

Mandated-Substance Use Treatment: What Should C-L Psychiatrists Know?

Deepika Sundararaj, MD^a, Andrea DeSimone, DO^b and Joji Suzuki, MD^c

a: UMass Chan Medical School - Baystate Medical Center, Springfield, MA; b: Bayhealth Medical Center, Dover, DE; c: Brigham and Women's Hospital - Harvard Medical School, Boston, MA

Introduction

C-L psychiatrists are asked to facilitate referral to involuntary psychiatric treatment for inability to care for self due to severe addiction though data regarding the efficacy of mandated substance use treatment is limited, inconsistent¹, and not without risk⁴.

Case

JAC is a 59-year-old male with history of repeated admissions for alcohol withdrawal and Wernicke-Korsakoff encephalopathy who was admitted for beer potomania and alcohol withdrawal requiring phenobarbital taper. Due to limited insight into severity of alcohol use, history of poor compliance with outpatient substance use treatment, and lack of willingness to consider inpatient programs, primary team inquired into the indications for court-mandated substance use treatment considering ongoing alcohol use.

References

1. Udwardia FR, Illes J. An Ethicolegal Analysis of Involuntary Treatment for Opioid Use Disorders. *J Law Med Ethics*. 2020 Dec;48(4):735-740.
2. Jain A, Christopher P, Appelbaum PS. Civil Commitment for Opioid and Other Substance Use Disorders: Does It Work? *Psychiatr Serv*. 2018 Apr 1;69(4):374-376.
3. Coviello DM, Zanis DA, Wesnoski SA, Palman N, Gur A, Lynch KG, McKay JR. Does mandating offenders to treatment improve completion rates? *J Subst Abuse Treat*. 2013 Apr;44(4):417-25.
4. Werb et al. (2016). The effectiveness of compulsory drug treatment: A systematic review. *International Journal of Drug Policy*, 28:1-9.

Results

Benefits

More likely to complete treatment

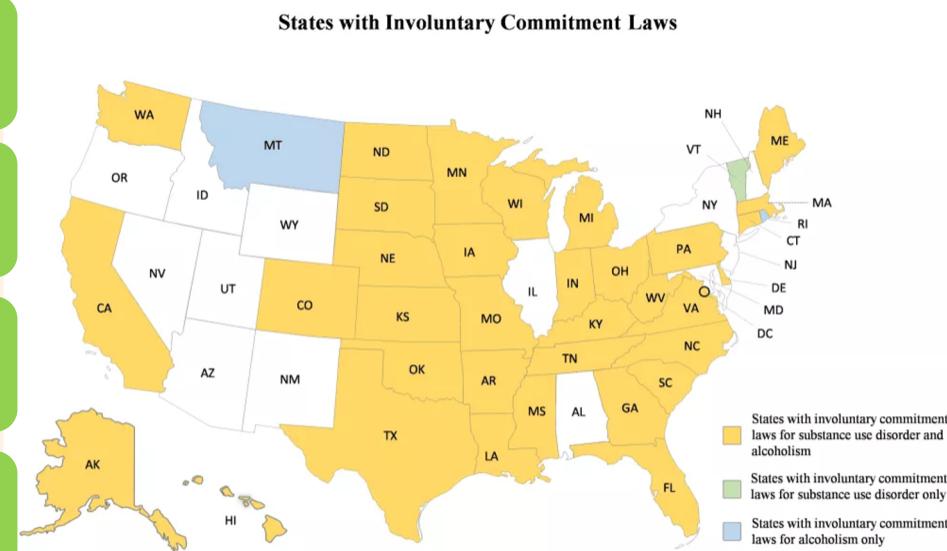
Includes detox and may include MAT

Can be initiated by family member, police, or physician

Patient provided with legal representation

30 or 90 day commitments

Availability



37 US states and DC currently have legal statutes in place for mandated substance use treatment (5 of these states allow for SUD treatment under the umbrella of mental health illness)

Risks

Inconsistent data for long-term efficacy

Treatment duration varies

Availability of treatments vary

Increased risk of overdose upon discharge

Limited autonomy during treatment

Discussion

- Legally mandated substance use treatment is distinct from primary psychiatric hospitalization and varies between states in rate of utilization, structure, and implementation².
- The increasing number of patients with sequelae from severe addiction engenders powerlessness in primary teams and drives attempts to “rescue” the patient from their addiction, not recognizing that successful treatment of substance use disorders requires sufficient internal motivation which is negated with compulsory treatment.
- MAT is not offered in all mandated programs.
- Mandated treatment programs may house patients in prisons.
- Data supporting long-term efficacy of compulsory programs is inconsistent⁴.
- Although mandated patients are more likely to complete treatment than voluntary patients³, referral to involuntary substance use disorder programs are not without risks as these patients are twice as likely to overdose upon discharge¹.