



**House 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

While NCADD-Maryland understands the frustration and desperation of families trying to get their loved ones into care, we have serious concerns about the involuntary treatment approach proposed in House Bill 29.

First, there is research that shows involuntary treatment for people with substance use disorders is not effective. While there has been success with what is referred to as coerced treatment, such as with Drug Courts, the individual with the substance use disorder can refuse treatment and choose to deal with the consequences instead. The research conducted to date on truly involuntary or forced treatment does not show success. Please see the attached review of recent research compiled by the Public Health Law Clinic at the University of Maryland Carey School of Law.

Second, Maryland does not have a comprehensive continuum of care adequate to meet the treatment needs of those who actually want treatment. There are waiting lists for many levels of care and a dearth of crisis response services. The General Assembly has recently recognized the need for crisis services, and this year, there's emergency funding for these services being considered in response to the COVID-19 pandemic, and a piece of legislation to improve the State's existing program and provide for ongoing funding. It will take time to ensure there are adequate services in place.

Third, utilizing the existing emergency petition process for people with mental health disorders will further crowd emergency departments and psychiatric wards in hospitals which already hold people in need of other levels of care for too long due to lack of capacity elsewhere. The people with opioid use disorders will be experiencing withdrawal. Emergency departments should be equipped to assist with withdrawal management, and ideally, start the individual on medication if they desire. All of this, especially in a hospital setting, will be expensive. Who will be responsible for those costs?

NCADD-Maryland does not believe we have a system in place in our state to adequately meet the needs of those who struggle to find treatment today. We also believe there are developing strategies that are proving to be successful, but are not used widely enough, largely because the necessary level of resources has not been provided. We believe the following things are needed:

(over)

- Investment of resources to increase and sustain an adequate workforce that includes certified peer recovery specialists who can provide a public health intervention when someone survives an overdose;
- Enactment of various harm reduction strategies, including the creation of Overdose Prevention Sites;
- Additional funding to support the creation and expansion of locally-tailored crisis response services throughout the state; and
- A greater focus on education and prevention.

Before moving down the path of involuntary or forced treatment, we urge for continued investment in community-based services for those who want it.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

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 ICC could potentially address the 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.

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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.