



Disability Rights Oregon

TO: Senate Committee on Human Services
FROM: Disability Rights Oregon
DATE: February 13, 2024
RE: **SB 1547– Oppose**

Chair Gelser Blouin, Vice-Chair Robinson, and Members of the Committee,

My name is Tom Stenson, I am the Deputy Legal Director for Disability Rights Oregon. **Disability Rights Oregon opposes Senate Bill 1547.** DRO recognizes the acute need for treatment resources for youth and adults with substance use disorders and addictions. DRO strongly encourages the legislature to provide the funding desperately needed across the state for those services. Redirecting the currently limited resources for addiction treatment to people who do not want to cooperate in treatment is neither helpful nor appropriate.

The central task of the legislature should be to address the massive gaps in the current service network for mental health and addiction treatment. A recent study by the Oregon Health Authority showed that the state needs roughly \$500 million in investment, long delayed by the Oregon Legislature,¹ to restore even a bare minimum of adequacy in treatment. More than 1600 beds for inpatient SUD treatment would be required—more than doubling the current bed capacity, as well as another 523 beds in withdrawal management. For youth, only *four* facilities with a total of 42 beds currently provide inpatient substance abuse treatment.² The legislature should remain laser-focused on this long-standing deficit in treatment resources, rather than pursuing unproven and even harmful policies.

While everyone wants youth experiencing addiction to recover, systematic studies indicate that involuntary substance use disorder treatment is not effective and may be harmful.³ Experts in the field agree that: “The limited resources available for drug treatment need to be allocated to

¹ Sickinger, Ted, *How Oregon Failed to Pay for the Mental Health System It Needs*, Oregonian, Jan. 21, 2024 (identifying only \$35M in spending on community mental health beds from 1991 to 2018) at <https://www.oregonlive.com/watchdog/2024/01/oregon-knew-it-needed-more-mental-health-beds-yet-the-numbers-barely-budged.html>.

² Silverman, Julia, *Fentanyl Killed Isa Wilde at 15. His Mother Wonders if Changes in Oregon Law Might Have Saved Him*, Oregonian, Feb. 4, 2024, at <https://www.oregonlive.com/health/2024/02/fentanyl-killed-isa-wilde-at-15-his-mother-wonders-if-changes-in-oregon-law-might-have-saved-him.html>.

³ Rafful *et al.*, *Increased Non-Fatal Overdose Risk Associated with Involuntary Drug Treatment in a Longitudinal Study with People who Inject Drugs*, 113 *Addiction* 1056 (June 2018) (finding that experiencing involuntary drug treatment increased the risk of non-fatal overdose) at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5938130/>.

voluntary, evidence-based drug treatment.” *Id.* “[T]he majority of studies (78%) evaluating compulsory treatment failed to detect any significant positive impacts on drug use or criminal recidivism over other approaches.”⁴ A meeting of physicians within the American Academy of Pediatrics to discuss best practices of SUD treatment among adolescents resulted in a strong caution against using involuntary procedures with adolescents: “The most restrictive environments, particularly those imposed by involuntary commitment to addiction treatment, almost entirely limit young adults’ autonomy and may be associated with adverse outcomes, such as overdose.”⁵ The AAP review said involuntary treatment was “not recommended” and associated with “subsequent overdose.” *Id.* In light of the acute shortage of substance abuse treatment services in Oregon, particularly for youth, creating an avenue for involuntary treatment—which is likely unhelpful and may be harmful—squanders the limited resources we do have.

Even if this bill were passed, most Oregon providers would not want to take on an involuntary adolescent patient. As articulated in recent coverage, “Oregon-based clinics that work with youth would balk at taking a patient” on an involuntary basis.⁶ Clinics and providers know the dubious history of involuntary treatment of adolescents. They likewise know the increased risk of restraint, seclusion, and other challenging aspects of holding a teenager against his will. The lack of a single identified provider who would even take on such involuntary treatment for an adolescent should make the legislature pause.

DRO shares the profound sadness of parents who have lost children to substance use, addiction, and overdose. The most important focus of the legislature should be on redressing the massive documented need for SUD treatment resources, especially for youth. Involuntary treatment is counter-productive and potentially harmful to youth. Even if this bill were to pass, no Oregon providers have been identified who would even serve a youth involuntarily admitted to their care. The legislature should not entertain a bill that would be counterproductive if implemented and without any provider who would actually provide the services described. The legislature should return its focus to fixing two decades’ worth of neglect in funding and providing the needed services.

About Disability Rights Oregon

⁴ Werb *et al.*, *The Effectiveness of Compulsory Drug Treatment: A Systematic Review*, 28 *Int’l Drug Policy* 1 (Feb. 2016) at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4752879/>; see also Paseranu *et al.* *Mental Distress Following Inpatient Substance Use Treatment, Modified by Substance Use; Comparing Voluntary and Involuntary Admissions*, 17 *BMC Health Serv. Res.* 5 (2017) (finding that people involuntarily admitted to treatment were more likely to have the same levels of mental distress—directly associated with relapse—6 months after treatment as before, while voluntarily admitted people experienced substantial, lasting change) at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5210285/>.

⁵ Hadland *et al.*, *Evidence-Based Treatment of Young Adults with Substance Abuse Disorders*, 147 *Pediatrics* S204 (2021(suppl.)), at [https://publications.aap.org/pediatrics/article/147/Supplement 2/S204/34555](https://publications.aap.org/pediatrics/article/147/Supplement%20S204/34555).

⁶ Silverman, *Fentanyl Killed Isa Wilde at 15*, *supra*.

Since 1977 Disability Rights Oregon has been the State's Protection and Advocacy System.⁷ We are authorized by Congress to protect, advocate, and enforce the rights of people with disabilities under the U.S. Constitution and Federal and State laws, investigate abuse and neglect of people with disabilities, and “pursue administrative, legal, and other appropriate remedies”.⁸ We are also mandated to "educate policymakers" on matters related to people with disabilities.⁹

If you have any questions regarding DRO’s position on this legislation, please call Ben Gurewitz at 971-806-7908 or email him at bgurewitz@droregon.org.

⁷ See ORS 192.517.

⁸ See 42 U.S.C. § 15041 et seq; 42 U.S.C. § 10801 et seq.

⁹ See 42 U.S. Code § 15043(a)(2)(L).