



Canadian provinces seek to treat more drug users against their will

By Anna Mehler Paperny and Nia Williams | September 26, 2024:29 AM MDT

TORONTO, Sept 26 (Reuters) - With illicit drug use, homelessness and untreated mental illness reaching a crisis in parts of Canada, the governments of at least three provinces want to treat more people against their will, even as some health experts warn involuntary care for drug use can be ineffective and harmful.

This month, British Columbia's premier, whose party is in a tight race for reelection in the province, said his government would expand involuntary treatment for people dealing with mental illness combined with addiction and brain injuries due to overdose. Some would be held in a repurposed jail.

The Alberta government is preparing legislation that would allow a family member, police officer or medical professional to petition to force treatment when a person is deemed an imminent danger to themselves or others because of addiction or drug use.

And New Brunswick has said it wants to allow involuntary treatment of people with substance use disorders, although it, too, has yet to propose legislation. A spokesperson for the governing Progressive Conservative party, which is also running for reelection, called this "compassionate intervention."

Involuntary care already exists in Canada - it is used when people with mental illness are deemed a risk to themselves or others, or in some cases when they are seen at risk of substantial deterioration due to a mental disorder.

Data shows its use has risen in all three provinces proposing an expansion. In British Columbia, a study found, its increase was especially steep for substance use disorders.

These provinces already have thousands and, in some cases, tens of thousands of involuntary hospital admissions a year. The psychiatrist spearheading British Columbia's initiative told local media the number of additional people affected by these changes would likely be in the hundreds. He did not respond to an interview request from Reuters.

The parties and officials have not made clear what the involuntary addiction treatment would involve.

The latest push comes amid a growing fear among Canadians that substance use is to blame for public disorder and violent crime. An opioid crisis has already killed more than 47,000 Canadians through overdoses since 2016, according to the federal government.

Mental illness plays a role in about 3% of violent crime, and substance use problems in about 7%, according to the Canadian Mental Health Association.

And this push coincides with a [backlash against harm reduction measures](#) - programs that prioritize keeping drug users alive without curbing drug use.

Critics say expanding involuntary care could put people at risk of subsequent overdoses and scare people away from seeking help, while a civil liberties group warns it could violate constitutional rights.

B.C. Premier David Eby told reporters last week his proposal is necessary to protect sick people and the broader community.

"For people with these three overlapping conditions, we know that the current response that we offer is not adequate," he said.

"We need to make sure that people who are sick get the care that they need, that they are looked after and that our broader community is safe for everybody."

'POLITICAL FOOTBALL'

Laura Johnston, legal director of B.C. advocacy group Health Justice, said people are being used as a "political football" in these debates, which can stigmatize them.

"There are real people on the other end of these conversations that are being deeply harmed by the political rhetoric of the moment," Johnston said.

High-profile reports of violence allegedly involving mentally ill people - such as an attack in Vancouver this month that left one man dead and another maimed - can spur political leaders into action, said David Gratzer, a psychiatrist at the Centre for Addiction and Mental Health in Toronto.

In B.C., Eby faces an October election in which drug policy is a top issue. His Conservative opponent John Rustad has also vowed to expand voluntary care if elected.

"Fundamentally what they're talking about is rebalancing patients' rights in light of what they perceive as societal safety," Gratzer said.

"We do have these instances of violence, and governments like to respond," he said. "I fear it's not so simple."

NO SIMPLE SOLUTIONS

Some health experts and advocates say evidence justifying coercive addiction treatment is mixed, and it makes little sense to expand involuntary care when voluntary care is often unavailable.

"Involuntary treatment is being presented as a relatively simple solution to quite a complex problem," said Elaine Hyshka, associate professor at the University of Alberta's School of Public Health and Canada Research Chair in Health Systems Innovation.

She said it ignores issues such as poverty, a lack of housing and a lack of effective, accessible, voluntary treatment.

Robert Tanguay, an addictions psychiatrist and clinical assistant professor at the University of Calgary, supports involuntary care under certain conditions but also stressed more voluntary treatment options are needed.

Tanguay was a member of Alberta's Recovery Expert Advisory Panel that helped shape government policy on addiction and mental health care, and said opinions about the efficacy of involuntary care varied.

"The one thing that was all agreed upon is it has to be done compassionately and in the healthcare system, not in the penal system," Tanguay said. "We can't just incarcerate people using drugs."

Traci Letts, board chair of advocacy group Moms Stop the Harm, lost her 31-year-old son Michael to an overdose in February.

She said involuntary care would not have helped her son, but that he would have benefited from a regulated drug supply to help him know what he was taking and dose appropriately: "There were times he looked to try himself to get into detox and treatment and the wait was astronomical."