

Quasi-Coerced Treatment and Treatment of Drug Abuse:

12 Month Outcomes

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The Quasi-Coerced Treatment (QCT) for users of illegal substances is viewed as a form of motivating treatment that is ordered or supervised by the Judicial System.

Users of illegal psychoactive substances, called Drugs, due to the consumption of these substances or associated behaviors, are often targeted for intervention by the Justice and / or Health systems.

The different ways of using these substances such as occasional use, recreational use, or installed dependency, require a comprehensive assessment of the subject and differentiated approaches (preventive, therapeutic, rehabilitation) appropriated to each situation.

In Portugal, Law 30/200 of November 29th decriminalized the individual purchase, possession or consumption of any drug, if amounting to an average of up to 10 days use.

Individual purchase, possession and use remain illegal, but these situations, once they are flagged by law enforcement agents or courts incur in the users routing to be considered and evaluated by a Drug Addiction Dissuasion Commissions (DADC), which propose preventive interventions, treatment or administrative sanctions (offence).

Thus, by removing offenders from the criminal justice context and putting them within an administrative framework it intends to reduce the stigma associated with substance use and to promote preventive interventions, treatment and rehabilitation.

Cultivation, sale and possession of drugs in quantities greater than an average daily consumption of 10 days remain criminalized and subject to prosecution.

The Drug Addiction Dissuasion Commissions comprise a lawyer, a psychologist and technical support. After the indicter's evaluation, context and circumstances of consumption, the Commission issues a decision with the aim of preventing the consumption of drugs and to motivate the beginning of a treatment process.

In 2008 the 22 DADC operating in Portugal made the following decisions:

Temporary suspension of legal proceedings - for treatment: 829 cases

Suspend enforcement of the sentence - for treatment: 102 cases

Periodic presentations to the CDT: 411 cases

Providing free service for the community: three cases

Prohibition of frequency of certain locations: four cases

Other: 11 cases

The authors intend to determine the association between treatment decisions of quasi-coerced treatment and the approach and adherence of drug users to treatment facilities. By QCT measures the authors considered the decisions issued by Lisbon's DADC and the Lisbon's Commission for the Protection of Children and Youth¹ (CPCY), which are non-judicial structures that provide children and families' at risk psychosocial counseling, and may route for treatment when appropriate.

From this study of QCT other measures were excluded such as judicial decisions for treatment or probation, among others.

To this end we evaluated patients at Taipas Center, an Integrated Responses Center, from the Institute on Drugs and Drug Addiction, PI, whose functions are drug prevention, treatment, and rehabilitation and harm reduction.

The study is made on the population of drug users covered by Lisbon's DADC and CPCY's decisions in the years 2007 and 2008 (n = 36) and that were sent to the Detoxification Unit at Taipas Center for treatment.

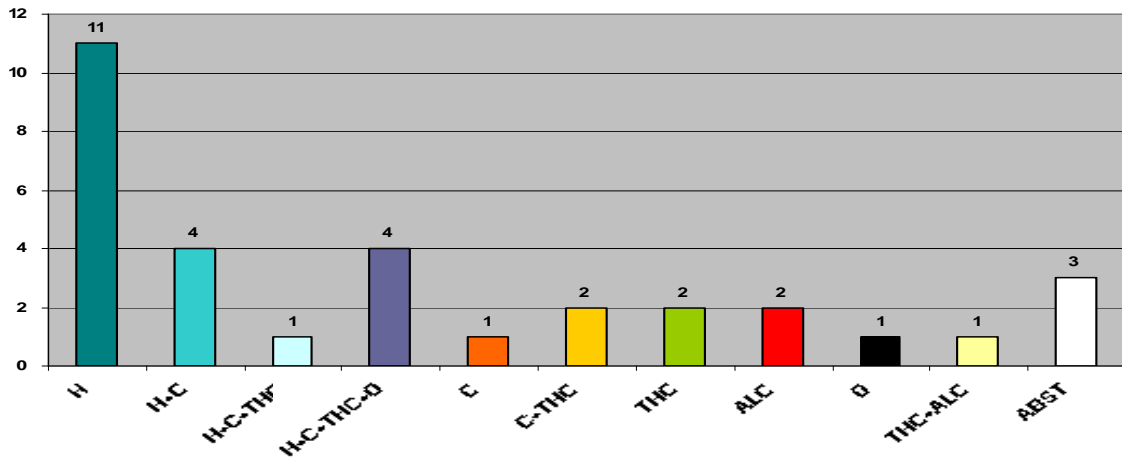
To assess the impact of these measures in this population's evolution, the study was carried out according to the following variables within the 12 months preceding and following the decisions by Lisbon's DADC and CPCY: 1) retention (compliance) with treatment, 2) average monthly consultations, 3) treatments and 4) occupational activity (occupation).

Of the 36 subjects studied, 66.6% had been issued DADC's decisions and 33.3% CPCY's.

¹ DADC have no authority with the population under 16 years of age. When an indicter younger than 16 years is presented to Drug Addiction Dissuasion Commissions by the law enforcement authorities the DADC sends the indicter to the area Commission for the Protection of Children and Youth.

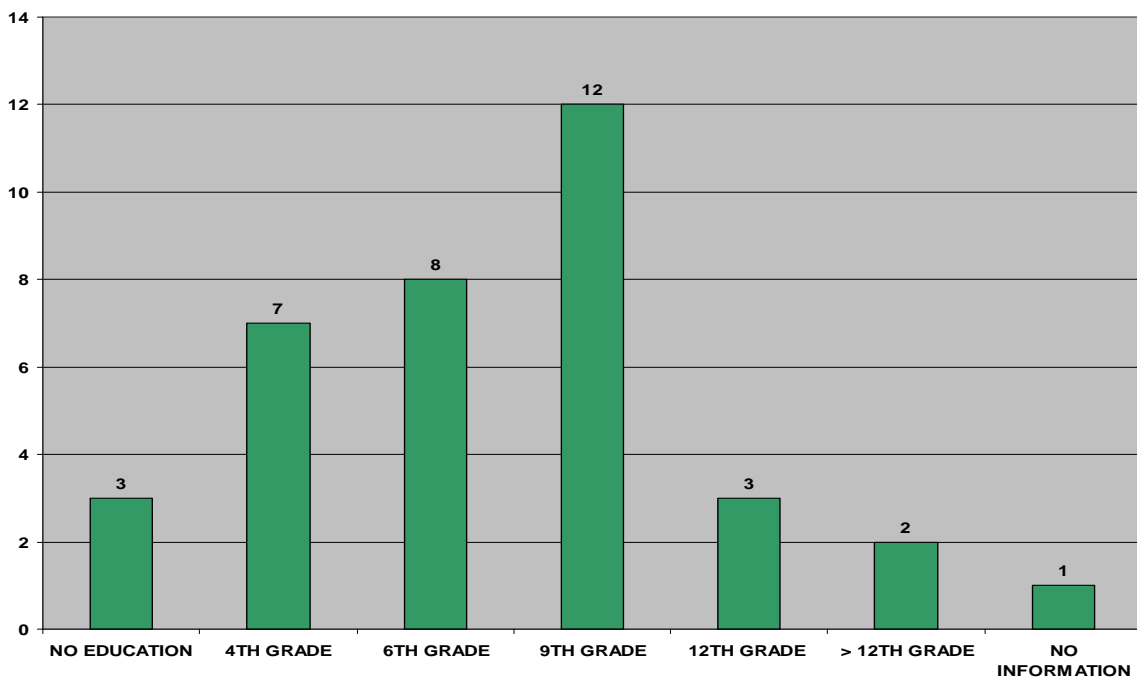
The average age is 32.2 years (MIN = 20 MAX = 52, SD = 8.16), of which 72.2% male and 27.8% females. 55.5% were heroin users (of which 45.5% in combination with cocaine or cannabis), have an average of 9.3 years of schooling, 55.5% live with family or the nuclear family of origin, 38.8% are married or in *de facto* union, 50.0% are single divorced or separated, 22.2% had psychiatric comorbidity (especially depressive disorders, anxiety and bipolar disorder), 27.7% have medical comorbidity (mainly HCV and HIV) and 27.7% have been convicted by a court previously:

SUBSTANCES:

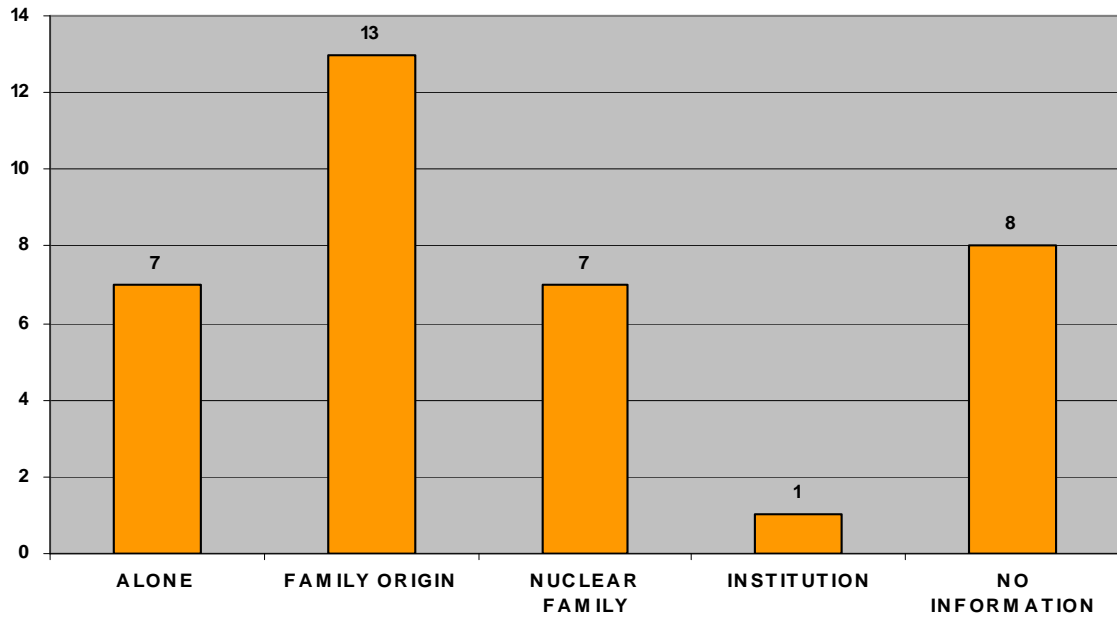


H: Heroin, **C:** Cocaine, **THC:** Cannabis, **O:** Other substances, **ALC:** Alcohol, **ABST:** Abstinente.

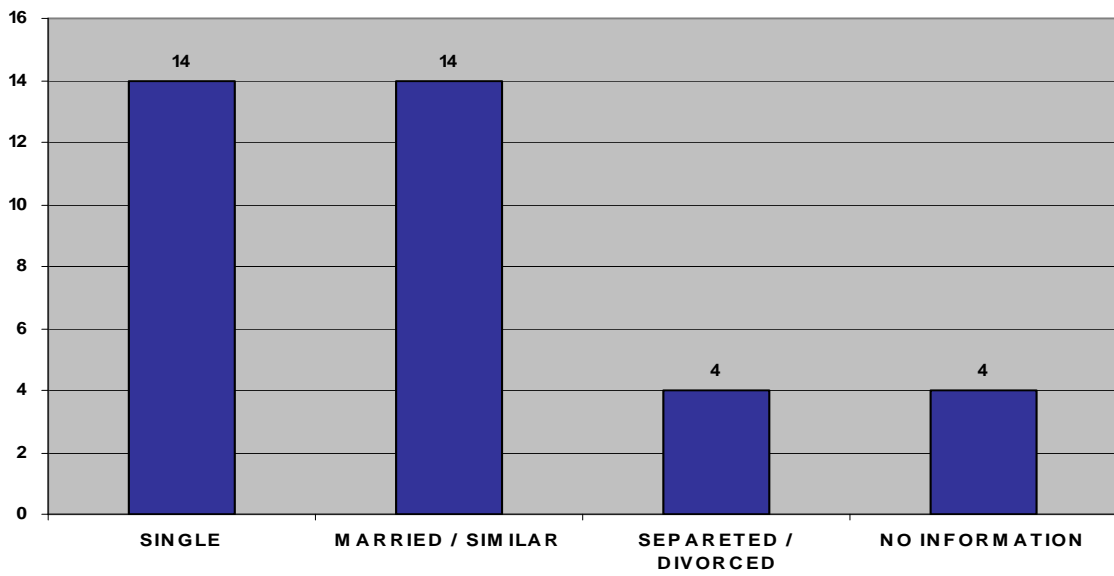
EDUCATION (N=36)



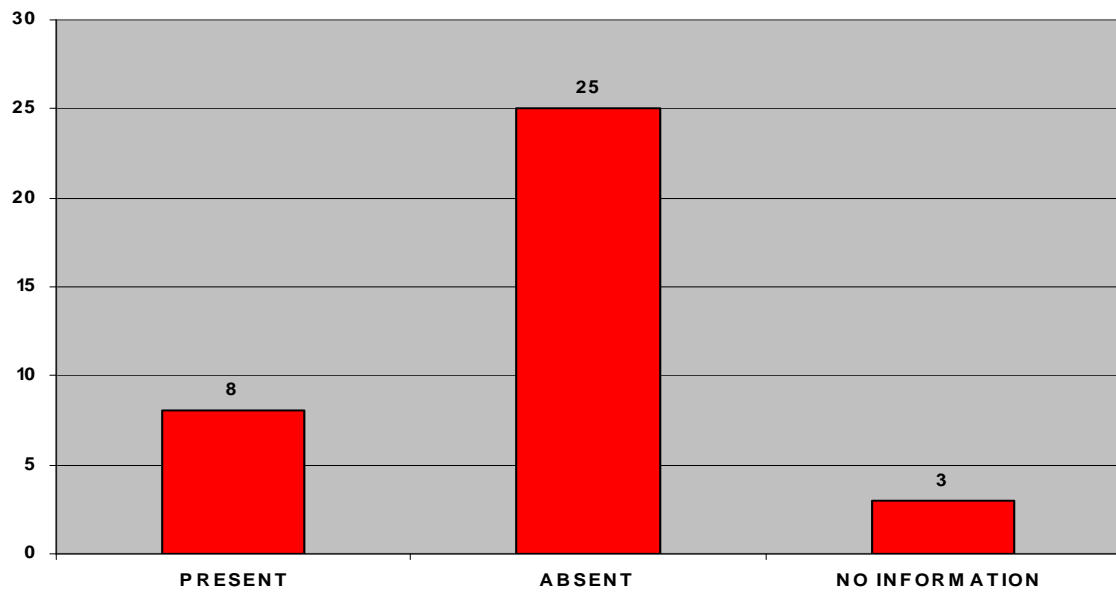
HOUSING



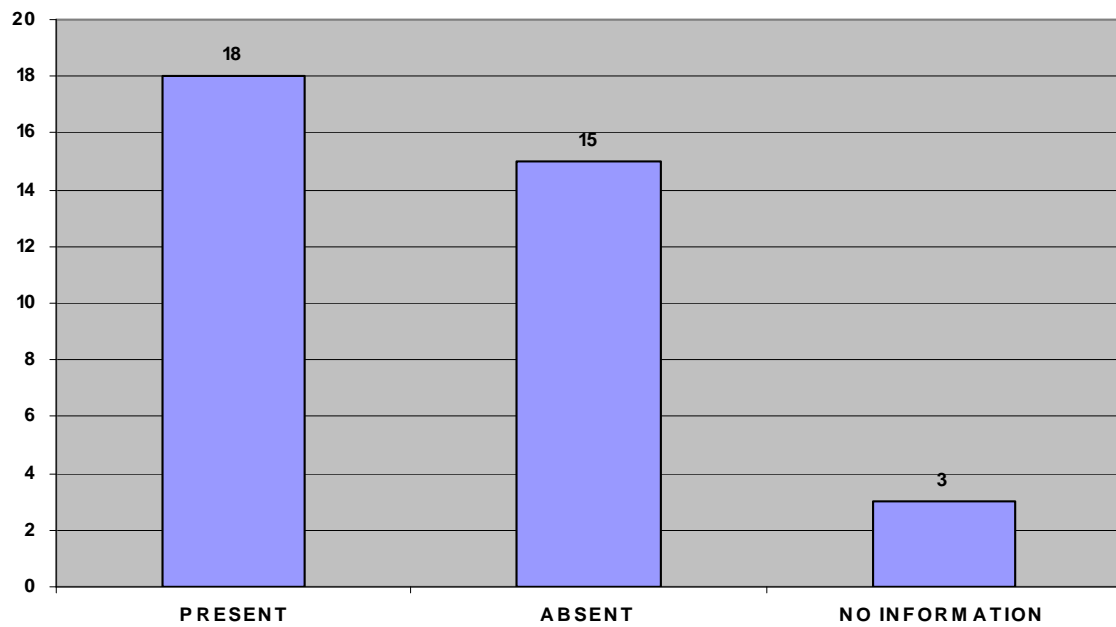
MARITAL STATUS



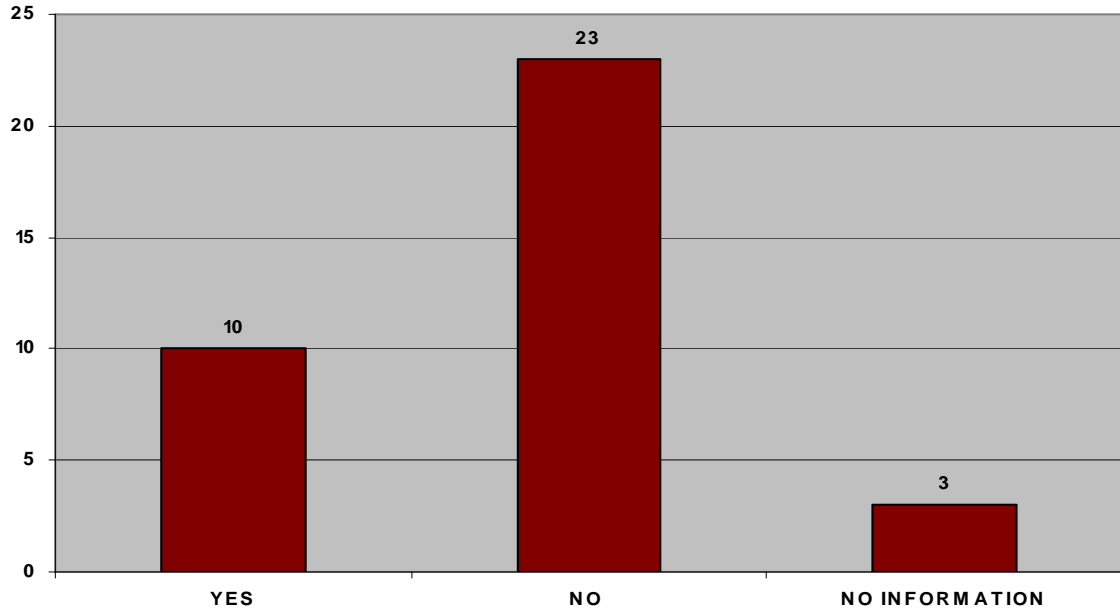
PSYCHIATRIC COMORBIDITY



SOMATIC COMORBIDITY



PRIOR CONVICTIONS

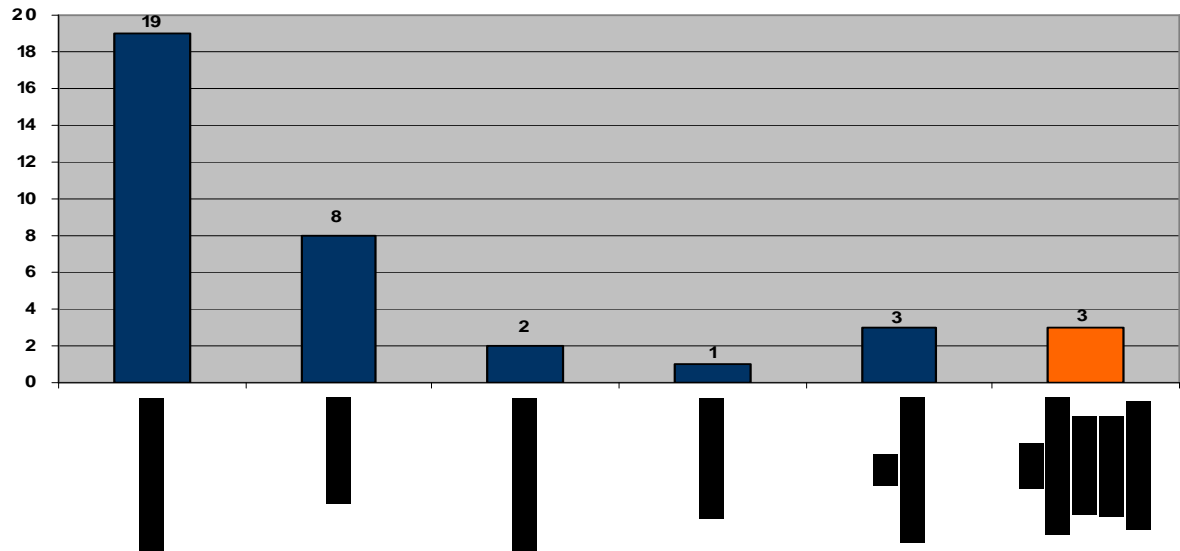


Evolution of the studied variables:

1) Retention in treatment on a 12 months span:

RETENTION

Retention (12 months) = 63,3%



2) Average Monthly Consultations:

CONSULTATIONS (n=32)

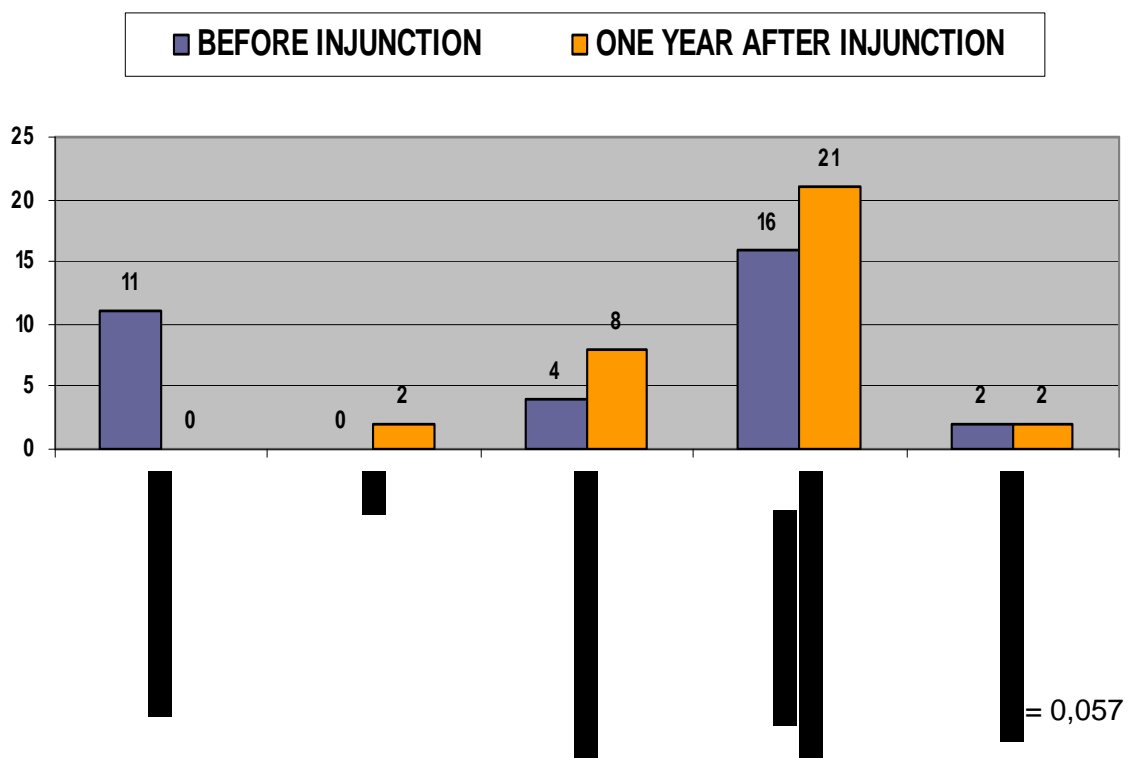
	MEAN*	S.D.	MIN	MAX
MONTHLY CONSULTATIONS: YEAR PREVIOUS TO INJUNCTION	0,63	0,84	0,00	2,7
MONTHLY CONSULTATIONS: YEAR AFTER INJUNCTION	0,71	0,71	0,00	2,85

* (p=0.012)

The average monthly consultations within the twelve months before and after the decision show a significantly statistical increase of consultations the year following the introduction of a decision to treatment.

3) Treatments performed:

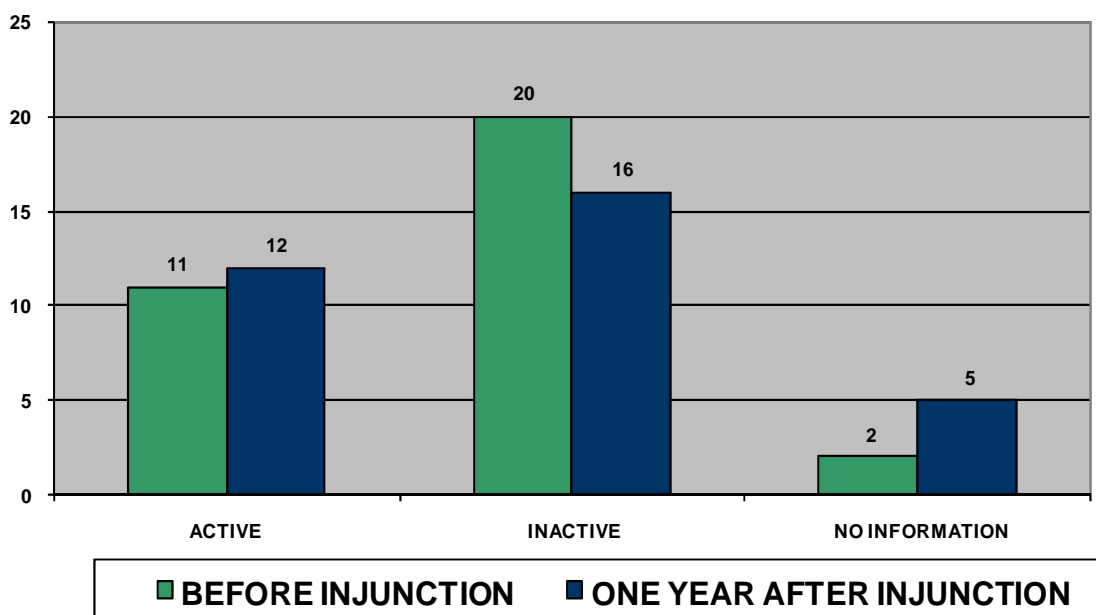
TREATMENTS (n=33)



Analysis of treatments performed in the 12 months preceding and following the introduction of the measure of referral for treatment allows us to observe that 11 cases (45.8%) had not started treatment before the introduction of the measure, and for treatment modalities in Internment Therapeutic Community (TC), Psychotherapy in Ambulatory (Outpatient Care) and Psychotherapy Clinic in concomitant Pharmacological Treatment (Outpatient Care Medication +), increased the number of subjects in each of these treatment modalities after the introduction of the measure.

4) Occupation:

OCCUPATION (n=33)



Analysis of the evolution of the occupation, regarded here as employment or vocational training in the 12 months before and after the measurement, shows an increase in the number of individuals with occupancy and a decrease in the number of unemployed in the 12 months following the introduction of the measure.

Conclusions:

In a population of users of a Drug Treatment Center subject to referral measures to treatment, results in the evolution of the studied variables (retention in treatment, average monthly consultations, treatments and occupation), show that the monthly

average consultation in the period of 12 months after routing increases significantly in comparison with the period of 12 months preceding the measure.

Similarly, it is observed that treatment starts after the decision routing for treatment, patient increase in several treatment modalities, and reduction in unemployed patients within the period of 12 months after the introduction of the decision routing for treatment, in comparison with the 12 months prior to the measure.

Thus, the study showed an association between measures of QCT (as used by the authors, i.e., decisions issued by a DADC or CPCY, according to the Portuguese Decriminalization Law) and the increase in the average frequency of consultation, resulting in the start of treatment by drug users who do not, otherwise, pursue any initiative to search for a therapeutic intervention prior to the decision and/or strengthening the consultation frequency for patients who were already in treatment.