

Community Withdrawal Support Program (CWSP)

‘An Alternative to Residential Treatment’

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Health Association
Thames Valley
Addiction and Mental Health Services

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Our Nursing Team (& a few friends)



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Agenda

CWSP History

- **A timeline of creation to present day.**

CWSP Team

- **Who are we & what do we do?**

CWSP Program Goals

- **An overview of program goals.**
- **Referral Process**

CWSP – Future Direction

- **Future Goals & ‘other hats’ we wear.**

Questions/Discussion



CWSP – A Brief History



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CWSP- History

- Program was started May 2012, with Addiction Services of Thames Valley.
- Program initially called TWCSP (Telewithdrawal Community Support Program)
- Team initially provided services via the phone & OTN Services.
- Program Switched to “CWSP” in 2018-2020.
- Current Organization was established in April 2021 when three organizations joined together (Addiction Services of Thames Valley, CMHA Elgin-Middlesex, and CMHA Oxford).



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CWSP – Program Goals



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CWSP- Program Goals

- Offer an alternative approach to withdrawing from substances in the community.
- Alleviate pressure from hospital with relation to substance use related visits, particularly to the ED.
- Provide Addiction Medicine education to care-partners in the community.



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CWSP – offering individuals a menu of options



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CWSP- Program Goals- Why?

- Substance Use Issues cause a large burden on the health of Canadians and the healthcare system.
- *CMAJ* identified a total of 765,354 ED visits in Ontario due to alcohol use over a 14-year study period (2003-2016), representing 1.2% of all visits (Myran et al., 2019).
- Alcohol related hospital visits have increased amongst youth and females over this time period.



CWSP - COVID Impact & Recent Trends (STATCAN, January 2023)

- Deaths related to alcohol and drug use increase to new highs during the pandemic
- There were 3,790 alcohol-induced deaths in Canada in 2020 and 3,875 in 2021, compared with 3,200 in 2019.



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CWSP - COVID Impact & Recent Trends (STATCAN, January 2023)

- The 18% increase from 2019 to 2020 was the largest year-over-year change in alcohol-induced deaths seen in at least the last 20 years.
- The effects of this increase were felt most among those aged younger than 65 years. The number of alcohol-induced deaths from 2019 to 2020 in this age group increased by 27%.



CWSP – Our Team & Our Role



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CWSP- Our Team

- Core Team is 3 Full-Time Registered Nurses & 1 Part-Time Registered Nurse.
- One full-time Nurse Practitioner.
- Physician available for consult.
- Counsellors & Peer-Support staff available to team within organization.



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CWSP - What do we do?

- Confidential, client-centered community withdrawal management and crisis support that is readily accessible and culturally-sensitive to the needs of our community.
- Substance use and withdrawal needs assessments.
- Refer to appropriate services and level of care.
- Withdrawal information for individuals and support persons.



CWSP- What do we do?

- Acute withdrawal symptom monitoring and support.
- Frequent follow up (1x/wk; 1x/2 wks depending on risk).
- Daily check ins/ follow up if on diazepam protocol.
- Provide immediate support at the time/close to the time of intake.
- Short-term supportive/withdrawal counseling, post-withdrawal support, education, and relapse prevention as appropriate.



CWSP- What do we do?

- Facilitate involvement of Primary Healthcare Providers.
- Community care planning.
- Minimize risk of withdrawal complications.
- Consultation.



CWSP - Alcohol & Other Substances



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CWSP- What do we do? (Alcohol Withdrawal)

Diazepam Support and or Tapering Plans

Table 1: Treating alcohol withdrawal with diazepam (Valium)^{1,3}

Schedule	Day 1	Day 2	Day 3	Day 4
Rigid	10 mg four times daily	10 mg three times daily	10 mg twice daily	10 mg at bedtime
Flexible	10 mg every 4–6 hours as needed based on symptoms to a maximum of 60 mg/day *	10 mg every 6–8 hours as needed	10 mg every 12 hours as needed	10 mg at bedtime as needed
Front loading **	20 mg every 2–4 hours until sedation is achieved; then 10 mg every 4–6 hours as needed to a maximum of 60 mg/day	10 mg every 4–6 hours as needed to a maximum of 40 mg/day	10 mg every 4–6 hours as needed to a maximum of 40 mg/day	None

** Frequently, very little additional medication is necessary after initial loading.

* Pulse rate > 100 per minute, diastolic blood pressure > 90 mm Hg or signs of withdrawal.

-First priority is having prescription completed by Primary Care Provider or ED, if unavailable, CWSP NP able to support.



CWSP- who's eligible to withdrawal in the community?

- Client has to have a support person at home to assist in monitoring withdrawal and medication support.
- No severe complications related to alcohol withdrawal in the past (DTs and or Seizure Hx.)

Other factors: (significant psychiatric history, mobility concerns, hospital admissions for alcohol withdrawal, seizure in the past 5 months, confirmed/suspected pregnancy, severe cardiac/respiratory disease, recent head injury, history of liver disease, current use of high doses of benzodiazepines)



CWSP- other substances

- Benzodiazepines (similar approach to alcohol support, Ashton Manual used to support decision making).
- Opioids -devise taper plans, symptom management (assess for risk of dehydration), and referral to RAAM (offer macro/micro-induction education and information on Suboxone or Sublocade)
- GHB – tapering; refer to in-patient medical detox
- Cannabis, stimulants & hallucinogens (primarily education re. symptom management)



Referral Procedure:

Complete Referral Form and fax completed form to CMHATV at 519-673-1022 or email to cwsp2@adstv.ca

Phone Community Withdrawal Support Program at 519-673-3242 ext. 248

Information about booking telemedicine appointments can be obtained by calling the Addiction Services of Thames Valley at (519) 673-3242 extension 248



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CWSP- Future Direction



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CWSP- 'other hats we wear'

- Consult with local primary care providers to provide education on addiction medicine (Sublocade, Naltrexone, Campral, Ect.,).
- Provide 'emergency' consults for clients in acute medical distress or addiction related concerns.
- Help facilitate and create a MAP (Managed Alcohol Program) for local Long-Term Care centre
- Complete education sessions for local health-care agencies on Addiction Medicine.
- Share success stories and help break down stigma related to substance use.



CWSP- the Future

- Integrate and collaborate closely with the local hospital to provide alternative options to withdrawal from substances safely in community.
- The organization has an NP embedded within “Addictions Consult Team” at hospital, team to look at allowing quick intake and access to CWSP Team with this staff and TCM at hospital. This NP has started in the last few months... exciting days ahead!!



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CWSP- Future Research

- 'Remote Withdrawal Study' underway, headed by Dr. Mathew Sloan of CAMH.
- Purpose of study is to evaluate how practical, effective, and satisfactory at-home detox is for active drinkers with a history of alcohol withdrawal.



CWSP- Questions?



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**Dedicated to my Graduate Supervisor- Dr.
Robert Mann AKA 'Bob' 1952-2022.**



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Thank you!



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