Community Withdrawal Support Program (CWSP)

‘An Alternative to Residential Treatment’

Adam McInnis, RN, MScCH (AMH), MN NP (student)

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

www.cmhatv.ca

Agenda- ‘A Clinical Perspective of Community Withdrawal using Telemedicine

- Program History
- Our Team (2.5 FTE RNs, Team Lead RN, NP)
- Peer Support
- Roles
- Program Goals & Clinical Situations
- Issues Encountered

Our Nursing Team (& a few friends)

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

www.cmhatv.ca

CWSP – History

Canadian Mental
Health Association
Thames Valley
Addiction and Mental Health Services

CWSP- History

- **Innovations in Telemedicine:**
- **In 2010, as part of the provincial government's Open Ontario plan, 191 full time nursing positions were created to provide clinical telemedicine across the province.**
- **In doing so, we 'blazed' the trail for community-based addictions and mental health care, using technology to enhance service access for residents in remote and rural locations, and building capacity for specialized medical care delivery in community settings.**

CWSP – Peer Support

Canadian Mental
Health Association
Thames Valley
Addiction and Mental Health Services

CWSP- Peer Support

-Peer Support recently added the Addiction Medicine Program last year- One FT Staff
- Peer Support is an integral part of the CWSP Program, often, clients share their positive experience with our Peer Support Staff ☺

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

CWSP – Roles

Canadian Mental
Health Association
Thames Valley
Addiction and Mental Health Services

CWSP- Roles

- **<u>Community Withdrawal Management Support (CWMS)</u>**
- Community withdrawal- (primarily alcohol and BZD, however, able to support with ‘one-off consults’ for other substances).
- Addiction Medicine Education to clients & Community Partners.
- Naloxone.
- RAAM clinic coverage

CWSP – Program Goals

Canadian Mental
Health Association
Thames Valley
Addiction and Mental Health Services

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.
- 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 assessment.

CWSP – offering individuals a menu of options

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

CWSP- Program Goals- 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
- Facilitate involvement of Primary Healthcare Providers
- Community care planning
- Minimize risk of withdrawal complications

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

Issues Encountered

-Primary Care Providers unwilling/not comfortable to support Diazepam and or Addiction Medicine Support for clients (an excellent educational opportunity!!)

-PCP's only willing to attempt naltrexone taper prior to attempting diazepam taper (moments of change can be fleeting, jump on that!!).

-Client's repeatedly attempting diazepam tapers. Often, it takes many attempts for clients to reach their goals with substance use. In these situations, we attempt to setup better supports if they're attempting again i.e. counselling, groups, safe housing, peer support, social connections.

CWSP – What Clinical Situations Can We Support?

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

CWSP- Eligibility

Must be ready and willing to enter program.

Must be 12 years of age or older.

Willing to reduce the use of one or more substances.

Deemed safe to withdraw in the community (clinical judgment of both counselors and nurses).

Meet provincial standards for withdrawal management (see decision tree).

CWSP- A Fictional Clinical Case

"Fred (36 years old) has had a difficult time tapering his alcohol use with naltrexone at 100mg daily dosing. He's drinking approximately 16 SD's daily of vodka, mixed with soda.
Fred has stated he's not comfortable with attending his local WMS- He reaches out to CMHA for support & connects with CWSP. He states "any time I have one, I just can't stop….
I want another option". Fred has a partner at home who has been supportive on his journey & is connected to a PCP who has been prescribing Naltrexone. He has no history of severe withdrawal or any comorbid medical/psychiatric conditions.

The CWSP RN liaises with his PCP team, facilitating an 'at-home-diazepam' taper plan. The CWSP RN calls each day of the protocol, completing a CIWA-AR and providing guidance of what to expect. Fred completes the protocol without issue and plans to attend the Peer Support Group and counselling with CMHATV. The CWSP team has a total of 6 sessions with Fred, with education on PAWS and post-withdrawal medication options (Campral, Gabapentin or Naltrexone).

CWSP- Taper Plans (supported by our counselling staff, if medically stable).

- General advice: 1-2 standard drinking per day reduction per day

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

CWSP – Situations CWSP must be involved (ideally)

CWSP- (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 must 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)

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)

-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@cmhatv.ca

Phone Community Withdrawal Support Program at 519-673-3242 ext. 1248

Information about booking telemedicine appointments can be obtained by calling the CMHATV at (519) 673-3242 extension 1248

Thank you!

Canadian Mental Health Association
Thames Valley
Addiction and Mental Health Services

www.cmhatv.ca

Questions/Discussion?