

# Detention-Based Services for People who use Drugs

Globally over the past decade there has been increased advocacy for compulsory treatment services targeted at people who use drugs (PWUD), including involuntary admission to hospital, drug courts, and community treatment orders. Proposed factors for this trend include increasing frustrations with a lack of comprehensive addictions treatment systems and perceived efficacy of shorter-term outcomes (e.g. crime and abstinence).<sup>1, 2</sup>

## Compulsory treatment services do not address illicit drug toxicity that is driving overdose deaths

Illicit drug toxicity continues to drive the overdose public health emergency. Substance Use Disorders (SUD) are chronic, long-term, and can often be relapsing conditions. Many people who use illicit drugs and are at risk of overdose do not meet the diagnostic criteria for SUD. Following compulsory treatment, many patients may struggle to adhere to treatment plans, returning to the toxic illicit drug supply where they remain vulnerable to overdose. In order to significantly reduce overdose deaths, the overdose public health emergency requires an approach that centers decriminalization of substance use and access to safer pharmaceutical alternatives to the toxic drug supply alongside efforts to improve the addictions system of care.<sup>3, 4, 5</sup>

## Lack of evidence that these services are effective

There is little to no evidence to support compulsory treatment for SUD in general, and for youth in particular. Reviews of the evidence of compulsory treatment for PWUD demonstrate the lack of efficacy of these services, potential for human rights violations through the use of these policies, and ethical practice implications.<sup>6, 7, 8</sup> Although involuntary hospitalization may result in an immediate cessation of use, if the patient does not have an internal motivation to seek treatment, drug use is likely to continue in the long-term.<sup>6</sup> Specifically, involuntary hospitalization has not been found to improve outcomes among youth for substance use during or following treatment.<sup>9</sup>

## Detention may result in harm post-release, including increased risk of overdose

Among adults, compulsory treatment is associated with relapse, higher levels of mental duress, homelessness, and overdose.<sup>10, 11, 12</sup> The immediate cessation of substance use associated with an involuntary hospitalization may result in a loss of tolerance and increased risk of overdose post-release. In addition to health impacts, short-term detention for people who use substances may cause loss of income, housing, or employment.<sup>13</sup> These harms occur in the context of known gaps in the existing system of care for PWUD which could exacerbate these risks, including existing challenges in accessing voluntary substance use services.<sup>14</sup>

## Involuntary hospitalization may reduce the likelihood that PWUD will seek healthcare

Involuntary hospitalization after an overdose may dissuade adults or youth from calling 911 or seeking emergency care for overdose, which could have life-threatening consequences. Many youth and adults who use substances experience stigma and discrimination when accessing healthcare for mental health and substance use-related issues.<sup>15</sup> Involuntary detention because of substance use may further discourage this already vulnerable population from accessing life-saving care in the future for fear of re-traumatization in the healthcare system.<sup>16</sup> This effect is likely to be disproportionate for Indigenous peoples who use drugs, as the practices of confinement associated with involuntary hospitalization may conjure negative associations with child protective services, the justice system, and/or intergenerational trauma associated with the residential school system<sup>17</sup>; however, more research is needed on specific needs of Black, Indigenous, and People of Colour (BIPOC) populations.<sup>18</sup>

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## Detention-based services are contrary to best public health practices in BC

1. **Trauma and violence informed practice** - Compulsory treatment removes choice and can be re-traumatizing, especially given the intersecting lived experiences of many youth and adults at risk of overdose for whom choice and agency has been removed in the past, including through experiences of homelessness, poverty, childhood trauma, and the child welfare system. [EQUIP Health Care](#), a partnership between University of British Columbia (UBC), Western University, and the University of Northern BC (UNBC), has developed numerous publications and resources that support equity-oriented approaches to health care service delivery and trauma and violence informed care. EQUIP's research supports providing evidence-based treatment using the least restrictive means possible while restoring patient agency and choice in health care.<sup>19</sup> The BC Representative for Children and Youth also released a report raising concerns over the harms of detention-based services for youth, calling for strong procedural safeguards to ensure that involuntary detention is applied judiciously and only to the extent that is required.<sup>20</sup>
2. **Cultural safety** - Indigenous peoples are over represented among PWUD and among those impacted by the overdose crisis. Compulsory treatment, and involuntary hospitalization in particular, imposes health care practices that reinforce experiences of colonization among Indigenous peoples. This can potentially re-traumatize and increase distrust of social and health care services among Indigenous peoples, families and communities. This sentiment is connected to the broader [anti-Indigenous racism investigation](#) within BC Health Authorities.
3. **Harm reduction** - Compulsory treatment prohibits PWUD from consenting and making choices related to engagement with health care. PWUD who are not provided a choice in their treatment, and who do not yet express an internal motivation to stop or reduce use, are less likely to adhere to compulsory treatments. BC public health harm reduction guidelines support provision of harm reduction services and respect for the autonomy of people who use drugs engaged in substance use.<sup>21</sup>
4. **Public Health Ethics** - There has been limited engagement of public health ethicists on the topic of detention-based services for people who use substances. Robust analysis and stakeholder engagement is needed. Current ethical analysis raises concern over detention-based services for children and youth, calls for adequate funding and prompt actions to provide people who use substances with evidence-based care using the least restrictive means possible, and outlines the potential for unevenly distributed consequences of detention-based services on marginalized communities.<sup>22, 23</sup>

## Summary

There is a lack of evidence in support of compulsory substance use treatment, including involuntary hospitalization for PWUD, and evidence that compulsory treatment is associated with increased risks of harms to marginalized populations.

## Links

[www.bcmhsus.ca/health-professionals/clinical-professional-resources/trauma-informed-practice](http://www.bcmhsus.ca/health-professionals/clinical-professional-resources/trauma-informed-practice)

[www.equiphealthcare.ca/publications/](http://www.equiphealthcare.ca/publications/)

[www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf](http://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf)

[www.engage.gov.bc.ca/addressingracism/](http://www.engage.gov.bc.ca/addressingracism/)

[www.bccdc.ca/health-professionals/clinical-resources/harm-reduction](http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction)

[www.cmaj.ca/content/ethical-perspective-use-secure-care-youth-severe-substance-use](http://www.cmaj.ca/content/ethical-perspective-use-secure-care-youth-severe-substance-use)

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