Recovery-Based Programming Position Paper

Lookout Board of Directors Approved: January 20, 2026

The Issue:

"Recovery-based beds," "substance-use treatments," and "addictions care programming" are terms that have been getting a lot of publicity as the Province of British Columbia has highlighted new dedicated funding streams towards related programs. These buzzwords describe abstinence-based treatment, which requires individuals to completely abstain from substance use or risk incarceration. There is a growing public opinion pushing more for social service sector programming to pivot from harm reduction services to an abstinence-based model to mandate recovery involuntarily in the Province of British Columbia and throughout Canada.

Background:

- During the lead-up to the 2024 BC provincial election, rising safety concerns and pushback against the province's existing homelessness and vulnerable people social services framework became a contentious political issue [The Vancouver Sun, 2025, https://vancouversun.com/news/builder-alberta-addictions-recovery-program-urges-bc-use-same-model].
- Political and social backlash has occurred, questioning the efficacy of harm reduction-based approaches to substance use, as well as a lack of public investment in abstinence-based recovery.
    - In response, since the election, the current NDP government has been continually investing more funding into recovery beds, facilities and programming (Road to Recovery), with the province committing to $117 million in 2024, and then an additional $500 million over the next 3 years for mental-health and addiction treatment and recovery starting in 2025.
- Harm reduction was developed to act as an initial point of recovery and health promotion. By choosing to partake in programs that minimize the chance of fatality from substance use, individuals are making informed decisions regarding their wellness and entering the recovery spectrum. Harm reduction can act as a bridge to recovery and full cessation of substance use [Canadian Cetre on Substance Abuse, 2008, https://www.ccsa.ca/sites/default/files/2019-05/ccsa0115302008e.pdf].
- The majority of research suggests most individuals who use substances do not go directly from active use directly to abstinence, even when programming and supports are available and accessible [Strathdee et al., 2008, https://pmc.ncbi.nlm.nih.gov/articles/PMC2196224/].

  - Mandating abstinence-based treatment directly contradicts the Guidelines for Recovery-Oriented Practice for Substance Abuse and Recovery published by the Canadian Mental Health Association [https://mentalhealthcommission.ca/resource/guidelines-for-recovery-oriented-practice.
  - Research suggests substance use treatment is more often effective when directed by the individual and they are properly supported to reduce barriers to seeking help from social to economic [Tucker and Simpson, 2011, https://pubmed.ncbi.nlm.nih.gov/23580021/].
  - Even amongst individuals who attempt recovery, over 60% of individuals relapse after the first year. Recovery is not linear and there is no singular approach that works for everyone. Having accessible and diverse recovery options increases an individual's likelihood of maintaining success. [National Institute on Drug Abuse, https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery; Kougiali et al., 2014, https://www.tandfonline.com/doi/full/10.1080/08870446.2017.1293053].
- Studies examining the effectiveness of forced care are inconclusive, although emerging research is finding involuntary treatment to have negative outcomes for individuals in terms of substance use, criminal recidivism, or treatment retention. In a literature review of 22 studies that examined the efficacy of involuntary versus voluntary treatment, 7 reported positive outcomes, 10 reported negative outcomes, and 5 had insignificant differences [Bahji et al., 2023, https://journals.lww.com/cja/fulltext/2023/12000/effectiveness_of_involuntary_treatment_for.2.aspx].
- Low to no-cost recovery beds have traditionally been underfunded and unable to meet the demand. By providing more spaces for individuals who are seeking abstinence-based treatment who cannot go with private options, the expansion of funding in this realm is welcomed by many, including harm reduction proponents. However, concerns persist for individuals who enter abstinence-based programming but have to leave for a variety of reasons, being unsupported and "falling through the cracks," possibly returning or exceeding previous levels of substance use, especially if lower-barrier harm reduction-based programming experience cuts.
- Currently, health authorities and the Ministry of Health are juggling supporting the existing harm reduction programs after initial rounds of rollbacks for some harm-reduction programs and safer supply programs, sometimes extending funding for expired federally funded harm-reduction programs, and the opening of new abstinence-based programs, chiefly in the form of involuntary care residences, as per the direction of the ministry and other provincial orders. There is uncertainty regarding future cuts to harm reduction and safer supply programs as political will changes.

Lookout's position:

- Lookout believes that recovery-based programming is a vital part of the recovery spectrum that requires dedicated funding and political will to provide options to those who cannot afford private options.
    - Regardless of the modality, be it abstinence-based or harm reduction-focused, without a comprehensive spectrum of care and multiple pathways to wellness, each component is less effective.
        - This includes harm reduction, consistent, and accessible healthcare, all the way to affordable housing and social safety net supports, with an underlying housing first approach and an understanding of psychosocial influences on substance use.
        - To support transitions to recovery, we advocate for consistent and equitable funding and access to all pathways to recovery.
- We offer a spectrum of free and low-cost services to meet people where they are at in their wellness journey and allow for personal choice. These services include, but are not limited to, easily accessible recovery-based programming and housing for those on their journey to wellness.
    - North Shore Junction, North Vancouver: A recovery community centre with drop-in programming 5 days a week, centred around providing the recovery-oriented resources and supports for individuals interested in healing, no matter where they are on their journey, including those who are not yet practicing abstinence. The North Shore Junction offers health, wellness, mutual support and cultural programming for those in recovery to find community and to support holistic paths to wellness.
    - Crawford Manor, Surrey: An 11-bed abstinence-based licensed recovery home for young adult males aged 19-35. In this 90-day program, participants experience weekly programming, including but not limited to, recovery counselling, relapse prevention education, physical fitness, & life skills to help participants develop healthy interests and learn self-care.
    - Macmillan House, Surrey: An 11-bed assisted living residence with staff and peers providing ongoing support, helping participants to be successful in their recovery beyond simply eliminating their substance use. They also offer case planning, life skills development, mental health counselling and more to help guests develop holistic wellness.
    - Carr's Place, Surrey: A 10-bed assisted living program for adult males with Concurrent Disorders. Around-the-clock staff meet participants where they are at, supporting & educating them on their mental health diagnosis and their

substance use patterns. This program connects them to a psychiatrist to monitor their medications as well as an on-staff nurse who updates weekly Care Plans for each guest.

- In addition to supporting a full spectrum of social and health services to support wellness at every step along the way, we advocate for: reducing wait times, increasing available supportive housing, on-demand detox, and recovery beds, linking health care teams to people accessing recovery, housing first and incorporating science-based approaches in service provision are vital for people who want to move onto the next step in their wellness journey and to address the underlying factors that influence substance use.
    - These measures maximize the likelihood of meeting a goal, whether that may be complete sobriety, reduced substance usage or whatever the individual defines as success. Currently, we often lose the window of opportunity to support people in the immediate moment they are ready to move to the next step of wellness.
- It is also vital to incorporate consideration for and maximize cultural and social support in their wellness journey through:
    - Reconnecting people on their wellness journey with families and friends. Also, engaging those family and friends on how to properly support individuals reducing substance use;
    - Expanding culturally based supports and programming;
    - Prioritizing more couples treatment options, which also dramatically increases likelihood of success [Fals-Stewart et al., 2004, https://pmc.ncbi.nlm.nih.gov/articles/PMC2851021/];
    - Fighting the stigma surrounding substance use in our communities, regardless of the modality we support, so individuals are empowered to reach out for help and support;
    - Implementing accessible support services including but not limited to employment, education, life-skills, self-esteem build-up, art, and wellness programs.