

# Should N.J. adopt involuntary commitment for addiction?

NICOLE LEONARD Staff Writer

Stephanie Stowe watches her homeless son day in and day out struggle with an addiction to heroin, knowing there's not much she can do.

No matter how much asking and begging she could do, Stowe, of Millville, can't force her adult son to go into detox and treatment or participate in the county's drug court program, even if the latter was how she achieved addiction recovery.

What she does hope happens is that the state adopts an involuntary-commitment law that would allow experts to put people with a substance-use disorder into treatment against their will.

While it remains controversial, proponents say they support the idea if it will save people from dying of overdoses.

"People in the beginning can be resistant to treatment," Stowe said, "but with the process of being forced to go through something like involuntary commitment, they may get time for the fog to clear so they could think a little clearer. I strongly believe it could save lives."

With bipartisan support in both the state Assembly and Senate, legislators are pushing a bill that would establish an involuntary-commitment system for people with substance-use disorders, something 35 other states have as of 2016, according to the National Alliance for Model State Drug Laws.

The system would make it easier for relatives and treatment experts to get people into treatment when they might otherwise refuse. Some states are even considering making specific requirements and laws aimed at opioid users.

The opioid and heroin epidemic has hit the country hard. Drug overdoses claimed the lives of 2,221 New Jersey residents in 2016, according to state data, about a 40 percent increase over the prior year.

"The area where I'm from, we're losing people every day," Stowe said. "If it's not someone I personally know, then a friend knows them. It's gotten to a point where I'm not surprised anymore. It's devastating. I'm petrified day in and out that I'll get that call about my son."

New Jersey has long-established civil laws for involuntary commitment for people who are a danger to themselves and others due to mental illness, but substance abuse is not a qualifying condition.

State Sen. Chris Brown, R-Atlantic, who is co-sponsoring the Senate version of the bill with Richard Codey, D-Essex, Morris, and Dawn Addiego, D-Burlington, Camden, Atlantic, said as long as legal safeguards are in place, involuntary commitment could be an option for people who have exhausted other avenues.

The former municipal court judge and prosecutor said the opioid crisis impacts families particularly hard — families who often watch their loved ones become consumed by addiction and feel like they can't do anything to help.

“It would break my heart to see parents and family members plead with me to send their child to jail because they felt he was going to die if he stayed on the streets, and jail was the last chance for their loved one to get clean and sober,” Brown said.

The proposed involuntary commitment laws would allow spouses, partners, relative, friends, guardians or parents, like Stowe, to submit a petition to the courts to commit a loved one to treatment. They would also have to agree to pay for the treatment expenses.

A court would review the petition in several hearings and require physicians, including one psychiatrist, to examine the loved one to determine whether involuntary commitment is appropriate.

If it is appropriate, the court would order that person to treatment at a designated provider located within the county or nearby, and he or she would go to a final hearing about 20 days into treatment.

The court could also order that person to be hospitalized for up to 72 hours prior to treatment if he or she poses an “imminent threat of danger to self, others or property as a result of substance-use disorder,” the legislation states.

Research on the effectiveness of involuntary commitment programs is scarce. Some reports show some states do not use the law often.

Tonia Ahern, a treatment advocate through the Mental Health Association in New Jersey, Parent-to-Parent and National Council on Alcoholism and Drug Dependence — New Jersey, said she supports parts of the bill but is against establishing involuntary commitment.

As a mother to a son who has struggled with addiction for much of his life, Ahern said it would be expensive to confine people in hospitals and treatment facilities against their will. She would rather see that money support programs in place that have shown some progress over the past couple years.

Instead of committing people to treatment beds, which she noted were already few and far between for people who are looking for treatment, Ahern said there needed to be a way to make overdose victims go to the hospital after they are revived with naloxone, the opioid antidote, where they could be introduced to recovery coaches.

“I believe there is a serious issue with people overdosing over and over again, and we need to have something in place so that (first responders) don’t keep doing reversals on the same people,” she said. “We need legislation to get them to the hospital where there are recovery experts who can maybe convince them to seek treatment.”

At the end of the day, advocates agree the staggering rates of naloxone overdose reversals and deaths are signs that more needs to be done to help people, but for many, the ways to do that differ.

“(Involuntary commitment) is definitely not the route for everyone,” said Stowe, who is a student pursuing a career in drug counseling, “but even if out of 10 people it saves one life, it’s worth it.”