An Act Ensuring Access to Addiction Services

This bill would end the practice of incarcerating men who have been not been convicted of any crime but who have been civilly committed for involuntary treatment for alcohol and substance use disorders under M.G.L. c. 123 § 35.

Why This Matters

 Alone in the country, Massachusetts commits male substance use disorder (SUD) patients to prison when there are not enough beds elsewhere — a vestige of times when SUD was seen as a moral failing rather than a disease. Under G.L. c., 123 § 35, men and women may be involuntarily committed for SUD treatment for up to 90 days if a court finds that they pose a risk to themselves or others. In 2016, Section 35 was amended to prohibit incarceration for women, a step which Governor Baker recently hailed in his 2019 inaugural address. This bill would do the same for men.

Male patients sent to Department of Correction (DOC) custody under Section 35 are overseen by prison guards used to dealing with sentenced prisoners. They are subjected to strip searches and arbitrary punishments, including solitary confinement, for even minor rule infractions. Most fundamentally, from the moment they pass through the barbed wire fencing of the DOC’s MASAC facility, the message they are sent is that they have something to be ashamed of. Their prison I.D. badge, their calls home, and their letters all identify them as prisoners, not patients, and carry a stamp of shame. The trauma and humiliation they experience hinders their recovery afterward.

The need for SUD treatment is great. But rather than provide adequate resources for Section 35 treatment for men by the Departments of Public Health and Mental Health (DPH and DMH), the Baker Administration has instead added more prison beds for Section 35 men through an agreement allowing for Section 35 incarceration in the Hampden County Sheriff’s Department, as well as in the DOC.

What this Bill Would Do

This bill will require that all Section 35 beds, for men as well as women, be in facilities approved by the DPH or the DMH, and not in correctional facilities. It will require that people with SUD be treated as patients rather than as criminals.

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