Whereas, Involuntary civil commitment is defined by law as the commitment of a person who is ill, incompetent, drug-addicted, or the like, without the consent of the person being committed; and

Whereas, In response to the opioid crisis, the scope of these laws has rapidly expanded, as the number of states with such laws went from 18 in 1991 to 38 jurisdictions and counting;¹ and

Whereas, Existing data on both the short- and long-term outcomes following involuntary civil commitment for reasons related to substance-use disorder does not support its broad utilization,² including recent data suggesting coercive treatment puts patients at higher risk of fatal overdose;³ and

Whereas, Current Massachusetts state law⁴ authorizes the state to involuntarily civilly commit someone with an alcohol or substance-use disorder for up to 90 days; and

Whereas, The legal standards and procedures for involuntary civil commitment in Massachusetts are very broad and allow for the presiding judge to over-rule the clinical determination of the commitment’s appropriateness; and

Whereas, Massachusetts Governor Charlie Baker introduced “An Act Relative to Combatting Addiction, Accessing Treatment, Reducing Prescriptions, and Enhancing Prevention” (CARE Act),⁵ which proposes to expand involuntary civil commitment in Massachusetts to include a second, short-term civil commitment option without judicial involvement; and

Whereas, Involuntary civil commitment of persons for reasons related to substance-use disorder has already been implicated in a number of human rights abuses and suicides in Massachusetts;⁶ and

¹http://www.namsdl.org/IssuesandEvents/NEW%20Involuntary%20Commitment%20for%20Individuals%20with%20a%20Substance%20Use%20Disorder%20or%20Alcoholism%20August%202016%2009092016.pdf
²http://jaapl.org/content/43/3/313.long
⁴Section 35 of Massachusetts General Law chapter 123
Whereas, Some contend Governor Baker’s proposal is part of a misguided national trend to use involuntary civil commitment or other coercive treatment mechanisms to address the country’s opioid crisis; and

Whereas, Massachusetts’s own mandated evaluation of overdose data has found that people who were involuntarily committed were more than twice as likely to experience a fatal overdose as those who completed voluntary treatment; and

Whereas, MMS strategic priorities include providing a leadership voice through... advocacy, collaboration, and public health efforts and developing resources and tools on... opioid use, misuse, dependence and abuse; and

Whereas, The MMS has no policy on this topic; therefore, be it

1. RESOLVED, That the MMS advocate to limit the practice of involuntary civil commitment for reasons related to substance-use disorder in Massachusetts and nationally in furtherance of health, ethical, and patient rights imperatives; and, be it further (D)

2. RESOLVED, That the MMS oppose further expansions of authority to involuntarily civilly committed persons for reasons related to substance-use disorder in Massachusetts and nationally; and, be it further (D)

3. RESOLVED, That the MMS work to advance policy and programmatic efforts to address gaps in voluntary substance-use treatment services; and, be it further (D)

4. RESOLVED, That the MMS advocate that the American Medical Association work to limit, and oppose further expansions of authority in, the practice of involuntary civil commitment of persons for reasons related to substance-use disorder; and be it further (D)

5. RESOLVED, That the MMS advocate that the American Medical Association work to advance policy and programmatic efforts to address gaps in voluntary substance-use treatment services. (D)

Fiscal Note: No Significant Impact
(Out-of-Pocket Expenses)

FTE: Existing Staff
(Staff Effort to Complete Project)