Summary of Evidence-Based Practices and Promising Program Models: Mobile Withdrawal Management Services Core Service Category

Suggested Citation: Rush, B.R., & Needs-Based Planning Project Team. (2023). Summary of Evidence-Based Practices and Promising Program Models: Mobile Withdrawal Management Core Service Category. Available at needsbasedplanning.ca

Production of this document was made possible by financial contributions from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Definition of mobile withdrawal management services

- This involves voluntary withdrawal management with support provided in a client's home or other safe accommodation via on-site visits or web-based support. It may also involve visits to a central location (e.g., community addictions program, "safe home" in the community) during the day, while returning home at night. This service may involve a medical assessment by a physician or nurse practitioner, and regular monitoring by physician, nursing and/or other health care worker during the withdrawal process to provide medical management and support. Before the client is "discharged", case workers work collaboratively to support the client and/or those supporting the client to connect to post-withdrawal management services (e.g., treatment, housing, and other supports).
- "Daytox" refers to a medically monitored group-based day program offering withdrawal management for individuals who have completed detox and/or are in early recovery, or whose substance-related challenges do not require intensive community or hospital-based withdrawal management services. Programs may offer daily psychoeducational groups and complementary therapies such as acupuncture.
- Staffing includes nurses at varying levels of training and certification (RN or RPN) and other regulated and/or non-regulated health professionals. Access to a physician or NP is required for medication management.

Methods

- The following search terms were used to search relevant articles between 2012-2022: "mobile withdrawal management", "web-based addiction support", "mobile detox/daytox", "home detox/daytox", "mobile outreach detox", "home outreach detox", "mobile stabilization services", "community withdrawal management". The databases searched included: Medline and PubMed. The searches were limited to English language articles. The literature search was supplemented with Google searches to identify relevant grey literature.
- Scope of this search was not intended to be exhaustive, but rather a snapshot of innovative models to provide guidance for implementation
- Key stakeholders, including selected NBP advisory committee members were also consulted to get their input on resources and supports needed for implementation, including potential barriers and practical information to consider for implementation.

Provincial standards/guidelines documents

- British Columbia Ministry of Health. (2017). Provincial guidelines for biopsychosocialspiritual withdrawal management services. Victoria, B.C.: Author. Retrieved from – https://www.health.gov.bc.ca/library/publications/year/2017/adult-withdrawal-management-services-guidelines-final.pdf
- Addictions and Mental Health Ontario. (2014). Ontario provincial standards for withdrawal management services: 2014 standards manual. Toronto, Ont.: Author. Retrieved from – https://amho.ca/wp-content/uploads/AMHO-Final-WMS-Ontario-Provincial-Standards-for-Withdrawal-Management-Services-September-2021-AMHO-FINAL.pdf

- Government of Nova Scotia. (2013). Adolescent withdrawal management guidelines. Halifax, Nova Scotia: Author. Retrieved from - https://novascotia.ca/dhw/addictions/documents/adolescent-withdrawal-management-guidelines.pdf
- Government of Saskatchewan. (2012). Detox programming standards. Regina, Saskatchewan: Author

Example models

- ***Fraser East Rapid Access to Addictions Care (RAAC) - formerly known as Riverstone Mobile/Home Detox Program, in British Columbia***
    - Operated by Fraser Health Authority MHSUS and located in Chilliwack General Hospital, this program delivers mobile detox services to clients living in east Fraser Valley communities including Mission, Abbotsford, Agassiz Harrison, Chilliwack, Hope, Boston Bar generally described as having non-medical/psychiatric complexities.
    - Originally the model was composed of a 2–7-day withdrawal management regime, followed by an up to 30-day stay in a stabilization/STAR bed prior to proceeding with the recovery plan. Withdrawal management took place in the clients home, if deemed safe, and/or community beds located in places like shelters, supportive recovery, STLRs or stabilization and transitional living resources. Currently, the model has evolved into a RAAC service, which is a 6-week outpatient program, offered in a variety of different sites for example, at home, family member's home, or S.T.A.R. beds if individuals do not have safe homes or a full-time caregiver to provide support and monitoring during acute detox
    - An RN/RPN accompanied by a Health Care Assistant visits each client daily during the primary detox period (5-8 days) and assesses physical condition and presence of withdrawal symptoms and administers medications. Assistance is also provided with aftercare, referrals, wellness practices and comfort measures. Education is offered to support person in the home who stays with client between visits. A 6-week Daytox Relapse Prevention Group Program is also provided.
    - Program was expanded to more specifically serve the First Nation communities from Mission/Abbotsford, Chilliwack, to Agassiz, Hope, both sides of the Fraser River up to Boston Bar - An Indigenous Outreach Team is also available to support Withdrawal Management in 27 First Nation Communities in these areas.
    - Client eligibility criteria includes: clients requiring help to manage their substance use withdrawal and post detox needs, and not at significant medical risk; no or low-risk of severe or complicated withdrawal; psychiatric symptoms, if any, that can be managed safely in a community setting; commitment to the withdrawal process.
    - Clients can self-refer, or can be referred by their advocate/surrogate, family doctor or other health care provider, community agency or social worker, with the individual's consent.
    - Program has reported a 67% decrease in the number of hospital admissions as clients are able to receive services and supports in the community.[1] In addition, the program has helped contribute to a 46% decrease in the number of psychiatric emergency room visits as clients are able to receive detox or withdrawal management services in their residence or other supportive environment via the home and mobile detox programs such a Riverstone or RAAC.

- ***Thames Valley Addiction Services Community Withdrawal Support Program, in Ontario***
  - The program serves London-Middlesex, Elgin, and Oxford counties in Ontario and provides comprehensive community withdrawal management, addiction and mental health crisis care to the residents of the region- Thames Valley.
  - Support is provided through the use of telemedicine, telephone and face-to-face encounters.
  - The services provided include: comprehensive assessment of needs; treatment planning; acute and post withdrawal assessment; case conferencing; multidisciplinary consultation; relapse prevention; community referrals; and education.
  - Eligibility criteria includes: willingness to enter program and reduce the use of one or more substances; 12 years of age or above; deemed safe to withdraw in the community; and meet provincial standards for withdrawal management.
- ***Mobile Withdrawal Management Service, in Health Sciences North, Ontario***
  - Brief stabilization service that helps through the acute, or immediate, phase of withdrawal.
  - Services include: withdrawal support; medication tapering/management; education on substance use; education on withdrawal; education on harm reduction; family support.
  - Clients need to be medically and psychiatrically stable with no anticipated complications during withdrawal. Clients must have a safe environment free of substances and the help of a dedicated support person, to assist them throughout their recovery.
- ***ADAPT (Halton Alcohol, Drug and Gambling) Community Withdrawal Management Services, in Ontario***
  - Services include: screening/intake & assessment; individual counselling; group counselling; pre-withdrawal planning; acute and post-acute withdrawal monitoring and support; transitional case management
  - Clients must be 18 years of age or older, and willing and able to follow treatment recommendations
- ***Montfort Renaissance Community Withdrawal Management Services, in Ontario***
  - Program offers telephone screening and face-to-face intake
  - Services include: home visits and in-office counselling before, during and after withdrawal; pre-withdrawal planning; monitoring and support during acute withdrawal and support phases; assessment and referral to treatment programs and other community services; treatment planning and transitional case management; information and support for family members and friends
  - Program offers flexible hours and telephone support 24 hours a day, 7 days a week
- ***Stonehenge Therapeutic Community's Community Withdrawal Management Services, in Ontario***
  - Set of services that offers an alternative to residential withdrawal management for individuals who can safely withdraw from alcohol and/or other drugs in a safe and supportive community environment.
  - Staff facilitate collaboration with other service providers who are supporting an individual to withdraw. Services also include consultation and capacity-building to referring agencies as well as primary care providers.
  - Clients must be 18 years of age or older, and willing and able to follow treatment recommendations, have a supportive person to assist through acute withdrawal (as needed), and do not have a history of complicated withdrawal symptoms or other significant health concerns.

- ***Klinic Community Health's Mobile Withdrawal Management Service (MWMS), in Manitoba***
    - The service can be accessed by clients for up to 30 days. Participants may choose where services are accessed in the community, with the preference most often identified as the home environment. For those without housing, or without safe or stable housing, short-term accommodation is made available through community partners for the duration of the programming, with built-in supports to secure longer-term housing, should that be a participant-identified objective. If transportation is a barrier, MWMS allows staff the ability to transport individuals to meeting locations.
    - Individuals seeking to detoxify from substance(s) can be referred through a variety of channels, including the evolving option to self-refer to Klinic directly. Criteria for admission to the program include medical stability, psychiatric stability (as determined by, for example, no active suicidality or psychosis), and no previous history of complicated withdrawal requiring medical intervention (including past history of withdrawal seizures or delirium tremens).
    - The program operates with extended hours into the evening on a daily basis, 365 days per year. Individuals are visited or contacted each day of enrollment; the form of contact (text, phone call, or in-person visit) is determined based on client preference.
    - Clinical interventions may comprise pharmacological treatment (including, though not exclusive to, opiate agonist treatment (OAT) initiation and/or stabilization where appropriate) and psychosocial interventions. Programming has expanded to include additional longitudinal follow-up through peer support and trauma counselling. The end result depends on participant objectives, across a spectrum from short-term stabilization to transition towards longer-term treatment and recovery.
    - Mobile Withdrawal Management Services increase capacity for all levels of withdrawal management, including community/mobile, social, and medical, with flexible lengths of stay to facilitate transitions to crisis stabilization and/or directly to treatment.[2] It also increases capacity for community-based treatment services, including extended hours of operation; more flexible and streamlined intake and assessment processes, including group intake and walk-in organized to fill no-show appointments; expanded community outreach services; promotion and support for the use of self-management tools; and intensive day and evening programs.

<u>Resources and supports needed for implementation and sustainability (as identified by stakeholders)</u>

- Flexibility in the staffing model, e.g., cultural support worker to accompany nurses into households, peer support workers to support navigation of support services, Indigenous healing services.
- Developing and maintaining strong connections with local primary care providers across the jurisdiction to facilitate referrals, care coordination and sustainability. Primary care ought to be a key partner in the development of this service.
- Facilitating pathways to care to other addiction and mental health services as part of the discharge process, including to local psychiatry and psychotherapy services.
- The ability to support the medical management of clients who are withdrawing from substance use at home, to assess and provide treatment for withdrawal (particularly opioid and alcohol withdrawal), and start clients on OAT or anti-craving medication to support the medical treatment of addiction when medically indicated.

Potential barriers for implementation (as identified by stakeholders)

- Implementation can be difficult in rural and remote areas where vast geography makes "in-person" treatment difficult and/or Internet connectivity is poor.
- Historical beliefs/perspectives that bed-based services are "safer" can limit individual and community provider acceptance and/or approval of this type of treatment.

Practical information to consider for implementation (as identified by stakeholders)

- Clear protocols need to be in place to ensure that the individual is appropriate for In-Home/ Mobile WMS treatment (e.g., for those receiving "in-home services", a safe and quiet "home" environment that is free from substance use, strong social supports, including the commitment of someone trusted and reliable who can give support through the withdrawal process, and no serious medical complications that require close observation or treatment in a hospital setting).
- Taking a trauma-informed approach to care, ensuring staff hired are trained in trauma-informed practices and maintain ongoing training in trauma-informed practices.
- Ensure that all Policies and Procedures reflect a Harm Reduction approach to treatment, for example - accepting clients on Opiate Agonist Therapy (OAT), including Suboxone and Methadone or anti-craving medication (i.e., Naltrexone, Acamprosate, etc.) that is supporting the client reduce the harms associated with addiction and substance use.

[1] https://www.missioncityrecord.com/news/new-detox-team-working-in-mission/

[2] Lodge, A., Partyka, C., & Surbey, K. (2022). A novel home-and community-based mobile outreach detoxification service for individuals identifying problematic substance use: implementation and program evaluation. *Canadian Journal of Public Health*, 1-7.