Laws Authorizing Involuntary Commitment for Substance Use

As opioid use and overdose continue to pose a mounting public policy challenge in the U.S., access to evidence-based and affordable substance use treatment remains sparse. At the same time, states are increasingly turning to involuntary treatment as a core element in their response to this crisis. This dataset is part of a larger effort by the Health in Justice Action Lab to evaluate the impact of these laws on individuals and the public’s health. More information about that project may be found at https://www.healthinjustice.org/involuntary-commitment.

As of March 1, 2018, 37 states and Washington, DC currently authorize civil commitment for substance users:

![Map of States Authorizing Civil Commitment for Substance Use](image)

*States authorizing civil commitment for substance use.*

There has also been a recent, massive acceleration in the passage of new — and expansion to existing — commitment statutes; the last four years saw 25 new laws or amended provisions, as contrasted to an average of two during comparable periods over the last two decades.
The structure of involuntary commitment statutes varies across jurisdictions:

9 states’ mental health commitment statutes include language broad enough to encompass substance use as a reason for commitment (DE, PA, VT) or explicitly define substance use and/or chemical dependence as an element of mental illness (ME, NE, ND, OK, TN, VA).

29 states have passed legislation specifically authorizing involuntary commitment for substance use and outlining the procedure for the involuntary commitment of an individual for substance use (AK, AR, CA, CO, CT, DC, FL, GA, HI, IA, IN, KS, KY, LA, MA, MI, MN, MS, MO, MT, NC, OH, RI, SC, SD, TX, WA, WI, WV).
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To be eligible for commitment, all states require the individual to present as either a danger to themselves or others, while various states also include “intoxication” (AK, CO, CT, GA, IN, IA, MT, SD, WV, WI), “lost power of self-control over substance use” (CO, CT, DC, FL, GA, LA, MA, MN, MS, MT, ND, OK, RI, SC, VT, VA, WA, WV, WI), or simply “reasonably benefiting from involuntary treatment” (IN, KY, ME, MI, MS, OH, SC, WV, WI) as qualifying conditions for commitment.

In order to commit an individual to treatment in the context of their substance use disorder, all states require a petition to be filed with a court. The class of petitioners who are authorized to request a commitment ranges from immediate family members (AK, CO, CT, FL, IN, KY, MA, MI, MS, MT, OH, OK, RI, SD, TN, VT), clinicians (AK, CO, CT, DE, IN, IA, MA, MI, MO, MT, NE, RI, OK, SD, TN, VT, WA, WV), law enforcement (CA, IN, KS, MA, MO, NE, OK, TN, VT), or any interested person (AR, CO, CT, FL, GA, HI, IA, KS, MN, MS, MO, NE, NC, ND, PA, SC, SD, TX, VT, WV, WI).

Across the 38 jurisdictions, our analysis found the median duration of the initial commitment to be 90 days, with 30 states authorizing a procedure for further commitment upon judicial or clinical review (AK, AR, CA, CO, CT, DE, DC, GA, FL, HI, IN, KS, LA, ME, MA, MN, MO, MT, ND, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI).
Additionally, despite all states requesting a clinician to assess the individual prior to their commitment, 35 of the states do not find the clinical assessment to be binding on the court’s decision to commit the individual (all but SC, NC and WV).

Upon the individual’s commitment, most states had provisions either authorizing or banning specific treatment options. Troublingly, our analysis found that 16 states authorize some form of forced/unconsented treatment, ranging from the administration of medication against patients’ will, to methods of restraint and seclusion (FL, GA, HI, IN, KS, LA, ME, MI, MN, MO, NE, ND, OK, TN, VT, WI).