

Albertans for Ethical Substance Use Policy

June 7, 2022

For immediate release:
People Seeking Substance Use Treatment in Alberta Need Clear Data

The Government of Alberta claims that its Recovery-Oriented System of Care is the best way to mitigate the drug poisoning crisis, which killed a record number of people in this province in 2021.

Some services that are already proven, such as supervised consumption and needle distribution, bear heavy scrutiny. **People in Alberta seeking access to treatment are provided few options and inadequate information to guide potentially life-or-death decisions.** This runs counter to repeated calls for quality standards from [2017](#) to [2021](#). [The Government of Alberta's own framework](#) calls for mandatory performance measurement and licensing requirements for treatment programs. We have yet to see performance or licensing information materialize, and the recently announced [My Recovery Plan](#) provides no indication that these will be made publicly available.

Assessment of treatment options for loved ones and evaluation of the efficacy of the Alberta government's chosen policy directions relies on timely access to services and data transparency on the following areas:

1. Access to treatment
2. Regulation of treatment
3. Critical incidents
4. Performance evaluation.

We request that the Government of Alberta provide data on the indicators listed in the [Appendix](#) for all treatment programs soliciting public funding, including public service providers. This will help inform critical health care decisions, while ensuring that citizens are getting a return on their tax dollars.

Signed,

Alberta and National Organizations

4B Harm Reduction Society
Alberta Alliance Who Educate and Advocate Responsibly (AAWEAR)
Alberta Nurses Coalition for Harm Reduction (ANCHR)
Canadian Association of People Who Use Drugs (CAPUD)
Canadian Drug Policy Coalition
Centre on Drug Policy Evaluation
Canadian Students for Sensible Drug Policy (CSSDP) - Calgary
EACH+EVERY: Businesses for Harm Reduction
Friends of Medicare
Harm Reduction Nurses Association
Heretogether
HIV Legal Network
Indigo Harm Reduction Foundation
Lethbridge Overdose Prevention Society
Moms Stop The Harm
Native Calgarian Podcast
Poverty Talks!
Prairie Sage Protectors
Rock Soup Greenhouse & Food Bank
Street Cats YYC
Street CCRED
Street Sisters Society
The Liam Project
Westside Harm Reduction
Your Journey Harm Reduction

Alberta Political Offices

Michael Janz, Edmonton City Councillor

Organizations Outside of Alberta

Drug User Advocacy League (DUAL)
Ottawa Inner City Health
Prairie Harm Reduction
SOLID Outreach
Student Overdose Prevention and Education Network (SOPEN)
Talk Overdose / Parlons Surdose

Media Inquiries

Angie Staines

4B Harm Reduction
Moms Stop the Harm
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Role: *Outreach volunteer, witness to abstinence-based treatment lacking proper supports & mother of person who uses substances struggling to access treatment*

Kathleen Larose

Alberta Alliance Who Educate and Advocate Responsibly (AAWEAR)
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Role: *Former detox service provider & family member of detox participants*

Michelle Robinson

Native Calgarian Podcast
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Nicole Luongo

Canadian Drug Policy Coalition
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Role: *Academic background in medical sociology and extensive lived experience of coercive addiction treatment informing perspective on abstinence-based recovery models*

Shanell Twan

Canadian Association of People Who Use Drugs (CAPUD)
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Role: *Lived experience of substance use*

Appendix

The following data remain inaccessible to Albertans seeking substance use treatment services for themselves or their loved ones:

Access to treatment

1. How does the provincial government define a 'treatment space'?
2. How many of these spaces are inpatient versus outpatient?
3. How many total publicly funded treatment spaces are accepting new patients?

4. How many Albertans seek these treatment spaces on a monthly basis? How many unique people access a treatment space in a given month?
5. How many people are currently awaiting a treatment space?
6. What measures have been taken to integrate culturally informed mental health, addictions and trauma services into provincial incarceration and reintegration programs, in accordance with National Inquiry into Missing and Murdered Indigenous Women, Girls and 2SLGBTQIA People (NIMMIWG2S) Calls for Justice 14.6 and 14.8?
7. What measures have been taken to gather and report demographics of program participants, in accordance with NIMMIWG2S Call for Justice 5.24?
8. What are the primary diagnoses for which participants seek treatment?
9. What is the average wait time to access treatment?
10. What is the average wait time between detox and residential treatment?
11. How many people on the waitlist are lost to follow-up before treatment enrollment?
12. For which treatment programs is detox a prerequisite?
13. What are the criteria for getting into treatment or for being allowed onto a wait list?
14. Are personal health numbers collected and reported to AHS?

Modes of treatment

15. What is the per-night cost of each program?
16. What treatment modalities are offered in each program?
17. What measures have been taken to integrate Indigenous healing practices in collaboration with Indigenous healers and Elders and ensure these are accessible and available in Indigenous languages, in accordance with the Truth and Reconciliation Commission of Canada (TRC) Call to Action #22, NIMMIWG2S Calls for Justice #3.2, 7.1, 7.2, 7.4 and 7.5, and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) Articles 11.1, 12.1, 23, 24?
18. What measures have been taken to increase Indigenous presence in treatment professions and provide cultural competency training for all treatment professionals, in accordance with TRC Call to Action #23 and NIMMIWG2S Calls for Justice #3.6, 7.1, 7.2, 7.6, 7.7, 7.8?
19. What measures have been taken to establish sustainable, permanent, no-barrier, preventative, accessible, holistic, wraparound services, including

mobile trauma and addictions recovery teams, in accordance with NIMMIWG2S Call for Justice #3.4?

20. What proportion of treatment programs are manualized?
21. Which treatment programs are accredited?
22. Which programs are open to participants on opioid agonist therapy (OAT), according to provincial regulations?
 - a. Are any restrictions placed on different forms of OAT, including Methadone and Kadian?
 - b. Are programs open to patients in long term OAT treatment or only to support medical detox?
23. Which programs train staff in overdose prevention and response?
24. Which programs train staff to administer naloxone and store it on site?
25. Which programs distribute naloxone to patients?
26. What are the qualifications and training of staff working in publicly funded residential treatment facilities?

Critical incidents

27. How many drug poisoning events occur in licensed treatment facilities?
28. How many serious medical events (requiring EMS or more) occur in licensed treatment facilities?
29. How many participant fatalities have occurred in licensed treatment programs?
30. What follow-up is conducted with participants following treatment?
31. How many participants experience a drug poisoning following treatment? (3 months, 6 months, 1 year)
32. How many participants are hospitalized for drug and alcohol-related conditions following treatment? (3 months, 6 months, 1 year)
33. How many people die from drug and alcohol related causes following treatment? (3 months, 6 months, 1 year)
34. What measures have been taken to gather and report the demographics of participants experiencing critical incidents during or following treatment programs, in accordance with Truth & Reconciliation Call to Action #55.iv and NIMMIWG2S Call for Justice 5.24?

Performance evaluation

35. What proportion of public servants tasked with designing and implementing treatment services have been educated on the history of Indigenous peoples,

including the history and legacy of residential schools, UNDRIP, Treaties and Indigenous rights, Indigenous law, and Indigenous–Crown relations, in accordance with TRC Call to Action #57?

36. What proportion of participants are in treatment due to legal mandates (e.g., court-ordered, condition of release from incarceration, children’s services)?
37. What proportion of people seeking residential treatment are attending for the first time?
38. Which programs run urine drug testing and expel participants following a positive test?
39. What proportion of participants are discharged prior to treatment completion?
40. What are the specific reasons for early discharge of participants?
41. What is the rate of drug poisoning morbidity and mortality for those who do not complete treatment?
42. What defines success in each program?
43. What is the rate of treatment completion?
44. Does treatment completion vary by demographic?
45. What proportion of participants relapse following treatment completion (3 months, 6 months, 1 year)?
46. What factors are correlated with higher success rates in different programs?
47. How many participants access opioid agonist therapy, and how does this relate to program success rate?
48. How does the success rate in provincially funded inpatient treatment compare to provincially funded outpatient treatment?
49. What follow-up services are offered, such as supportive housing?
50. What proportion of houseless participants re-enter houselessness following treatment?