blueprint for learning

Managed Withdrawal workbook

For Ara Poutama primary care nurses

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Tēnā koe!

Nau mai haere mai ki te mahi a Blueprint for Learning i raro i te Manatū Hauora

Learning outcomes

The primary aim of medically assisted withdrawal management is to keep people safe during the initial 7-to-10-day process.

People completing this workshop will be able to provide medically assisted substance withdrawal management which minimises risk and distress for people in their care.

Substance withdrawal management guidelines

This workshop refers to the **Substance withdrawal management** guidelines, as it is Aotearoa New Zealand's best-practice guide for medically managed withdrawal.
The workshop looks at some of the content for alcohol, methamphetamine, GHB and opioids. You can use these guidelines in your practice, as a guidance reference when supporting someone withdrawing from these and many other substances.

Download a digital copy or order a hard copy (if available) from Te Pou.

www.tepou.co.nz/resources/substance-withdrawal-management-guidelines-for-medical-and-nursing-practitioners

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Nāu te rourou, nāku te rourou, ka ora te iwi

With your food basket and my food basket the people will thrive

(Māori proverb)

The Ara Poutama context

Research conducted in Aotearoa New Zealand on behalf of the Department of Corrections by Indig, Gear, and Wilhelm (2016) found considerably higher incidence of mental health and substance use disorders than the general population, 91% diagnosed with either a mental health or substance use disorder over their lifetime.

Over the previous 12-month period:

- 62% had been diagnosed with either a mental health or substance use disorder, a rate three times higher than the general population. The proportion is higher for females (75%) than males (61%).
- 20% had experienced two or more identified mental health or substance use disorders.
- 14% had thought about or attempted suicide, a rate four times higher than the general population.

Compared with earlier research by Brinded et al (2001) rates of diagnosis are increasing, and levels of comorbid and complex disorders are high.

This means many people entering an Ara Poutama facility have been using substances from which they must then withdraw. People at risk of going into withdrawal need to be identified on arrival. Each person's situation needs to be assessed to determine the most appropriate medical support during withdrawal.

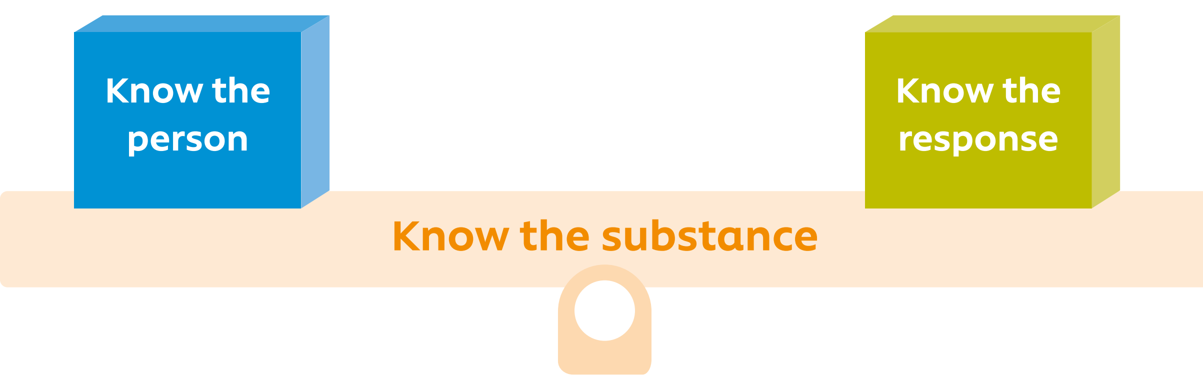
Substance withdrawal can expose underlying trauma or mental health challenges. The combination of loss of freedom and substance withdrawal can compound mood disorders, the risk of suicidal thinking or non-suicidal self-injury.

Provide a korowai

Alongside the clinical assessment and intervention, look for other ways to support a person, like wrapping a korowai around them. Work with them to discover what you can add to the fabric of the cloak, so it's personalised to them. For example:

- listen for potential protective factors when talking to a person, you may be able to incorporate these into their care eg a relative or friend
- using protective factors like phoning whānau
- soothing textures, sounds or smells like kawakawa balm. *Using sensory strategies to help people cope with challenging situations* has more ideas you might be able to use. Download it at **www.tepou.co.nz/resources/sensory-modulation-in-challenging-times**
- defuse anxiety and answer questions while giving medication
- utilise Rōngoa practitioners if they are part of your team
- talk through what to expect in the immediate and coming days
- soothing textures, sounds, or smells like kawakawa balm
- check on care basics like hydration and nutrition
- take a few minutes to talk after administering medication
- look for ways to support a person who is connected with their culture eg karakia, music, metaphors, Te Whare Tapa Whā, or support from community leaders
- a Pasifika person may have a spiritual connection you can support them in eg chaplain visits or prayers. In some the shame of substance use may have affected this aspect of their life.

Withdrawal management framework



This is the framework we will use to think about withdrawal management. Knowing the person and the response need to be in balance to keep the seesaw level, we can't focus on just one or the other. Knowing the substance underpins both.

Each substance has possible withdrawal symptoms, some are common to more than one substance, and some are common to experiencing anxiety. Withdrawal symptoms and their severity varies between people. Some withdrawal symptoms can be life threatening.

"….. Others will have (withdrawal) imposed on them through admission to prison. In these situations people may not disclose substance use or may not be aware of the risk of withdrawal to themselves" (Te Pou, 2021).

When people first arrive at an Ara Poutama facility, there are many potential barriers that can make it difficult for nurses to find out about substance use. These include the following.

- It is an unfamiliar and intimidating location.
- Reception is not an ideal setting for a personal conversation.
- The person may be in fight, flight, or freeze mode.
- Reluctance to disclose substance use due to fear it might affect their sentencing or result in them being sent to the high-risk unit.
- The person may already be experiencing distressing withdrawal symptoms.
- Some receptions feel like a monocultural environment.

Because barriers like these exist, it is best practice to keep checking in and asking how a person is for the first three days after they have arrived, even if they said "No" to using substances initially.

You must know about the person's substance use and usual withdrawal symptoms, and how to respond to these to keep them safe. Assessment beyond the ASIST tool or brief questions used in reception is needed to understand a person's substance use situation and protective factors.

Using a triage tool

Use a follow-up triage tool within 24 hours of someone arriving at an Ara Poutama facility if substance use was suggested when questioning them in reception. Or, if a person begins to show signs of withdrawal like sweating, anxiety, tremor.

The purpose of this tool is to identify people who are at risk of going into withdrawal within 24 hours of arrival. Also to identify people with a high risk of serious harm from the withdrawal. You are using these questions to try and find out more information, to better inform the care you provide people in withdrawal. There are no specific actions attached to individual questions, you are just trying to find out information so you can provide appropriate care.

I am going to ask you some questions about substance use, as I want to make sure you are safe in the next few days.

1. What substances have you used in the last 3 days?
2. For your last session, when did you start and stop using?
3. How much did you use in this session?
4. Have you ever had a seizure or other complications when you stopped using?
5. Has a medical or addiction person supported you with withdrawal in the past?

The triage tool questions are a skeleton. You need to ask more questions around these to get the understanding you need. You can ask about the length of time they have used a substance, which can indicate the severity of dependence on that substance.

While asking these questions, there may be other things you can do to make this tool effective and find out the information you need. These can include:

- validating anxiety a person may have about abruptly stopping substance use
- minimal encouragers as they talk, like nodding your head
- checking in about risk if a person expresses concern about their current mood or has experienced low mood in the past when withdrawing from a substance
- repeating why you want to ask more about their substance use, that it is so you can provide the best possible care for them.

Be clear about what you can and cannot provide as part of withdrawal management.

Withdrawal assessment tools

The **Substance withdrawal management** guidelines have a withdrawal assessment tool for alcohol (CIWA), opioids (COWS) and cannabis (CWS).

For other substances you need to use your own questions to find out about the withdrawal symptoms the person is experiencing and how severe they are. Ask open ended questions, and use plain language that will be easy to understand.

CIWA-Ar (pages 67-68)

CIWA-Ar is the best validated tool to assess alcohol withdrawal. It contains 10 questions and takes about five minutes. It can be used to record the severity of a person's withdrawal symptoms at initial assessment, monitoring changing withdrawal symptoms, and checking the effectiveness of withdrawal management.

Alcohol withdrawal can have significant health risks. Assessing if a person is presenting with alcohol dependance and then screening withdrawal symptoms reduces these risks and the length of withdrawal.

Each question in the CIWA-Ar is rated using the guide on page 68. The scores are added up and the total used to guide withdrawal management. Any person with a score of 8 or more should start withdrawal medication as soon as possible. If a person has a score over 15 they are to be transferred to hospital for more intensive alcohol withdrawal management.

The tool on page 69 has guidance around the most suitable alcohol withdrawal management regime to use. A blood test for liver function is best-practice to guide your medication choice, but may not always be feasible in the Ara Poutama context. Ara Poutama uses the National Standing Order NSO 11 – Diazepam for acute alcohol withdrawal for management to start.

The CIWA-Ar is also used to assess withdrawal symptoms of GHB (gamma-hydroxybutyrate) dependence.

COWS (page 74)

Opioid withdrawal management focuses on reducing the acute physical and psychological discomfort of the person in your care. The information you get from going through the COWS with a person is used to measure the severity of symptoms when withdrawing from opioids. Monitoring of opioid withdrawal requires ongoing assessment and clinical judgement.

The COWS assessment contains 11 questions which screen for gastrointestinal upset, restlessness, anxiety and irritability, runny nose, and bone or joint ache.

There are significant risks from abrupt withdrawal from opioids for pregnant women in their first or third trimester (page 57). Seeking specialist guidance and support is critical in this situation.

Page 56 lists medications for relieving the symptoms of opioid withdrawal. These include Clonidine for hypertension, antiemetics and pain relief. Ara Poutama currently does not commence prescribed opiate substitute treatment but will continue with it for people entering a facility already receiving this treatment.

Expected withdrawal journey

You need to know what the withdrawal journey will be like, so you can explain this to people going through it. The **Substance withdrawal management** guidelines contain this information, which you can use to describe what to expect to people in your care.

Include in your discussion how long withdrawal symptoms are likely to be present, and the medical support you can provide to manage their impact.

- Alcohol withdrawal takes 7 days.
- GHB withdrawal takes 5 to 15 days.
- Methamphetamine users “crash” for up to 3 days, withdrawal symptoms peak at 2 to 10 days, but mood and sleep can be affected for up to a year.
- Opioid withdrawal lasts 5 to 10 or 10 to 20 days depending on the substance.

Medication options

Medication may mimic the substance to minimise withdrawal symptoms, or it may reduce the impact of withdrawal symptoms.

Follow Ara Poutama's **national standing orders** to ensure safe medication use. These instruct when to use and not use a medication, dosage, route of administration, authorisation and documentation.

The **Substance withdrawal management** guidelines contain detailed guidance on medication options and medication regimes.

- Alcohol – thiamine to reduce Wernicke's encephalopathy risk. Diazepam or an alternative if liver function is impaired. Use the tool on page 69 to determine the dose.
- Methamphetamine – benzodiazepines for up to a week to help manage anxiety and sleep. Quetiapine may be used for agitation.
- GHB – thiamine and diazepam, or an alternative if liver function is impaired.
- Opioids - page 56 lists medication options to relieve symptoms, unless the person entered Ara Poutama on opiate substitution treatment.

Polysubstance use

Many people will have been using more than one substance, which may increase the health risk for them during withdrawal:

- Using a combination of central nervous system depressants (eg alcohol, GHB, opioids) increases the risk of respiratory depression.
- Alcohol and methamphetamine withdrawal may require mood support. There is increased cardiovascular risk of heart failure, so monitor for this.
- Withdrawal support and management is required for each substance of dependence at the same time.

Focus on the symptoms the person is experiencing and how you can minimise the impact of these.

Minimising the impact of withdrawal symptoms

Whichever substance or combination of substances a person is withdrawing from, there may be something you can do to reduce the impact of withdrawal symptoms. Page 56 of the **Substance withdrawal management** guidelines lists medication used to reduce the impacts of nausea, vomiting, diarrhoea, abdominal cramps, agitation and irritability, insomnia, headaches, myalgia and athralgia. This list relates to opioid withdrawal, but the recommended medications can be used in any withdrawal situation where these symptoms are present.

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> **Tirohia te tangata, kaua ko te waranga**
>
> **See the person not the addiction**

References

Brinded, P. M., Simpson, A. I., Laidlaw, T. M., Fairley, N., & Malcolm, F. (2001). Prevalence of psychiatric disorders in New Zealand prisons: a national study. *The Australian and New Zealand journal of psychiatry, 35*(2), 166–173. https://doi.org/10.1046/j.1440-1614.2001.00885.x

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