

## Board of Directors 2019 - 2021

### President

Vickie Walters, LCSW-C IBR/REACH Health Services VWalters@IBRinc.org

#### **President Elect**

Josh Grollmes, MS Serenity Health JGrollmes@serenityllc.net

#### Secretary

Melissa Vail, LCPC Sinai Hospital Addictions Recovery Program (SHARP) MAVail@lifebridgehealth.org

#### Treasurer

Babak Imanoel, D.O. Northern Parkway Treatment Services, BH Health Services BabakImanoel@gmail.com

### National AATOD Liaison

Kenneth Stoller, MD Johns Hopkins Hospital The Broadway Center KStolle@jhmi.edu

### Immediate Past President

Howard Ashkin, MMH, PsA MedMark Treatment Centers HAshkin@MedMark.com



c/o IBR/REACH Health Services

2104 Maryland Avenue Baltimore, MD 21218



(410) 752-6080



### www.matod.org

# Health and Government Operations Committee February 2, 2021

## House Bill 29 Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Substance Use Disorder

### Oppose

The Maryland Association for the Treatment of Opioid Dependence (MATOD) is a provider and advocacy organization composed of over 70 healthcare organizations across Maryland. Our mission is the promotion of high-quality, best-practice, evidence-based medication assisted treatment for opioid addiction, so individuals, families, and communities can lead healthy lives in recovery and without stigma.

MATOD strongly **opposes** House Bill 29 with concern that it can lead to increased treatment resistance, increased stigma and increased fatal overdoses. We share loved one's fears and desire to help, but resources for involuntary treatment of SUD do not exist in Maryland, and research on the efficacy of forced SUD treatment has demonstrated poor outcomes.

The Massachusetts Department of Public Health 2016 report found that those who received involuntary SUD treatment were over twice as likely to die of an opioid related overdose and almost twice as likely to die of any cause compared to those with a history of voluntary treatment only.

A 2018 longitudinal study published in the Society for the Study of Addiction, found increased risk of non-fatal overdose following involuntary drug treatment. Please see the attached list of recent articles compiled by the Public Health Law Clinic at the University of Maryland Carey School of Law.

Marylanders suffering with addiction, and their loved ones, need more acceptance, availability and funding of medication assisted treatment (MAT) programs and providers; mobile and community-based crisis stabilization services and comprehensive behavioral health outreach and engagement services. We need to create better ways to provide assessment, treatment and continued services **when** and **where** the person wants and needs it.

People with chronic health disorders are often poorly educated about their illness and frightened about what "treatment" means. We need to fund Peer Recovery and Case Management services that help people with substance use and other behavioral health disorders understand, trust and desire life-saving services, and remain engaged in treatment over time.

MATOD respectfully urges an unfavorable report on HB 29.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

Involuntary Commitment Research Log							
Author	Title	Source	Date	Summary			
Alexander R. Bazazi	Unpacking Involuntary Interventions for People who Use Drugs	Addiction	June 2018	Explaining that involuntary interventions for substance use disorders are less effective and potentially more harmful than voluntary treatment, and involuntary centers often serve as venues for abuse.			
Ish P. Bhalla, et al.	The Role of Civil Commitment in the Opioid Crisis	Journal of Law, Medicine, and Ethics	Summer 2018	Explaining that the medical benefits of being forced to undergo treatment for opioid addiction are uncertain, and the legal and ethical concerns regarding civil commitment of those with SUD are substantial.			
Paul P. Christopher, et al.	Comparing Views on Civil Commitment for Drug Misuse and for Mental Illness Among Persons with Opioid Use Disorder	Journal of Substance Abuse Treatment	2020	Explaining that results suggest individuals with opioid use disorder hold more favorable views toward civil commitment for mental health disorders than for drug misuse, and reinforce the need for more research on the procedures and outcomes related to civil commitment for drug misuse.			
Quentin T. Collie	Committed to Treatment: The Potential Role of Involuntary Hospitalization in West Virginia's Re Epidemic	West Virginia Law Review	2019	Explaining legal and ethical concerns with involuntary commitment in addressing the opioid epidemic but ultimately concluding I CC c o u l d p o t e n t i a opioid epidemic.			
Elizabeth A. Evans, et al.	Perceived Benefits and Harms of Involuntary Civil Commitment for Opioid Use Disorder	Journal of Law, Medicine, and Ethics	December 2020	Calls for only ethical use of involuntary commitment for opioid use. Ethical uses would be a last resort option favoring consensual processes including MAT and other evidence-based treatments.			
John Messinger & Leo Beletsky	Forced Addiction Treatment Could be a Death Sentence During Covid-19	CommonWealth Magazine (Online)	January 2021	Explaining concern for risk of covid-19 infection with ICC.			
Anne Opsal, et al.	Readiness to Change among Involuntarily and Voluntarily Admitted Patients with Substance Use Disorders	Substance Abuse Treatment, Prevention, & Policy	2019	Finding involuntarily admitted patients had significantly lower levels of motivation to change than the voluntarily admitted patients at the time of admission (39% vs. 59%). The majority of both involuntarily and voluntarily admitted patients were in the highest stage (preparation) for readiness to seek help at admission and continued to be in this stage at discharge. The stage of readiness to change at admission did not predict abstinence at follow-up.			
Claudia Raufful, et al.	Increased Non-Fatal Overdose Risk Associated with Involuntary Drug Treatment in a Longitudinal Study with	Addiction— Society for the Study of	2018	Longitudinal study finding an increased risk of non-fatal overdose following involuntary drug treatment.			

Involuntary Commitment Research Log						
Author	Title	Source	Date	Summary		
	People who Inject Drugs	Addiction				
Michael S. Sinha, et al.	Neither Ethical nor Effective: The False Promise of Involuntary Commitment to Address the Overdose Crisis	Journal of Law, Medicine, and Ethics	December 2020	Calling for the end involuntary treatment programs in favor of increased access to MAT.		
Farhad R. Udwadia & Judy Illes	An Ethicolegal Analysis of Involuntary Treatment for Opioid Use Disorders	Journal of Law, Medicine, and Ethics	December 2020	Provides an overview of the ethical shortfalls of involuntary commitment laws. Suggestions for mitigation include MAT during commitment and post-commitment follow up care.		
Sarah E. Wakeman, M.D., et al.	Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder	JAMA Network Open	February 2020	In this comparative effectiveness research study of 40,885 adults with opioid use disorder that compared 6 different treatment pathways, only treatment with buprenorphine or methadone was associated with reduced risk of overdose and serious opioid-related acute care use compared with no treatment during 3 and 12 months of follow-up.		

Prepared by student attorneys, Jordan Fisher and Whitney Chukwurah, as part of the Public Health Law Clinic at the University of Maryland Carey School of Law. Supervised by Professor Kathleen Hoke and Brooke Torton.