

LETTERS | BAKER PLAN TARGETS OPIOID EPIDEMIC

Governor's well-intentioned plan could pave way to a range of problems

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RE “BAKER seeks limits on prescriptions for opioids” (Page A1, Oct. 16) and “Baker would give hospitals the power to hold addicts” (Page A1, Oct. 11): The spirit of Governor Baker’s wide-ranging bill to limit opioid prescriptions and empower hospitals to force treatment on substance abusers who pose a danger to themselves or others is full of merit and good intent.

Yet often the right motives and important objectives of this kind of creative legislation — albeit, an emergency plan to save individuals in the throes of their own life-threatening addiction — backfire and flounder when they are actually implemented.

In the hands of medical personnel with practice and training in addiction intervention, the covenants of this bill would add life-saving intervention options.

However, in the hands of hospitals or medical staff who, all too often, have no practical experience or have insufficient training in addiction and, most important, lack basic resources available to offer follow-up treatment, coerced and involuntary commitment could be damaging beyond redemption for a patient.

In addition, this bill would further clog the bottleneck of an overburdened treatment system. The system of detox and short- and long-term residential treatment is already in deep distress. Scarcity of beds is at epic proportions.

The governor is clearly forging new territory and trying to get in front of an epidemic that is taking a devastating toll. Addiction is complex, and no one approach is the panacea. The cycle stops when treatment services and interventions flow equally at all levels of care.

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