Addiction's policy on publishing effectiveness studies of involuntary treatment of addiction and its variants

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Addiction has updated its policy on effectiveness evaluations of coercive 'treatment' approaches to addressing drug and alcohol dependence. We will not automatically exclude studies that evaluate the effectiveness of time-limited involuntary treatment of addiction (e.g. 72 hours to 90 days) that occurred under judicial or quasi-judicial oversight. We will have a presumption against publishing effectiveness studies involving the incarceration of people in detention camps for drug use.

Involuntary treatment of addiction is treatment that people who are presumed to experience addiction are forcibly compelled to undergo. They are not given a choice as to whether they receive treatment, and they are not given a choice about the type of treatment that they receive [1].

Such treatment is sometimes justified on grounds that it is in the addicted person's best interests because it prevents them from engaging in dangerous alcohol or other drug use that puts their lives at risk [2,3]. This strong form of paternalism was implemented at the end of the 19th century under legislation in some Australian and US states to provide involuntary treatment in "inebriate asylums" for 6 to 12 months [4]. A modified form of this approach was recently re-introduced in the Australian state of New South Wales (NSW), largely in response to the advocacy of desperate family members [5]. It is also an option that is still legally available in New York State in the USA [6] and in Sweden [7], although not often used. It has recently been advocated for opioid dependent persons who have had an overdose [8]. A second justification is to protect the community from the behaviour of offenders with serious drug problems [1]. This approach has been adopted in the Netherlands and in some NSW prisons [1].

In high income countries that have involuntary treatment in the person's best interests, the process of committal usually occurs after a quasi-judicial process. This is intended to ensure that the person is unwell enough to require involuntary treatment and that the treatment provided will be in their best interests. This type of involuntary treatment tends to involve small numbers of people so its

effectiveness has typically been evaluated by case series rather than randomised controlled trials [9].

A less coercive variant involves people who have been charged with, or convicted of, a drug-related offence receiving the offer of addiction treatment as an alternative to imprisonment. If they accept treatment, they may be able to choose the type of treatment that they receive [1].

Addiction will not automatically exclude studies that evaluate the effectiveness of time-limited involuntary treatment of addiction (e.g. 72 hours to 90 days) that occurred under judicial or quasi-judicial oversight. These studies would need to be conducted by independent researchers who could assess the quality of the treatment provided and its effectiveness. This research would also require good evidence that participants were free to decline to participate in the research and free to report on their drug use without fear of this being disclosed. Research of this sort has been undertaken on involuntary psychiatric treatment of serious mental illnesses, a widespread practice in psychiatry [14,15], with results that have suggested the need for changes in current practice [16].

It should be noted that sentencing people who use drugs to long periods of detention in camps, as is done in China, Laos, and Vietnam, is not involuntary addiction treatment [10]. Indeed, this ethically objectionable practice is not "treatment" in any meaningful sense. It typically involves confining people who use drugs for long periods (e.g. 6 to 24 months) without judicial review and at the behest of the police or military. Detainees are kept in locked camps under the control and supervision of police or military officers; they do not receive any treatment for addiction and are often required to engage in forced labour. They may be physically and psychologically mistreated.

Addiction's editors [10], and international agencies such as UNODC [11] and WHO [12], have condemned these detention camps as an inhumane way to deal with people who have an addiction that violates their civil and human rights.

Addiction has a presumption against publishing effectiveness studies involving the incarceration of people in detention camps for drug use or any study in which participants are not able to give free consent. This editorial decision is intended to place the burden on authors to make a special case for Addiction to review the study. Addiction will not consider papers written by officials who administer detention camps because of doubts about the capacity of 'participants' in these studies to give their free and informed consent to participate in the research. There would also be doubts about the validity of detainees' reports in such studies.

Addiction may consider studies that involve interviews with representative samples of detainees after their release from detention with the aim of characterising their experiences during detention. This type of study could allow detainees to have a voice by describing their experiences while in detention and after their release [13]. We would need to be convinced that the researchers had not been selectively sampled, there was no input from the authorities, and that participants had complete anonymity.

Addiction welcomes comments on its policy which will be subject to periodic review.

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