatient mental health treatment, and 13% had received psychopharmacological medications in their lifetime. Approximately 15% of the total sample reported that they had been in compulsory treatment for narcotics use at least once.	• Place of residence • Race/ethnicity/ culture/language • Occupation • Gender/sex • Education • Socio-economic status • Homeless

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
			Overall, 69.0% of the total sample was born in Sweden to Swedish parents and 31.0% were either first- or second-generation immigrants. Those who had at least one parent born outside of the Nordic countries were about 41% more likely to have a history of compulsory treatment for narcotics use after controlling for their age, gender, educational status, mental health treatment history, number of times charged for drug-related crimes, and parole status compared to their counterparts who were Swedish with Swedish parents. Those who had a history of having been prescribed psychiatric medications in their lifetime were significantly less likely to have ever been in compulsory treatment for narcotics use.	

• Types of substance(s) used
  ○ Opioids
• Criteria for admission
  ○ Referral from the court system
• Where is treatment provided
  ○ Inpatient/ residential treatment
  ○ Outpatient
• Outcomes as compared to other alternatives
  ○ Use of substances
	Publication date: 2012
	
	Jurisdiction studied: California, U.S.
	
	Methods used: Cross-sectional study
		5,150 first-time Latino clients nested within 48 treatment programs	Outpatient treatment, homelessness and a high frequency of drug use at intake were associated with decreased odds of treatment completion among Latinos, although completing treatment was challenging for all clients (overall completion rate of 15%); clients attending programs that used language translators more often reported a higher percentage of Latino clients completing treatment.
			
			This study analyzed client and program data from publicly funded treatment programs contracted through the criminal justice system in California.
			
			Programs that routinely offered a culturally and linguistically responsive practice – namely, Spanish-language translation – were associated with increased odds of completion of mandated treatment.
			
			The results of this preliminary study show that after accounting for individual and program characteristics, specific linguistically responsive practices play a significant role in successful treatment completion among first-time Latino clients.
				• Race/ethnicity/ culture/language

• Types of substance(s) used
  ○ Opioids
  ○ Cocaine
  ○ Methamphetamine
	Publication date: 2013
	
	Jurisdiction studied: United States
	
	Methods used: Cohort
		160 participants who were under various levels of criminal justice supervision in the community	Participants who were mandated demonstrated less motivation at treatment entry, yet were more likely to complete treatment compared to those who were not court-ordered to treatment.	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Alcohol • Criteria for admission ○ Referral from the court system • Where is treatment provided ○ Inpatient/ residential treatment • Features of the treatment approach ○ Length of treatment • Outcomes as compared to other alternatives ○ Use of substances			The participants were enrolled in an intensive outpatient program, all offenders received weekly therapy sessions using a cognitive problem-solving framework, and 45% completed the six-month treatment program. While controlling for covariates, analyses demonstrated that court-ordered offenders were over ten times more likely to complete treatment than those who entered treatment voluntarily (OR = 10.9, CI = 2.0–59.1, p = .006). Participants attended the program for an average of 120 days (± 67.7 days). All subjects met with a counsellor for weekly sessions. The participants also attended group therapy (not part of the intervention) three times a week during an in intensive outpatient program (IOP), which typically lasted three or four months, and then were stepped down to once weekly group therapy during outpatient treatment. Participants reported an average of 11 prior charges and were incarcerated for nearly 3.5 years prior to study entry.	
• Types of substance(s) used ○ Opioids • Criteria for admission ○ Referral from the court system • Where is treatment provided ○ Inpatient/ residential treatment • Features of the treatment approach ○ Length of treatment • Outcomes as compared to other alternatives ○ Use of substances	*Publication date:* 2013 *Jurisdiction studied:* China *Methods used:* Cross-sectional	329 detained heroin users at a Compulsory Detoxification Centre and 112 active methadone maintenance treatment clients	Detainees at the Compulsory Detoxification Centre expressed less positive and more negative attitudes and beliefs about methadone maintenance treatment when compared to active patients; participants from both sites showed rather negative attitudes towards methadone. The study explored potential barriers to long-term methadone maintenance treatment among detainees at a local Compulsory Detoxification Centre by identifying their attitudes and beliefs towards methadone maintenance treatment and comparing them with those in active treatment.	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations

• Criteria for admission to involuntary treatment
  ○ Long-term substance use
• Types of substance(s) used
  ○ Heroin
  ○ Injected substances
• Features of treatment approach
  ○ Where is treatment provided
  ▪ Inpatient/ residential treatment
  ▪ Outpatient
  ○ Treatment approaches used
  ▪ Medication
• Outcomes as compared to other alternatives (e.g., involuntary treatment)
• Care experiences
	Publication date: 2013
	
	Jurisdiction studied: Ningbo, China
	
	Methods used: Cross-sectional survey
		Heroin users at a compulsory detoxification centre and methadone maintenance clinic in Ningbo, China	Targeted education on methadone maintenance treatment (MMT) should be developed for individuals at Compulsory Detoxification Centres to improve access to accurate health and treatment information, and services should be adjusted for the target population in order to meet their specific treatment preferences and needs.
			
			Participants at the Compulsory Detoxification Centre and methadone maintenance treatment clinic held negative attitudes towards methadone despite their acknowledgement of positive effects. Participants at the Compulsory Detoxification Centre reported preferring community-based treatment, while participants at the methadone maintenance treatment clinic reported preferring methadone maintenance treatment.
				• Gender/sex

• Types of substance(s) used
  ○ Not specified
• Criteria for admission to involuntary treatment
  ○ Referral from the court system
• Features of treatment approach
  ○ Treatment approaches used
• Compulsory maintenance treatment
	Publication date: 2015
	
	Jurisdiction studied: Sweden
	
	Methods used: Retrospective observational study
		Individuals who had been mandated to enter compulsory treatment for substance abuse between 2001 and 2009 in Sweden	Clients who were older, previously mandated to compulsory care as minors, sentenced to prison, or had children involved in the child welfare system were more likely to experience repeated compulsory care entries for addiction, highlighting the need for targeted interventions and support for these vulnerable subgroups, while also considering gender differences in treatment approaches.
			
			Most patients were male, single, younger than 39 years and had no psychotic and somatic symptoms caused by methadone therapy.
				• Place of residence; socio-economic status; gender/sex

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations

• Types of substance(s) used
  ○ Injected substances
• Features of treatment approach
  ○ Treatment approaches used
• Compulsory maintenance treatment
	Publication date: 2014
	
	Jurisdiction studied: Tehran, Iran
	
	Methods used: cross-sectional survey
		Injection drug users who were under arrest by the police force for the period of programmed police sweep up in Tehran from June 2008 to August 2008	Maintenance programs are in urgent need of expansion across Iran; it is necessary to better integrate the methadone maintenance treatment program with existing health and social services as a cost-effective harm reduction approach, and young injecting drug users should be targeted by preventive, treatment and rehabilitation programs in harm reduction centres and psychotherapy clinics
			
			Patients were largely male, single, younger than 39 years and had no psychotic and somatic symptoms caused by methadone therapy.
				• Place of residence; socio-economic status

• Types of substance(s) used ○ Not specified • Criteria for admission to involuntary treatment	*Publication date:* 2014 *Jurisdiction studied:* United States *Methods used:* Commentary	Individuals with SUDs	This commentary discusses the enactment of civil commitment laws in several states, allowing for court-ordered treatment of individuals with severe SUDs as an alternative to the progression of opioid use disorders, while highlighting concerns regarding potential violations of 14th Amendment rights and advocating for effective brief civil commitment legislation in all states.	• None

• Criteria for admission to involuntary treatment
• Types of substance(s) used
  ○ Alcohol
• Features of treatment approach
  ○ Treatment approaches used
  ▪ Motivational interviewing
• Outcomes as compared to other alternatives (e.g., involuntary treatment)
	Publication date: 2021
	
	Jurisdiction studied: Arizona, U.S.
	
	Methods used: interrupted time-series
		Arizona trauma centre inpatients with unhealthy alcohol use	Mandating a screening and brief intervention (SBI) at trauma centres resulted in a 2.2 percentage points reduction (44%) in the probability of readmission, suggesting that SBI reduces readmissions for those who present a less serious alcohol-related problem.	• None

• Criteria for admission to involuntary treatment • Types of substance(s) used ○ Alcohol • Features of treatment approach	*Publication date:* 2015 *Jurisdiction studied:* United States *Methods used:* Observational study	Undergraduate students 18 years of age and older who violated the campus alcohol policy	Stepped care mandated for college students violating campus alcohol policy demonstrated reductions in perceptions of average student drinking and negative expectancies, highlighting the utility of addressing perceived norms and expectancies in brief motivational interventions, especially for students who had not responded to less intensive prevention efforts.	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Treatment approaches used • Motivational interviewing				
• Types of substance(s) used ○ Opioids ▪ Heroin • Features of treatment approach ○ Where is treatment provided ▪ Inpatient/ residential treatment • Outcomes as compared to other alternatives (e.g., involuntary treatment) ○ Use of substances	*Publication date:* 2015 *Jurisdiction studied:* China *Methods used:* Cohort study	503 heroin-dependent patients discharged from Shanghai compulsory rehabilitation facilities in 2007 and 2008	The findings suggest the need for gender-specific treatment approaches, targeted support for high-risk groups (such as male patients with a history of poly drug use and female patients with borderline personality disorder), alternatives to incarceration, a comprehensive continuum of care, and integrated treatment approaches to improve recovery outcomes and reduce incarceration and readmission rates among heroin-dependent patients. Female heroin dependent patients tend to have less negative recovery outcomes than male patients. Male patients with lifetime history of poly drug use and female patients with borderline personality disorder have higher risks of incarceration and readmission into compulsory treatment programs.	• Gender/sex
• Types of substance(s) used ○ Not specified • Criteria for admission to involuntary treatment ○ Identification of risk of harm • Priority populations ○ People with other medical conditions • Features of treatment approach ○ Inpatient/ residential treatment	*Publication date:* 2022 *Jurisdiction studied:* Switzerland *Methods used:* Cross-sectional	Sample of 357 people who have self-harmed with compulsory hospitalization	Characteristics of people admitted to compulsory hospitalization (where there is a need for treatment with no alternative to hospitalization) after self-harm included people with a primary diagnosis of depression, schizophrenia or mania, those with lower socio-economic status, retirees, and those with more frequent outpatient visits within the psychiatric system. People were more often admitted to a psychiatric ward by compulsory hospitalization than those with anxiety disorder, personality disorder or substance use. Compulsory admission involves when a psychiatric disorder or serious neglect is identified, there is a need for treatment, and no alternative exists to hospitalisation. One of the factors strongly associated was related to the health system in which they were treated (e.g., which cities and which doctors).	• None
• Criteria for admission to involuntary treatment ○ Identification of risk of harm	*Publication date:* 2021 *Jurisdiction studied:* Sweden *Methods used:* Registry study	Sample of 12,044 men and women assessed with severe substance use	Self-reported civil commitment (compulsory care that can be mandated for a maximum of six months for individuals with severe substance use and a danger to themselves or others) was associated with increased likelihood of imprisonment after compulsory care, therefore people with severe substance	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
			use need voluntary care treatment and extra supports in social, legal, and healthcare. Civil commitment is overseen by the Swedish National Board of Institutional Care, which the municipality pays for. Self-reported civil commitment for severe substance use was associated with increased likelihood of imprisonment (legal and employment), men with elevated risk, being younger, and less educated, which highlights the need for voluntary care treatment post compulsory care, and many social, legal and health supports.	

• Types of substance(s) used
  ○ Not specified
• Criteria for admission to involuntary treatment
  ○ Identification of risk of harm
• Features of treatment approach
  ○ Inpatient/ residential treatment
	Publication date: 2021
	
	Jurisdiction studied: Massachusetts, U.S.
	
	Methods used: Qualitative
		21 clinicians (mix of emergency medicine physicians, psychiatrists, social workers, internists, physician assistants)	Twenty-one clinicians in Massachusetts reported some or high moral distress with the use of involuntary commitment and reported inconsistent approaches on its use (e.g., team-based decision, last resort petition).
			
			Involuntary commitment for substance use disorder occurs in 33 of 50 states in the U.S. The Massachusetts General Law Chapter 123, Section 35 allows eligible people (guardians, physicians, spouses, police officers, relatives and court officials) to petition someone with SUD to be involuntarily committed at an inpatient treatment facility. Moral distress was reported less reported among clinicians in the emergency department and those who have experienced successful patient anecdotes or have an abstinence-based view of substance use disorder, although clinicians expressed concerns by the involvement of law enforcement and the criminal justice system.
				• None

• Types of substance(s) used
  ○ Opioids
  ○ Stimulants
  ▪ Cocaine
  ○ Alcohol
  ○ Cannabis
• Priority populations
  ○ People with a comorbid mental health issue
• Features of treatment approach
  ○ Who pays for treatment (public,
	Publication date: 2019
	
	Jurisdiction studied: Victoria, Australia
	
	Methods used: Retrospective analysis of a data set obtained from the Victorian Department of Health and Human Services (DHHS)
		The sample consisted of 1,297 patients from Victoria, Australia who had been on a community treatment order (CTO) for over three months under the Victorian Mental Health Act (2014)
		
		The researchers analyzed their subsequent treatment episodes over a 2-year period to examine how a diagnosis of SUD affected the use of compulsory orders
			Substance use disorder diagnosis increased the likelihood of treatment orders, emphasizing the need for integrated care addressing both mental illness and substance use.
			
			When patients had a diagnosis of SUD, the likelihood of receiving subsequent treatment orders increased if they also had schizophrenia or other related disorders. Those with both a mood disorder and SUD had a higher chance of being placed on inpatient treatment orders, while the duration of treatment orders did not differ based on SUD presence when considering other factors.
				• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
private or mixed payment models)				

• Types of substance(s) used
  ○ Opioids
  ▪ Heroin
  ○ Stimulants
  ▪ Cocaine
  ○ Alcohol
  ○ Cannabis
• Priority populations
  ○ People with a comorbid mental health issue
• Features of treatment approach
  ○ Treatment approaches used
  ▪ Cognitive behavioural therapy
	Publication date: 2019
	
	Jurisdiction studied: Norway
	
	Methods used: Prospective study
		The sample included 202 participants (65 involuntarily and 137 voluntarily admitted patients) that were recruited from three addiction centres in southern Norway
		
		A multidisciplinary treatment approach was implemented in specialized wards for patients with SUD and co-occurring mental disorders
		
		The treatment included various components such as physical and mental health assessments, pharmacotherapy, cognitive therapy, individual motivation enhancement, and routine drug screenings
		
		Patient perspectives on coercion and treatment experiences were also gathered through interviews conducted six months after discharge
			Involuntarily admitted patients with substance use disorders showed significant motivation and readiness to seek help, highlighting the importance of tailored interventions based on disease severity.
			
			Although the readiness to change at admission did not determine abstinence at follow-up, the severity of SUD at baseline was the sole significant predictor of ongoing drug use after six months. These findings indicate that despite initially lower motivation, patients with SUDs undergoing involuntary treatment can experience significant improvements in motivation.
				• None

• Types of substance(s) used
  ○ Not specified
• Criteria for admission to involuntary treatment
  ○ Referral from the court system
• Priority populations
  ○ People involved in the justice or court
	Publication date: 2020
	
	Jurisdiction studied: United States
	
	Methods used: Propensity score matching, drawing from a large, nationally representative sample
		The sample included 50,000 individuals who received publicly funded SUD treatment in the United States between 2012 and 2017, consisting of both pregnant and nonpregnant women
		
		The study investigated the impact of different referral methods, specifically
			Pregnant individuals in the U.S. face challenges in substance-use treatment, but criminal justice referrals increase program completion rates, highlighting the importance of tailored interventions for their success.
			
			Pregnant individuals in the U.S. often struggle to complete substance-use treatment, but those referred through the criminal justice system are more likely to finish the program. These findings highlight the importance of tailored interventions and support to help pregnant individuals access and succeed in substance-use treatment, addressing their specific needs and circumstances.
				• Gender

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
system (either as perpetrators/offenders or victims/survivors) • Features of treatment approach ○ Who pays for treatment (public, private or mixed payment models)		examining the role of criminal justice referrals, on the completion rates of SUD treatment programs for pregnant women		

• Types of substance(s) used
  ○ Opioids
  ▪ Heroin
• Criteria for admission to involuntary treatment
  ○ Referral from the court system
• Priority populations
  ○ People involved in the justice or court system (either as perpetrators/ offenders or victims/survivors)
	Publication date: 2021
	
	Jurisdiction studied: Vietnam
	
	Methods used: Longitudinal study design
		The study included a sample of 208 participants who were released from three centre-based compulsory treatment (CCT) centres in Vietnam
		
		The intervention involved transitioning individuals from compulsory treatment centres to community-based care, specifically emphasizing relapse prevention within the first 120 days post-release and highlighting the importance of community-based methadone maintenance treatment
			High relapse rates following release from compulsory treatment centres in Vietnam highlight the need for community-based interventions and methadone maintenance treatment.
			
			Upon leaving compulsory treatment centres in Vietnam, a considerable number of individuals (85.6% within 12 months) faced relapse, emphasizing the necessity for community-based interventions and methadone maintenance treatment to tackle this challenge.
				• None

• Types of substance(s) used
  ○ Not specified
• Criteria for admission to involuntary treatment
  ○ Long-term substance use
	Publication date: 2020
	
	Jurisdiction studied: Brazil
	
	Methods used: Cross-sectional study design
		The study focused on 100 patients admitted to a therapeutic community (TC) care model for substance abuse treatment
		
		The intervention involved assessing the relationship between admission type (involuntary vs. voluntary), motivational stages, and relapse rates after a three-month follow-up period
			Relapse rates were similar for drug-dependent patients admitted involuntarily versus voluntarily in Brazil.
			
			Patients admitted involuntarily and voluntarily had similar relapse rates after three months of follow-up.
			
			Factors such as, low social support, and psychosocial vulnerability were associated with involuntary admissions, while motivational levels, particularly being in the pre-contemplation and contemplation stages, influenced relapse rates and the type of admissions.
				• Socio-economic status

• Types of substance(s) used	*Publication date:* December 2020	70 individuals from two outpatient Opioid Treatment	The perceived benefits of utilizing involuntary civil commitment (ICC) to save lives from opioid overdoses would	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ Opioids ▪ Prescription opioids • Features of treatment approach ○ Treatment approaches used ▪ Medication	*Jurisdiction studied:* United States *Methods used:* Mixed methods	Programs (OTP) in Massachusetts participated in focus groups	likely be at the expense of long-term potentially worsening opioid overdose risks if ICC is not implemented ethically. Using the Kass Public Health Ethics Framework to assess patient and provider experiences with ICC, researchers recommended that using ICC ethically to treat opioid use disorder would require consensual humanizing processes, recognition that ICC compromises vulnerable populations that need to be protected, integration within existing healthcare systems, and demonstrate effectiveness before diffusion	
• Criteria for admission to involuntary treatment ○ Referral from the court system • Types of substance(s) used ○ Opioids ▪ Heroin ○ Alcohol • Cannabis	*Publication date:* June 2021 *Jurisdiction studied:* United States *Methods used:* Survey	33 court clinicians completed an online survey about their experiences conducting civil commitment evaluations	Substance-related civil commitments are most frequently recommended by court clinicians for individuals who use opioids, cannabis and alcohol and display risk behaviours that appear to pose a clear and serious danger. According to this pilot study, court clinicians assist the courts in determining whether a person needs a civil commitment for substance use based on behaviours that pose an imminent risk, such as a recent suicide, driving while intoxicated, use of a dangerous weapon, and drug overdose. However, respondents showed considerable variability in how much concern they had for behaviours that do not appear to pose a clear and serious danger, such as experiencing a major loss and witnessing someone overdose on drugs.	• None
• Types of substance(s) used ○ Opioids ▪ Prescription opioids • Priority populations • People with other medical conditions – HIV	*Publication date:* May 2021 *Jurisdiction studied:* Vietnam *Methods used:* Randomized trial	258 participants of a clinical trial taking place in six Vietnamese HIV clinics	In Vietnam, both incarceration and compulsory rehabilitation substantially decreased the odds of individuals with HIV reinitiating medication for opioid use disorder and HIV treatment upon release.	• People living with HIV
• Types of substance(s) used ○ Not specified • Outcomes as compared to other alternatives ○ Provider experiences	*Publication date:* August 2021 *Jurisdiction studied:* United States *Methods used:* Study	165 addiction physician members of the American Society of Addiction Medicine	While some addiction medicine physicians considered civil commitment (CC) for SUDs to be an effective approach for treating certain SUDs, others opposed the approach because they felt it would jeopardize patient rapport and be ineffective for unmotivated individuals In this review, most addiction physicians surveyed were in favour of CC for substance use disorders involving heroin, alcohol and non-heroin opioids, even though a third were	• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
			unfamiliar with the laws regarding CC. However, those who opposed CC were more likely to believe that it should only be permitted for certain substances, would be ineffective for unmotivated individuals, and jeopardize patient rapport.	

• Types of substance(s) used
  ○ Opioids
  ○ Fentanyl
  ○ Cocaine
  ○ Crack
  ○ Methamphetamine
  ○ Alcohol
• Criteria for admission
  ○ Referral from the court system
• Where is treatment provided
  ○ Inpatient/ residential treatment
• Features of the treatment approach
  ○ Length of time
• Outcomes as compared to other alternatives
  ○ Use of substances
  ○ Care experiences
  ○ Social outcomes
  ▪ Employment
  ▪ Imprisonment and criminal
• recidivism
	Publication date: 2005
	
	Jurisdiction studied: United States
	
	Methods used: Prospective observational study
		2,095 male patients at 15 Veterans Affairs intensive, 21- or 28-day residential treatment programs	At 5-year follow-up, the justice-mandated cohort did not differ significantly from the justice-no-mandated and the justice-no-involved groups in terms of abstinence, remission, consequences or arrests; however, the justice-mandated patients were more likely to be employed at five years post-treatment than either the justice-no-mandated or justice-no-involved cohorts.
			
			This study examined if differences in pre-treatment characteristics, treatment perceptions and satisfaction, and during-treatment changes explain post-treatment (one- and five-year) similarities or differences in outcomes among 1) justice system–involved mandated treatment, 2) justice system–involved non-mandated treatment and 3) patients not involved in the justice system.
			
			At treatment intake, 141 (7%) of the 2,095 patients in the current study were involved with the justice system and mandated to treatment (JSI-M), 235 (11%) were involved with the justice system but not mandated to treatment (JSI), and the remaining 1,719 (82%) reported no justice system involvement (No-JSI); the study found that mandated patients had a less severe clinical profile at treatment intake, yet this did not account for their observed similar/better outcomes.
			
			Treatment perceptions and satisfaction were also comparable across groups.
			
			At the one-year follow-up, JSI-M patients were significantly more likely to be abstinent and in remission and to have encountered no substance-related consequences compared with both the JSI and No-JSI groups.
			
			The JSI-M group (20.6%) had an arrest rate similar to the No-JSI group (18.3%), whereas JSI was significantly higher than both (32.3%).
			
			The JSI-M and JSI groups had reductions in arrests of 73% (77% down to 21%) and 53% (68% down to 32%),
				• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
			respectively, during the year following treatment; this reduced rate of arrest remained low at the five-year follow-up. With regard to employment at one year, the JSI-M group was not significantly different from either the JSI or the No-JSI patients. At the 5-year follow-up, the JSI-M cohort did not differ significantly from the JSI and No-JSI groups in terms of abstinence, remission, consequences or arrests; however, the JSI-M patients were more likely to be employed at five years post-treatment than either the JSI or No-JSI cohorts. The study found that JSI-M patients were more likely to be abstinent, in remission and free of substance-related problems at the one-year follow-up than were JSI and No-JSI patients, JSI patients were more likely to be employed at the one-year follow-up, and that JSI-M patients were more likely to be employed at the five-year follow-up. The adjusted analysis, controlling for seven variables (age, ethnicity, motivation, intake level of clinical symptoms, substance-related consequences, drug-addicted identity, and prior SUD treatment), as well as the intake level of the dependent variable, did not alter the findings. These findings appear to support the idea that judicial mandates can allow offenders with substance use disorders to access and benefit from needed treatment.	

• Types of substance(s) used
  ○ Opioids
  ▪ Heroin
  ▪ Fentanyl
  ○ Stimulants
  ▪ Cocaine
  ○ Injected substances (unspecified type)
• Priority populations
  ○ People with a comorbid mental health issue
	Publication date: 2022
	
	Jurisdiction studied: Massachusetts, U.S.
	
	Methods used: Cohort study
		A total of 121 participants were interviewed and followed for 12 weeks upon discharge	Preliminary evidence suggests that civil commitment can help to improve clinical outcomes in a subset of at-risk opioid users, thereby highlighting its viability as a short-term treatment option.
			
			The primary aim of this study was to examine the characteristics of participants who had undergone civil commitment as a form of involuntary treatment for opioid use.
			
			The sample of participants possessed high rates of illicit opioid use prior to their civil commitment. Upon follow-up, over 64% of the target population utilized at least a day of medication for opioid use disorder (MOUD), and
				None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations

• Features of treatment approach
  ○ Length of time of treatment program
  ○ Treatment approaches used
  ▪ Medication
• Outcomes as compared to other alternatives (e.g., involuntary treatment)
  ○ Use of substances
• Health-related outcomes
			approximately 29% of these used MOUD on the first day after discharge.
			
			It is worth noting that over the course of the three-month observation period, less than 50% of the participants relapsed into severe opioid use.	

• Types of substance(s) used
  ○ Alcohol
  ○ Other
• Priority populations
  ○ People with a comorbid mental health issue
• Features of treatment approach
  ○ Length of time of treatment program
• Outcomes as compared to other alternatives (e.g., involuntary treatment)
  ○ Use of substances
  ○ Health-related outcomes
	Publication date: 2023
	
	Jurisdiction studied: Sweden
	
	Methods used: Cohort study
		Registry data of 25,125 adults from 2003 to 2019	Females and young adults are at an increased likelihood of being admitted to compulsory care via court-order, and admission to compulsory care has been associated with an elevated risk of substance-use mortality.
			
			The main focus of this study was to examine data of substance use severity assessments in order to identify factors that can predict the risk of having court-ordered compulsory care, as well as determine associations between compulsory care and mortality due to alcohol or drugs.
			
			Predictive factors that increased the risk of being admitted via court-ordered compulsory care included younger age, the female gender, and correlated drug, alcohol and employment Addiction Severity Index composite scores.
			
			It is worth noting that increased age and the male gender was associated with an elevated risk of mortality from alcohol, while younger age groups were linked to drug-related mortality; in both cases, the length of stay in compulsory care was correlated with an increased chance of substance-use mortality (this can be attributed to this form of care not having psychological and medical therapies present).
				None

• Criteria for admission to involuntary treatment ○ Long-term substance use	*Publication date:* 2023 *Jurisdiction studied:* Massachusetts, U.S. *Methods used:* Cohort study	A total of 22 patients who were discharged between October 2016 and February 2020	Upon discharge from involuntary commitment, individuals generally relapsed and/or experienced medical morbidity during their first year of release.	None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations

• Types of substance(s) used
  ○ Opioids
  ○ Stimulants
  ▪ Cocaine
  ○ Alcohol
  ○ Cannabis
• Priority populations
  ○ People with a comorbid mental health issue
  ○ People with other medical conditions
  ○ People who are homeless or marginally housed
  ○ Black people, and other people of colour (i.e., Asian, Pacific Islanders, Latinx)
• Features of treatment approach
  ○ Length of time of treatment program
• Outcomes as compared to other alternatives (e.g., involuntary treatment)
  ○ Use of substances
• Health-related outcomes
			The objective of this study was to examine the outcomes of patients who were discharged from involuntary commitment for SUDs.
			
			All the participants under analysis experienced relapse for their SUDs and had a minimum of one visit to the emergency department of a hospital within their first year after discharge, and 78.6% of these participants had one admission to the hospital within their first year of release. This study thereby highlights particular harms that involuntary commitment may present to individuals who have been admitted to such treatment.	

• Types of substance(s) used
  ○ Heroin
  ○ Injected substances
• Features of treatment approach
  ○ Inpatient/ residential treatment
	Publication date: 2018
	
	Jurisdiction studied: Mexico
	
	Methods used: Longitudinal study
		Sample of 671 people who use injection drugs	Involuntary drug treatment was associated with an increase in non-fatal overdose risk.
			
			The review reported an increase in non-fatal overdose following involuntary treatment. The most used drugs were methamphetamine and tranquilizers leading to overdose.
				• None

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
• Outcomes as compared to other alternatives ○ Use of substances				

• Types of substance(s) used
  ○ Not specified
• Criteria for admission to involuntary treatment
  ○ Referral from the court system
	Publication date: 2020
	
	Jurisdiction studied: United States
	
	Methods used: Quasi-experimental (propensity score matching)
		Treatment data from 104,747 individuals over the age of 55 that had been referred to substance use-treatment (both voluntary and involuntary)	Legally mandated treatment for substance was associated with higher odds of completing treatment among older adults.
			
			Mandated treatment for substance use was found to be higher among older men compared to women, employed compared to unemployed, individuals who began drinking at a younger age, and among non-homeless compared to homeless populations.
			
			The study found that older adults referred to treatment via the legal system show greater treatment completion than those not mandated. However, no differences were noted for the treatment of marijuana and for sedatives/hypnotics/anxiolytics.
				• Personal characteristics associated with discrimination and/or exclusion

• Criteria for admission to involuntary treatment
  ○ Referral from the court system
• Type of substance(s) used
  ○ Alcohol
• Outcomes as compared to other alternatives
  ○ Use of substances
	Publication date: 2016
	
	Jurisdiction studied: United States
	
	Methods used: Quasi-experimental
		120 veterans that have been through either voluntary or involuntary treatment	No significant relationship was found for the motivation for treatment (i.e., voluntary or mandated) and length of sobriety following treatment among Veterans.
			
			The study found similar outcomes for voluntary and involuntary treatment on sobriety. No differences were found between those who sought residential treatment compared to those admitted for treatment after legal charges.
				• None

• Type of substance(s) used
  ○ Opioids
  ○ Stimulants
• Priority populations
  ○ People who are homeless or marginally housed
• Features of treatment approach
  ○ Who pays for treatment
	Publication date: 2020
	
	Jurisdiction studied: Mexico
	
	Methods used: Qualitative
		25 individuals who had been taken to involuntary drug treatment by the policy during a recent federally funded policing program	Significant uncertainty, violence and human rights violations surrounded participants involuntarily taken to treatment centres as part of a drug detoxification project by the police.
			
			The study identified five major themes related to power dynamics and human rights violations. Identified themes included: uncertainty and fear about the degree of extrajudicial violence the policy would resort to; discretionary selection of people taken into treatment; discrimination and violence at drug centres; lack of oversight at the treatment centres; and treatment effectiveness.
				• Place of residence
				• Socio-economic status

Dimension of organizing framework	Study characteristics	Sample description and intervention	Declarative title and key findings	Equity considerations
○ 'Safeguards' in place to ensure that admission and treatment follow Mental Health Act • Outcomes as compared to other alternatives ○ Care experiences				

Appendix 6: Documents excluded at the final stage of reviewing

Document type	Hyperlinked title
Evidence synthesis	[Is involuntary commitment to treatment applicable in case of an addictive disorder in the French context? A critical review of available evidence]
Single study	Compulsory community treatment and ethnicity: Findings from a culturally and linguistically diverse area of Queensland
Single study	Compulsory substance-user treatment and harm reduction: A critical analysis
Single study	Predicting treatment noncompliance among criminal justice-mandated clients: A theoretical and empirical exploration
Single study	Psychiatrists' attitudes toward involuntary hospitalization
Single study	[Pregnant, addicted prostitutes: compulsory admission is sometimes necessary in the interests of the child]
Single study	Prevention of heavy drinking and associated negative consequences among mandated and voluntary college students
Single study	[Involuntary Hospitalisations in 2000 According to German "PsychKG" in the City of Hannover]
Single study	Satisfaction of impaired health care professionals with mandatory treatment and monitoring
Single study	U.S. psychiatrists' beliefs and wants about involuntary civil commitment grounds
Single study	Court-mandated treatment for convicted drinking drivers
Single study	Violence from young women involuntarily admitted for severe drug abuse
Single study	Rational choice and environmental deterrence in the retention of mandated drug abuse treatment clients
Single study	The interactive effects of antisocial personality disorder and court-mandated status on substance abuse treatment dropout
Single study	The involuntary treatment of adolescent psychiatric inpatients--a nation-wide survey from Finland
Single study	Uses of coercion in addiction treatment: Clinical aspects
Single study	Compulsory treatment of the narcotic addict
Single study	Client and program factors associated with dropout from court mandated drug treatment
Single study	Who cares for involuntary clients?
Single study	Rates for civil commitment to psychiatric hospitals in Norway. Are registry data accurate?
Single study	Substance use, symptom, and employment outcomes of persons with a workplace mandate for chemical dependency treatment
Single study	An examination of mandated versus voluntary referral as a determinant of clinical outcome
Single study	"Patients, not criminals"? An assessment of Thailand's compulsory drug dependence treatment system
Single study	Gender differences in psychosocial functioning across substance abuse treatment
Single study	[Compulsory treatment of alcoholics?]
Single study	Establishing a compulsory drug treatment prison: Therapeutic policy, principles, and practices in addressing offender rights and rehabilitation
Single study	Predictors of retention in the 'voluntary' and 'quasi-compulsory' treatment of substance dependence in Europe
Single study	In the name of treatment: Ending abuses in compulsory drug detention centers
Single study	Pilot trial of a recovery management intervention for heroin addicts released from compulsory rehabilitation in China
Single study	Prevalence of involuntary commitment for alcohol dependence
Single study	Addressing alcohol use and problems in mandated college students: A randomized clinical trial using stepped care
Single study	Substance use and posttraumatic stress disorder symptoms in trauma center patients receiving mandated alcohol screening and brief intervention
Single study	Absence of antiretroviral therapy and other risk factors for morbidity and mortality in Malaysian compulsory drug detention and rehabilitation centers

Single study	Negative moods correlate with craving in female methamphetamine users enrolled in compulsory detoxification
Single study	Factors associated with involuntary admissions among patients with substance use disorders and comorbidity: A cross-sectional study
Single study	Compulsory detention in addiction treatment
Single study	Decisions to initiate involuntary commitment: The role of intensive community services and other factors
Single study	Arguments in favour of compulsory treatment of opioid dependence
Single study	Advocates need to show compulsory treatment of opioid dependence is effective, safe and ethical
Single study	[Compulsory hospitalisation of patients suffering from severe drug or alcohol addiction]
Single study	Disparities in criminal court referrals to drug treatment and prison for minority men
Single study	Arguments against the compulsory treatment of opioid dependence
Single study	Involuntary treatment of drug and alcohol dependence in New South Wales: An old Act and a new direction
Single study	Statutory definitions of mental illness for involuntary hospitalization as related to substance use disorders
Single study	Effect of criminal justice mandate on drug treatment completion in women
Single study	Compulsory treatment of addiction in the patient's best interests: More rigorous evaluations are essential
Single study	Compulsory drug detention and injection drug use cessation and relapse in Bangkok, Thailand
Single study	Alcohol interventions for mandated students: Behavioral outcomes from a randomized controlled pilot study
Single study	Drop-out from the Swedish addiction compulsory care system
Single study	Mortality among a national population sentenced to compulsory care for substance use disorders in Sweden: Descriptive study
Single study	Compulsory drug detention centers in East and Southeast Asia
Single study	Use of outpatient commitment or related civil court treatment orders in five U.S. communities
Single study	From abstinence to relapse: A preliminary qualitative study of drug users in a compulsory drug rehabilitation center in Changsha, China
Single study	Increased incidence of spinal abscess and substance abuse after implementation of state mandated prescription drug legislation
Single study	The Alcohol Mandatory Treatment Act: Evidence, ethics and the law
Single study	Pathways to rearrest among court mandated female substance use treatment patients
Single study	European laws on compulsory commitment to care of persons suffering from substance use disorders or misuse problems- a comparative review from a human and civil rights perspective
Single study	Community Treatment Orders (CTOs): A demographic cross-sectional analysis
Single study	Facilitating a transition from compulsory detention of people who use drugs towards voluntary community-based drug dependence treatment and support services in Asia
Single study	Commitment without confinement. Outpatient compulsory care for substance abuse, and severe mental disorder in Sweden
Single study	Incarceration or mandatory treatment: Drug use and the law in the Middle East and North Africa
Single study	Skills training groups for men with ADHD in compulsory care due to substance use disorder: A feasibility study
Single study	Mandatory addiction treatment for people who use drugs: global health and human rights analysis
Single study	[Compulsory abstinence: integrated treatment measure of schizophrenia combined with comorbid substance abuse]
Single study	Client engagement in legally-mandated addiction treatment: A prospective study using self-determination theory
Single study	Perceived coercion to enter treatment among involuntarily and voluntarily admitted patients with substance use disorders
Single study	Desistance mandates compared with treatment mandates in criminal justice populations
Single study	The political and scientific challenges in evaluating compulsory drug treatment centers in Southeast Asia
Single study	Involuntary civil commitment for substance use disorder: Legal precedents and ethical considerations for social workers
Single study	Assessment of an innovative voluntary substance abuse treatment program designed to replace compulsory drug detention centers in Malaysia
Single study	Offenders with substance abuse who receive mandatory psychiatric treatment

Single study	Petitioning for involuntary commitment for chemical dependency by medical services
Single study	Clinical characteristics of poly-drug abuse among heroin dependents and association with other psychopathology in compulsory isolation treatment settings in China
Single study	Substance use disorder and compulsory commitment to care: A care-ethical decision-making framework
Single study	The five-year costs and benefits of extended psychological and psychiatric assessment versus standard intake interview for women with comorbid substance use disorders treated in compulsory care in Sweden
Single study	[The prevention of Korsakoff's syndrome by offering involuntary care?]
Single study	Commentary on Rafful et al. (2018): Unpacking involuntary interventions for people who use drugs
Single study	[Involuntary admission for substance abuse treatment?]
Single study	Compulsory treatment of drug use in Southeast Asian countries
Single study	Coercion in substance use disorders: Clinical course of compulsory admissions in a Swiss psychiatric hospital
Single study	The service-seeking profiles of youth reporting a legal mandate or perceived coercion for substance use treatment
Single study	Civil commitment experiences among opioid users
Single study	Situational social support and relapse: An exploration of compulsory drug abuse treatment effect in China
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Single study	Community treatment orders in Western Switzerland: A retrospective epidemiological study
Single study	[Cannabis use among the drug users with compulsory detained detoxification treatment in China]
Single study	Compulsory and voluntary drug treatment models in China: A need for improved evidence-based policy and practice to reduce the loaded burden of substance use disorders
Single study	Neither ethical nor effective: The false promise of involuntary commitment to address the overdose crisis
Single study	An ethicolegal analysis of involuntary treatment for opioid use disorders
Single study	Factors associated with involuntary admissions: A register-based cross-sectional multicenter study
Single study	Involuntary stabilization care of youth who overdose: A call for evidence- and ethics-informed substance use policy
Single study	Major and trace elements changes of female methamphetamine addicts during six months' compulsory treatment: Biomarkers discovery
Single study	Family members seeking compulsory hospitalization for drug-using members: Profile, expectations and needs
Single study	End compulsory drug treatment in the Asia-Pacific region
Single study	Compulsory drug treatment and rehabilitation, health, and human rights in Asia
Single study	Involuntary psychiatric admission in Cyprus: A descriptive correlational study
Single study	Involuntary civil commitment for substance use disorders in Puerto Rico: Neglected rights violations and implications for legal reform
Single study	Facilitators and barriers to collaboration between drug courts and community-based medication for opioid use disorder providers

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