Dr Han Liang, written testimony.

I am writing with serious concerns on SB 1547. I am a child and adolescent psychiatrist in the Portland area with experience treating mental health and substance use disorders.

Addiction is a treatable health condition that improves with compassionate, evidence informed, patient centric and low barrier treatment opportunities. The desire to change laws to allow a parent to involuntarily commit their child to undergo potentially life-saving treatment is understandably rooted in compassion for teens and their families amid the fentanyl crisis.

SB 1547 brings focus to the limited options families in Oregon have when their teenage child refuses to seek lifesaving residential substance use treatment. Some of these options include encouraging youth into residential treatment by (a) coercing them to "sign in" by either stated threats or promised rewards (b) engaging other systems such as juvenile justice to compel the youth (c) transporting youth to another state where minor consent is not necessary or (d) involving extended family and friends to stay connected, increase communication, and effectively encourage their loved one towards treatment (CRAFT Community Reinforcement Approach to Family Training). The last option (d) "CRAFT" is the most evidence-based option with proven effectiveness out of the brief list above.

In analyzing available literature, I must share a few acute concerns about unintentional consequences of moving forward with the SB 1547 proposal. First is that some literature suggests compulsory drug treatment does not improve outcomes and may instead offer potential harms (1). One study specifically concludes that involuntary treatment was associated with increased non-fatal overdose risk (2). A forced withdrawal from substances leads to a decrease of tolerance for the drug during treatment. But if an unwilling teen intends to use immediately after their 14-day commitment, they may unintentionally overdose due to their reduction in tolerance. Finally, a recent 2022 review of evidence-based treatment for young adults with substance use disorders concludes: "Young adults should enter care voluntarily; civil commitment to treatment should be a last resort. In many settings, compulsory treatment does not use evidence-based approaches; thus, when treatment is involuntary, it should reflect recognized standards of care" (3).

While all studies must be examined critically before applying conclusions, there is documented and plausible risk of substantial harm from an implementation of SB 1547. We must ethically pause to reflect and examine how we might mitigate these risks. It appears likely that SB 1547 in its current state would unintentionally increase overdoses following involuntary commitment, unintentionally exacerbate trauma in teens, families and staff related to the implementation of coercion, and be of no proven benefit despite the risks. We must thoughtfully inventory our available evidence informed resources and support clinical, community and patient leaders to collaborate towards a system of care

that offers compassionate and comprehensive substance use treatment options which meets teens and families where they are in their journey towards lifesaving treatments.

Sincerely,

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1. Werb D, Kamarulzaman A, Meacham MC, Rafful C, Fischer B, Strathdee SA, Wood E. The effectiveness of compulsory drug treatment: A systematic review. Int J Drug Policy. 2016 Feb;28:1-9. doi: 10.1016/j.drugpo.2015.12.005. Epub 2015 Dec 18. PMID: 26790691; PMCID: PMC4752879.
2. Rafful C, Orozco R, Rangel G, Davidson P, Werb D, Beletsky L, Strathdee SA. Increased non-fatal overdose risk associated with involuntary drug treatment in a longitudinal study with people who inject drugs. Addiction. 2018 Jun;113(6):1056-1063. doi: 10.1111/add.14159. Epub 2018 Feb 13. PMID: 29333664; PMCID: PMC5938130.
3. Hadland SE, Yule AM, Levy SJ, Hallett E, Silverstein M, Bagley SM. Evidence-Based Treatment of Young Adults With Substance Use Disorders. Pediatrics. 2021 Jan;147(Suppl 2):S204-S214. doi: 10.1542/peds.2020-023523D. PMID: 33386323; PMCID: PMC7879425.