

50 Voices of Recovery

Addressing the Drug
Addiction Crisis in
Lethbridge

July 2023

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Financé par le
gouvernement du Canada.

This project is funded by
the Government of Canada.

Canada 

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Table of Contents

| | |
|---|-----------|
| Executive Summary | 4 |
| Key Findings | 5 |
| Emma’s Voice | 6 |
| Background | 7 |
| How did we get here? | 7 |
| What is addiction recovery? | 8 |
| Study purpose | 8 |
| Methodology | 9 |
| Study Results | 13 |
| Types of drug addiction | 13 |
| What was it like to be addicted? | 15 |
| What motivated recovery? | 17 |
| Resources that helped adults recover | 21 |
| Recommended Actions in Lethbridge | 24 |
| 1. Engage adults who seek recovery in a coordinated set of recovery steps | 24 |
| 2. Ensure no wait times between recovery steps | 28 |
| 3. Encourage detox facilities to provide psychological care | 29 |
| 4. Ensure opioid replacement therapy is accessible | 31 |
| 5. Use the Fresh Start program as a model for effective treatment | 32 |
| 6. Indigenous cultural supports in treatment are important | 37 |
| 7. Ensure adults feel connected and cared for in the recovery process | 39 |
| 8. Educational upgrading & employment supports are a part of recovery | 41 |
| 9. Increase the accessibility of counselling supports outside treatment | 43 |
| 10. Make changes to the Lethbridge shelter system to support recovery | 45 |
| How has life improved since recovery? | 47 |
| Advice for others who want to recover | 49 |
| Conclusions | 50 |

Executive Summary

Background

While often thought of as a big-city problem, illicit drug addiction has accelerated in small towns across Canada. Lethbridge is an example of a small city in western Canada (popul: 106,000) that has witnessed an exponential increase in drug use, crime, and homelessness since the opioid crisis began in 2015. The purpose of this study is to document how adults addicted to opioids, cocaine, and/or methamphetamines in Lethbridge are finding recovery and putting their lives back together again.

Methods

We interviewed 50 adults who had made a recent drug addiction recovery attempt while living in the Lethbridge area. Adults were 21-53 years of age, 50% male, and 42% Indigenous. All had struggled with opioid (48%), cocaine (70%), and/or methamphetamine addiction (56%) addiction. Half the sample had dual addictions to opioids and crack or methamphetamines. Six in 10 had been homeless and 97% stated that drug addiction had caused their homelessness.

Results

Drug addiction was described as an experience of profound loss, trauma, fear, and sadness. On average, each adult had tried to recover 7 times before achieving sustained success. Adults shared the profound improvements in their lives once they began to recover. The results of this study suggest the following actions will help to address the drug addiction crisis in Lethbridge:

1. Engage adults who seek recovery in a coordinated set of recovery steps.
2. Ensure no wait times between recovery steps.
3. Encourage detox facilities to provide psychological care and relapse prevention training
4. Ensure opioid replacement therapy is accessible.
5. Use the Fresh Start Program as a model for effective treatment.
6. Ensure adults feel connected and cared for in the recovery process
7. Indigenous cultural supports in treatment are important.
8. Educational upgrading & employment supports are part of recovery.
9. Increase the accessibility of counselling outside treatment centres.
10. Make changes to the Lethbridge shelter system to support recovery.

The drugs are so powerful, you don't realize where you're at. You're in limbo, you're numb. You're just – it's like someone dragging you around by your hair and you're lying on your back, and you can't get up. Trying to quit thousands of times and just never succeeding.
(Jason, age 40-49)

Everything that addiction promised me my recovery has given me.
(Eva, age 30-39)

Key Findings

- Expanding the number of detox and addiction treatment beds in southern Alberta is urgently needed and should be continued.
- There is a need for **system-level coordinators** to help adults transition between recovery steps. For adults addicted to opioids, cocaine, and/or methamphetamines these steps often require a stay at a detox centre, followed by an addictions treatment facility, followed by a sober living facility before returning to independent living.
- Changes are needed to ensure detox facilities prepare adults for the next stage of treatment and help them avoid relapse. Data from this study suggest the **Foothills Centre** in Fort Macleod is especially effective at this. We recommend detox facilities in southern Alberta consider ways to model the Foothills Centre program.
- **Fresh Start Recovery** was repeatedly cited as highly effective by adults who completed the program, as compared to other in-patient treatment programs they had tried. We recommend addiction treatment facilities in southern Alberta consider ways to model the Fresh Start program.
- There is a need for Indigenous-led treatment centres that provide cultural recovery programming in southern Alberta. The facilities under construction in Tsuunt'ina First Nation and Kainai Nation are important investments in healing the drug addiction crisis in this region.
- A missing step in the drug addiction recovery system in southern Alberta is a sufficient number of sober living transitional housing facilities. The facilities currently under construction are much needed and more may be required.
- Relapse is a natural part of addiction recovery. Budgets for treatment programs should account for the likelihood of seeing the same person complete some recovery steps multiple times (particularly detox and in-patient treatment) before they find success.
- The counselling subsidy offered by the City of Lethbridge is an important recovery resource in the community. We recommend it is advertised at detox and treatment centres in southern Alberta, as well as through 12-step and other peer-based recovery groups in the area.
- Changes are needed to ensure the Lethbridge shelter system supports addiction recovery. The **Calgary Drop-In Centre** might serve as a model for Lethbridge to consider.

Note to Reader

This report includes statements about drug use, suicide, sexual assault, and violence. Information shared in this report may be triggering or disturbing for readers. The names of adults who took part in this study have been changed to protect anonymity.

Emma's Voice

What needs to be put in place to help women like Emma recover?

Background: Emma is in her twenties and has 2 children. She did not complete high school. Emma and her husband were addicted to opioids for 3 years. They were staying in a motel and using daily until her husband was incarcerated for an extended period. One of her children has been apprehended. Child Services gave Emma the option of going to detox or losing her second child to care. They arranged detox for Emma, drove her there the same day, and placed her young daughter with relatives until she returned. This is Emma's first recovery attempt.

Current Situation: Three months have passed since Emma completed detox. She has custody of her daughter, is taking Suboxone, and has not used drugs in 100 days. AISH offered to pay for the motel she had previously stayed in with her husband. But Emma knows she is at high risk of relapse there and has chosen to stay at a women's shelter as she looks for a home. The shelter system is very distressing for Emma. She exceeded the allowable time at one women's shelter and had to move to another. The location of her current shelter is making her recovery more difficult. In her own words:

I'm still very, how would you say it - sensitive to the outside world? If I'm walking downtown and I see people out in the open just smoking or shooting up that's gonna affect me. So I have to look the other way. Tell myself it's not worth it because I'm more prone to relapse right now than I will be in about maybe 7, 8 months. It's just something I have to deal with. Because we're homeless right now. We're staying at the YMCA and there's people here who are still using. I don't have a stable home that I can isolate myself in for a couple days if I'm feeling like relapsing. What is a big factor right now is not having a home to go back to. I just take it one day at a time and hope for the best. Can you gimme one second? [has a conversation with child off camera]. Sorry about that. There's an issue with bed bugs in the room that we're in, so. It's another after another thing.

Homelessness: As Emma has just begun her recovery, she does not have references as a previous tenant. As an Indigenous woman, she notes the racism she is experiencing in the rental market. Emma has just been approved for Lethbridge Housing, but her situation was deemed not severe enough for an immediate home. We asked Emma what she needs to maintain her recovery right now. Her reply:

I can't really answer that question right now. The first thing that I have to deal with is our housing situation. I want to try [recovery resources] but I have no one to watch my daughter. Lethbridge housing, we're on the waiting list so hopefully I will hear back. I'm not trying to get my hopes up but we're in a pretty severe situation right. We're homeless and we're at a women's shelter. I have income. I get AISH. Right now I'm attending the [Indigenous Recovery Coaching] day treatment every Tuesday. Until we get some childcare set up she can come with me, but it's, I find it more, I find it very distracting having her there with me. I attended my first sweat when I went to the detox. That helped. I guess that's really all for right now until I can get stable. We have to have housing because I am seeing people leave [the YMCA] and move back over to the, the tent city. That's never gonna end if they don't get another shelter going. I've been to the shelter over on the north side. There's tents out there too. It's nuts. Something has to be done about that. If not, then how are people going to get better? You need a safe and stable place in order to work on the other aspects.

50 Voices of Recovery

Addressing the drug addiction crisis in Lethbridge

Background

Lethbridge, a small city of 106,000 in southern Alberta, is in the midst of an unprecedented homelessness, crime, and drug addiction crisis. The size of the Lethbridge homeless population doubled in the past year and “tent city” encampments are now common in the downtown core.^{1,2} In the first quarter of 2023, emergency department visits and hospitalizations for substance use were higher in Lethbridge than the rest of the province.³ More people died in Alberta of drug overdose in April 2023 than in any single month on record, with Lethbridge leading the way at 234 per 100,000 persons, compared to 63 per 100,000 in Calgary, and 52 per 100,000 in Edmonton.³ Demand for overdose prevention services and addiction treatment continues to grow.

How did we get here?

A number of population-level factors have contributed to the escalating drug addiction crisis in Lethbridge, in Canada, and across North America generally. The problem began in the early 2000s with opioid overprescribing.⁴⁻⁶ The development of an opioid use disorder following opioid use is high compared to other drugs.⁷ However, opioids like oxycodone were heavily marketed in the 1990s and 2000s as ‘less addictive’ painkillers, despite company knowledge to the contrary.⁸ As a result, opioid prescribing surged across North America and led directly to many people becoming opioid dependent.⁹⁻¹¹

Beginning in 2012, efforts were made to reduce opioid prescribing in Canada; these efforts had some success.^{10,12,13} Unfortunately, this work was not paired with a sufficient rollout of services to treat Canadians who had become addicted to opioids during the overprescribing surge. During this period, it was also hard for Canadians to find a physician with the training required to prescribe opioid replacement medications, particularly in rural areas.¹⁴ As individuals cut off by their physicians increasingly turned to the illicit market to address their withdrawal, illicitly-manufactured opioids flooded the streets to meet the demand. By 2015, the main supply of most street opioids was no longer diverted prescriptions, and the opioid crisis could not be contained by reduced physician prescribing alone.

Complicating this problem, in the past decade, there has been an increase in psychostimulant use among people using opioids.^{15,16} This practice, often called speedballing, involves the use of methamphetamines or cocaine with opioids alternately or simultaneously and in varying order.¹⁷ Opioid and psychostimulant co-use increases the risk of overdose and addiction to multiple substances.¹⁵ In the present study, half the sample were in opioid recovery as well as methamphetamine or cocaine recovery.

Substance use disorders, diagnosed mild, moderate, and severe, are treatable mental disorders that affect a person’s brain and behaviour.⁴ **Addiction** defines the most severe, chronic stage in which there is a loss of self-control as indicated by compulsive drug taking despite the desire to stop.⁵

While opioid-replacement medications (e.g., Suboxone, Sublocade) are effective at treating opioid withdrawal and addiction, there are no effective medications for methamphetamine or cocaine withdrawal and cravings.^{18–20} Thus, treatment for poly-drug addicted persons requires physician-guided opioid replacement (the first line treatment for opioid use disorders) as well as the specific psychological interventions that are the first line treatments for methamphetamine and cocaine use disorders (e.g., cognitive behavioural therapy, motivational interviewing, and contingency management).^{7,18,21} To be effective, psychological interventions for these problems need to be delivered at a sufficient intensity - typically multiple sessions per week over months - which is costly and difficult for individuals to source, pay for, and complete on their own.^{21,22}

In the 2020s, the drug addiction crisis was further complicated by the introduction of novel benzodiazepines and veterinary tranquillizers (e.g., Xylazine) into illicit markets.^{23–25} Opioid reversal and opioid-replacement medications do not work for these drugs.^{26,27} As a growing number of adults using illicit drugs become entangled in multiple substance addictions, the sophistication of the recovery care they require intensifies.¹⁵ In this complex climate of drug addiction, research on what is working to help adults recover and what is not is urgently needed, particularly in areas of Canada hardest hit by the crisis, such as Lethbridge.

What is addiction recovery?

Changing drug addiction sustainably, often referred to as *addiction recovery*, is a difficult and complex process.²⁸ Addiction recovery goes beyond abstinence to include the recovery of functioning across life domains typically affected by this problem.²⁸ Adults who have struggled with substance addiction cite education and training, stable housing, repaired social relationships, and employment as important components of their recovery process.²⁹

Study purpose

While experts have stepped forward to provide *opinions* on how to strengthen addiction recovery in the Lethbridge area, little voice has been given to those who have *lived* the experience of addiction recovery under the current conditions. The purpose of this study is to give voice to individuals who recently struggled with illicit drug addiction and found a path out. Drug addiction recovery is a long-term process with distinct phases: early (<1 year), sustained (1-5 years), and stable (>5 years).²⁹ This study documents the community services and supports that helped 50 adults move through the early and sustained periods of this process. Before recovery, most we interviewed were homeless in Lethbridge, many were committing crimes to pay for their drugs, and few had hope their lives could change. Through their direct experience of recovery we learn what is working, and where to focus resources so that more adults who wish to recover from illicit drug addiction in this region can do so.

Methodology

The need for this study was identified by the Substance Use Subcommittee organized through Lethbridge City Hall in 2021 and chaired by City Counsellor Jeff Coffman. Members of this committee were Indigenous and non-Indigenous members of the Lethbridge community. In keeping with the request of this committee, we recruited Indigenous and non-Indigenous adults who had made a drug addiction recovery attempt in the past 5 years while living in Lethbridge or surrounding areas.

Study design

This study has been designed in keeping with the Consolidated Criteria for Reporting Qualitative Studies (COREQ).³⁰ The methodological orientation that underpinned this study is transcendental phenomenology – a research approach that seeks to describe the experiences of a group of individuals and identify common or shared experiences of recovery across them.³¹ This study received ethics approval from the University of Alberta Health Research Ethics Board Health Panel (ID: Pro00116601). Data were collected between January and November 2022.

Participants

A key goal of quantitative research is to ensure the generalizability of findings by minimizing the potential for participant selection bias.³² As a result, credible sampling methods in quantitative research are often grounded in probability theory. In contrast, a key goal of qualitative studies is to ensure that a depth of understanding is gained about a phenomenon. Thus, credible sampling methods are often purposive, meaning that participants are selected who are especially experienced in the phenomenon of study.³³ In the present study we sought participants who were “information rich” meaning that they had a depth of understanding about drug addiction recovery as individuals who had recently lived this experience. We did not seek a sample with high generalizability, but one with personal, meaningful experiences related to this problem. Thus, to take part in this study, participants had to: (1) be 18 years or older; (2) self-identify as someone who had experienced an *illicit* substance use problem in their lifetime; (3) self-identify that they had tried to recover from illicit drug addiction, whether successful or not, in the past 5 years while living in Lethbridge or surrounding areas; and (4) had access to a computer or device for a video interview. Participants were excluded if they did not meet all 4 criteria. For example, if someone volunteered for the study but had experienced an addictive problem with a legal substance in Canada alone (alcohol, cannabis, tobacco), they were not interviewed. We chose adults who sought recovery in the past 5 years given recent changes to the illicit drugs used in the past 5 years, such as the introduction of veterinary pharmaceuticals like Carfentanil and Xylazine, which may be more difficult to recover from. We also chose adults who had sought recovery in the past 5 years given it takes approximately 5 years for adults to move through the 3 recovery stages on average, including early (<1 year), sustained (1-5 years), and stable (>5 years).²⁹ We note that in addition to adults in recovery, we interviewed 15 individuals who serve this population in the Lethbridge area (e.g., counsellors, social workers). This data will be examined in a separate report.

To recruit participants, we contacted organizations that served this population in Lethbridge and surrounding area and asked them to share printed and social media ads about the study in their centres and internet platforms (e.g., treatment and detox centres, transitional housing locations). We also placed ads in public places in the Lethbridge area generally (e.g., coffee shops, community

centres, shopping centres, post-secondary institutions, sporting facilities). We were asked by Indigenous members of the Substance Use Subcommittee to oversample Indigenous adults to ensure their voices and recovery experiences were represented in the data. Thus, we also advertised at Indigenous organizations in Lethbridge (e.g., the Sik-Ooh-Kotoki Friendship Centre). No advertising took place within First Nations communities. No participants were personally approached by the research team to take part in this study. All who took part had viewed an ad and contacted the team to learn more. All ads contained information on how to contact the research team by phone, text, email and a QR code that brought individuals to the [study website](#).

Participants who saw the ads and contacted the study team were screened for eligibility. Those who met eligibility were invited to complete informed consent. To facilitate this, we emailed the participant a link to a secure online platform, and the participant was walked through the consent form on the phone with a research team member. Given illicit drug addiction can be stigmatizing, a process was set up to protect anonymity. Thus, participants answered a series of yes/no questions to confirm consent and were not asked to provide their name. If all questions were answered affirmatively while on the phone with a member of our research team, informed consent was determined to have been provided. This process took 5 minutes.

As shown in [Figure 1](#), 116 adults were assessed for eligibility and 54 took part in the study. Among those excluded, 39 did not meet eligibility criteria, 2 declined to participate during the informed consent process, and 6 consented to take part but did not complete data collection appointments. Among the 54 who took part, all completed the quantitative survey and 50 completed the qualitative interview.

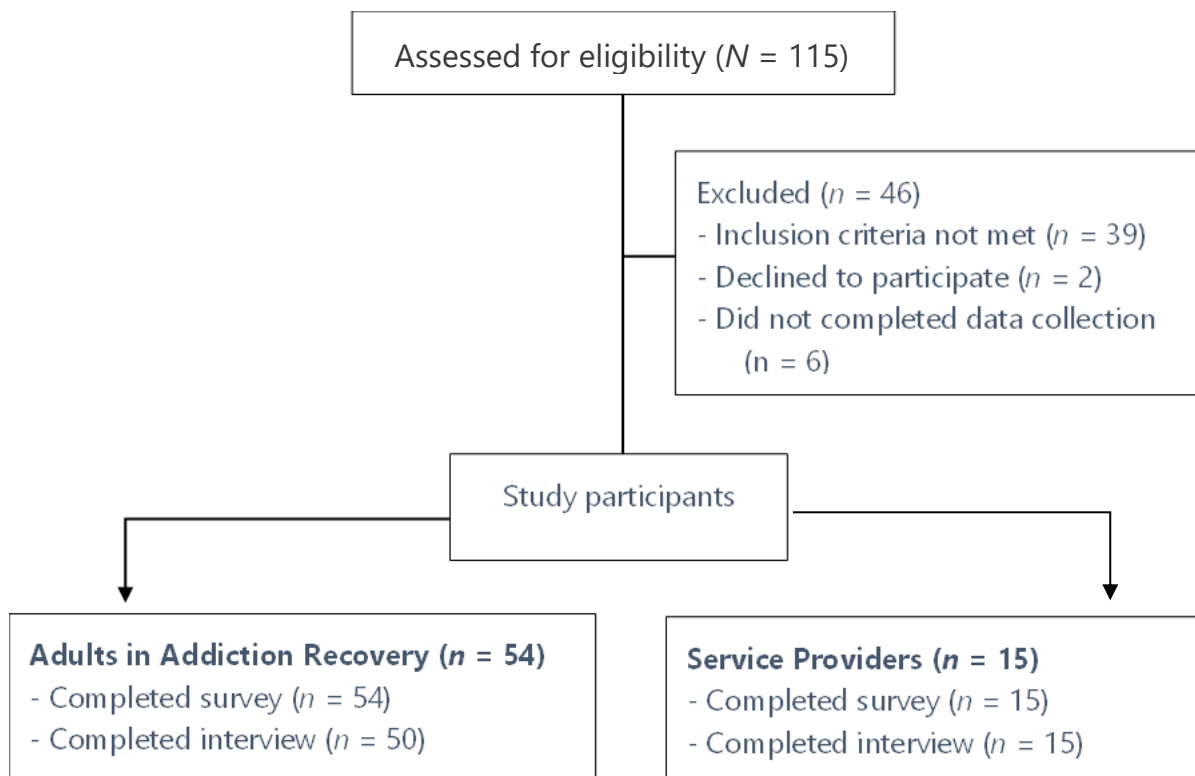


Figure 1. Participant sampling

Data collection

Survey. After consent, a quantitative survey was completed by participants using a secure online platform (Qualtrics). A team member remained on the phone if the participant chose to complete the survey immediately after the consent process. If not, the team member scheduled a phone interview with the participant to complete this component of the study. The team member read each survey question and its response options to the participant and inputted their answer in Qualtrics. On average, the survey took 10 minutes to complete. The team member then booked a time for the participant to complete the qualitative interview. Once the call concluded, the team member emailed mental health resources to the participant in case any of the questions distressed them.

Interview. An interview was conducted virtually using the Zoom platform. All interviewers identified as female. The name of the participant was not shared with the interviewer. The interviewer had their camera on during the interview. Participants had the option of having their camera on or off. On average, the interview took 1 hour. Following the interview, participants were emailed an electronic \$50 gift card to one of 5 stores of their choice. We chose this amount given participants completed a survey and a qualitative interview. To avoid coercion, participants were informed during the consent process, the survey, and qualitative interview that they did not have to answer questions they were not comfortable with and did not need to complete the interview to receive the honorarium. Overall, 50 of the 54 adults who completed the survey also completed the interview.

Data analysis

We used Yuja software to transcribe interviews, followed by detailed data cleaning. All recorded interviews were then deleted. Narrative inquiry was used to characterize data using a phenomenological lens. Units were coded and used to form general domains for describing groups of similar codes (e.g., narrative genres). Numerically aided methods were used to classify themes across transcripts and tabulation was used to establish theme density. During the data analysis process participants were given pseudonyms to protect their anonymity. Quantitative data were summarized using frequencies and crosstabs. Statistically significant differences ($p < 0.05$) were examined using Chi-Square tests and are noted in figures using a star (*).

Study limitations

This is an observational, qualitative study. Participants were volunteers and not randomly selected from the population. The frequencies observed cannot be generalized beyond the sample. Thus, it is best to examine the characteristics of the sample to understand *who we are learning from* in the data, rather than assume the characteristics of the sample represent the characteristics of adults seeking addiction recovery generally in the Lethbridge area. For example, 50% of adults who volunteered for this study identified as women. We can infer from this that the data shed light on the recovery experiences of both women and men in the Lethbridge area. However, we cannot infer from this sample that 50% of adults who seek drug addiction treatment in the Lethbridge area identify as women. Large quantitative studies would be needed to draw this conclusion. We also note that visible minority adults and the LGBTQ+ community are underrepresented in this sample, and no data were collected from youth under 18 years of age. Additional studies are recommended to understand the addiction recovery needs and experiences of these important groups.

Participant characteristics

Most participants (92%) lived in Lethbridge. The remaining 4 participants were living in surrounding southern Alberta communities at the time of the interview (e.g., Coaldale, Medicine Hat). As shown in Table 1, three quarters of the sample identified as “in recovery”, with many describing it as a lifelong process. Three participants had recently relapsed, each of whom defined relapse in the same way – resuming use of the drug(s) they were experiencing addictive problems with.

Women and men were equally represented in the sample. Participants ranged between 21 to 53 years of age (mean age: 36 years of age). Overall, 42% of participants identified as Indigenous with First Nations, Metis and Inuit adults all represented in the data. Three in 10 adults were married or living with a partner, and three quarters identified as low income. Approximately 8 in 10 had no post-secondary qualification, which is significantly lower than the national average.³⁴

Almost 60% of the sample had experienced homelessness in their lives. A significant proportion of the sample asked to skip this question, suggesting the percentage of the sample who had experienced homelessness may have been higher. Among those who experienced homelessness, 97% (i.e., all but 1 participant) stated that drug addiction was the cause of their homelessness. Once homeless, participants noted that it was much harder to recover due to the stress of not having a home, a lack of hope, and their proximity to others using drugs. To protect participant anonymity, sociodemographic characteristics that fell below cell counts of 10 are not presented in Table 1.

Table 1. Sample

| | N (%) |
|------------------------------|-----------|
| Total sample | 50 (100) |
| Status | |
| In drug addiction recovery | 36 (72.0) |
| Fully recovered | 11 (22.0) |
| In relapse | 3 (6.0) |
| Gender | |
| Women | 25 (50.0) |
| Men | 25 (50.0) |
| Age | |
| 20-29 years | 15 (30.0) |
| 30-39 years | 18 (36.0) |
| ≥40 years | 17 (34.0) |
| Indigenous | |
| Yes | 21 (42.0) |
| No | 29 (58.0) |
| Marital status | |
| Never married | 21 (42.0) |
| Married or living common law | 15 (30.0) |
| Not currently married | 14 (28.0) |
| Income group | |
| Low income | 37 (74.0) |
| Middle income | 13 (26.0) |
| Education | |
| High school diploma or less | 19 (38.0) |
| Some university or college | 19 (38.0) |
| Completed university/college | 11 (22.0) |
| Experienced homelessness | |
| Yes | 29 (58.0) |
| No or declined to answer | 21 (42.0) |

Study Results

Types of drug addiction

Adults had deep, complex addiction histories. Some began with prescribed opioids for pain, became dependent, and turned to illicit supplies when cut off by physicians. More commonly, they had begun using alcohol and cannabis in their teens followed by cocaine, methamphetamines, and opioids in their twenties at which point they lost control of their use. Almost half (48%) were addicted to opioids when they sought recovery, 70% had a cocaine addiction (typically crack), and 56% had a methamphetamine addiction. Cocaine addiction was more common among non-Indigenous adults and opioid addiction more common among Indigenous adults. There were no significant gender differences by drug addiction type.

Half the sample were recovering from dual addictions to opioids and methamphetamines or cocaine. About a third of had addictions to gamma-hydroxybutyrate (GHB), hallucinogens, and solvents. Many also had addictive issues with cannabis or alcohol.

I was addicted to alcohol for about 4 years and I was addicted to meth for about 2 years. Before my recovery I was using both daily pretty much every day or as often as I could. (Kristen, age 20-29)

And if I wasn't drinking I was popping pills, I was smoking weed, getting anything I could get my hands on. I did a lot of opioids. I did a lot of everything. (Pete, age 50-59)

Booze was part of the addiction I guess. The drugs is what really tore me down. Once I got onto the crack cocaine was when it got really, really bad. (Darren, age 40-49)

Those we interviewed noted it was becoming difficult to recover from and survive illicit drugs. This may be due to addition of novel benzodiazepines and veterinary tranquilisers into the illicit opioid supply, given naloxone does not work to address overdose and OAT medicines do not work to address cravings and withdrawal from non-opioid substances.^{26,27} This makes the illicit drug supply more difficult to recovery from. Adults who believe they are trying to recover from street opioids or street fentanyl in 2023 may actually be trying to recover from opioids, benzodiazepines, and tranquilizers at the same time.

With the street opiates nowadays, you don't find too many people who have made it over a year or two who are off of opiates in general, especially the ones recently. People doing heroin years ago, there's some 10, 15 years clean. But any of the newer stuff - there are so many less people able to recover from it because it's that much more addictive. It wrecks your system that much more. So there's not much of a community for the people struggling with what I'm struggling with. When it comes to the opiate epidemic, there's no real specific group to help people with that. There's NA [Narcotics Anonymous]. But as far as hearing the stories and trying to relate to them, it's like, I just can't relate. I don't see myself there. It sounds like you never struggled the way I am right now. It's the biggest epidemic out there right now, and people just keep going back and dying. Like 5, 10 years ago you could get clean off of it. But the stuff that's out there now, I haven't met a single person who's been able to stay clean off of it. So there definitely needs to be some sort of an opiate support group with a lot of focus put into it for sure. (Nicholas, age 20-29)

It's bloody scary. I can't count how many friends I've lost through fentanyl. It's brutal. I'm glad I'm away from the cocaine because you can't trust any drug out there. It could be laced with it. They're putting it in there because you get that super huge high and everybody chases that high for the next one. People are intentionally overdosing because you have a Naloxone kit right there. The overdose high is the best high they ever had. Unless you die. (Tony, age 30-39)

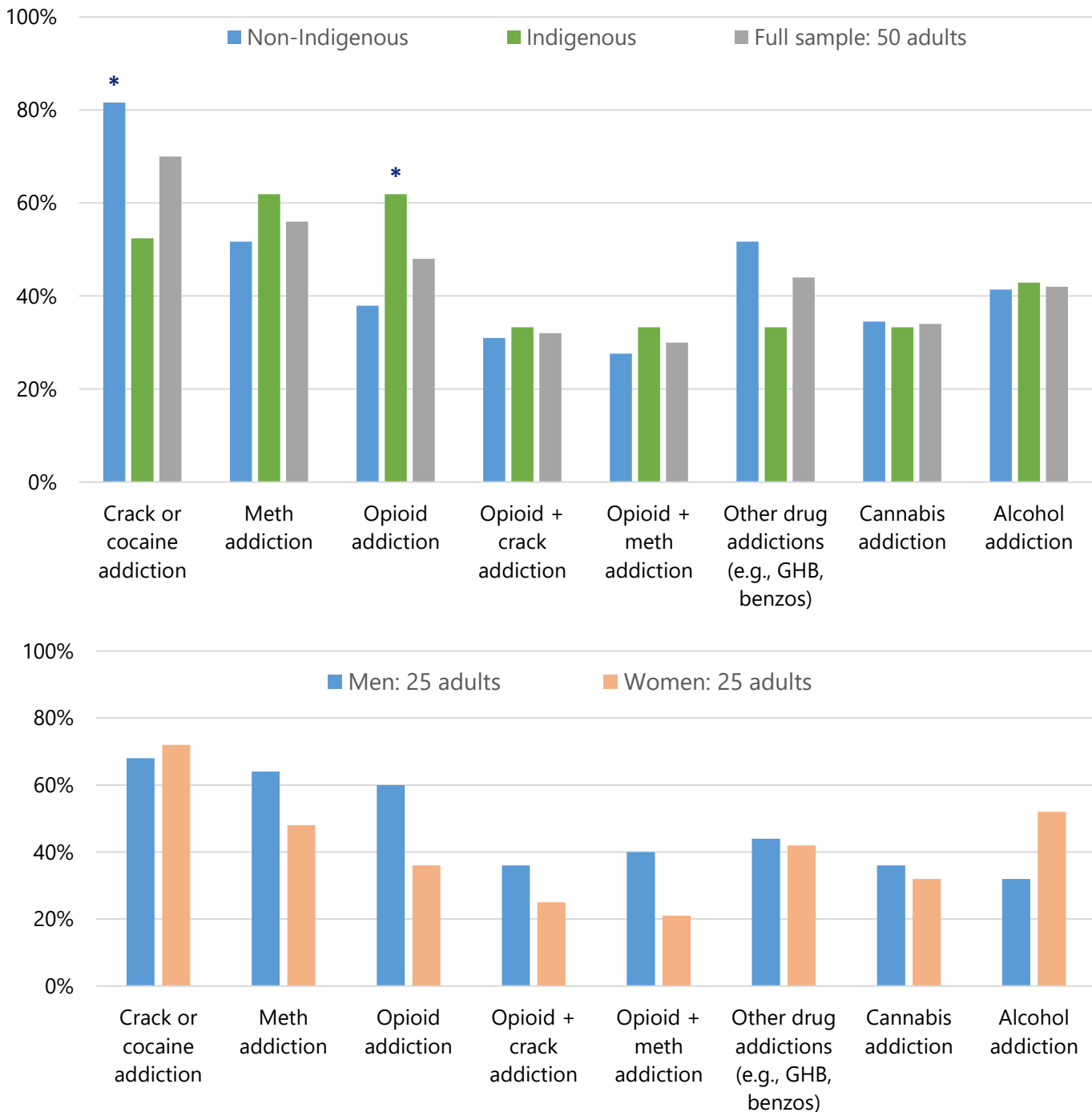


Figure 2. What substances have you had addictive problems with?

What was it like to be addicted?

Adults in this study began having illicit drug addiction problems as early as age 7 and as late as age 40. Most noticed cravings and withdrawal in their early twenties. Adults described active drug addiction and engaging with others who are addicted to drugs as an experience of profound trauma, loss, sadness, and fear – a nightmare they were desperate to escape:

I was so close to being dead from fentanyl that my body and my mind would want to shut down. Well, my body would shut down, but my mind would keep screaming and my spirit would keep crying out, trying to keep me alive. (Andrew, age 40-49)

The addiction was just chaos every [expletive] day and like you can't stop using. And just trauma after trauma. The whole addiction was just trauma. Seeing people get stabbed and watching people die. (Ethan, age 20-29)

I got sold into the sex trade, which I never thought was something that would happen, especially in Alberta. But it's very real. Like that does happen more often than people realize. I knew it was dangerous, but I never thought it would happen to me. And then when it does start happening to you while you're using, it's not a big deal. But then as I started realizing how bad it was getting, I realized just how dangerous a lot of the situations were that I had put myself in, or not purposefully put myself in, but got wrapped into. Seeing people way younger than me involved in the same thing, or being sold as well was very hard to witness. (Hannah, age 20-29)

The Elder compared residential school to using drugs. How they suffered abuse, being taken away from their family as a young age, not able to see them. That's how using drugs is - you don't see your family. You don't care about that, you just wanted to use. I lost my job, my home, my kids, my vehicle, everything that I had accumulated. I was homeless. I was living at the shelter and I didn't really care. The drug was more important in my life than my living situation. (Joe, age 30-39)

Last year is when it was the worst. I started smoking methamphetamine, doing that constantly all day, every day. And my living situation was couch to couch until I started dealing and then I eventually became homeless, and the law was after me. Just smoked myself into debt. I used everything possible to get money. It all happened to me within like a year and a half with the drugs. (Trevor, age 30-39)

We were just prisoners. It's just so evil. It's just such a nightmare. And it, there's a point where you just, you can't get out of it. You're stuck. The drugs are so powerful you don't realize where you're at. You're in limbo, you're numb. You're just - it's like someone dragging you around by your hair and you're lying on your back and you can't get up. Trying to quit thousands of times and just never succeeding. (Jason, age 40-49)

Trying to argue with someone who's on cocaine, like their eyes are black. There's no - there's no color to them. They're just like - it's very demonic almost and it's scary. (Sasha, age 20-29)

I lost my job, license, nowhere to go, no money, I had all my stuff stolen. It was either I live on the streets or take a shot at recovery. There's options this way, there's none the other way. I'm selling drugs to survive. I'm looking at jail at some point. It's just not somewhere I wanna go. It's hard to live a good life. Being in addiction. Good people are hard to come by when you're an active addict. (Joshua, age 40-49)

As shown in Figure 3, men were more likely than women to experience the following drug addiction consequences: poverty, job loss, homelessness, overdose, and losing access to their children. These gender differences were statistically significant despite the small sample. Approximately 75% of men and women lost a marriage due to drug addiction. Drug-related hospitalization was more common among women, and health problems and crime were more common among men in the sample. However, these differences were not statistically significant.

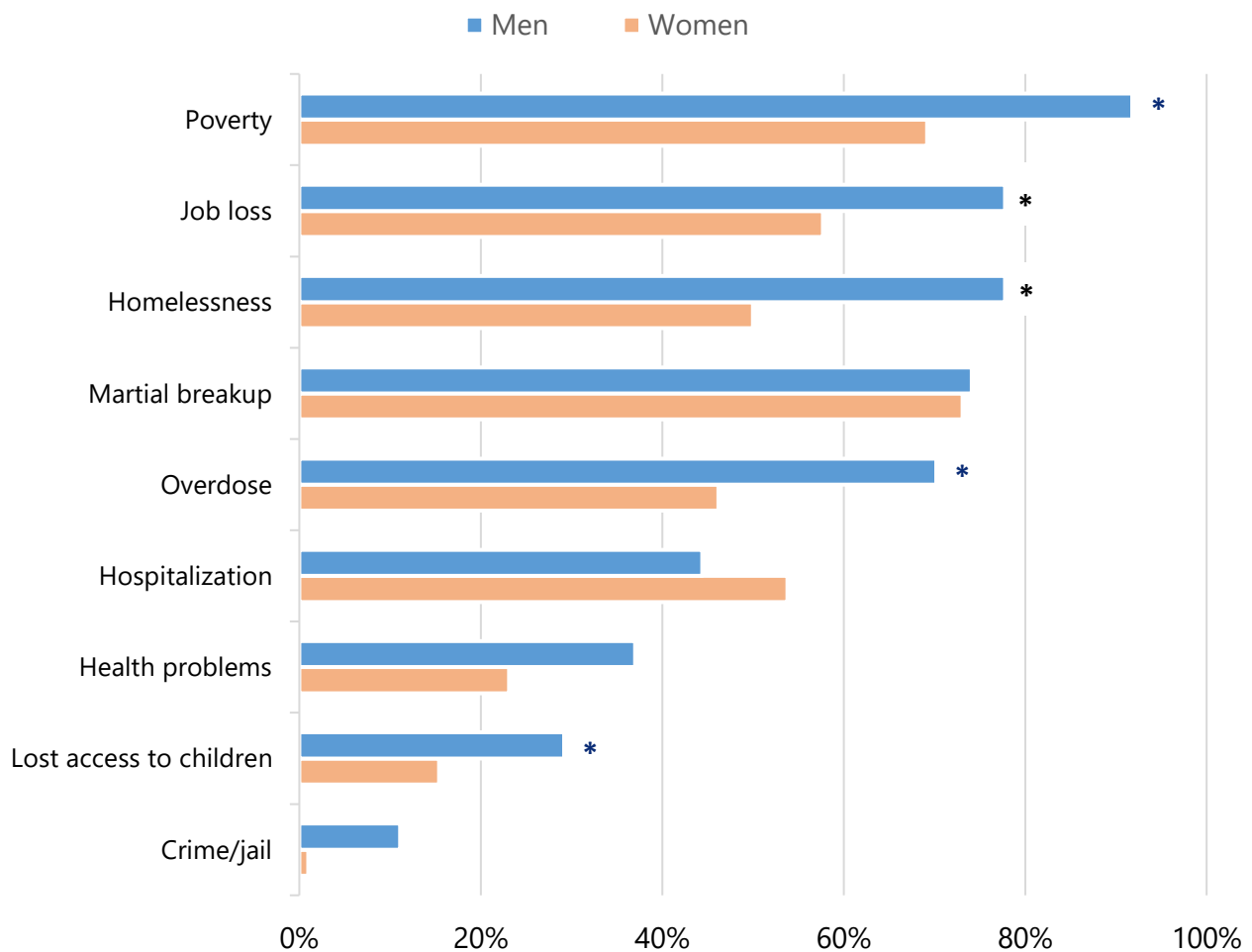


Figure 3. What health and social consequences did you experience due to drug addiction?

What motivated recovery?

We asked adults what their biggest motivator to recover was. One quarter of the sample said it was **family**. Participants described how their spouse, relatives, and children were suffering due to their drug problems, and how the fear of losing their family drove them to seek treatment:

I've always wanted to be recovered. Like, who wants to be an addict? Nobody. I think the motivator, the push was my friends and family and my support groups seeing me paranoid and going crazy and just unhealthy. I wanted... I wanted to be sober. So, I would say that it was mostly my supports pushing, pushing me to do the right thing. (Lisa, age 30-39)

I remember sitting in the back of that cop car cuz the cops kicked open the door. I didn't even hear 'em cuz I was out on Carfentanil. I just remember waking up and seeing a cop pointing a gun and they're yelling throughout the house, waking my kids up. My boy was laying between me and my partner and I had some fentanyl in my underwear. You know, crack pipes around the house, meth pipes, just a dark, dirty, evil place. It was seeing my kids walk away, being taken. I knew I needed to work on myself and thaw out -- thaw my feelings out. Once I made that choice I was full in. I just needed that distance from the substances. Then from there it was just moving forward, really wanting it. (Jason, age 40-49)

What really drove me in here [treatment] was the damage I was doing to my family. They put up with a lot for a long time. In the last few months they started to break. They just had reached a breaking point and they were having health problems, like severe mental health problems, severe health problems as a result of my using. (Tom, age 40-49)

When Children's Services showed up at my door, I was in one of those patches where I wasn't using. I was only dope sick. They talked me into, um... [They said] 'Here's the plan. You see your daughter's going to go stay with your relatives for the weekend and you can do whatever you like. But you can't use. If you end up using, we're gonna take her, we're gonna apprehend her.' So that scared me. And they called to the detox. At first, I said 'no I don't want to go' cuz I didn't want to leave my daughter. I'm all she knows. Eventually I just, I agreed. So I went out that same day. (Emma, age 20-29)

Just my family. I needed them for me. Honestly, if I can't have them I really don't see a point in living. My son, wife - the small family I have. It means everything to me. (Trevor, age 30-39)

I have 2 children and wanting to be there and give my children the best life is what's really helped push me into treatment and getting better, recovering. (Cara, age 30-39)

My dad said, 'If you don't get clean by my birthday, which is in 7 days, you will never see me again. I promise you that. But if you're willing to change, I will help you. I will help you in any way possible. All you have to do is stop using'. For some reason, what he said there, if he hadn't said that I wouldn't be here right now. That is what clicked for me. (Ethan, age 20-29)

I've hit many rock bottoms before, but this last time I was pretty close to death. So, I think just.... my kids, right? My family is really kind of what pulled me out of it. And I mean like I'm 40 and I figure I've got half my life left if I'm lucky. So I don't wanna keep living the same way I was. (Graham, age 40-49)

The second most common motivation to recover was **health**. One in 5 adults described suicide attempts, overdoses, mental health problems from drug use, and physical injuries/accidents from drug use as the key motivation to recover:

What motivated me really was I had overdosed, I had gotten into a car accident, basically I had been in life threatening situations again and again and I was just so exhausted physically of being in such a traumatized state. Being in these very near-death situations and my mental health was just exhausted. I was at my wits end. I was having suicidal ideations. Basically just, yeah, being at the end of my rope with my addiction. My mental health kind of pushed me to start recovery. (Kristen, age 20-29)

I have unsuccessfully, obviously, tried to kill myself 3 times. I think last time was the one that was the wake-up call. (Ashley, age 30-39)

I was in a high-speed chase. I was high, ran away from the cops. I knew once I woke up out of my coma, I was in a coma for weeks after my accident. I was just flooded with like an inner sense of peace that like this is my second chance. And I had no cravings, I had no desire to do drugs, nothing like that. So, then that's when I started looking into recovery. If I wouldn't have gotten in that car accident, I'd still be a gong show 120%. Because there was no bottom. You don't hit rock bottom until you stop digging. Because under every rock bottom if you keep digging you'll find a trap door I promise. (Jeff, age 40-49)

We got into an argument, and he beat me with a metal baseball bat to the point where I was hospitalized. Once I came to, I ran away, and it took me a little bit to realize what had happened. I really needed the help and to get out of that life cuz I definitely didn't want that to happen again. I think that's what pushed me. (Cara, age 30-39)

I woke up and I had a paramedic putting me in a gurney and the cop and my landlord and my grandmother crying because they thought I was dead. I woke up and my first thought was 'I have an issue.' My grandma didn't know if I was going to get sober or not. I called her when I got home the next night and I said, I was bawling, and I said 'I have a problem. I need help. I need a lot of it.' That right there was the last time. (Ryan, age 20-29)

The last time I was high I got high on ecstasy, and I was almost raped again that night, and it was just like that was it. That was the last one for me. I struggled a lot, just trying to stay sober, but I kept drinking. And then I'd relapse on drugs and that was the last night when I almost got raped. That was it, I was able to stop after that [sobs]. (Madison, age 30-39)

The time that I woke up in the hospital that day with the handcuffs, I would say that was my end date. I really knew that I can't do this anymore. It occurred to me that I'm going to end up dead, in jail, or hospitalized for the rest of my life. I'm never going to have anything going for me. I was tired of being so drained all the time. It just occurred to me that I kept watching people all around me die from overdoses. It just dawned on me that if I keep going, I'm not going to have a life. It's going to be quickly over. That day when I woke up was the last time that I went out and used and drank. I tried really hard to stay sober and I lasted 6 months and

then I got my wisdom teeth out. They gave me a bunch of Percocet's and I relapsed again. And then after that, I managed to stay sober. (Liam, age 20-29)

Other motivations for recovery included jail, pregnancy, not being able to access their drug of choice, being inspired by others.

The lawyer said: 'well they are trying to get you 7 years.' I had never been to jail my entire life. He told me 'You would be going to a federal penitentiary.' I see jail on TV. I know people who've been to penitentiary, and they don't come out the same people. Their spirits are broken. I didn't want to be like that. So my goal was to just do as much drugs as I can so I could kill myself before they could put me inside a prison. Then I got accepted into a program [Poundmaker's Lodge]. As long as I completed it, I would never set foot in a prison. I knew my prayers had been answered. That's when I swore I would change my life. I think the main thing that kept me motivated was —because I can walk out those doors any time — the main thing that kept me there was the fear of going to prison. And the food was amazing. (Chris, age 40-49)

That's what got me started into forced recovery I guess (laughs). Zero access. The first time I went back to [my hometown] after living here, the first thing I did was went to my dealer and bought coke. There was zero access to it [after that] and that was my saving grace. After the first year it was just 'I don't even want it.' (Bryan, age 40-49)

I was on the streets in Missoula. I met one of my friends that was in sobriety. He just looked good. Hair was all washed, he was clean, and he just looked good, and he was working. He gave me like 30 bucks. To me, 30 bucks US was really high because beer only cost 99 cents. And then for him giving \$30 and doing that, I wanted to be sober, and I wanted to be like him. (Pete, age 50-59)

You talk with an Elder and they are able to tell you what they've been through, if it's addiction, if it's trauma and all that stuff and it's just like okay - you look at them now. They're this respected person. That didn't define them. They're just really, really wise people. And essentially - they help other people. So I've always wanted to go into working with addictions or mental health or counseling. You can't be addicted to help. Like you can't be sick to help other people. You need to be better to do that. (Sarah, age 30-39)

Consistent with other studies, relapse was an inevitable part of recovery. On average, adults relapsed 7 times before achieving sustained recovery.^{35,36} This highlights the need to budget recovery resources by the number of persons projected to require them, with an added multiplier that accounts for the number of times they will relapse and begin the recovery process again. In other words, budgets need to account for seeing the same person access a resource multiple times in their recovery journey.

I relapsed I'd say at least 5 or 6 times before I finally got into a residential treatment program. So it was a slow start. Like it took me a few times to finally like, get in there and start going for longer stretches of sobriety (Kristen, age 20-29)

I've been in, I guess my tenth treatment right now, but I know there is countless attempts I'd say a 100 times, you know, like whether it's on my own or definitely 40 times I've tried yeah. (Darren, age 40-49)

This is my fifth treatment or time in treatment. First one I left early. The second one was Landers, which I completed. The third one was Aventa, which I only stayed 5 days for. And then I was in Fresh Start last year. And I completed the program. And this is, yeah, the fifth time. So, and the last. But now I'll be going into like a sober living facility once I'm out of here, so. (Tiffany, age 30-39)

Each time I relapsed its been shorter and shorter. You know, each relapse I said earlier on has been a learning curve. (David, age 50-59)

Although rare in this study, a few participants were able to recover on their own. In the literature, this is called *natural recovery*, and refers to those who achieve and sustain addiction recovery with no formal assistance or treatment, and no support from peer-based groups like 12-Step.³⁷ Most who experienced natural recovery in this study were young (<40 years of age), did not use opioids, and had stable housing and social support from a partner or family. An example is Noah, who found a way to “downsize” his addiction to methamphetamines and crack over time:

When I quit the drugs, I gained all the weight back because I just started eating again, like I was trying to fill that hole that reopened again. We kind of like traded addictions for a while. Got off hard drugs, then managed to downsize it to drinking heavily. But still just kept on eating. Then me and my girlfriend tried to help each other with stopping drinking. And then we tried to work together on eating less and dieting better. So, during my recovery period, I was trading - was kind of like downsizing addictions in a way. (Noah, age 20-29)

Resources that helped adults recover

We asked participants what resources were helpful in their recovery (outside of family support). As shown in Figure 4 all women stated counselling had helped, compared to 78% of men. Women were significantly more likely than men to cite the food bank as an important addiction recovery support. Men were statistically more likely than women to state in-patient treatment, transition homes, and drug courts had helped.

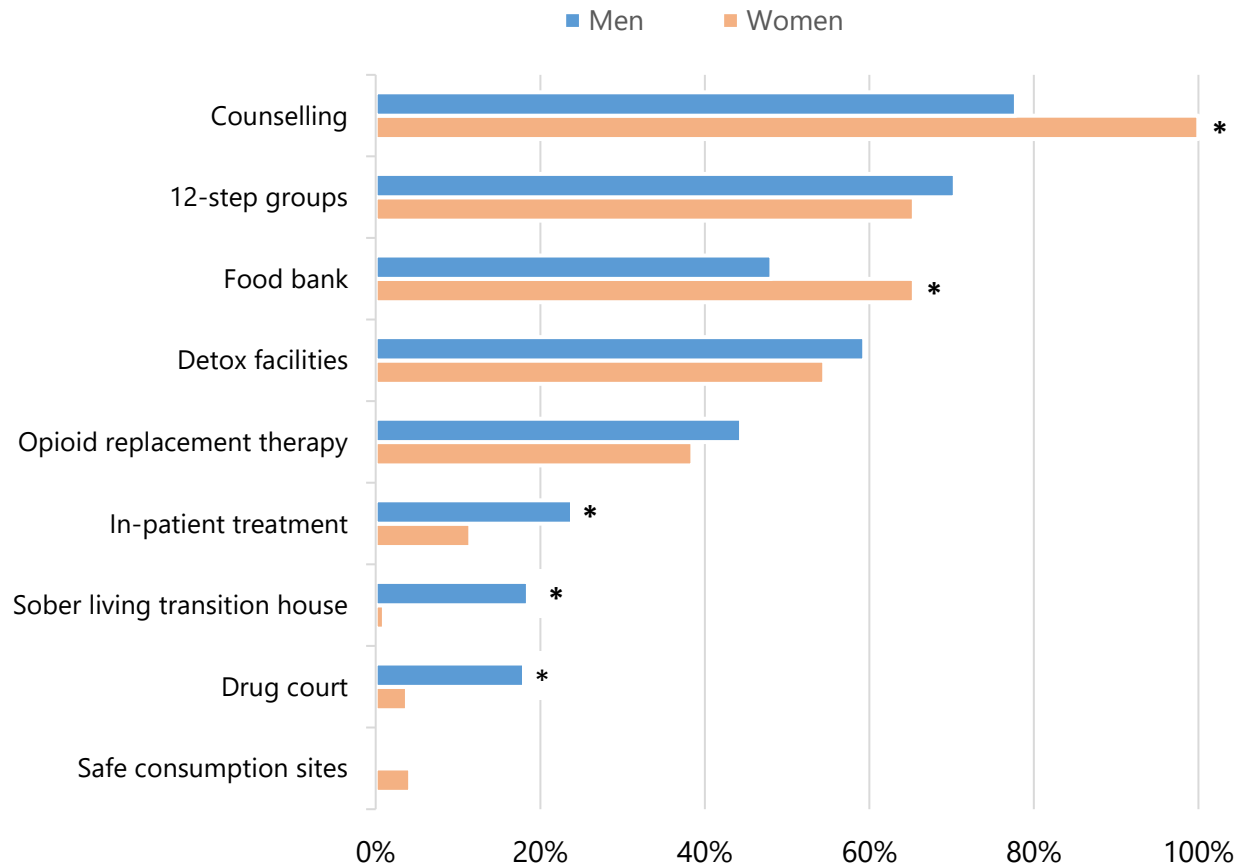


Figure 4. What services and supports have helped you recover from drug addiction?

Adults in this study had engaged in a variety of 12-step meetings (Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous), as well as other group supports (e.g., Smart Recovery groups). These meetings were described as an important part of recovery success, but not sufficient alone to achieve it – with detox and in-patient treatment facilities having a stronger effect on their ability to recover. However, many spoke about the importance of 12-step groups in their journey, and in maintaining recovery.

Once you get sober, meetings are wonderful. You get the friendship aspect and you get the tools and stuff. But if you don't deal with what caused you to do that in the first place, then you are just kind of in a cycle of, it's going to come back. You can bury it for so long, but it will resurface eventually. (Liam, age 20-29)

Non-Indigenous adults were more likely to state that 12-step programs were helpful. Some Indigenous adults talked about a lack of opioid-focused 12-step programs in the Lethbridge area as a problem. Others described 12-step meetings as problematic due to the emphasis on Western religion, and due to their location (often in churches).

I find AA helpful to an extent that it's sort of rooted in Christianity and that's not my religion. So yeah, I do utilize AA, but only to an extent. (Kristen, age 20-29)

My grandma can't even go to the dentist because she has seizures from anxiety. And it's because what happened to her at [residential] school - what the dentist did to her at school. So, I can't imagine what it feels like going into a church. I know she's not the only person who feels this way or has had those experiences. So, I'd be more open if it [the 12-step meeting] was at a community center or outside. If it was in a more neutral setting it would definitely be something that I would consider. I'd have an easier time going to it for sure. (Ryan, age 20-29)

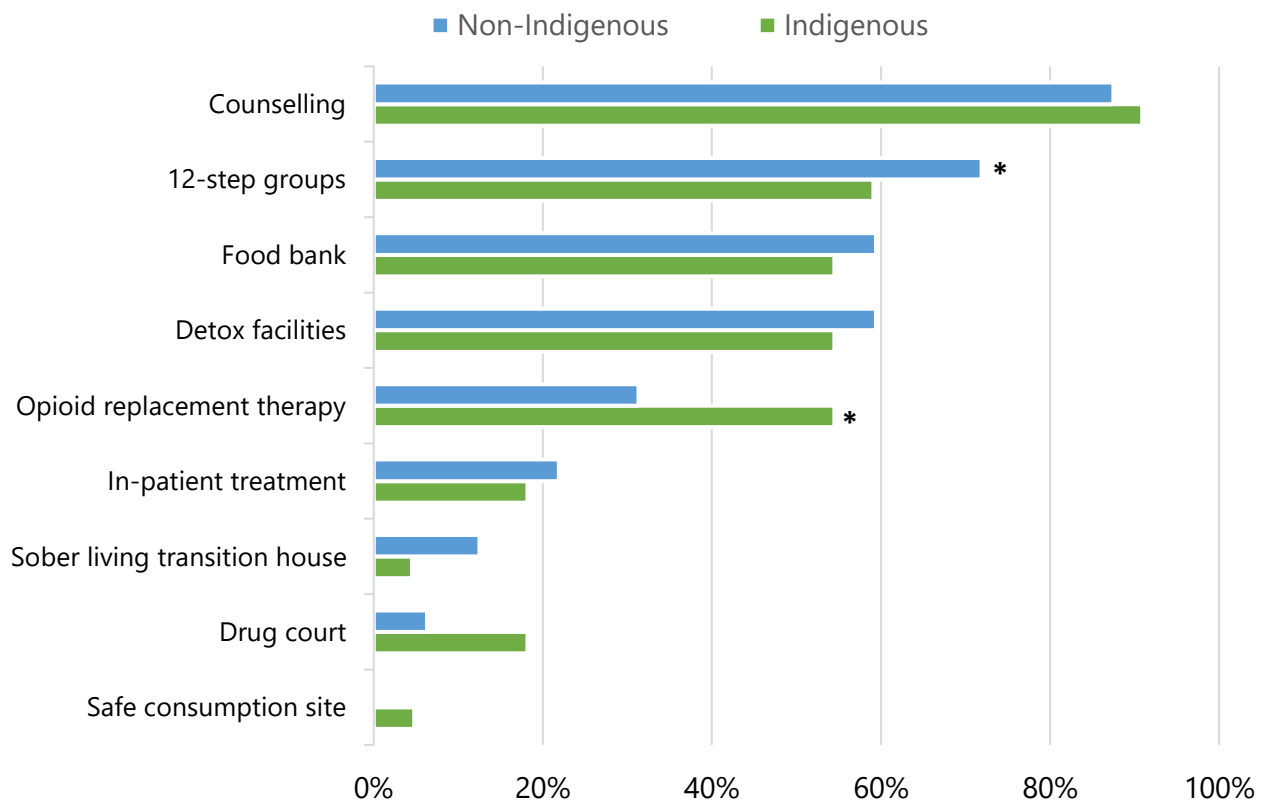


Figure 5. What services and supports have helped you recover from drug addiction?

As shown in Figure 4 and Figure 5, the least cited recovery resources were consumption sites. Most we interviewed were using illicit drugs during the period in which the Lethbridge Safe Consumption Site was open. The site opened in 2018 and was shut down in 2020 after an audit revealed significant financial mismanagement.³⁸ The site was not described as a recovery resource by participants, nor as a resource that connected them to addiction recovery resources outside the site.

As this study focused on addiction recovery rather than overdose prevention, we did not ask participants specific questions about consumption sites. However, a few participants did bring this up in relation to recovery:

ARCHES here in Lethbridge. I went to them when I was 18 and I was looking for needles... They were like, 'Do you know how to like, shoot up properly?' And they're like, 'Okay, well, hold on. Let's sit down. Let me show you.' And it changed my [expletive] world dude, like it really changed everything for me. Moving forward, like my drug addiction got really bad. I was shooting meth and fentanyl. And it just, it just spiraled. I ended up losing my housing, which I was really proud of myself for keeping. I lost my housing. I was kicked out of a woman's shelter - I overdosed in there. And then in the hospital they said I couldn't come back, and I was kicked out. And it was just, it was bad. It was [expletive] bad. (Beth, age 20-29)

With like safe injection sites, it's great if you're still using, but I also feel it can be very enabling. There's a place that I can go use and continue to use and be safe doing it. It just wouldn't have helped me want to stay clean. It didn't help me want to get better because I knew that people were gonna watch me no matter what I was doing. So I could just continue to use and know that I wouldn't be... not safe. It's hard to explain. Safe injection sites were really hard for me. Walking by them even, or knowing that they're there has been tough, especially when I'm having a hard day. (Hannah, age 20-29)

When we had the consumption site in Lethbridge, I went there a few times. I think that was one of the worst things we got in Lethbridge. Maybe it helped save some overdosing, but it sure did give people more of an opportunity to get into the drug, cuz it wasn't really illegal in that building. So it was like 'Hey, you can do fentanyl here. You want to come try it? You can't get in trouble.' And I think that it really screwed up a lot of people. It was supposed to be a good place to help but it did more harm than good. Every addict I've talked to out there on the streets has told me that it was, you know, they just used the place really. We had people from Vancouver coming here. It just made the opiate addiction a lot worse, honestly. That's what I hear from them. And me, it was meth and stuff like that, but that's where I would go to get it... I walked in, told them I wanted to do drugs. They're like 'How many needles do you want? A hundred?' I was like 'What!' I was like 'No, 10's fine.' And they set me up with a *party kit* it was called. It came with a crack pipe and cookers and vitamin C and tourniquets, and wipes. So I was like, wow, that is making it too fricking easy to do drugs. They're inviting us to do drugs. Maybe they're helping HIV and hepatitis, but they're really [expletive] making it easy for anybody to get the supplies to do the drugs that they want. So kind of a double-edged blade right there... ARCHES started a problem that they can't now solve. (Trevor, age 30-39)

The drug site they put up with the safe consumption site. I never went there, but the big thing I heard is there was no outreach with it or anything like that. Like there's a safe place to use. It isn't gonna stop anything I don't think. (Joshua, age 40-49)

Recommended Actions in Lethbridge

Based on the direct experiences of these adults in recovery, the results of this study suggest the following actions can help address the drug addiction crisis in Lethbridge:

1. Engage adults who seek recovery in a coordinated set of recovery steps
2. Ensure no wait times between recovery steps
3. Encourage detox facilities to provide psychological care
4. Ensure opioid replacement therapy is accessible
5. Use the Fresh Start Program as a model for effective treatment
6. Ensure adults feel connected and cared for in the recovery process
7. Indigenous cultural supports in treatment are important
8. Educational upgrading & employment supports are part of recovery
9. Increase the accessibility of counselling supports outside treatment centres
10. Make changes to the Lethbridge shelter system to better support recovery

1. Engage adults who seek recovery in a coordinated set of recovery steps

The strongest theme in the data was that participants engaged in a coordinated set of recovery steps, as displayed in Figure 6, were much more successful in their recovery. As explained by Darren (age 40-49):

So just coordination, that you're able to go from detox to treatment, transition to sober living, to employment.. The 28-day or 17-day [treatment] programs are useless. You need 3 months at least. Then from there the biggest missing one is the sober living component. Like how many treatments have I gone to that I threw away? It's about having a safe place to live. To be able to go from detox to treatment. I don't think there's much coordination in Alberta between the detoxes and the treatment centers and the sober – well, you have hardly any sober living in Alberta which is sad. I remember after my last [treatment centre], I was trying to find a sober living in Medicine Hat because that's where my job was. No. Nothing. Okay. I'm off on my own again. So that coordination.

Not all adults in this study required the system of steps outlined in Figure 6, particularly those who had only had a drug addiction for a short period, and those who were not struggling with an opioid addiction. However, these steps were common among those who were successful at maintaining recovery and avoiding relapse. In the interviews, many adults directly attributed their success to the help they received from someone to move between recovery steps (e.g., help moving from a shelter to a detox when they made the decision to begin recovery, help moving from a detox to treatment bed, help moving from a treatment bed to a sober living home, help with counselling supports after they left a sober living facility).

Given the growing scale of drug addiction in the Lethbridge area, we recommend **an organized case management system** that works between organizations and treatment steps in a consistent way to help all adults who would like to recover. **System-level coordinators** (often called case managers) who bridge adults between the steps they need to take to recover from drug

addiction and put their lives back together again would help minimize relapse. There is evidence in the data that some adults received this help from different individuals and organizations. But the system is not organized and many were sent home or back into the shelter system before all steps could be completed. This resulted in repeated relapses for many, and a gradual reduction in their belief that they could recover. As explained by Nicholas (age 20-29) who had recently completed detox followed by an in-patient treatment program when we interviewed him, but was now homeless again and unsure what to do next:

As far as detoxes, I've probably been a good 20, 25 times. As far as treatment centers, about 5 or 6 times. Any of the recovery centers that I have gone to have given me the longest bursts or longest stretches of sobriety. Like, I just got out of treatment and there's [expletive] nothing for me. Sure, I've learned all these tools and I've got so much positivity built up, but now there's no government supports. I don't own a house. I don't own a car. I have no money. I have no job. What am I supposed to do past this? And there's no support whatsoever for that.

As illustrated by Nicholas's experience, as well as Emma's experience at the beginning of this report, resources could be saved and more adults could be helped if individuals leaving detox or treatment were transitioned into the next stage of the recovery they needed, rather than left to scramble to find these scarce resources on their own when they are at such high risk of relapse.

There is strong scientific evidence that case management improves the linkage between and retention in addiction treatment steps. Across multiple highly controlled trials, both women and men with substance use disorders (SUDs) who are randomly assigned to case managers are significantly less likely to drop out of treatment programs, have longer-term drug abstinence and fewer hospital visits, and demonstrate longer-term improved social functioning within their communities (e.g., reduced criminal involvement), as compared to adults with SUDs who are not assigned to case managers.³⁹ Thus, both the scientific literature and the findings of this study highlight the hiring of system-level coordinators (case managers) as a wise investment that would help address the drug addiction crisis in the Lethbridge area, and potentially the province of Alberta more widely.



Figure 6. Coordinated recovery care steps helped adults achieve drug addiction recovery success

The data indicate that adults are not in a headspace to organize these steps for themselves, or to wait at home or at a shelter the next part of the recovery process to become available for them:

You leave treatment feeling like you just stepped off like a high-speed roller coaster, and you don't even know which way to turn. (Diane, age 50-59)

I think a really big concept is that bridge between resources. A lot of that can be very overwhelming. You need a mediator that doesn't just deal with the one, but helps you bridge between each one and helps take off some of that overwhelm. When you're dealing with recovery getting overwhelmed is a trigger. So having that mediator that helps bridge you between each resource, and navigate each one if you are dealing with certain issues. For example, I just learned about a resource I never knew existed. They have an ID program through Alberta Health Services to help those that don't have ID get ID. That is amazing because you get one kink in your journey and everything falls apart. So having that bridge, that person that's there to help you work through that kink. It's a backwards step but these are the solutions (Brenda, age 30-39).

I tried to go directly from Foothills detox to SAM's, but there was a 6-week waitlist. So I spent 10 days in detox and then I came home and I tried to stay sober for a month on my own. And I almost made a month, but I couldn't do it so I relapsed. (Lucas, age 30-39)

Participants also described how adults can become cynical about the recovery resources available to them if the resources are not set up to move them through all the way to success:

There needs to be more referral systems to get people into treatment faster. There needs to be more beds because you get a guy that goes into detox, it's better and he gets food, and then he's out the door without any direction on where to go next, where to proceed. There needs to be something in between. Because mental stability really takes a downfall. It's like 'Well, I'm in detox. I have 7 days here. What's after 7 days? Oh, okay. I'm gonna go back out onto the street and wait 4 months to get into a treatment facility.' It needs to be more of a door-to-door system. Because you get 'Ok, I'm 7 days sober, now I'm homeless again on the street, hanging out in tent city with a bunch of my addict friends and I have no money, no job, and I'm gonna go back to whatever - stealing things.' As opposed to 'I'm feeling good. I'm 7 days sober, let's move on to the next step.' Otherwise it just sends people on a downhill spiral. Like, 'Okay, well now I did this. What was the point?' (Tony, age 30-39)

2. Ensure no wait times between recovery steps

If a treatment bed is not available after detox, the data suggest transition housing or an extended stay in detox can help prevent relapse and the need to repeat the acute detox phase over again:

I'm very fortunate that I did have doors open for me that not all get. When I left the detox I didn't really have anywhere to go - a safe place to land. And I know now that that's one of the main reasons why the failure rate of recovery is so high: that people don't have a safe place to go. There's no sort of like support systems. Fortunately there was transition housing that wasn't really even ready. The person running the detox was friends with a person that was part of the transition program. They sort of made things happen. My only other option was to stay at the homeless shelter. I was really scared to go there. I knew if I was around people that were using, I would probably use. The transition housing was really pivotal for me. There was a lot of, I didn't have an Alberta Health Care or ID or anything. So I was able to get all the pieces in place that I needed to be able to go to the treatment center in June after leaving detox in April. Then when I left the treatment centre, I was able to return to transitional housing and I was there for a year. (Diane, age 50-59)

I called Foothills detox. I was there for 3 months just learning how to eat and sleep again properly, but it was tools, the 12 steps I learned from there. Caring, love, kindness and not being judged because you do so much wrong. You think you're this terrible person. That's what really felt good there. From the counselors - that's what was really, really needed - that support. I learned how to pray again, and just spirituality as I am not a religious person. Encouraged all that good stuff there - being okay to be who you are. It pulled the best out of me - spirituality. I remember leaving on a day pass. I just about used, but I drove right back. Bills are sky high. Just that guilt, all those resentments hit you. Everything's like a mountain or wreckage. And my instinct right away is to go get something. My mind was thinking that but I had the strength to keep driving. Go back. It's okay. Yeah. I was waiting for Poundmaker's, but it was a really long wait. So I ended up going to Landers for 3 weeks. I learned how to be assertive - it was good healing. But it didn't get to that emotional, it didn't really get to the guilt and the shame and those resentments. I was still holding onto that, and I knew after Landers I needed more treatment. It just so happened that Poundmaker's called and said we have a bed for you, and I said 'yes, please.' This new life felt awesome, and I had hope. And so I went to Poundmaker's for 6 weeks and that's where I got to let go of a lot... When I got back home we worked with Children's Services and got the kids back. We started an NA [Narcotics Anonymous] meeting once a week... There were 2 that knew me from previous but had relapsed. They came up to me and they were like, wow. They had tears in their eyes, and they told me, geez, thank you for this hope. It was so meaningful for them to come up to me. I kind of teared up. So I figured this is what I want to do - I want to give people hope, I want to help people. And so I applied to a university counselling degree program and I got accepted. (Jason, age 40-49)

3. Encourage detox facilities to provide psychological care

Detox was an important first step toward recovery for most adults in this study. A detox centre can help adults through the physical withdrawal phase when relapse rates are the highest. Few we spoke to were able to recover on their own without this pharmaceutical help. Based on the interviews we conducted, the most effective detox facilities also provided adults with psychological resources and tools to help prevent relapse at this sensitive stage including 12-step meetings, counselling, meditation classes, and educational seminars. The [Foothills Centre](#) in Fort Macleod was noted as a particularly good example of this.

So, yeah, as far as detoxes go, the Foothills in Fort Macleod was really, really awesome. They keep you really busy out there and they make sure you get into a program out there. They really try and get you going to wherever you need to go to. They're pretty adamant about it too. They're also almost like a pre-treatment. It's not just that you're drying up in your bed in detox - they're getting you ready. They give you a lot of recovery material, you watch recovery videos, you have meetings there, there's a whole bunch of stuff and the community is really great among everyone. Cuz everybody's trying to positively recover. It inspires everybody to make a plan of what's gonna work for them. The ones in Calgary are absolute garbage. They don't do a damn thing for you. (Nicolas, age 20-29)

When I went to detox, they had us meditate. That really helped me reflect and think of what I did and kind of let my past be. Like I don't want to be in that anymore, I'm scared. Getting back to where I need to be in life, and just grow. Dealing with reality. That's something we hide from when we're in our addiction. (Sarah, age 30-39)

While most who spoke about their experiences at the Foothills Centre were positive, Hannah (age 20-29) cautioned that the promotion of safe injection to people in the sensitive detox phase of their recovery was problematic:

Some things that *haven't* been helpful - I went to the Fort Macleod detox. This was some time ago. They had like the safe in - what were they called? They were the safe injection people. They came in while you're in detox. Told you 'Here's a safe place we can go use. We can give you free paraphernalia.' That was not helpful for me because I was trying to get clean and then having people come in and be like 'Oh, by the way, if you relapse, we'll help you stay using' which wasn't a big help at all. (Hannah, age 20-29)

When trying to recovery – get to detox first. I'd say get to Foothills because I would hate to go to the City of Lethbridge detox. It's just atrocious there. So why would you go there? That's why they're living out in tents right now because they don't want to go in there. So yeah, first would be detox and stay in detox until you can get into treatment. And then you got to create your own long-term recovery plan. (Darren, age 40-49)

Less effective detox facilities were described as providing only pharmaceutical treatments to deal with substance withdrawal. Relapse at such facilities was especially high among the adults we spoke to, thus contributing to the cost to run these facilities as adults had to return again and again to repeat this component of their recovery journey.

It's a grippy sock vacation. Because you have the socks with the things on it, and that's all you get, and you have nothing. My friend and I would take a grippy sock vacation about once a month. You go there and literally you get strapped to a bed while you're detoxing and there's no support. It's not helpful when you don't come out of the program with support. It's just a break. (Ashley, age 30-39)

Adults in recovery also highlighted the need for detox centres to strike the right balance in terms of how easy or difficult it was to be admitted. The detox facility that once existed in Lethbridge through Alpha House was repeatedly described as too lenient in who it admitted. Others described the Lethbridge hospital detox as too difficult to be admitted to:

At the detoxes there needs to be more regulation on... they need to be a little bit more discriminatory on who actually is there to get better and who is just abusing it to get a free bed and food. There's homeless shelters for that. It brings down other people's recovery and it can be very triggering. For people that aren't actually there to recover it can be very dangerous, and then you get people that'll be there to sell drugs at a recovery site. So, the screening process needs to be a little bit more in depth. The accountability needs to be there. (Tony, age 30-39)

The Lethbridge hospital detox - it takes a doctor referral that you need to follow up with. And a wait period - like an unrealistic wait period for a 7-bed place. What reasonable person on the street, let's just say, let's create like a fentanyl addict right now. They're downing out all the time, they're at the 90-degree angle all day. Right. Do you think that person can follow up with his doctor on getting a referral to get into a proper medical detox rather than Alpha House? No, it's not going to happen. Most of those people don't even have phones, let alone know how. Like they don't have the capacity to actually think like, 'oh I have an appointment on Monday at 4:30'. (Ethan, age 20-29)

4. Ensure opioid replacement therapy is accessible

Opioid-replacement medication (OAT) is a [key step](#) in effective opioid addiction recovery. Overall, 42% of the sample had used OAT in this study.^{18,40} It is positive that no participant described problems getting access to OAT. As described below, OAT helped adults deal with cravings, make decisions about next steps in their recovery, and begin work to mend relationships.

They really helped me [the detox centre]. They got me on medication to deal with the cravings and wanting to use. I'm on Suboxone. (Joe, age 40-49)

That morning we went to jail and we withdrew right through the day. I thought I was gonna die and have like a heart attack. That was so horrible. We got dropped off 24 hours later at the house about 3 or 4 o'clock in the morning and we withdrew right through the night. We had to wait for the Suboxone clinic to open. The Suboxone doctor helped us. I remember rocking, you know, it was a wicked withdrawal. Wanted to hang myself. We made that choice to get on Suboxone. We had tried it before, but this time our kids were a part of it, where we couldn't see them or be with them. So that's what we did, we got on it. I remember eating at the hospital that morning and I was thinking 'Geez, you know, I feel so normal right now.' It's amazing how that Suboxone took away the sickness. I remember going to my mom's after that. What I did to her in the past - the lying and stealing and making her worry. She was still there. And I just remember breaking down, giving her a big hug. I remember crying. You don't feel those true, genuine feelings [on drugs] and it felt so good to give her a hug. For her to say, you know 'It's okay.' And so that was really meaningful for me. So I thought, I'm gonna call for a bed and I'm gonna get into detox. I had never been to detox before. (Jason, age 40-49)

The opiate withdrawal, it's pretty physically severe and it's just, it's endless. It doesn't go away for months. I've tried to do it without anything before and 2 months down the road you're not feeling any better. So yeah, the fact that I had that [Sublocade] to deal with the physical symptoms. It would be a rough ride without it. There's still a lot of mental, like fake cravings. It's more the crack I find myself craving. But those have subsided now too. (Joshua, age 40-49)

Consistent with the literature, some continued to struggle with relapse despite OAT, highlighting the need for additional recovery steps once OAT is in place:

Number one I like, I always had to be on medication. The only way I was able to make it through was with either Suboxone or methadone. And then working on lifestyle skills, what you're going to do from there, how to cope with your emotions. Having something keeping my mind focused, something hands on that I can work on... I'm thinking about going on the Sublocade shot because I've relapsed so many times, I can't count. One day I could be fully 'I'm gonna live the rest of my life sober.' The next day I'm buying drugs no matter how much dedication I have towards it. Sublocade could at least block it out and be like 'Hey, well you can't do that for a month even if you wanted to.' (Nicholas, age 20-29)

I was at 12 milligrams [of Suboxone]. I ain't gonna lie to you - I did try to use on it and it didn't do nothing. I still used and it just wasn't good. (Sarah, age 30-39)

5. Use the Fresh Start program as a model for effective treatment

Adults in this study had engaged a variety of in-patient treatment programs in Alberta, BC, Saskatchewan, and Ontario. Overwhelmingly, participants stated that the program that helped them the most was [Fresh Start Recovery](#). Adults reported the Fresh Start programs in both [Lethbridge](#) and Calgary were effective for them. Fresh Start is a registered charity funded by the Alberta government and donors. There is no fee to take part in the program. Consistent with scientific evidence, Fresh Start views addiction as a brain disease that is progressive without help.⁴¹ They offer a long-term program that begins with a 14-to-16-week in-patient experience involving individual counselling, group facilitated healing, fitness programming, nutritious meals, and other resources that help clients build a strong foundation for their success.

Through the eyes of participants, the Fresh Start program in Lethbridge is doing a number of things right. Both Indigenous and non-Indigenous adults were overwhelmingly positive about the impacts of this program on their recovery. Based on the data, it appears to be a model program that other new addiction recovery centres in Alberta could emulate. The exception to this would be Poundmaker's Lodge in Edmonton, as Indigenous adults who attended Poundmaker's in this study gained much from the culturally oriented programming they offered, which will be discussed in the next section.

It is clear in this study that the Fresh Start program has many strengths. The strongest themes regarding why it is so effective at helping adults recover from drug addiction are: (a) the long-term phased program model, (b) the quality and structure of the in-person treatment program, and (c) the balance the program has between structure and freedom.

Long-term phased recovery

One of the key things that sets Fresh Start apart from other centres is the long-term phased program they offer. As described by Tony (age 30-39)

When I get out of here, I'll be going into their stage 2 housing, to their Sober Living. It's just more motivation I would say than anything really. With the Sober Living and the second stage housing, where you're still required to stay in direct contact with the treatment facility, you're required to do 2-3 AA meetings minimum a week. You are responsible for your own groceries. You have subsidized rent to a certain extent, but they work with you on a sliding scale. You can work. And then you have an outreach counselor for the first year once a week to check in and to see how you're doing and where you're at. With Fresh Start once you graduate you are in touch with the centre and can use the facilities, come to any meetings there, use the counseling for the rest of your life. So, it's covered that way, which is... that is where it needs to be with most of the treatments. With Lander's there is nothing, you're out the door, see you later. (Tony, age 30-39)

Comments from participants suggest the phased recovery program offered by Fresh Start gave them hope, and the ability to “see” where their recovery will take them:

Just to reiterate how great Fresh Start has been. I've went to 1835 in Calgary [Recovery Acres], a couple places out in Vancouver and Landers, and they're all good in their own way, but the *insulation* here and especially the *support you get when you leave* - they REALLY help you. A brief example is - the one in Calgary, when you go into sober living, they move you in there, you live with 3 guys for however long they think you need to do that. When you feel ready, you move in with 2 guys, do that for a while. When you're ready, you move into your own place, all in the same recovery complex. You're coming out of there a year and a half later clean, capable, and comfortable living on your own. A real killer for most people in addiction is as soon as you get by yourself, that's when the wheels start turning and the isolation sets in, and it can really send you back out in a hurry. So just the amount of insulation and how widespread the support is when you get out of here is a big thing with these guys... The other thing that gave me hope is most of the other ones I've been to have been fairly short term. I came in here 18 days clean, so I know by the time I walk out of here I'm 4 and a half months clean and I'm stepping right into sober living. (Tom, age 40-49)

Having the alumni who have graduated from here involved with the program. Some of the people that work here are past residents. That's inspiring! There's alumni that are still involved in the house that have graduated 2 or 3 or 5 years ago. They are employing people that leave this program. There's a sober community living outside of here within second stage housing. So, it creates hope. Not just hope for the future, but like - I can see it. You can see the people living with it. You can test it. You can talk to them. I got graduation coming in 2 weeks. I don't have a secure house in Calgary. It's probably not the safest place for me to go. So the staff here [at Fresh Start] are helping me find a sober place in Lethbridge to stay. I've gotten job opportunities. They scaled back on workload here to help us adjust to the transition of leaving. I'm given time and freedom to get stuff so things are safe when I get out. Rather than just forcing us to do more textbooks stuff and kick us loose willy nilly, they're working with us to be prepared for when we get out. I mean, things look great for me. I'm, I'm seeing my children in person and on Zoom. I go to meetings here and talk to future employers, do job interviews. (Greg, age 40-49)

They have a very good second stage program which was a big push for me to want to come into recovery here. In the past I'd gone into treatment programs, and they wouldn't have any second stage. They would just be like 'Oh, you have 19 days, or 28 days or 30 days and you're done.' And there's nothing more to that. So that was a big push for me - why I wanted to come to this specific program because I know that I have resources after I leave the program. I know at Fresh Start they wouldn't allow you to go back out to being homeless. But I've been in programs where it's like 'Hey, you're done. See you later.' It would just be very helpful if they like just even had like a separate place for people who are in recovery compared to people who, like [homeless]. (Hannah, age 20-29)

I'll be going into a sober living facility once I'm out of here - the Fresh Start one. They have a second stage housing. You can stay as long as you need. So looking forward to that. They have their own 2 apartment buildings in Calgary. It's quite big and you stick close to the house and

have your own meetings on Wednesday nights and different activities you can do with the clients in the house. We're called 'alumni' after we graduate. It's pretty amazing. This is the only place that I've ever been to that actually has an aftercare. They follow you for at least a year afterward. And then further if you want to keep in touch. I wanted to come to Fresh Start because we go through the 12 steps here. So currently we just finished step 3. We'll be going on to step 4. I feel wonderful with where my recovery's going. (Tiffany, age 30-39)

The private ones - there's no support for you after, and my biggest thing is even staying sober for a month. I need to figure out what I'm gonna do after to stay sober. Which is what they seem to be pretty good about there. You meet people in the recovery community, there's job options, stuff opens up. I feel like it's gonna stick at this point. I'm very thankful to Fresh Start. It's a really good program. We need more programs like that, or to expand that program. They put a lot of emphasis on being alumni there - staying connected. I think that no matter what, a month isn't gonna help anyone. A longer-term program at least, you know, a few months, but just some sort of outreach after the fact. Like if you just get someone sober for a month and they still have nowhere to go, what else are they gonna do? No job or anything like that. It's important to have resources for continued recovery. A way to sustain it. I can already see it. I don't know what yet, but I just... I can tell I have options now. (Joshua, age 40-49)

A common theme among adults who were not part of the Fresh Start program is the general lack of follow-up from treatment centres:

Yes, you can get clean and sober. That's the easy part. It's staying sober. So post-care, it is huge. (Tony, age 30-39)

My biggest challenge is the maintenance of it all. Nobody ever reaches out to me. None of the counselors, nothing. There needs to be something...something more. Where they'll call you after. Call you once a day for the next 3 months. Once a week, check in with you. Somebody should do that. See if you're doing your homework or something, right? I don't know. "Oh, you're doing drugs again, so you maybe need to go back in," like some sort of follow up. More or less it was like 'See you later. Good luck.' Maybe I wasn't going to the right places. There should be some sort of counseling after intake. Just to help you deal with life, your triggers. Cope healthy. Maybe you're swinging the wrong way, going back to your old habits. There needs to be some sort of maintenance program, or they need to spend more time on me preparing a maintenance program for myself in the treatment. (Lisa, age 30-39)

However, there were exceptions in the data. For example, [Aventa](#), a non-profit organization that provides addiction recovery services for women in Alberta, was highlighted as a program that successfully helped female adults in this study transition to the next stages of their recovery:

It is scary because sometimes these places just throw you out into the world without getting you prepared for the world. When we're in addiction we're hidden from the world. So when you go into recovery, it's scary because you don't know what's gonna happen, what's gonna change, what you're gonna face. Then once that 6-week program ends, you get thrown back out there. Without the connections there is failure in that recovery because where do you go? That was one thing Aventa made sure of, because they saw the fear that if I left without connections right away, that I will get lost... Aventa told me it's up to you to take these steps if you are serious about this, and we'll connect you with the people and get them to call you. (Becky, age 40-49)

Fresh Start program quality

As second key strength of the Fresh Start program that promotes recovery success is the quality, comprehensiveness, and structure of the in-person treatment program:

It's a staggered system, and most places are like that. You're not just a new group of a bunch of fresh addicts off the street. You're immersed in with a bunch of senior residents who are just about leaving the program and then people in the middle. So I wasn't the only one struggling with my first couple of days. There were a couple of people who were like me that I could identify with. But then I was also given role models to see that were leaving the program. And in the time that I was here and they left, I was able to see what they got out of this program, hear from them, interact with them. Here everybody was so awesome, very welcoming. And the senior residents especially. Going to a grad my second week here, I'm able to watch 7 people graduate, hear from their family members, hear from their counselors, hear them express what did it for them and what they had now compared to where they came from. I can identify with it cuz we're all here for the same reason. All of them reconnecting with their kids. New places to live, new jobs, a new, new life. That's what kept me here. I knew I was in the right place when I saw people graduate. When people started the program, nobody left it. I've been here almost 60 days now, there's only been 2 people leave. Other programs I was in, every week we'd lose 2-3 people so that that speaks volumes. (Greg, age 40-49)

With Fresh Start, I've got the opportunity to do 'Power of Positive Parenting' courses, things like that. It opens a lot of doors, and it helps with CFS [Child and Family Services] and with the courts quite a bit. Because they... just the acknowledgement, like Fresh Start's program is acknowledged pretty high up in the recovery programs. (Tony, age 30-39)

I sit around here and talk about my feelings for 4 hours a day and then go to a meeting at night. I've been to other ones that are good in their own way, but I'm really getting the best of both worlds here. You really get a lot of the cognitive behavior therapy and learning about what makes the brain tick and talking about feelings and emotions. And then they couple that with going through the 12 steps. So when I'm out of here, I'll have completed a full set of 12 steps. So it's very comprehensive. (Tom, age 40-49)

Balance between structure & freedom

A third strength is the balance Fresh Start has found between giving people rules and structure, along with the freedom to make choices in their recovery:

They give you enough freedom to hang yourself, but they don't shove it down your throat either. The programming is there, but you don't feel like you're in jail, which is big. (Joshua, age 40-49)

I'm like stupid happy that I got into Fresh Start. They are an amazing program. They give you quite a bit of freedom. It's awesome not to feel like you're institutionalized, so you are still able to kind of test the waters of when you get out. Having that freedom is.... you know, you're going to be having freedom when you're done treatment as well. (Cara, age 30-39)

I've been to treatment centers before and this one's definitely by far the best. The ones before were kind of, they put you on lockdown, right? So you don't really have a lot of freedom. With Fresh Start, you have a lot more freedom. You can go out and you have to call in. So I think that that really helps with not feeling so isolated. (Graham, age 40-49)

And the accountability, right? Because there's drug testing here and you're with your counselor 8 hours a day, 5 days a week here. It's a pretty in-depth program. I love it. I think it's the best way to do it. I did Lander's Treatment Centre and completed it. With Lander's, it felt like more of a prison than a treatment centre, essentially, because you're not allowed out, you're not allowed your cellphone. It kind of felt more like a prison than a treatment centre. And it's not a 12-based program. It's all cognitive behavioral therapy there. I find the 12-step has more structure to it, and more resources after treatment as far as groups to stay connected. Lander's I found was just too short - 28 days is not enough time. Especially when you're... it kind of institutionalizes you in a way because you don't have cell phones, you can't go out, you can't smoke, you can't go to the store, you can't... anything. It's just in that treatment facility. So, when you get out you're 28-days sober, you feel great, but then the real world is right there. You don't really have any coping skills and, you know... 28 days isn't much. At Fresh Start you're at 100 days, and then they have the second stage and third stage, and they stay in touch with you with their outreach. You have your free time on the weekend, you can go out with your family, you can you get night passes to stay with your family for a weekend once you get to a certain stage. And so... it gives you... you're still integrated in society. You're not treated like a prisoner if you're an addict. Like, it's a disease. But it's not illegal to be addicted. (Tony, age 30-39)

6. Indigenous cultural supports in treatment are important

This study included 22 interviews with Indigenous adults in recovery. A key theme in the data was the power of Indigenous culture and spirituality in healing addiction. Some had grown up in the culture, particularly adults who were younger and thus did not attend residential school. Returning to Indigenous traditions provided these adults with the foundation to recover:

During my addiction I had stopped going to ceremony. I'd stopped participating in my culture completely. But in my recovery, I've since gone back, this is my second year going back to the Sundance and participating. It's really helped me regain that sense of self-identity and my connection to my culture and my family. It's really been my foundation for everything in my recovery. (Kristen, age 20-29)

Within the last 2 years I have been sober I've made 3 drums, sold them, done artwork, learned how to carve a bit, back onto singing. The dancing like just... it's overwhelming how great it makes you feel because you're being yourself, I guess. It made me feel who I am. Brought me back to reality and made me finally feel like I am who I am. And then in a sense of culture as in I've gotten my friends to learn how to smudge and they still do it. (Ryan, age 20-29)

Many of the Indigenous adults we spoke to who were in their 40s and 50s had been raised in Western religious traditions due to residential school attendance or the Sixties Scoop. They did not know their cultural traditions until learning about them in addiction treatment centres (e.g., [Poundmaker's Lodge](#) in Edmonton) or in prison. They described their introduction to Indigenous culture and traditions as central to their recovery success:

I got to be a part of a Sundance as well up there [at Poundmaker's Lodge], like beginning to end. It was a spiritual journey for me. I got to let go of a lot in treatment. It brings out a lot of that person that was on substances and how you became unemployed. It helps you bring out a lot of your past. I put everything into that paper. I was able to burn it before I went into a sweat lodge. Like, when I read it, I broke right down. Like I already broke down before I started talking. Yeah. But just admitting all my wrongs and letting it go, like just accepting it. And then knowing that wasn't me. That's not the true me. And understanding that and then letting it go, that whole process is what I needed. And then I felt after I burnt that on those sweat rocks and went into a sweat lodge for a cleansing and prayer, I thought, you know, I'm gonna go home and make it right. I'm gonna go start a new life. (Jason, age 40-49)

I was raised in a catholic home. I was religious, I was spiritual. As it was happening [the drug use] I didn't really care about any of that stuff until [in treatment] I was able to smudge, I was able to get into my first sweat. That really opened the door again to my spirituality. That's what keeps me grounded. Keeps me from getting in fights. It is huge. It is how I start my day, every morning to connect to myself. I smudge. I pray. (Chris, age 40-49)

I've tried churches to see if I could get back that spiritual touch with my inner strength. I've tried [names 5 churches with different faith background in Alberta and Montana]. I've tried sweat lodges and what worked for me was a sweat lodge. Yeah, a sweat lodge works for me. Just being-- trying hard in my traditions and trying hard with my language and just being Indigenous helps me. (Pete, age 50-59)

I was sitting in segregation and a lady, the librarian, threw me a book and asked me to read it. It talked about my people so I got interested right away and I read it. I got into it so I prayed to my grandma. Cuz the bible says I can't have 2 gods. You can't pray to 2 gods. So I prayed to my grandma. I said, okay, I am going to go learn grandpa's way and our way, and she came to me in my dream and showed me that everything's going to be all right. So I knew it would be okay. I worked with the Cree Elders [who work at the prison]. Those Elders taught me a lot. And when I got back home, the Elders told me the exact same thing the Cree Elders told me. I went to sweat lodge. I grew up in the Catholic way, so I didn't really know the Native way. I did the first communion and all that. We did our rosaries every night, but started working with the Elders and I really, really just-- I just feel it, you know? Creator was there. He answered 2 of my prayers right outside [the sweat]. Prayed all my life as a Catholic. I prayed and prayed for those 2 prayers and they never were answered. And finally I turned Native and then I prayed and said a prayer in a sweat lodge, and he answered. So I knew he was there. Listening. He was waiting for me to answer. Praying to Creator and praying to that force out there - that you know is out there right now - gives strength. (Dan, age 40-49)

I went back to my Indigenous ways. And then I tried different churches even just to see like what I could get out of them. What really brought my spirits up - learning things, going to sweats, being able to be around people that were in addiction recovery. I have a relative that's been in addiction recovery for decades. He went into his traditional ways too so that helped me. (Sarah, age 30-39)

Some also talked about the cultural support they were receiving through the Indigenous Recovery Coaching (IRC) Program in Lethbridge:

I got into IRC. It's really good. Her name's [redacted]. She's a really good recovery coach. She helps me with everything. And that just helps me. She coaches me and talks with me, helps me to stay sober. She's a lot of help. We talk with Elders. We go on trips to like the Buffalo jump or Blackfoot Crossing. They bring us to sweat lodges. They help us with -- being First Nation. Being proud of being First Nation. They help you with your spirituality. Yeah. I see them almost on a daily basis. (Pete, 50-59)

I'm in a recovery program - Indigenous recovery coaches. It's very helpful. We do things daily. An Elder comes in and speaks with us. Gives us encouragement. Helped us to cope with the drug recovery process. (Joe, age 40-49)

7. Ensure adults feel connected and cared for in the recovery process

The data suggest that feeling connected to others and cared for is an essential part of recovery treatment. When asked what their biggest challenge was in drug addiction recovery, many stated it was loneliness after losing their social circle:

Being seen, heard, and loved is most important to a person in recovery. (Natalie, age 40-49)

The biggest challenge in recovery is the physical dependence and the loneliness. Because you can meet a lot of people through drug use, a lot of just random people. And there might be someone that you really like that you want to connect with and want to hang out with. But if they're a heavy drug user, it's something that like I had to-- I had to cut out a lot of people. (Noah, age 20-29)

The hardest part about being an addict is that when you decide that you're done you don't realize everything you're going to lose. Because you do. You lose. You lose the people that you've been hanging around with, because if you're an addict, you're hanging out with addicts because no one else wants to be around you. So you lose the friends that you had [in recovery] when you don't have friends to begin with. It's very isolating. (Ashley, age 30-39)

The beginning of my recovery was really lonely because I went from having multiple phones to having no one call me. I lost all my friends, like even my friends that weren't active in use with me because they still drank, and they still partied, and I couldn't even be around that. So, it was a really lonely time. Yeah, lonely, confusing. (Madison, age 30-39)

For adults early in recovery, many described how sensitive they were to cues from the outside world, especially cues that suggested social rejection. An example is Jane's story (age 20-29):

I went to go donate blood. I was doing the pre-screen and it was like "Have you done cocaine?" And I said 'Yes' because in the past year because I had. A nurse called me in to talk as I was flagged. I couldn't donate blood because of transmission of bloodborne disease. I just felt really dirty and really gross. I was really looking forward to donating blood and helping, but then being told I couldn't because of a choice I had made. That really triggered me. I was just like 'I need to smoke weed right now. Like I'm feeling so upset by this.' So yeah, I initially wanted to be completely sober from all things, but that just wasn't in the cards.

Some discussed the role that 12-step meeting played in helping them find connection again.

My biggest challenge in recovery was changing my circle of friends. Geez it was pretty hard because I couldn't go to the same hangouts. I was real different. It was really hard on me that I couldn't talk to the same people now that I don't use. It complicates things for a recovering addict because I went from somewhat shady support to absolutely zero. I had to rebuild my support systems. I was trusting strangers. I feel the same way now, but it's not as hard as it was. AA really helped, NA really helped, the people in sobriety as a whole really helped. Like they, they talked with me and they visited with me. So they really helped. (Pete, age 50-59)

At first it's pretty lonely, but when you start going to meetings and doing the things they tell you to do you definitely meet more and more people, which is helpful. (Hannah, age 20-29)

Although many had tried counselling, few described feeling a sense of caring or connection with their counsellor when these sessions took place outside of a treatment facility. Many found it difficult to find counsellors in the Lethbridge area that they could connect with – who understood addiction and who could provide counselling support that was effective for them. As Brenda (aged 30-39) describes:

I didn't have the greatest counselor experience. I was talking about my grief and my trauma. I remember them sitting there and it just seemed like I was just another number really. There was no investment and understanding. My counselor just kept saying 'oh, I understand how you feel.' And to me that was like the worst because how could you honestly understand how I feel? Have you been in this situation?

Within the context of an addiction recovery centre, where counsellors are specifically trained and experienced in working with adults in recovery, counselling was noted as more effective. Adults in recovery again highlighted Fresh Start as a program with strong counsellors, and that made adults feel connected and cared for – a place that felt like a home. Participants also described the importance of maintaining connections with others outside of a treatment centre, and how some treatment centres cut these lines of connection off for adults in recovery.

It's just like a home place. They make you feel really welcome. The staff's great. The counselors are great. It's just a really good place. Some of them [treatment centres], they don't allow you to have like a cell phone. They don't allow you to talk on the phone for a while. I think that cutting off all communication is not very good for people in recovery. They need to have supports. And whether that be family or close friends, they need to have that line of communication open. (Graham, age 40-49)

Everybody's there has everybody's back. Like today was big time triggering for me - the car shows and the beer gardens around Canada Day. It's just having the kind of mental toolkit to know what your triggers are. And that's one of the biggest things they teach you here. You call 5 peers that'll come get you right away or somebody from the centre that'll come pick you up right away. So it's becoming a lot more manageable for sure. And the further you go through the program... this isn't my first go of it, but the education that you get through it and especially the connection. It makes it a lot easier. (Tony, age 30-39)

8. Educational upgrading & employment supports are a part of recovery

Many adults in this study began struggling with addiction at an early age and did not complete high school. Overall, 20% did not have a high school diploma, compared to 5% of the general Canadian population. Post-secondary education was also much lower among adults in this study compared general population. Educational upgrading was an important part of the recovery process for adults in this study so they could compete more effectively in the job market. Many also spoke about education as a recovery tool that gave them self-confidence, self-understanding, and a sense of purpose that prevented relapse:

One thing that for me that has been so instrumental in my recovery is going back to school. For me, my school and having a sense of purpose has been my own personal accountability strategy in staying clean. School has definitely been one of the things that I was able to put a lot of myself into towards, and maybe giving hope to people that are that are trying to navigate recovery right now. I think that those kind of testimonials are really important. (Diane, age 50-59)

I was really lucky because I went right into the addictions counseling program. And a couple of other professors right away started supporting me. So that was... that was nice too, just to be seen as a human being. Just being around people, it helped create that sense of meaning and purpose. I wasn't rolling with a terrible crowd. I had found something that I really wanted to pursue. There was a passion that I could see a light with. So I definitely think school was a protective factor. I had this professor. He was versed in addictions, and he would give me some of that hard feedback. Kind of knocked me out of that mindset of like, 'poor me, I can't do this,' Just pulled me out of that mindset of doom and gloom. There was some solid people there... ones that would remind me how well I was doing. (Madison, age 30-39)

My education has been so eye-opening, so phenomenal. Professors really make you open up and do your own self-discovery. I was able to work through stuff that I had pushed down for years. Thinking that I had dealt with when I actually hadn't. It really helped me to get to this point from just everything I learned. Like the physiology of addiction and how it interacts with your brain. It made sense to me and I stopped feeling guilty for what I had done in my past. I stopped kicking myself for the decisions that I made because I finally understood what the drugs had done to my brain and why it was so easy for me to fall into it and to continue for the years that I did. And then why relapse was so difficult over those years. Then just really diving into like the core of who I was and the reasons that led me to addiction in the first place, and knowing that I hadn't dealt with my trauma, I hadn't dealt with my grief, I had just kind of passed it over and buried it as I grew up. (Brenda, age 30-32)

When I was incarcerated I took absolutely every course. I got feedback from professors like 'hey, you're taking this seriously!' I was like 'Help! Help! Help! Help! Why am I here? What the hell happened?' (Bryan, age 40-49)

It was a big help starting at the university. It was definitely a really good transition for me - making new friends and getting connected with like-minded people, especially with the addictions counselling program. It helped to understand my behaviors and why I got to the

point where as soon as I got home from work with the kids, I'd run and hide in the bathroom and snort a line. It's been a big help and it still is, the more that I'm learning. (Jenna, age 40-49)

I knew people in addiction. School was now teaching me a scientific process, of different angles like biopsychosocial, economic. I'm just like, 'Oh!' Lightbulbs all day long. (Jeff, age 40-49)

I'm doing my bachelor's degree of Addictions Counseling so that I can help other people going through similar situations. (Eva, age 30-39)

I applied at the addictions counseling at the U of L and I got accepted. And yeah, that was a huge, awesome experience. More healing. It was more healing in that as well, throughout that program. It's been such a beautiful journey. (Jason, age 40-49)

Participants also spoke about employment itself as a recovery tool that helped them avoid relapse, although it was also noted that some had experienced relapse when they went back to work too early in the recovery process:

Any kind of day job helps me in recovery. Any kind of work. Keeps me off of thinking of alcohol and drugs and it helps me in life in general. It helps me with coping through the days, looking forward to a new day and stuff like that. (Pete, age 50-59)

I thought that would be an issue because I haven't worked for over 10 years... like legitimately. All of a sudden I got a full-time job. A job that worked with my schedule. And now I like the job and I am able to save money, able to treat my kids and buy my kids things. (Chris, age 40-49)

I work at 6am every morning. Nothing good happens after midnight, right? So as long as I'm sleeping by 10pm, I'm usually pretty safe. (Bryan, age 40-49)

It got easier but there was flare ups. Instead a constant straight line it was more of a roller coaster, so you wouldn't have that consistency of the craving. I managed to get on the night shift. Because nobody wants to do night shift - it's the easiest position to get hired for. During that time was most of my cravings. I wanted to keep the job and cravings were at night and that helped a lot. (Noah, age 20-29)

Some found it difficult to secure employment due to a criminal record and a lack of employment references. Supporting adults in their return to work could be an important part of the recovery process, as explained by Darren (age 40-49):

And ultimately getting employers involved. Because I'm a [name of profession]. I'm a very qualified person but my reputation is ruined now. 'He can't be trusted, he's an addict', you know. It's a means of giving people self-worth when they're out getting a job. Whether there is some cost shared and the government's willing to provide funding for hiring an addict - and part of it I, I don't know, expecting relapse. That unfortunately is a part of the recovery process, but not just cutting somebody off - you relapse once, you are gone. So now you isolate a person. What do you expect he's going to do? He's just going to keep using and using and using.

9. Increase the accessibility of counselling supports outside treatment

Psychological interventions like cognitive behavioural therapy and motivational interviewing are first-line treatments for methamphetamine and cocaine addiction and can help in opioid addiction recovery.^{21,22} However, multiple sessions a week are often required for success, which was difficult for individuals in this study to pay for and maintain when first beginning recovery:

I was trying to actually get treatment in Lethbridge, but they said if I was serious about it, I would find the money. I knew how I could find the money, but I didn't want to go back to that. (Madison, age 20-29)

I made a couple of appointments with a mental health professional and sat down with them a couple times, but nothing consistent... But I did make a couple of feeble attempts at doing it. (Tom, age 40-47)

Some discussed how it was unfair that free mental health resources were available to those who went to jail in the Lethbridge area, but not to others in the community>

I was in jail for a few months. Because of that I had something that a lot of people in Lethbridge don't get - free and unlimited access to mental health. I had a great probation officer. I would say 'I want to do this [treatment /program]', and I was in there by Friday. You couldn't do that yourself. There's just nothing. I had access because I screwed up. If I had that [help] prior, I might not have screwed up. Talking to 2 or 3 different counselors every Friday or if I wanted to go more, I could call them. They would expedite me into anything. I had group counseling for domestic violence. And then if I felt bad, I would call my probation officer, say I need to talk to someone, and it was there like that! (snaps fingers). My partner is still suffering with this. She got nothing. Even as a victim, they wouldn't give her anything. (Bryan, age 40-49)

Some adults had tried to access free counselling offered through Alberta Health Services (AHS) in the early stages of their recovery, but found long wait times and therapists that were unreliable:

I would just say having more available resources that aren't so difficult to access. Like even counselling that's funded by the government is like a six-month wait. (Liam, age 20-29)

She would book an appointment with me and not show up. I drive to the Provincial Building and I have no money, it's blizzarding out, but I'm desperate for this help and she wouldn't be there. They rebook it and I'd show up the next time and they would say "oh, actually this is her day off." Three or 4 times that happened with Alberta Health Services. Then all they wanted to do was your timeline over and over again. Then I would start with a new counselor and I'd have to go all the way back. One counselor was pushing cannabis treatment on me. I don't know what her education was, but she was not versed in addictions. (Madison, age 30-39)

There was [Access Mental Health](#) that had given me a worker. She helped me get on ADHD medication. As soon as she got me on the medication, I haven't heard from her since. I tried to get a hold of her. I ended up losing coverage for the medication. And I just haven't been able to get a hold of her ever again. But yeah, as far as that's going, it's not.... they're not too consistent. (Nicholas, age 20-29)

At present, research to support the use of online group counselling is lacking for substance addiction.⁴² This was reflected in the data collected for this study, with few adults finding these free resources helpful.

I've gone to a few Zoom meetings out of Calgary before I went into the center. I found I was drinking when I went to them because I could sit here and I could just drink and they ask people that are drinking not to speak. I just felt like I was taking advantage of the program, so I stopped going. (Andrea, age 30-39)

I've been on the Alberta government website, I've looked and everything I see is like, well, you can join this Facebook group of addicts and get help there. And I've joined many groups, but they're not helpful. I find the groups that you join are a bunch of people like myself. I can't find support. Everyone's like 'Go to your family doctor.' Or it's just people saying 'What's the point?' And it's just so negative and it's so hard on your mental health. Like it doesn't, it has not been any help at all. (Ashley, age 30-39)

During COVID the online stuff was okay, but you need that interpersonal connection. Doing it on a computer is not the same as being there in person. (Tony, age 30-39)

Some adults in the Lethbridge area turned to their physicians to help them find mental health supports with little success:

All my doctors have been kind of flimsy. The doctor I have right now, when I ask him about mental health or social service supports he's just clueless. He just doesn't know what to do. And so I'm referred and referred and referred and it just takes too long. (Andrea, age 30-39)

I've reached out to my family doctor several times. I've told him I am suicidal, that I don't want to be here anymore. Literally his response was that I needed to settle down and find a partner and get married because women need motivation for children to live. That was his response to me. I've been on a waiting list for a year [starts to tear up]. Sorry. (Ashley, age 30-39)

Overall, counselling was effective for adults in this study under two circumstances - when delivered as part of an in-patient detox or treatment program, and when used as post-treatment relapse prevention. Programs like Fresh Start provide ongoing counselling to adults who complete their program. Adults in this study reported how helpful this was, and it is a model that other treatment centres could follow to help prevent relapse in southern Alberta. That said, not all adults will have the opportunity to complete in-patient treatment. Given the wait lists for free counselling services through AHS in the Lethbridge area, creating other opportunities to help adults pay for private counselling might also be useful. The [City of Lethbridge](#) was providing subsidies for counselling at the time of this study, but few participants we spoke to were aware of this. Thus, we recommend the City advertise these subsidies at detox and treatment centres in southern Alberta, and distribute the information to 12-step groups and online recovery groups (e.g., Sober Sisters, Smart Recovery Rooms).

If they can do climate rebates why can't we do addiction therapy rebates?
(Tony, age 30-39)

10. Make changes to the Lethbridge shelter system to support recovery

Adults in this study named the shelter system as one of the key barriers to recovery in Lethbridge. This includes women's shelters in the Lethbridge area, and the co-ed shelter in downtown Lethbridge. Most adults interviewed for this study were using the co-ed shelter in Lethbridge when it was run by Alpha House. Thus, their feedback may not be applicable to the current shelter, which is now managed by the Kainai Nation. Both women and men described shelters in Lethbridge as unsafe for their recovery. The co-ed shelter was also described as unsafe more generally, particularly by women.

We have to have housing because I am seeing people leave [the YWCA] and move back over to the, the tent city. That's never gonna end if they don't get another shelter going. I've been to the shelter over on the north side. There's tents out there too. It's nuts. Something has to be done about that. If not, then how are people going to get better? You need a safe and stable place in order to work on the other aspects. (Emma, age 20-29)

I did everything in my power to not go to the other shelter that we have - I hated it there. I'd stay out like in the blizzard, avoiding that place all I could because it's just such a dangerous [expletive] place. Having safe shelters, having places that like again. The shelters won't let you bring in your bags. How do you get to keep your stuff? And sexual assaults and rapes happen there all the time. There's gang violence. And it's not safe. I know people that have frostbite, really bad, like her hands were black and she refused to go to the shelter. She chose to go sit out in the cold and would prefer that than going to the shelter, and that says a lot. And I'm not surprised by it because of the lengths I went to avoid it. (Beth, age 20-29)

I didn't feel safe going there. I had a friend that he would spend some nights there and he kept telling me that you can't go there with anything of your own belongings because it could get stolen. Sometimes fights happen there, and it was enough for- I'd rather sleep outside or in stairs than go to the shelter. (Noah, age 20-29)

People are supposed to go to the shelter to have a detox bed. And they can't because people are too scared because of what they'll run into. There are people standing right outside the shelter dealing drugs. There is never any cops around there. Like, to me it's confusing to watch. Who will reach out to the person when they're at their weakest? Or their cleanest – when they first get clean and hand them that stuff? You don't take the person who detoxed at the shelter wherever they need to go. You just let them walk out the doors. The second they walk out the doors, they go up to the sidewalk where the lights are. There is literally a circle of people every day, all day long unwrapping tin foils, tissues, bags, handing out drugs. (Charlotte, age 30-39)

The [Calgary Drop-In Centre](#) was put forward as an ideal shelter that Lethbridge could model. As explained by David (age 50-59):

The street people [in Lethbridge] need a safe place to go. A building that is drug-free. There's still going to be drugs brought in, but the Calgary drop-in center is perfect because you have two fingers that you scan yourself in on. So people know where you're at. There is a place where they can get breakfast, lunch, and supper. And they can hang out in there all day and come and go as they please. And then they have a roof over their head where they can house a

lot of people. Like Calgary-- I was in there. Okay. Down on the main floor where you come in. They have a place where you can go and get work for the day. Like a Temp agency. They have counsellors in there that you can meet with. They have a day place for people to sleep when you're coming off alcohol. They set down mats and you can sleep in there during the day. On the second floor they have big industrial washers and dryers where you can do your laundry. They have a hair salon where people come in and they get their hair done. They have shower rooms where you can have a shave and a shower. And then they have a main area - a huge hall the size of Alpha House.

David also explained how the Calgary shelter creates an environment in which people can maintain employment, feel a sense of hope, and reduce the likelihood they will engage in crime. As we work to address addiction recovery and growing tent cities in Lethbridge, we might consider a second shelter in Lethbridge that uses this model. As David notes, individuals can be banned from this Calgary shelter, so there would still be a need to operate the current shelter location. However, a second site that uses this system might help give people something to reach for, and as David has explained, a sense of hope as they struggle to improve themselves.

The fourth floor is for men only who go to work every day. They are allowed upstairs at 4:00pm. You have the same bed every night. You have a locker, and you can keep your tools in it and it's going to be safe. That's the same thing on the fourth and fifth floor. The difference between the fourth and fifth floor is one side is for women and one side is for guys. So that's the type of thing that Lethbridge needs because there's a bigger addiction problem here than there is in Calgary. That would eliminate the tent cities too. It's the 'Hey, I don't want to mess this up.' Right? Because you can get kicked out of those places for life. And then you're back at square one. As soon as you get a glimpse of that hope. That little, little tiny piece of hope. That hey, I get to sleep someplace warm tonight. I can have a shower. I don't have to stink or sleep underneath the piece of cardboard, or rip somebody off. And have a meal where you don't have to go to stores and steal stuff. Here, [the Lethbridge shelter], you get 1 hour to eat and put everybody through. And your rushed. Have a big area and have somebody be able to sit and enjoy your meal without being rushed and pushed out the door. But no. They're pushed out and then sent back out on the street. Why try when you're treated like a piece of [expletive] all the time.

How has life improved since recovery?

Addiction recovery goes beyond abstinence to include the recovery of functioning across multiple life domains.²⁸ Consistent with this literature, when we asked adults how their life had improved since beginning recovery, they described positive changes in many different spheres of life. While many felt sadness for all they had lost to addiction, they also felt gratitude for what they had gained in recovery.

I missed out on some of the best years of my life from 16 to [expletive] 21. But now I have absolutely everything. I got a second chance at life, which most people don't get. I knew a lot of people that didn't make it, a lot of good people. So, I'm just grateful. I have everything I've ever wanted and more. A lot of people don't understand that - what it's like to have like nothing and then gain it all. So [participant chokes up]... life is just, you know, eternally better now. It's all about finding things you love to do and creating goals for yourself. That's how you get out. (Ethan, age 20-29)

I always wanted to be recovery. Like, who wants to be an addict? Nobody. (Lisa, age 30-39)

My life is, is so much. It's everything that I used to pray for when I was in my addiction. I used to just want a normal life back. I used to want just the small things that I have now, like being able to be with my daughter and wake up every morning sober under a roof in a warm house with clothes. My life's just, it's really good. I'm finally able to enjoy my time and feel like myself again. Like the person I was before everything. (Kristen, age 20-29)

Oh man, like life it good! I go to work everyday. I got a motorcycle, a new truck. A house. I got my family back. Dog and cat. So I mean, in one year if you want it, you can get it right? I come from nothing. I made a life and then I screwed up. Like so severely bad. I lost everything. But then I told myself that's no [expletive] way to live. I've seen good people, like really good people from really good homes go down the path and now they're still hanging around the library like 'Whoa, what are you doing these days? Is that your vehicle? How'd you do it?' And I was like 'Dude, you just got to want it, man. You can do it too. I did it and I got just out of jail this year.' They're like, 'What?' I was like 'You just gotta want it, man. That's it. Go sober up first and then set some goals.' (Trevor, age 30-39)

I feel my self-worth is changed. I'm able to contribute to society now. I feel like I'm an active participant in my life. The people who loves me, I'm not a drain on society now. I'm not - not a liability like I used to be or just nothing. I have something to offer. In my addiction, I never... like I felt alone and like I didn't have anything to offer. (Greg, age 40-49)

I have money now. I'm able to get the things I want. To have that consistency every day, waking up feeling good, is incredible. The drug abuse causes a lot of depression. And that can hang on for a long time. Just waking up every day, feeling good and ready to take on new challenges. You have a clear mind, clean conscience, you're not always looking over your shoulder. Just the peace, the inner peace. You can't put a money value on that, you know? I look in the mirror and I'm a completely different person and I'm so proud of me. I'm so proud that I hung on through those - through the darkest. If I met my younger self and said 'you're gonna change all this. And you're gonna have a beautiful home and you're gonna have a beautiful vehicle and you're gonna be reliable and you're gonna be honest and you're gonna be

trustworthy and you're gonna have your life sorted out', I would never have believed it. I would never believe it. Cuz it - it would seem impossible. But it is possible. (Joan, age 50-59)

I became homeless. Lost every single one of my loved ones. I hurt everybody around me. Now that I am sober I look healthier and feel healthier. I hated the mirror when I was in active addiction because I hated the sight of me. Now, I love who I am. I love the person I see in the mirror. I am able to spend a lot of time with my children. I have rebuilt the bridges I burned. I reconnected with all my loved ones—and those are the important people that I hurt in my addiction. I am so grateful that my mom is alive to witness this. (Chris, age 40-49)

It's the obsession to use that has left me and it's just put fire in my heart to really try hard in this life and to celebrate today. I only feel 4 years old in this new life, like I do. I'm in my fourth year and I'll have my [university degree name]. Being with my kids today and letting them know how much I love them. Going to the meetings in my first part of recovery was huge. I needed to be with people that had more sobriety than me so I could see it for myself. I needed to hear them talk from their heart. It filled me up with hope. I used detox and treatment, I took full advantage of that and I put everything into it cuz I really want this life. There's no way I'm going back to that nightmare. And my past has given me strength to make the right choices today. I believe great things are gonna happen in my life. I believe I was pulled out of addiction - 25 years of hardcore substances. There's so many people that have passed around me, like hundreds of close friends. Honest to god. I just really wanna bring hope and share how beautiful this journey is. That feeling of opportunities. Moving through doors that open and finding that courage as a recovering addict cuz we have such low self esteem. Being able to be a man and to feel my emotions, to open up is, I find, is true strength. I really believe feelings are gifts that were given to us to help us move forward today in our life. (Jason, age 30-39)

I have the first place I have ever had for myself. I have a job I am proud of. I have friends that actually want to see me do well. I am back in my family's life, which was a really big one. It's honestly a complete 180 from how it was. I know there's a safe place for me to go. I don't have to watch my back all the time. (Hannah, age 20-29)

It has done nothing but good. Life is good now. I feel loved. I feel worth. (Lisa, age 30-39)

Where I am now - married, 2 beautiful children, just got my degree in counseling, employed. There is a lot more confidence in decisions. There is a lot more patience, especially with myself. There's a lot more, I guess there's a lot more fond memories. There's a lot more achievements that aren't based on negative behavior. (Jeff, age 40-49)

I'm in a leadership position now. It still blows me away. Someone gives me a code to a safe and I'm like, 'Oh my gosh, I can't believe this is happening!' [laughs]. It's still those things happen all the time. Being trusted, being in leadership positions, going places and remembering them - that's still something that gets me all the time. It's not only that security but that stability. They always say in the [Smart Recovery] rooms 'Your worst day sober is still better than your best day in addiction' and that's so true. I don't have to panic. I don't have to worry about my needs getting met. I... it still blows me away... if I need something I can just go out and get it. (Madison, age 30-39)

Advice for others who want to recover

We asked adults in recovery to give advice to others like them who want to recover from drug addiction in the Lethbridge area. Three themes stood out in their advice:

1. You have to *want* to recover.

Only you can make that choice for yourself. What's going to get you through this is your desire to do it and your desire to live, not somebody else's. First 3 or 4 times I tried this, I was doing it for somebody else - to make somebody else happy. But you have to learn to live with yourself before you are any good to anybody else. (Greg, age 40-49)

First, really figure out if you're really ready. Wanting it. You've got to forgive yourself. Be more caring and loving no matter what happens, what people say. (Sarah, age 30-39)

2. Avoid people and places that encourage use.

Cut out the people that you did the drugs with. (Noah, age 20-29)

Just to try to stay strong, you know, distance yourself away from the people who you used to hang out with. Delete all the numbers that you would buy from --people who you would buy off of. Stay away from them. And just take it one day at a time. That's the process. Cuz that's all you can do. Yeah. (Emma, age 20-29)

Realizing that starting fresh means actually like starting fresh. Like you have to have that cut off because if you keep any ties, like I kept ties and that's how I got dragged back in, over and over and over and over again. So as hard as it is and unfortunate as it is, you have to make that clean break, otherwise you will not succeed. (Ashley, age 30-39)

3. Try all the recovery resources available to you.

Sometimes it can be humiliating, and it can be really hard and you're afraid. I remember feeling deathly afraid and it took so much courage to take those first steps ... So, yeah, you know, do what you have to do, you know? Go to detox. Yes. It's horrible. You'll live through it and you'll survive it, and it will get better. It will get better, every day will get better...If you're in a meeting, you're not out using and you have support. So take that first step. (Joan, age 50-59)

Hammer on every door and every avenue and every resource out there possible. Don't just focus on one. Go to everyone, everything. Get out there, get into meetings. Just put as much focus on working into it as you do into your addiction. (Tony, age 30-39)

[Narcotics Anonymous] meetings are the best thing you can do to get over the being isolated aspect of it, and actually having people that care about you, and having activities to do. Call people as much as you need. You think that you are annoying them - most of the time you're helping them. I find that if someone calls me, I get out of my own head and my own problems and focus on helping somebody else. So, it's really helping both people. Do not be afraid to tell people that you have a problem with substances. It's better to be honest then try to cover it up. (Liam, age 20-29)

Conclusions

In summary, we note the incredible improvements that adults in Lethbridge experienced when they began drug addiction recovery. We summarize the following recommendations to give more adults who wish to recover the tools and resources to do so:

1. Engage adults in a coordinated set of recovery steps by hiring system-level coordinators
2. Ensure no wait times between recovery steps by continuing to expand addictions services
3. Encourage detox facilities to provide psychological care and relapse prevention training
4. Ensure opioid replacement therapy is accessible
5. Use the Fresh Start Program as a model for effective drug addiction treatment
6. Ensure adults feel connected and cared for in the recovery process
7. Indigenous cultural supports in treatment are important
8. Educational upgrading & employment supports are a part of recovery
9. Increase the accessibility of counselling supports outside treatment centres
10. Make changes to the Lethbridge shelter system to help support recovery

The first and second recommendation highlight the need for system-level thinking and the continued expansion of addiction treatment resources in the Lethbridge area.

This means not only providing more detox beds, treatment beds, and sober living facilities, but also hiring **system-level coordinators** who work between these programs. These individuals would serve as the conduits that link adults in recovery from one resource to the next in a sequential pattern. Adults in this study relapsed when they fell through the cracks – particularly when they could not find a treatment bed available after detox, when they could not find a sober living facility available after treatment, and when they did not have access physically or financially to aftercare programs to help them maintain their recovery (e.g., counselling, an opioid-focused 12-step program in their area). Relapse had both individual costs (job loss, jail, homelessness), and societal costs (crime, impacts on families, and the cost to the system when individuals needed to repeat the detox and treatment bed process again). The costs of hiring system-level coordinators at the provincial level to help adults move through the recovery system would be offset by the costs saved by preventing relapse.

Third, we encourage more detox facilities in southern Alberta to model the psychological programming offered at the Foothills Centre.

This centre in Fort Macleod was repeatedly referred to as effective by adults who had experienced many detox facilities in the province. Adults spoke about the ways in which the videos and group lectures offered through this facility helped them understand the process of addiction and identify their relapse triggers. They spoke of the sense of community they felt in the group programming, the helpfulness of the case managers who provided counselling and referrals to further treatment, and the general feeling of being welcomed and accepted at this site. Adults in recovery also highlighted the need for detox centres to strike the right balance in terms of how easy or difficult it was to be admitted, with the detox site that was once run by Alpha House in Lethbridge repeatedly described as too permissive. One participant cautioned the

promotion of safe injection facilities to individuals in detox, which she found triggering and something that made her recovery more difficult.

Fourth, the data highlight the importance of ensuring adults recovering from opioids have access to OAT.

Adults struggling with opioids in this study described OAT as an **essential component** that made all other parts of their recovery possible. More than 4 in 10 adults in this study had used OAT in their recovery. Given the strong evidence for OAT, there is a need to ensure that OAT is permitted in the new addiction treatment centres and sober living communities that will soon open within and outside Indigenous communities in southern Alberta.

Recommendations 5 to 7 highlight Fresh Start Recovery as an effective treatment centre and the need for centres that provide Indigenous-led cultural programming in southern Alberta.

Adults in this study had completed a variety of in-patient treatment programs with varying success. A strong theme in the data was the effectiveness of the Fresh Start program at helping people achieve long term success. Key reasons included the long-term phased recovery offered, which includes a 90-day treatment bed, followed by transition into a Fresh Start sober living facility, and many other supports. Adults we interviewed felt pride as alumni of the program and appreciated that they could return to attend group sessions and counselling after completing it. Overall, the data suggest that the Fresh Start program was effective at helping adults feel connected to their staff and others in the program, and cared for, which many noted was important for treatment programs to achieve. Based on the data we collected, Fresh Start also appears to have found the right balance between creating rules to guide those in recovery, while also creating a feeling of being at home rather than institutionalized and feeling connected rather than cut off from the world they would soon return to. We recommend other treatment facilities in southern Alberta consider ways they might learn and adapt their program using the Fresh Start model as a guide. Indigenous adults in this study also spoke positively about their experiences at Fresh Start. From our data, it does not appear that Fresh Start offers Indigenous cultural supports, although no Indigenous adult we spoke to named this as a limitation of the centre. That said, there is strong evidence that Indigenous cultural supports are important for addiction recovery and mental health.⁴³⁻⁴⁵ Adults in this study who had the opportunity to complete the program at Poundmaker's Lodge in Edmonton spoke powerfully about the ways in which the culturally programming they offer had contributed to their recovery success. This highlights the need for Indigenous-led treatment centres in southern Alberta, and we are pleased to see the recovery centres under construction in Tsuunt'ina First Nation and Kainai Nation.

Recommendation 8 and 9 highlight the role that educational upgrading, employment, and counselling can play in addiction recovery after in-patient treatment.

While participants in this study may not be representative of all adults seeking drug addiction recovery in the Lethbridge area, we note that educational attainment in this sample, and within samples of adults who have struggled with drug addiction generally, are lower than the general population. In this study 20% of adults did not have a high school diploma (compared to 5% of the general Canadian population) placing them at a significant disadvantage in the job market. As demonstrated in the recovery experiences of adults in this study, educational upgrading can be an important part of recovery process that helps secure employment, repairs self-confidence, and builds a sense of purpose and excitement about the future that helps prevent relapse. Many adults in this study also experienced employment as a recovery tool, although some found it difficult to secure employment due to a criminal record and a lack of employment references, highlighting the need for supports in helping those in recovery find employment. Participants also discussed problems finding affordable counselling in southern Alberta. The City of Lethbridge provides [subsidies for counselling](#) and we recommend this resource be advertised at detox and treatment centres in southern Alberta, and distributed for circulation in 12-step and online recovery groups in the region.

Finally, the data highlighted the need to strengthen the women’s and co-ed shelter system in Lethbridge to better support adults in recovery.

Adults in recovery in this study named the women’s and co-ed shelter system in Lethbridge as a **key barrier** to recovery. The majority of adults in this study had used the co-ed shelter in Lethbridge when it was run by Alpha House. Thus, this feedback may not be applicable to the current co-ed shelter, which is now managed by the Kainai Nation. An adult in recovery in this study who had used shelters in Lethbridge and Calgary recommended the [Calgary Drop-In Centre](#) as a model that Lethbridge might consider. His is a single voice, but an experienced voice – one of lived drug addiction recovery. He found that the Calgary Centre has a system that curtailed drug use in the centre to some extent (scanning fingerprints on entry). Importantly, he personally found that the Calgary Drop-In Centre was effective at creating a sense of hope, self-worth, and safety. These problems were repeatedly mentioned by adults who had used shelters in Lethbridge. Finally, he noted that through its programming, the Calgary Drop-In Centre, reduced the desire to engage in crime, and encouraged adults to find employment and begin working again. As we look for solutions to address growing homelessness, crime, and tent cities in Lethbridge, components of the Calgary Drop-In Centre model are worthy of consideration.

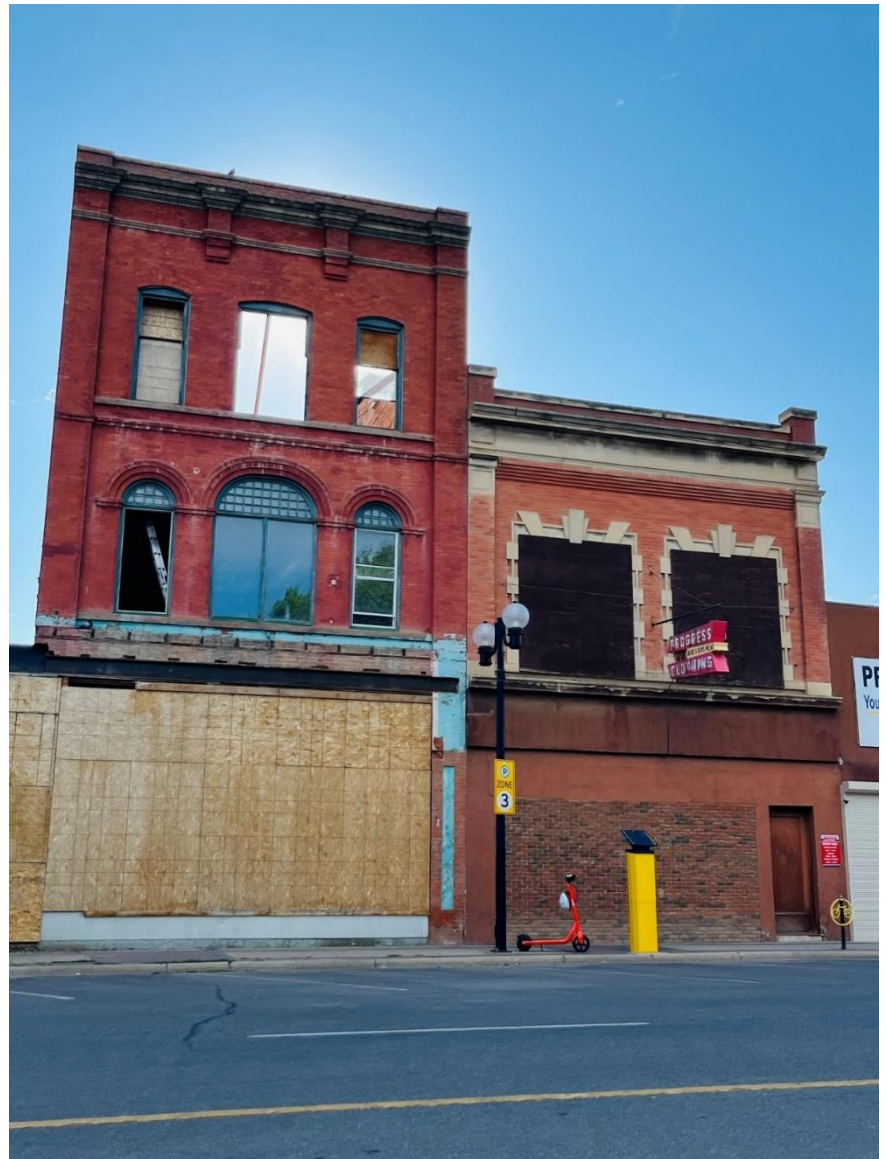
Acknowledgements

We gratefully acknowledge the many Lethbridge community members who provided input and assistance on this study as it developed, the university students who helped out as research assistants, and the participants who shared their stories of hope and recovery with us.

This study was funded by a grant from Community Social Development at the City of Lethbridge.

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