

Requirements for safely implementing mandatory alcohol treatment: A new review of evidence reports

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A new report published online today by Menzies School of Health Research (Menzies), outlines the requirements for an evidence-informed model of mandatory alcohol treatment, and provides guidance for a local context.

It highlights mandatory treatment is not an appropriate measure to address public intoxication, though a well-designed and implemented model of treatment may provide some benefit to a small population of people who are clinically diagnosed with alcohol dependence.

In order to ensure effectiveness and safety, the report shares that the program would need to be in line with the international evidence. Mandatory treatment involves the removal of a person's liberty, and therefore the evidence justifies the use of this method only in lifesaving circumstances, where voluntary treatment has not been effective.

Importantly, it also notes that mandatory treatment is not a cost saving measure, with the expense of mandatory treatment being between three and ten times more costly, but no more effective, than voluntary treatment.

A version of mandatory alcohol treatment was last seen in the Northern Territory (NT) in 2017. This program focused on mandating treatment for repeated public intoxication, rather than as a last resort measure. The evaluation found little difference in outcomes for people who went to mandatory alcohol treatment compared to those who didn't.

The report highlights that, if mandatory alcohol treatment was to be reintroduced in the NT, significant changes from the previous model would need to be implemented.

As the NT has the highest proportion of Aboriginal and Torres Strait Islander people, relative to its total population, it's important that additional ethical concerns in the context of colonisation and history of institutionalisation, are considered as part of any treatment model.

Any model of treatment would need to be co-designed with Aboriginal and Torres Strait Islander experts emphasising bi-cultural care models as a priority.

The report also indicated this treatment should only be used for people with severe alcohol dependence, in lifesaving circumstances, whose ability to make decisions about engaging in treatment is impaired.

This review was funded by NT Health, and undertaken by leading researchers in the field from Menzies, La Trobe University's Centre for Alcohol Policy Research and the University of New South Wales' Drug Policy Modelling Program.

The full report, titled: [Mandatory Alcohol Treatment: discussion paper](#), can be read online.

Quotes attributable to senior author of the report, researcher from Menzies School of Health Research, [Dr Cassandra Wright](#):

“Research shows that mandatory treatment has benefits limited in scope and is costly to deliver. It is vital that governments carefully consider the nature of problems being experienced and use the wealth of evidence available to match measures that help keep Territorians safe.”

Quotes attributable to lead author of the report, researcher from Menzies School of Health Research, [Sarah Clifford](#):

“Mandatory alcohol treatment can be appropriate for a very small cohort of people who are at risk of death or serious disability, but should not be considered as an intervention for other alcohol-related behaviors or harms.”

Quotes attributable to author of the report, researcher from the Drug Policy Modelling Program at University of New South Wales, Prof Alison Ritter:

“Alcohol treatment can be life-saving; improving access to voluntary treatment is the best investment a government can make.

“Alcohol dependence is a chronic, relapsing health condition – we need to make sure we have multiple voluntary treatments available for people over a long period of time. One-off mandatory treatment is expensive and does not produce any added benefits to voluntary treatment.”

Quotes attributable to author of the report, researcher from the Drug Policy Modelling Program at University of New South Wales, Keelin O’Reilly:

“Voluntary alcohol treatment should be available for people who need it, when they seek it. Mandatory alcohol treatment is expensive, and should only be used for people experiencing life-threatening harms from their alcohol dependence.”

Quotes attributable to author of the report, researcher from the Drug Policy Modelling Program at University of New South Wales, Prof Kylie Lee:

“It is a dilemma to deliver mandatory alcohol treatment in a way that can empower people with severe alcohol dependence, and their support people. But like voluntary alcohol treatment, a bicultural care approach is needed when delivering a last resort option like mandatory alcohol treatment.”

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Menzies School of Health Research

Menzies is one of Australia’s leading medical research institutes dedicated to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples, and a leader in global and tropical health research. Menzies continues to translate research into effective partnerships and programs in communities across Australia and the Asia-Pacific region.