

Comparing Involuntary Treatment & Detention Models

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Presented on September 25, 2026 at the SASU Lunch & Learn Webinar Series



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Canadian Research Initiative in Substance Matters

Outline

Substance Use related Models in Western Canada 2025 – 2026

- BC, AB, SK, MB

Involuntary Models within Saskatchewan

- Mental Health Services Act
- Youth Drug Detox & Stabilization Act
- Compassionate Intervention Act

Across Western Canada

2025 – 2026

BC – Dr. Vigo's Guidance and MHA: “General guidance for physicians on the use of the *Mental Health Act* when treating adults with substance use disorders” –Dr. Vigo, Chief Scientific Advisor on Psychiatry for British Colombia

AB – CIA: *The Compassionate Intervention Act*

SK – CIA: *The Compassionate Intervention Act*

MB – PDCIPA: *The Protective Detention and Care of Intoxicated Persons Act*

BC – Dr. Vigo's Guidance & MHA

- Dr. Vigo's guidance does not allow for the BC - MHA to apply individuals with severe SUD to be treated when it occurs without **concurrent mental health diagnosis and persistent psychosis**.
- BC - MHA **cannot be used to interrupt a person's substance use** or high-risk behaviour

AB – CIA

- The act significantly broadens provincial powers to **apprehend, detain, assess, and mandate treatment to both adults and youth** outside of the criminal justice system who are deemed at risk of causing harm to themselves or others due to substance use and **may not seek treatment**.

SK – CIA

- The act significantly broadens provincial powers to **apprehend, detain, assess, and mandate treatment to adults** outside of the criminal justice system who are deemed at risk of causing harm to themselves or others due to substance use and **unable to seek treatment on their own**.

MB – PDCIPA

- Allows police to apprehend and detain intoxicated individuals for up to 72 hours which includes assessment by a healthcare professional for eligibility of involuntary mental health treatment.
- **Increased maximum detention** time from the previous 24-hour limit to 72 hours.
- Expands legal definition of public intoxication to explicitly include drugs alongside alcohol

What is the legal threshold for involuntary detention and/or treatment?

BC – MHA (“Patient”)

MHA Criteria:

1. A mental disorder diagnosed by a physician or nurse practitioner
2. Requires treatment to prevent deterioration or to protect the patient or others
3. Cannot be a suitable voluntary patient

Dr. Vigo’s 3 Conditions:

1. Concurrent mental disorder
2. Acute and severe psychiatric syndrome of unclear etiology
3. After remission of the acute state, mental impairment persists.

AB – CIA (“Client”)

• **Severe substance use disorder**

1. Pattern of severe intoxication or impairment
2. Poorly controlled or unstable medical condition
3. Inability to meet basic needs

• May not seek treatment

• Risk of harm to self or others

SK – CIA (“Patient”)

• **Severe substance use disorder**

1. Pattern of severe intoxication or impairment
2. Poorly controlled or unstable medical condition
3. Inability to meet basic needs
4. Any other prescribed factor

• Unable to seek treatment

• Risk of harm to self or others

MB – CIA (“Person”)

• **Intoxicated**

- Poses a danger to themselves or others
- Causes a disturbance and is reasonably likely to continue to cause a disturbance

Harm... legislated.

(AB & SK – CIA)

Two types of harm:

Self:

- history of overdoses
- frequent interactions with emergency services
- substantial mental or physical deterioration
- substantial inability to meet basic daily living needs
- previous admittance under CIA
- negative impacts on health, relationships, employment
- high-risk behaviors
- other factors may be included in regulations

Others:

- neglecting or unable to care for another person in adult's care
- engaging in substantially harmful behavior toward a person under the adult's care
- negative impact on community safety
- other factors may be included in regulations

Who decides on apprehension / detention?

BC – MHA

- Police (with or without a warrant)
- Physicians and nurse practitioners
- A judge (any person can apply)

AB – CIA

- Compassionate Intervention Commission, Lawyer Member
- Apprehension only with an order from the Commission (Lawyer member)
- Applicants who can apply to the Commission:
 1. Adult Family Member
 2. Care providers: nurse, physician, psychologist, social worker, paramedic, addiction counsellor.
 3. Peace/Police Officer

SK – CIA

- Police (with or without a warrant)
- Referral from a medical professional
- A judge (any person can apply)

MB – PDCIPA

- Police (with or without a warrant)

Who decides on involuntary treatment orders?

BC – MHA

- Two physicians (one can be a nurse practitioner)

AB – CIA

- Government- appointed **Compassionate Intervention Commission**
 1. Medical Member
 2. Lawyer Member
 3. Member of the Public
- Particularly the lawyer Member who makes all decisions on a balance of probabilities

SK – CIA

- Government- appointed **Compassionate Intervention Board**,
 1. Medical
 2. Legal
 3. Other (at least one member of Indigenous Ancestry)
- Majority vote on a balance of probabilities
- “Addiction treatment professionals” and “Assessment teams” report to the Board

MB – PDCIPA

- Health professional assesses eligibility for treatment under Manitoba’s *Mental Health Act*
- Health professional can be:
 1. Paramedic
 2. Nurse
 3. Psych nurse
 4. Physician

Personal Health Information

BC – MHA

- Under provincial legislation: *Freedom of Information and Protection of Privacy Act*

AB – CIA

- Paramount to Alberta's provincial legislation: *Health Information Act*
- Handling of personal information addressed in the Act instead
- Personal health information automatically shared with the Canadian Centre of Recover Excellence (CoRE) without the client's consent

SK – CIA

- Mostly exempted from the *Health Information Protection Act*
- Confidentiality clause in lieu

MB – PDCIPA

- Silent

Representation & Substitute Decision-Making

BC – MHA

- Dedicated patient rights advise service.
- Currently lacks provisions for medical substitute decision-makers which was recently deemed unconstitutional by the Supreme Court of BC.
 - Legislative provisions due within the next 6 months

AB – CIA

- Dedicated patient-advocacy service
- Offers full substitute decision making provisions
- Cannot refuse Schedule 1 drug treatment in Alberta

SK – CIA

- Doesn't offer to establish or allow for representation from an advocate's office
- Registrar appoints patient counsel from list of lawyers
- Offers full substitute decision making provisions

MB – PDCIPA

- Doesn't offer representation beyond typical representation expected at any apprehension
- No mention of substitute decision maker

Within Saskatchewan

MHSA: *The Mental Health Services Act* (1986)

YDDSA: *The Youth Drug Detoxication and Stabilization Act*
(2006)

SK – CIA: *The Compassionate Intervention Act* (2026)

What is the legal threshold for involuntary detention and/or treatment?

MHSA

- Unable to seek treatment voluntarily
- A mental disorder and in need of treatment
- Likely to cause harm to self or others

YDDSA

- Unable to agree to voluntary care
- A severe drug addiction that requires treatment or detention
- Likely to cause harm to self or others
- Either unable or unwilling to make informed decisions

SK – CIA

- Severe substance use disorder
- Unable to seek treatment
- Likely to cause harm to self or others

Who can initiate apprehension and detention? Who decides on involuntary treatment?

MHSA

- **Initiated by:**

1. Physician
2. Any person can apply to the Provincial Court
3. Peace/Police officer (with or without a warrant)
4. Registered nurses in hospital
5. Can be requested after being charged with a criminal offense.

- Involuntary treatment is ultimately decided by **two physicians, one being a psychiatrist**

YDDSA

- **Initiated by:**

1. Approved applicants (Youth's parent, person the youth has a close relationship with, youth worker)
2. Police officer

- **Detox and community orders** are issued by **two physicians**

SK – CIA

- **Initiated by:**

1. Peace/Police officer (with or without a warrant)
2. Medical professional
3. Any person can apply to the Court of King's Bench

- **Recovery orders** issued by the government-appointed **Compassionate Intervention Board**

- “Addiction treatment professionals” and “Assessment teams” report to the Board

	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
Assessments & Treatment Providers	Physicians, Psychiatrists, Nurses	Physicians	“Addiction treatment professionals” “Assessment teams”
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	Exempt from HIPA sections 2, 4, & 5. Confidentiality clause in lieu. FOIP exempt.	Exempt from HIPA sections 2, 4, & 5. Confidentiality clause in lieu.

Conclusion

Compassionate intervention in AB and SK mark a departure from:

- Legislated supremacy for voluntary access to care seen in earlier involuntary models
- Physician-led double doctor design in favour of statutory tribunals (Commission in AB, Board in SK)
- Use of provincial health privacy legislation
- Conflict of interest clauses (SK – only)

Substitute decision-making is a constitutional right for all types of patients

- Compassionate intervention models in AB and SK meet this requirement
- No yet tested re: Sask's MHSA and YDDSA