



Healing with Hope

Canadian Mental Health Association: Managed Alcohol Program

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Why A Managed Alcohol Program?

- ▶ In May 2018 Sudbury opened the residential managed alcohol program with eight individuals. CMHA had been providing a day treatment program for two years prior and it was felt that while individuals who accessed the day treatment program were better supported there was no decrease in ETOH consumption.
- ▶ <https://s3.documentcloud.org/documents/5114551/Map-Sudbury-Report-Exec-Summary.pdf>
- ▶ The executive summary from CMHA points to the benefit that providing housing while addressing social and medical needs has while decreasing emergency service usage and improving quality of life.

What is a managed Alcohol program/Harm Reduction Home?

- ▶ Applicants for the Harm Reduction home must be:
- ▶ Are 19 years or older;
- ▶ Live with severe alcohol use disorder (AUD), including those who are drinking non-beverage alcohol;
- ▶ Are impacted by homelessness or are precariously housed;
- ▶ May currently be frequent users of the healthcare system.
- ▶ The Healing with Hope Home has resources to provide both primary care and specialized addiction care (including access to psychiatric supports).
- ▶ Individuals with polysubstance use and concurrent medical challenges would be considered appropriate.

Staff

- ▶ Hailey Gaskin, Program Coordinator
- ▶ Cindy Rose, Manager
- ▶ Indigenous Social Worker
- ▶ Case Manager
- ▶ RNs and RPNs
- ▶ Psychiatry (consult once monthly)
- ▶ Addictions MD Specialist (Available for consult when needed)
- ▶ Primary Care Nurse Practitioners (All medical care/addictions care)
- ▶ Addictions Workers
- ▶ Residential Workers: Assist with ADLS
- ▶ Life Enrichment Worker

What does a typical day look like at the Harm Reduction Home

- ▶ Pours start 7:30am and occur hourly until 9:30PM
- ▶ If a resident is presenting drowsy, intoxicated or under the influence of another substance pours are to be held.
- ▶ Admission pours are standard 7oz of wine (12%) followed by 5oz wine until last pour which is 7oz again.
- ▶ A reduced pour would be: 5oz of wine as the first and last pours and 2.5oz of wine diluted with water throughout the day
- ▶ The pours are determined by the Nurse Practitioner on admission after reviewing the patients health status, ETOH intake and medications.

Medicine

- ▶ As well as prescribing pours the NP is responsible to ensure the residents are prescribed, if appropriate;
- ▶ Vitamin B1 100mg PO OD
- ▶ Folic Acid 1mg PO OD
- ▶ Multivitamin 1tab PO OD
- ▶ Some of these doses may vary and may be prescribed in higher doses depending on resident physical and medication history.

Medicine

- ▶ Other medicine we use often includes;
- ▶ Naltrexone, usually start at 25mg-50mg PO OD and increase up to 100mg daily as tolerated. We use this to decrease cravings, decreases the pleasure from alcohol
- ▶ Gabapentin, starting at 300mg PO daily and titrating up to 600mg TID, however not as beneficial if patients do not want to decrease their drinking, in my experience. May make patients more prone to falls and dizziness if they continue to drink heavily.
- ▶ For patients who have mood disorders we have found good benefit with Zyprexa recently with no complications from ETOH use. Start at 2.5mg PO OD and have gone up to 10mg daily.
- ▶ One important thing to remember with ETOH and medications, eg, SSRIs, is the lower seizure threshold. If someone with an AUD has a seizure.. Look at their medications!

How does someone apply to HRH?

- ▶ Most of our referrals come from community partners
- ▶ The out of the cold shelter (Located on the main floor of 200 Larch street)
- ▶ Health Sciences North (ER)
- ▶ OW/ODSP workers
- ▶ Other Northern hospitals, HRH Sudbury serves a very large geographic area
- ▶ Once referred or the individual is made aware of the program if they wish to apply they meet with our case manager. The case manager determines eligibility based on The Severity of Alcohol Dependency (SADQ) scale and our intake application.
- ▶ If the individual is a good fit they are booked for an intake with myself or my colleague, we assess physical and mental health to determine if appropriate for the program and prescribe medications/pours and discuss with staff the residents move in date

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ-C) 1

- ▶ <https://www.smartcjs.org.uk/wp-content/uploads/2015/07/SADQ.pdf>

Duties

- ▶ Once a resident at the HRH there is a responsibility to complete daily chores, eg, cooking dinner, cleaning up after dinner, cleaning the washrooms or maintaining the outside gardens. These tasks are all divided up daily during the morning huddle in which all residents and staff attend.
- ▶ Staff work with residents to set goals for their AUD (Alcohol Use Disorder)
- ▶ Residents are encouraged to participate in HRH activities eg, Step challenge, water challenge for a prize.
- ▶ Residents are encouraged to apply for work, volunteer and continue their education while living at HRH, however they determine their own goals
- ▶ Residents are included in the Steering committee to ensure their needs are being met.
- ▶ Most health care needs are met in the NP clinic downstairs, outside of the residence to provide a level of separation btwn the two.

Discharge

- ▶ There are criteria for suspension and discharge as this is a group living setting and residents need to feel safe in their home.
- ▶ Most of the conflicts are when residents have been drinking outside of the home and return intoxicated
- ▶ Residents have been discharged for Violence, hate speech and inappropriate physical behaviour towards staff. This is a three warning system, verbal warning, written warning and then discharge. At each stage the management staff meet with the individual to go over their goals, they try to find ways to best support the resident and provide education.
- ▶ Other residents discharge to live independently once they have reached their goals and continue to be supported by CMHA for 6months after discharge and they are encouraged to continue to receive medical care at SDNPC.

Questions?

