

PROGRAM INNOVATION

Day Detox Program, Acute Ambulatory Care Unit, Women's College Hospital

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The Acute Ambulatory Care Unit (AACU) provides supervised medical withdrawal services in a system with few options. Patients who go to the emergency department (ED) in alcohol or opioid withdrawal are often discharged before their withdrawal is fully treated due to time and space constraints. If the patient is referred to a withdrawal management service, the staff there must often send the individual back to the ED because they are too medically unstable. If the patient is discharged home, to a shelter, or to the streets, they risk relapse, overdose, and further ED visits.

Elective day detoxes break this cycle by offering patients a chance to have their withdrawal medically managed in a comfortable environment, as an initial step in their long-term treatment plan. In an AACU day detox, patients go through withdrawal under the care of trained internists, nurses, and an addiction doctor. This is often a planned morning admission, where patients are instructed to have their last use the night before so that they are just starting to experience withdrawal symptoms as they arrive; sometimes, it is arranged on the spot for patients who attend the RAAM clinic and are determined by the nurse or physician to already be in withdrawal. Once the patient is admitted, their withdrawal is monitored and managed. Patients can stay for up to eighteen hours, or until their

symptoms have resolved. When they are discharged, they receive a prescription for addiction medication and are offered prompt follow-up at the Substance Use Service to continue treatment.



Photos by Michael Wong

By fully treating withdrawal, initiating medication, and facilitating follow-up, the day detox program plays an important role in engaging and maintaining patients in their substance use disorder treatment, with consequent improvements in mental and social well-being.

CLINICIAN SPOTLIGHT



Taliesin Magboo Cahill RN
Nursing Team Lead, Supervised Injection Services
Oasis Program, Sandy Hill Community Health Centre

The Oasis Program provides harm-reduction-based medical and social services for the people of Ottawa. We host a supervised consumption site, needle exchange, drop-in, case management program, and primary care clinic for people who inject drugs, smoke meth/crack, or engage in survival sex work. Our RAAM clinic is co-located in our primary care clinic space and is staffed by several physicians offering walk-in and scheduled appointments.

The Oasis nurses triage all RAAM referrals, perform OAT intakes, provide naloxone kits, assist with buprenorphine, and offer standard bloodwork and immunizations to clients. Along with our primary care physician and NP, we can address some RAAM clients' urgent health concerns, which in turn frees up our addiction medicine physicians' schedules. Our nurses not only staff our clinic, but also rotate through our supervised consumption site, and refer clients of the site to our RAAM clinic if they are interested in methadone or buprenorphine. In this way, we learn directly from people who use drugs (usage patterns, substance trends, OAT preferences), and clients of the site who are interested in treatment have easy access to nurses who are well versed in opioid agonist therapy. People who use drugs often mistrust the healthcare system (for valid reasons!), and our work is an attempt to repair that relationship in order to help people meet their goals.

As a Team Lead, I spend most of my time hiring/training nurses and developing new policies and procedures. Last year I created a nurse-led buprenorphine induction protocol, and this year I am trying to figure out how to integrate an injectable opioid agonist program into our services. Direct patient care is also a very important part of my practice; I make sure to spend a few hours each week working in both the supervised consumption site and our clinic.

EVENTS

RAAM monthly videoconferences

Prescribers	Dec 10
Nurses	Dec 11
Counsellors	Dec 13
Administrators	Dec 19

E-mail kate.hardy@wchospital.ca to join a videoconference or to have a provincial event featured here.

PERSPECTIVES

Guidelines for Providing Care to Clients Who Disclose Sexual Assault (SA) or Intimate Partner Violence (IPV)

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Sexual Assault/Domestic Violence Care Centre, Women's College Hospital

When a client discloses SA or IPV, a supportive response by a health care provider can be significant in facilitating the healing process. Here are some

guidelines for your provision of care to clients who disclose SA or IPV to you:

Inform clients about your role and responsibilities, what confidentiality means, and any limits. This helps clients make informed decisions about their care and re-cultivate the sense of control that has been taken away during their experience of SA or IPV.

Discuss the importance of specialized medical attention. Clients may have physical injuries or medical needs, or may want to report to the police immediately or in the future. Anyone who has been recently assaulted can access care at one of the 36 Sexual Assault & Domestic Violence Care Centres in Ontario (www.sadvtreatmentcentres.ca). A SA/DV nurse can provide support and medical attention and collect forensic evidence, based on the client's needs. Police are only contacted if the client requests it.

Many survivors/victims never report SA or IPV or seek services because they are afraid that they will not be believed. **Let your client know that you believe them.** Ask them what they need from you and respond accordingly.

Let your client know they are not to blame; self-blame is common and is reinforced through prevalent myths about violence. SA and IPV represent the expression of power over another person.

Survivors can experience a range of trauma responses. Since we all deal with traumatic experiences in different ways, all responses are normal responses to a traumatic event. **Normalize what your client is feeling and how they are responding.**

Your client is the expert of their own life. With SA or IPV, a person's control has been taken away. It is vital to support clients in ways that allow them to reclaim some of their power. Explore options together and respect whatever choices the client makes.

Discuss available support options. Let your client know that many people find it helpful to talk with a therapist who has experience working with survivors of SA and IPV.

Critically look at your own biases/assumptions. We have all been exposed to myths about SA and IPV, as well as ideas about various communities. Biases can unintentionally emerge during the provision of care and act as barriers to survivors accessing or returning to services. It is important to reflect on how our biases may be impacting our interactions with members of marginalized communities, and then do the work of unlearning these biases.

Stay informed. Gather information about SA and IPV and organizations working in the area of anti-violence. This way, you can support clients by providing them with information about local resources that they might find helpful.

IN THE NEWS

Addictions-related treatment wait times, emergency department visits and deaths rising despite increased spending (Auditor General)

http://auditor.on.ca/en/content/news/19_newsreleases/2019news_v1_3.02.pdf

Modest alcohol consumption can still pose risks for teens, study suggests (The Canadian Press)

<https://www.ctvnews.ca/health/modest-alcohol-consumption-can-still-pose-risks-for-teens-study-suggests-1.4701652>

Ontario mulls overhauling pot shop system in 2020 as sales lag (BNN Bloomberg)

<https://www.bnnbloomberg.ca/ontario-mulls-overhauling-pot-licence-system-in-2020-as-sales-lag-source-1.1351505>

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www.metaphi.ca

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