

## APA Official Actions

# Position Statement on Civil Commitment for Adults with Substance Use Disorders

Approved by the Board of Trustees, September 2019  
Approved by the Assembly, May 2019

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### Issue:

Laws pertaining to civil commitment for substance use disorders (SUDs) have received renewed interest, especially in light of the opioid overdose epidemic and a growing desire to increase access to services. However, these laws are controversial, with proponents saying they foster treatment and opponents saying they curtail liberty without achieving sustained positive outcomes.

### APA Position:

1. All states should assure that persons with SUDs have adequate access to high quality SUD treatment services across a continuum of care. Services should include consensual medication for addiction treatment (MAT), in conjunction with psychosocial interventions, for all persons with opioid use disorders and for persons with other SUDs for which medication is an effective component of treatment.
2. Although voluntary SUD treatment delivered in accord with evidence-based practices is known to be effective, the effectiveness of civil commitment for SUDs has not yet been demonstrated by generalizable research. Additionally, jurisdictional differences in implementation of such statutes, and in the type of treatment provided in the programs to which people with SUDs are committed, make comparisons difficult.
3. In the absence of more substantial evidence of effectiveness, the APA neither endorses nor opposes SUD commitment statutes. However, states that operate SUD commitment programs have a responsibility to assure that they satisfy four important conditions.
  - A) First, they should conform to applicable medical standards, provide high quality, evidence-based treatment for persons subject to such commitments, and otherwise protect such persons’ legal rights. Seamless linkages to care during and after the commitment period should be an integral part of the program.
  - B) Second, they should monitor quality and specific outcomes, including reducing likelihood of relapse, preventing overdose, and improving functional status.
  - C) Third, these programs should be administered through health systems rather than correctional systems and,

**D) Fourth, these programs should receive dedicated funding and not divert funds or resources from other mental health services.**

**Author:**

Council on Psychiatry and Law

Richard J. Bonnie, L.L.B., Debra A. Pinals, M.D., Eli Aoun, M.D., Paul S. Appelbaum, M.D., Alec Buchanan, Ph.D., M.D., Smita Das, M.D., Carl E. Fisher, M.D., Abhishek Jain, M.D., David A. Lowenthal, M.D., Mardoche Sidor, M.D., Marvin S. Swartz, M.D.