

# ***The Acres as a Middle Ground***

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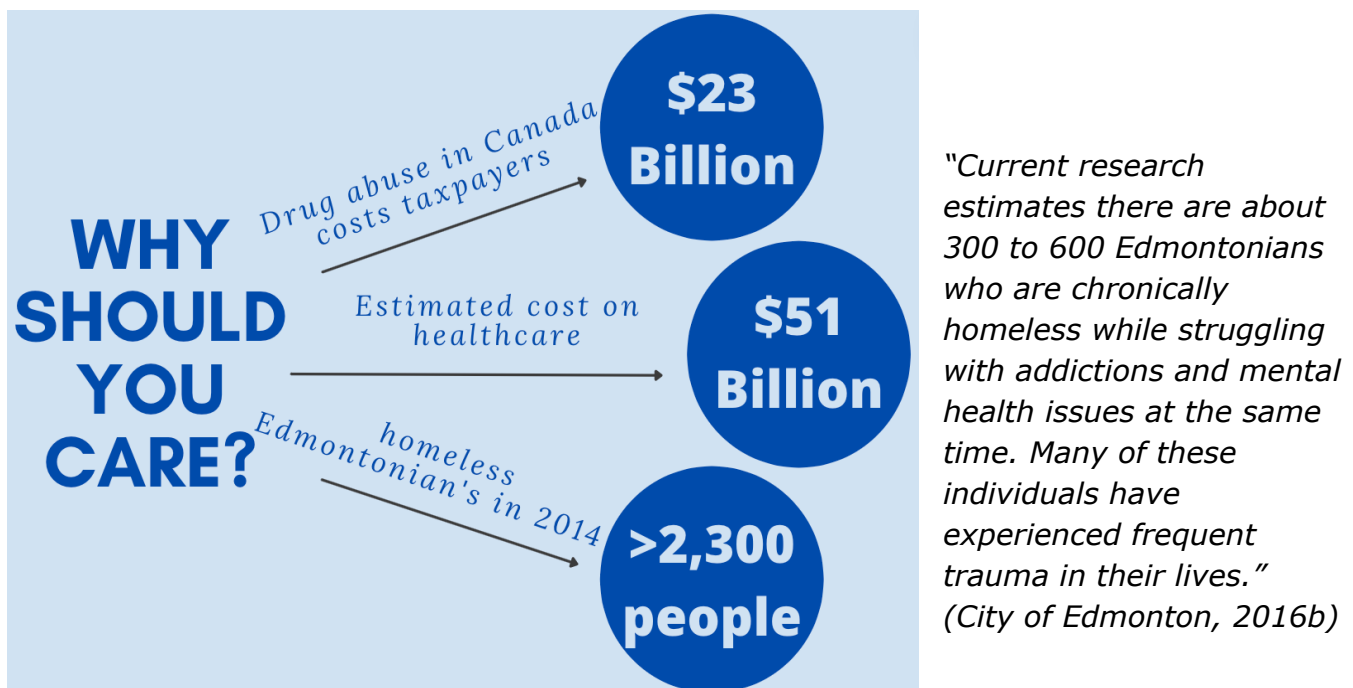
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## Overview

This report will discuss the existing dichotomy of current system approaches to addictions and mental health challenges among vulnerable populations, which perpetuates a service gap and impedes necessary support of a more nuanced approach. We will therefore present *The Acres* as a collaborative, workable middle ground that serves the vulnerable public via wrap-around, tailored supports with accessible services, trained-staff, and affordable, permanent housing in the community.

Key sections of this report will discuss in greater depth the current approaches- zero-tolerance vs safe-injection sites- and related policies and plans within the province, and more specifically within the city of Edmonton. Through the presentation of relevant research, literature and additional sources, we will push forward the high potential for *The Acres* to take up a continued, vital role in the larger crisis service system.

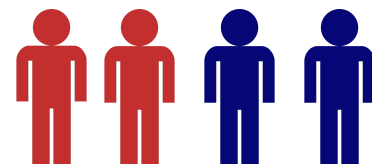
## The stats...



(Community Mental Health Action Plan, 2016 & 2020)

## Relapse is common...

*About 50% of individuals relapsed at least one or more times after beginning recovery*  
(McQuaid et al., 2017).



## The Current Systems

An article seeking to break down the Alberta model's approach to addiction struggles across the province shines a light on an opposing dichotomy that *The Acres* is trying to counter. Appel (2020) makes it clear that the opioid crisis is a substantial public health crisis that must be tackled strategically and appropriately, and highlights the measures taken under the current UCP government. Currently, there is support being provided to privately run rehab/recovery centers taking an abstinence only approach, and the UCP suggests that there is a problem with the people using, rather than a problem in the drug supply itself. Appel (2020) notes this ignorance towards the facts of illicit supply and toxicity, and discusses how the elimination of safe consumption sites can lead to a direct increase in overdoses and improperly disposed needles, citing a Lethbridge run supervised consumption site (ARCHES) as a key example. In a letter criticizing the government's decision to close this busy consumption site, physicians noted "the inadequacy of the replacement mobile site, which has just two injection booths, as well as the lack of personal relationships between the staff and clientele" (Appel, 2020). However, "despite the government's agenda, Alberta Health Services has an explicit harm reduction policy, which 'acknowledges that abstinence is not always a realistic goal for some people'" (Appel, 2020). Overall, the article highlights that private funding is taking away from the public health sector, and provincial approaches to handling this crisis are proving inadequate based on overdose statistics perpetuated by a lack of essential resources to the public.

These details can be used as a comparison to the aspirations of *The Acres*, where it would not exist as a safe consumption site nor would it take the zero-tolerance/abstinence only approach. It is rather one that accepts relapse as part of the process and offers a variety of wrap-around supports to put itself into a middle ground of existence. It is a nuanced approach acknowledging both sides and will function to provide collaborative, essential support in a new way.

Looking more closely at the city of Edmonton, there are two main action plans that fall more into line with the goals of *The Acres*, and can aid in situating them.

First, the Community Mental Health Action Plan has a mission to "facilitate stakeholder created, collaborative solutions to mental health system challenges" (City of Edmonton, 2016a). There is a recognition of the prevalence of mental health problems in the city, as emphasized by findings that "people with mental illness are disproportionately homeless and vulnerably housed, unable to access the supports they need. Over 2,300 people in Edmonton experienced homelessness in 2014. 335 were under the age of 18." (Homeward Trust Homeless Count 2014, as cited in Community Mental Health Action Plan, 2016). The collaborative approach between community organizations and government decision makers has three focus areas- Systems Integration, Service Delivery, and Evidence Foundation. Each is run by a leadership team with short and medium term outcomes for each area. Long term outcomes are broad goals related to an improved, comprehensive mental health system centring on:

- ❖ More communication, coordination, and collaboration

- ❖ Greater access to a continuum of mental health care
- ❖ Providing Edmontonians opportunity to improve and maintain mental health
- ❖ Opportunities to extend and adapt the Action Plan in other jurisdictions (Community Mental Health Action Plan, 2016)

It is worthwhile to note this plan ran from 2016 through to 2020, so there is a question now if this plan has completely ended, and whether this leaves an additional gap that could be filled by *The Acres*.

Second, the Community Wellness Services Plan also exists in line with a similar framework. It is noted that Edmonton has vulnerable populations and “these individuals suffer from chronic intoxication in conjunction with severe mental illness, addictions, complex medical needs, and/or homelessness. They are prone to crisis situations and rely disproportionately on emergency response services and acute care health facilities.” (Community Wellness Services, 2016, p.5)

It is important to recognize that there is a continuum of services that must exist for support, and that “pre-crisis” services are lacking in availability, which goes on to impact the other crisis services. The City’s Community Wellness Services Plan also centres around a key diagram depicting the steps in this complex process (Figure 1).

**Figure 1. Continuum of crisis services**



Considering all of this, plans and systems do exist within the city of Edmonton, but there is certainly a place for *The Acres* to be integrated further and become a collaborative agency with the city as a core service provider. *The Acres* can contribute to a lasting crisis support system along this continuum (Figure 1). However, its work would go further than the final box shown above, and therefore we can introduce *The Acres'* take on this Continuum of Crisis Services in the following section.

# The Acres as a Middle Ground

Figure 1.2. below includes an additional parameter of essential service, with a revamped final box for a “Permanent Supportive Community” beyond the existence of housing supports alone. *The Acres* community would not be a single stand-alone building, but rather would work with community members and provide multiple, wrap-around supports.

**Figure 1.2. The Acres Revamped Continuum Proposal**

Figure 1. Continuum of crisis services



Figure 1. does get across the challenge of moving along this continuum from harm reduction housing/shelters, to rehab, to the final step of permanent, affordable sober-housing (their final green box). However, this leap to the final step is likely to fail given the statistics on relapse. Studies show that only 20% of people who transition without continuing care will avoid relapse after one year (The Recovery Village, 2021). This is again where the importance of *The Acres* comes into play, as the existence of a wider community will feature not only affordable housing, but also additional buildings on site to access various types of required support. *The Acres* would also be prepared to support community members in the likely event of relapse, and once again would fill the missing middle ground between the existing two systems of zero-tolerance vs. safe-injection sites. *The Acres* is thus a unique opportunity to become a lasting service provider that does not sit on either side of this dichotomy, but rather seeks a collaborative approach with other service providers existing in the system, and to work closely with the realities faced by vulnerable populations.

As mentioned, *The Acres* will be able to be integrated into the current crisis response continuum, and broaden the scope to provide community and non-medical support. The criminalization of substance use has resulted in stigmatization and discrimination of these individuals in society. The community *The Acres* aims to build will provide a middle ground that is open to the public, furthermore, reducing biases and debunking stereotypes of users. Non-medical supports such as stable housing, employment, and education create a “wrap around” service that is critical in a substance users recovery, and therefore will increase positive outcomes (Government of Canada, 2018). Supportive housing is a key component in recovery. The Canadian Center on Substance Use and Addiction conducted a qualitative study in 2017. Below shows responses to some barriers to recovery:

- ❖ 16.7% of respondents reported a lack of professional help for mental health or emotional problems
- ❖ 11.9% reported lack of supportive social networks
- ❖ 9.5% reported problems getting or maintaining stable or adequate housing

*The Acres* can serve as a middle ground by providing affordable housing, and a community with services to aid individuals in a more successful recovery. Health care professionals who have not received proper training suffer from burnout and are less effective in their field, and therefore are less helpful to those they serve (Community Mental Health Action Plan, 2020). This burnout costs the economy \$22.8 billion from not only treatment to substance users, but also hiring new law enforcement and skilled workers. Having properly trained staff in *The Acres* will provide the opportunity to develop relationship-based practice with community members, and be part of the postvention continuum. Having trained professionals on site will not only decrease the barriers to recovery, but also in turn decrease economic costs from drug use and relapse.

Of the respondents in the qualitative study discussed above, 82.2% stated that supportive recovery houses were very important for overall recovery. The current UCP zero-tolerance approach can result in unintended consequences, such as making it difficult for users to find sustainable housing, or cause an increased risk for drug poisonings due to lack of access to care. *The Acres* acknowledges this, and can provide supportive housing without individuals being afraid of the consequences if they relapse. Taking this into account, one of the many buildings *The Acres* hopes to have on site is a detox center. Detoxification is “physically challenging and takes a significant toll on an addict’s mind and body” (Lulu, 2021). Since there is an increased likelihood of continuing use of the substance if detoxification is attempted outside a medical facility, it is important members of *The Acres* have access to these services without worrying about losing their housing. Not only may this compromise their health if they fail to access medical help, it can increase the stigmatism of addiction and create additional barriers to acquiring proper assistance. Having a detox center available will allow access to medical professionals, and therefore a safer and more successful detox. Recognizing the reality of addiction and relapse, the combination of access to medical assistance (such as detox centers), properly trained personnel, along with established supportive social networks built in the community, can help facilitate a successful recovery. *The Acres*, through collaboration with other agencies, can act as this final step in the continuum of crisis model, and decrease the transitional challenge to permanent housing with a permanent community that includes multiple support systems.

## Agency Collaboration

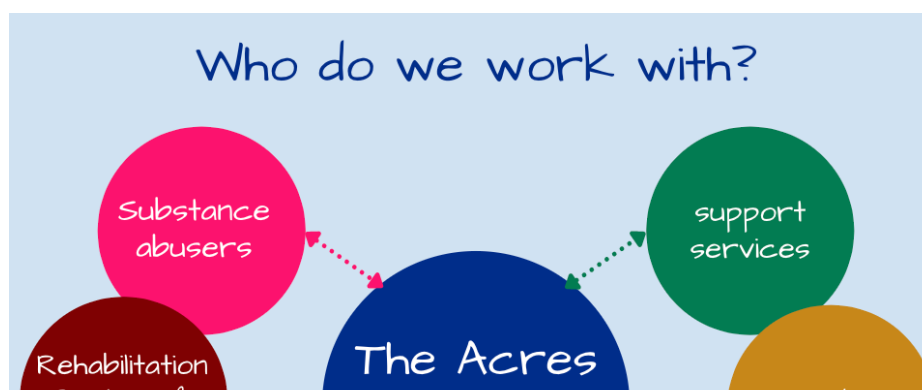


Fig. 2

A key component in the success of *The Acres* would be collaboration of all services within the continuum of crisis. The 'revamped' version (Figure 1.2), shows how *The Acres* would fit into the current system. Figure 2 shows how *The Acres* would adopt a collaborative approach by working with all stakeholders, such as the ones listed above, to allow for optimal care and service to those who struggle with substance use. Many of the stakeholders listed in Figure 2 have overlapping goals or perform similar aid. Some attributes of collaboration include: "sharing of planning, making decisions, solving problems, setting goals, assuming responsibility, working together cooperatively, communicating, and coordinating openly" (Gardner, 2005, P.2). *The Acres* wants to work with all stakeholders to generate discussion on how to create the most optimal system that will aid in substance users recovery, and decrease the prevalence of users who experience houselessness in Edmonton. Working collaboratively will help identify the strengths of each individual contributor, which will therefore increase efficiency and create an optimal system to aid individuals in recovery. Not only will this decrease the economic burden Albertans face, but increased communication will also identify gaps within the system that need to be addressed.

An example of how collaboration can help create a more efficient system is *The Acres* working with the prison in Edmonton. Creating open communication with Edmonton's prison system will provide inmates who struggle with substance use disorder the opportunities to have stable living options while they continue their recovery after their sentence. Prior research has found that substance users who began treatment while imprisoned and who have continued treatment after release are at a decreased risk to relapse or recidivate (Miller et al., 2021). Aftercare is often missing in the criminal justice system (CJS), which causes these individuals to fall between the cracks and continue to recommit crimes to sustain their livelihood. *The Acres* can provide this aftercare through collaboration with penitentiaries and the CJS, to contribute to a supportive community that will help decrease recidivism, and help in a more successful recovery.



## **Is *The Acres* A Tangible Idea?**

*The Acres* is a unique idea that has never been done before, so a question remains, is this possible?

*The Acres* can be made tangible via collaboration and aligning of goals with other essential crisis services and community organizations. This again brings in Edmonton's Community Wellness Services Plan, which could foster crucial ties with *The Acres* as a core service provider to bring this plan forward. The city lays out a solid plan for a collaborative approach that can serve as a model for *The Acres* own course of action, or as an opening to step into a larger, crucial service position that still seems to be lacking in many areas of transformative, tangible aid.

Substance use must also be addressed on all levels of government. We have discussed the provincial UCP approach of abstinence, and the municipal Community Mental Health Action Plan along with the Community Wellness Services Plan. However, how is the federal government addressing this issue? In 2016, the Government of Canada created a new strategy to tackle addiction known as the *Canadian Drugs and Substances Strategy (CDSS)*. The CDSS has 4 guiding principles including evidence based, comprehensive, collaborative, and compassion (Government of Canada, 2018). The ultimate goal is to minimize the harmful effects substance abuse has on individuals, families and communities. This can be done by enforcing evidence-based policies and creating programs that promote health and dignity. Many of the core values and objectives of the CDSS aligns with *The Acres*, and is another possible way that *The Acres* can be easily integrated into the current system to help address these goals and decrease the stigma and inequities substance users face in society.

Similar views of housing and abstinence policies can be seen in the "Harm Reduction Framework" that is being implemented in Toronto (Shelter, Support & Housing Administration, 2017). This initiative adopts a 'housing first' policy, of moving those experiencing homelessness into housing as quickly as possible with no previous requirements. The key in this initiative is a recognition that "people are more successful in moving forward with their lives if they have stable housing" (p.1). This framework also has core principles that are similar to *The Acres*, such as: community integration, strength-based client focused support, and client choice. Though this framework takes on a more harm reduction approach than what *The Acres* would, it addresses the importance of stable housing in recovery, and recognizes that abstinence policies can create additional barriers to finding these opportunities. However, there has been controversy over whether the housing first approach is effective or not. A randomized control trial revealed that over 80% of participants in the housing first program remained housed after one year, and it was seen that use of health services declined as health improved (Homeless hub, 2021). This example highlights the principle need for stable housing and community that *The Acres* aims to adopt, and will allow for individuals to have a more successful recovery and to take more control over their lives.

## Conclusion

In conclusion, this report summarizes how *The Acres* can be integrated into the continuum of crisis model to decrease the challenge of transitioning after rehabilitation, and step into a core position of collaborative, middle ground service among the current systems.

### Some key points of this report include:

- ❖ Current systems existing in the province and city of Edmonton
  - Alberta government zero tolerance approach
  - Safe-injection sites across the province
  - City of Edmonton Community Mental Health Action Plan
  - City of Edmonton Community Wellness Services Plan
    - Continuum of Crisis Services diagram
- ❖ *The Acres* will provide “wrap around” services
  - Permanent community to create social support
  - Non-medical services such as stable housing, employment, and education
  - Trained staff
  - Additional services such as a detox center
- ❖ Stakeholder collaboration
  - Increase efficiency in the system
  - Identify gaps

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