Room, R., Storbjörk, J. & Laslett, A.-M. (2020) Taking account of third parties in the path to treatment, *Sucht* 66(2): 115–117.

Taking account of third parties in the path to treatment

Robin Room[1,2], Jessica Storbjörk[2] and Anne-Marie Laslett[1,3]

[1] Centre for Alcohol Policy Research, La Trobe University, Bundoora, Victoria 3086, Australia

[2] Centre for Social Research on Alcohol and Drugs, Department of Public Health Sciences, Stockholm University, Stockholm, 106 91, Sweden

[3] National Drug Research Institute, Curtin University, Bentley, WA 6102, Australia

Mellor and Ritter (2020) discuss the alcohol "treatment gap" and the various ways it has been defined and solved. They focus on the drinker, the potential treatment provider and their interaction, arguing that the literature's emphasis on "need for treatment" should be replaced by an emphasis on treatment "demand".

We welcome the novel approach of synthesising the literatures on untreated remission and treatment gaps. While we agree with the direction of the analysis, we suggest that there is another literature to be integrated – that of social control and coercion into treatment, expanding the focus beyond the drinker and the treatment provider. Often there is a third party, or set of parties, to the potential transaction – informal actors like a family member, or formal actors such as a workplace supervisor, a child protection or other welfare worker, or a criminal court official. What is diagnosed and characterised as a condition within the drinker has broader ramifications in the drinker's social and behavioural interactions with others. The harm from drinking is also to others around the drinker – though this has tended to be obscured by psychiatric diagnostic systems (Room & Rehm, 2019).

Treatment entry is thus influenced by others around the drinker. Survey responses from the US general adult population indicate that "few people enter treatment … without having been pressured by family or friends about their drinking" (Room, 1989). In a sample of those entering alcohol or drug treatment in California, 27% agreed with the statement that "children, family members and/or friends gave me an ultimatum". In an equivalent sample in Stockholm County, Sweden, 34% agreed "totally" with the statement, "Someone I care about said I had to come if we were going to stay connected" (Stenius et al., 2010). Swedish respondents who stated that they chose to enter treatment were, if anything, more likely than others to also agree that they had experienced pressures from significant others to do so (Storbjörk, 2012). An unreported finding in 1970s studies of the San Francisco treatment system by Constance Weisner and Ron Roizen was of a "vouching function" for treatment: a main goal of new clients was that treatment staff call a family member to assure them that the client was back to normal.

Apart from interpersonal pressure to seek treatment, there is also the more formal level of coercion to treatment. This may take the form of civil commitment, as in Sweden, where in 2000 about 350 cases were in compulsory treatment for problematic alcohol use (Palm & Stenius, 2002) – a number which has remained fairly stable. In English-speaking countries, the coercion these days is mostly a little less up-front, and thus less legally challengeable: an employer threatening job loss if the employee doesn't accept treatment; a social worker threatening removal of a child unless the parent goes to treatment; a court magistrate threatening imprisonment if the defendant does not enter a therapeutic community. Clients referred to treatment by coercive options often take precedence over more voluntary clients – another factor to consider in estimating treatment demand. For instance, Weisner and Schmidt (1995) found that new provisions mandating treatment for those arrested for drink-driving changed the client mix of public alcohol treatment services in a California county, with "more coerced clients on referrals from criminal justice and fewer welfare referrals". The Stockholm County study found that both informal and formal pressures to enter treatment are associated with poorer treatment outcomes among alcohol users (Storbjörk, 2012). With housing or financial assistance often conditioned on treatment participation, a substantial share of those in treatment, counted as having their treatment demand filled, do not want to be there.

Mellor and Ritter (2020) conclude that treatment system planning should "prioritise unmet demand for treatment (rather than the 'need' for treatment)" with treatment planning models such as the Drug and Alcohol Service Planning Model (DASPM; Ritter et al., 2019), citing its recent application in the Australian Northern Territory (Stephens et al., 2019, pp. 33-46). However, the estimate of demand in the DASPM still starts from figures derived from answers to population survey questions based on diagnostic criteria. While the estimate is then modified to take account of factors like untreated remissions, it takes no account of third-party influences on treatment demand. This is particularly an issue in the Northern Territory, where Aboriginal Australians are 26% of the adult population but 88% of cases in treatment (Stephens et al., 2019), and there is a history of coercive policies primarily aimed at Aboriginal drinking (d'Abbs, 2017).

More generally, it seems to us that estimates of "treatment demand" need to take into direct account the influences of third parties in the path to alcohol treatment.

ACKNOWLEDGEMENTS

Thanks to Constance Weisner for her comments on our draft. The authors have no competing interests to declare.

REFERENCES

d'Abbs, P. (2017). Alcohol policy in the Northern Territory: toward a critique and refocusing. Submission to the Northern Territory Alcohol Policies and Legislation Review. https://alcoholreview.nt.gov.au/__data/assets/pdf_file/0011/436916/dAbbs,-Peter-Submission.pdf (accessed 9 February, 2020)

Mellor, R. & Ritter, A. (2020) Redressing responses to the treatment gap for people with alcohol problems. *Sucht* 66:21-30.

Palm, J. & Stenius, K. (2002) Sweden: integrated compulsory treatment. *European Addiction Research* 8(2):69-77.

Ritter, A., Gomez, M. & Chalmers, J. (2019) Measuring unmet demand for alcohol and other drug treatment: the application of an Australian population based planning model. *Journal of Studies on Alcohol and Drugs*, Suppl. S18: 22-30.

Room, R. (1989) The U.S. general population's experiences with responses to alcohol problems. *British Journal of Addiction* 84:1291-1304.

Room, R. & Rehm, J. (2019) Commentary on Degenhardt et al. (2019): Harm to others matters in substance use disorders, and so does discordance between the diagnostic systems. *Addiction* 114(3):553-554.

Stenius, K., Witbrodt, J., Engdahl, B. & Weisner, C. (2010) For the marginalized or for the integrated? A comparative study of addiction treatment systems in Sweden and the United States. *Contemporary Drug Problems 37*(3): 417-448.

Stephens, D., Clifford, S., Mellor, R., van de Ven, K., Ritter, A., Smith, J.A., d'Abbs, P., Stevens, M., Dyall, D. & Christie, B., eds. (2019) *Demand Study for Alcohol Treatment Services in the Northern Territory*. Darwin: Menzies School of Health Research. https://alcoholreform.nt.gov.au/__data/assets/pdf_file/0008/703268/demand-study-report-2019.pdf (accessed 9 February, 2020)

Storbjörk, J. (2012) On the significance of social control: Treatment-entry pressures, self-choice and alcohol and drug dependence criteria one year after treatment. *International Journal of Social Welfare 21*(2): 160-173.

Weisner, C. & Schmidt, L. (1995) The Community Epidemiology Laboratory: studying alcohol problems in community and agency-based populations. *Addiction 90*(3): 329-341.