APA Official Actions

Position Statement on Civil Commitment for Adults with Substance Use Disorders

Approved by the Board of Trustees, December 2025
Approved by the Assembly, November 2025

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:

Laws pertaining to civil commitment for substance use disorders (SUDs) have received renewed interest, especially in light of the opioid overdose epidemic and a growing desire to increase access to services. However, these laws are controversial, with proponents saying they have benefits for the individual and/or community and opponents saying they curtail liberty without achieving sustained positive outcomes.

Although voluntary SUD treatment delivered in accord with evidence-based practices is known to be effective, the effectiveness of civil commitment for SUDs has not been demonstrated by generalizable research. Additionally, jurisdictional differences in the implementation of such statutes, and in the type of treatment provided in the programs to which people with SUDs are committed, make comparisons difficult.

APA Position:

People with SUDs who are civilly committed should have adequate access to high-quality SUD treatment services across a continuum of care, including psychosocial interventions and consensual medication when medication is an effective component of addiction treatment.

In the absence of more substantial evidence of effectiveness, the APA neither endorses nor opposes SUD commitment statutes. States that operate SUD commitment programs have a responsibility to

- **A) Provide high-quality, evidence-based treatment that conforms to applicable medicine standards for persons subject to such commitments, and otherwise protect such persons' legal rights,**
- **B) Ensure seamless linkages to care during and after the commitment period,**
- **C) Monitor quality and specific outcomes, including reducing the likelihood of return to use, preventing overdose, and improving functional status,**
- **D) Administer the program through health systems rather than correctional systems, and**

E) **Provide dedicated funding to these programs without divesting funds or resources from other mental health services.**

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