Maryland-DC Society of Addiction Medicine
A Chapter of American Society of Addiction Medicine

House Bill 29. Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Substance Use Disorder. Health and Government Operations. February 2, 2021

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The evidence indicates that, unfortunately, efforts to coerce a person with substance use disorder (SUD) into treatment, even when their actions pose a danger to life, **is more likely to harm than help** and may paradoxically increase the risk of fatal overdose.

The desire to help a loved one this way is completely understandable. Due to the nature of SUD, people affected often do not feel ready or willing to seek treatment voluntarily at a given point in time.

The requirement for involuntary commitment, requires an opinion that the individual needs inpatient care or treatment, and that they present a danger to the life or safety of themselves or others. Unlike the case with mental disorders, these requirements **can be applied far too broadly to people with SUD** because, almost by definition, SUD entails risks of overdose death. Any illicit substance could be adulterated with fentanyl, and many health providers could apply these requirements to almost anyone with an SUD, with the best of intentions.

Despite calls to move away from criminal justice and toward a public health approach to the crisis, this well-intentioned shift carries little meaning when coercion and institutionalization are involved.

Recent research suggests that coerced and involuntary treatment is actually less effective in terms of long-term substance use outcomes, and **more dangerous in terms of overdose risk**.
After Massachusetts enacted a similar law, those who were involuntarily committed were **more than twice as likely to experience a fatal overdose** as those who completed voluntary treatment.
Involuntary commitment for people with SUD deprives them of liberty, fails to offer evidence-based treatment, and may increase the risk of overdose.

Rafful et al (below) found that past involuntary treatment was associated with a nearly two-fold increase in the risk of overdose. These finding are consistent evidence that periods of forced abstinence places individuals at extremely high risk of overdose after release.

Unfortunately, the promise offered by involuntary treatment is a false one. Fortunately, it is possible, through expanded harm reduction approaches and peer and recovery supports, to develop effective approaches to support families and patients in non-coercive, evidence-driven ways.

- Beletsky L et al. JD Involuntary treatment for substance use disorder: A misguided response to the opioid crisis. Harvard Health Blog, posted January 24, 2018 https://www.health.harvard.edu/blog/involuntary-treatment-sud-misguided-response-20180124
- Rafful C, et al. Increased non-fatal overdose risk associated with involuntary drug treatment in a longitudinal study with people who inject drugs. Addiction. 2018 Jun; 113(6):1056-1063. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006027
- Bazazi AR. Unpacking involuntary interventions for people who use drugs. Addiction. 2018 Jun; 113(6): 1064–1065. free: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006027/
- Werb D, et al. Int J Drug Policy. 2016 Feb; 28():1-9. free: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4752879/
- Wegman MP, et al. Lancet Glob Health. 2017 Feb; 5(2):e198-e207. free: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30303-5/fulltext