Rethinking Withdrawal Management within Therapeutic Community Programs
WHOS (We Help Ourselves)

NADA 2018 Sydney

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Background

- WHOS (We Help Ourselves) celebrating 45 years in 2017, first TC in Australia (Established 1972)

- Started by ex – users who self-funded and ran the service

- Name of We Help Ourselves due to self-help nature, “Helping people to help themselves”

- Historically & currently, clients typically ‘Injecting Drug Users’ (IDUs) and increasingly more complex
WHOS Residential TC Services

- Gunyah for men
- New Beginnings for women
- OSTAR (Opioid Substitution Treatment to Abstinence) mixed gender
- RTOD (Opioid Stabilisation TC) mixed gender
- WHOS Hunter Valley – mixed gender
- WHOS Sunshine Coast – mixed gender
What we do have!

- Evidence based programs
- Gender specific residential services
- Mixed gender residential services
- Opioid Substitution Treatment residential services
- Day Program
- Community Outreach Services
- Family Support team
- Aftercare/Outreach team
- Opioid treatment dispensing clinic
- Harm Reduction focus
- Nurses
WHAT WE DON'T HAVE!

- Dedicated Withdrawal Management Beds!!
Access to treatment or barriers

- Withdrawal management part of the process
- Self report is the norm
- Reliance on external withdrawal management services
- Bed availability in inpatient WM services
- Access to ambulatory WM services
Current focus of medical WM Services

- Cost of hospital based WM in excess of $1,000 a day per patient
- Targeting the more complex needs withdrawal
- Physical and mental health complexities
- Alcohol and Benzodiazepine, poly drug use
- Opioid maintenance preferred
- Length of stay - 3 to 7 days
- Methamphetamine doesn’t fit neatly into time frame
Withdrawal management pathways

- Metropolitan services have more choice – medical inpatient – but beds still very limited

- Stricter criteria for entry into hospital based WM

- Limitations in rural and regional

- Ambulatory/outpatient WM limited – ? Topping up

- Take a punt on self report
What can/do we manage?

- Often faced with residual withdrawal post inpatient WM
- Often drug use underreported, unplanned withdrawal
- Is symptomatic relief enough
- Reliance on GP’s expertise
- Withdrawal whilst participating in program
- Are we already managing withdrawal?
Addressing the gap in WM – breaking down barriers

- WHOS already employs Nurses – complex needs, OST
- Strong partnerships with inpatient/outpatient WM services, local GP’s
- Could we formalise the management of low to moderate withdrawal within the TC program?
- Curb reliance on medical withdrawal
Funding opportunities across all PHN’s
Withdrawal management a criteria for funding
An opportunity to break down barriers to entry
Building on what we do informally
Managing low to moderate withdrawal symptoms
Doing it without dedicated beds
Direct entry into the TC
Enhancement to Nursing Staff across all WHOS services
What did we get

- All three sites, SSC, Sydney and Hunter were successful in tenders for Nursing Staff
- SSC and Sydney focus on withdrawal management
- Hunter a complex care needs Nurse incorporating withdrawal management
Managing low to moderate withdrawal

- Categorising low to moderate withdrawal
- Reviewing Intake and Assessment process
- Reviewing risk management strategies – working with medicated inpatient WM for complex needs
- Consultation with TC Managers
- Resourcing nursing staff
Managing withdrawal

- Getting an accurate current drug use history
- Involving nurses in the assessment process
- Changing process within the TC
- Determining flexibility within the TC
- Managing unplanned and residual withdrawal
Benefits of managing low to moderate WM

- Reduce barriers to treatment/timely access
- Transition into the TC community
- Support from peers
- Strengthening partnerships with external WM services
- Working closely with medical practitioners
Change management

- Getting the TC staff on board
- Allocating space in the TC
- Changes to electronic record management
- New Nurse positions – more clinical in nature
- Reviewing of assessment and admission process
- New Policies and Procedures, forms etc
So far

- Nursing staff across all TC programs
- Mostly methamphetamine, opioids, cannabis
- Protocols developed according to evidence base for symptom relief medications, seeing what works best
- Ability to see what works best in managing withdrawal symptoms
- A work in progress
- Evaluation – more to come
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