

INTRODUCTION

Most Americans understand that drug treatment is a needed support for people struggling with addiction. What's not as clear is what treatment is and what it should look like. At its core, treatment should meet the needs of the person who is struggling and should be offered quickly and compassionately.

Unfortunately, many people who want treatment can't get it. There are long lines for treatment, or treatment programs do not exist at the level needed for those seeking help.

"I stopped using substances and the fallout was great. I became severely depressed and developed crippling insomnia. I reached out to multiple treatment places and either couldn't get an appointment, or it was months out. The public education messaging was 'Reach out for help! I did, but there was no help.'"

- Brian

FORCED TREATMENT WORSENS HEALTH OUTCOMES

Despite the longstanding need for better, more accessible treatment options, some elected leaders are focused on pushing forward policy that forces people into very limited, often ineffective treatment options. This includes treatment rejected by scientific and health researchers for being ineffective or harmful, such as forced detoxification which can cause dangerous withdrawals.

In the criminal and civil legal systems, forced treatment can be coercing someone to opt for court-ordered substance use disorder services or face traditional sentencing (i.e. drug courts), or it can be involuntary commitment.

THE ARGUMENT AGAINST FORCED TREATMENT HAS FIVE MAIN PARTS:

1. It is deadly, increasing overdose risk.
2. It is often harmful in other ways even when it doesn't kill.
3. It amounts to a rebranding of criminal incarceration.
4. It is not supported by research.
5. It is fundamentally unethical.

DATA AT-A-GLANCE

- At two weeks after release from incarceration, opioid overdose deaths were [27 times higher](#) than expected in the general population.
- A [Massachusetts study](#) found that [one-third of drug court participants with opioid use disorder \(OUD\) relapsed on the day of program completion](#), and 50% by two months after completion.
- One reason Black people are overrepresented in involuntary commitment is [that they are especially unlikely to receive treatment for Opioid Use Disorder \(OUD\)](#) in the community.

"I can't believe how powerless I am here. They have sufficiently beaten me down into dirt. All I feel is worthless. All I see is metal bars. All I hear is lies and dogma and broken promises... The power differential that is inherent in a situation like this is glaring and dangerous. They are taking away the supports they say you need."

- Jesse Harvey, who sadly died of an overdose following his release, from a diary that he kept while involuntarily committed for substance use disorder

"There is an increasing recognition that incarceration may not be the appropriate response to addiction, but at the same time, the rapid growth of civil commitment laws and programs is an indicator that we're not moving away from negative, coercive programs — we're just rebranding them."

- Leo Beletsky, Professor of Law & Health Sciences at Northeastern University

SUBSTANCE USE DISORDER (SUD) TREATMENT AND SUPPORTS SHOULD BE VOLUNTARY, EFFECTIVE, AFFORDABLE, ACCESSIBLE, AND APPEALING.

THIS MEANS THAT SUD SERVICES MUST:

- Reduce cost, increase the number/variety of providers, improve programmatic flexibility, reduce stigma, and create individualized approaches;
- Be made available on demand when people need and want it—people are more likely to make change when they are motivated;
- Be based on the best available evidence, constantly monitored, and evaluated;
- Address the whole person and their needs and be integrated with health and social services;
- Be culturally sensitive and responsive to the needs of specific populations;
- Be provided by trained and credentialed health professionals; and
- Ensure that people involved in the criminal legal system have access to the full range of SUD service options available in the community.

EXAMPLES OF EVIDENCE-BASED SUBSTANCE USE DISORDER SERVICES THAT WORK:

Medications for Addiction Treatment (MAT)

Research shows that patients who take medications like methadone or buprenorphine are [less likely to experience cravings and withdrawal](#) and are [less likely to overdose](#) than people who do not take these medications for their opioid use disorder.

Contingency Management

A type of therapy that provides rewards to clients for positive behavior changes while in treatment. By rewarding clients for positive outcomes, it increases the likelihood that the behavior will happen again. [Learn more.](#)

Families and friends seeking to save their loved ones' lives deserve real solutions.

It is both our responsibility and possible to pursue a path that respects individual autonomy and provides the help and support that people and families truly need to overcome addiction and promote overall well-being.