

Lauren Davis is the founding Executive Director of the Washington Recovery Alliance, a statewide coalition of individuals and organizations who advance the cause of recovery from behavioral health conditions.

She led efforts to pass Ricky's Law, which is creating a substance use disorder (SUD) crisis commitment system for youth and adults with life-threatening addiction.

Lauren was the recipient of the 2016 Hero Award at the Washington Behavioral Healthcare Conference. She also serves on the Mental Health Task Force for Washington's Speaker of the House, the Public Policy Committee for the National Alliance for the Mentally Ill (NAMI) Washington, and is a lecturer in the graduate program at the UW School of Social Work. Prior to joining the Washington Recovery Alliance, Lauren worked in suicide prevention for Forefront.



Families seek involuntary commitment laws as key tool in saving opioid addicts

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WASHINGTON — Five years ago, Lauren Davis was in “a living hell on earth” as she tried desperately to push her best friend into treatment for opioid and alcohol addiction.



(Photo: Patrick Sison, AP)

“He was in repeated crisis, repeated overdose, repeated suicide attempts,” Davis recalled of her friend, Ricky Garcia. A Seattle resident, Davis sought help everywhere, from social workers to doctors, with the same response at each turn: “I’m sorry, he’s dying and there’s nothing you can do.”

Even though Garcia was clearly a danger to himself, he had to agree to treatment voluntarily. The law in their home state of Washington did not allow for involuntary commitment for individuals with substance abuse disorders.

Today, Garcia is alive and sober — and Washington state’s law is about to change. Next spring, the state will open its first locked treatment facility and begin accepting petitions to compel addicts into substance abuse care.

Across the country, other addiction advocates and terrified parents are similarly pushing policymakers to expand the use of involuntary commitment laws as a tool to combat the opioid epidemic. It’s a controversial tactic, with logistical and constitutional implications.

“What are we locking people into, for how long, and what happens afterwards?” asked Dr. Sarah Wakeman, medical director for substance use disorders at Massachusetts General Hospital, who said studies suggest coerced treatment is not effective. “If we are going to be removing someone’s autonomy ... it’s concerning if we’re doing that in a way that’s not even effective over the long term.”

But proponents argue it’s a vital, last-resort option at a time when the opioid crisis is killing more than 90 Americans every day.



Charlotte Wethington
(Photo: Enquirer file photo)

“This whole discussion of civil commitment is about to explode because of this epidemic that we’re trying to survive,” said Charlotte Wethington, who pioneered a 2004 Kentucky law that allows parents to seek court-ordered addiction treatment for their adult children. Wethington’s crusade began after her son, Casey, died from an overdose.

“I’ve been working with states all across the country,” Wethington said, adding that she’s been flooded with calls and emails from parents asking her, “Can someone help me get this law started?”

More than 30 states already have involuntary commitment laws on the books for people with substance abuse disorders, according to a new report from the Hazelden Betty Ford Institute for Recovery Advocacy (<http://www.hazeldenbettyford.org/articles/emerging-drug-trends/involuntary-commitment>). But while those statutes are used to confine people with serious mental illnesses, they are rarely used to hold those with substance abuse disorders, for a variety of reasons.

In some states, such as Ohio, it’s so difficult to get a petition approved that many families don’t even try. In other states, “judges and attorneys are hesitant to move forward” in part because of civil rights concerns, said Dr. Marvin Seppala, chief medical officer at the Hazelden Betty Ford Foundation.

“It’s really hard to take someone’s freedom away, and it should be,” Seppala said. But, he argued, “it’s a horrible mistake (not to use involuntary commitment laws) with all these deaths taking place.”

When he started his addiction practice in the late 1980s, Seppala said, it was rare for a patient die from substance abuse. Now, it’s “commonplace” because opioids are so deadly, and families regularly call him asking what they can do to keep a loved one alive.

The best option, he often tells them, is to press charges — to get their child arrested and away from immediate danger of overdosing — and then hope the legal system will connect them to treatment.

That dire situation has prompted Seppala and others to push for a broad re-examination of civil commitment laws across the country. But they face at least two major hurdles — the practical questions about the capacity and effectiveness of locking up thousands of addicts, and the legality of doing that.

“There’s just not enough treatment beds anywhere,” said Karem Hanson, a health policy analyst for the National Conference of State Legislatures. “Every state is facing a shortage. If everyone was to coming knocking on the door for treatment, they wouldn’t know where to put everybody.”



Dr. Marvin Seppala (Photo: Courtesy of Hazelden Betty Ford Foundation)

Also, Hanson said, “there’s just the slippery slope of mandating someone going into treatment. That’s a violation of their civil rights.”

Seppala and others concede their campaign raises tough issues.

“Already in some states, when privately run treatment centers are full, individuals who are civilly committed are sent to more basic programs housed in prisons,” the Hazelden report notes. “Holding people against their will is not justifiable if the treatment they receive is ineffective.”

Or worse, non-existent. That’s what happened in Massachusetts when officials started using the state’s involuntary commitment laws to incarcerate addicts.

While men were sent to a state hospital that offered opioid addiction treatment, women were sent to a prison that did not. After the American Civil Liberties Union sued, the state moved to open treatment beds in a mental hospital (http://www.masslive.com/politics/index.ssf/2016/01/massachusetts_stops_sending_wo.html), spending nearly \$6 million to fund 60 treatment slots for women.

Seppala points to Washington state as a model of how legislators addressed the capacity problem. When lawmakers expanded the state’s civil commitment laws, they also funded the construction of nine new secure treatment facilities, with a total of 144 beds.

Operating those will cost the state about \$15 million a year, with federal Medicaid funds covering an additional \$14 million annually. But it could save the state money in reduced emergency-room visits and law-enforcement costs.



Ricky Garcia and Lauren Davis pushed to expand Washington State’s involuntary commitment law to apply to substance use disorders (Photo: Courtesy of Lauren Davis)

Davis says the law — named after her friend Ricky, now 31 and sober for five years (<http://lawfilesexternal.wa.gov/biennium/2015-16/Pdf/Bill%20Reports/House/1713%20HBR%20APP%2015.pdf>) — sets a “very high” bar for involuntary treatment, so it did not ignite civil-liberties concerns. “We’re really talking about people who are at imminent risk of dying,” she said.

Wakeman, the Massachusetts addiction doctor, said the

push to expand civil commitment laws are a well-intended response to desperate families trying to keep relatives alive. But it does not address the root problem: a lack of outpatient opioid treatment.

“The research we have doesn’t suggest that coerced treatment in the form of civil commitment is an effective strategy,” she said. “What we know works for opioid use ... is generally long-term management with medications and ongoing follow-up with trained clinicians.”

Even Davis, who now runs a recovery advocacy group (<https://washingtonrecoveryalliance.org>) in Washington state, conceded that her home state's new locked treatment facilities could be overwhelmed the moment they open.

“I get calls every week from parents ... and their child is dying today. It’s heartbreaking to say ‘I’m praying your child will live six more months,’ ” until the first 16-bed facility is ready, Davis said. When its doors open, she said, “people think it will be full in 30 minutes.”