

EDITORIAL

Civil Commitment to Treatment for Substance Use Disorders

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Compulsory commitment to treatment (CCT) for adult persons with substance use disorders or other addiction problems is a common legislative option worldwide. CCT refers to a legal requirement where individuals experiencing certain problems must undergo placement in care or treatment. This means they do not have the legal option to refuse or opt out of the treatment program. The scopes of national laws of CCT differs by country. CCT's scopes may focus on to shield society from the disturbances caused by individuals grappling with substance use issues or offer support and protection to these individuals, addressing their exacerbated health or social challenges.

Laws governing CCT can fall under two legal categories: criminal legislation or public legislation. Public legislation can further be divided into mental health law and social (or special) legislation. These three types of laws on CCT are designed to handle distinct scenarios related to substance dependence or misuse issues. As a result, the choice of law may reflect variations in a nation's approach to addressing substance-related problems within its society (Israelsson et al., 2015). Globally, mandatory treatment models can be classified into five broad categories, as outlined by Young in 2019. These categories are respectfully;

1. Court-mandated treatment
2. Drug courts
3. Compulsory prison-based treatment
4. Civil commitment
5. Centre-based compulsory rehabilitation

In the context of substance use and addiction, civilian referral pertains to a legal procedure where an individual with substance use or addiction issues is placed involuntarily into a treatment facility or program. This course of action is typically taken when

the person's problems pose a substantial risk to their own safety or the safety of others. The specifics of civilian referral laws differ across jurisdictions, leading to variations in procedures and criteria.

Civil commitment for addiction stands as a separate entity from involuntary commitment for mental illness and legally mandated treatment within the criminal justice system, as observed in drug courts. It is essential to recognize that many patients subject to involuntary commitment often experience both addiction and mental illness simultaneously. Psychiatrists are well aware of this co-occurrence in their practice. (Geppert, 2022)

Till 2022 the inpatient treatment of individuals with substance use problems whose commitment decision has been given by the Civil Court of Peace pursuant to Article 432 of the Turkish Civil Law is actually carried out in closed psychiatry clinics, not in Alcohol and Drug Addiction Research, Treatment and Education Center (AMATEM). After the court decision, the Public Health Department and the Provincial Police Department are contacted and the patient is transferred to the treatment units. However, with the latest regulation of Turkish Health Ministry, there are specialized treatment centers of AMATEM in Adana, Samsun, Elazığ, Tekirdağ and Kayseri provinces where treatment for civil commitment decisions will be made. It seems that some of the AMATEM's will be provided to serve in this way by making new arrangements in response to the increasing need.

Legal criteria for civil commitment decisions have been studied worldwide. Among the most significant criteria groups are: the potential danger posed to oneself or others, involvement in substance-related criminal activities, the presence of substance use disorders (such as dependence or harmful use),

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co-existing physical or mental health issues, acute incapacity resulting from intoxication, lack of suitable voluntary care options, potential harmful use of drugs or alcohol, misuse during pregnancy.

In the realm of social law on CCT, the ethical rationale often leans towards paternalism, wherein authorities make decisions without consent in the best interest of individuals based on their perceived "need for care," aiming to shield them from more severe health or social problems. The preventive rationale in social law on CCT is also frequently employed (Israelsson et al., 2015).

The question of who can initiate civil commitment has been examined in various studies. In most cases, the initiation can be carried out by medical officers or doctors, close relatives, social welfare officers, police officers, the individuals themselves, friends, public prosecutors, business partners or co-workers, and any other person in close relation to the person being committed. If we consider a broader category, health and welfare services are primarily responsible for initiating such proceedings.

In the context of Mental Health Law on CCT, the primary basis revolves around a presumptive or preventive rationale. Decisions regarding care or treatment are made based on what would be considered in line with the person's best interests if they had the capacity to decide for themselves, or they may be taken as a precaution to prevent harm or danger to themselves and others. However, in Turkey, the Mental Health Law is still in the proposal stage and has not been officially enacted. This situation has significant implications, affecting various groups, including clinicians, patients, and caregivers, who must shoulder major responsibilities due to the absence of specific mental health legislation. The current clinical practice is heavily influenced by cultural factors, such as attitudes of caregivers towards individuals with mental illness and the available family resources. Despite the lack of specific mental health legislation, the Ministry of Health

(Bill of Law no: 2 / 5039) has implemented a mental health action plan prioritizing the finalization of the Mental Health Law. The proposal is currently awaiting discussion in Parliament (TBMM, 2023).

Studies have shown that predictors of substance abuse treatment retention are similar for both compulsory and voluntary treatments. Interestingly, perceived medical pressure holds greater importance in retaining patients in compulsory treatments, compared to the commonly assumed significance of legal pressure (Schaub, 2011). However, it is worth noting that research on mandatory treatments has typically considered them as a unified category. To gain a deeper understanding, there is a need for studies and regulations specifically evaluating the impact of civil coercion in the long-term treatment of substance use disorders.

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