

## Patients will need extensive support after involuntary addiction treatment: Alberta agency

Province intends to introduce forced addiction treatment legislation this year

Janet French · CBC News · Posted: Mar 24, 2025 5:00 AM MDT



*Alberta is exploring how involuntary treatment for addiction should work in the province. (Chris Young/The Canadian Press)*

An Alberta Crown corporation that studies addiction recommends that any involuntary treatment be done for longer time periods because shorter stays seem ineffective.

In a paper released on Friday, the Canadian Centre of Recovery Excellence (CoRE), an Alberta Crown corporation, says the province will need to provide a robust network of support after patients leave forced treatment centres if they want the approach to succeed.

"The goal is to say, 'Hey, look across the spectrum of things we can do. What's the best in class, and are there ways that we can offer this to the people who need it most?'" said Dr. Nathaniel Day, CoRE's scientific director and one of the paper's authors.

The United Conservative Party government in the 2023 provincial election pledged to introduce involuntary addiction treatment for adults.

The provincial government created CoRE last year to study the best ways to support addiction recovery.

CoRE spokesperson Katy Merrifield said the government asked CoRE to review existing evidence and similar models of involuntary treatment to advise the government on how to develop an Alberta program.

The government has said it will introduce what it calls "compassionate intervention" legislation this year, which would allow police, doctors, family members or a guardian to request mandatory drug treatment for a person with severe addiction.

Provincial data shows 1,182 people died of opioid poisoning in 2024 in Alberta. Although it was a 37 per cent drop from the previous year, an average of three people are dying each day.

Day and his co-authors reviewed research on involuntary treatment, which the paper calls "civil commitment," in Canada, the U.S., some European countries and Australia.

It says most of the research was done before the development of opioid agonist treatment, which consists of long-acting medications that can cut poisoning deaths by half.

The authors also looked at professionals such as nurses, pilots, doctors and dentists who were required to take drug treatment programs to retain their professional credentials or jobs. It's a group the report acknowledges is not a perfect comparison to the general population.

They found the "current literature is not adequate to determine the effect of civil commitment in general, or determine which interventions are beneficial and to what degree."

In the studies that tracked post-treatment deaths, five-to-10 per cent of people died.

The authors also found many patients who initially were forced into treatment were later compliant with recovery and grateful for the help.

They recommend keeping patients in treatment as long as the person needs, offering medications to prevent overdoses, help people find training or jobs, and offer follow-up therapy, peer support and check ins to help keep them sober.

The province should accept that some patients will have permanent brain damage and impairments and long-term mental illness and may need lifelong support, the says.

The report says patients should have access to appeals and review mechanisms for involuntary treatment, but doesn't recommend timelines.

Day said the province shouldn't be deterred by an absence of comprehensive studies.

"Just because something does not have clear literature, doesn't mean it isn't valuable," he said.

### **Psychiatrist worries about unaddressed harms**

Dr. David Crockford, a University of Calgary psychiatrist who specializes in addiction medicine, and was not involved in the report, says the document fails to address some of the risks of involuntary therapy.

He said data from Australia shows a disproportionate number of Indigenous people and new immigrants in forced treatment.

Detaining and treating people who have already experienced trauma could lead to further feelings of distrust, and prevent some of those people from voluntarily seeking medical help in the future, he said.

There should also be short timelines in which patients can appeal their detention, like those included in the province's mental health legislation, he said.

"People can choose not to get the measles vaccine, can choose not to get the COVID vaccine and their rights are being vehemently upheld," he said. "And yet, people who are the most vulnerable are having their rights taken away from them, and being subject potentially to something which might be damaging."

Post-treatment overdose rates can also be higher in patients who were involuntarily treated compared to those who willingly participated, he said.

Crockford said it's unclear whether the recommendations apply to any substance addiction, including tobacco or cannabis, or just opioids. He said the authors don't define a "severe" addiction that could warrant involuntary treatment.

He said patients seeking voluntary treatment in Alberta still struggle getting access to detox and longer-term inpatient treatment centres. He said that system should be expanded before forcing people into treatment.

In a statement, Hunter Baril, press secretary to the minister of mental health and addictions, did not directly say how the government will use the CoRE recommendations.

"No jurisdiction in the world has built the system Alberta is building to bring people out of addiction and into recovery, including through treatment orders for those who have become a danger to themselves or others," the statement said. CoRE will also be tasked with studying Alberta's version of involuntary treatment as it is implemented.