

# The Other Infodemic: Media Misinformation about Involuntary Commitment for Substance Use

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**Background:** As drug-related deaths have surged, the number and scope of legal mechanisms authorizing involuntary commitment for substance use have expanded. Media coverage of involuntary commitment routinely ignores documented health and ethical concerns. Prevalence and dynamics of misinformation about involuntary commitment for substance use have not been assessed.

**Methods:** Media content mentioning involuntary commitment for substance use published between January 2015 and October 2020 was aggregated using MediaCloud. Articles were redundantly coded for viewpoints presented, substances mentioned, discussion of incarceration, and mentions of specific drugs. In addition, we tracked Facebook shares of coded content.

**Results:** Nearly half (48%) of articles unequivocally endorsed involuntary commitment, 30% presented a mixed viewpoint, and 22% endorsed a health-based or rights-based critique. Only 7% of articles included perspectives of people with lived experience of involuntary commitment. Critical articles received nearly twice as many Facebook shares (199,909 shares) as supportive and mixed narratives combined (112,429 shares combined).

**Discussion:** Empirical and ethical concerns about involuntary commitment for substance use are largely absent from coverage in mainstream media, as are voices of those with lived experience. Better alignment between news coverage and science is vital to inform effective policy responses to emerging public health challenges.

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As drug-related deaths continue to surge in the United States,<sup>1</sup> policymakers are expanding both the number and scope of laws authorizing involuntary commitment (IC) for substance use disorder (SUD).<sup>2</sup> While utilization of these laws varies across states, favorable professional and public opinion continue to facilitate expansion of coercive modalities—one recent study found that

more than 60% of physicians favored the use of IC for SUD.<sup>3</sup> Despite their prominence and continued investment, there is no systematized surveillance on the number or demographics of committed patients, treatments offered, or other key information about IC for SUD. In some states, studies have found that less than 20% of individuals receiving care at IC facilities were offered criterion-standard medications for opioid use disorder or had scheduled postrelease treatment follow-up.<sup>4</sup>

At a time of growing prominence, there is limited communication of accumulating evidence of the potential harms associated with IC for SUD.<sup>5,6</sup> Ethical considerations include blurring lines between coerced treatment and criminalization, patient autonomy, and other issues.<sup>7</sup> Despite mounting concerns, the dynamics of media coverage of these concerns have not been assessed. Recent attention to health misinformation in mainstream and social media in the context of increasing fentanyl-related deaths over the 2015–2020 period, as well as misinformed public safety concerns related to harm reduction services that continue to hinder efforts in the United States, highlights the critical importance of scientifically accurate information as part of the public health response to the overdose crisis.

## METHODS

Using a MediaCloud protocol published previously,<sup>8</sup> we deployed a search query into 2 of MediaCloud's existing media collections covering United States media on the national, state, and local levels between January 2015 and October 2020.

The query comprised 9 search terms specific to IC, enhanced by Boolean and wildcard operators: involuntary commitment AND (SUD\* OR substance use disorder OR drug use OR drug misuse OR drug abuse OR drug addiction OR substance use\* OR substance misuse).

The resulting sample of 505 articles was qualitatively categorized (“coded”) using at least 2 independent coders per article to achieve internal validity. Building on methods used in previously published analyses, a discrepancy resolution process was implemented across all coders, which involved reviewing articles independently, comparing results, and conferring with a third coder to resolve the discrepancy. The process categorized the following: viewpoints presented (critical, mixed, or supportive of IC), perspectives included (law enforcement/legal entities, families/friends/community members, and health care professionals), discussion of incarceration in relation to IC, and mentions of specific drug classes (opioids, alcohol, stimulants, and cannabis). Supportive articles were defined as describing IC as an effective and/or humane alternative to incarceration, critical coverage discussed health and/or ethical concerns, whereas

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articles presenting both supportive and critical narratives were coded as mixed. Articles were coded for speakers represented, with a particular interest in those experiencing (or having experienced) IC for SUD. We also tracked the diffusion of articles by quantifying the number of Facebook shares of coded media articles using MediaCloud data.

## RESULTS

Within the media sample, 48% ( $n = 242$ ) of mainstream media articles unequivocally endorsed IC, 30% ( $n = 152$ ) presented a mixed viewpoint, and 22% ( $n = 111$ ) raised health- or rights-based critiques (Fig. 1A). Whereas the overall prevalence of supportive narratives increased in number over time from 2015 to 2020, critical articles received nearly twice the exposure in Facebook shares (199,909 shares) than supportive and mixed narratives combined (112,429 shares combined) (Fig. 1B).

The voices of people experiencing IC were underrepresented ( $n = 68$  [7%]) and overshadowed by law enforcement/legal entities ( $n = 395$  [38%]), families/friends/community members ( $n = 118$  [11%]), and health care professionals ( $n = 184$  [18%]). The majority ( $n = 395$  [62%]) of law enforcement and legal entities interviewed in the media articles sampled expressed support for IC. A smaller proportion of health care workers (23% [ $n = 24$ ]) and community members (16.2% [ $n = 26$ ]) expressed support. Less than 20% of articles ( $n = 96$ ) explicitly discussed the interplay between incarceration and IC for SUD, and only 7% of those that did ( $n = 7$ ) criticized the use of IC as an alternative to incarceration.

Nearly 60% of articles did not specify the type of substance use warranting IC. Of those that did, 64% ( $n = 221$ ) mentioned opioid use, receiving 45,048 Facebook shares; 24% ( $n = 81$ ) mentioned alcohol, receiving 28,094 Facebook shares; 6% ( $n = 22$ ) mentioned stimulants, receiving 200 Facebook shares; and 5% ( $n = 17$ ) mentioned cannabis, receiving 3975 Facebook shares.

## DISCUSSION

Nearly half of articles analyzed unequivocally endorsed the use of IC. Importantly, key public health and ethical concerns about the use of IC for SUD to address the overdose crisis are largely absent from coverage in mainstream media. However, articles

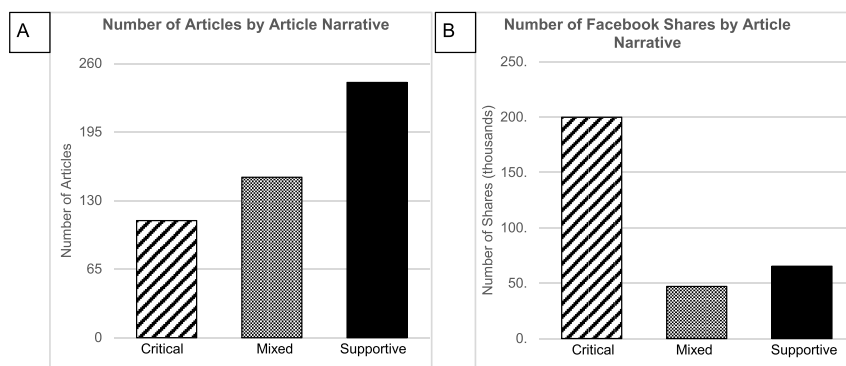
presenting a critical view of IC for SUD received much greater exposure through Facebook shares. The prevalence of narratives put forth by the media has important implications in shaping public opinion and health policy, making media misinformation particularly harmful. One key example is the portrayal of harm reduction interventions for SUD. Common narratives state that these services promote drug use and increase crime despite overwhelming evidence of the opposite.<sup>9</sup> These false narratives have been cited as a reason to shut down syringe services programs<sup>10</sup> and have led to protests that prevented a supervised consumption space from opening.<sup>11</sup>

Given prior literature establishing concerns around IC,<sup>12,13</sup> media outlets have a responsibility to provide accurate information and to combat misinformation. Emerging data demonstrate an increased risk of death following release from compulsory treatment for SUD.<sup>14</sup> These findings validate the concerns of many experts regarding the similarities of the conditions surrounding IC and criminal detention, given the extensive evidence on the risk of fatal re-entry from secure settings.<sup>3</sup> This is particularly important as the United States is at a critical juncture in regard to the use of IC for SUD, with 25 states adding laws supporting this practice between 2015 and 2018 alone.<sup>15</sup> Acknowledging its shortcomings in public discourse and policy is necessary to make way for evidence-based measures to reduce drug-related deaths.

As a part of presenting a realistic picture of IC for SUD, media outlets should advance efforts to include voices of people with lived experience. Unfortunately, only a minority of articles included such perspectives. Articles that did include voices of people with lived experience were able to do so anonymously, demonstrating the feasibility of including these narratives while protecting individual confidentiality.

Our analysis is limited in its ability to draw conclusions regarding the significance of Facebook shares as we were unable to determine the sentiments held by sharers. In addition, the MediaCloud database includes only news articles and does not offer insight into this discussion on other platforms. Finally, some articles in our initial search results required paid access and were excluded from our final sample.

Better alignment between news and science is vital to inform effective policy responses to emerging public health challenges. It also offers an opportunity to shift the attitudes of



**FIGURE 1.** Number of media articles containing critical, mixed, and supportive narratives on involuntary commitment (A) and their Facebook exposure (B).

community stakeholders such as law enforcement, health care providers, and the public away from these practices (and more broadly, away from carceral and punitive approaches to treatment of SUD). Correspondingly, law enforcement and health care providers are uniquely positioned to advocate for and spread corrective narratives among their peers and patients. Coverage that ignores major public health shortcomings threatens to promote approaches that only fuel the very problem they purport to address.

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