

The Rehab Industry

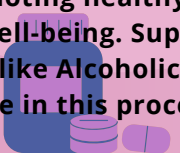
The lack of access to addiction treatment in Canada and The United States

What is Rehabilitation?

The goal of substance abuse rehabilitation is to help individuals overcome addiction. Rehab facilities aim to tailor a unique treatment program to help an individual achieve and maintain sobriety while addressing the underlying psychological and behavioural factors that contribute to their addiction.

Some common treatment programs include, but are not limited to; outpatient therapy, inpatient/residential programs, and medication-assisted treatment (MAT). Outpatient therapy is a low-medium intensity program where clients can continue daily responsibilities while receiving treatment at a clinic or therapy centre. Inpatient and residential programs are provided in dedicated facilities where patients will live for the duration of the treatment. Meanwhile, medication-assisted treatment (MAT), meant for individuals with a physical dependency on certain substances, including alcohol, nicotine and opioids, (The Partnership, 2023).

Beyond treating underlying substance use, another goal of substance abuse rehabilitation is to enhance an individual's quality of life by promoting healthy social and emotional practices as well as promoting a strong physical well-being. Support services such as sober living homes and recovery support groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) play a crucial role in this process.



Barriers to Accessing Addiction Treatment

There are more than 2,500 addiction treatment centres available throughout various areas of Canada, providing diversified treatment and rehabilitation programs (el-Guebaly, 2014, 200). However, many adult injection drug users have reported multiple barriers that hinder access to these treatment services, such as poor treatment availability due to the adoption of the waitlist system, the cost of treatment, stringent admission requirements, and the stigma associated with illicit drug addiction (Phillips et al., 2014, 1233).

Since the Canadian healthcare system operates without charges due to universal health insurance, every patient who wishes to use government-funded services, including rehabilitation centres, is required to enter a waitlist before actual admission. There is no clear consensus on what time period constitutes a wait time (Pascoe et al., 2013, 2), and these patients are still exposed to multiple drug-related risks while on the waitlist. Moreover, many users have reported that acknowledging the need to enter the waitlist for treatment results in a loss of motivation, leading to a refusal of treatment after all (Pascoe et al., 2013, 2). If they want shorter waitlists, private services are always available, but these come with financial burdens.



Priority Groups in Rehabilitation

Priority groups do exist, and they can be directly admitted into treatment while bypassing wait times (Pascoe et al., 2013, 6). The existence of these groups greatly affects those who do not belong to them and is a major factor that continuously extends the duration of waitlists.

Some barriers limit minority groups, especially the youth, Black and Indigenous people from receiving addiction treatment in Canada. It is more common in the youth involving the 15 to 24 years group; they are most at risk of developing mental illnesses and substance use disorders (CAMH, 2024).

The most common challenge is long waiting lists as a large number of clients seek the services of couple and family therapists. An analysis for a paper revealed that one of the identified ‘best pager’ quotes was specific to the youth, “There’s always going to be a waitlist” (Kourgiantakis et al., 2023). In another study that focused on PWID, 58.4% complained of waitlists as the major barrier to treatment receipt (Prangnell et al., 2016). Wait time for child and adolescent mental health services in Ontario varies, this situation is even more dire for Black youth, who face wait times nearly double those of white counterparts (Kourgiantakis et al., 2023). The least available services included inpatient detoxification services (66.4 %), inpatient treatment centres (14.8 %), and recovery houses (13.2 %) (Prangnell et al., 2016).

Another core aspect that is hard for youths, especially the racially marginalized is affordability. There are no available services in the public health care system leading to inadequate mental health care for the needy, more especially those with

Table 1 Priority groups in addiction and problem gambling treatment agencies, Ontario, 2011

Priority groups	N (%)
At risk of harming themselves or others	42 (51)
Pregnant women	35 (43)
People with personal safety issue (e.g. threat of partner violence)	29 (35)
Other	28 (34)
People experiencing homelessness	23 (28)
People with serious mental health problems	23 (28)
Clients with concurrent disorders	20 (24)
Transfers from particular services or systems	18 (22)
Youth	14 (17)
Clients on probation	10 (12)
Serious physical health problems	9 (11)
People of first nations, metis or inuit descent	6 (7)
Offenders referred by arrest referral	5 (6)
Families	4 (5)
HIV positive status	4 (5)
Injection drug use	3 (4)
Language barrier	3 (4)

This table identifies the client groups considered priority by survey respondents. The percentage of respondents who identified a recognized category is indicated. Individuals accessing treatment who are at risk of harming themselves or others were cited most commonly as a priority treatment group (51% of respondents).

limited finances, being compelled to seek health facilities which they can afford leaving out marginalized persons and families (Kourgiantakis et al., 2023).

It is even worse with Indigenous youth; according to statistics (Phillips et al., 2014). Systemic barriers are also manifested in the policy, procedures, laws that were made in a manner that would handcuff the minorities in some specific ways. Issues regarding consent, choice, autonomy and confidentiality information may help to exclude the families and caregivers in the process of treatment decision and, therefore, jeopardise the effectiveness of interventions (Kourgiantakis et al., 2023).

Facilities and Treatments in British Columbia

According to the Government of Canada, there is no universal method for treating addiction. This simple concept makes providing the correct services difficult for any institution, but a success can be seen even in a relapse if an individual returns to treatment.



The Canada Drug Rehab Association defines the two main types of treatment as government funded or privately funded. Within government funded entities, outpatient and medical treatments are free of charge or extremely low-cost. As for the privately funded, the cost of treatment is significantly higher at an average of \$150 per hour for a therapist and up to \$500 per day for residential treatment.

Within British Columbia, there are a few specialized substance use treatment centres (Government of BC). In First Nations Treatment Centres, individuals are able to get specialized support through their recovery. Opioid Against Treatment aims to substitute opioids for other medications for individuals who may relapse. In addition to the above, BC has Outpatient Treatment Services, Withdrawal Treatment, Transitional Resources, and Substance-Use Sobering Beds.

Relapse/Improvement Stats in Rehabilitation

How do we define “successful” or “effective” rehabilitation? Do we look strictly at statistics, or is there a deeper story behind rehab?

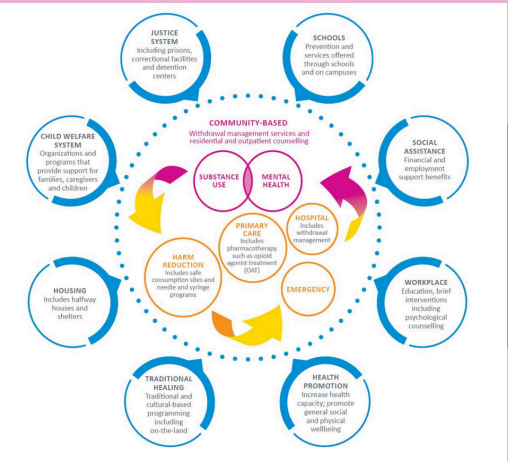
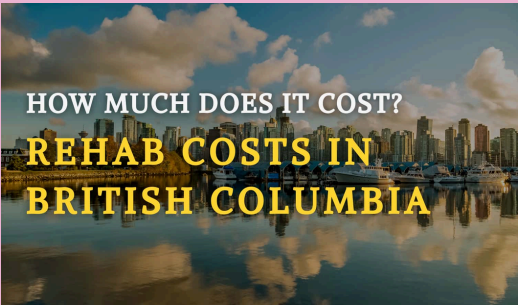
The economic, personal, social and medical disparities of addiction are devastating, and still rampant in Canada. In 2019, the Canadian Government reported that the overall prevalence of psychoactive drug usage is 23% (Government of Canada, 2019). Of this 23%, 7% reported problematic usage of psychoactive drugs. The usage of narcotics was around 3%, affecting around 1.1 million Canadians.

According to the Canadian Government, roughly 72% of drug abusers reported having received some overdose intervention. The CCSA quoted that around 1 in 200 Canadians were in treatment for substance abuse (Konefal et al., 2020, p.6). Of these treatments, evidence-informed treatment is an effective way to reduce the burden of substance use. In addition, the Canadian Institute for Health Information released shared health priorities for substance use treatment, shown in Figure 1.

The Canadian Centre on Substance Use and Addiction (CCSA) states in their Life in Recovery (LiR) report that out of 855 individuals in recovery, 90.7% reported their quality of life as either excellent, very good or good, and 51.2% achieved recovery without experiencing a single relapse (Canadian Centre on Substance Use and Addiction, 2017).

With an over 50% non-relapse rate, success for recovering addicts seems hopeful in Canada. However, other sources have shown that the rehabilitation system and infrastructure in Canada are not up to standard.

Along with that, due to waitlists individuals often have to stay longer in environments such as prisons, correction centres, and the streets. Often, these wait times are so long that these individuals and marginalized groups do not receive the help they need until it is too late (Government of Canada, 2024).



By [Trafalgar Addiction Treatment Centres](#) May 14, 2021

figure 1.
Canadian Centre on Substance Use and Addiction, 2020.

Conclusion

There are many roadblocks that add up, and make it harder for Canadians to access rehabilitation. Wait times are long and delay treatment, with severe medical complications as a result, that over time can become more expensive to treat. Delayed rehabilitation treatment makes addiction more challenging to recover from, and increases the risk of overdose-related morbidity.

Various forms of treatment exist, as addiction does not have a one-size-fits-all remedy. Unfortunately, not everyone can afford private rehab and thus ensuring our public rehabilitation system is easily accessible is crucial for public health. Some sources advocate for Canada's rehab system, while others vouch for the need for improvement. The fact that most patients quality of life changes for the better after rehab along with a 50% non relapse rate are points of success within the system. However, quality is not the only concern, as quantity is also crucial. Our current system doesn't meet the rehab supply that addicts need.

Acquiring public support due to political interests are a challenge as creating more funding may raise taxes. public have other concerns to prioritize funding elsewhere. The primary need to provide timely and accessible rehab is funding as the shortage of spots available are due to tight staffing, equipment and space.

Thank You!

Anushka, Cathy, Cherry, Jimmy, Mollie, Rachel, Serena, Thomas, and Vicki

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