

Abstract

Background: Quasi-coercive addiction treatment stands between involuntary (protective) treatment and treatment into which the client enters based on their own decision. This area involves a third party, such as a supervisory body that has mandated or recommended the treatment for the client, which can encompass various types of treatment. This aspect can influence the treatment process itself and place additional demands on the service provider.

Objectives: The goal of this study is to describe the treatment process of clients in outpatient addiction services who enter treatment upon the recommendation of a supervisory body. A subsidiary goal is to describe any specifics in the treatment process of these clients and to map out the processes of cooperation with the institutions that recommended the treatment.

Methods: Data collection was carried out through qualitative research using semi-structured interviews. The interviews were recorded and then transcribed verbatim. The method of pattern capturing was used to process the transcribed data. Key excerpts illustrating the most significant themes were presented. The interviews were conducted with 10 respondents.

Results: The results showed that there is not a significant difference compared to the treatment process of clients who enter the service voluntarily; emphasis is placed on establishing a confidential relationship and working with motivation. Low client motivation at the start of treatment can be an obstacle but also a challenge for the treatment process. Facilities approach this in various ways. Communication with the third party most often takes place based on the client's waiver of confidentiality, both formally and informally. Cooperation with the third party was generally evaluated positively by the respondents, although they agreed that it depends on the specific person they are in contact with. Respondents identified the lack of a coherent system of services and systemic settings for the entire service continuum as problematic, which would undoubtedly positively influence the success of the treatment.

Conclusion: Despite its limitations, the research highlighted the different approaches and procedures of individual facilities and identified several problematic areas that should be addressed systematically in the future. As a basis for addressing systemic issues, it is recommended to conduct research focused on the functional components of treatment for "involuntary" clients. It would also be beneficial to map the processes in individual facilities, focus on functional mechanisms, and incorporate these into methodological recommendations for general procedures in outpatient treatment. Overall, it would be appropriate for policymakers, based on open discussion and mutual cooperation, to set functional parameters and conditions to ensure that client treatment occurs in a space where the various modalities are connected, not only linearly (in sequence) but also in parallel, complementing each other.

Keywords: addiction; addictive substances; quasi-compulsory treatment; outpatient treatment; addiction services