

PROGRAM INNOVATION

Managed Alcohol Program

Nicole Welsh NP, RN (EC)

Sudbury District Nurse Practitioner Clinics

Two years ago, Sudbury District Nurse Practitioner Clinics partnered with Canadian Mental Health Association in Sudbury to provide comprehensive care to the residents of the managed alcohol program (MAP), also known as the Healing With Hope - Harm Reduction Home.

This is a residential program that provides managed alcohol services for up to 15 people. All residents are 19 years or older, live with severe alcohol use disorder (AUD), including those who are drinking non-beverage alcohol, and are currently homeless or precariously housed.

These residents are most often referred to us by the Out of the Cold shelter, our local hospital Health Sciences North, or from communities outside of Sudbury. Often the residents struggle with polysubstance use disorder and have complex medical needs. In addition to the MAP, Healing with Hope provides access to primary care, peer support and wellness programming.

The day starts at 7:30am when the residents received their first pour of 12% wine (7oz or modified dosing). Pours continue hourly in various dosing until 9:30PM. Prior to each alcohol pour, nursing completes an intoxication assessment to determine if providing the prescribed alcohol pour is safe. If the resident is presenting as drowsy, intoxicated or under the influence of another substance, then the pours are held.

The amount of alcohol prescribed is determined by the patient's alcohol use prior to admission, health status and medications. Statistics have shown that when a resident enters the Harm Reduction Home there is a decrease in use of

emergency services, which provides a cost benefit to our community. But the greatest benefit I have seen is that residents have a home, build a community with the other residents and are given the opportunity to focus on their health and their goals. There is no time limit for how long one can stay at Healing with Hope as long as they are participating in the program and meeting the requirements of their admission agreement, some people stay for a couple of months while others live here for many years. For more information please visit Healing with Hope Home: <https://sm.cmha.ca/programs-services/healing-with-hope-home/>



FACES OF THE FIELD



Crystal Kimewon

Sudbury Action Center for Youth / Indigenous Peer Advisor

I'm a Support Worker in a 24hr Emergency Warming Center, funded by the city of Sudbury and contracted to SACY.

I was drawn into the field of Addiction after becoming a peer support for mothers battling addiction within the very circles of support where I sought help. As Anishinabek people, we learn by sharing our experiences, an act of reciprocity, of giving back to a space and time that has made you, you. I learned early that in order to be heard by people who had influence, I needed to be like them. So I went to university and obtained a degree in social work.

I work for community members who are homeless - many but not all battling addiction and mental health issues - in a severely underfunded, low threshold 24 hr emergency warming center. When I am not social working I am connecting with community through the arts. I am a certified tattooist and an arts-based peer engagement facilitator. My staple as a Helper is walking in my own Truth. My raw sense of humour helps. In trying to help my community I also find myself saying, 'Keep fighting that dark ... I know it's hard. Don't give up. We need you, I need you!' Addiction is often a remedy to mask a deeper pain. Pain looks different for everyone whether it's mind, body or spiritual distress. My mother masked hers with alcohol, eventually causing her organs to fail. My partner silenced his by an intentional overdose.

I've seen record numbers of death by overdose. According to an Ontario Coroner's report cited by CBC Sudbury, Sudbury's per capita deaths by opioid is the highest in Ontario, with over 50 per 100,000. I feel this is a direct result of the lack of supports for our vulnerable community members throughout this pandemic.

I am surprised at my own soul's desire to return to a place that has burnt me out more times than I can count. People like me fight our way out of our own addiction only to return shining light for others. My passion is helping people find hope. My inspiration is the very people I work with daily. Yet our greatest challenge is the lack of funding to support our homeless and drug using communities. I have never seen such obvious disregard for human life as I have within our city.

EVENTS

RAAM monthly videoconferences:

Prescribers	Feb 8	8 am
Nurses	Feb 9	9 am
Counsellors	Feb 11	9 am
Addictions NP	Feb 23	12 pm

META:PHI Webinar: Feb 9 7 pm

Rosie Yoon, Keith Hansen, Linda Picken
Community Based Withdrawal Management Services: Considerations from the Toronto Context

PERSPECTIVES

A 30-day Community, Home-based Detox Program – Is it Possible?

Connie Foster BScN, MSc, NP-PHC

West Parry Sound Health Centre

Simcoe Muskoka Mobile Withdrawal Management Service (MWMS)

I am the Nurse Practitioner providing medical support for the new Simcoe Muskoka Mobile Withdrawal Management Service (MWMS).

This service is innovatively designed to bring wholistic withdrawal management services directly to the communities of individuals working toward substance



use goals. The service is made possible through a collaboration between Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team, CMHA Simcoe County Branch, and CMHA Muskoka Parry Sound – B'Saanibamaadsiwin Program. West Parry Sound Health Centre/Rural Nurse Practitioner-Led Clinic is providing Nurse Practitioner Services as part of the collaboration. As the NP, I provide the medical oversight and leadership for the home-based medical withdrawal services. This new service works with the strengths of project partners to support clients throughout the region with Indigenous and non-Indigenous approaches to withdrawal management. As an Indigenous Nurse Practitioner, I am excited about being able to use my training and lived experience to provide culturally appropriate medical support for our clients.

Our team is able to provide support for an individual in their home, the home of a loved one, or another supportive community location (e.g., a shelter) focusing on their wholistic mental, physical, emotional, and spiritual health needs. Working with the interdisciplinary team, I provide the medical detox plan for our clients. In my practice I emphasize the importance of transitions of care to community service providers. When the service is completed and the client is transitioning back to primary care, I provide a discharge letter indicating the medical plan of care, diagnoses, goals, and outcomes. This is important for ensuring the client and their providers have a road map for continued work toward their substance use goals, and to ensure that clients are less likely to fall into another service gap. By accessing a strong network of relationships with healthcare providers and community services, our MWMS team is able to address a key need in our region when clients are unable or do not wish to access residential services.

The MWMS program is unique in that it supports clients directly in familiar locations within their own community. Our interagency team works together to address gaps in the region while building connections between existing services to create unique care pathways. Our service is building capacity to address addictions care needs. Over the past year of collaborating to build this program, we have learned a lot about the unique challenges of providing medically supported withdrawal management in a community setting. One such challenge is balancing the risks of detoxing in the home setting against providing an accessible community service. We are establishing clear inclusion criteria for safe home detox and learning how to communicate this across the interdisciplinary team and clients. The strength of this program to support clients is dependent on the interprofessional and cross-cultural collaboration of the project partners. As we continue our work, we are seeing that a home-based detox service is possible in community settings through collaborative and interdisciplinary teamwork.

For more information about the mobile withdrawal management service, visit:

www.mamaway.ca

www.cmhastarttalking.ca

www.cmhamps.ca

IN THE NEWS

[Preventing Drug Deaths Through Vaccines?](#) (Globe and Mail)

[Crisis Response Team without Police](#) (Toronto Star)

[Opioid Deaths and the Health Care System](#) (CTV News)

[Defunding the Police](#) (Front Burner podcast)

[Synthetic Drug Era is Here](#) (Globe and Mail)

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www.metaphi.ca

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