



Civil (Involuntary) Commitment for Substance Use Disorders: Data

CHRISTOPHER RACINE, MD, MPH

DIVISION DIRECTOR, EMERGENCY PSYCHIATRY

MAINE MEDICAL CENTER DEPARTMENT OF PSYCHIATRY

ASSISTANT PROFESSOR, TUFTS UNIVERSITY SCHOOL OF MEDICINE

Does it work?

- “Outcome data has been limited, difficult to generalize, and complicated by variability in state laws Although useful in providing some insights, these studies are difficult to apply broadly and are often compromised by vague or absent outcome measures, small sample sizes, subjectivity in assessment, and insufficient detail regarding specific treatments provided during the commitment period. “

[Civil Commitment for Opioid and Other Substance Use Disorders: Does It Work?](#)Jain A, Christopher P, Appelbaum PS.Psychiatr Serv. 2018 Apr 1;69(4):374-376.

Some mixed evidence

- Florida: “Successful Completion” was similar between 100 involuntary and 219 voluntary participants
 - Sweeney TJ, Strolla MP, Myers DP: Civil commitment for substance use disorder patients under the Florida Marchman Act: demographics and outcomes in the private clinical setting. *Journal of Addictive Diseases* 32:108–115, 2013
- Minnesota: 6 of 7 patients who were committed for substance use relapsed almost immediately after discharge
 - Lamoureux IC, Schutt PE, Rasmussen KG: Petitioning for involuntary commitment for chemical dependency by medical services. *Journal of the American Academy of Psychiatry and the Law* 45:332–338, 2017
- MASS: Positive treatment experience and post-commitment medication treatment were correlated with longer post-commitment abstinence in persons who experienced civil commitment for opioid use disorder
 - Commitment Treatment Period Average 21-30 days
 - Median Days to relapse: 14, Median Days to relapse 72
 - Civil Commitment Experience Among Opioid Users. Christopher, P. 2018

Comparison Study: Alcohol in Veterans

Findings suggest that, at least in veterans with substance use problems who receive residential treatment, **there did not appear to be any difference in length of sobriety and reason for admission**. Specifically, no differences were found between those veterans who sought residential treatment voluntarily when compared with veterans who were admitted for treatment subsequent to legal charges with recommendation for treatment due to problems with alcohol use.

	Voluntary (<i>n</i> = 60)	Involuntary (<i>n</i> = 60)	Statistics, <i>p</i>	Confidence Intervals
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		
Mean days	100.48 (93.21)	117.30 (117.90)	$t(118) = -0.867, p = .39$	[-55.24, 21.61]

A Comparison Between the Involuntary and Voluntary Treatment of Patients With Alcohol Use Disorder in a Residential Rehabilitation Treatment Program.

Boit H, Palmer GA, Olson SA.

J Addict Nurs. 2019 Jan/Mar;30(1):57-60.

Australia: Alcohol use

- A total of 231 patients who were involuntarily treated for alcohol dependence and 231 matched controls who received treatment as usual within the period May 2012 to April 2018.
- There were no significant differences between Involuntary and voluntary group. Both the IDAT and control groups had a reduced number of emergency department presentations and unplanned hospital admissions in the year after index treatment had been completed.

Relapse in involuntary substance treatment: a transversal study

■ Brazilian Study

- No significant differences between individuals who were admitted involuntarily (64%) and voluntarily (54%) were observed (P=0.683) in terms of relapses.
- Small study
- No demographics on severity of illness
- Mixes of substances

[Relapse in involuntary substance treatment: a transversal study](#). Sant'Anna WT, Mitsuhiro SS, Figlie NB, Diehl A, Pillon SC, Laranjeira R. Rev Colomb Psiquiatr (Engl Ed). 2020 Oct-Dec;49(4):255-261. doi: 10.1016/j.rcp.2019.02.004. Epub 2019 Apr 20.

Increased Fatal Overdoses in Mexico

- Tijuana, Mexico
 - Involuntary substance treatment significantly increased the odds of reporting a non-fatal overdose event [adjusted odds ratio (aOR) = 1.76; 95% confidence interval (CI) = 1.04-2.96].
 - Many Caveats:
 - Involuntary substance abuse treatment in Mexico notorious for lack of evidence based treatment
 - No discussion of severity of substance use

[Increased non-fatal overdose risk associated with involuntary drug treatment in a longitudinal study with people who inject drugs.](#) Rafful C, Orozco R, Rangel G, Davidson P, Werb D, Beletsky L, Strathdee SA. *Addiction*. 2018 Jun;113(6):1056-1063.

Nature and Utilization of Civil Commitments for Substance Use Disorders

1. Massachusetts: 6048 (2018)
2. Florida: approx. 3000 (2019)
3. South Carolina 1400 (2019)
4. Minnesota: 350 (2019)
5. Wisconsin: 260 (2011)
6. Colorado: 150-200 yearly

Missouri, Hawaii, and Texas all with less than 100 reported annual cases

No data from 13 states who regularly use substance abuse civil commitment statutes

KENTUCKY: Casey's Law

- Obtain a copy of the petition from the District Court clerk's office
- A spouse, relative, friend or guardian of the substance abuse-impaired person completes the petition and files it with the District Court clerk.
- The court reviews the allegations in the petition and examines the petitioner under oath.
- The court determines whether there is probable cause to order treatment for the person named in the petition (the respondent).
- If probable cause is established a judge appoints an attorney to represent the respondent, order the respondent to be evaluated, and schedule a hearing within 14 days.
- The respondent is notified of the date and purpose of the hearing.
- The respondent is evaluated by two qualified health professionals, at least one of whom is a physician, to determine if the respondent could benefit from treatment.
- If the judge finds the respondent should undergo treatment, the court shall order treatment from 60 days up to 360 days, depending upon the request in the petition and the result of the evaluation. Treatment options vary depending upon each individual's circumstances and can range from detoxification to intensive treatment through recovery.
- **As the law is currently written, the petitioner is obligated to pay all costs incurred in the process as well as for treatment and must sign a guarantee for payment. The petitioner is also responsible for locating a treatment program**
- **Refusal of treatment = Contempt of Court and possible jail time**

Florida: The Marchman Act

"There is good faith reason to believe the person is substance abuse impaired and, because of such impairment:

- Has lost the power of self-control with respect to substance use; AND EITHER
- Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; OR
- Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services. "



Florida: The Marchman Act



1. A sworn affidavit is signed at the local county courthouse or clerk's office.
2. A hearing is set before the court after a Petition for Involuntary Assessment and Stabilization is filed.
- 3. Following the hearing, the individual is held for up to five days for medical stabilization and assessment in a designated treatment and assessment center.**
4. A Petition for Treatment must be filed with the court and a second hearing is held for the court to review the assessment.
5. Based on the assessment and the recommendation that the individual needs extended help, the judge can then order a 60-day treatment period with a possible 90-day extension, if necessary.
6. If the individual exits treatment in violation of the judge's order, the individual must return to court and answer to the court as to why they did not comply with treatment. Then the individual is returned immediately for involuntary care.
7. If the individual refuses, they are held in civil contempt of court for not following treatment order and are ordered to either return to treatment or be incarcerated.
8. The respondent (person with substance use disorder) is responsible for payment of treatment



Massachusetts: Section 35

According to MGL chapter 123 Section 35, only a qualified petitioner may request the court to commit someone to treatment under Section 35. They are: a spouse, blood relative, guardian, a police officer, physician, or court official. They must go to the local court and file a written petition or affidavit for an order of commitment

- The court reviews the facts and decides whether or not to issue either a summons or a warrant of apprehension
 - **Right to a forensic evaluation**
- The court will hear the testimony and evidence from the exam and other evidence that relates to the case and then make a decision to grant or deny the petition for commitment. Based on the following criteria:
 - The individual has an alcohol or substance use disorder; AND
 - There is a likelihood of serious harm to self or others as a result of their substance use disorder.
- Commitment is for “up to” 90 days

“Getting Sectioned”



Massachusetts: Section 35

- If the judge grants the petition and orders the commitment, the individual will be returned to a holding cell to await transportation by the local Sheriff's Department to the commitment facility. Transportation typically does not occur until after the courts close so the individual may wait several hours depending on what time their hearing was held.
- The forensic evaluator, after conferring with Central Intake, will make a recommendation to the judge as to which facility will provide the most appropriate level of services. The following programs are approved to treat civil commitments.
- Publicly funded program
 - No choice in treatment facilities
 - Some insurances will pay, some will refuse

Mental Health Providers' Opinion

“Psychiatrists’ Opinions About Involuntary Civil Commitment: Results of a National Survey”

Survey sent to 1500 members of the APA, 739 responses

- 22% supported commitment for alcohol use disorders
- 22.3% supported commitment for substance use disorders
- 62.9% supported commitment for psychosis

Mental health professionals' attitudes towards legal compulsion: report of a National Survey (UK)

- 10% of psychiatric professionals favored use of involuntary commitment for substance abuse

Addiction Medicine Providers

- addiction medicine providers supported the application of civil commitment for SUD—60.7% reported being in favor of its use whereas only 21.5% reported being opposed

Psychiatrists' Opinions About Involuntary Civil Commitment: Results of a National Survey. Robert A. Brooks. Journal of the American Academy of Psychiatry and the Law Online June 2007, 35 (2) 219-228;

Roberts C, Peay J, Eastman N, et al: Mental health professionals' attitudes towards legal compulsion: report of a National Survey. Int J Forensic Ment Health 1:71–81, 2002

Jain A, Christopher PP, Fisher CE, Choi CJ, Appelbaum PS. Civil commitment for substance use disorders: a national survey of addiction medicine physicians. J Addict Med. 2021;15:285–291.

THANK YOU!
