

15. Involuntary Commitment¹

In states like West Virginia, Ohio, and Kentucky, which have seen a significant number of deaths by overdose during the recent heroin/opioid “epidemics,” an increasingly popular solution to protecting the addicts is civil or involuntary commitment. Research suggests that those who are involuntarily committed have outcomes at least comparable to the outcomes for people who make the decision to seek inpatient treatment themselves.

Shows like *Intervention*, *Recovery Road*, and *The Heroin Triangle* depict the frustration often experienced by family and friends of addicts who want only to protect and help their addicted loved one. Some family members of addicts see involuntary commitment as the last and only chance for their survival. “The only hope that many addicted individuals have is that someone will do for them what they are incapable of doing for themselves,” according to Charlotte Wethington, the mother of Casey Wethington, who overdosed from heroin at the age of twenty-three and is the namesake of Casey’s Law in Kentucky, a law that is considered by some recovery advocates to be a model law for involuntary commitment of substance abusers.

Civil commitment which was previously reserved for those diagnosed with some form of mental illness and who were deemed a threat to themselves or others, has been a somewhat controversial mechanism throughout its long history. Most states now allow for involuntary commitment of individuals with substance-abuse disorders or alcoholism and a handful of states include substance abuse and alcoholism in their definitions of mental disorder, making involuntary commitment easier in those states.

In Massachusetts, where approximately 6,500 substance users/abusers were subject to civil commitment in 2017, those civilly committed can be housed not only in treatment facilities but also in prisons. Critics of incarceration for addicts point to the suppression of the rights of the addict, especially when the only available space is in a prison with violent criminals. When addicts are “committed” to prison areas with other prisoners who have actually been convicted of crimes, those other prisoners are resentful of the addicts as they receive special treatment like private cells and extensive therapy.

STUDY QUESTIONS:

1. When, if ever, is it ethically appropriate to interfere with someone else’s autonomy for their own good?
2. Do people who abuse drugs have a moral right to refuse to participate in drug treatment programs? Why or why not?
3. To what extent should drug addiction be treated like mental health conditions in which individuals are deemed to post a harm to themselves or others? How, morally speaking, are these cases similar? How do they differ?

¹ An earlier version of this case originally appeared in the 2019 Intercollegiate Ethics Bowl Nationals Case Set. Many thanks to the IEB for allowing us to use it! For more information, please visit: <http://appe-ethics.org/ethics-bowl/>