

Alberta tables new law for mandatory treatment for drug addicts

After two years, Alberta will become the first province in Canada to allow forced drug-addiction treatment

By Tyler Dawson | Published Apr 15, 2025



Alberta Mental Health & Addictions Minister Dan Williams & Premier Danielle Smith discuss Bill 53, the Compassionate Intervention Act, during a press conference, in Edmonton, Tuesday April 15, 2025. Photo by David Bloom/Postmedia

In the face of a drug crisis that's killed more than 1,000 Albertans annually for years, the provincial government is poised to become the first jurisdiction in Canada to force drug addicts into treatment, holding them in secure facilities for up to three months at a time or mandating that they complete six months of treatment in the community.



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If Bill 53, introduced Tuesday afternoon by Dan Williams, Alberta's minister of mental health and addictions, becomes law, it would allow adult family members, guardians, health-care professionals and law enforcement to compel an addict into treatment — a last-ditch effort for severe addicts for whom other treatment options have failed.

“Those who suffer from addiction suffer from an illness, and that illness is treatable, and recovery is possible,” Williams told reporters Tuesday. “Not only is it possible, it is probable, if we build those pathways. And this Compassionate Intervention Act is just one of the tools and pathways that we will have in the province to help those individuals.”

While compulsory treatment is controversial among addictions experts, and the evidence of its efficacy is mixed, the Alberta government believes that with the right set of rules and resources, even the most extreme addict can recover, not just saving lives but decreasing the social disorder that comes with severe drug abuse.

“In our downtown cores, there are visible effects on every street, with individuals who have lost the ability to make healthy decisions, actively putting their lives at risk and causing fear and harm in the broader community,” said Alberta Premier Danielle Smith.

In 2024, 1,414 people died from drug poisoning; 1,182 of them from an opioid overdose. The provincial government estimates that addictions issues cost Alberta \$7 billion annually, in terms of health care, lost productivity and justice-system costs.

The idea of mandatory treatment was first floated during the 2023 provincial election campaign. It was the brainchild of Marshall Smith, Smith's former chief of staff, himself a former addict.

But on Tuesday, the government revealed how it would expect such a system to work. It's likely to face constitutional challenges, but supporters argue that provinces already have legislation on the books that allows for treatment of those with severe mental-health challenges, and the government believes it will pass constitutional muster.

“Is there some constitutional right to 187 overdoses? Causing death on the street and personal carnage within your own life, leading to death and public disorder as well? I say there's not,” said Williams. “But if the opinion of our legislature and the court disagrees, we'll have to address that when it comes there.”

An application would first be made to have a person put into mandatory treatment. That application would be reviewed, and then a lawyer sitting on an independent commission would determine whether they are eligible for a 72-hour detention for assessment. Once the person is apprehended by police, their case would be reviewed by a three-member commission team: a lawyer, a physician and a member of the public. The decisions of the commission would be subject to judicial review, and the commission must find consensus in its decision. As well, the prospective patient would be allowed to have legal counsel present at the assessment.

In order to be committed to treatment, a detained adult would need to be likely to cause harm to themselves or others within a reasonable amount of time. Those detained who are under the age of 18 would not be subject to the “reasonable time” guideline.

The province maintains that it would be a fairly small segment of the population eligible for compassionate intervention, given the severity of addiction needed to qualify. For example, this could include the types of people — more than 780 in Alberta in 2023 — who visited emergency departments for their substance use more than 10 times.

Those remanded to treatment would receive individualized treatment plans, which would be reviewed every six weeks, and patients could be transferred between community care plans and secure facilities as needed.

During this period, they will be unable to refuse medical treatment.

So far, the facilities that would house addicts committed to secure facilities have yet to be constructed. In the 2025 budget, the United Conservative government set aside \$180 million over three years to build two 150-bed treatment facilities, one in Calgary and one in Edmonton, for those who will be compelled to receive treatment. Additionally, youth will be treated at the Northern Alberta Youth Recovery Centre, located at a separate facility at the Edmonton Young Offenders Centre, and in repurposed safe houses already established under the already existing Protection of Children Abusing Drugs Program.

Once a patient is deemed to no longer be a risk to themselves and others, they will be released from the compassionate-intervention program, although the province says there will still be supports available. If they remain at risk, treatment plans could be renewed for longer lengths of time. Government staff told reporters in a briefing that the evidence suggests three months or longer is necessary for the brain to normalize.

At least part of the reasoning behind lengthy treatment stays has to do with relapse. A March 2025 white paper by the Canadian Centre of Recovery Excellence, an Alberta addictions Crown corporation, notes that brief stays in mandatory treatment have a “relatively high risk of relapse, overdose, and death,” according to a review of the scientific literature and compulsory treatment regimes in other jurisdictions.

The provincial government envisions having the system fully up and running by 2029 — two years after the next provincial election.

However, by 2026, it expects the system to be at least partially operational, perhaps with temporary treatment facilities or beds at existing facilities.