

THE COMPASSIONATE INTERVENTION ACT FOR SEVERE SUBSTANCE USE DISORDERS

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This slide deck provides an overview of Saskatchewan's Compassionate Intervention Act. Any analysis of the legislation is that of the authors and does not represent the views of any affiliated institutions or organizations.

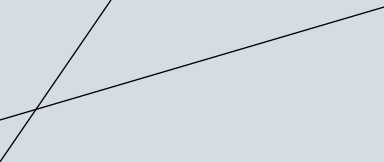
THE ACT'S OBJECTIVES

“1-2(1) The objective of this Act is to support the timely stabilization, assessment and treatment of persons who are suffering from **severe substance use disorders** and who, due to their disorder, are **likely to cause substantial harm to themselves or others**, in the immediate or imminent future.

(2) This Act is intended to provide the necessary, potentially life-saving, addiction treatment services to persons described in subsection (1) who, due to their severe substance use disorder, **are incapable of seeking out that treatment on their own**.

(3) The addiction treatment services provided pursuant to this Act are intended to provide effective treatment to the person in **the least restrictive and least intrusive manner.”**

**emphasis added*



THRESHOLD FOR APPREHENSION & MANDATORY TREATMENT

- (1) Severe substance use disorder
- (2) Likely to cause harm to self or others
- (3) Incapable of seeking treatment

ORDER OF
AUTHORITY

Legislation

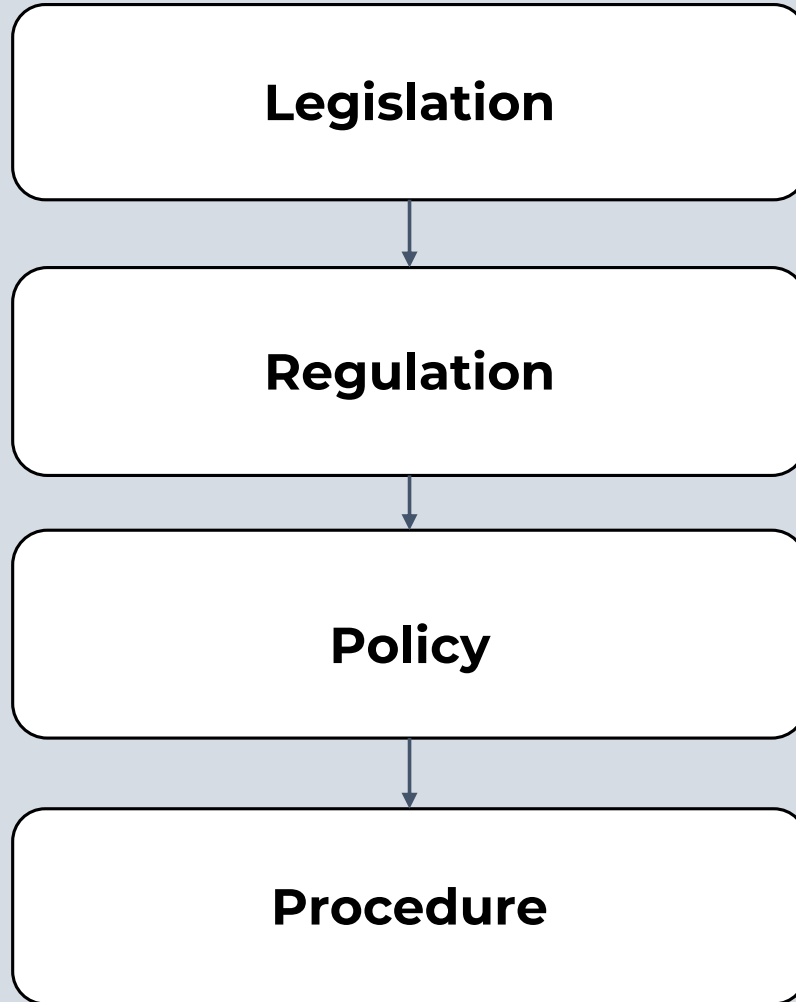
We are here

Regulation

Policy

**Not yet
released**

Procedure



GOVERNANCE STRUCTURE

LIEUTENANT GOVERNOR IN COUNCIL

- Appoints members to the Compassionate Intervention Board
- Makes regulations



COMPASSIONATE INTERVENTION BOARD

- At least three members: (1) legal, (2) medical, (3) other
- *1 member must be of Indigenous ancestry*
- Hearing and Review Panels (3 members: (1) legal, (2) medical, (3) other)
- *Member of Indigenous ancestry not required*
- Decision by **majority vote**. Hearings and review decisions are not made public.

REGISTRAR

- Compiles lists of eligible lawyers for patient counsel
- Appoints counsel if not privately retained
- Schedules hearing and review panels



OPERATIONAL STRUCTURE

MINISTER OF MENTAL HEALTH AND ADDICTIONS

- Appoints the Health Director and the Registrar
- Designates assessment & treatment centres



Ministry Appointed **HEALTH DIRECTOR**

- Designates Officer-in-Charge per centre
- Issues directives to assessment teams
- May inspect centres, order transfers between centres



Health Director Appointed **OFFICER-IN-CHARGE (OIC)**

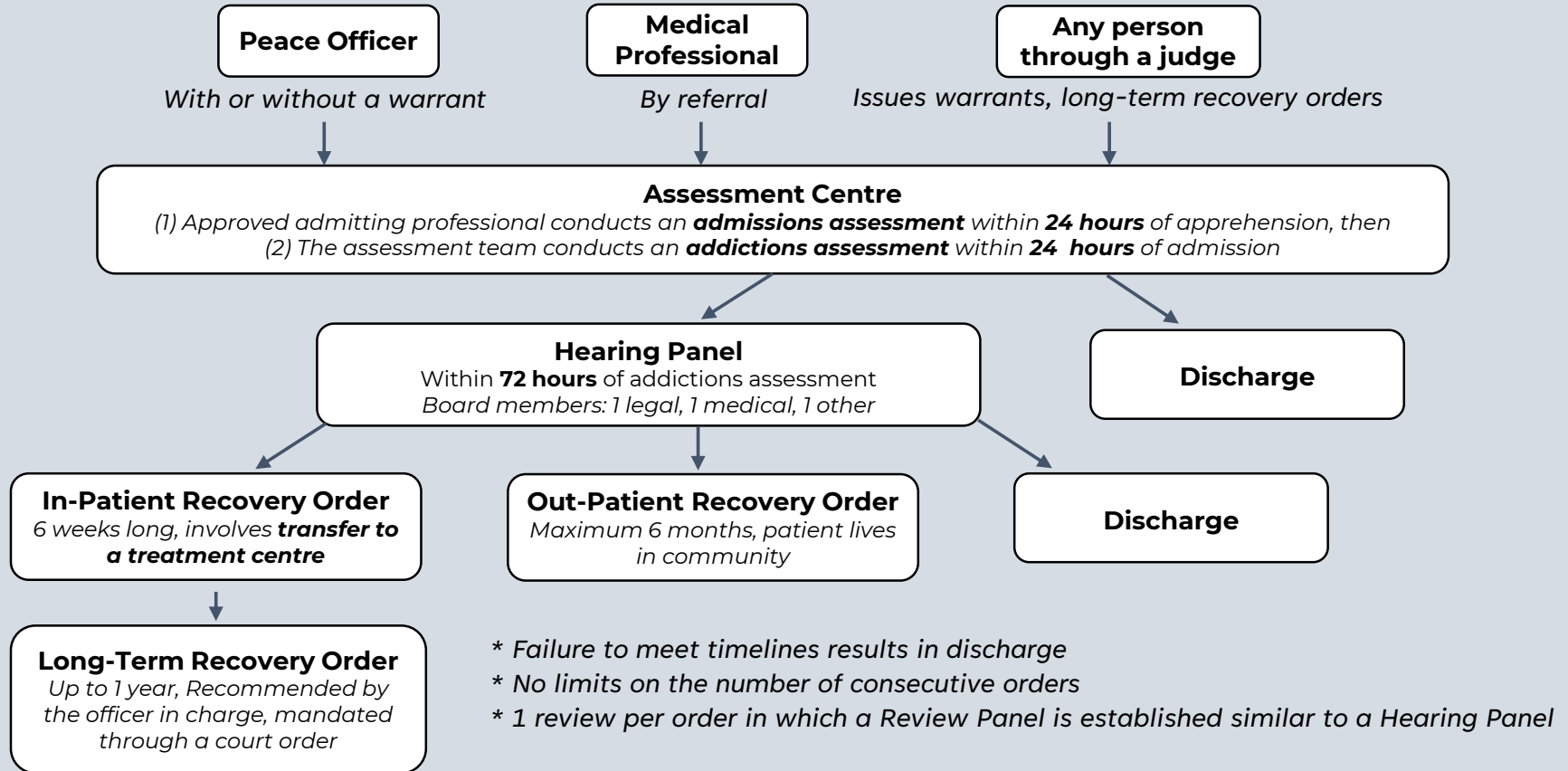
- One per centre, designated by the Health Director
- Oversees the administration of the Act within a designated centre
- Can recommend application to the Court for long-term order



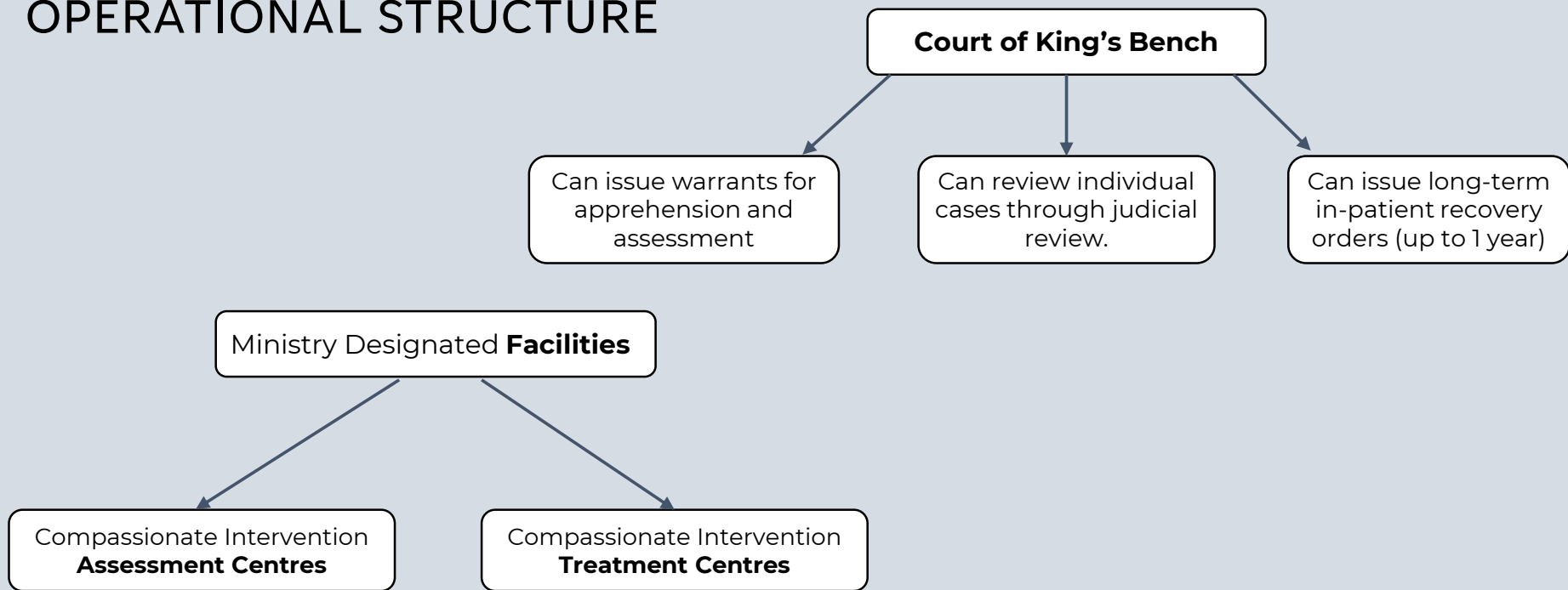
Health Director Appointed **ASSESSMENT TEAM**

- The health director establishes policies and guidelines outlining the qualifications and requirements for individuals appointed to an assessment team.
- Each assessment team must comply with the health director's directives.
- Addiction treatment professionals assess patients and makes recommendations to the Compassionate Intervention Board

PROCESS & PROCEDURE



OPERATIONAL STRUCTURE



** SHA facilities and oversight are expected for implementation, specifically Saskatchewan Hospital in North Battleford as the treatment centre.*

** Designated facilities are subject to inspection, however there is no required timeline.*

SEVERE SUBSTANCE USE DISORDER

Subjects under the Act are referred to as **“patients.”**

“Substance use disorder” is **not defined according to the Diagnostic and Statistical Manual (DSM–IV-TR)** and there is **no reference to formal diagnosis** by a physician, psychiatrist, or psychologist. In fact, the terms “physician”, “psychiatrist” and “psychologist” never appear in the Act.

The Act addresses the **severity of substance use disorder** as follows:

“1-5 For the purposes of this Act, the severity of a person’s substance use disorder must be assessed by considering the extent to which the following factors apply to the person:

- (a) the person demonstrates **a pattern of severe intoxication or severe impairment** due to substance use;
- (b) the person demonstrates **a poorly controlled or unstable medical condition** caused by, exacerbated by or otherwise related to the person’s substance use;
- (c) the person demonstrates **an inability to meet the person’s basic needs of daily living**;
- (d) **any other prescribed factor.”** **emphasis added*

LIKELIHOOD TO CAUSE HARM

Likelihood to cause harm to self is evaluated on a **balance of probabilities** (more likely than not) using broad criteria, such as:

- History of overdoses
- Frequent service interactions
- Previous compassionate intervention
- Negative impacts on health, employment, or relationships
- Impact on medical conditions
- Inability to meet daily needs
- Substantial mental or physical deterioration
- High-risk behaviours

Likelihood to cause harm to others is assessed according to:

- Unable to care for another person in the person's care
- Harmful behaviour towards another person in the person's care
- Negatively impacting community safety

Both include:

- **Any other prescribed factor**

CONSENT & CAPACITY

Capacity assessments **do not explicitly require a second opinion.**

Capacity appears to be assessed by a **prescribed “addiction treatment professional.”** The Board then considers that assessment as well as the assessment from the **“assessment team”** when deliberating on issuing a recovery order. This exact assessment timeline is not clear within the Act.

If a patient is deemed to lack capacity and is issued a recovery order, a **proxy** or **personal decision-maker** may be appointed to make treatment decisions.

Patients who retain their capacity will have the **right to refuse treatment;** however, they **will not be able to refuse observation, monitoring, assessment, or clinical advice.**

PRIVACY & INQUIRY

The Act grants the Compassionate Intervention Board **powers of public inquiry**. Meaning, they will have the authority to compel personal information and records. This power is similar to that of the courts.

The personal health information that is collected, **may be shared for the purposes of the Act**. The Compassionate Intervention Act is exempt from sections 2, 4, and 5 of the *Health Information Protection Act* (HIPA).

The Act promises **confidentiality**, requiring that **only reasonably necessary personal information be shared** for the purposes of the Act.

PROCEDURAL SAFEGUARDS & LEGAL REPRESENTATION

Patients have the right to:

- Be informed of the **reasons for their detention.**
- Participate in Compassionate Intervention **hearings.**
- Request **1 review per recover order to be reviewed** by the Compassionate Intervention Board.
 - Patient relocations cannot be reviewed or appealed.
- Apply to the **Court of King's Bench for judicial review.**
- Access **legal counsel at no cost.**
 - Timelines for lawyer–client contact are not defined.
 - Reappointing legal counsel appears discretionary if a patient's lawyer withdraws or is otherwise unable to represent the patient.

IMMUNITY

Individuals exercising powers or performing duties under the Act are **protected from personal liability** so long as they act in good faith.

Board members and those working for **the Board cannot be compelled to testify** or provide records in court about information they obtained in the course of their work.

INDIGENOUS REPRESENTATION

One member of the Compassionate Intervention Board must “be of Indigenous ancestry” but that individual does not need to sit on the panel.

The First Nations Health Ombudsperson, Dr. Dianne Lafond stated: **“Free, Prior, and Informed Consent, the United Nations Declaration on the Rights of Indigenous Peoples, and Duty to Consult have been violated”** and **“The Act does not reduce the overrepresentation of First Nations peoples’ it risks entrenching it by creating a new pathway into institutional systems.”**

She concludes with the statement. **“Without implementing safeguards, this Act risks undermining reconciliation efforts and causing further harm to the very communities it intends to support.”**

The Mental Health Services Act v. Youth Drug Detox and Stabilization Act v. Compassionate Intervention Act

	Mental Health Services Act	Youth Drug Detoxification & Stabilization Act	Compassionate Intervention Act
Voluntary Treatment Access	Protected	Protected	Not protected
Initial Medical Evaluation	Must be assessed by a physician	Must be assessed by a physician	“Basic medical care” will be provided
Harm Threshold for Mandatory Treatment	Physician determined	Physician determined	Defined in legislation
Providers & Decision-Makers	Physicians, Psychiatrists, Nurses	Physicians	“Addiction treatment professionals” “Assessment teams” report to a government-appointed board
Second Physician Opinion	Yes	Yes	Not explicit in legislation
Substitute Decision-Maker (SDM)	Physician with duty to consult with patient	No duty to consult (notification only)	SDM can be appointed, public guardian or trustee if necessary
Conflict of Interest Clauses	Included for review panels	Included for review panels	Not addressed
Privacy of Health Information	HIPA protected, narrow exceptions	FOIP exempt. Exempt from HIPA sections 2, 4, 5. Confidentiality clause in lieu.	Exempt from HIPA sections 2, 4, 5. Confidentiality clause in lieu.

The Compassionate Intervention Act passed on May 5, 2026.

See: [Legislation Passes for Compassionate Intervention for Addictions Treatment](#)

Recent Position Statements

[The First Nations Health Ombudsperson Office: FNHOO Finds Systemic Failure in Saskatchewan's Compassionate Intervention Act](#)

[Joint SMA/CPSS Statement on the Compassionate Intervention Act](#)

[Canadian Society of Addiction Medicine Position Statement on Involuntary Treatment](#)

[John Howard Society's Joint Statement on The Compassionate Intervention Act and the state of voluntary care in Saskatchewan](#)

[Moms Stop The Harm Involuntary Care Position Statement](#)