Law Enforcement Guide to Psychotropic Medications

Compiled by the CT Alliance to Benefit Law Enforcement, Inc.

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This list is only a guide to assist law enforcement officers in assessing potential needs of persons they may encounter during the performance of their duties. Mental health professionals should be consulted to determine actual needs of each individual.

The following list of medications are used to treat various forms of emotional and behavioral disorders. The most common disorders for which they are prescribed are indicated in the far right hand column.

PLEASE NOTE: Some of these medications are used to treat other conditions such as epilepsy or other seizure disorders. Many anti-psychotic medications are used to treat some mood disorders without any psychosis being present. Medications noted by an * asterisk such as benzodiazepines are potentially addictive.

Adult Psychotropic Medications

NAME	GENERIC NAME	TRADE NAME	TYPE
Abilify	aripiprazole	Abilify	Antipsychotic
Adapin	doxepin	Adapin	Antidepressant
alprazolam	alprazolam	Xanax	Antianxiety *
amitriptyline	amitriptyline	Elavil	Antidepressant
amoxapine	amoxapine	Asendin	Antidepressant
Anafranil	clomipramine	Anafranil	Antidepressant
aripiprazole	aripiprazole	Abilify	Antipsychotic
Asendin	amoxapine	Asendin	Antidepressant
Ativan	lorazepam	Ativan	Antianxiety *
Aventyl	nortriptyline	Aventyl	Antidepressant
Azene	clorazepate	Azene	Antianxiety *
bupropion	bupropion	Wellbutrin	Antidepressant
BuSpar	buspirone	BuSpar	Antianxiety
buspirone	buspirone	BuSpar	Antianxiety
carbamazepine	carbamazepine	Tegretol	Antimanic
Celexa	citalopram (SSRI)	Celexa	Antidepressant
Centrax	prazepam	Centrax	Antianxiety *
chlordiazepoxide	chlordiazepoxide	Librax, Libritabs, Librium	Antianxiety *
chlorpromazine	chlorpromazine	Thorazine	Antipsychotic
chlorprothixene	chlorprothixene	Taractan	Antipsychotic
Cibalith-S	lithium citrate	Cibalith-S	Antimanic

citalopram (SSRI)	citalopram (SSRI)	Celexa	Antidepressant
clomipramine	clomipramine	Anafranil	Antidepressant
clonazepam	clonazepam	Klonopin	Antianxiety *
clorazepate	clorazepate	Azene, Tranxene	Antianxiety *
clozapine	clozapine	Clozaril	Antipsychotic
Clozaril	clozapine	Clozaril	Antipsychotic
Depakote	divalproex sodium (valproic acid)	Depakote	Antimanic
desipramine	desipramine	Norpramin, Pertofrane	Antidepressant
Desyrel	trazodone	Desyrel	Antidepressant
diazepam	diazepam	Valium	Antianxiety *
divalproex sodium (valproic acid)	divalproex sodium (valproic acid)	Depakote	Antimanic
doxepin	doxepin	Adapin, Sinequan	Antidepressant
Effexor	venlafaxine	Effexor	Antidepressant
Elavil	amitriptyline	Elavil	Antidepressant
escitalopram (SSRI)	escitalopram (SSRI)	Lexapro	Antidepressant
Eskalith	lithium carbonate	Eskalith	Antimanic
fluoxetine	fluoxetine	Symbyax (Prozac & Zyprexa)	Combo – Antipsychotic and Antidepressant
fluoxetine (SSRI)	fluoxetine (SSRI)	Prozac	Antidepressant
fluphenazine	fluphenazine	Permitil, Prolixin	Antipsychotic
fluvoxamine (SSRI)	fluvoxamine (SSRI)	Luvox	Antidepressant
gabapentin	gabapentin	Neurontin	Antimanic
Geodon	ziprasidone	Geodon	Antipsychotic
halazepam	halazepam	Paxipam	Antianxiety *
Haldol	haloperidol	Haldol	Antipsychotic
haloperidol	haloperidol	Haldol	Antipsychotic
imipramine	imipramine	Tofranil	Antidepressant
isocarboxazid (MAOI)	isocarboxazid (MAOI)	Marplan	Antidepressant
Klonopin	clonazepam	Klonopin	Antianxiety *
Lamictal	lamotrigine	Lamictal	Antimanic
lamotrigine	lamotrigine	Lamictal	Antimanic
Lexapro	escitalopram (SSRI)	Lexapro	Antidepressant
Librax	chlordiazepoxide	Librax	Antianxiety *
Libritabs	chlordiazepoxide	Libritabs	Antianxiety *
Librium	chlordiazepoxide	Librium	Antianxiety *
Lidone	molindone	Lidone	Antipsychotic
Lithane	lithium carbonate	Lithane	Antimanic
lithium carbonate	lithium carbonate	Eskalith, Lithane, Lithobid	Antimanic

lithium citrate	lithium citrate	Cibalith-S	Antimanic
Lithobid	lithium carbonate	Lithobid	Antimanic
lorazepam	lorazepam	Ativan	Antianxiety *
loxapine	loxapine	Loxitane	Antipsychotic
Loxitane	loxapine	Loxitane	Antipsychotic
Ludiomil	maprotiline	Ludiomil	Antidepressant
Luvox	fluvoxamine (SSRI)	Luvox	Antidepressant
maprotiline	maprotiline	Ludiomil	Antidepressant
Marplan	isocarboxazid (MAOI)	Marplan	Antidepressant
Mellaril	thioridazine	Mellaril	Antipsychotic
mesoridazine	mesoridazine	Serentil	Antipsychotic
mirtazapine	mirtazapine	Remeron	Antidepressant
Moban	molindone	Moban	Antipsychotic
molindone	molindone	Lidone, Moban	Antipsychotic
Nardil	phenelzine (MAOI)	Nardil	Antidepressant
Navane	thiothixene	Navane	Antipsychotic
nefazodone	nefazodone	Serzone	Antidepressant
Neurontin	gabapentin	Neurontin	Antimanic
Norpramin	desipramine	Norpramin	Antidepressant
nortriptyline	nortriptyline	Aventyl, Pamelor	Antidepressant
olanzapine	olanzapine	Symbyax (Prozac & Zyprexa)	Combo – Antipsychotic and Antidepressant
Orap	pimozide	Orap	Antipsychotic (for Tourette's syndrome)
oxazepam	oxazepam	Serax	Antianxiety *
Pamelor	nortriptyline	Pamelor	Antidepressant
Parnate	tranylcypromine (MAOI)	Parnate	Antidepressant
paroxetine (SSRI)	paroxetine (SSRI)	Paxil	Antidepressant
Paxil	paroxetine (SSRI)	Paxil	Antidepressant
Paxipam	halazepam	Paxipam	Antianxiety *
Permitil	fluphenazine	Permitil	Antipsychotic
Pertofrane	desipramine	Pertofrane	Antidepressant
perphenazine	perphenazine	Trilafon	Antipsychotic
phenelzine (MAOI)	phenelzine (MAOI)	Nardil	Antidepressant
pimozide	pimozide	Orap	Antipsychotic (for Tourette's syndrome)
prazepam	prazepam	Centrax	Antianxiety *
Prolixin	fluphenazine	Prolixin	Antipsychotic
protriptyline	protriptyline	Vivactil	Antidepressant

Prozac	fluoxetine (SSRI)	Prozac	Antidepressant
quetiapine	quetiapine	Seroquel	Antipsychotic
Remeron	mirtazapine	Remeron	Antidepressant
Risperdal	risperidone	Risperdal	Antipsychotic
risperidone	risperidone	Risperdal	Antipsychotic
Serax	oxazepam	Serax	Antianxiety *
Serentil	mesoridazine	Serentil	Antipsychotic
Seroquel	quetiapine	Seroquel	Antipsychotic
sertraline (SSRI)	sertraline (SSRI)	Zoloft	Antidepressant
Serzone	nefazodone	Serzone	Antidepressant
Sinequan	Doxepin	Sinequan	Antidepressant
Sonata	Zaleplon	Sonata	Insomnia
Stelazine	trifluoperazine	Stelazine	Antipsychotic
Surmontil	trimipramine	Surmontil	Antidepressant
Symbyax	fluoxetine & olanzapine	Symbyax	Combo – Antipsychotic and Antidepressant
Taractan	chlorprothixene	Taractan	Antipsychotic
Tegretol	carbamazepine	Tegretol	Antimanic
thioridazine	thioridazine	Mellaril	Antipsychotic
thiothixene	thiothixene	Navane	Antipsychotic
Thorazine	chlorpromazine	Thorazine	Antipsychotic
Tofranil	imipramine	Tofranil	Antidepressant
Topamax	topimarate	Topamax	Antimanic
topimarate	topimarate	Topamax	Antimanic
Tranxene	clorazepate	Tranxene	Antianxiety *
tranylcypromine (MAOI)	tranylcypromine (MAOI)	Parnate	Antidepressant
trazodone	trazodone	Desyrel	Antidepressant
trifluoperazine	trifluoperazine	Stelazine	Antipsychotic
trifluopromazine	trifluopromazine	Vesprin	Antipsychotic
Trilafon	perphenazine	Trilafon	Antipsychotic
trimipramine	trimipramine	Surmontil	Antidepressant
Valium	diazepam	Valium	Antianxiety *
valproic acid (divalproex sodium)	valproic acid (divalproex sodium)	Depakote	Antimanic

Children's Psychotropic Medications

NAME	GENERIC NAME	TRADE NAME	AGE	TYPE
Adderall	amphetamine	Adderall	3 +	Stimulant
Adderall XR	Amphetamine (extended release)	Adderall XR	6 +	Stimulant
amphetamine	amphetamine	Adderall	3 +	Stimulant
Amphetamine	Amphetamine	Adderall XR	6 +	Stimulant

(extended release)	(extended release)			
Anafranil	clomipramine	Anafranil	10 +	Antidepressant/ Antianxiety (for OCD)
atomoxetine	atomoxetine	Strattera	6 +	Non Stimulant for ADHD
bupropion	bupropion	Wellbutrin	18 +	Antidepressant/ Antianxiety
BuSpar	buspirone	BuSpar	18 +	Antidepressant/ Antianxiety
buspirone	buspirone	BuSpar	18 +	Antidepressant/ Antianxiety
carbamazepine	carbamazepine	Tegretol	any age	Mood Stabilizing (for seizures)
Cibalith-S	lithium citrate	Cibalith-S	12 +	Mood Stabilizing
clomipramine	clomipramine	Anafranil	10 +	Antidepressant/ Antianxiety (for OCD)
clozapine	clozapine	Clozaril (atypical)	18 +	Antipsychotic
Concerta	Methylphenidate (long acting)	Concerta	6 +	Stimulant
Cylert*	pemoline	Cylert*	6 +	Stimulant *Potential serious side effects -affecting liver – not ordinarily considered as 1st line drug therapy for ADHD.
Depakote	valproic acid	Depakote	2 +	Mood Stabilizing (for seizures)
Dexedrine	dextroamphetamine	Dexedrine	3 +	Stimulant
dexmethylphenidate	dexmethylphenidate	Focalin	6 +	Stimulant
dextroamphetamine	dextroamphetamine	Dexedrine	3 +	Stimulant
Dextrostat	dextroamphetamine	Dextrostat	3 +	Stimulant
doxepin	doxepin	Sinequan	12 +	Antidepressant/ Antianxiety
Effexor	venlafaxine	Effexor	18 +	Antidepressant/ Antianxiety
Eskalith	lithium carbonate	Eskalith	12 +	Mood Stabilizing
fluoxetine	fluoxetine	Prozac (SSRI)	18 +	Antidepressant/ Antianxiety
fluvoxamine	fluvoxamine	Luvox (SSRI)	8 +	Antidepressant-Antianxiety (for OCD)
Focalin	dexmethylphenidate	Focalin	6 +	Stimulant
Haldol	haloperidol	Haldol	3 +	Antipsychotic
haloperidol	haloperidol	Haldol	3 +	Antipsychotic
imipramine	imipramine	Tofranil	6 +	Antidepressant/ Antianxiety (for bedwetting)
lithium carbonate	lithium carbonate	Eskalith	12 +	Mood Stabilizing
lithium carbonate	lithium carbonate	Lithobid	12 +	Mood Stabilizing

lithium citrate	lithium citrate	Cibalith-S	12 +	Mood Stabilizing
Lithobid	lithium carbonate	Lithobid	12 +	Mood Stabilizing
Luvox (SSRI)	fluvoxamine	Luvox (SSRI)	8 +	Antidepressant/ Antianxiety (for OCD)
Mellaril	thioridazine	Mellaril	2 +	Antipsychotic
Metadate ER	methylphenidate (extended release)	Metadate ER	6 +	Stimulant
methylphenidate	methylphenidate	Ritalin	6 +	Stimulant
methylphenidate (extended release)	methylphenidate (extended release)	Metadate ER	6 +	Stimulant
Methylphenidate (long acting)	Methylphenidate (long acting)	Concerta	6 +	Stimulant
nefazodone	nefazodone	Serzone (SSRI)	18 +	Antidepressant/ Antianxiety
olanzapine	olanzapine	Zyprexa (atypical)	18 +	Antipsychotic
Orap	pimozide	Orap	12 +	Antipsychotic (for Tourette's syndrome — Data for age 2+ indicate similar safety profile)
paroxetine	paroxetine	Paxil (SSRI)	18 +	Antidepressant/ Antianxiety
Paxil (SSRI)	paroxetine	Paxil (SSRI)	18 +	Antidepressant/ Antianxiety
pemoline	pemoline	Cylert*	6 +	Stimulant *Potential serious side effects -affecting liver – not ordinarily considered as 1st-line drug therapy for ADHD.
pimozide	pimozide	Orap	12 +	Antipsychotic (for Tourette's syndrome — Data for age 2+ indicate similar safety profile)
Prozac (SSRI)	fluoxetine	Prozac (SSRI)	18 +	Antidepressant/ Antianxiety
quetiapine	quetiapine	Seroquel (atypical)	18 +	Antipsychotic
Risperdal (atypical)	risperidone	Risperdal (atypical)	18 +	Antipsychotic
risperidone	risperidone	Risperdal (atypical)	18 +	Antipsychotic
Ritalin	methylphenidate	Ritalin	6 +	Stimulant
Seroquel (atypical)	quetiapine	Seroquel (atypical)	18 +	Antipsychotic
sertraline	sertraline	Zoloft (SSRI)	6 +	Antidepressant-Antianxiety (for OCD)
Serzone (SSRI)	nefazodone	Serzone (SSRI)	18 +	Antidepressant/ Antianxiety
Sinequan	doxepin	Sinequan	12 +	Antidepressant/ Antianxiety

Strattera	atomoxetine	Strattera	6 +	Non-stimulant for ADHD
Tegretol	carbamazepine	Tegretol	any age	Mood Stabilizing (for seizures)
thioridazine	thioridazine	Mellaril	2 +	Antipsychotic
Tofranil	imipramine	Tofranil	6 +	Antidepressant-Antianxiety (for bedwetting)
valproic acid	valproic acid	Depakote	2 +	Mood Stabilizing (for seizures)
venlafaxine	venlafaxine	Effexor	18 +	Antidepressant/ Antianxiety
Wellbutrin	bupropion	Wellbutrin	18 +	Antidepressant/ Antianxiety
Zoloft (SSRI)	sertraline	Zoloft (SSRI)	6 +	Antidepressant-Antianxiety (for OCD)
Zyprexa (atypical)	olanzapine	Zyprexa (atypical)	18 +	Antipsychotic

Leave a Reply

You must be **logged in** to post a comment.

SPRINGFIELD HUB+COR

Working Together to Reduce Risk in Our Community

About the Springfield Hub+Cor:

The Hub+Cor is a team of designated staff from community and government agencies that meet weekly to address specific situations regarding clients facing elevated levels of risk, and develop immediate, coordinated and integrated responses through the mobilization of resources.

The Hub+Cor is a new way of utilizing and mobilizing resources already in place in different, unified, and dynamic ways to address specific situations of elevated risk before there is an incident that requires emergency response. The Hub+Cor does not perform case management. Its purpose is to mitigate risk within 24-48 hours and connect individuals and families to services. Case management functions remain with the most appropriate agency as determined by the Hub+Cor table.

The Hub+Cor works with families and individuals that are facing complex challenges and may need services from more than one community agency. We work together to ensure families and individuals are safe, healthy and have the opportunity to thrive.

Example of Risk Factors that we work to reduce:

	Acutely-Elevated Risk: Risk Assessment and Need for Involvement of Other Agencies . Check risk factors that apply: *(These are categories of risk factors from the Hub Database. Glossary of Risk Factors. See the Glossary for risk factors under each category and definitions)*				
D	Alcohol	D	Drugs	D	Gambling
D	Mental Health	D	Cognitive Impairment	D	Physical Health
D	Suicide	D	Self-Harm	D	Criminal Involvement
D	Crime Victimization	D	Physical Violence	D	Emotional Violence
D	Sexual Violence	D	Elderly Abuse	D	Supervision
D	Basic Needs	D	Missing School	D	Parenting
D	Housing	D	Poverty	D	Negative Peers
D	Antisocial/Negative Behavior	D	Unemployment	D	Missing/Runaway
D	Threat to Public Health and Safety	D	Gangs	D	Social Environment

Other: _____

Who is part of the Springfield Hub +Cor?

The following are members of the Springfield Hub+Cor: City of Springfield, Springfield Police Department, Springfield Public Schools, Baystate Medical Center, Mercy Medical Center, Dept. of Child & Family, Salvation Army, District Court, ROCA, Hampden County Sheriff's Dept., Behavioral Health Network, Dept. of Youth Services, Commonwealth Care Alliance

Consent Waiver

By signing below, you consent to have your case brought forth to the Hub+Cor. Please know that representatives from each of the above groups will be part of determining the best possible response for your individual or family needs.

Name: _____ Home Phone #: _____

Address: _____ Cell Phone #: _____

Relevant Family Member Information: _____

YOUR RIGHTS REGARDING MEDICATION IN MASSACHUSETTS

Prepared by the Mental Health Legal Advisors Committee
March 2004

Massachusetts law protects your right to decide your course of treatment and, more specifically, to refuse medication. You have this right whether you are receiving inpatient or outpatient treatment, voluntarily or involuntarily hospitalized, in a public or private setting, or in a mental health or mental retardation facility.

INFORMED CONSENT

Before administering *any* type of treatment, including medication, your physician must obtain your **informed consent**.

In order to exercise informed consent, you must be told in terms you can understand:

- the **nature and extent** of your **illness**;
- what **medication** the doctor wants to prescribe for you and why;
- the **benefits** the doctor believes will result from taking the medication;
- the nature and probability of the **risks** associated with the medication generally, and any special risks which the medication may pose for you specifically (for example, if you are pregnant or have a heart problem, some medications may be particularly dangerous);
- **alternative treatments**, including not having treatment; and
- the **prognosis** with and without treatment.

Further, if you are in a facility that is operated or funded by the Department of Mental Health, your doctor must:

- respond to your questions about the medication;
- provide you with medical information written in "everyday language" about the benefits, risks and side-effects of the medication prescribed to you;
- explain that you have the right to freely refuse the treatment without coercion, retaliation, or punishment; and
- explain that you have the right to withdraw your consent to treatment, either orally or in writing, at any time.

The fact that you have been admitted or committed to a mental health or retardation facility *does not* mean that you are incompetent to give or withhold consent. To the contrary, in Massachusetts, an adult is presumed competent to make his or her own decisions regarding antipsychotic medication until he or she is proven incompetent to do so in court.

Neither your doctor nor the staff may threaten or punish you for refusing to consent to treatment. The hospital *may not* deny you privileges because you refuse to take medication.

EXCEPTIONS TO INFORMED CONSENT

The law recognizes only two situations in which your informed consent to treatment is not required: incompetency and emergency.

Incompetency

When your physician believes that you do not understand the nature of your illness or the proposed treatment, she may conclude that you are not competent to make your own treatment decisions, and, therefore, that she may not legally treat you on the basis of your consent. The only consideration for competency should be whether or not you are able to make or communicate informed decisions. The physician's opinion must not be based upon her belief that you made a "bad" treatment decision.

Rogers **Hearings**

When a doctor believes you are incompetent, she may initiate a guardianship proceeding, popularly called a ***Rogers*** hearing.

At this court proceeding you have the right to be represented by an attorney, and, if you cannot afford an attorney, the court will appoint one for you. The court shall authorize treatment with antipsychotic medication only if:

- it finds you *not capable of making informed decisions* regarding medication;
- by applying a *substituted judgment* test, it finds that you would accept the treatment if competent; and
- it approves and authorizes a *written antipsychotic treatment plan.*

Probate Court *Rogers* and District Court *Rogers*

Probate Court *Rogers* hearings are commenced in probate court. The statute governing probate court *Rogers* guardianships does not establish a time period for the duration of the guardianship. The Supreme Judicial Court, however, has ruled that all probate court *Rogers* orders must provide for periodic review and include a termination date. You may file a petition with the probate court at *any* time for termination of the guardianship.

District Court *Rogers* hearings are commenced in district court. They may be initiated only when you are hospitalized *and* the subject of a petition for commitment. The petition for guardianship with authority to administer antipsychotic drugs is separate from the commitment proceeding and the court may consider it only after the judge issues an order for your commitment. A

district court guardianship expires at the end of your commitment. You may petition the court at *any* time for termination of the medical treatment authorization.

Emergency

Absent a court-ordered *Rogers* guardianship you may be medicated against your will in only two emergency situations: to prevent violence against yourself or others *or* to prevent irreversible medical damage to yourself.

Chemical Restraint

A physician may authorize the use of chemical restraint to prevent violence in an emergency situation "such as the *occurrence of, or serious threat of, extreme violence, personal injury, or attempted suicide."*

Emergency Psychiatric Treatment

If your doctor believes that you have a serious mental illness, you are incompetent, and an *"immediate, substantial, and irreversible deterioration"* of your medical condition will occur unless you receive the medication, she may administer a **single** treatment of medication without your consent. However, this emergency treatment cannot continue without a judge's authorization.

HEALTH CARE PROXY

In 1990, Massachusetts enacted the Health Care Proxy law. The proxy allows you to choose, while competent, a trusted relative or friend to make medical treatment decisions for you if, and when, you are no longer competent to do so. The proxy only takes effect after your doctor determines that you lack the capacity to make decisions about your course of treatment. A health care proxy may negate the need for future substituted judgment determinations by a court.

WHAT TO DO IF YOU HAVE BEEN ILLEGALLY MEDICATED

If you believe that you have been illegally medicated while at a program or facility operated by DMH, contracted for by DMH, or licensed by DMH, ask to speak with the Human Rights Officer. You may also file a written **complaint** with the Person in Charge of the program or facility. You may give your complaint to any facility employee; he or she must forward it to the Person in Charge. If you are dissatisfied with the response of the Person in Charge and believe that additional fact-finding should occur, you have 10 days to request **reconsideration**. You also may file an **appeal** to a higher level up to 10 days after receiving a decision. In most cases, you have the right to a **further appeal,** which must be filed within 10 days of receiving the *appeal* decision. If you have questions about the complaint process, contact the Human Rights Officer or the Mental Health Legal Advisors Committee (1-800-342-9092).

Frequently Asked Questions About Civil Commitments

Massachusetts General Laws Chapter 123, sec 35 permits the courts to involuntarily commit someone who has an alcohol or substance use disorder and there is a likelihood of serious harm as a result of his/her alcohol or substance use. Such a commitment shall be for the purpose of inpatient care of a person with an alcohol or substance use disorder in a facility licensed or approved by the Department of Public Health or the Department of Mental Health for a period of up to, but not to exceed 90 days.

The Process

How do I get someone committed?

According to the statute, only a qualified petitioner may request the court to commit someone to treatment under Section 35. They are: a spouse, blood relative, guardian, a police officer, physician, or court official. They must go to the local court and fill out papers. In legal language, they must "file a written petition or affidavit for an order of commitment". Petitions may be filed at a District or Juvenile Court

What happens once a petition is filed with the court?

Once the court receives the petition the next steps are:

1) The court reviews the facts and decides whether or not to issue an order of commitment
2) If yes, then the person who is the subject of the petition must come to court that day. The court can issue them either a summons or a warrant of apprehension.
Summons – a written notice delivered to the person
Warrant – allows police to pick the person up. A warrant can be executed only during court hours.
3) If a warrant is issued and the person is picked up, they will be handcuffed, taken to court, and put in a holding cell to wait for a hearing.

The person has the right to a lawyer and to present their own evidence or independent information. The court will arrange for an evaluation by a Forensic psychiatrist, psychologist, or approved social worker to examine them.

The court will hear the testimony and evidence from the exam and other evidence that relates to the case and then make a decision to grant or deny the petition for commitment.

The court's decision is based on whether the individual meets the criteria of two things:

1) The individual has an alcohol or substance use disorder

AND

2) There is a likelihood of serious harm as a result of their substance use disorder.

Both factors must exist. A person does not meet criteria for commitment based solely on having an alcohol or substance use disorder.

What is likelihood of serious harm?

To meet criteria for civil commitment, "likelihood of serious harm" must exceed what harm can be reasonably assumed to exist, when any individual abuses alcohol or other drugs, but for the purpose of involuntary commitment the statute defines "likelihood of serious harm" as:

1) A substantial risk of physical harm to the person himself/herself as manifested by evidence of threats of, or attempts at suicide or serious bodily harm; OR

2) A substantial risk of physical harm to others as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; OR

3) A very substantial risk of physical impairment or injury to the person himself/herself as manifested by evidence that such person's judgment is so affected that he/she is unable to protect himself/herself in the community and that reasonable provision for his/her protection is not available in the community.

The "likelihood of serious harm" must be directly related to the substance use and must be a current or imminent threat.

What happens if the court orders the commitment?

If the judge grants the petition and orders the commitment, the individual will be returned to a holding cell to await transportation by the local Sheriff's Department to the commitment facility. Transportation typically does not occur until after the courts close so the individual may wait several hours depending on what time their hearing was held.

The Forensic evaluator, after conferring with Central Intake, will make a recommendation to the judge as to what facility will provide the most appropriate level of services. The following programs are approved to treat civil commitments.

For males:

-Men's Addiction Treatment Center (MATC)
-Mass Alcohol and Substance Abuse Center (MASAC)

For females:

- Women's Addiction Treatment Center (WATC)
- Women's Recovery from Addictions Program – Taunton (WRAP)
- High Point – Jamaica Plain (HP-JP)
-And in some cases designated public ATS programs

Will the commitment be for 90 days?

The statute states the commitment may be up to, but not exceed 90 days. The commitment may be less than the 90 days depending on the individual's clinical needs and if they cease to meet the criteria for likelihood of serious harm to themselves.

If an individual no longer meets commitment criteria can they remain in the program on a voluntary basis for continued treatment?

Yes. Length of commitment shouldn't be confused with length of treatment episode. Although the individual does not meet the criteria for involuntary commitment, they may meet the criteria for continued care. All admissions are encouraged to continue in the treatment episode at this level or at lower levels of care.

Can one be transferred from one facility to another if a bed opens?

Individuals admitted to a facility will typically complete the commitment at that facility. Under certain circumstances Section 35 programs may transfer patients to other programs based on their medical or psychiatric needs.

If an individual has court cases will the programs hold them for the court appearance date?

The programs will not hold individuals specifically for court dates. If the individual ceases to meet commitment criteria they must be released.
DPH programs do not have the statutory authority to hold individuals that have bail set by the courts.
The programs are not secure to the level required for custody for public safety reasons and are not intended to be an alternative sentence option.

If I don't want the commitment to occur in a correctional facility can I withdraw the petition?

Once the petition has been filed it cannot be withdrawn without the permission of the court. If the commitment has been granted, it must occur regardless of what facility it is to.

Are there any other consequences to a commitment?

Yes, sec 35 of Ch 123 now requires the courts to provide a commitments' name, SS #, and D.O.B. to the department of criminal justice information services and the person will be prohibited from being issued a firearms identification card. This may be appealed under certain circumstance after 5 years.

Can the programs handle all kinds of medical needs?

No. Some individuals may have complicated medical conditions that cannot be appropriately treated in a civil commitment facility. They may require admission to a hospital based program.

Can programs handle co-occurring mental health problems?

Yes, but if an individual has a psychiatric disorder which needs to be stabilized and/or managed to be able to treat the substance use disorder, they will have to be referred to a psychiatric hospital or be committed under MGL Ch 123 section 12.

What kind of help will an individual receive?

Once admitted to a facility, an assessment will be completed regarding the persons' need for detoxification. The length of time in a detoxification unit varies depending on the substance he/she is using, the amount of use, the time since his/her last use, and his/her overall health. Once detoxification is complete he/she will receive clinical support services. The individual learns more about addiction, sobriety, and how to prevent relapse. Counselors and case managers will work with individuals to help them recognize the consequences of their addiction and hopefully motivate them to accept aftercare plans to continue their treatment.
The goal of the program is to have every client remain in treatment for as long as necessary. The level of care is determined by an individual's treatment needs and lengths of time in different levels are based on the persons' progress in each level.

Will the sec 35 commitment make the individual stop using?

Recovery is a process and detoxification is a start. It is important to understand that addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. For some individuals a civil commitment to treatment begins their recovery. Others do not see a need or have a willingness to address their alcohol or substance use disorders. As with all behavior changes, they cannot be simply ordered so the programs will work to provide education on substance use disorders, relapse prevention, aftercare resources and hopefully motivate the individual to want to take the next step in recovery.

Is a sec 35 a good first treatment option?

No. To involuntarily commitment someone should be the last option for treatment and not the first. If an individual is willing to enter treatment voluntarily there are a number of private and public programs that are available that can provide treatment. If an individual feels they are part of making the decision to enter treatment they often will be more receptive to it. Outcomes are often better if an individual is motivated and willing to engage in treatment, in the least restrictive environment. Many times just the threat of being committed will influence an individual to enter treatment voluntarily.

What are some other options?

There are many programs that can help family or friends learn more about addiction, the process of recovery and how to best intervene. It is helpful for families, friends, and significant others, to learn about addiction and to understand the process of recovery. Many of the individuals that are committed return to their family, to continue their treatment. Being aware of what one's role is, in supporting recovery, will increase the chance of a successful outcome.

Self- help organizations can be resources for families and friends.

Alcoholics Anonymous:
AA is a fellowship of men and women who have had a drinking problem.
http://www.aa.org 617-426-9444

Al-Anon/Al-Ateen:
Strength and hope for friends and families of problem drinkers
http://al-anon.org 508-366-0556

Nar-Anon:
A 12 step program for families and friends of addicts
http://www.nar-anon.org 866-624-3578

Allies in Recovery
AIR is an online-learning platform for families with a loved one struggling with drugs or alcohol
http://alliesinrecovery.net

Learn to Cope
Learn to Cope is a peer-led support network for families dealing with addiction and recovery
http://learn2cope.org 508-738-5148

Helpline
To find substance abuse programs, hotlines, support groups, self-help meetings, counseling services, and community resources
www.help-online.com 1-800-327-5050, Monday – Friday 8a.m-10p.m, Weekends and Holidays 9a.m-5p.m