

Highlighting the Role of the NP in Withdrawal Management Services

Anthony J. Gilding, HBSc

Nursing Student
Nipissing University

Michael Postic, NP

Mental Health and Addictions Nurse Practitioner
Humber River Hospital

Background

Withdrawal Management Services (WMS) or Withdrawal Management Care (WMC) refers to the medical and psychological care of individuals who are experiencing acute withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence.¹ The goal of WMC is to assist individuals in the mitigation of withdrawal symptoms through medical supervision and access to pharmacological treatment options.² Historically, most community-based WMS facilities were developed around a non-medical model and were not resourced to be able to manage medically complex withdrawals. This presents a challenge given that many WMS clients often have complex medical comorbidities associated with their substance use.³ As a result, clients requiring acute medical care must be transferred to already over-extended emergency departments (EDs). In this paper, we highlight the role and impact of the nurse practitioner within WMS and emphasize the need to deploy more of them into community-based WMS facilities.

The Scope of Nurse Practitioner Practice in WMS Facilities

According to the College of Nurses of Ontario, Nurse Practitioners (NPs) are authorized to diagnose, order, interpret diagnostic tests, and prescribe medications and other treatments for clients.⁴ NP practice includes health promotion with the aim of optimizing the health of people, families, communities and populations.⁴ By enabling the NP to practice within their full scope in community WMC, the NP is best positioned to deliver safe and timely care to this vulnerable and often stigmatized population.

Addressing shortages of adequate healthcare services across Canada through the implementation of NPs as primary care providers or most-responsible providers has been a topic of great discussion.⁵⁻⁹ It has been shown that patients are highly satisfied with the patient-centered medical care and holistic support that NPs provide,^{10,11} which makes them ideal for WMC as patients are more likely to adhere to their treatment regimen if they are satisfied with their care provider. An added benefit of deploying NPs to underserved areas is that it can be a more cost-effective option.¹² From a practical perspective, the NP within WMC assists individuals struggling with substance abuse in terms of therapeutic guidance and support.

Utilizing evidence-informed care, the NP initiates assessments, and collaborates with nursing and non-medical staff to provide effective withdrawal monitoring and initial treatment interventions. The NP can also identify and address acute primary health care needs or connect individuals to primary care services that can resume longer term care/management and general medical system navigation. Once the individual is medically stabilized, the

NP can also recommend and prescribe medications (anti-cravings, or opioid replacement therapy) if indicated, as well as collaborate with local providers and specialized addiction clinics to coordinate longer-term care for these clients.

How Do Nurse Practitioners Improve the Care Provided in WMS?

The level of complexity of many of the individuals entering the community withdrawal management service is well established.^{13,14} From a social determinants of health viewpoint, many individuals who are entering the community WMC service are negatively impacted by a lack of housing, food insecurity, and unemployment. As such, many of these individuals struggle to access the health services they need. Most individuals have had only episodic primary care at best, and some have had no primary care access whatsoever.

Secondly, given the significant volume pressures within most urban EDs and the time required to coordinate optimal care for those individuals, managing withdrawal care can be challenging. Often individuals leave the hospital either too early or having only been partially managed, and ultimately require ongoing care once in WMS. Unfortunately, some hospitalized patients with substance use disorders often experience stigma and trauma in the hospital, which can impede trust-building.¹⁵ An NP in community WMS can collaborate with an inter-professional team to help nurture a trusting client-provider relationship which will advance their recovery.

When staffed by NPs, WMS facilities can provide clinical assessments to a greater number of clients in need, thus increasing the capacity and diversity of services available. This ability to perform clinical assessments on-site helps to prevent any unnecessary transfers to our already busy local EDs. Given their diagnostic and prescriptive authority,⁴ NPs can provide enhanced medication reconciliation and identify at-risk clients in need of more specialized medical services. This is particularly important for clients who are marginalized, including, but not limited to, youth, Indigenous Peoples, people who identify as LGBTQ+, and those who have co-existing mental health issues. NPs are well trained to provide compassionate, comprehensive care to vulnerable populations, which warrants them an ideal care provider in a WMC setting.

Conclusion

It has taken time and the commitment of many dedicated individuals to identify the gaps in WMC, review standards of practice, develop policies and procedures, and map out processes that can safely guide an individual through community WMS. The addition of NPs to community WMS has helped to address several of the health management challenges that existed in the traditional non-medical



The addition of NPs to community WMS has helped to address several of the health management challenges that existed in the traditional non-medical setting



setting. Specifically, NPs have enhanced patient safety through their on-site medical management, medication reconciliation, staff education, and policy development. In 2020, the provincial government of Ontario (Canada) recognized the gaps in WMC that require urgent attention. In response, the “Roadmap to Wellness” was developed to implement innovative solutions aimed at expanding the availability of mental health and addictions programs in communities across Ontario.¹⁶ This plan is enabled by a \$3.8 billion dollar investment over the course of 10 years. Amongst the many gaps that will be addressed by this investment is access to treatment services for opioid use disorders, which are known to be burdensome.¹⁷ This 10-year plan will include the addition of new rapid access addiction medicine (RAAM) clinics, as well as residential treatment and WMS centres across the province. Community WMS centres continue to evolve and improve, and remain a low-barrier service that strives to provide client-centered, evidence-informed community WMC for those who are struggling with substance abuse.

1. World Health Organization. Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings. Geneva: World Health Organization; 2009. 4, Withdrawal Management. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK310652/>
2. Center for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2006. (Treatment Improvement Protocol (TIP) Series, No. 45.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64115/>
3. Vipler S, Hayashi K, Milloy M, et al. Use of withdrawal management services among people who use illicit drugs in Vancouver, Canada. *Substance Abuse Treatment, Prevention and Policy*. 2018;13:27-27.

4. College of Nurses of Ontario. Nurse Practitioners. <https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/nurse-practitioners/>. Published April 9, 2021. Accessed January 5, 2021.
5. de Guzman A, Ciliska D, DiCenso A. Nurse practitioner role implementation in Ontario public health units. *Canadian Journal of Public Health*. 2010;101(4):309-13.
6. Government of Alberta. Primary Care Network Nurse Practitioner Support Program: Program Information. Edmonton; 2019. [Available from: <https://www.alberta.ca/assets/documents/health-pcn-nurse-practitionersupport-program-guide.pdf>].
7. Naylor M, Kurtzman E. The role of nurse practitioners in reinventing primary care. *Health Affairs*. 2010;29(5):893-9.
8. Poghosyan L, Lucero R, Rauch L, Berkowitz B. Nurse Practitioner Workforce: A Substantial Supply of Primary Care Providers. *Nursing Economics*. 2012;30:268-74 94.
9. DiCenso A, Bourgeault I, Abelson J, et al. Utilization of Nurse Practitioners to Increase Patient Access to Primary Healthcare in Canada – Thinking Outside the Box. *Nursing leadership (Toronto, Ont.)*. 2010;23:239-259.
10. Stahlke S, Rawson K, Pituskin E. Patient Perspectives on Nurse Practitioner Care in Oncology in Canada: Patient Perspectives on NP Care. *Journal of Nursing Scholarship*. 2017;49:487-494.
11. Rickards T, Hamilton S. Patient Experiences of Primary Care Provided by Nurse Practitioners in New Brunswick, Canada. *Journal for Nurse Practitioners*. 2020;16:299-304.
12. Kaasalainen S, Martin-Misener R, Kilpatrick K, Harbman P, Bryant-Lukosius D, Donald F, et al. (2010). A historical overview of the development of advanced practice nursing roles in Canada. *Nursing Leadership*, 23:35-60.
13. Kouchaeva D, Patel G, McCrohan R, Ripton-Turner D. Concurrent Substance-Related Disorders and Mental Illness: Management at the Community Residential Drug Withdrawal Service. *Australian and New Zealand Journal of Psychiatry*. 2007;41:A42-A42.
14. White WL, M.A. The mobilization of community resources to support long-term addiction recovery. *Journal of Substance Abuse Treatment*. 2009;36:146-158.
15. King C, Collins D, Patten A, Nicolaidis C, Englander H. Trust in Hospital Physicians Among Patients With Substance Use Disorder Referred to an Addiction Consult Service: A Mixed-methods Study [published online ahead of print, 2021 Feb 9]. *Journal of Addiction Medicine*. 2021;10.1097/ADM.0000000000000819. doi:10.1097/ADM.0000000000000819
16. Ontario Ministry of Health. Roadmap to wellness: a plan to build Ontario's mental health and addictions system. Health Care in Ontario. <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system>. Published March 3, 2020. Accessed January 4, 2021.
17. Gomes T, Greaves S, Tadrus M, Mamdani MM, Paterson JM, Juurlink DN. Measuring the Burden of Opioid-related Mortality in Ontario, Canada. *Journal of Addiction Medicine*. 2018;12(5):418-419. doi:10.1097/ADM.0000000000000412