

Marchman Act Success Stories

Families of individuals with substance use disorders (SUD's) always are concerned about and want to know whether the Marchman Act really produces benefits. They sometimes quote the old adage that no one gets help until they have hit their own bottom and really want help. In previous articles we have discussed the authoritative studies which have been conducted by prominent and well credentialed researchers which indicate that involuntary commitment to treatment is at least as effective, if not more effective, than voluntary treatment. We also know that to be the case at least anecdotally through the several hundreds of Marchman Act cases we have filed. The answer is that the Act really provides great help to people with SUDs. And the evidence clearly is that you do not have to sit by and watch your loved one get sicker and sicker waiting for them to hit a bottom which will drive them into treatment.

The following are stories of cases where the Marchman Act was used to good end. The results are promising. Facts, which could identify the individuals below, have been altered for privacy but the paths taken, the court proceedings and the results reflect those of real cases which we have handled.

A woman in her mid-thirties with a history of trauma continued to abuse substances even after several treatment episodes. As disappointing as it was to her family, that should not necessarily come as a surprise to anyone in the treatment field. A Marchman Act case was filed and the Court was asked to initially order the woman to a treatment facility which dealt with her substance use disorder for sixty days, and then, successfully asked the Court to extend the Marchman Act treatment order for another ninety days for treatment of the underlying trauma and co-occurring mental health issues which included an eating disorder at a facility which specialized in helping women who are trauma survivors. This woman is over one year clean and sober and she is on the right path with much greater insight and tools for recovery.

A young man who was enrolled in a local college with a history of abusing various substances had been arrested for possession of marijuana. He was emotionally troubled and was self-medicating with various substances. He failed his courses and had to leave school, as is so often the case with SUDs. This young man also has some co-occurring mental health issues, and struggles with his parents who try to provide guidance. His parents filed a Marchman Act and he was brought to a local treatment center where he completed residential and outpatient treatment totaling ninety days. This young man was really unhappy that he was being ordered to treatment. He lived in a sober living facility and attended outpatient



treatment under a Marchman Act order for another ninety days. He is no longer the pale, depressed, shrunken young man we saw in court two years ago. He had added weight and was training in the weight room. He seems confident in his recovery and is grateful to his parents for filing the Marchman Act. Obviously, it is up to this young man to stay connected with recovery and work on his mental health and substance use disorder on an ongoing basis.

A mother called us a few months ago to let us know that her daughter (in her early 20s) who had been addicted to opiates and lived on the streets was now clean and sober one year. She had a job and her own apartment. She was going to recovery meetings and taking care of herself. It was not an easy road however. This young woman left treatment even while under a Marchman Act order and the mother had to ask the Court to have her daughter held in contempt of court and almost incarcerated in order to get the daughter to comply with treatment. She did and there is a good ending to this story as of this writing.

A middle aged woman was quite literally drinking herself to death. Her liver is cirrhotic and she needs a liver transplant. Of course, she does not qualify to be on the liver transplant list until she has six months clean and sober. Her family filed a Marchman Act proceeding. She was picked up by law enforcement and taken to a treatment facility. She was extremely angry with her family. She has now completed sixty days of residential treatment and will go to an outpatient program. She has some insight into her condition and now wants to stay sober so she can qualify for a liver transplant.

An elderly gentleman was abusing substances and his wife was very concerned. She filed a Marchman Act proceeding. He was court ordered into treatment. Needless to say, as is often the case, he was very angry with his wife. The therapists at the treatment facility did a very good job with re-directing him and having him look at his anger. He is clean and sober six months now. The director of the facility called me to tell me that the man looked nothing like the very angry and troubled fellow who had been brought there by law enforcement under a Marchman Act pick up order.

Not all involuntary treatment cases under the Marchman Act turn out well nor do all voluntary treatment cases turn out well. The point here is that the old idea that people with substance use disorders cannot be helped until they hit their own bottom and really want to get help on their own is a fallacy. Too many people have died while their loved ones have waited for them to hit a bottom which would cause the individual to want to get help. We do not



need to do that any longer. The Marchman Act is an effective tool to get the substance use disordered individual, who says he or she does not want help, into treatment.

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