April 20, 2023,

Open Letter to Mike Ellis, Alberta's Minister of Public Safety and Emergency Services

Re.: Involuntary Substance Use Care

Dear Minister Ellis,

In a media briefing on community policing in St. Albert on April 18, 2023, you were asked if people who use drugs should be forced into treatment and you replied, "*All options are on the table*". Furthermore, an article in the Globe and Mail from April 18 suggests potential legislation on involuntary care, called the "Compassionate Intervention Act".

We understand that having a loved one who is using substances can make parents and others feel desperate and grasp at any straw. We have been there, but our experience, supported by the available evidence, has taught us that the answer is prevention, treatment and harm reduction and not involuntary care.

Here we outline what we have learned and why we are firmly opposed to all forms of involuntary care.

**We oppose involuntary care because it is a violation of individual rights.**

The Alberta Mental Health Act already has provisions where a "person with a mental disorder can be apprehended, detained and/or given treatment in a hospital or in the community under specified conditions. It also explains people's rights in these circumstances" (AHS, 2010, p.6).

What you are proposing is that we give law enforcement, healthcare providers and/or families the right to have a person detained constitutes a violation of the health, safety, and rights of people who use drugs and will likely be challenged in court.

**We are opposed to involuntary care because to some it will become a death sentence.**

Over the past two years, we have had an increase in families joining our organization who have lost loved ones in treatment facilities as well as immediately or in the months after treatment.

Treatment facilities lack oversight and regulation, do not report on critical incidents and outcomes and often operate in ways that are not evidence-based, such as not admitting people on opioid agonist treatment or rapidly tapering individuals who need these medications to be

stable. In some programs not even the most basic harm reduction measures such as Naloxone are on site. Together with our allies, we asked for more accountability from treatment centres in an open letter featured in the blog post by Euan Thomson.

Opioid Use Disorder Guidelines from the Canadian Research Institute for Substance Misuse (CRISM) "strongly recommend against a treatment strategy involving withdrawal management alone without plans for transition to long-term evidence-based addiction treatment (e.g., OAT), since this approach has been associated with nearly universal relapse and, subsequently, elevated risk of unsafe drug use and/or overdose" (CRISM, 2018, p. 12).

Based on the approaches present in most treatment facilities in Alberta involuntary care would mean that people are forcefully placed in environments where they are at an additional risk of harm and death.

**We are opposed to involuntary care because those of us who have tried this approach experienced deeply traumatizing outcomes.**

Families who tried involuntary treatment using the Alberta Protection of Children in Care (PChAD) program experienced alienation from the children, trauma and in too many cases the loss of their child. This was addressed in the 2017/18 special investigative report of the Alberta Child Advocate which concluded: "While this allows for abstinence and safety in the short term, it does not provide the necessary intervention and treatment that youth require" (Alberta Child Advocate, 2018, p.6)

MSTH Alberta advocate and retired Board Director Angela Welz explains her family's experience in a blog entitled "The Trouble with PChad.".

> *I forced my daughter into detox and treatment not once, but twice because that's all I had. It didn't work and further alienated her from us because she was extremely angry at what we had done. She died alone from toxic drug poisoning in 2016 at the age of 18.*

**We oppose *involuntary* care because people who seek *voluntary* care already face long wait times.**

Why focus on involuntary care when voluntary care is unattainable for so many?

Time and time again families tell us about loved ones turned away at detox and about facing wait times of weeks, often months into a residential treatment program that meets their loved

one's needs, especially for those who are on opioid agonist treatment, which according to CRISM is the gold standard for opioid use.

Our loved ones who ask to go to treatment are discharged into houselessness from emergency departments and active treatment hospitals without regard for their health and well-being. People who are able to get into residential treatment face housing instability and a lack of recovery support upon release, causing many to use it again. People who have experienced trauma and other mental health issues lack access to mental health services, while individuals and families struggle to pay for psychologists and trauma care out of pocket.

> *My son and my family have continually been let down, stigmatized and traumatized by the so-called recovery-oriented system of care. On numerous occasions, he has been discharged into homelessness with no support while continually being criminalized for just surviving. Even as I write this I have been left to detox my child on my own, advocate for services, and be told to wait long periods for a treatment space and find housing and other services.*
>
> *When my son's drug use began I asked for help. The only option I was given was the PCHAD program. My child was detained twice under the act. What that program did was break my son's trust in me and the system. It started a cycle of criminalization, trauma and abuse from a system that was supposed to help and protect him. It has taken many years to rebuild that trust between my son and me, and what repaired that relationship is harm reduction. It has given him back his right to choose and build his own recovery, all while navigating all the roadblocks and trauma this "recovery-oriented" system creates.* Angie Staines, MSTH Board Candidate, Edmonton, AB

**We are opposed to involuntary care because it is reminiscent of colonial practices that have killed, harmed and traumatized indigenous people and other racialized and equity-deserving populations.**

Indigenous and other racialized people are disproportionately affected by the drug poisoning crisis. They are hospitalized at higher rates, die at higher rates and are incarcerated at higher rates than the provincial average.

Involuntary treatment is reminiscent of the myriad of ways in which Indigenous people, in particular, have had to withstand and confront colonial violence at every turn. It is a continuation of the displacement and removal of Indigenous peoples from their own territories and the subjugation of colonial control through laws and policies, such as Indian residential schools, child welfare apprehensions, and forced sterilization.

> *Two and a half months before my son passed away on December 19, 2022, he expressed a desire to seek treatment for his alcohol and drug use. Despite many attempts by me and other members of my family to implore him to seek treatment, he had always previously refused. I believed, at that time, that abstinence-based treatment was our only option. I was unable to secure him a treatment bed at a critical point in his life because of excessive wait times. I did not have the financial ability to find him a spot at a private facility. We had run out of options, and my son continued with his previous alcohol and drug use, which tragically resulted in his death a short time later.*
> Sarah Auger, MSTH Advocate, Edmonton, AB

**We are opposed to involuntary care because the research tells us it does not work and that it is harmful.**

Research on involuntary care highlights the violation of individual rights, the risk of further harm being caused, such as relapse and death, and the lack of evidence on the efficacy of these approaches. Pertinent studies are linked in the quotes and here are some of their findings.

> *…patients discharged to involuntary commitment directly from the hospital universally relapsed and experienced significant medical morbidity during the first year following their release. This study adds to a growing literature recognizing the harms of involuntary commitment for substance use disorder (Messinger et. al, 2023)*

> *There is limited scientific literature evaluating compulsory drug treatment. Evidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms. Given the potential for human rights abuses within compulsory treatment settings, non-compulsory treatment modalities should be prioritized by policymakers seeking to reduce drug-related harms (Werb et.al, 2015)*

> *Specifically, we argue that the infringement of autonomy and privacy associated with involuntary intervention … is not currently justified on the grounds of a lack of evidenced benefits and a risk of significant harm (Udwadia et. al, 2020)*

We call for the halt to any further provisions on involuntary care and ask for immediate actions[1]:

1. Invest in robust access to a range of voluntary treatment options, evidence-based and accountable.

[1] Adapted from Involuntary Treatment: Criminalization by another name by Pivot Legal Society (2023)

2. Repeal legislation that governs the Narcotic Transition Service and make regulated alternatives to toxic street drugs widely available to people in need of this option.
3. Eliminate police involvement under the Alberta Mental Health Act and create civilian crisis-response teams.
4. Prevent the expansion of legislation that broadens apprehension criteria to include overdose.
5. Eliminate any form of involuntary and/or coercive treatment.
6. Repeal all legislation and regulations that are used to disproportionately target Black, Indigenous, and racialized communities.
7. Repeal all legislation and regulations that are used to target people who use drugs and disabled people. There is already existing legislation that permits forced treatment against these groups. It is violent and unjust and must be eliminated.

We call for urgent action based on these recommendations to save the lives of our loved ones. The alternative means too many families will mourn too many people gone too soon.

Signed by authors,

Petra Schulz, Cofounder and Chair of the Board,
Angela Staines, Founder of 4B Harm Reduction Society and incoming Director, MSTH
Angela Welz, Retired Board of Director, MSTH
Sarah Auger, Regional Advocate, MSTH

**And these individuals and organizations**

| Name | Location | Profession Organization | Other Information |
|---|---|---|---|
| Amber Jensen | Shaughnessy AB | | |
| Kinnon Ross | Edmonton, AB | Registered Nurse | |
| Ginetta Salvalaggio | Edmonton, AB | MD, MSc, CCFP(AM) | |
| Rhonda Watt | Wetaskiwin, AB | RN | Erik Garthus (Son) |
| Samantha Ginter | Airdrie, AB | Harm Reduction Advocate | For Riley Walz (McNight) 1991-2021 |
| Kate Colizza | Calgary, AB | MD | |
| Katie Upham | Salmon River, NS | | For Andrew, 2019 |
| Cheryl Mack | Edmonton, AB | MD | |
| Chris Scanlan | Edmonton, AB | LPN | |
| Sarah Auger | Edmonton, AB | M.Ed | For Lakotah Reimer 1991-2022 |
| Angela Welz | Edmonton, AB | Moms Stop The Harm | For Zoe 1998-2016 |
| Jody Plaineagle | Lethbridge, AB | Moms Stop The Harm | Fighting to save my daughter |
| Lori Hatfield | Lethbridge, AB | Mom's Stop The Harm | |
| Kym Porter | Medicine Hat, AB | MSTH, Medicine Hat Drug Coalition | For Neil Balmer (1984-2016) |
| Chris Gallaway | Edmonton, AB | Alberta Friends of Medicare | |
| Tawnya Viznei | Edmonton, AB | RN, MSTH | For Ryan Viznei |
| Kari Ursulescu | Medicine Hat, AB | MSTH | For Riley Earl Jonathan Dawson |

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|---|---|---|---|
| Edward Henley | Medicine Hat, AB | Retired | |
| Patty Wilson | Calgary, AB | Nurse Practitioner | |
| Rebecca Saah | Calgary, AB | University of Calgary | |
| Eva Himka | Edmonton, AB | | To many loved ones have been lost |
| Tyla Savard | Grande Prairie, AB | MSTH | |
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| **Supporters Outside of Alberta** | | | |
|---|---|---|---|
| **Name** | **Location** | **Profession Organization** | **Other Information** |
| Angela Vos Ontario | Ontario | PSW, MSTH | For Jordan Sheard |
| Ruth Fox | Ottawa, ON | MSTH | For my late son |
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