Comment: Long-term treatment is essential for recovery

A treatment system built around short stays risks confusing completion of a program with recovery.

Cheryl Diebel
a day ago

New Roads Director Cheryl Diebel leads a tour of the New Roads Therapeutic Recovery Community for women in March. DARREN STONE, TIMES COLONISTa day ago

When we talk about addiction recovery in public, we often talk as if the problem is simply getting people through the door. But access is only the beginning.

If we are serious about helping people rebuild their lives, we must confront three stubborn gaps in the system: Treatment that is too short to address long-term addiction, too little oversight of recovery facilities, and too little support once treatment ends.

There are some models of care that are working for people with severe addiction issues and other complex needs.

First, treatment is often too short for the reality people are living.

Many publicly and privately funded programs still operate on timelines of 30, 60 or 90 days. That may be administratively convenient, but it rarely matches the needs of people living with years — and often decades — of substance use, trauma, homelessness, mental-health challenges, and/or involvement with the justice system.

Recovery from addiction is not a switch that flips on a deadline. It takes time to stabilize, time to build trust and time to address the root causes that sit beneath addiction.

A treatment system built around short stays risks confusing completion of a program with recovery.

What effective care requires is depth as well as duration: Clinical counselling, family support, medical and psychiatric care, skill-building, and meaningful daily structure that helps people practise recovery in real life.

Research supports the idea that people need coordinated pathways from withdrawal management and treatment into longer-term recovery and aftercare, not fragmented episodes of care that leave them to fend for themselves.

This requires long-term intentional treatment programs. In our experience, this requires intensive supports for up to one year to deal with the complex issues underlying the addiction.

Our experience at New Roads, a long-term nine-to-24-month treatment program, is that residents need time to address the underlying issues that brought them to us. The average length of time that residents take to complete the program is generally around 12 months.

Second, too many recovery services still operate without enough oversight.

Oversight matters because people entering treatment are often in the most vulnerable period of their lives. Families should not have to guess whether a facility is safe, properly staffed, or delivering care that meets any standard at all.

Yet across Canada, regulation of treatment facilities remains uneven. Just Alberta and Quebec regulate private residential treatment facilities under provincial oversight.

In British Columbia, only facilities that register with the province are regulated. If they do not register, they can operate without oversight. Would you want your child to attend a treatment program that had no oversight?

This should not be controversial. We would never accept a hospital or long-term seniors care with no meaningful oversight, no clear standards of care, and no accountability for outcomes. Addiction treatment should be no different.

Regulation is not red tape; it is the minimum protection people deserve when they are seeking help.

Third, recovery does not end when someone leaves treatment.

One of the most damaging assumptions in the recovery system is that treatment is the finish line. It is not.

People leaving residential care are often returning to unstable housing, where drug and alcohol are readily available, as well as financial stress, fractured relationships, and environments that can trigger relapse.

Without structured aftercare, many are being asked to carry their recovery alone at the exact moment they most need support.

That is why aftercare, alumni connections, supportive employment pathways, and sober recovery housing matter so much. It is imperative that the recovery continuum of services include aftercare, coordinated transitions, safe housing and ongoing support, as they are the essential foundations for long-term stability.

If governments, providers and communities want better outcomes, the priorities are not mysterious. We need longer and more meaningful treatment options, clear standards and oversight for facilities, and real investment in aftercare and sober housing supports.

People seeking recovery do not need slogans. They need systems designed for the length, complexity and courage that recovery actually requires.