HB 499 - Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Modification

http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=HB0499&stab=01&pid=billpage&tab=subject3&ys=2018RS

Letter of Information

House Health and Government Operations Committee

February 27, 2018

Letter of Information on Senate Bill 527 on behalf of the Maryland-DC Society of Addiction Medicine, a professional society of physicians and associated health professionals in the field of addiction medicine; a chapter of the American Society of Addiction Medicine

The Maryland/DC chapter of the American Society of Addiction Medicine (MDDCSAM) represents physicians and associated healthcare professionals from different disciplines, including internal medicine, family medicine, emergency medicine, psychiatry, pharmacy, and nursing with expertise in addiction medicine. Our goals are to diagnose, treat, and advocate for people with the chronic disease of addiction and its related problems.

As such, we hear the frustration, despair, and fear from family members trying to help their loved ones who struggle with substance use disorders. As opioid-related overdoses continue to increase in Maryland, families dealing with addiction live with constant worry and stress that a phone call or a knock at the door may bear tragic news. Losing loved ones to heroin or fentanyl brings unimaginable grief and loss.

As addiction treatment professionals, we experience some of those feelings of frustration and fear ourselves when patients are unable to stop using or relapse despite our best efforts at helping them. While our grief is nowhere near the depth or intensity as that of family members, we mourn the loss of patients to this disease and wonder if we could have done something better or different to change the outcome.

So we understand the impetus behind HB 499 which would expand Maryland's existing involuntary civil commitment law to young adults having experienced an overdose. We respectfully submit the following information as lawmakers weigh this and any similar bills.

First, the bill language indicates that a petition for emergency evaluation and involuntary admission could apply to an individual who "has experienced an overdose". This language currently would apply to an extremely broad group of people, even perhaps those who no longer meet the diagnostic criteria for an active substance use disorder but are in remission.

Second, a number of states across the country have involuntary commitment to addiction treatment laws, as do several countries. In the US, state laws vary in terms of who can petition the court, how long the commitment is for, and the ease with which a commitment is approved. Most state laws set extremely high bars for considering who is eligible for involuntary commitment due to a substance use disorder. Another common feature includes

the requirement for two physicians to evaluate the individual prior to commitment, one of whom is a physician of the treatment facility where the person is to receive care.

Unfortunately, little evidence exists as to the effectiveness of these laws. One study from Norway compared levels of mental distress between people voluntarily or involuntarily admitted to inpatient addiction treatment for 3 months. At a 6 month follow up, levels of mental distress among the group involuntarily committed to treatment had deteriorated to levels assessed before treatment (Pasareanu AR et al. BMC Health Serv Res, Jan 2017).

Advocates and opponents alike of involuntary commitment laws for addiction treatment note that the biggest factor impacting implementation is treatment capacity. Without adequate treatment capacity, experts such as Dr. Marvin Seppala from Hazelden Betty Ford note that "holding people against their will is not justifiable if the treatment they receive is ineffective." States such as Massachusetts have made headlines for individuals being committed to facilities converted from prisons where men arrive in handcuffs and stay in small, cell-like rooms (see attached). Washington State, alternatively, opened 9 new secure treatment facilities with 144 beds. Nationally, addiction treatment experts have expressed concern that involuntary commitment to opioid use disorder treatment may not include access to evidence based treatment including all three FDA-approved medications (methadone, buprenorphine, and injectable naltrexone).

Finally, according to the Maryland Behavioral Health Administration, between 48,000 and 76,000 Marylanders age 12 or older need opioid use disorder treatment. That does not include the much larger numbers of people across the state in need of treatment for alcohol use disorder, a condition that overall kills more individuals than even opioids. Given that residential treatment for a substance use disorder costs, on average, between $230 to $400 per day per individual (depending on the level of care), a 10 day confinement period would cost between $2,300 and $4,000 per individual. There is no guarantee that even with insurance that this care would be covered. While there is no price for a lost life, there may be less intrusive, less costly and more effective ways of reducing harm and engaging people in care than through involuntary commitment.

We stand ready to discuss these options and the topic of involuntary commitment with you or any member of the committee.

****

301.921.4300 x205 I mddcsam.org I info@mddcsam.org