

# Provincial Guidelines for Biopsychosocialspiritual Withdrawal Management Services

Youth



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Ministry of  
Health

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## Acknowledgements

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# 1. Introduction

## 1.1 Problematic substance use among youth in British Columbia

Substance use occurs along a spectrum that includes beneficial use, casual or non-problematic use, and problematic use. At the beneficial end of the spectrum, substance use has positive health, social, or spiritual effects. Problematic use, however, confers a wide range of risks and harms to individuals as well as to their families, friends, and communities, and to society as a whole.<sup>1</sup> These may include: interference with the person’s ability to attend school or maintain employment; legal and financial problems; impacts on the safety and wellbeing of members of the individual’s family or social circle; compromised physical health; involvement in illegal activities; and social isolation.

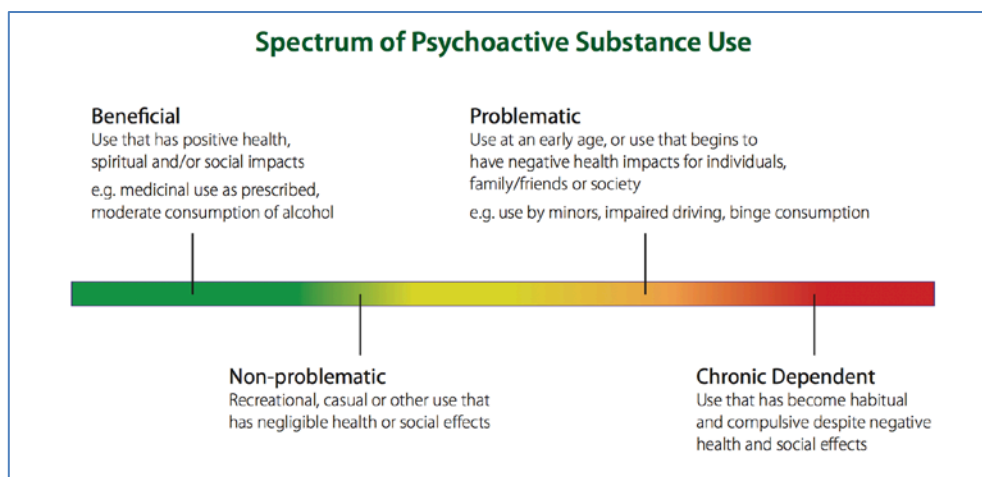


Figure 1: Spectrum of Psychoactive Substance Use (Source: *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, 2010)

Problematic substance use can affect people of all ages and from all social groups. It is an issue that touches all British Columbians either directly or indirectly. It is estimated that, in any given year, approximately 400,000 British Columbians experience some form of problematic substance use.<sup>2</sup> With respect to data on youth and substance use, a recent report for the B.C. Ministry of Children and Family Development by the Children’s Health Policy Centre at Simon Fraser University found that an estimated 2.4% of youth age 11-17 have a substance use disorder (including problems with alcohol and marijuana). However, many youth who would not meet the diagnostic criteria for substance use disorder may still have problems with substance use. The same Children’s Health Policy Centre report noted that an estimated one in eight (12.5%) children and youth aged 4-17 in British Columbia may be experiencing mental health problems (including substance use) serious enough to interfere with their ability to be successful and productive in their relationships, in school, and in the community.<sup>3</sup> The pervasiveness of trauma in the histories of young people presenting for substance use treatment is also well

<sup>1</sup> See the Glossary for a definition of “problematic substance use”

<sup>2</sup> BCMA, 2009

<sup>3</sup> Waddell et al., 2014

recognized.<sup>4</sup>

Young people living with a substance use problem experience personal suffering and interference with life goals. Stigma and discrimination are significant barriers for many individuals, and present obstacles to education, employment, housing, and appropriate health and social services. Families affected by problematic substance use often experience emotional turmoil, reduced quality of life, and financial challenges.

Helping young people to change their problematic substance use requires a variety of services that are capable of responding to the specific characteristics and preferences of each person seeking help. Withdrawal management is one such service.

Youth substance use services are provided within the broader context of a range of child- and youth-focused services, including: child and youth mental health; forensic and youth justice; children and youth with special needs; child welfare; high-risk youth outreach programs; education support and alternative education programs; and youth housing for homeless or high-risk youth. Since a relatively high number of youth with substance use problems may receive services from a number of service providers at the same time, integrated service planning and collaborative practice is an essential component of working effectively with youth.

Some young people receiving services through the Ministry of Children and Family Development (and Delegated Aboriginal Agencies) are covered by specific provincial and federal legislation that sets out the legislative framework, the program mandate, and the expectations placed upon service providers. The most common instances of shared mandates and responsibilities with youth substance use services are youth receiving services under the *Child, Family and Community Service Act*, the provincial *Youth Justice Act*, and the federal *Youth Criminal Justice Act*.

In addition, the *Aboriginal Policy and Practice Framework in British Columbia: A Pathway Towards Restorative Policy and Practice that Supports and Honours Aboriginal Peoples' Systems of Caring, Nurturing Children and Resiliency*, released by the Ministry of Children and Family Development in 2016, applies to all policy and practice involving Indigenous children, youth and families in British Columbia, living on reserve or in urban communities, who receive services from a Delegated Aboriginal Agency or the Ministry of Children and Family Development. The framework supports the implementation of restorative policies and practices that are culturally safe, trauma-informed, and that honour Indigenous peoples' cultural systems of caring and healing. The framework describes a Circle process to facilitate the collaborative development and provision of holistic and strengths-based supports that ensure the wellbeing of Indigenous children, youth and families.

Child welfare and youth justice services in British Columbia are also guided by the United Nations Convention on the Rights of the Child (UNCRC). In keeping with B.C.'s commitment to ensuring and protecting the rights of children and youth, the development and the intention of

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<sup>4</sup> British Columbia, BC Provincial Mental Health and Substance Use Planning Council, 2013

the *Biopsychosocialspiritual Guidelines for Withdrawal Management Services* have been informed by the rights and principles framework of the UNCRC.<sup>5</sup>

## 1.2 Adolescent development – considerations for substance use treatment

The period of adolescence, which is typically defined in the literature as encompassing youth between 12 and 18 years of age, is one of significant change and is characterized by the achievement of various developmental milestones. During adolescence, the young person experiences rapid physical, mental, and social growth. Ideally, the young person starts to form a stronger sense of self-identity, particularly in terms of their own feelings, beliefs, values, attitudes and self-perceptions. Experts in adolescent development tend to discuss this period of change in behavioural terms – it is characterized as “a shift in orientation from an acceptance of the ‘parental world view’ to a more ‘personalized view’”. The big question for the young person during this period is “Who am I?”<sup>6</sup>

“Adolescents find themselves in a constant state of transition, and substance use may give meaning to the changes occurring or block unwanted feelings and emotions, such as depression and anxiety.”

(Nova Scotia, 2013)

It is important to remember that the transition from childhood to adulthood is often not linear or straightforward. Adolescents are not a homogenous group, and all young people pass through developmental stages (and accomplish developmental milestones) differently.<sup>7</sup>

### Adolescent development and behaviour

The process of forming a distinct identity is often characterized by increased risk-taking and acts of rebellion as the young person seeks emotional independence and a distinct identity from parents/caregivers and other adults. Formation of a distinct self often includes strengthening relationships with peers. Notably, when the youth’s peer group is engaged in positive behaviours, the peer connection is a protective one. However, when the peer group is engaged in potentially harmful behaviours, peer connection acts as a risk factor.<sup>8</sup>

It is common for the adolescent to experience intense and fluctuating emotions, which may lead to anxiety and stress. It is important for the young person to experience these emotions and to learn effective ways to cope with them. Additionally, the adolescent is typically exploring feelings and needs related to sex, sexual identity, and gender identity – this process can be complex, confusing and/or overwhelming for the young person.<sup>9</sup>

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<sup>5</sup> For details of and more information about the UNCRC, please refer to: [www.unicef.org/crc/](http://www.unicef.org/crc/)

<sup>6</sup> Nova Scotia, 2013

<sup>7</sup> Nova Scotia, 2013

<sup>8</sup> Nova Scotia, 2013

<sup>9</sup> Nova Scotia, 2013

Overall, it is important for practitioners who work with youth to remember that the period of adolescence is marked by increased risk-taking, sensation seeking, and affective reactivity, while the development of self-regulatory and decision-making skills is not achieved until early adulthood.<sup>10</sup>

#### Developmental milestones on the road to healthy adulthood

It is helpful for professionals working with youth (and, in particular, youth with complex substance use and/or mental health issues) to be aware of the following developmental milestones.

- Acceptance of physical changes / body image;
- Gaining of (emotional) independence from parents/care-givers and other adults;
- Development of new relationships with peers and the joining of peer groups;
- Establishment of self-identity (values, morals, ideals);
- Acceptance of sexual identity and gender identity; and
- Preparation for working life and/or post K-12 education or training.

When a young person experiences problematic substance use, the achievement of developmental milestones can be impeded.

Consideration of these milestones should inform collaboration with youth around their needs and goals (for treatment and for their ongoing wellbeing) and can help support building a positive connection with youth.

*(Adapted from Nova Scotia, 2013)*

#### Adolescent brain development and substance use

Brain development during adolescence is complex and there is increasing evidence of developmental harms and neurocognitive impairment in adolescents and young adults with problematic substance use. Recent neuroscience research indicates that “key” neuromaturation occurs during adolescence and, consequently, substances may have a greater effect on the adolescent brain than they do on the adult brain.<sup>11</sup>

It is important for service providers to remember that each young person will have different patterns of substance use, and that substance use will affect young people differently. Service providers must account for the adolescent’s stage of development when assessing for the patterns and effects of substance use.<sup>12</sup>

#### Implications for substance use treatment

The effect of substance use on brain development during adolescence has important implications for substance use treatment. Recent research has indicated that most youth do not conceptualize substance use issues as being reoccurring or chronic, or requiring long-term support. This correlates closely with the general adolescent mindset, which is typically

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<sup>10</sup> Nova Scotia, 2013

<sup>11</sup> Nova Scotia, 2013

<sup>12</sup> Nova Scotia, 2013

characterized by a focus on immediate rather than long-term issues and concerns. Consequently, when discussing the need for ongoing support after withdrawal management, service providers should avoid emphasizing that the young person's recovery may be a long-term process. By keeping the young person's conceptualization of the substance use recovery process in mind, the service provider can help ensure that the support provided is truly person-centre.<sup>13</sup>

For example, recent research suggests that young people perceive "lifestyle improvement" as a top priority for recovery. This finding is an important consideration with respect to patient-centred recovery or wellness planning. A recent study by Pullman et al. (2013) found that when young people believed that treatment was relevant and compatible with their lives, attendance at treatment sessions improved.<sup>14</sup>

By the time a young person seeks help for substance use or is connected with substance use supports, it is likely that their life circumstances have become overwhelming and they are unable to cope. The youth's motivation for seeking treatment may not be to stop using substances entirely (this may be the case, in particular, if the young person feels coerced into treatment). When a youth is feeling overwhelmed by life, an important component of service provision will be to provide practical assistance to meet their needs.<sup>15</sup> A developmentally appropriate and holistic approach to substance use treatment for youth will also take into consideration the interconnecting "systems" – family, peer groups, school and community connections and supports – in which the young person is situated.<sup>16</sup>

**Six factors conducive to facilitating change in youth with complex needs and who live in challenging situations:**

- Services are multi-level;
- Services are coordinated;
- Services are continuous over time;
- Services are negotiated with clients;
- Services provided are only as intrusive as they need to be; and
- Services have been previously shown to be effective.

*(Nova Scotia, 2013)*

"[A]ssessment and management of adolescents with drug and alcohol concerns require a developmental, holistic approach, which includes parents and care givers. The goal is to support behavioural and environmental change so that the opportunities and the reasons for substance use might be attenuated."

*(Phillips, et al., 2014)*

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<sup>13</sup> Gonzales et al., 2012

<sup>14</sup> Gonzales et al., 2012; Pullman, et al., 2013

<sup>15</sup> Nova Scotia, 2013

<sup>16</sup> Health Canada, 2008; Phillips et al., 2014

### 1.3 What is withdrawal management?

Withdrawal management is a service that provides assistance with withdrawal from alcohol and/or other drugs for individuals who are seeking help for their substance use issues. A planned withdrawal supports the individual to go through the process of withdrawing from substances in a safe and effective manner with medical and personal care provided as needed. For many young people, withdrawal management will be the first step on a long-term journey of recovery.

Withdrawal management is the preferred name for the process that is often referred to as “detoxification” or “detox”. Detoxification is only one component of the withdrawal process and refers to the body ridding itself of the chemical effects of the substance(s) that have been used. “Withdrawal management”, however, implies a more holistic and comprehensive approach to helping someone through withdrawal – one that provides the necessary care during the “detox” stage as well as ongoing supports after the chemical effects of the substance(s) have worn off to assist the individual to stabilize physically and psychologically, and to connect them with appropriate substance use treatment and other health and social services.

Withdrawal management is sometimes regarded as the only step necessary for dealing with problematic substance use. This is not the case. Withdrawal management alone is insufficient for overcoming the effects of problematic substance use, though it is an important part of the journey to recovery and wellness. Withdrawal management is most effective when it is integrated into a long-term recovery process.<sup>17</sup> The absence of a recovery plan should not preclude people from accessing withdrawal management, but it is strongly recommended that a plan be developed. Indeed, development of a long-term wellness plan is a major theme of these guidelines. (See, in particular, Guideline 8, *Recovery / Wellness Planning*.)

*Note: With respect to the medical management of withdrawal, the evidence for specific withdrawal symptoms and connection into ongoing treatment and care vary across and between substances (e.g. opioids vs. alcohol vs. stimulants) as well as for young people who use multiple substances. Treatment plans should address the individual’s needs as they pertain to substance(s) being used. Following completion of withdrawal management, youth may be linked into ongoing support services that may include a combination of psychosocial treatment interventions, psychosocial supports, residential treatment and pharmacotherapies.*

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<sup>17</sup> SCAN, 2006; CSAT, 2006

### Current recommendation for treating Opioid Use Disorder

Withdrawal management alone (i.e., detoxification without immediate transition to long-term substance use treatment) is not recommended for treating Opioid Use Disorder, as this approach has been associated with elevated rates of relapse. Withdrawal management alone often leads to high rates of rapid relapse post-treatment, which in turn increases the risk of HIV and hepatitis C transmission, illness and death.

If withdrawal management is pursued for Opioid Use Disorder, it can be provided more safely in an outpatient rather than inpatient setting. During withdrawal management, patients should be immediately transitioned to long-term substance use treatment to assist with preventing relapse and associated harms.

Best evidence indicates opioid agonist treatment (medication assisted therapy) for Opioid Use Disorder. The first line treatment is Suboxone®, a combination of buprenorphine/naloxone. The second line treatment is methadone. *Note that Suboxone® is not approved by Health Canada for people under the age of 17. Consent to prescribe should be obtained from the patient and/or guardian after discussion of the risks and benefits.*

Psychosocial treatment interventions and supports should be routinely offered in conjunction with opioid agonist treatment.

#### 1.4 Why biopsychosocialspiritual guidelines for withdrawal management services?

The guidelines for youth withdrawal management services presented in this document align with and promote a biopsychosocialspiritual model of care. The biopsychosocialspiritual model of care is the accepted substance use practice model in British Columbia. It has been developed to explain the complex interaction between the biological, psychological, social, and spiritual aspects of problematic substance use. It is the model that is most widely endorsed by researchers and clinicians.

The model promotes an approach to assessment that seeks to capture the full range of underlying causes of an individual's problematic substance use, including (but not limited to): genetic predisposition; learned behaviour; social factors, such as relationships with family, peers and the larger community; and feelings and beliefs about problematic substance use. Recovery plans developed from such assessments seek to address the impacts of substance use on an individual's physical and mental health, social support circle, and spiritual or moral values.

##### Alignment with Indigenous models of wellness

Crucially, the biopsychosocialspiritual model asks healthcare professionals to see and to care for the whole person, and to recognize the impact that all aspects of our lives and experience have on our health and wellbeing. In this regard it reflects the holistic approach to health and wellbeing that is fundamental to the Indigenous perspectives. The 2012 publication, *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan*



(2013), describes such perspectives as a shift from a “medical model” of healthcare to a “wellness model”:

*There is a clear connection between health, food, work, play, culture, family, community and achieving a level of personal and collective wellness [...] Culture, language, values, traditions, spirituality, world views, and the environment are essential elements for the promotion of health and well-being.*<sup>18</sup>

Achieving balance within and across the physical, spiritual, mental, cultural, emotional, and social domains of life is central to being well and healthy.<sup>19</sup>

In addition, a biopsychosocialspiritual model of care complements the goals of the Circle process described in the Ministry of Children and Family Development’s *Aboriginal Policy and Practice Framework in British Columbia*. These goals are to facilitate a model of service provision that is: child, youth, family and community-centred; culturally safe; inclusive; collaborative and accountable; and focused on resiliency, healing and wellness.

### An evidence-informed model

The literature on effective substance use services (including withdrawal management) strongly endorses and recommends the provision of supports that address the diverse biopsychosocialspiritual needs of individuals as a key component of substance use treatment.<sup>20</sup> A number of beneficial outcomes are associated with this approach, including: enhanced motivation to embark upon and to continue with the recovery journey; increased optimism about the possibility of a successful recovery; increased rates of retention in withdrawal management (and subsequent treatment); and the acquisition of skills (life skills, harm reduction skills, and skills to cope with cravings and triggers to use substances) that also promote recovery and wellness. These benefits, and the evidence for them, are discussed in more detail in Part 4 of this document, *The Evidence that Informs the Guidelines*.

## 1.5 How were the guidelines developed?

Development of the *Provincial Biopsychosocialspiritual Guidelines for Youth Withdrawal Management Services* was lead by a working group of specialists in withdrawal management and substance use treatment from the B.C. Ministry of Health, the Provincial Health Services Authority, and the five regional health authorities. The working group also included allied health professionals, withdrawal management service providers, and staff from non-profit agencies that support young people with problematic substance use. Input from staff with the First Nations Health Authority was also gathered and incorporated.

The approach to creating the guidelines was evidence-informed and highly collaborative. Research included a review of recent clinical and grey literature on withdrawal management

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<sup>18</sup> FHNA, 2013, pp. 6 & 16

<sup>19</sup> Health Canada, 2011; FNHA, 2013

<sup>20</sup> NTA, 2006; UK Department of Health, 2007; NCAT, 2008; New Zealand, 2008; NCCMH, 2008; Amato et al., 2011; Stein, Anderson & Bailey, 2015

and substance use treatment with an emphasis on psychosocial services and supports. In addition, a scan of withdrawal management services in British Columbia was conducted to identify existing best practices as well as service challenges across the province. The findings from the scan and, in particular the insights and experience shared by service providers who participated in the process, have helped to shape these guidelines.

Various drafts of the guidelines were shared with working group members throughout the development process. A draft was also circulated among groups of general practitioners, Emergency Department professionals, service providers, and service users across the province. In addition, the BC Centre on Substance Use reviewed the companion Adult Guidelines. Feedback from all of these experts/stakeholders was used to refine the final version of the guidelines.

## 1.6 What are the goals of the guidelines?

The overall goal of the guidelines is to enhance the ability of withdrawal management services in British Columbia to deliver safe and comprehensive holistic supports to young people receiving withdrawal care. In so doing, the guidelines promote the implementation of an evidence-informed, patient-centred biopsychosocialspiritual model across substance use services.

In addition, the guidelines seek to support the increased integration of withdrawal management with primary care. To this end, specific guidelines addressing transitions to withdrawal management services from Emergency Departments and the role of general practitioners with respect to their patients' withdrawal care needs are included. These have been developed with the input of general practitioners and Emergency Department professionals.

Finally, the guidelines include a specific focus on home/mobile withdrawal management with the intention of increasing the numbers of young people in British Columbia who are able to access such services. Home/mobile withdrawal management programs are defined by the fact that service providers go to where the individual requiring service is located – whether this be the individual's home, the home of a family member or friend, a shelter, a supportive recovery facility, or the home of a family who is participating in a family home care model of withdrawal management. Home/mobile withdrawal services represent a safe and effective option for the majority of young people who are seeking help to withdraw from substances. Increasing the availability and uptake of home/mobile services will enhance the accessibility of withdrawal care for all British Columbians.

The guidelines do not address the medical or pharmacotherapeutic aspects of withdrawal management. The development of clinical standards or guidelines for the medical management of withdrawal from substances is undertaken through various health system partners, such as the BC College of Physicians and Surgeons, the Guidelines and Protocols Advisory Committee, and the BC Centre on Substance Use. The biopsychosocialspiritual supports captured in the guidelines are intended to complement the medical management of withdrawal where such management is indicated.

## 1.7 What other initiatives and policies do the guidelines align with?

The *Biopsychosocialspiritual Guidelines for Withdrawal Management Services* align with and reflect the philosophy and principles of care that underpin the following provincial and national health policy and service documents:

- *Aboriginal Policy and Practice Framework in British Columbia: A Pathway Towards Restorative Policy and Practice that Supports and Honours Aboriginal Peoples' Systems of Caring, Nurturing Children and Resiliency* (British Columbia 2016)
- *Families at the Centre: Reducing the Impact of Mental Health and Substance Use Problems on Families – A Planning Framework for Public Systems in BC* (BC Family Mental Health and Substance Use Task Force, 2015)
- *Setting Priorities for the B.C. Health System* (British Columbia, 2014)
- *Trauma-Informed Practice Guide* (British Columbia, 2013)
- *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan* (British Columbia, 2013)
- *Service Model and Provincial Standards for Adults/Youth Residential Substance Use Services* (British Columbia, 2011)
- *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* (British Columbia, 2010)
- *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy* (Ottawa, 2008)
- *Harm Reduction: A British Columbia Community Guide* (British Columbia, 2005)
- *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* (British Columbia, 2004)

Of particular note, there is congruence between the guidelines' emphasis on involving family in a young person's treatment and recovery process and the purpose of *Families at the Centre*, which is to increase understanding of a family-centred service orientation with the goal of equipping all members of the family to thrive. *Families at the Centre* calls for greater collaboration between all systems that touch and influence the lives of families affected by mental health and substance use issues. The *Withdrawal Management Guidelines* recognize that increased linkages and coordination between agencies that play a role in supporting the biopsychosocialspiritual wellbeing of young people seeking withdrawal management are crucial to effective service.

In addition, the guidelines align with the *Setting Priorities* vision of patient-centred, family-centred, multidisciplinary health services within a model of integrated primary and community care. In the context of services for individuals with moderate to severe substance use (and/or mental health) issues, this means enhancing practices around: outreach to vulnerable populations; prompt access to services; effective referral, intake and assessment processes; effective and comprehensive care/recovery planning; coordination of care; strong linkages

across the continuum of services (to connect people to more intensive supports as required and to step people down as they recover); and (wherever safe to do so) supporting people to recover at home. The *Withdrawal Management Guidelines* reflect these actions and priorities.

## 1.8 How will the guidelines be used?

The *Provincial Biopsychosocialspiritual Guidelines for Youth Withdrawal Management Services* are intended to support and inform health authorities and health authority-funded direct and contracted service providers. In view of the regional diversity in British Columbia with regard to geography and populations served, the guidelines are necessarily and intentionally broad in nature. They provide a foundation and framework for effective and consistent non-medical withdrawal management care across B.C. while allowing the flexibility that is required to meet the distinct needs of individuals and communities in different regions of the province.

Many of the evidence-informed approaches and supports captured in the guidelines are already in place in withdrawal management programs across the province. Others will involve a process of ongoing dissemination and implementation for health authorities and withdrawal management services. The Ministry of Health is committed to supporting health authorities and withdrawal management services with implementing the guidelines over the longer term.

## 2. Withdrawal Management within the Continuum of Substance Use Services and Supports in British Columbia

Substance use services in British Columbia are provided along a continuum from health promotion and prevention through harm reduction and treatment. Ideally, every person who engages with this spectrum of services will receive seamless and coordinated care for their problematic substance use and associated mental and physical health needs.

This service model is informed by the work of the National Treatment Strategy (NTS) Working Group, which was established in 2007 with the mandate of improving the quality, accessibility, and range of options to address harmful substance use.<sup>21</sup> In 2008, the working group published *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*. This report recommends that provinces work to develop a continuum of services based on a tiered model in which the tiers represent different levels of service according to the acuity, chronicity and complexity of the substance use and associated problems.<sup>22</sup> The following diagram illustrates a tiered model for the planning and delivery of substance use services in British Columbia.

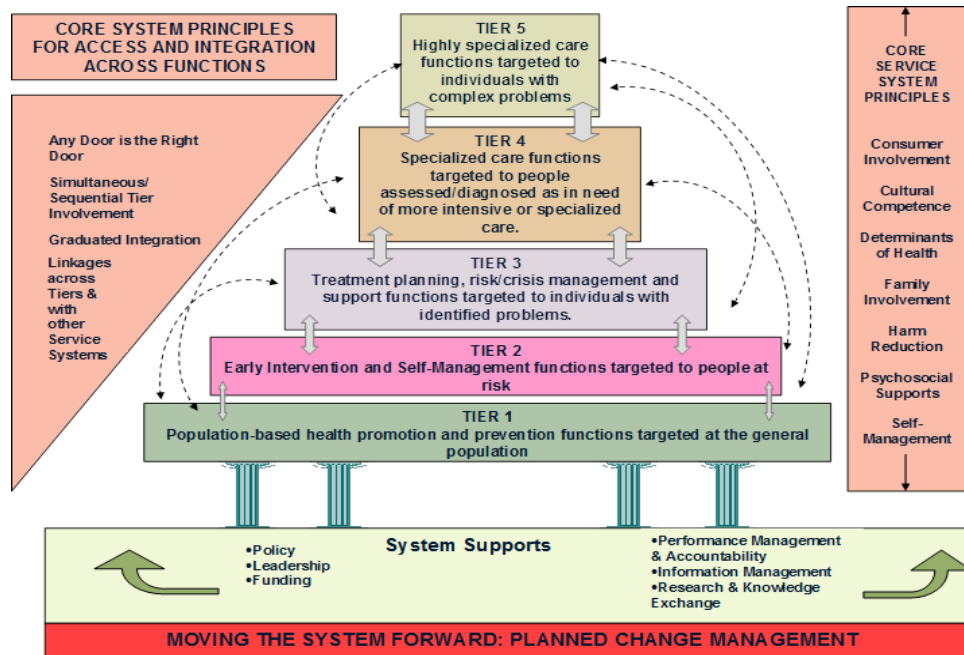


Figure 2: Tiered Framework for Substance Use (and Mental Health) Service Planning

<sup>21</sup> National Treatment Strategy Working Group, 2008

<sup>22</sup> Ibid. Please refer to <http://www.nts-snt.ca/2012%20Document%20Library/nts-systems-approach-substance-abuse-canada-2008-en.pdf> to download the report.

The model articulates various levels of service that correspond to need, and the various system supports that are required to operationalize and monitor the success of the treatment system.

In British Columbia, withdrawal management happens across Tiers 3, 4 and 5 of this model, and in a variety of settings. The specific characteristics of withdrawal management services available across the province vary in accordance with regional demands, circumstances and populations. However, they may all be defined by the fact that they provide support for people to withdraw safely from the use of alcohol and other drugs. Services may include:

- Medical approaches (sometimes referred to as “medically managed” or “medically monitored” services). These are typically provided in specialized withdrawal management facilities as a residential service, but they may also be provided in inpatient hospital settings;
- Non-medical or minimally medical approaches, such as such as home/mobile and day programs, which can be offered within communities or in a home. Depending on the individual’s symptoms, these may involve the use of medication and regular support from/check-ins with primary care staff; and
- Stabilization supports for people requiring or wishing to access ongoing treatment and psychosocial services after withdrawing from a substance. This may involve ongoing monitoring, assessment, case management and recovery planning, and can be provided in a variety of settings, including stabilization and recovery units, residential treatment facilities, and community-based outpatient programs.<sup>23</sup>

Depending on the substance(s) involved, the majority of young people seeking to withdraw from substances will be able to do so safely by following a planned outpatient withdrawal process (i.e. a day program or home/mobile service). Only a very small proportion of youth will require medically monitored or medically managed services to ensure that they withdraw from substances safely. Generally, this would comprise youth who have unstable concurrent medical or psychiatric issues and/or those who have a history of or are deemed at risk for complicated withdrawal symptoms. As previously noted, withdrawal from opioids without a plan for longer-term treatment has been associated with elevated rates of HIV and hepatitis C infection, higher rates of fatal overdose (in comparison with providing no treatment), and almost universal relapse.

However, there may be psychosocial reasons why a young person would want to access a residential withdrawal management program even though their medical or psychiatric assessment does not indicate that it is necessary. A young person may, for example, feel a need to be away from their community during withdrawal in order to have a break from an environment that is associated with using substances and to avoid triggers to substance use. Conversely, there may be reasons why a young person who is considered to be at risk of a complicated withdrawal would nevertheless want to access home/mobile or day services. For example, a youth may have particular cultural needs and preferences that may be more readily

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<sup>23</sup> Adapted from Health Canada, 2011

met within a non-residential service. In such cases, additional and more intensive supports may be provided as part of a home/mobile or day program.

It is important that the screening process for withdrawal management take into consideration not only the substance(s) used but also the specific psychosocialspiritual circumstances and preferences of each young person seeking service (as well as their medical profile) so that they can be matched to a service that best meets the entirety of their needs.

## Spotlight on Home / Mobile Withdrawal Management

- As its name suggests, home/mobile withdrawal management programs bring the services and supports to the individual – whether that be in the individual’s home, the home of a family member or friend, a shelter, a supportive recovery facility, or in the home of a family that is participating in the family home care model of withdrawal management.
- Services are provided under the oversight of a GP or Nurse Practitioner and with the support of a nurse and/or substance use service provider.
- A review of literature by Fraser Health Authority found that approximately 20 – 40% of individuals in need of withdrawal management services require a residential setting such as a specialized withdrawal management centre or hospital unit. Approximately 60 – 80% of people can benefit from a home/mobile service.
- Inclusion criteria for people seeking home/mobile withdrawal services typically comprise:
  - 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 throughout the withdrawal process;
  - No or low risk of severe or complicated withdrawal;
  - No medical complications that require close observation or treatment in a hospital setting;
  - Psychiatric symptoms can be managed safely in a community setting; and
  - Commitment to the withdrawal process.
- Documented benefits of home/mobile withdrawal services include:
  - Enhanced service capacity – enables a prompt response to a request for withdrawal care;
  - Increased accessibility and flexibility of service provision – supports, in particular, the uptake of withdrawal management by populations that are harder to reach, including older adults, women with children, Indigenous people, and people with medical issues and disabilities;
  - Reduced costs – the cost of home/mobile services is approximately 48% of the cost of an inpatient withdrawal in a specialized facility or hospital unit. In addition, home/mobile withdrawal services tend to facilitate reaching people at an earlier stage and therefore reduce costs further along the treatment continuum;
  - Less stigma and labelling for people entering the programs;
  - Increased privacy and ability to tailor care to each individual’s needs;
  - Increased involvement of and support for the individual’s circle of care;
  - Improved relationships between the individual undergoing withdrawal and her/his family members/circle of support; and
  - Increased program completion and use of after-care services and supports.

*(O’Donaghey, n.d.; Cooper, 1995; Fleeman, 1997; Roche, Watt & Fischer, 2001; Fraser Health, 2013)*



### 3. The Principles that Inform the Guidelines

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The following fundamental principles of effective withdrawal management services were identified by service managers and providers across British Columbia during the process of developing these guidelines. They complement the guiding concepts of the National Treatment Strategy and support the implementation of a biopsychosocialspiritual model of care.

Embedding these principles in the delivery of withdrawal management services helps to create a safe, supportive environment that will facilitate positive outcomes for young people.

Withdrawal management services and supports in British Columbia are:

#### ❖ Person centred

People seeking withdrawal management services and supports come from diverse backgrounds and life situations. They present with different personal, health, and social needs, and a unique set of challenges and strengths. No two people will have the same journey through treatment and recovery. People accessing withdrawal management supports will have varying levels of readiness to change their substance use. Some may be ready to complete this early step towards longer-term recovery; others may simply be seeking a few days respite.

Withdrawal management programs, therefore, have the flexibility to tailor supports to each individual. The individual is supported to determine their personal goals for service. This may include accommodating for longer service stays as required.

Person-centred care is fostered and sustained by ongoing collaboration and relationship building between program staff and the individual receiving service. Services and supports that are responsive to the particular circumstances and preferences of individuals facilitate retention and good outcomes.

#### ❖ Accessible

Reducing barriers to accessing care and supports is fundamental to ensuring that people who are seeking to change their substance use can get the support they need. Barriers may be individual (e.g. transportation needs, childcare requirements) and systemic (e.g. program hours of operation, waits for service, admission criteria). Effective systems of services and supports actively seek to address such issues.

An individual's motivation to change comes and goes. Services and supports that are available when the window of motivation is open are more likely to be effective.

In the context of withdrawal management supports, providing home-based and mobile withdrawal services enhances service capacity and is key to reaching people who might otherwise not be served. Low barrier screening procedures and admission criteria, walk-in referral services, 24/7 intake, and active outreach increase service accessibility and help to ensure that those most in need of support receive it.

### ❖ Respectful

Effective care and treatment occurs within a culture of mutual respect. Individuals receiving service are treated with dignity and respect throughout all stages of the withdrawal management process. Program staff members are friendly, welcoming and caring, and engage individuals using a non-judgmental, supportive and empathic approach. Service providers demonstrate respect for and understanding of each individual's needs, challenges, fears and goals, and foster a sense of hope, self-worth, accomplishment and expectation of recovery. Withdrawal management services provide individuals with a positive experience that facilitates completion of withdrawal and participation in ongoing treatment and supports.

### ❖ Culturally safe and culturally centred

Cultural safety is an approach to service planning and delivery that supports an environment free of racism and discrimination where people feel safe receiving care. The approach includes recognizing the role of history and past trauma in shaping individuals' health and healthcare experiences. It requires service providers to reflect upon their own assumptions and positions of power within the healthcare system and to acknowledge themselves as life-long learners when it comes to understanding another person's experience. Service providers recognize that each individual is the expert on their own unique experience.

In addition, service providers offer care that is respectful and inclusive of traditional healing and cultural practices around wellness and healing.

### ❖ Recovery oriented and wellness focused

Recovery is the goal of helping people with substance use issues. It involves overcoming the negative impacts of substance use and building a satisfying and meaningful life. The process and the time needed to achieve recovery will vary from person to person. At the centre of the recovery process is the individual's own definition of what constitutes "a meaningful life". This may or may not involve complete abstinence from substances. Creating a sense of hope and confidence in the possibility of change, both in the individual receiving service and their network of support, is vital to recovery.

Recovery-oriented and wellness-focused services encourage people to see themselves as integral and active agents in their healing and build people's capacity to support their own recovery and wellbeing. Services understand that positive health and participation in society are as central to recovery as gaining control over substance use, and they support all aspects of an individual's wellbeing.

### ❖ Trauma informed

There is a strong association between violence, trauma and substance use, as well as between trauma and concurrent mental health and substance use problems. Given this association, it is crucial that substance use services are trauma-informed.

Trauma-informed practice concerns the overall essence of the approach to providing services. It is fundamentally about the way of being in relationship with people who are accessing substance use supports. In trauma-informed services all policies, procedures and service components are designed with an understanding of trauma in mind and with the goal of creating a culture of non-violence, mutual learning and collaboration. Priority is placed on the individual's safety, choice and control.

Services strive to create an environment where people do not experience further traumatization or re-traumatization and where they can make decisions about their treatment and support needs at a pace that feels safe to them.

### ❖ Strengths based

Strengths-based practice rests on the firm conviction that every person has potential and that it is a person's strengths and capabilities, and not their limitations that will shape their evolving journey through life. Concentrating on strengths, rather than deficits, promotes resilience and healthy change. It recognizes the positive qualities that each individual can draw and build upon during their journey.

In strengths-based services, practitioners purposefully draw out each individual's strengths, hopes, interests, goals and skills in order to foster self-efficacy, support empowerment and build resiliency. They do this in the context of striving to create warm and authentic relationships with the people accessing services.

A strengths-based approach is informed by an understanding that capacity building is a collaborative and dynamic process that occurs over time. Service providers place value on what is important to the person accessing service and support the change process by starting with what that person already knows.

### ❖ Informed by the principles of harm reduction

Services that are informed by the principles of harm reduction focus on reducing the adverse health, social and economic impacts of substance use that are experienced by individuals, families, communities and society. Harm reduction focuses on supporting people's immediate safety and seeks to minimize death, disease and injury from high-risk behaviours.

Pragmatism is an important principle in harm reduction. Services and supports focus on what the individual is prepared to do "now" (i.e. current stage of change), with priority given to realistic and achievable goals. In this way, harm reduction may help to move a person from a state of chaos to a state of control over their own life and health.

In view of the rates of relapse following withdrawal for opioid use disorder, the provision of harm reduction education and supports as well as linkages to opioid agonist therapy (where appropriate) are key components of withdrawal management services.

#### ❖ Committed to reducing stigma

The stigma associated with substance use operates on three levels: social, institutional and self. Stigma marginalizes people with substance use issues, reduces their sense of self-worth, and creates barriers to accessing services.

Addressing stigma, discrimination, and marginalization is a vital component of building and delivering effective substance use services and supports. Effective services challenge the stereotypes that marginalize people who use substances and seek to enhance individuals' sense of self-worth and self-efficacy. Service providers see the people who access their services as whole individuals. They treat them with dignity and respect, and they use accurate and sensitive language at all times.

#### ❖ Supportive of family involvement

People seeking support for substance use issues exist in a system of relationships with family, peers, community members and others. When substance use services engage an individual's support network in care planning and delivery, positive outcomes are realized.

With the permission of the individual, withdrawal management services involve supportive family members and others in the individual's recovery journey. By doing so, service providers acquire a better understanding of the context of an individual's substance use, and develop relationships that enhance collaboration with the individual's support network. Withdrawal management services also provide assistance for individuals to strengthen their supportive ties as this will help them through the withdrawal process and on into post-withdrawal treatment and services.

#### ❖ Part of a continuum of integrated care

Ideally, withdrawal management services exist within a seamless continuum of prevention, early intervention, treatment and recovery support. Individuals are able to access a range of flexible and individualized services across this continuum that are linked through some form of coordination and case management. Effective case management helps to ensure that the full range of biopsychosocialspiritual needs that an individual has are appropriately addressed. Individuals with concurrent disorders receive collaborative care for both their substance use and mental health issues.

To ensure the most comprehensive and seamless experience possible for individuals accessing service, there is a commitment from all service providers to collaborate with each other to address the often complex and multiple needs of individuals. Withdrawal management services develop and sustain strong links and partnerships with other health and social services and community supports. There is sufficient integration of services such as sobering centres,

withdrawal management units, and stabilization/supportive recovery beds to ensure the smooth and timely transition of clients between services.

## 4. The Evidence that Informs the Guidelines

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*This section offers a succinct, high-level summary of the academic and grey literature reviewed for the development of the Guidelines. In the interests of reader-friendliness, citations to the source material are footnoted at the end of each paragraph of the summary. Service providers are encouraged to consult the original sources for more detailed and specific information.*

The body of research literature that speaks specifically to youth and withdrawal management is not extensive. The available youth-specific studies and reports have been consulted during the development of these guidelines. Providers of youth withdrawal management services have also been part of the consultation process. The evidence summary provided here outlines the findings and conclusions of the youth literature, but it is also informed by the more extensive literature on adult withdrawal management where the findings of that literature have been deemed to be appropriate to youth services.

Research on youth and adult substance use services and supports shows that appropriate, evidence-based treatment works.<sup>24</sup> It is helpful in reducing problematic substance use, improving health and social wellbeing, and reducing the risk of death due to overdose and other consequences of substance use disorders.. It is also associated with reductions in substance-related crime and other social harms.<sup>25</sup> Therefore, young people who use substances and their families, communities, and society at large all benefit from effective and evidence-based substance use treatment and services.

What is meant by “effective” in the context of withdrawal management services? What evidence supports the application of a biopsychosocialspiritual model when helping people to withdraw from substances? Evidence from national and international clinical research, policy and practice-based experience, as well as consultations with service providers and service users in British Columbia, offers some robust guidance on what constitutes effective approaches to withdrawal management program design and delivery.

The information in this section provides a high-level summary of this evidence. It brings together key findings from material that is specific to withdrawal management and it also draws on sources that address the role of psychosocial services and supports in substance use treatment more broadly. Where evidence indicates the effectiveness of particular approaches or considerations for supporting specific population groups, this information is highlighted in text boxes.

### 4.1 Withdrawal management as part of a continuum of services

*Withdrawal management is most effective when it is understood as an early step in a longer recovery process*

It is important to highlight that withdrawal management is not a “treatment” for problematic

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<sup>24</sup> National Treatment Strategy Working Group, 2008

<sup>25</sup> Ministry of Health, 2011

substance use nor is it the only step required in overcoming problematic substance use. It is an early step on the path to recovery and is most beneficial to young people when integrated with longer-term treatment programs and supports, such as stabilization, rehabilitation and maintenance activities. It is crucial for service providers to ensure that youth seeking withdrawal management understand this and to encourage them to incorporate this perspective into their personalized withdrawal program.

#### Youth with problematic polysubstance use

- Polysubstance use among adolescents and young adults is increasingly widespread. For those with problematic substance use, the use of multiple substances generally exacerbates an already difficult situation and is associated with greater risk taking.
- Problematic polysubstance use is associated with a higher incidence of concurrent mental health issues, more complicated and severe withdrawal experiences, and increased challenges for recovery in general.
- Because of the risk of complicated withdrawal severity (including changes in withdrawal onset and duration), the service provider should:
  - Carefully consider, with the youth, the order in which withdrawal from different substances should be managed; and
  - Ensure that the youth is closely monitored during withdrawal. This may mean that inpatient withdrawal is the most appropriate option.
- Young people should be made aware of the possible impacts that eliminating the use of one substance may have on their physical and psychological relationship with the other substance(s) that they are using. They should be provided with a range of coping skills and strategies to reduce the risk that their use of the other substance(s) will become more problematic.

*(Department of Health & Ageing, Australia, 2009; EMCDDA, 2009)*

There is emerging (albeit limited) research to suggest that active preparation for withdrawal management may be beneficial. This may include supporting the young person to identify their goals for recovery, to recognize their triggers for substance use, and in some cases, to participate in cognitive behavioural therapy (CBT) sessions.

Young people who engage with withdrawal management as part of a long-term and integrated recovery plan may be more likely to experience sustained recovery. Studies indicate that young people who feel that service providers take the time and effort to understand them as unique individuals are more likely to engage in treatment and return to a previous service provider.<sup>26</sup>

*Withdrawal management provides an opportunity to begin the process of behaviour change and engage youth in longer-term recovery*

Withdrawal management presents an opportunity for program staff to encourage youth to make changes that will support their recovery and promote their overall health and wellbeing. To this end, program staff should aim to build positive therapeutic relationships with young

<sup>26</sup> CSAT, 2006; SCAN, 2006; Cheung, et al., 2010; Kouimtsidis & Kolli, 2014; Croxford, et al., 2015

people accessing withdrawal management services. The therapeutic relationship is crucial for enhancing people's motivation to engage with longer-term treatment. Even though withdrawal management is a relatively short process (typically 4 – 7 days), it is often a young person's first point of entry into the specialized substance use service system and sets the tone, therefore, for

### Girls and young women

- There is a growing awareness that addressing gender differences in substance use treatment and care is important for successful outcomes for girls and young women. These differences are both physical and social in nature and have implications for the treatment and supports provided during withdrawal management care. For example:
  - The consumption of alcohol can be more physically harmful to girls and young women because females metabolize alcohol more slowly than males.
  - Young women who are accessing specialized substance use services, including withdrawal management, are likely to have more severe substance use issues than young men in similar circumstances.
  - Girls and young women with substance use issues are also far more likely to have been exposed to sexual violence or exploitation and have concurrent mental health problems.
- It is particularly important that screening and assessment of girls and young women be conducted with sensitivity, warmth and respect. Assessment must also be comprehensive enough to identify the multiple needs of girls and young women.
- Young women may feel more comfortable with and respond better to supportive counselling delivered in a one-to-one setting rather than through a group model.
- Most experts in the field of substance use treatment agree that women/girls-only services increase participant retention. Where such services are not available, programs should offer women/girls-only groups and activities. Some qualitative research (on programming for adult women) has found that women participating in women-only group therapy report feeling safer, more supported and more able to express themselves openly.

*(NTA, 2009; CNSAAP, 201; Greenfield, et al., 2013)*

the system as a whole. Work on establishing a therapeutic relationship should ideally begin upon admission to ensure that youth feel safe, welcomed and supported, and motivated to continue on their recovery journey. Withdrawal management services should offer a range of proven and innovative approaches aimed at helping the large proportion of young people to continue the process of behaviour change. Adopting creative and unconventional approaches to treating substance use issues can have a positive effect on treatment outcomes for young people.<sup>27</sup>

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<sup>27</sup> Schillinga, Maresb & El-Bassel, 2004; AADAC, 2006; CSAT, 2006; NCCMH, 2008; NorthWestern Mental Health, 2011; Saskatoon, n.d.



### *Youth should be connected with appropriate post-withdrawal treatment and supports*

After completing withdrawal management, youth should be linked to the services that will best support their ongoing recovery. Young people who are connected to psychosocial support services (e.g. health care, education, vocational counselling, recreational services, employment, crisis counselling, sexuality counselling, housing) during and after withdrawal are more likely to be engaged with their recovery, stay in treatment for a longer period of time, and experience better treatment outcomes. Aftercare treatment following withdrawal management reduces the risk of relapse.<sup>28</sup> These may include but are not limited to: combinations of agonist treatment with pharmacotherapies (for example, buprenorphine/naloxone [Suboxone®]); medications such as naltrexone or acamprosate for alcohol relapse prevention; supportive residential services; and psychosocial treatment interventions.<sup>29</sup>

Strong linkages between withdrawal management programs and post-withdrawal services are essential to sustaining successful treatment outcomes and reducing repeated entry into withdrawal management services or serious harms (such as fatal overdose in the case of opioid withdrawal). There is growing empirical support for “assertive linkage” approaches as opposed to passive referral to ongoing community-based support services. Smooth and timely transitions to the most appropriate services following withdrawal management help to support continuity of care and minimize disruptions to treatment. It is important not to miss the potential “window of opportunity” that follows the completion of withdrawal management.<sup>30</sup> In particular, withdrawal management provides the opportunity to link individuals with an opioid use disorder to opioid agonist treatment and other treatments/supports.

#### 4.2 The benefits of applying a biopsychosocialspiritual model of care to withdrawal management

Young people who experience patterns of problematic substance use often struggle with other concurrent health issues as well as with a range of psychological, social and emotional challenges. They are more likely, for example, to have mental health problems, strained relationships with family and friends, trauma, poor performance in school, low employment prospects, legal issues, and homelessness. Some research suggests that emotional abuse and emotional neglect are significant predictors of problematic substance use. Because problematic substance use is often a result of other factors or issues in the young person’s life, it is important to be aware of and start to address as many aspects of the youth’s life as possible. The biopsychosocialspiritual model of care allows young people to receive individualized, client-centred, and comprehensive treatment during withdrawal management. The model helps service providers to take into account the young person’s strengths, psychosocial supports, medical history and education.<sup>31</sup>

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<sup>28</sup> Saskatoon, n.d.; WHO, 2009b; New Zealand, 2010c; Carlebach, et al., 2011

<sup>29</sup> Suboxone® has not been approved by Health Canada for people under the age of 17.

<sup>30</sup> Saskatoon, n.d.; Bischof, et al., 2003; Belendiuk & Riggs, 2014; Stein, Anderson & Bailey, 2015; Timko, et al., 2015

<sup>31</sup> Australian Government, Department of Health & Ageing, 2009; WHO, 2009b; CNSAAP, 2010; Rosenkranz, Muller & Henderson (2012)

Behavioural or psychosocial interventions are recognized as best practice for adolescents with problematic substance use issues. In order to support young people adequately and promote their longer-term recovery, substance use services should have a strong psychosocialspiritual component and incorporate a range of services that address the diverse needs of youth who are seeking help for their problematic substance use. These services should include family, cultural, gender-specific and peer-based approaches. The biopsychosocialspiritual model of care helps service providers to adopt a multi-faceted approach that takes the youth's stages of development into account.<sup>32</sup>

Psychosocialspiritual supports encompass a wide range of activities from supportive counselling and complementary therapies to practical assistance with education and social programs. While some young people may feel unwell during the withdrawal process (especially in the first few days), many will be able to take part in active psychosocialspiritual programming. Generally speaking, young people experience unpleasant psychological symptoms more often than physical symptoms.<sup>33</sup>

During withdrawal management, the provision of biopsychosocialspiritual supports confers a

#### Homeless and precariously housed youth

- Most youth who are homeless have a long history of neglect and abuse. It is especially important, therefore, that substance use programs serving homeless youth take a trauma-informed approach and work to connect youth with wide-ranging social supports.
- The therapeutic relationship has been identified as a particularly important factor for the recovery of homeless youth with substance use issues. Its importance may reflect the lack of adult support structures in the lives of homeless youth.
- Homeless youth are likely to need help with accessing withdrawal management and other substance use services. Outreach is the primary intervention strategy for young people living on the streets. Wherever possible, outreach workers must meet with young people on the street, develop relationships with them, and try to engage them in treatment.
- Some qualitative evidence suggests the effectiveness of peer support for homeless youth, especially in relation to modelling help-seeking behaviour, suggesting resources and offsetting stigma.
- Youth should never be discharged from a residential withdrawal management program into homelessness or into precarious or unsafe housing situations.
- A recent Canadian study found that flexible, low-barrier and comprehensive services are particularly important with respect to supporting homeless youth with substance use and/or mental health issues.

range of benefits, including: alleviating the unpleasant symptoms of withdrawal; enhancing motivation and optimism; supporting youth to stay in the program; promoting young people's overall health and wellbeing; and encouraging youth to start addressing any underlying

<sup>32</sup> Saskatoon, n.d.; NTA, 2006; UK Department of Health, 2007; New Zealand, 2008; NCAT, 2008; NCCMH, 2008; Australian Government, Department of Health & Ageing, 2009; Amato, et al., 2011; Belendiuk & Riggs, 2014.

<sup>33</sup> NTA, 2006; UK Department of Health, 2007; Christie & Temperton, 2008

psychological, emotional or social issues that they may be experiencing.<sup>34</sup> These and other important benefits are discussed in more detail below.

Psychosocial supports should be routinely offered to young people accessing withdrawal management services, though participation should never be mandatory or a barrier to accessing medical treatment.

It is important to highlight that the current evidence base for psychosocial interventions in opioid agonist therapy (OAT) can be interpreted both positively and negatively. Steering a path between overly optimistic or pessimistic interpretations of the value of psychosocial treatment in OAT may be the most pragmatic approach.<sup>35</sup> The American Academy of Pediatrics (AAP) policy recommends increasing resources to improve access to medication-assisted treatment of opioid-addicted adolescents and young adults, including increasing resources for medication-assisted treatment within primary care and access to developmentally appropriate substance use disorder counselling in community settings.<sup>36</sup>

### *Providing young people with biopsychosocialspiritual supports helps to foster optimism and enhance motivation*

The provision of biopsychosocialspiritual supports as part of a withdrawal management program enhances the quality of the therapeutic environment, facilitates warm and supportive interactions between program participants and staff and, as a result, promotes positive treatment outcomes. Enhancing the experience and outcomes of withdrawal helps young people to challenge any expectations or fears of “failure” as well as to address the likelihood of relapse on their individual path to recovery and wellness. Program participants can feel more optimistic about their recovery and more motivated to continue making changes towards increased health and wellbeing. Alleviating the unpleasant physical and psychological symptoms of withdrawal through the provision of biopsychosocialspiritual supports helps engage youth with ongoing treatment as well as relapse prevention support after withdrawal has been completed. On the contrary, the failure to address unpleasant withdrawal symptoms may increase a young person’s likelihood of relapse.<sup>37</sup>

### *Providing youth with biopsychosocialspiritual supports helps them to complete the withdrawal program*

Recent studies have demonstrated that providing psychosocial supports during withdrawal management helps youth to complete treatment and improves treatment outcomes. Psychosocial supports can assist young people with clarifying their treatment and recovery goals and developing a sense of optimism for their recovery, which increases the likelihood that they will remain in the program and complete the withdrawal process. Helping youth to begin to address specific issues in their personal lives (including previous trauma) will also support their retention in the withdrawal program and encourage their participation in ongoing

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<sup>34</sup> NTA, 2006; NCCMH, 2008; Amato et al., 2011

<sup>35</sup> NTA, 2006; UK Department of Health, 2007; Day & Mitcheson, 2017

<sup>36</sup> See <http://pediatrics.aappublications.org/content/early/2016/08/18/peds.2016-1893>

<sup>37</sup> Christie & Temperton, 2008; NCCMH, 2008; Australian Government, Department of Health and Ageing, 2009

treatment and services. Offering psychosocial support to youth during withdrawal management also increases the likelihood that they will complete withdrawal safely. Although the withdrawal process may be difficult, unpleasant, and distressing for young people, they are typically able to withdraw from substances safely and without facing any significant health risks.<sup>38</sup>

*Taking a biopsychosocialspiritual approach to withdrawal management promotes young people's overall health and wellbeing*

Supportive, person-centred care is crucial during withdrawal management. This includes attending to the young person's physical and emotional comfort and safety. The withdrawal environment should be as comfortable and as free from stressors as possible, and program staff should do all they can to help youth to re-establish healthy sleeping, eating, leisure and social patterns. Activities and supports that help to decrease young people's anxiety, offer reassurance and a sense of hope, provide opportunities for youth to learn functional coping skills, and increase their social connectedness are important components of an effective withdrawal management program.<sup>39</sup>

*Engaging young people's family/circle of support helps improve treatment outcomes*

There is consensus in the research literature that engaging with young people's family and social support networks increases the effectiveness of treatment and encourages participation in ongoing treatment. In studies of youth engagement in substance use treatment, family support for treatment emerges as a significant predictor of sustained participation.<sup>40</sup>

It is important, therefore, that service providers engage the youth's family with the withdrawal management process, and work towards creating an alliance between parent(s) and health care professionals. The family should have a collaborative role in the youth's long-term recovery journey that incorporates the knowledge, resources, and experiences of the young person's family. Collaborative partnerships between family and service

"The age, maturity, readiness for change, and family history of the adolescent will also influence how family involvement takes shape. These issues might not be readily apparent through an early assessment but will become so as trust develops, as the adolescent becomes more stable through the withdrawal process, and as staff have the opportunity to directly observe the adolescent. [...] One cannot make assumptions about family; therefore it is crucial to conduct ongoing assessments to determine the manner in which family or concerned significant others need to be involved."

(Nova Scotia, 2013)

providers help family members to better understand the context of problematic substance use, develop realistic expectations for recovery, sustain the youth on their wellness journey, and develop resiliency against the negative effects of substance use issues. By involving the family,

<sup>38</sup> CSAT, 2006; Christie & Temperton, 2008; Australian Government, Department of Health and Ageing, 2009; WHO, 2009b; Berman, et al., 2010; Amato, et al., 2011; Timko, et al., 2015; Azuar, et al., 2016

<sup>39</sup> AADAC, 2006; Australian Government, Department of Health and Ageing, 2009; Australian Government, Department of Health and Ageing, 2009; Saskatchewan, 2012; New Zealand, 2010a

<sup>40</sup> Pullman et al., 2013

service providers can develop a deeper understanding of the youth's needs as well as the context informing the development of problematic substance use.<sup>41</sup>

It is a good practice to provide family members with accessible educational information relating to problematic substance use, the withdrawal management process, and the youth's long-term recovery and wellness journey, as well as connect parents with parenting resources. Providing

### Indigenous youth

- On average, Indigenous youth start using substances at a much younger age than non-Indigenous
- Youth are among the least-served segment of the Indigenous population and rarely seek out formal substance use services in their communities. Outreach, therefore, is crucial.
- In a recent research study (Clarkson et al., 2013) Indigenous youth expressed that positive relationships and good communication with program staff are among the most important factors with respect to engagement with and retention in treatment.
- Youth who identify with their Indigenous culture should have the opportunity to participate in traditional healing practices and supports as part of their withdrawal management care. Story-telling and narrative techniques are recommended in the literature as effective approaches to communication and knowledge sharing. Participation in activities that involve traditional arts and food may also enhance the recovery process for Indigenous youth.
- It may be both appropriate and helpful to incorporate an understanding of Indigenous worldviews, cultural practices and traditions, and the history of intergenerational trauma into the development of a youth's recovery plan. This needs to be driven and guided by the youth receiving care.
- Involving family in a youth's wellness planning and care is recognized as being vital to good outcomes. Indigenous definitions of family go beyond the "nuclear" family and embrace extended family members, clan members and the wider community. It is crucial that program staff members are aware of this and facilitate the involvement of a youth's family network, as the youth chooses to define it.
- Withdrawal management service providers must be trained and supported to provide culturally appropriate and safe treatment and care for Indigenous youth.
- A recent study (Clarkson et al., 2013) found that, on average, the therapeutic alliance between Indigenous youth in substance use treatment and their counsellor tended to be weaker than the alliance between non- youth and their counsellor. Further, the study found that counsellors were not necessarily aware that of the difference in the quality of their therapeutic relationship with Indigenous youth. This confirms the importance of cross-cultural sensitivity training for frontline substance use treatment workers.

*(Christie & Temperton, 2008; Health Canada, 2011; Clarkson, et al., 2013; First Nations Health Authority, 2013)*

family members with the appropriate information will help them to build the capacity to cope with and support the youth as the youth addresses their substance use issues.<sup>42</sup>

<sup>41</sup> AADAC, 2006; NTA, 2009; Hornberger & Smith, 2011; Rowe, 2012

<sup>42</sup> NTA, 2009; Hornberger & Smith, 2011

### *Program participants indicate a higher level of satisfaction with withdrawal management services when biopsychosocialspiritual supports are included*

Researchers and practitioners note that young people appreciate the opportunity to take part in psychosocial activities and programming during the withdrawal process. In the context of residential withdrawal management facilities in particular, the provision of such activities can relieve the boredom experienced by many youth. Clinicians who have piloted and studied the provision of innovative psychosocial supports and complementary therapies in withdrawal management programs observe that participants want such activities and appreciate the emotional and social benefits that they offer.<sup>43</sup>

#### 4.3 Evidence of the effectiveness of specific supports and activities

The kinds of services and supports that are offered within a biopsychosocialspiritual model of care are varied and diverse. They include, but are not limited to, different forms of counselling and psychotherapy, complementary therapies that can increase young people's physical and emotional comfort, opportunities for mental and physical activity, and assistance with social needs such as personal and familial relationships, education, employment prospects, housing, and legal problems.<sup>44</sup>

Withdrawal management programs are most effective when youth are engaged with a range of services and supports that, as the result of a comprehensive assessment process, are selected to best meet their needs. Psychosocialspiritual supports and services are most effective when they: incorporate and engage the youth's values; involve the youth's family support system; help

##### Parenting youth

- Parenting youth with problematic substance use face many challenges associated with their own treatment needs as well as concerns related to family care and responsibilities.
- Social stigma and the fear of losing their children may discourage parenting youth from getting help for their substance use. It is especially important, therefore, that outreach, intake, and withdrawal management services engage with parenting youth in a non-threatening, non-stigmatizing, and supportive way.
- Withdrawal management services should support parenting youth to identify a safe place for the children to stay while the youth is receiving withdrawal management care.
- Wherever possible, withdrawal management services should help young parents of dependent children to access parenting education classes/support.
- Program staff should connect parenting youth with appropriate community-based parenting support services as part of the youth's transition plan.

young people to integrate back into society; and incorporate culturally appropriate practices. Young people respond best when they are offered flexible, person-centred treatment, and when they are engaged with experiential and recreational learning. Experiential learning includes

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<sup>43</sup> Silverman, 2010

<sup>44</sup> SCAN, 2006; WHO, 2009b

physical activities, group-based activities, and activities that help develop problem solving and other coping skills.<sup>45</sup> These services and supports are captured throughout the guidelines and in particular in *Guideline 10: Provision of Biopsychosocialspiritual Supports*.

What follows is a summary of recent evidence on the effectiveness of a limited number of psychosocial approaches about which there is a significant and/or growing body of research and practice-based literature.

### Youth with cognitive disabilities

- Past trauma and physical or sexual abuse increase the risk of problematic substance use for people with cognitive disabilities. It is crucial, therefore, that services take a trauma-informed approach and connect individuals with appropriate counselling/therapy as needed.
- The assessment process in withdrawal management should include an initial evaluation of a youth's cognitive functioning. If significant cognitive challenges are suspected, a more comprehensive assessment by a qualified professional may be arranged. It may be appropriate to defer this assessment until the physical and psychological process of withdrawal is complete.
- Program staff should carefully consider whether group-based models of care are the most appropriate option for a young person with cognitive disabilities. When possible, one-on-one approaches may be more effective.
- Youth with cognitive disabilities may need help with self-care, coping strategies, communication, learning, social skills, self-regulation and decision-making. Withdrawal management programs may need to work with an expert on cognitive disabilities to better understand the needs of a youth with cognitive disabilities, including which challenges derive from substance use and which are a result of the disability.
- Youth with cognitive disabilities may experience social isolation, and it may be helpful, therefore, for additional supports to focus on increasing a young person's social inclusion.
- It may be necessary for program staff to adapt their style and forms of communication with young people who have a cognitive disability. Communication should be as simple and clear as possible. Information may need to be repeated several times. It is important to be sure that the service provider and the person receiving service understand what each is saying to the other.
- Some youth with cognitive disabilities may have difficulty with changes to patterns of thought and behaviour. The service provider should not mistake this for a denial of the substance use problem or a refusal to change. It may be necessary to try different approaches to engage the youth with treatment.
- While CBT has generally been shown to be effective in substance use treatment for youth, it may be necessary to modify how CBT is delivered for youth with more limited cognitive abilities. CBT may not be suitable for youth with significant cognitive impairments.

*(National Drug and Alcohol Research Centre, 2003; CSAT, 2006; Australian Department of Health and Ageing,*

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<sup>45</sup> Addictions Ontario, 2011; NCAT, 2009; NTA, 2009; WHO, 2009b; AADAC, 2006; Saskatoon, n.d.

## Psychological support

Offering supportive counselling during withdrawal management is an effective way to provide youth with strategies to cope with unpleasant withdrawal symptoms and cravings, maintain motivation during withdrawal, learn functional coping skills, and facilitate connections to post-withdrawal supports. The psychological component of withdrawal can be more challenging and longer lasting than the physiological component and therefore counselling is a key component of treatment. Supportive counselling has been demonstrated to reduce problematic substance use in the long-term and increase overall health and wellbeing. Counselling may be delivered in the form of individual, group and/or family-based treatment, according to the youth's preferences and circumstances.<sup>46</sup>

Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) (delivered either as a group or as an individual intervention) are well suited for young people in a withdrawal management program. They help to create a supportive and non-judgmental relationship between the program participant and staff, and promote the establishment of a therapeutic alliance. MI has also been associated with modest improvements in individuals' feelings of hope and empowerment. Furthermore, MI and MET help youth to understand the negative impacts associated with continuing problematic substance use, to clarify goals, to stabilize motivation over time, and to put into practice efforts to change behaviour patterns. These approaches help youth to become less defensive and more proactive. Such outcomes increase the likelihood that a young person will engage with ongoing and long-term treatment. Studies indicate that even one session of Motivational Interviewing during withdrawal is

### Youth with physical or sensory disabilities

- Youth with physical and/or sensory disabilities face barriers of access to residential withdrawal management facilities, especially when these facilities are in older buildings that were not purpose built or have not been adapted to accommodate people with disabilities. These barriers may be overcome, at least for some youth, through the provision of appropriately supported home-based withdrawal management.
- Youth with physical and/or sensory disabilities may also require special assistance with overcoming psychological barriers to accessing withdrawal management services.
- There is some evidence to suggest that individuals with physical disabilities experience higher rates of co-occurring problematic substance use and PTSD. Therefore it is particularly important to take a trauma-informed approach to withdrawal management and subsequent treatment and supports.
- Withdrawal management programs should be able to accommodate the particular communication needs of youth with physical or sensory disabilities. Clear communication and understanding between program participant and staff is crucial for the delivery of effective care.

*(CSAT, 2006; Anderson, Ziedonis & Najavits, 2014)*

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<sup>46</sup> Government of Australia, Treatment of Alcohol Problems, 2009; New Zealand, 2010c; Rong, et al., 2016



effective at promoting wellbeing. However, three or more sessions have been demonstrated to lead to better outcomes for individuals. There is some evidence to suggest that, for young people, Motivational Interviewing is most effective when it is combined with another treatment approach, particularly Cognitive Behavioural Therapy (CBT).<sup>47</sup>

Various forms of Cognitive Behavioural Therapy, including coping and skills training, relapse prevention, and family therapy, have been shown to be effective in treating problematic substance use. There is substantial empirical support for the efficacy of both group and individual CBT for adolescents aged 13-19. How CBT is delivered may vary according to the substance(s) that each individual is/has been using. It is helpful for withdrawal management programs to provide young people with opportunities to develop skills for problem solving, stress management, coping and refusal, emotion identification, relationship management, and communication. This helps youth enhance their understanding of the patterns and triggers that are associated with problematic substance use, as well as to identify, access, and navigate systems of support. Because youth often experience higher levels of peer pressure, risk-taking, and novelty seeking, approaches that focus on enhancing self-control, resilience, and decision-making skills are effective.<sup>48</sup>

There is considerable research evidence demonstrating the effectiveness of family-based supportive counselling that focuses on: adolescent functioning in familial and social contexts; parental capacity (including monitoring skills); communication between the family and other systems in which youth are situated (e.g. schools, social work services); and improving youths' coping, decision-making and problem-solving skills related to substance use.<sup>49</sup>

### Physical activity and leisure activities

Engaging young people in physical activity and leisure activities is an effective way to promote engagement and healing during the process of withdrawal. Research suggests that young people with problematic substance use typically do not engage in healthy social and leisure activities. Providing young people with the opportunity to participate in physical activities in the context of the withdrawal management program alleviates boredom and helps them to gain self confidence, build interpersonal relationships, develop problem solving skills, and experience mastery of an activity. In addition, by participating in physical and social activities, young people experience an improvement in their health, cognitive functioning, and decision-making. The provision of supports for physical and leisure activities is most effective in a safe and fun environment.<sup>50</sup>

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<sup>47</sup> CSAT, 2006; Adair, 2009; Australian Government, Department of Health & Ageing, 2009; Headspace, 2009; NTA, 2009; Berman, et al., 2010; CNSAAP, 2010; Sussman, 2011; Saskatchewan, 2012; Johnson, J., 2012; Glassman, et al., 2013; Pullman, et al., 2013; Belendiuk & Riggs, 2014; Vederhus, J. et al., 2014; Timko, et al., 2015

<sup>48</sup> NCAT, 2008; Adair, 2009; Government of Australia, Treatment of Alcohol Problems, 2009; WHO, 2009b; CNSAAP, 2010; Saskatchewan, 2012; Belendiuk & Riggs, 2014; Croxford, et al., 2015

<sup>49</sup> Belendiuk & Riggs, 2014

<sup>50</sup> Nova Scotia, 2005; AADAC, 2006

## Complementary therapies

Complementary therapies such as massage, acupuncture, homeopathy, reflexology, herbal therapy, and art and music therapy can be effective supports during withdrawal management. Although the evidence base supporting these therapies is limited, they may contribute to enhance wellbeing and help alleviate symptoms of withdrawal. Currently, the available evidence consists of studies focused on adults in withdrawal programs.

Complementary therapies may be provided as part of a holistic and comprehensive approach to treating problematic substance use and supporting health and wellbeing.<sup>51</sup>

### Lesbian, gay, bisexual, two-spirit, transgender or questioning (LGB2STQ) youth

- Lesbian, gay, bisexual, two-spirit, transgender or questioning youth are at a disproportionate risk for problematic substance use, often because of experiences of stigma and discrimination related to sexual orientation and gender identity. However, because of the impacts of homophobia, transphobia and heterosexism on the level of trust that LGB2STQ youth have in our systems of care, they often do not access health services except in emergencies.
- The fear of experiencing homophobia and transphobia or the fear of having to disclose one's identity is a significant barrier to accessing services.
- A recent Vancouver-based study found that youth who were seeking LGB2STQ-specific substance use services were more likely than other youth to report being unable to access services.
- Withdrawal management services must become LGB2STQ-responsive. This involves:
  - Revising policies and procedures to be inclusive of LGB2STQ people;
  - Having openly LGB2STQ individuals on staff and among volunteers;
  - Ensuring that staff receive training on LGB2STQ youth issues and culturally appropriate care for LGB2STQ youth; and
  - Including representations of LGB2STQ people in any advertising or outreach materials.
- As part of their recovery planning and journey, LGB2STQ youth may need to explore their feelings about their sexuality and/or gender identity and their experiences of homophobia, heterosexism and transphobia.
- Taking a trauma-informed approach to service delivery will help to ensure that LGB2STQ youth who have experienced discrimination, harassment, and violence receive appropriate and supportive care.
- In order to provide respectful, relevant, and competent care to transgender youth, it is important for program staff to learn more about how transgender youth express their identities.
- It is important not to assume that because an LGBT2SQ youth is out in one aspect of their lives that they are out in all aspects of their lives. Understanding where someone is in the coming-out process will better position healthcare providers to offer appropriate services.
- Service providers should know what supports are available in their community for help with identity development, coming out or dealing with homophobia or transphobia.
- It is helpful for program staff to recognize that LGBT2SQ youth may have limited support systems and to work with the youth to strengthen them.

(CSAT, 1999; Eliason, 2009; Boon, 2010; McCreary Centre Society, 2013; Nova Scotia, 2013)

## Acupuncture

Acupuncture is a safe, simple, and inexpensive therapy for people during withdrawal and is one of the most commonly used alternative therapies in withdrawal management programs. It has been shown to help restore healthy sleeping patterns, reduce cravings, reduce anxiety, and improve the mood and wellbeing of people during withdrawal. More specifically, studies have demonstrated that acupuncture helps reduce the severity of symptoms of withdrawal, such as muscle aches, nausea, sweating, gastrointestinal issues, shakes, heart palpitations, hallucinations, and suicidal thoughts.

Overall, individuals have described feeling calmer, more relaxed and content, and have been more open to practices of mindfulness after acupuncture treatment. In addition to having therapeutic value for people during withdrawal, it has been shown to help them complete the withdrawal management program and continue to be engaged in the treatment and recovery process. By alleviating withdrawal symptoms, acupuncture helps create a “window of opportunity” for people to start making healthier lifestyle choices. Acupuncture is most effective for managing withdrawal when it is offered as part of a suite of supports and therapies.<sup>52</sup>

When offered in combination with tobacco cessation education, acupuncture has been demonstrated to be effective at significantly reducing tobacco smoking.<sup>53</sup> There is some evidence to suggest that acupuncture may help treat some psychiatric disorders, such as anxiety and depression.<sup>54</sup>

## Art and Music therapy

The use of art and music therapy aligns well with approaches to substance use treatment that emphasize client engagement and motivation.

Research suggests a number of benefits of art therapy for people in substance use treatment. These include: increased openness to treatment; facilitating self-expression and communication; reducing feelings of shame; and increased motivation to change. Art therapy complements MI and MET, as it uses similar cognitive processes.

Music therapy is associated with positive emotional change (i.e. reduction in anger, anxiety and stress) in clients in substance use treatment. Recent research has demonstrated that people who participate in music therapy during withdrawal experience slightly less severe symptoms of withdrawal than those who engage in verbal psychotherapy. Music therapy has also been shown to increase participants’ internal locus of control. For some young people, music may help to distract them from the unpleasant symptoms of withdrawal.<sup>55</sup>

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<sup>52</sup> Janssen, Demorest & Whynot, 2005; CSAT, 2006; Shi et al., 2006; Alster, 2010

<sup>53</sup> Alster, 2010

<sup>54</sup> Janssen, Demorest & Whynot, 2005; Boyuan, et al., 2014

<sup>55</sup> Silverman, 2010; Aletraris, et al., 2014

## Traditional Chinese Medicine

Traditional Chinese Medicine (TCM) has been shown to have significant effects on the unpleasant symptoms associated with withdrawal, including helping to alleviate pain, discomfort, insomnia, cravings, and fatigue. TCM can also help restore normal body functions after a prolonged period of problematic substance use, including improving immune function, increasing metabolism, and enhancing memory. In addition, TCM has been demonstrated to be effective for increasing retention in treatment, and helping to prevent relapse. The literature recommends that TCM be offered to people, where possible, as part of a holistic and comprehensive treatment and recovery plan for withdrawal.<sup>56</sup>

## Spiritual Support

There is a growing body of evidence demonstrating that offering supports and activities that enhance people's spiritual wellbeing is an important component of holistic care and may have a significant impact on a person's recovery.

Incorporating spirituality into withdrawal management must be done in a respectful and person-centred way. Supports should always reflect the young person's preferences and wishes. By adopting a definition of spirituality that encompasses the full range of cultural and religious beliefs and values, and that focuses on personal empowerment, withdrawal management programs can help to facilitate and support the spiritual journeys of young people during the withdrawal management process.<sup>57</sup>

For some individuals, feeling engaged with religious or spiritual beliefs helps to foster hope, decrease distress, and increase motivation to continue with their recovery journey. People who look to their religious or spiritual practices for support, guidance, or strength may be more open to certain treatment options.

By contrast, negative religious coping, such as bearing anger towards or feeling let down by a higher power or some form of faith or religious practice, may be a risk factor for poor outcomes. Use of negative religious coping can increase feelings of hopelessness, loneliness, and powerlessness. Helping people to reduce their use of negative religious coping can reduce barriers to recovery and wellness, increase motivation, and enhance coping skills.<sup>58</sup>

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<sup>56</sup> Shi et al., 2006

<sup>57</sup> Puffer, et al., 2012; van de Walde, et al., 2002

<sup>58</sup> Puffer, et al., 2012

### Key actions for working with youth with problematic substance use

- Recognize that motivations for substance use – and for addressing substance use – vary;
- Convey understanding and acceptance, and concern for the youth's health and wellbeing;
- Engage youth as collaborators;
- Be flexible and creative with respect to planning meetings, counselling sessions and activities;
- Incorporate and build upon positive family, peer, school and community connections;
- Build and maintain a positive relationship throughout the treatment and recovery process;
- Reach out using media tools and formats that are relevant to youth;
- Select developmentally appropriate interventions and approaches to recovery;
- Address family relationship concerns as part of intervention and support efforts;
- Increase service provider awareness and understanding of the barriers that youth face to accessing service; and
- Consider – and as much as possible engage with – the multiple, inter-related systems in which young people exist (i.e. family, peers, school and community).

*(Adapted from Health Canada, 2008)*

# The Guidelines

## A word about the guidelines

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There are sixteen guidelines. They are organized into three sections that together reflect the individual's ideally seamless pathway into withdrawal management and on to the next stages of treatment and recovery. The sections are:

1. Preparing for and accessing withdrawal management services;
2. During withdrawal management; and
3. Preparing for ongoing recovery after withdrawal management.

Each guideline includes an overarching statement and suggested elements.

Where appropriate, notes and examples provide further context and guidance on how to put the guidelines into practice. As necessary, considerations for specific service settings are also described.

**These notes and examples do not constitute comprehensive practice guidance and do not take the place of appropriate staff training and clinical supervision. Further, they do not take the place of clinical guidelines/standards for the medical management of specific withdrawal symptoms.**

While many of the evidence-informed practices captured here are already in place across the province, others will involve a process of ongoing implementation for health authorities and withdrawal management services.

### Current recommendation for treating Opioid Use Disorder

Withdrawal management alone (i.e., detoxification without immediate transition to long-term substance use treatment) is not recommended for treating Opioid Use Disorder, as this approach has been associated with elevated rates of relapse. Withdrawal management alone often leads to high rates of rapid relapse post-treatment, which in turn increases the risk of HIV and hepatitis C transmission, illness and death.

If withdrawal management is pursued, it can be provided more safely in an outpatient rather than inpatient setting. During withdrawal management, patients should be immediately transitioned to long-term substance use treatment to assist with preventing relapse and associated harms.

Best evidence indicates opioid agonist treatment (medication assisted therapy) for Opioid Use Disorder. The first line treatment is Suboxone®, a combination of buprenorphine/naloxone. The second line treatment is methadone. *Note that Suboxone® is not approved by Health Canada for use with people under the age of 17. Consent to prescribe should be obtained from the patient and/or guardian after discussion of the risks and benefits.*

Psychosocial treatment interventions and supports should be routinely offered in conjunction with opioid agonist treatment.

## Preparing for and accessing withdrawal management services

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This group of guidelines focuses on reducing barriers to accessing withdrawal management services, enhancing transitions from primary care and emergency services into withdrawal management, and supporting youth while they are waitlisted for a withdrawal management program.

In order to help ensure that young people get the withdrawal management care that they need, services must be visible and accessible. For many youth, the decision to seek help with their substance use represents an act of significant courage and a time-sensitive opportunity to make a change. Therefore, admission procedures should be as efficient as possible and completed with sensitivity, compassion, and warmth.

The screening process should aim to gather only as much information as is needed to identify the next appropriate steps for the young person seeking service. It should be neither intrusive nor too onerous. Whenever possible and appropriate, the youth's family/circle of support should be involved in the screening and decision making process.

When a young person is required to wait to access a withdrawal management service, it is important that service providers make appropriate connections for them with the community-based supports that can meet their immediate needs and help to sustain their engagement with the recovery/wellness process.



## Guideline 1: Accessibility of Services

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Health authorities, allied service providers and direct service providers work to enhance the visibility and accessibility of withdrawal management services.

### Suggested Elements

- 1.1 Health authorities and service providers use information dissemination and outreach strategies to increase the visibility and to promote public awareness of the withdrawal management programs and supports available, and their role within the continuum of substance use services.
- 1.2 Services build strong relationships with other health and social service providers that serve youth in their community/region and ensure that such service providers are aware of the withdrawal management programs that are available.
- 1.3 Services have in place multiple access points and tools by which youth can connect with withdrawal management supports.
- 1.4 Health authorities and services have policies and practices in place to address potential barriers to service for youth.
- 1.5 Wherever possible, services follow-up with a youth after they have made the initial contact expressing an interest in getting help for their substance use.
- 1.6 Health authorities and service providers use targeted outreach strategies, including peer outreach, to increase reach to youth who are experiencing barriers to service.
- 1.7 Services have no-barrier or low-barrier admission procedures and policies to facilitate prompt access to the appropriate level of withdrawal management service. Wherever possible, admission is based on a brief screening process.
- 1.8 Health authorities offer home/mobile services to those youth for whom such services are safe and appropriate.
- 1.9 Health authorities and services prioritize making a withdrawal management place available immediately when a youth seeks help.

### Notes and Examples

- 1.1 Health authorities and service providers should provide accurate descriptions of the range of withdrawal management services available. This information may be written or audio-visual. It may take the form of printed (e.g. brochures) or digital (e.g. web-based) materials. The information should be made available at appropriate locations in the community (e.g. schools, doctors' offices, health clinics, Emergency Departments, community centres, youth centres). Depending on the needs of the community, information may be available in languages other than English.
- 1.2 Young people accessing withdrawal management programs are more likely to complete withdrawal and move on to longer-term treatment when they are also connected with

mental health, other health and social services that they need (e.g. medical care, housing assistance, childcare, legal counselling, vocational and educational support).<sup>59</sup>

- 1.3 Access points and tools may include: 24/7 phone line; 24/7 facility intake; active outreach; walk-in referrals; and centralized intake. Offering a “walk-in referral” service (i.e. accompanying a youth to the withdrawal management service when their appointment comes up) is an important tool for increasing the accessibility of services and ensuring that those who need it most receive the appropriate help. Service providers may need to be flexible with respect to how and where they connect with youth, including meeting youth in their community, and providing information and support over the phone and by text.
- 1.4 Common barriers include: language and cultural needs; gender identity and sexual orientation; ethnicity; cognitive ability; mobility and other physical limitations; service hours of operation; and transportation to and from the service. Resources permitting, services should do whatever they can to mitigate these barriers for youth.
- 1.6 Where outreach organizations exist, withdrawal management services should develop strong relationships with them. Active outreach may also involve withdrawal management program staff meeting youth in the community at the places that they frequent and feel comfortable in. Outreach facilitates building relationships with youth and reaching them before their health becomes severely compromised.
- 1.7 See the guideline on screening below.

Health authorities in B.C. use different electronic information management systems, and screening tools generally differ in length and complexity. The ability of service providers to meet this guideline will therefore depend upon the screening processes that are in place in each region. People conducting screening for withdrawal management services are nevertheless encouraged to do what they can to make the process as simple and straightforward as possible.

The screening process for youth with complex needs (e.g. someone with significant psychiatric issues) may need to be more comprehensive in order to identify the type and range of supports that they will require.

- 1.8 Home/mobile services are key to meeting individuals where they are at, and reaching people who would otherwise not receive supports.
- 1.9 There are key moments when youth are prepared to accept that they need help or when they overcome their fears and are ready to enter treatment. If these opportunities are missed, this can result in young people disengaging from services.<sup>60</sup>

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<sup>59</sup> Simmons et. al., 2008

<sup>60</sup> McCreary Centre, 2013

## Guideline 2: Screening

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The youth seeking service participates in a pre-admission screening to determine the least intensive and most appropriate withdrawal management program that can safely and effectively provide the resources that will meet their needs.

### Suggested Elements

- 2.1 Program admission screening is carried out as part of a continuous assessment process and is done in a way that is sensitive and tailored to the youth's current state of emotional, mental, spiritual, and physical wellbeing and capacity.
- 2.2 The youth understands their rights with respect to consent to service, as well as the limits of confidentiality that apply to the disclosure of personal information.
- 2.3 The purpose of screening is to gather the basic information that is necessary to make an appropriate referral to a withdrawal management service. This information includes:
  - Accurate identification of the youth;
  - Brief substance use history, including: recent substance use (e.g. type of substance(s), quantity, time and duration of last use), history of withdrawal symptoms related to substance(s) used, previous treatment experiences, implications for the withdrawal management approach of any polysubstance use;
  - Current physical and mental health;
  - Current psychosocial supports;
  - The reason for seeking treatment, who made the referral and how the youth feels about the referral;
  - Any recent completion of a screening and/or assessment process; and
  - Suitability for safe withdrawal in a non-medical or minimally medical service (e.g. community-based, home/mobile withdrawal).
- 2.4 If the youth is able and willing, they are engaged in a brief conversation about the psychosocial factors that may affect their participation in a withdrawal management program.
- 2.5 If the youth has urgent medical and/or psychiatric needs, triaging these needs takes priority over the screening process for withdrawal management.
- 2.6 Where a youth has already participated in a screening and assessment process (e.g. with a family physician or trained addiction care provider), this information is accessed and used to make the most appropriate withdrawal management placement.
- 2.7 If the youth wishes to have a member of their family or social support network participate in the brief screening process, this is facilitated.

## Notes and Examples

- 2.1 Young people seeking withdrawal management supports are likely to be impaired or already in withdrawal and may not be able to participate in a lengthy screening process. The depth and breadth of the screening should balance the need to gather information with the need to be respectful of the youth's level of motivation and wellbeing. The priority should always be to meet the youth's immediate needs and to gather the minimum amount of information necessary to match them with a withdrawal management program.

It may be helpful for staff to use a motivational interviewing approach to engage the young person in the brief screening process. The provision of information and education, reassurance and, where possible, counselling may help to reduce a youth's discomfort and anxiety at pre-admission.

The screening process may flag issues and areas for deeper consideration later in the continuous assessment. More comprehensive assessment and the gathering of detailed and sensitive personal information should take place once members of staff have developed a relationship with the youth and the youth is ready to discuss such information.

When determining the appropriate level and setting for withdrawal management care, it is important to match each individual with the least intrusive service that can safely meet their needs and preferences. If an individual's degree of need or risk increases during the withdrawal process, they should be transferred to a more intensive level of care.

Ideally, there will be a range of withdrawal management settings available to young people, including mobile and home-based withdrawal. However, in some regions and communities the choices may be more limited.

- 2.2 Young people must give written consent for service. They must also give written consent for the disclosure of personal and health information, and such consent must specify to whom the personal and health information may be disclosed and how it may be used. Participants must also be informed of the limitations to an individual's right to confidentiality.

- 2.3 Given the estimated prevalence of concurrent mental health and substance use disorders, universal screening for both MH and SU is recognized as best practice.

The young person's reason for seeking withdrawal management support may help with assessing the youth's motivation and stage of change, and support development of the recovery/wellness plan. The service provider should note any ambivalence about treatment that the youth may be feeling as well as any expectations they may have of the treatment experience.

- 2.4 Factors that may be considered include: the young person's expectations of withdrawal; the young person's supports for withdrawal management; and potential barriers to successful withdrawal.

Certain psychosocial factors are important when determining a young person's suitability for home/mobile withdrawal. See *Service Setting Considerations* below.

As appropriate, these issues will be explored more fully as part of the ongoing assessment once the youth is in withdrawal management.

- 2.7 With the youth's permission, family members and supportive others should be involved wherever possible as they will be providing ongoing support to the young person throughout their recovery journey.

Sometimes families or guardians may need to be involved and information shared with them against the wishes of the youth. This may occur if the youth is unable to make a safe decision (e.g. if the youth is suicidal). In such cases, the family/guardian(s) would participate in decision-making.

Family members may find it helpful to connect with a counselling service and/or a family support group in the community to get information and skills to support the young person effectively during and after withdrawal.

## Service Setting Considerations

### Home / Mobile Withdrawal Management

Health authorities will have preferred validated assessment tools for determining whether someone is suitable for home/mobile withdrawal management. Psychosocial factors to consider when screening someone for home/mobile withdrawal include:

- Does the individual have access to a safe and quiet "home" environment that is free from substance use?
- Does the individual have adequate social supports, including a trusted and reliable friend or family member who can provide support throughout the withdrawal process?
- If the individual has psychiatric symptoms, can these be managed safely in a community setting?
- What are the individual's withdrawal management and treatment goals? Is the individual committed to the withdrawal process?

## Guideline 3: Primary Care Providers

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Wherever possible, the youth's primary care provider plays a central role in the youth's withdrawal management care and ongoing recovery / wellness journey.

### Suggested Elements

- 3.1 When a primary care provider recognizes that an individual is ready to make a change with respect to their substance use, they:
  - Consult the relevant substance-specific guidelines for the treatment of problematic use; and
  - Consult a substance use expert in their region and/or the provincial Rapid Access to Addiction Consultative Expertise (RACE) supports. (<http://www.raceconnect.ca/>).
- 3.2 When a primary care provider determines that withdrawal management is appropriate, they work with the youth to:
  - Determine the youth's readiness to begin withdrawal management;
  - Identify the least intensive and most appropriate withdrawal management approach setting that can safely and effectively meet the youth's needs; and
  - Transition the youth into the most appropriate withdrawal management supports.

The primary care provider remains actively involved in the youth's withdrawal management and ongoing recovery journey.

- 3.3 When the youth accessing the withdrawal management program is already connected to a primary care provider, program staff members involve the provider in the youth's withdrawal management care. Program staff members engage the primary care provider in the assessment, wellness planning, and transition planning processes.
- 3.4 When the youth accessing the withdrawal management program is not connected to a primary care provider, program staff members facilitate such a connection within the youth's community, wherever possible.

### Notes and Examples

- 3.1 Primary care providers are in an advantageous position to identify and initiate treatment and supports for problematic substance use early on, through screening, brief intervention, and in-office treatment and support as well as referrals to the appropriate services and supports. As noted above, the primary care provider should access substance-specific evidence-based guidelines, when available, and contact the RACE line for support in managing addiction in primary care (<http://www.raceconnect.ca/>).

- 3.2 When problematic substance use has been identified, youth are likely to have different levels of readiness or willingness to change. The primary care provider should engage with the young person in a manner that respects the individual's readiness to change. Using a motivational interviewing approach can help to enhance a youth's readiness to change their substance use.

Establishing rapport and trust with the individual before the discussion of withdrawal management and/or substance use treatment can be key to developing the kind of provider-patient relationship that can ultimately support the individual to complete withdrawal management and participate in ongoing substance use treatment/supports.

Primary care providers should be familiar with evidence-based treatments for substance use disorders as well as the range of substance use services and supports (including withdrawal management) that are available to their young patients. They should be able to provide patients and their families with accurate, up-to-date information on these services.

- 3.3 A working relationship between withdrawal management staff and the youth's primary care provider helps to foster an effective provider-patient relationship, and helps to ensure continuity of care throughout the youth's ongoing recovery journey.

Establishing a strong provider-patient relationship and involving the primary care provider in the assessment, transition and recovery planning processes is particularly important for youth who are high-risk or who have complex needs.

Whenever possible, primary care provider is invited to meet with the youth and staff at the withdrawal management facility during the wellness planning process. Alternatively, withdrawal management staff could take the program participant to the primary care provider's office to facilitate the provider's involvement.

## Service Setting Considerations

### [Home / Mobile Withdrawal Management](#)

If it is determined that home-based/mobile withdrawal management support is the most appropriate option for the youth, the primary care provider may take a leading role in monitoring the youth's withdrawal and providing the necessary supportive care, or may designate this role to a nurse practitioner. The primary care provider may also choose to provide support for home/mobile withdrawal in collaboration with other allied health care professionals. A lay carer – usually someone who is a trusted and supportive family member or friend of the youth undergoing withdrawal – is also a key part of the support team.

Support includes:

- Working with the youth to develop a recovery/wellness plan (including details and goals of the withdrawal process);
- Monitoring the youth's withdrawal symptoms via in-person visits and telephone calls; and

- Helping the youth to manage medications and potential side effects (as appropriate).



## Guideline 4: Supporting Transitions from Emergency Departments

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Health authorities work with the Emergency Departments in their region to facilitate the smooth and timely transition of youth from the Emergency Department to the appropriate withdrawal management service.

### Suggested Elements

- 4.1 Health authorities coordinate with withdrawal management services to ensure that Emergency Department staff members have ready access to current and accurate information about the available withdrawal management services and supports in their region.

*Note: Emerging evidence regarding treatment for people with Opioid Use Disorder suggests taking a history of substance(s) used and initiating opioid agonist treatment in the Emergency Department setting.<sup>61</sup>*

- 4.2 Health authorities develop processes and protocols to facilitate the timely sharing of patient information between Emergency Departments, substance use treatment services, hospitals, and withdrawal management services and supports (including primary care providers). These processes and protocols ensure that the necessary information is shared while protecting patient privacy.
- 4.3 Health authorities work with hospitals, substance use treatment services and withdrawal management services in their region to develop protocols for effective care planning and transitioning the patient to the ongoing care that they require in the community or in the hospital. Such strategies may include outreach and in-reach activities.
- 4.4 When a youth is referred by the Emergency Department to withdrawal management and the withdrawal management service is unable to admit the youth promptly, the withdrawal management service connects the youth with appropriate community-based supports, their primary care provider, and/or substance use treatment services.
- 4.5 Whenever possible and appropriate, the youth's family and/or circle of support is involved in the decision to transition the youth to the appropriate withdrawal management service.

### Notes and Examples

- 4.1 Health authorities and service providers are responsible for providing Emergency Departments in their region with accurate and up-to-date descriptions of the withdrawal management services available. At minimum, this information is made available on Health Authority websites (public sites and intranet) for easy access in Emergency Departments.

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<sup>61</sup> D'Onofrio, et al., 2015

In addition to web-based information, details about withdrawal management services and programs may take the form of brochures, posters, DVDs, and/or CDs. Depending on the needs of the community, information may be available in languages other than English.

- 4.2 At minimum, the withdrawal management service intake screening and/or assessment tools should ask if the youth has visited an Emergency Department in the past 48 hours, and request consent for obtaining the relevant medical records from that visit. On the basis of informed patient consent, Emergency Department staff will provide the withdrawal management intake services with the necessary patient visit information.
- 4.3 It is anticipated that such strategies will be specific to each health authority and able therefore to reflect regional differences in system structure and service provision.

Approaches to outreach and in-reach will depend on the resources and structures available in each region. It may be possible, for example, to use a Mental Health and Substance Use intake team or a Drug and Alcohol Recovery Team (DART) to provide coordination support. Some hospitals in B.C. have a liaison person/service for Mental Health and Substance Use Services in their Emergency Department to facilitate links to an inpatient addiction medicine consult service and/or a connected outpatient low-barrier substance use treatment service. Others have social workers as the designated liaison support between the hospitals and substance use services.

- 4.4 See *Guideline 5: Community Supports* for more details regarding supporting young people who are waiting to access withdrawal management.

## Guideline 5: Community Supports

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When the youth is on a waiting list for withdrawal management support, they are provided with community resources that can assist them with meeting immediate needs, preparing for withdrawal, and establishing linkages that will be helpful after withdrawal.

### Suggested Elements

- 5.1 The youth waiting to access withdrawal management support is connected to a community substance use counsellor (if they do not already have one).
- 5.2 The youth is connected with appropriate health and social services, such as mental health services, a primary healthcare practitioner, housing, educational support, and childcare.
- 5.3 The youth is connected with supports that will help them to maintain motivation, avoid high-risk activities and prepare for withdrawal management until withdrawal services can be accessed. This includes providing information and harm reduction education such as safe injection/consumption supplies and take home naloxone, where accessible.
- 5.4 The withdrawal management service stays in touch with the youth during this time and contacts them as soon as a place is available.
- 5.5 If the youth decides not to access the service or does not present when a space is available, wherever possible the withdrawal management service uses assertive follow-up and re-evaluates any treatment/recovery decisions made during the initial screening process in accordance with the individual's current goals and motivation.

### Notes and Examples

- 5.1 Ideally, there will be no waiting period between identifying that withdrawal management is the appropriate approach for an individual and that individual accessing the service. However, this ideal is not always achievable.

A waiting period may provide an opportunity for young people seeking withdrawal management services to start developing a therapeutic relationship with a community support (e.g. a primary care provider). Some youth will already have such a contact; some will need to be connected with one. Making such contacts before beginning withdrawal management will help to ensure successful completion of withdrawal and entry into ongoing treatment for longer-term recovery and wellness.

A waiting period also represents an opportunity for youth to become connected to other healthcare services that they may need and want, including mental health services.

- 5.3 While youth are waiting, it is crucial to provide supports and strategies for maintaining their motivation to change their substance use and prepare for withdrawal management and subsequent treatment. Evidence suggests that the following strategies are effective:
  - Offering tangible incentives;

- Encouraging the support of family members;
- Introducing the individual to the withdrawal facility and staff;
- Harm reduction education;
- Encouraging the young person to identify their goals for recovery and how these will be achieved;
- Motivational Interviewing and/or group CBT;
- Self-care advice; and
- Relaxation techniques to manage anxiety.<sup>62</sup>

During this time, it is also important to take the opportunity to provide harm reduction education. Providing harm reduction services to youth requires a deeper level of assessment and engagement than it typically does with adults. At the same time, it represents an opportunity to engage young people in considering the impacts of their substance use, and helps them to identify ways in which they can reduce the associated harms. Young people's relative inexperience with substance use put them at higher risk for overdose and substance use related exploitation. Harm reduction education can help to enhance their problem-solving skills with respect to overdose and exploitation.

Harm reduction education may include (as appropriate):

- Safer injecting and smoking practices;
- Healthy food, adequate hydration, and sufficient sleep;
- Personal care and hygiene;
- Safer sex;
- Possible risks to fetus if pregnant;
- The effect of substance use on everyday activities (such as driving);
- The risks of polysubstance use;
- How to recognize an escalating problem;
- Reduced tolerance to substances after completion of withdrawal; and
- Education about take-home naloxone and where to access it. If the withdrawal management program is a distribution site for B.C.'s Take Home Naloxone Program, staff should offer this service. Otherwise, staff should ensure that the individual, and their family members, know where to access appropriate training and kits for take-home naloxone.

Where appropriate, youth may also be given harm reduction supplies. See *Guideline 15: Reducing Risks* for more information regarding harm reduction education and supplies.

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<sup>62</sup> CSAT, 2006; Kenny et al., 2009; Australia, Department of Health and Ageing, 2009; Kouimtsidis & Kolli, 2014; Croxford, et al., 2015; Timko et al., 2015

See also *Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and Are At Risk for HIV, HCV, and Other Harms: Parts 1 & 2* (2013), developed by the Working Group on Best Practice for Harm Reduction Programs in Canada.

The B.C. Centre for Disease Control has developed *Guidelines for Providing Harm Reduction Services to Mature Minors in BC*. They are included as Appendix 4 of *BC Harm Reduction Strategies and Services Policy and Guidelines Updated: December 2014*. Service providers should refer to these guidelines when working with youth under the age of 19 years. The guidelines can be accessed at: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/BCHRSSPolicyandGuidelinesDecember2014.pdf>.

- 5.4 Not every young person will be easily contactable by telephone and therefore the withdrawal management service should be creative and flexible about how it remains in contact with an individual who is waiting for supports. When the youth has a cellphone, consider texting as well as phoning. Identify a family member, friend or community support person (for example an outreach worker or substance use counsellor) through whom the youth can be reached. Contact the youth the day before their place is available to remind them of the appointment and commitment to attend.

## During withdrawal management

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Making the decision to participate in a withdrawal management program is a significant milestone. Service providers should understand that young people who engage in withdrawal management services have with varying degrees of motivation and readiness to change. Across program settings, service providers should do all they can to ensure that the withdrawal experience meets each youth's needs and is as comfortable and safe as possible. Assessment and treatment should be informed by an understanding of adolescent development.

Although a youth's time in withdrawal management is relatively short, and the youth may be feeling quite unwell at the beginning of the process, withdrawal management nevertheless provides an opportunity for substance use professionals to engage a young person in a longer-term recovery journey. This includes undertaking a more detailed and holistic assessment of the youth's situation and starting the collaborative process of developing a recovery/wellness plan that details the ongoing services and supports that the person will access after withdrawal. This should be done with the involvement of the youth's family/circle of support.

Assessment is a continuous and cumulative process that creates an increasingly detailed and comprehensive picture of a young person's substance use and their holistic needs, strengths, goals and preferences. It marks the beginning of the recovery journey and, when done sensitively and with the youth's active participation, can initiate healing.

Withdrawal management is not just a medical or physical process. Effective programs are aligned with the biopsychosocialspiritual model of care and provide supports that address the broader health, social, psychological and spiritual issues underlying a youth's substance use and/or resulting from it.

Withdrawal management exists within a continuum of substance use services and supports. It is an early step in a longer-term recovery process. As such, it is important to start working with the youth on a personal wellness plan as soon as they are ready, in order to set goals and prepare for what will come after withdrawal management.

## Guideline 6: Orientation

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The youth participates in an orientation to the withdrawal management program and the withdrawal process.

### Suggested Elements

- 6.1 Orientation to the program includes (as appropriate to the service setting):
- A tour of the facility;
  - Introductions to program staff and to other participants;
  - A review of the program's rules and policies, including:
    - The youth's rights and responsibilities;
    - Visits and other forms of contact with family and friends;
    - Instances of when the youth might have to be stepped up to a higher level of withdrawal management care and/or transferred to hospital;
    - Reasons why the youth may be asked to leave the program; and
    - An opportunity to speak with a health care provider regarding evidence-based approaches to withdrawal management and treatment initiation and maintenance (targeted by substance(s) used).
- 6.2 Program staff members seek to enhance the young person's engagement with the program through the orientation process. The timing and pace of the orientation is adjusted according to the capacity of the young person to participate and to take in information.
- 6.3 If the youth wishes to have a supportive family member or other supportive person participate in the orientation, this is facilitated.
- 6.4 Program staff members engage the youth in a conversation about what to expect during the withdrawal process.

### Notes and Examples

- 6.1 Orientation is part of the program admission process and takes place within 24 hours of the youth entering the program. Program rules should be reviewed with the youth as soon as they are able to participate. It is helpful to have program rules and other program information available in a variety of formats (e.g. written, audio-visual, infographic). Wherever possible, when the youth's first language is not English, information is provided in the appropriate language.
- 6.2 Young people will begin the withdrawal management program with varying capacities to participate in conversations and retain information. An appropriate balance should be

struck between the need to provide the youth with important information and their readiness and willingness to take in that information.

- 6.4 It is helpful to provide youth with developmentally appropriate substance-specific information on the typical withdrawal process so that they know what to expect. This may ease their anxiety, increase their comfort, and help to enhance their capacity to complete the withdrawal process. Program staff should reassure the youth that they will receive the supports necessary to ensure their safety and to minimize their discomfort throughout the process.

Young people in withdrawal management are initially likely to feel worse than usual, especially in the early stages of withdrawal. They will need to be informed about and prepared for this. Appropriate support may need to be put in place to manage a withdrawal-related decline in their emotional and mental state of wellbeing.



## Guideline 7: Assessment

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The youth participates in a continuous assessment process that is tailored to their particular circumstances, needs and preferences.

### Suggested Elements

- 7.1 The assessment process is conducted in a way that is sensitive and appropriate to the youth's willingness and readiness to provide information. The process supports the development of a positive and mutually respectful relationship between the youth and program staff.
- 7.2 The assessment process is:
  - Developmentally appropriate;
  - Dynamic and ongoing;
  - Aligned with the biopsychosocialspiritual model of care; and
  - Conducted collaboratively between the youth, program staff and supportive family members and others.
- 7.3 Assessment is carried out with the youth's fully informed and ongoing consent. The youth understands the limits of confidentiality that apply to the disclosure of personal information.
- 7.4 The person conducting the assessment uses a culturally appropriate and trauma informed care practice approach throughout the assessment process.
- 7.5 The ongoing assessment process:
  - Encourages and supports the young person to identify their own strengths;
  - Engages the young person in assessing the risks and benefits of their substance use and its effects on all areas of their life; and
  - Puts an emphasis on the young person's relationships, peer associations and recreational activities.
- 7.6 If the youth seeking service wishes to have family or other external supports participate in the assessment process, this is facilitated.
- 7.7 As appropriate, and with the youth's consent, other health and social service professionals may be involved in the continuous assessment process in order to ensure that it is comprehensive. Wherever possible, the youth's primary care provider is involved in the assessment.
- 7.8 The assessment includes determining the level of regular monitoring that is required to ensure the youth's safety and wellbeing.

- 7.9 Evidence-based assessment tools supported by the health authority are used to guide the service provider in conducting an assessment.
- 7.10 With the youth's written and informed consent, relevant aspects of the assessment are shared with any other substance use or mental health service or program to which they are referred.

### Notes and Examples

- 7.1 The overall goal of assessment is to develop a better understanding of the young person. It is important to determine and to respect the young person's readiness for participating in a more comprehensive assessment process. A thoughtfully paced assessment, conducted in a calm and welcoming environment, will help to establish a positive and trusting relationship between the young person and program staff, and will allow the young person to reflect on their situation and goals. It may be appropriate to conduct the assessment as a series of informal conversations at various points during the individual's participation in the withdrawal management program. Youth should never feel pressured to provide information.

Best practice evidence indicates that the person conducting the assessment should:

- Explain the assessment process, the reasons why certain questions are being asked, how the information will help with developing a withdrawal plan and ongoing recovery plan, and how the information that the participant provides may be shared (e.g. with other service providers, parents/care-givers, etc.);
  - Be non-judgmental, strengths-based, empathic and respectful;
  - Listen carefully and clearly identify and acknowledge the youth's needs and preferences, and incorporate these into assessment and treatment;
  - Use motivational interviewing techniques;
  - Encourage the youth to participate actively in identifying their goals for recovery and preferred treatment options;
  - Communicate clearly, and allow time for the youth to gain an understanding of what supports are being recommended and the reasoning behind this; and
  - Be aware of when it is necessary to take a break from the assessment, with a mind to resuming the process when the youth is ready.<sup>63</sup>
- 7.2 Biopsychosocialspiritual assessments incorporate the following domains:
- Needs and preferences. "Needs" may include family responsibilities, and the types of supports the young person requires in order to improve their situation (both substance related and other). "Preferences" includes matters relating to cultural background, spiritual beliefs, sexual orientation and gender identity that may be critical to recovery and wellness;

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<sup>63</sup> Kenny, P. et al., 2009; WHO, 2009; Pilling, Hesketh & Mitcheson, 2010; Saskatchewan, 2012

- Desired withdrawal management and longer-term treatment goals and outcomes;
- Readiness to look at the impact of their substance use and associated issues, risks and harms;
- Personal strengths and resources. May include: qualities such as optimism, determination, self-esteem, and hopefulness; positive and supportive relationships with significant others, spiritual beliefs and healthy community ties; personal capacities such as coping skills, communication skills, and problem-solving skills; and talents, hobbies, and past successes and achievements.
- Potential barriers to successful withdrawal (e.g. current living situation, financial problems, school or work commitments, care of children and current legal issues);
- Assessment of risk: in particular, suicide risk, self-harm, or danger to others. It may be necessary to create a safety plan if any of these risks are present. Substance use and suicidality frequently co-occur among youth. For more information, see the CCSA report, *Substance Use and Suicide among Youth: Prevention and Intervention Strategies*.
- Current and previous substance use (including underlying reasons for substance use), and treatment history;
- Current physical health and medical history (including dental health);
- Current mental health (including, as appropriate, psychiatric diagnosis) and associated history. Concurrent mental health and substance use issues are common among young people seeking or entering withdrawal management services. Researchers and practitioners generally recommend that individuals seeking service be screened for concurrent disorders as part of the screening and assessment processes, and on an ongoing basis (especially following withdrawal);
- Experience of sexual and/or physical violence, or other trauma;
- Physical, developmental, and cognitive abilities;
- Current medication use and medication history;
- Socio-economic situation (including current living situation and whether or not the young person is working);
- Peer relationships and recreational interests;
- Past and current level of school engagement (including positive and/or negative encounters with the school system);
- Language and literacy abilities;

- Family situation (including, in particular, the family’s strengths), personal supports, and significant others;
- Family history (including familial history of substance use, mental and physical health issues, socio-economic challenges, ethnic and cultural background);
- The role of spirituality and/or formal religion in the youth’s life;
- Sexual orientation and gender identity (bearing in mind that individuals will have varying degrees of comfort and safety with respect to disclosure);
- Involvement with any other programs or counsellors;
- Involvement, if any, with the child welfare system; and
- Involvement, if any, with the criminal justice system.

Some researchers suggest that incorporating an assessment of the individual’s quality of life (e.g. using a standardized tool) can help to gauge the positive outcomes of the withdrawal process on the person’s overall wellbeing.<sup>64</sup>

7.3 See note 2.2 on confidentiality under *Guideline 2: Screening*.

7.4 Trauma may be linked to a single experience, or to ongoing or repeated events. Traumatic events have a profound and lasting impact on how an individual sees themselves, other people and the world. Such experiences can overwhelm an individual’s ability to cope or to integrate the thoughts and feelings associated with those experiences. Trauma-informed services are, broadly speaking, characterized by the following features:

- An understanding of trauma is integrated throughout all service components;
- Policies and procedures are designed with an understanding of trauma in mind; and
- Priority is placed on trauma survivors’ safety, choice and control.

Health authorities should support staff to access training on how to work with people who have suffered trauma.

For more information regarding trauma-informed practice, see the British Columbia *Trauma-Informed Practice Guide* at <http://bccewh.bc.ca/publications-resources/documents/TIP-Guide-May2013.pdf>.

7.7 The primary care provider is in a position to provide consistent and continuous general care for a youth dealing with problematic substance use and should have an ongoing role in the youth’s recovery journey. Where a youth is participating in a home/mobile withdrawal management program, the support of the primary care provider is particularly important. (See the guideline on the role of the primary care provider in Section 3.1 for guidance regarding the primary care provider’s role in home/mobile

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<sup>64</sup> Picci, et al., 2014

withdrawal management). If a youth is not connected to a primary care provider, the withdrawal management service facilitates making such a connection.

- 7.8 Regular monitoring should occur throughout withdrawal care in order to respond to the youth's needs as they arise. The frequency of monitoring will be dependent on symptom severity and the withdrawal care setting.
- 7.9 While formal assessment tools have been developed specifically for the substance use treatment sector, the evidence also supports taking a less structured, narrative approach to assessment. Assessment tools should guide (not dominate) the conversation. It may be appropriate to record the information after (rather than during) the conversation.

## Guideline 8: Recovery / Wellness Planning

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The young person begins the process of participating in creating a written personal recovery/wellness plan that clearly describes the supports and services they will receive that reflect their needs, preferences, strengths, culture and goals.

### Suggested Elements

- 8.1 The information from the continuous assessment process informs the development and revision of the recovery/wellness plan.
- 8.2 The personal recovery/wellness plan addresses supports and goals for withdrawal management, transition from the withdrawal management program, and ongoing, longer-term treatment.
- 8.3 Work on developing the personal recovery/wellness plan begins as soon as the youth feels ready to participate. The process is a collaborative one between the youth, program staff, supportive family members, and other relevant health care professionals. Care is taken to ensure that the youth understands and is engaged with the content of their recovery/wellness plan.
- 8.4 With the youth's consent, their primary care provider is involved in the recovery/wellness planning process. Where a youth is not connected to a primary care provider, the withdrawal management service works to facilitate such a connection.
- 8.5 The recovery/wellness plan is a living document and evolves to reflect the youth's changing situation, preferences, and goals. The decisions made for withdrawal management and transition to ongoing services and supports are reviewed on an ongoing basis and are updated to reflect the youth's changing situation.
- 8.6 Where a youth already has a written plan from previous participation in substance use services and supports this may, with the agreement of the youth, be used to inform work on a new recovery/wellness plan or may be revised to reflect the youth's current situation and goals.
- 8.7 If the youth wishes to have family or other external supports participate in the recovery/wellness planning process, this is facilitated.
- 8.8 The process of developing the recovery/wellness plan includes educating the young person about the role of withdrawal management within the broader spectrum of substance use treatment options and services and setting appropriate expectations about the outcomes of withdrawal and the need for ongoing treatment and supports.
- 8.9 As well as focusing on substance use, the recovery/wellness plan addresses the biopsychosocialspiritual domains covered by the continuous assessment process and incorporates the available supports detailed in *Guideline 10: Provision of Biopsychosocialspiritual Supports*, as appropriate to the young person's needs, preferences, strengths, culture and goals.

- 8.10 The recovery/wellness plan balances the need for the youth to have structure within the program as well as choice of and control over their recovery journey. It also makes provision for activities that will keep the youth engaged in the withdrawal program.
- 8.11 The youth receives a copy of the recovery/wellness plan and takes it with them on leaving the withdrawal management program.

### Notes and Examples

- 8.2 While the generally short (7-10 day) duration of a withdrawal management program does not allow for the full development of a recovery/wellness plan, withdrawal management does provide the opportunity to start working with program participants on a longer-term plan for their care and treatment. In addition to identifying some longer-term goals and treatment options, the details developed during the youth's participation in withdrawal management must cover the goals for withdrawal management and the process of transitioning from the withdrawal management program to ongoing community-based supports or residential treatment.

There is significant variation in symptoms and duration of withdrawal from one young person to the next. The portion of the wellness plan that deals with withdrawal management must be tailored to the youth's specific situation, including paying particular attention to any concurrent mental health issues.

It is intended that each youth will take a copy of the recovery plan with them on leaving the withdrawal management program, and that the plan will be reviewed and updated in collaboration with their primary care provider and staff at the other services and supports that the youth accesses throughout their recovery journey.

- 8.3 Engaging young people in the development of their wellness plans supports their willingness and capacity to complete withdrawal management and to continue with ongoing treatment. With the youth's permission, every effort should be made to include in the planning process other health and social care professionals with whom the youth is connected.

The pace of the process should be appropriate to the youth's level of wellbeing and willingness to participate. Discussions about treatment and recovery should be at a level that is developmentally and cognitively appropriate to the age and/or capacity of the young person. It is important to frame recovery and wellness goals in a way that is relevant to young people. For some youth this might involve an approach that explores the impact of substance use on, for example: their appearance; peer relationships; ability to socialize and/or participate in recreational activities; ability to achieve their educational or employment goals; and/or their finances. As youth tend to be more interested in and influenced by the "here and now", it may be appropriate to focus on developing concrete, short-term (weeks to months) goals.

Program staff should strive to develop warm, honest, and open professional and therapeutic relationships with the youth receiving services. As part of this, the youth's

thoughts and feelings about the service and supports that they are receiving are listened to and inform ongoing recovery planning. Writing the goals for recovery in the youth's own words demonstrates respect for the youth and may enhance their engagement with those goals. Sometimes, youth goals may seem positive yet unrelated to treatment. Nevertheless, using treatment to work towards such goals may help to increase the youth's engagement and motivation to make behaviour changes.

People often experience difficulties with concentration and memory during withdrawal and may be limited in their ability to retain information. It may be necessary therefore to provide important programming information more than once and in a variety of formats (e.g. verbal, written, audio-visual).

Some youth may not be ready to engage with recovery planning during their stay in withdrawal management. In these instances, it may be more appropriate to work on the plan for longer-term treatment and wellness when youth are in stabilization or supportive recovery services.

- 8.4 The primary care provider is in a position to provide consistent and continuous general care for a young person dealing with problematic substance use and should have an ongoing role in the young person's recovery journey. Where a youth is participating in a home/mobile withdrawal management program, the support of the primary care provider is particularly important.
- 8.5 Young peoples' needs and goals may change as they progress through the withdrawal management program and these changes need to be reflected in the personal wellness plan. Regular monitoring should occur throughout withdrawal care in order to respond to each youth's needs as they arise. The frequency of such monitoring will be dependent on symptom severity and the withdrawal care setting. Broadly, as part of the regular monitoring process, program staff should:
- Check the youth's general health (e.g. level of consciousness, vital signs, pain, self-report);
  - Check the youth's environment (calm, quiet, low lighting, supportive persons, self-report);
  - Reassure the youth (allay concerns and fears, give positive encouragement, offer information);
  - Orientate the youth (time, place, person);
  - Offer fluids; and
  - Check the youth's physical comfort (ambient temperature, bedding, need for pain relief).<sup>65</sup>

If anything occurs that is beyond the scope of the withdrawal program to address effectively then the youth should be transferred to an appropriate health care facility.

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<sup>65</sup> Kenny, et al., 2009



Refer to note 10.2 for examples of symptoms that require immediate emergency medical/psychiatric intervention.

A young person's ability to follow the wellness plan that they have developed with program staff may be affected adversely by other health issues and by broader social, emotional and spiritual factors. As much as possible within the context of withdrawal management, and in accordance with the youth's readiness and willingness, these issues should be explored and taken into account when developing a plan and goals for recovery.

- 8.7 Wherever possible and with the youth's consent, recovery and wellness goals should be negotiated between the young person, their parents or guardians and the relevant substance use professionals (e.g. program staff, community substance use counsellor). Where the people involved in the recovery planning process have different goals, it is important to work through these to reach a consensus on what is appropriate and achievable.
- 8.8 Some people accessing withdrawal management services may believe that withdrawing from the substance(s) they are using is all that is necessary to overcome their problematic substance use. However, research and practice evidence indicates that withdrawal should be approached as an early step in a longer recovery process. Withdrawal management presents an opportunity for service providers to inform program participants about the full spectrum of substance use services and to encourage them to make decisions and changes in support of their longer-term health and recovery.<sup>66</sup>
- 8.9 In order to address the biopsychosocialspiritual needs of program participants, withdrawal management providers should be familiar with available public sector and community social, economic, and cultural supports such as: legal assistance; parenting groups and childcare services; employment assistance; education and training programs; interpreters; spiritual and cultural groups; housing assistance; recreation; and dental and other health care services. *Guideline 10: Provision of Biopsychosocialspiritual Supports* addresses the full range of such services and supports in detail.
- 8.10 Because of their age, young people's substance use is typically not as entrenched as that of adults seeking withdrawal management supports. This means that youth may not experience the same severity of withdrawal symptoms and that they will recover more quickly from the symptoms that they do experience. It is important, therefore, to provide a variety of activities to help prevent young people from becoming bored during the withdrawal management process. *Guideline 10: Provision of Biopsychosocialspiritual Supports* details a range of activities that may be provided or facilitated by the withdrawal management program.

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<sup>66</sup> Schillinga, Maresb & El-Bassel, 2004; SCAN, 2006; CSAT, 2006; NCCMH, 2008; Stein, Anderson & Bailey, 2015

## Guideline 9: Retention

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The program is committed to retaining the youth in the service and, in the event of an early exit, ensures that the youth leaves with a written plan for their ongoing care and a connection with an appropriate primary care provider and/or community-based services.

### Suggested Elements

- 9.1 The program recognizes that young people come to withdrawal management services with varying degrees of motivation and readiness to change, and members of staff are prepared to work with each youth where they are at.
- 9.2 The youth is informed of the policies and rules that the program has and understands their responsibilities as a participant in the program.
- 9.3 Appropriate strategies are used to engage the youth with the program and to enhance their motivation to stick with the program.
- 9.4 With the young person's permission, program staff members engage their family and social support network to provide encouragement to continue with the withdrawal management process.
- 9.5 Program staff members make every effort to engage with and support a youth who is exhibiting challenging behaviour and ensure their continued participation in the program.
- 9.6 Members of staff are provided with training on how to deal effectively and respectfully with the challenging behaviour of young people at the service.
- 9.7 If the youth receiving service chooses to leave before completing the withdrawal management program or achieving their goals, this is managed in a sensitive and respectful way. It is made clear to the youth that they will be able to return to the program when they are ready. Service providers support the prompt readmission of any individual wishing to return to the program.
- 9.8 If a youth is asked to leave the withdrawal management program early, this is also managed with sensitivity and respect. The youth understands why they are being asked to leave and what needs to happen before they can be readmitted into the program. As appropriate, service providers support the readmission of the youth or facilitate their admission into an alternative program.
- 9.9 A youth who chooses to leave, or who is asked to leave, the withdrawal management service early is provided with a written plan to support their ongoing care. The youth is also given active help to link with their primary care provider and appropriate community-based services and agencies.
- 9.10 When a young person is asked to leave the program before completing the withdrawal process, this is documented. The program reviews all such incidences regularly and, if necessary, reviews and adjusts its discharge policies to ensure that the program is

working to retain young people.

- 9.11 A youth who chooses to leave, or who is asked to leave, the withdrawal management service early is provided with harm reduction supplies and education as appropriate (e.g. take home naloxone for patients with an Opioid Use Disorder).

### Notes and Examples

- 9.1 For many youth, withdrawal management is their first contact with substance use services and supports. Young people accessing withdrawal management will have different levels of motivation and readiness to change. It is usual for people to attempt withdrawal several times before feeling able to continue with their wellness plan and goals. It is necessary therefore for the program to take a person-centred approach and meet youth where they are at with respect to their readiness to address their substance use issues.

- 9.2 Information about policies and rules includes:

- Contact with family members, friends and significant others;
- Smoking restrictions; and
- Reasons why a participant may be asked to leave the program.

Should a youth use substances while in the withdrawal management program, any decision to ask them to leave should be made on a case-by-case basis. Issues to consider include (but are not limited to):

- The impact that the substance use has had on other program participants;
- The intentions of the youth with respect to their substance use and participation in the withdrawal management program; and
- The willingness of the youth to discuss the matter with program staff.

- 9.3 Strategies that have been shown to improve retention in substance use services and treatment include:

- Using motivational interviewing techniques such as: rolling with resistance in a non-confrontational method; reflective listening; asking open-ended questions; affirming change-related statements; and listening to and building upon self-motivational statements;
- Focusing on the individual's rather than the program's concerns;
- Educating the individual about the withdrawal process and what to expect;
- Engaging with individuals in an objective, caring and respectful manner;
- Offering choice and flexibility with respect to the program elements;
- Developing realistic goals that reflect the individual's stage of change;
- Offering hope and demonstrating empathy;
- Focusing on the individual's strengths;

- Recognizing small steps towards achieving goals;
- Providing feedback;
- Engaging with the individual's family and/or network of support.<sup>67</sup>

9.8 There are a small number of circumstances that might necessitate a youth being excluded from the service for a period of time because it would be deemed unsafe to have them remain in the program. These circumstances include (but are not necessarily limited to):

- When a youth has physically or sexually assaulted another person (staff member or program participant);
- When a youth has been found dealing substances in the unit; and
- When a youth has been found attempting to recruit other program participants into illegal and/or harmful activities (e.g. sex trade participation, gang membership).

Any incident such as these should be documented in the youth's file along with a clear plan for what needs to happen before they will be readmitted and any safety precautions that would need to be in place to minimize the risk of reoccurrence as well as the consequences of the behaviour. If necessary, alternative arrangements should be made for the youth to address their withdrawal management needs at another facility/in another program. All recorded information about the incident should be communicated to the withdrawal management service that is receiving the youth.

In cases of violence towards another person by a youth receiving service, charges should be made.

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<sup>67</sup> U.S. Department of Health and Human Services, 2009; New South Wales Department of Health, 2007 & 2006; University of California, Berkeley, 2011

## Guideline 10: Provision of Biopsychosocialspiritual Supports

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When the youth receiving service is ready, and in accordance with their recovery/wellness plan, the withdrawal management program provides or facilitates access to a range of treatment and recovery services and supports to enhance the youth's overall wellbeing.

### Suggested Elements

- 10.1 The youth has access to a calm and comfortable physical environment. This includes:
  - Sufficient personal/private space;
  - Enough space to move around freely;
  - A comfortable ambient temperature;
  - Access to outdoor space;
  - Access to natural light; and
  - Limited noise pollution (e.g. from vacuum cleaners, radios, televisions, other clients, etc.).
- 10.2 The service provides each participant with access to physician and nursing care as appropriate to their level of need.
- 10.3 The program provides encouragement and support for youth to follow healthy sleep practices. Staff members recognize that participants may need to have more sleep early on in the withdrawal process.
- 10.4 The youth has access to healthy and appealing meals that meet their dietary needs and preferences. Nutrition and hydration education is offered on an as needed basis.
- 10.5 When the youth receiving service is required to refrain from using tobacco, they are provided with nicotine replacement therapy and other medications and supports for tobacco cessation as appropriate
- 10.6 Program staff members are attentive to the physical comfort of the youth and provide, as necessary, a range of adjunctive supports to alleviate the physical symptoms of withdrawal.
- 10.7 The program offers supportive counselling aimed at helping the youth to deal with challenging feelings and thoughts. This includes support for dealing with cravings, easing anxiety/promoting relaxation, promoting mindfulness and being in the moment, and maintaining motivation.
- 10.8 The program provides educational sessions or presentations on a range of topics related to problematic substance use, including (but not limited to):
  - Evidence-based pharmaceutical and psychosocial treatment intervention options for each substance used;

- Public health;
- Harm reduction strategies;
- Community-based substance use resources and supports;
- Peer support;
- Self-help groups;
- Residential treatment options;
- Mental health and concurrent disorders;
- Indigenous and traditional approaches to healing;
- Tobacco cessation; and
- Stages of Change model.

10.9 The program includes opportunities for the youth to develop and to enhance their interpersonal and life skills.

10.10 The program provides access to a range of alternative therapies that have been shown to have beneficial impacts on an individual's physical, emotional and spiritual wellbeing. Such therapies may include, for example: massage therapy; art and music therapy; meditation and mind/body-based therapies; homeopathy; Chinese medicine; and auricular acupuncture.

10.11 Youth have access to a range of exercise activities that promote general wellness and a healthy mind/body connection and that are suitable to their needs and capacity. Such activities may include, for example: daily walks; stretching; yoga; and swimming.

10.12 Youth have an opportunity to take part in a variety of recreational and social activities including, for example: arts and crafts; music; video games; reading groups; movies; cooking; computer access; and fieldtrips. Care is taken to ensure that the activities offered reflect the cultural diversity of the program participants.

10.13 Program staff members work with the youth to enhance their social connectedness and personal support network. This includes, with the consent of the youth, involving supportive family members and friends in the youth's recovery journey, and providing them with information about how to support the youth effectively.

10.14 The service facilitates access to peer support programs such as peer-run self-help groups, peer mentoring, and peer navigation and education.

10.15 The program offers or facilitates access to a range of spiritual activities and supports. These reflect the diversity of spiritual beliefs and practices among program participants.

### Notes and Examples

10.1 It is important that young people undergoing withdrawal have access to an environment that reduces stress and stimulation, and supports their comfort. Ideally, youth will have

private rooms with attached bathrooms and good natural light. During withdrawal, people often experience unpleasant gastrointestinal symptoms. Not having access to a private bathroom can cause additional distress to the individual who is suffering from such symptoms, as well as to other program participants, and undermines the individual's dignity.

The suitability of the home environment is a crucial consideration in determining whether home-based withdrawal management will be the most appropriate option for a young person. See information below under *Service Setting Considerations*.

- 10.2 The program has policies and procedures in place that determine the appropriate level of medical support and access to medical professionals in accordance with the service setting and the individual participant's need.

The following presenting symptoms (the list is not exhaustive) require immediate emergency medical/psychiatric intervention:

- Decreased level of consciousness;
- History of recent head injury with symptoms of concussion;
- Severe respiratory depression or difficulties;
- Significant/profuse bleeding;
- Vomiting with blood;
- Acute chest pain with a history of cardiac problems;
- Repeated seizures;
- Suspected acute fractures/dislocations;
- Acute psychotic behaviour (hallucinations/extreme paranoia); and
- Suicidal thoughts with intent.

After-hours staff in withdrawal management settings that do not have access to 24-hour medical support may call the **8-1-1 HealthLink BC** line or the RACE line (<http://www.raceconnect.ca/>) when they need advice on the best management of an individual's symptoms.

- 10.3 It is good practice to help youth to develop regular sleep practices as soon as they are able; however, staff should be aware that it is common for people to need extra sleep during the first few days of withdrawal management. Literature about sleep and relaxation techniques should be available to participants.

In order to address disturbed sleep, youth should be encouraged to:

- Avoid caffeinated drinks during the day and especially after 2:00 pm;
- Eat regular meals and avoid eating heavy meals late at night;
- Avoid napping during the day;

- Exercise regularly;
- Use relaxation techniques; and
- Have a bath before bed.

When appropriate, the program may provide youth with supportive counselling for sleep hygiene.

- 10.4 The withdrawal process is stressful to the body and, consequently, program participants may require increased nutrients. During the first few days, it may be appropriate to ensure that youth have access to a range of healthy foods that they may eat as needed. Consuming fresh fruits, vegetables and other whole foods can contribute to the participants' health and wellbeing. Nutritional supplements may be provided to participants on an as needed basis. Deficiencies that are common in people undergoing withdrawal include: B complex vitamins, vitamin C, folic acid, zinc and magnesium.

Staff should encourage participants to drink plenty of fluids (water and/or fruit juice). It is good practice to offer beverages that are free of caffeine and refined sugars.

Malnutrition can interfere with the withdrawal process. Where the youth's assessment indicates poor nutritional or hydration status, program staff should, with the youth's consent, monitor their food and fluid intake.

Withdrawal management should include efforts to address the young person's nutritional wellbeing and provide support for improved eating habits. It may be appropriate to talk with the youth receiving service about their eating habits and desire to change them. Access to a specialist dietician service is helpful in delivering nutritional education.

- 10.5 Health Canada approved nicotine replacement therapies, such as the nicotine patch, gum, inhaler and lozenge should be made available to youth who use tobacco. Health Canada also approves non-nicotine prescription medications for smoking cessation. Where appropriate, staff should support youth in accessing that medication. In the research literature, tobacco use is correlated with relapse. Addressing tobacco use as part of the withdrawal management process improves outcomes.<sup>68</sup>

- 10.6 Acupuncture, which has been shown to be effective for several symptoms of substance withdrawal, can help to alleviate discomfort. Other approaches include: physical exercise, massage, and therapeutic heat and/or cold. While not all of these approaches are supported by research evidence, clinicians and program participants have reported their effectiveness. Muscle cramps and aches can be alleviated by taking a bath, using a heat rub or hot pack, doing gentle exercise, or massage. Sweating/hot and cold flashes can be alleviated by taking a shower or bath.

- 10.7 Common psychological symptoms of withdrawal include (but are not limited to):

- Agitation and irritability;
- Moodiness, mood swings or feeling low in mood;

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<sup>68</sup> Stuyt, 2015, Rolland et al., 2016



- Anxiety and worries;
- Restlessness and inability to sleep;
- Difficulty concentrating and fidgetiness;
- Tiredness and feeling low in energy; and
- Cravings or strong urges to use substances.<sup>69</sup>

*Easing anxiety/promoting relaxation* – Anxiety may usually be managed with a combination of education, reassurance and use of the following strategies:

- Relaxation exercises, such as deep breathing, muscle relaxation and listening to relaxing music or relaxation tapes;
- Mindfulness and meditation;
- Access to a quiet, private room;
- Having a bath;
- Doing gentle exercise;
- Massage; and/or
- Reducing or eliminating caffeine intake.

Using a night-light can reduce anxiety during the night. The program could recommend that a youth use a night-light and/or provide the youth with a night-light, as appropriate.

If anxiety does not subside as the withdrawal process progresses, or if it is associated with depression or suicidal thinking, the appropriate medical and psychiatric help should be sought. Expert psychiatric help should be sought for any youth experiencing psychotic symptoms.

*Dealing with cravings* – Supportive counselling and strategies for helping young people to deal with cravings may include:

- Reassuring the young person that cravings will get easier to deal with and will eventually pass;
- Removing “cues” or reminders of substance use;
- Encouraging and supporting the young person to keep busy (e.g. watch a movie; do some exercise; engage in recreational activities such as cooking, playing games, going for a walk);
- Mindfulness and meditation techniques; and
- Identifying ways in which the young person can reward themselves in a positive way each time they make it through a period of craving.

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<sup>69</sup> Christie & Temperton, 2008

*Maintaining motivation* – Program staff can take the opportunity to enhance a youth’s motivation to complete the withdrawal process and access ongoing treatment and supports by taking a motivational interviewing approach to conversations with the youth. The withdrawal service may also consider introducing contingency management to promote participants’ engagement with the withdrawal program and longer-term recovery and wellness.

- 10.8 Such sessions and presentations may be delivered by program staff or by other professionals/community-based support people with whom the program has a relationship.
- 10.9 Supportive counselling during withdrawal management can usefully include a focus on skill building. Youth accessing substance use services are likely to benefit from help to develop or enhance the following skills (not exhaustive): problem solving; coping/stress management; boundary setting; decision making; relationship building and management; emotion identification and stability; and navigating social and economic service systems (e.g. health, education, training, financial supports). In addition, supporting youth to enhance their adaptive coping skills, develop an adaptive sense of self, and improve their capacity for interpersonal relationships may be particularly appropriate for youth whose substance use is related to trauma.
- 10.10 There is a growing body of research that demonstrates the beneficial outcomes of art/music therapy, Chinese herbal medicine and acupuncture in the context of withdrawal management. Program participants and clinicians also report the effectiveness of alternative therapies as an adjunct to core withdrawal treatment and care. (See the Glossary and Evidence sections of these guidelines for more information.)

The range of alternative therapies and supports available will depend to some extent on the service setting. Programs should consider partnering with community resources such as post-secondary schools and colleges to support the free or low-cost provision of services such as music therapy, art therapy, acupuncture, and/or massage therapy by students or community members.

- 10.11 Gentle physical activity is an important part of the healing and recovery process and can play a positive role in supporting young people’s engagement with the withdrawal management program. It is widely accepted that exercise has beneficial impacts on a person’s emotional and psychological wellbeing, as well as physical health. In the context of substance use treatment, the benefits of exercise for relapse prevention, reducing cravings and enhancing psychological wellbeing are clinically admitted but have yet to be empirically corroborated.

Providing access to exercise activities may involve accompanying young people to recreation centres, or giving them passes for recreation centres and passes or prepaid tickets for public transit.

The range of exercise activities available will depend to some extent on the service setting.

- 10.12 The program should be responsive to the cultural needs of youth. Activities such as music and singing, art, and cooking and eating provide opportunities for cultural responsiveness and inclusivity.

The range of recreational activities available will depend to some extent on the service setting.

- 10.13 Supportive counselling and education for strengthening personal and social supports may be done individually or in a group setting. The program should have active connections with community organizations that serve diverse youth (e.g. LBGTQ2S; Indigenous, developmentally disabled). In studies, withdrawal management participants have reported that social support networks play an important role in sustaining their ongoing recovery and wellness.<sup>70</sup>

The involvement of supportive family members in a young person's recovery journey contributes significantly to successful outcomes. It allows for the demystification of the treatment and recovery process and provides an opportunity to encourage support for the youth to make changes in their behaviour and lifestyle. Family involvement enhances a youth's engagement with and retention in treatment, reduces the risk of relapse, and improves family functioning. Research (with adults) shows that involvement in positive family/social activities during the post-withdrawal management period significantly reduces the likelihood of relapse. Conversely, negative family/social experiences (such as interpersonal conflict, exposure to others' problematic substance use) increase the risk of relapse.<sup>71</sup>

Having a well-informed personal circle of support (family members or others) is important to the youth's ongoing wellbeing and their ability to capitalize on the gains made during withdrawal management. A trauma-informed approach to educating family members and supportive others will facilitate their understanding of what is helpful and unhelpful when supporting someone who is in recovery. Broadly speaking, members of the youth's support network need to be aware that enabling, coercive, and confrontational behaviours and actions are unhelpful.

It may also be appropriate to refer people to local family support groups and organizations.

As appropriate, and with the youth's permission, programs should also involve Indigenous Elders and community members to help build the youth's social and community connectedness. Working with Indigenous advisors/liaisons can also help enhance communication and engagement between the withdrawal program staff and Indigenous families.

Youth should have the opportunity to make personal phone calls in a suitably private space.

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<sup>70</sup> Khan, et al., 2014

<sup>71</sup> Khan, et al., 2014

10.14 Evidence shows that peer support programs for people with problematic substance use are associated with a number of beneficial outcomes, including:

- Increased engagement with treatment and motivation to change;
- Increased sense of self-efficacy;
- Enhanced social support, networks and functioning;
- Increased ability to cope with stress;
- Improvements in practical outcomes (e.g. employment, housing, finances);
- Enhanced ability to navigate services and communicate with service providers; and
- Reduced mortality rates, particularly with regard to suicide.<sup>72</sup>

Peer support programs are important because they offer a link to the shared experience of recovery. In addition, they represent a constant connection for people as they move between the various points on the continuum of care.

10.15 Spiritual experiences are integral to the wellness process for many people and appropriate spiritual care and supports should be part of the withdrawal management program. These may take the form of:

- Providing information about spiritual groups and access to spiritual guidance;
- Offering group sessions where participants can explore broad spiritual issues;
- Having spiritual leaders visit a participant (as requested by the participant);
- Accommodating spiritual rites and practices (e.g. prayer, smudging, attendance at religious meetings); and
- Developing and sustaining active connections with religious and spiritual groups and organizations that reflect the spiritual and religious affiliations of program participants.

Program staff should be aware of and knowledgeable about Indigenous spiritual and cultural practices, especially as they pertain to healing and wellness. The program should have a strong link with an Indigenous cultural liaison/advisory person.

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<sup>72</sup> CSAT, 2006; NTA, 2006; O'Hagan, 2011

## Service Setting Considerations

### 10.1 **Home-based withdrawal:**

Having an appropriate home environment is a crucial component of effective home-based withdrawal management. The process of assessing a young person's suitability for withdrawing at home should include assessing their home environment and, as necessary, helping the youth and their family to create a suitable home environment for withdrawal. Broadly, the youth should have access to a safe, supportive and stable place in which to undertake withdrawal. Ideally, the environment will have the following characteristics:

- Quiet;
- Low lighting;
- Appropriate space for bed rest;
- Free from substance use (does not have to include tobacco); and
- Free from talking about substance use.

10.4 For residential withdrawal management programs, the provision of regular meals consisting of healthy foods that are attractively presented is an important consideration. Youth (and the families/guardians of youth) who are accessing home/mobile or day withdrawal programs should receive the necessary support to prepare healthy meals during withdrawal care.

## Guideline 11: Prescription Medication

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The withdrawal management service ensures that youth are able to continue taking physician-prescribed medications that are supportive of their health and wellbeing and that will facilitate the achievement of their withdrawal management goals.

### Suggested Elements

- 11.1 All young people receive an assessment of their health status and use of medications related to their physical, psychiatric and substance use needs.
- 11.2 As appropriate, a medication plan is developed for the youth and this is reviewed on an ongoing basis.
- 11.3 All decisions taken as a result of medication reviews are recorded in the personal recovery/wellness plan.
- 11.4 The program has policies and procedures in place to ensure that all medications are stored, dispensed and administered according to accepted standards and applicable policies, legislation and regulations.

### Notes and Examples

- 11.1 The withdrawal management service strives to compile the best possible medication history from as many sources as reasonably possible. The health status and medication use assessment takes place as soon as reasonably possible. The assessment is carried out by: a physician or a nurse practitioner attached to the program; by the young person's own primary care provider; or by a local walk-in clinic that the program has established a relationship with. A registered nurse may carry out the initial assessment and then consult with a physician.

Withdrawal management can also be a time to address potentially harmful medication use (e.g. benzodiazepine tapering).

- 11.2 All decision-making related to prescription medications must be made by a physician. When youth already have a primary care provider, or have an existing prescription from a doctor, then consultation with that physician must occur.
- 11.3 A significant number of young people accessing withdrawal management supports will require prescribed medications for a variety of reasons. Medications may also form part of a youth's withdrawal process. Examples of concurrent conditions requiring medication include physical conditions such as: asthma; diabetes; arthritis; hepatitis; and HIV/AIDS. Mental health conditions requiring medication may include: schizophrenia; anxiety and mood disorders; eating disorders; and other mental health problems with a biochemical basis. Transgender youth on hormones must be able to access their medication when needed.

The treatment of problematic substance use may require medication for withdrawal,

stabilization, or substitution. There is abundant and conclusive evidence that opioid agonist treatments such as Buprenorphine/Naloxone (also known as Suboxone®) and Methadone, can help individuals to participate in treatment, reduce their illicit substance use, and improve their overall health. *Note that Suboxone® is not approved by Health Canada for use by people under the age of 17. Consent to prescribe should be obtained from the patient and/or guardian after discussion of the risks and benefits.*

**Until June 5, 2017**, clinicians wishing to buprenorphine/naloxone and/or methadone should refer to the College of Physicians and Surgeons of BC's *Methadone and Buprenorphine: Clinical Practice Guideline for Opioid Use Disorder* (<https://www.cpsbc.ca/files/pdf/MBMT-Clinical-Practice-Guideline.pdf>). After June 5, 2017 the BC Centre on Substance Use's *A Guideline for the Clinical Management of Opioid Addiction* will be the guideline for the province of British Columbia ([http://www.bccsu.ca/wp-content/uploads/2017/02/BC-OUD-Guidelines\\_FINAL.pdf](http://www.bccsu.ca/wp-content/uploads/2017/02/BC-OUD-Guidelines_FINAL.pdf)).

The BC Centre on Substance Use *Guideline* (in line with College of Physicians and Surgeons of BC recommendations and a recent policy statement from the American Academy of Pediatrics) recommends that any clinician providing care to adolescents and young adults with moderate to severe opioid use disorders should consider offering first-line pharmacotherapy options where indicated and appropriate.

Vancouver Coastal Health has created easy to read overviews of these medications for patients:

- *Medication Choices: Buprenorphine/Naloxone (Suboxone) Maintenance* – <http://www.vch.ca/media/Bupnlx%20Info%20sheet%20FINAL%20Jan7.pdf>
- *Medication Choices: Methadone/Methadose Maintenance* – <http://www.vch.ca/media/Methadone%20Info%20sheet%20FINAL%20Jan7.pdf>

11.4 At a minimum, written medication management policies and procedures should include:

- Procedures for managing medication errors and adverse medication reactions;
- Procedures for controlling access to medications;
- The practice of highlighting known medication allergy information in the participant's record;
- The practice of administering all medications with the authority of a physician;
- A policy establishing under what circumstances self-medication by the participant is permitted; and
- Specific routines for the administration of medications, including standardization of abbreviations and dose schedules.

Services that are licensed under the *Community Care and Assisted Living Act* are required to follow regulations governing medication in that Act. Detailed requirements for medication storage and administration can be found in the Residential Care Regulation

(RCR) (as referenced in the Appendix).

Services that are accredited under the Commission on Accreditation of Rehabilitation Facilities (CARF) are required to follow standards governing medication in the latest edition of the *Behavioral Health Standards Manual* (as referenced in the Appendix).

The *Community Care and Assisted Living Act* supersedes CARF. If there is any discrepancy, agencies that are licensed must follow the legislation.



## Guideline 12: Continuous Program Improvement

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The withdrawal management program is committed to ongoing evaluation and improvement in order to ensure that youth receiving service are provided with effective, evidence-informed supports.

### Suggested Elements

- 12.1 The program facilitates access to a range of evidence-informed supports that are appropriate to the young person's needs, strengths, preferences and culture. Depending on the program setting, supports may be offered within the program or may be accessed via community-based services that are linked to the program.
- 12.2 Youth are given formal and informal opportunities to provide feedback on program activities and supports. Upon leaving the program, each participant is invited to fill out a satisfaction survey.
- 12.3 There are regular opportunities for other service providers who link with the withdrawal management program to provide formal feedback.
- 12.4 Withdrawal management service providers participate with health authorities in regular program and outcomes-based evaluations. In addition, programs delivered by third-party providers participate in regular contract monitoring and reporting procedures with their health authority.
- 12.5 Evaluation data and feedback from all sources is used to help inform the program about how well it is doing and how it can improve.

### Notes and Examples

- 12.1 "Evidence" includes both research evidence (from clinical trials and health and social science studies) and practice-based evidence (from clinicians', participants', and programs' experiences and knowledge).

The most fundamental components of what we know to be effective substance use treatment and supports for young people include:

- Recognition that withdrawal management is an important first point of contact for many and that this approach alone is not considered treatment. Patients must be connected into comprehensive and ongoing treatment and care post-withdrawal management.
- Providing evidence-based care and access to evidence-based treatments, including but not limited to pharmacotherapies, psychosocial treatment interventions, peer support and recovery oriented systems of care.
- Providing person-centred care that addresses the needs of the whole person through the provision of a range of biopsychosocialspiritual supports that are tailored to the circumstances and preferences of each individual;

- Taking a culturally-appropriate and trauma-informed approach to all aspects of treatment and care;
- Treating each young person with sensitivity and respect and in a way that preserves their dignity and reduces the stigma associated with substance use;
- Providing help and support for any concurrent mental health issues;
- Involving the youth’s family and supportive others in wellness planning, and providing the individual with help and tools to strengthen their personal circle of support; and
- Developing and maintaining strong links and relationships between providers across the spectrum of substance use supports, and between substance use services and providers of other health and social services to facilitate the delivery of “wrap around” services for each individual.

As the body of evidence with respect to leading practices in the substance use services field is constantly being added to and revised, it is desirable for health authorities to have mechanisms in place that facilitate service providers’ ongoing access to the latest research and practice-based guidance.

12.2 Participant feedback may include verbal as well as written feedback. Seeking such feedback supports inclusivity and collaboration between program staff and participants. It allows program staff to make modifications to activities and supports in order to best meet individual and group needs. The satisfaction survey is a more formal way to seek young people’s input and impressions on the quality of service that they received and how well the program met their needs. The survey should be appropriately pitched for a youth audience.

12.4 Each program should have a health authority approved process to measure participant outcomes. Ideally, and with the participant’s consent, this includes follow up with the participant after they have left the program.

In addition to participating in health authority evaluations, residential withdrawal management services that are licensed under the *Community Care and Assisted Living Act* will take part in the inspection process required under the *Act*. (Refer to the Appendix for the web link to the *Act*.)

Residential withdrawal management services that are accredited under the Commission on Accreditation of Rehabilitation Facilities (CARF) will participate in that organization’s regular survey and review process.

## Guideline 13: Staff Qualifications and Experience

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Withdrawal management supports offered by the program are delivered by appropriately qualified staff.

### Suggested Elements

- 13.1 Members of staff and volunteers stay within the scope of the role for which they are adequately qualified. Young people receiving service are welcome to ask about an employee's qualifications.
- 13.2 Volunteers working at the program receive adequate and appropriate training, support and supervision for the work they are doing.
- 13.3 Program staff members meet the Canadian Centre on Substance Abuse (CCSA) competencies for their specific roles.
- 13.4 Each staff member receives the necessary supervision to ensure that they are meeting the standards for their role.
- 13.5 The program has policies in place that clearly designate which member of staff is responsible at any given time for approving the key decisions about each participant's care.
- 13.6 All staff have appropriate training, supervision and support to carry out the work that they do safely and effectively.

### Notes and Examples

- 13.2 At a minimum, volunteers are familiar with the program's rules, policies, and procedures, and receive the necessary supervision to put these into practice.
- 13.3 Employees should receive recognition and credit for their experience and demonstrated capabilities, and should be supported in accessing further training or developmental opportunities where possible in order to stay current with leading practice.

The CCSA released its *Behavioural Competencies Report* in 2010 and a revised *Technical Competencies Report* in 2014. The *Technical Competencies Guide to Working with First Nations Clients* was released in 2015. This Guide provides an Indigenous context for the Technical Competencies and reflects cultural principles derived from Indigenous knowledge.

Each component of the *Competencies for Canada's Substance Abuse Workforce* provides comprehensive guidance on which of the competencies apply to which roles and/or professionals within the substance use workforce. They also describe how individual staff members may demonstrate each competency. (Refer to the Appendix for a web link to the CCSA's competencies guide).

Agencies providing withdrawal management services are responsible for ensuring that all staff members meet the CCSA competencies.

All health authority direct and contracted staff members have the opportunity to participate in the Core Addiction Practice Training or similar health authority approved training package.

Ongoing staff training and development may be delivered in a number of ways. Possible approaches include: health authority-led workshops; online learning; mentoring programs; and knowledge and best practice exchange through multi-agency workshops, symposia and communities of practice.

13.5 Such key decisions would include (but are not necessarily limited to):

- When to seek the advice or input of a physician;
- Issues related to medication(s) that an individual is taking;
- When it is necessary to transfer a youth to hospital for medical supports that are not available within the program; and
- A determination to ask a youth to leave the program early.

Who the designated staff member is will vary according to the service setting and program type.

## Preparing for ongoing recovery after withdrawal management

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Effective withdrawal management programs include a robust process of transition planning. Preparing for what will happen after the youth leaves the program should begin as soon as they feel ready to participate in the process.

Transition planning forms part of the personal recovery/wellness plan. It should be done carefully and thoroughly, and in full collaboration with the youth receiving service, the youth's family/circle of support, and the appropriate allied health and social services. It is an opportunity to focus on the strengths that each young person has and the progress they have made during withdrawal management.

The transition plan should pay attention to the youth's immediate and longer-term needs, preferences and goals in areas such as: ongoing care and treatment; access to social services; and strengthening personal and social supports. Relapse prevention, maintenance treatment and harm reduction should also form an integral component of this planning.

All young people leaving withdrawal management must be actively and meaningfully supported. Successful transitions from withdrawal management rely on strong linkages and relationships between residential and community-based substance use services, and other health and social service agencies.

## Guideline 14: Transition Planning

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The youth receiving service participates in developing a plan for their stabilization and ongoing recovery/wellness journey following withdrawal management.

### Suggested Elements

- 14.1 Work on the transition plan starts early in the withdrawal management process, i.e. as soon as the youth is able to participate actively in developing a longer-term recovery/wellness plan.
- 14.2 Planning for and coordinating post-withdrawal care is a fundamental part of withdrawal management and is a collaborative process between the youth, program staff, other health professionals and service providers (as appropriate), and the youth's circle of support.
- 14.3 The transition plan reflects the youth's successes, preferences and ongoing goals, and addresses any concerns that they may have about the longer-term recovery process.
- 14.4 As appropriate, the plan includes provision for the youth to access a supportive recovery facility on leaving withdrawal services to help maintain and sustain their recovery.
- 14.5 The transition planning process enhances the youth's understanding of the available ongoing services and supports that meet their needs and preferences.
- 14.6 With the youth's consent, members of their support circle are involved in transition planning, and are informed about how best to support the youth during their ongoing recovery.
- 14.7 The plan may deal with any or all of the following elements, as appropriate to each young person's situation:
  - Ongoing substance use treatment and supports (residential and community-based);
  - Connection to a primary care provider and/or addiction medicine specialist;
  - Mental health services and supports;
  - Other health and medical supports;
  - Pharmacotherapy (including, as appropriate, Opioid Agonist Treatment, alcohol relapse prevention medications);
  - Residential or supportive recovery oriented systems of care;
  - Psychosocial treatment interventions;
  - Support for healthy diet and nutrition;
  - Life skills;
  - Stress management skills;
  - Relapse prevention skills and education about Post Acute Withdrawal

Syndrome;

- Harm reduction;
- Relationship with family;
- Personal and social supports (including community groups);
- Safety from violence and abuse;
- Income support;
- Employment, education and/or vocational training;
- Housing;
- Legal services;
- Child protection services;
- Parenting skills;
- Spiritual and cultural practices and preferences; and
- Recreational interests (e.g., arts, sports, social activities).

14.8 When discussing the young person's options for ongoing treatment, it may be necessary – and helpful – to advise them that even if their preferred option is unavailable, alternative programs or supports may still be beneficial.

14.9 The transition plan includes strategies for addressing any barriers to accessing ongoing services and supports including, for example: transportation; childcare; housing needs; and safety issues.

14.10 The youth receives a copy of their transition plan and, with the youth's written consent, the plan is shared with the appropriate health and social services and supports.

### Notes and Examples

14.1 Having a plan for ongoing treatment and supports is associated with better outcomes for people who are trying to change their substance use. Wellness and transition planning helps to engage young people in their longer-term recovery journey and increases their awareness of the support services that are available to them. Further, identifying and linking youth with the supports that best meet their post-withdrawal needs and preferences helps to ensure continuity of services.

14.4 Ideally, a residential treatment and/or supportive recovery bed would be available for every young person who needs and wants one immediately on leaving withdrawal management. However, where resources are limited, it may be necessary to prioritize access to these beds to people who:

- Have declined opioid agonist treatment and are at risk for opioid overdose due to decreased tolerance;
- Are at high risk of relapse if only outpatient supports are provided;

- Are homeless;
- Live alone;
- Have experienced or are experiencing a violent or abusive relationship;
- Would be returning to a home situation where there is ongoing substance use;
- Are survival sex trade workers; and
- Have a persistent substance-use induced mental health problem (e.g. psychosis, risk of suicide).

14.6 Having a well-informed personal circle of support (family members or others) is important to the youth's ongoing wellbeing and their ability to capitalize on the gains made during withdrawal management. A culturally appropriate trauma-informed approach to educating family members and supportive others will facilitate their understanding of what is helpful and unhelpful when supporting someone who is in recovery. Broadly speaking, members of the youth's support network need to be aware that enabling, coercive, and confrontational behaviours and actions are unhelpful.

The youth's support circle (e.g. family members, significant others, friends) may require additional support during the transition planning process (e.g. through referrals and linkages to the appropriate support services).

14.7 The transition plan should address all of the biopsychosocialspiritual domains. In particular, program staff should be aware that many young people leaving withdrawal management services are homeless or have no safe or stable home to return to. The transition plan must address the youth's need for safe shelter. It must also consider the youth's level of safety from violence and abuse following their transition to post-withdrawal supports. The development of a safety plan that reflects the youth's circumstances may be necessary. This is a particularly important consideration for girls and young women.

The transition planning process should also support youth in identifying positive activities to engage with that are free of associations with substance use. These may include recreational, educational, training and employment activities.

Where a young person needs to be connected with income assistance (or other government income supplement programs), it is important to begin this process promptly as there may be a delay of some weeks between applying for assistance and receiving the first payment. It would also be useful to help youth to develop a plan for how they will manage (e.g. food, housing) until income assistance starts coming in.

While residential treatment and/or supportive recovery facilities may represent the appropriate next step for some young people leaving withdrawal management, in reality capacity issues mean that these services are not available to everyone who needs and wants them. During transition planning withdrawal management program staff may need, therefore, to take a creative and flexible approach to identifying the substance use services that are readily available and that will provide adequate support for the youth.



Appropriate substance use services may include:

- Primary care and/or addiction medicine specialist;
- Individual counselling;
- Self-help and peer support groups;
- Post-withdrawal support groups;
- Outreach support;
- Outpatient programs; and
- Residential treatment.

## Guideline 15: Reducing Risks

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The withdrawal program provides the youth with relapse prevention strategies and harm reduction education to lower the potential risks should relapse occur.

### Suggested Elements

- 15.1 The withdrawal management program provides youth with the opportunity to learn about the risk of relapse after withdrawal and to develop strategies to prevent relapse. This includes education on the neurobiology and neurochemistry of addiction as a chronic relapsing brain condition as well as rates of relapse for each substance used.
- 15.2 Relapse prevention education includes information about Post Acute Withdrawal Syndrome (PAWS) and support and interventions for managing PAWS symptoms.
- 15.3 The program provides participants with:
  - Information about the elevated risk of overdose following withdrawal;
  - Specific advice and techniques for reducing the harms from substance use; and
  - Harm reduction supplies (on leaving the program).

### Notes and Examples

- 15.1 Relapse is a common challenge for people who are addressing their substance use. Program staff must be aware of the evidence on rates of relapse and potential risks. It is important that program participants understand the risk of relapse and do not regard it as a personal failure or as a failure of treatment.

When an individual relapses, they often experience shame and this can increase the risk of a full relapse. Program staff should take a nonjudgmental and accepting approach to help sustain the individual's engagement.

The literature suggests that certain situations or states of mind are often associated with relapse, including:

- Negative emotional states (e.g. frustration, anger, anxiety, depression or anger);
- Interpersonal conflict (e.g. relationships with partner, work colleagues, friends); and
- Direct or indirect social pressure to use substances.<sup>73</sup>

Relapse prevention education can be individual or group-based. A relapse prevention program usually includes the following:

- Enhancing the individual's motivation to capitalize on the gains made in withdrawal management by exploring the consequences of continued substance use;

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<sup>73</sup> Australian Government, Department of Health and Ageing, 2009

- Identifying high-risk situations and triggers for craving;
- Developing strategies to limit exposure to high-risk situations and to deal positively and confidently with inevitable risk. This may include developing an “emergency plan” for coping with high-risk situations when other skills are not working;
- Developing skills to manage cravings and other painful emotions without using substances;
- Learning to cope with lapses or ‘slips’. This may include strategies for analyzing and understanding the context of the lapse and reducing feelings of failure, shame, guilt and hopelessness about the lapse;
- Learning how to recognize, challenge and manage unhelpful thoughts about using substances; and
- Identifying pleasurable and rewarding activities that are not associated with substance use and that can contribute to increased wellbeing and happiness.

In addition, the treatment of any underlying health condition, mental health issue, or substance-use related mental health issue, is important for helping to prevent relapse.

There is some emerging evidence (with adults) to suggest that Developmental Counselling Therapy (DCT) is a promising approach for preventing relapse. A relapse prevention plan needs to be in place before using DCT.<sup>74</sup>

15.2 Addiction to substances involves both the physical and psychological domains. After the physical process of withdrawal has been completed, people still have to work on their psychological desire and “need” for the substance(s) they have been using. This puts them at risk of Post Acute Withdrawal Syndrome (PAWS).

Symptoms of PAWS are common to almost all people recovering from problematic substance use. It is crucial therefore that withdrawal management staff are aware of PAWS symptoms and effective treatments.

PAWS symptoms often start around 7 to 14 days after stopping substance use and peak over the following 3 to 6 months. Common symptoms include:

- Inability to think clearly;
- Memory problems;
- Heightened or excessive emotions and/or feelings of numbness;
- Insomnia and other sleep problems;
- Problems with physical coordination; and/or
- Particular sensitivity to stress.<sup>75</sup>

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<sup>74</sup> Clarke & Myers, 2012

<sup>75</sup> Gorski, 2013

Awareness of PAWS is a fundamental component of supporting the individual's ability to cope with the symptoms. Other effective strategies and supports include: individual counselling; recovery support groups; biofeedback therapy; emotional intelligence coaching; massage; music therapy; acupuncture; healthy eating and exercise habits; and adequate hydration.<sup>76</sup>

- 15.3 Harm reduction education includes providing information about: relapse and relapse prevention; risk of overdose and how to recognize and reverse an overdose; safer sex practices; safer substance consumption practices; reducing use; and treatments such as opioid agonist therapy. It may also include information on services available in certain areas, such as needle exchanges or supervised injection sites.

Harm reduction supplies include (but are not limited to): sterile needles and syringes, swabs, tourniquets, sharps containers, sterile water, vitamin C/acidifier sachets, crack pipe mouthpieces and screens, and condoms. For more information, see the *Toward the Heart* website: [www.towardtheheart.com](http://www.towardtheheart.com). To access supplies, the service provider should contact their local health authority.

Providing harm reduction services to youth requires a deeper level of assessment and engagement than it typically does with adults. At the same time, it represents an opportunity to engage young people in considering the impacts of their substance use and help them to identify ways in which they can reduce the associated harms. Young people's relative inexperience with substance use put them at higher risk for overdose and substance use related exploitation. Harm reduction education can help to enhance their problem-solving skills with respect to overdose and exploitation.

Individuals who have been using opioids must receive education about take home naloxone and where to access appropriate training and supplies. All withdrawal management programs should be a distribution site for B.C.'s Take Home Naloxone Program and provide a kit to all patients who use opioids on discharge. Staff should ensure that the individual has a take home naloxone kit and access to training on how to use it.

More information on best practices for harm reduction can be found in, *Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and Are At Risk for HIV, HCV, and Other Harms: Parts 1 & 2* (2013), developed by the Working Group on Best Practice for Harm Reduction Programs in Canada. (See the Appendix for a link to these documents).

The B.C. Centre for Disease Control has developed *Guidelines for Providing Harm Reduction Services to Mature Minors in British Columbia*. Service providers should refer to these guidelines when working with youth under the age of 19 years. (See the Appendix for the link to the B.C. Centre for Disease Control).

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<sup>76</sup> Bergdahl, Berman and Haglund, 2012; Davis, n.d.

## Guideline 16: Ongoing Treatment and Supports

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The withdrawal management program links the youth with the ongoing substance use treatment and/or other health and social supports identified in their transition plan.

### Suggested Elements

- 16.1 The withdrawal management program ensures that the youth is successfully linked with the substance use service providers that they will work with after leaving the withdrawal service. Wherever possible, this involves facilitating face-to-face interaction between the youth and ongoing service providers while the youth is in the withdrawal program.
- 16.2 The withdrawal management program actively supports the youth to make contact with other health and social service agencies and community organizations (e.g. primary care, housing, childcare, employment services and support groups) as needed.
- 16.3 The youth is not discharged from the withdrawal management program until adequate and appropriate links have been made for them with ongoing services and supports.

### Notes and Examples

- 16.1 Linking youth with other services is associated with better treatment outcomes. Without adequate support, post-withdrawal recidivism rates are high. The goal is to ensure that progression from withdrawal management to other substance use treatment services and supports is timely and responsive to the young person's needs. In this way, the risk of relapse is reduced and youth are supported in building on the gains that they have made during withdrawal management.

Ensuring timely access to the services and supports identified in the youth's transition plan may be challenging and staff may need to be flexible and creative about finding the means to meet the youth's needs. It may be necessary to link an individual with lower tier supports when there are wait periods to access higher tier treatment services. Telephone support (and other telehealth or web-based services) may provide a beneficial, short-term solution when there are waits for accessing in-person treatment and services.

The withdrawal management program should take an active role in connecting and engaging the youth with the ongoing treatments and supports identified in their recovery/transition plan. Face-to-face interaction between the program participant and providers of ongoing services supports relationship building and helps to provide for effective follow-up after withdrawal management. Generally speaking, the more real links and connections a young person has on leaving the withdrawal management service the better.

When a young person is being referred to supportive residential services, the withdrawal program should help to prepare them for entering the residential program. If there is a wait period between leaving withdrawal management and entering residential treatment,

the withdrawal management program should link the youth to harm reduction services and appropriate community-based services that can provide adequate support during the wait time.

- 16.2 At a minimum, youth should be given up-to-date and accurate telephone numbers, contact names, email addresses and websites for ancillary services in their communities. However, there is growing empirical support for an “assertive linkage” approach that emphasizes continuity of contact (for example by volunteer recovery support specialists) with the youth and their family/circle of support to facilitate the transition from withdrawal management to ongoing services. This is particularly important during the vulnerable period immediately following completion of the withdrawal management program.

Access to stable and affordable housing is a concern for many young people receiving substance use services and supports. The withdrawal management program should connect participants who are homeless with services that can assist them in finding housing. A young person leaving a residential withdrawal management program must have access to stable and safe housing.

It is crucial that the youth is connected with a primary care provider who can help to coordinate ongoing care and treatment. Young people with other chronic medical conditions and those in need of follow-up medical care should have an appointment made with the appropriate health care professional before leaving the withdrawal management program.

As much as possible, the withdrawal management program should help the youth to connect with the positive activities (e.g. education, training, employment and recreation) identified in their transition plan.

# Additional Information about Youth with Concurrent Disorders

## Special Considerations for Youth with Concurrent Mental Health and Substance Use Issues

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The body of literature addressing specific treatment and supports for young people with concurrent mental health and substance use disorders is limited, and represents an area where more research is needed. In particular, academic studies and grey literature on the topic of withdrawal management for youth with concurrent disorders are scarce. This chapter necessarily draws, therefore, on evidence about effective substance use treatment for adults with concurrent disorders, as well as the literature on leading practices for youth with concurrent mental health and substance use issues.

### Context

Research indicates that approximately 3 % of young people in Canada (between the ages of 15 and 24) experience concurrent mental health and substance use issues.<sup>77</sup> Studies demonstrate that there is a strong association between problematic substance use and concurrent mental health issues. Approximately 50% of young people who seek support for problematic substance use also have concurrent mental health issues.<sup>78</sup> Girls are at a slightly higher risk than boys of experiencing a concurrent mental health and substance use disorder. In addition, youth with concurrent mental health and substance use issues are more likely to have used substances from an earlier age and to have used substances more frequently (when compared to young people with problematic substance use only). This puts them at an increased risk of experiencing the psychosocial challenges associated with substance use.

Mental health disorders that have the strongest association with problematic substance use among young people include:

- Disruptive behaviour disorders;
- Anxiety and mood disorders;
- Post-traumatic stress disorder;
- Eating disorders;
- Externalizing disorders; and
- Borderline personality disorder.

The literature also suggests that young people with concurrent disorders are often undertreated. It is estimated that less than half of youth who would benefit from treatment actually receive help for their problematic substance use, mental health issues, or both. Furthermore, youth with concurrent disorders are likely to have a “rocky” course of treatment, and have high rates of dropout and relapse.

There is good evidence that an integrated approach to dealing with young people’s concurrent mental health and substance use issues is required for successful outcomes to be realized. In addition, because substance use is often a symptom of an underlying mental health issue, working to improve a young person’s mental wellbeing can help to reduce their substance use.<sup>79</sup>

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<sup>77</sup> Cheung, et al., 2010

<sup>78</sup> Leslie, 2008; NTA, 2009

<sup>79</sup> Shane, Jasiukaitisa & Green, 2003; Bender, Springer & Kim, 2006; Leslie, 2008; Adair, 2009; Australian Government, Department of Health and Ageing, 2009; NTA, 2009; WHO, 2009; Cheung, et al., 2010; Langenbach, et al., 2010.



## Biopsychosocial/spiritual impacts of concurrent disorders

Young people who have concurrent mental health and substance use issues are likely to experience more severe symptoms and course of illness, more significant issues with their physical health, poorer overall functioning, and lower quality of life. They are also at increased risk for suicide and premature mortality.

Many young people with concurrent mental health and substance use issues experience significant challenges with their familial and social relationships and connectedness. The combination of health, legal, education, personal, and social issues can have a negative effect on both short-term and long-term treatment outcomes for youth with concurrent disorders.

Treatment and support programs need to address the full range of impacts in order to maximize positive outcomes for young people who are dealing with mental health and substance use issues.<sup>80</sup>

## Evidence-informed practices for supporting youth with concurrent disorders

### Provision of integrated services and supports

There is a consensus across the literature on concurrent disorders that an integrated approach is the most effective for treating people with concurrent mental health and substance use issues.

“Although treatment of mental health problems will be optimised by being substance free, if a young person is unwilling or unable to ‘detox’, this should not affect their eligibility for appropriate mental health care. The days of mental health care being contingent on abstinence from substances are gone and best practice is to provide integrated care. Integrated care for young people with co-existing mental health and substance use problems is about treating both disorders as best as possible at the same time.”

Christie & Temperton, 2008

Young people should receive seamless, integrated services that support engagement and retention, and help to prevent them from falling through gaps in service provision or from being denied treatment for their mental health issues until they have dealt with their substance use.

Integrated delivery of mental health and substance use services maximizes positive treatment outcomes for young people, and should be embedded throughout the screening, assessment, and recovery/wellness planning processes. To this end, the literature argues that models of care should transition from a program-level to a systems-level approach, particularly because youth with concurrent issues tend to span multiple systems of care.

In addition to integrating the treatment of mental health and substance use, support services for youth with concurrent disorders should take a holistic approach to addressing young peoples’ social, health and personal issues. Supports and interventions for youth should be able to address the multiple needs of young people in an integrated, multi-systemic manner.<sup>81</sup>

<sup>80</sup> Leslie, 2008; Adair, 2009; NTA, 2009

<sup>81</sup> Shane, Jasiukaitisa & Green, 2003; Nova Scotia, 2005; Christie & Temperton, 2008; NTA, 2009; Cheung, et al., 2010; Addictions Ontario, 2011; Mitchell, 2012; Kozloff, et al., 2013; Nova Scotia, 2013

## Screening and assessment for withdrawal management and ongoing treatment

Effective treatment for young people with concurrent mental health and substance use issues begins with screening for concurrent disorders, followed by a comprehensive assessment.

The assessment process should be thorough (and ongoing throughout the youth's recovery journey), and should involve the appropriate health care professionals and the youth's parents or care givers (when appropriate and with the consent of the youth). A comprehensive assessment process helps to ensure that the wellness plan addresses the youth's needs and strengths and can be adapted as their needs change.

It is recommended that service providers always assess young people who are seeking support for substance use issues for a history of trauma, as well as common mental health issues such as depression, anxiety, antisocial behaviour, and suicidal thoughts. Youth presenting for help with their substance use who manifest symptoms of psychiatric disorders must be referred promptly for mental health treatment.

Service providers should receive training in working with youth with concurrent mental health and substance use issues, so that they can identify and treat individuals effectively.<sup>82</sup>

### *Challenges for diagnosis*

Service providers are likely to face a number of challenges when diagnosing young people who are experiencing concurrent mental health and substance use issues:

- The physical, social and emotional characteristics of young people tend to fluctuate and their relationship with substances is often variable and dynamic in nature. It may be difficult, therefore, to determine what aspects of a young person's behaviour are associated with their substance use and/or mental health issue, and what would be the most appropriate approach to substance withdrawal and longer-term treatment.
- Symptoms of substance withdrawal and symptoms of mental health issues can be similar, which makes it difficult for health care professionals to differentiate between the two, determine causation, and provide youth with appropriate treatment. It may not be clear whether the mental health issues are occurring because of substance use issues, or whether the mental health issues are causing substance use issues, or whether they are occurring simultaneously. For example, although experiencing fatigue, poor sleep, and a "low" mood can be a result of the withdrawal process, a prolonged period of experiencing these symptoms can be representative of depression. During the early stages of treatment and recovery, it can be difficult for health care professionals to make an accurate diagnosis.
- It may not be readily apparent to health care professionals whether characteristics such as oppositional behaviour, prolonged periods of inactivity, and high treatment dropout rates represent age-appropriate developmental behaviour, or whether they are symptoms of underlying mental health issues. If these or similar symptoms are diagnosed as "normal" adolescent behaviour but in fact reflect mental health issues, the

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<sup>82</sup> Bender, Springer & Kim, 2006; Adair, 2009; Australian Government, Department of Health and Ageing, 2009

youth may not receive the mental health support that they need until symptoms have progressed. In other words, an incorrect diagnosis can inhibit early intervention and provision of appropriate treatment.

Given such challenges, researchers suggest that it is best to wait until after the youth has completed withdrawal and is stabilized to assess their mental health needs and determine what if any psychopharmacological treatment might be appropriate. An incorrect or an untimely diagnosis may have a negative effect on how the youth is treated and how they are viewed and treated in the future.<sup>83</sup>

### Treatment and care

While research indicates that short- and long-term treatment outcomes for youth with concurrent disorders are typically not positive, the body of literature on supporting these youth does identify some promising practices. These generally focus on the importance of taking a holistic approach to care and treatment – one that addresses the young person’s mental health and substance use issues in an integrated way, that takes into account the unique combination of psychosocial challenges that they may be experiencing, that considers the young person’s preferences and level of development, and that seeks to include the young person’s personal support network.

The holistic approach needs to be embodied in the youth’s individual wellness plan. This living document, and the process of creating it, features repeatedly in the literature as crucial not only for planning treatment, but also for engaging the youth and their family (where appropriate) in the recovery process and establishing a therapeutic relationship between the youth and the professionals providing care. In addition to including the young person’s family/identified support people in the recovery planning process, the literature also advocates the involvement of other health care providers and specialists with whom the young person is connected. Where possible and appropriate, support staff from the youth’s school should also be involved.

While there may not be time during the withdrawal management process to complete a young person’s wellness plan, work on the plan should begin during withdrawal as soon as the young person is well enough to participate. Withdrawal management provides an opportunity for substance use specialists to begin to engage the young person with their recovery, to enhance their motivation to change, and to assist them in setting goals for the short- and longer-term. It

An effective recovery/wellness plan for young people with concurrent mental health and substance use disorders:

- Is flexible and person-centred, and supports the youth to make their own decisions about treatment;
- Supports the active participation of all individuals who are involved in the young person’s recovery;
- Is strengths-based and includes a focus on skills development;
- Identifies achievable short-term and longer-term goals;
- Includes a focus on relapse prevention skills; and
- Incorporates harm reduction education.

<sup>83</sup> Nova Scotia, 2005; Christie & Temperton, 2008; NTA, 2009; Langenbach, et al., 2010

is important that program staff work to build the young person's engagement with the recovery plan and their ability to follow the plan.

The literature on youth with concurrent disorders recommends that the approach to treatment and care:

- Includes strong case management (which has been linked to increased use of mental health services by youth);
- Addresses the youth's home and school environments, relationships and community-connectedness;
- Offers a range of options that include structure and the use of cognitive and behavioural strategies. (It is worth noting, however, that any severe co-occurring psychiatric symptoms need to be addressed and managed before CBT is initiated.);
- Is goal-oriented and focused on the "here and now";
- Includes a focus on vocational and life skills development, including (for example) decision-making, problem-solving, coping, impulse control, and communication skills;
- Incorporates elements of peer support (which have been connected to stigma reduction);
- Supports youth to develop healthier and stronger peer and family relationships; and
- Emphasizes relapse prevention education and skills (as relapse can occur earlier and more frequently with concurrent disorders).

Youth with concurrent disorders often face a longer and more difficult recovery process compared to young people with problematic substance use only. They will need significant support from program staff to navigate this journey. In addition, as treatment and support services for concurrent disorders can be difficult for youth to access, health care professionals will need to provide youth with ongoing practical help and informal communication.<sup>84</sup>

Expert substance use care providers are well positioned to help identify mental health symptoms that are likely to improve after withdrawal management and initiation of problematic substance use treatment. They also understand the limitations of some psychoactive medications in the context of substance use treatment and help prevent unsafe psychoactive medication prescribing (e.g. benzodiazepines).

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<sup>84</sup> Bender, Springer & Kim, 2006; Adair, 2009; Australian Government, Department of Health and Ageing, 2009; NTA, 2009; Cheung, et al., 2010; Langenback, et al., 2010 ; Pawsey, Logan & Castle, 2011; Kozloff, et al., 2013; Belendiuk & Riggs, 2014

## Glossary

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### *Acupuncture:*

Acupuncture is the practice of using needles to stimulate specific sites on the skin, mucous membranes, or subcutaneous tissues of the body. Acupuncture aims to promote, maintain, or improve a person's health, as well as alleviate pain. Acupuncture includes: manual, mechanical, thermal, and electrical stimulation using acupuncture needles; the use of laser acupuncture, magnetic therapy and acupressure; and the use of moxibustion and suction cups.

### *Art therapy:*

Art therapy is a creative therapeutic process that combines visual art and psychotherapy as a foundation for self-exploration and understanding. Art therapy uses imagery, colour, and shape to help individuals express thoughts and feelings that may be difficult to articulate using words. The creative process of art therapy helps individuals to address their feelings, and to re-experience, resolve, and integrate any inner conflicts.

### *Behavioural Activation:*

A formal therapy for depression, behavioural activation focuses on activity scheduling to encourage individuals to approach activities that they are avoiding and on analyzing the function of cognitive processes (e.g. rumination) that serve as a form of avoidance. In this way the therapy refocus individuals on their goals and directions in life.

### *Biopsychosocialspiritual model:*

The biopsychosocialspiritual model has been developed to explain the complex interaction between the biological, psychological, social and spiritual aspects of problematic substance use. It is the model that is most widely endorsed by researchers and clinicians. The model promotes an approach to assessment that seeks to capture the full range of underlying causes of an individual's substance use, including (but not limited to): genetic predisposition; learned behaviour; social factors, such as relationships with family, peers and the larger community; and, feelings and beliefs about problematic substance use. Recovery/wellness plans developed from such assessments seek to address the impacts of substance use on an individual's physical and mental health, social support circle, and spiritual or moral values.

### *Case management:*

Case management is a collaborative, client-centred process that involves assessing an individual's needs, linking them with the appropriate supports and services, monitoring their progress, and adjusting the recovery/wellness plan as necessary. Collaboration with the individual's primary care physician and other health care professionals is essential for successful case management. Case management helps people reach treatment goals or objectives in a complex health, social, and fiscal environment.

### *Cognitive Behavioural Therapy (CBT):*

A type of psychotherapy that helps individuals to change the way that they think and behave in certain situations. It is a widely accepted therapy that can be used to treat any distressing or harmful practice or habit, and is commonly used to treat problematic substance use. CBT is a goal-orientated process and treatments range from a few weeks to a few months in duration.

### *Complementary therapies:*

Refers to a broad range of non-medical, alternative therapies that are often used to supplement or enhance conventional, medical treatments and interventions, and promote overall wellbeing. Examples of such therapies include: massage, acupuncture, T'ai Chi, aromatherapy and yoga.

### *Concurrent Disorders:*

A person who is experiencing problematic substance use has a higher risk of having a mental health issue (and vice-versa). People who have combined substance use and mental health issues are said to have concurrent disorders. Concurrent disorders are also referred to as dual disorders, dual diagnosis and co-occurring substance use and mental health issues.

### *Contingency Management:*

Contingency management is a therapeutic tool used in substance use treatment. Contingency management reinforces (or rewards) the positive changes that an individual makes to their behavioural patterns, or to their patterns of substance use. The magnitude of the reward received by individuals typically increases with the length of time that a behaviour change is sustained.

### *Developmental Counselling and Therapy (DCT):*

Focuses on supporting individuals to understand the cognitive-emotional origins of their substance use patterns and the way in which they think, perceive and remember information. It helps individuals to make sense of their relapse triggers and patterns, and how their personal history contributes to their substance use. It is promising approach for relapse prevention.

### *Dialectical Behaviour Therapy (DBT):*

A comprehensive, evidence-based, cognitive-behavioural treatment for borderline personality disorder (BPD). The standard DBT treatment package consists of weekly individual therapy sessions (approximately 1 hour), a weekly group skills training session (approximately 1.5–2.5 hours), and a therapist consultation team meeting (approximately 1–2 hours).

### *Evidence-informed:*

The integration of the best available evidence from systematic research with practice-based experience, judgment, and expertise to inform the development and implementation of health and social policy and programs.

### *Family:*

While the word “family” traditionally refers to persons related by blood, marriage or adoption, it is used in this document in a broader sense to encompass partners (including common-law and same-sex), friends, mentors and significant others. Increasingly, the term “family of choice” is being used to describe the circle of supportive and trusted people that an individual has assembled to replace or to augment their family of origin.

### *Harm reduction:*

Harm reduction refers to policies, programs, and practices that aim to reduce the adverse health, social, and economic consequences of substances for people who are unable or unwilling to stop using immediately. Harm reduction is a pragmatic response that focuses on keeping people immediately safe and minimizing death, disease, and injury from high-risk behaviour. It involves a range of strategies and services to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier.

### *Holistic:*

Holistic refers to the concept that promoting, protecting or restoring health requires understanding the individual as an integrated system—including physical, mental, emotional and spiritual aspects—which cannot be reduced to one or more separate parts.

### *Home/mobile withdrawal management:*

Home/mobile withdrawal management programs are defined by the fact that service providers go to where the individual requiring service is located. This may be the individual’s home, the home of a family member or friend, a shelter, a supportive recovery facility, or (in the case of services for youth) the home of a family who is participating in a family home care model of withdrawal management.

### *Homeopathy:*

Homeopathy is a natural system of medicine that uses highly diluted doses of substances to stimulate the body's own healing mechanism to promote health. The use of homeopathic remedies is based on the premise that natural substances are capable of curing the same symptoms that they can cause.

### *Integrated care:*

Integrated care refers to the co-ordination of personal support networks, including family and community, with components of the health care system, such as case management. Integrated care may include multi-disciplinary teams of supporters and care providers that can facilitate collaboration among various types or levels of services in a way that provides cultural safety and improves health outcomes.

### *Limits of confidentiality:*

Confidentiality between a healthcare or social service professional and a person receiving service is not absolute. There are a number of exceptions to the obligations of confidence. In British Columbia, the legal limitations on an individual's right to confidentiality include:

- If the individual is planning to harm themselves or others;
- If the person providing service is subpoenaed by a judge to testify in court; and
- If the individual is endangering or neglecting a child or knows of someone that is.

### *Massage therapy:*

In massage therapy, a trained professional with an understanding of anatomy and physiology uses assessment and a variety of manual (kneading, rubbing, stretching) techniques to work with an individual to achieve optimum health. This includes reducing the individual's pain and stress and increasing their range of motion.

### *Mind-body therapies:*

Mind-body therapies are based on the belief that the mind is able to affect the body. They emphasize the ability of the mind to enhance body function and health. Examples of mind-body approaches include: biofeedback; creative therapies such as art or music; hypnosis; visualization; meditation; relaxation; and yoga.

### *Motivational Interviewing:*

Motivational Interviewing (MI) is a directive, client-centred counselling style for enhancing intrinsic motivation to change by identifying and resolving ambivalence. It has been developed over the past 30 years or so by William Miller and Stephen Rollnick. Although originally developed for people with problematic alcohol use, MI has been used with a wide range of behaviours and populations, including substance use in general, eating disorders, smoking, mental health issues, criminal justice populations, and couples counselling.



### *Music therapy:*

Music therapy is the use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development.

### *Peer mentoring:*

Mentoring is a relationship between an experienced person and a less experienced person for the purpose of helping the one with less experience. Peer mentoring assigns mentees to someone with experience who is comparable to them in a number of possible realms, including age, personal experiences, substance use history, social background, treatment goals and preferences.

### *Pharmacotherapy:*

The treatment of disease through the administration of drugs.

### *Polysubstance use:*

Polysubstance use is defined as the use of different substances on the same or different occasion(s). It is common – with many people using alcohol, tobacco and cannabis in some combination or along with other illicit substances.

### *Post-Acute Withdrawal Syndrome:*

There are two stages of withdrawal: the acute stage (which lasts at most for a few weeks) and the post-acute stage (which usually lasts for two years). Most people experience some post-acute withdrawal symptoms. The most common symptoms are: mood swings; anxiety; irritability; tiredness; variable energy; lack of enthusiasm; variable concentration; and disturbed sleep.

### *Prescribed medication:*

A medication that has been prescribed by an authorized physician or nurse practitioner for a patient.

### *Primary care:*

Primary care involves the widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all manner of acute and chronic physical, mental and social health issues, including multiple chronic diseases. Continuity is a key characteristic of primary care, as patients usually prefer to consult the same practitioner for routine check-ups and preventive care, health education, and every time they require an initial consultation about a new health problem. Collaboration among providers is a desirable characteristic of primary care.

### *Primary care providers:*

Primary care providers, which may include general practitioners (also called “family doctors” and “family physicians”) and/or nurse practitioners, assume responsibility for the provision of continuing and comprehensive medical care to individuals, families and communities.

### *Problematic substance use:*

Problematic substance use refers to psychoactive substance use that results in or increases risks for physical, psychological, economic, social or other problems for individuals, families/friends, communities or society. The most commonly recognized type of problematic substance use is chronic dependent use, or addiction, but other instances or patterns of use can also be problematic. For example, youth substance use at an early age, substance-impaired driving, substance use during pregnancy, and using a psychoactive medication other than as prescribed by a physician are all types of problematic use. Problematic substance use is not necessarily dependent on the legal status of the substance used, but rather on the amount used, the pattern of use, the context in which it is used and, ultimately, the potential for harm.

### *Psychosocial treatments:*

The term psychosocial refers to an individual's psychological development in and interaction with their social environment. Psychosocial treatments (interventions) include structured counselling, motivational enhancement, case management, care-coordination, psychotherapy, and relapse prevention.

### *Recovery / wellness plan:*

The recovery/wellness plan is a written document developed collaboratively between a clinician and the individual receiving service for the purpose of informing the individual's course of treatment. Typically, the recovery/wellness planning process involves: the identification of short- and long-term goals for treatment and care; the most appropriate interventions to meet the individual's needs and preferences; and any perceived barriers to treatment. The plan is a living document in which the individual's progress, as well as their changing needs and situation, are recorded.

### *Reflective listening:*

Reflective listening involves two key steps: listening intently to a speaker and then verbally offering the idea back to the speaker. Reflective listening: ensures that the listener is actively engaged in the conversation; helps the listener and the speaker clarify their understanding of each other; creates empathy; and builds rapport and a deepening relationship between the speaker and listener.

### *Relapse:*

In the context of substance use, relapse refers to the process of returning to the use of alcohol or drugs after a period of abstinence. Relapse is possible no matter how long an individual has been abstinent and is most helpfully regarded as a normal part of the recovery journey.

### *Relapse Prevention:*

In the context of substance use, a set of skills designed to reduce the likelihood that a person will return to using alcohol or drugs. Skills include, for example: identifying early warning signs of relapse; recognizing high risk situations for relapse; managing lapses; and employing stimulus control and urge-management techniques.

### *Residential Substance Use Treatment:*

Residential Treatment facilities provide time-limited treatment in structured, substance-free, live-in environments. Individuals accessing these services are most likely to be those with more complex and/or chronic substance use for whom community-based treatment services have not been effective.

### *Self-help groups:*

Self-help group programs provide peer support for people who are seeking to overcome their problematic substance use. They include such step-based programs as 12-step, 16-step and SMART Recovery.

### *Sleep hygiene:*

The habits, practices and environmental factors that are conducive to sleeping well on a regular basis.

### *Stages of Change model:*

The Stages of Change model conceptualizes behaviour change as a process that unfolds over time and involves progression through a series of five stages: pre-contemplation, contemplation, preparation, action and maintenance.

### *Stigma:*

Stigma in the domain of mental wellness and substance use refers to the beliefs and attitudes

about people living with mental illness and/or problematic substance use that lead to the negative stereotyping of, and prejudice against, them and their families. These beliefs are often based on ignorance, misunderstanding and misinformation. A related concept – discrimination – refers to the various ways in which people, organizations, and institutions unfairly treat people living with a mental wellness or substance use problem. Such discrimination is often based on stigmatizing beliefs and attitudes.

### *Supportive counselling:*

Supportive counselling is a therapeutic approach aimed at facilitating optimal adjustment either to situations of ongoing stress or to acutely stressful circumstances. Supportive counselling may consist of a large number of regular contacts over a long period of time or a few extended consultations over a relatively brief period. The main practical components of supportive counselling include empathy, sympathetic listening, encouragement, explanation and education, reassurance, guidance, practical help, and (sometimes) Cognitive Behavioural Therapy.

### *Tobacco cessation programs:*

Programs designed to help people stop smoking or using other tobacco products by providing free or subsidized tobacco cessation aids. Such aids include prescription smoking cessation drugs (e.g. bupropion and varenicline) and non-prescription nicotine replacement therapy gum or patches.

### *Traditional Chinese medicine:*

Traditional Chinese medicine refers to the application of Chinese medicine theory to promote, maintain, and restore health and wellbeing. Chinese medicine includes the following therapies: Chinese acupuncture, moxibustion, and suction cup; Chinese manipulative therapy; Chinese energy control therapy; Chinese rehabilitation exercises such as Chinese shadow boxing; and prescribing, compounding, or dispensing Chinese herbal formulas and therapeutic food recipes.

### *Trauma:*

Trauma is defined as experience that overwhelms an individual's capacity to cope. Trauma can include events experienced early in life – for example, as a result of child abuse, neglect, disrupted attachment or witnessing violence – or later in life, such as violence, accidents, natural disasters, war, sudden unexpected loss and other life events that are out of one's control. Trauma can be devastating and can interfere with a person's sense of safety, self and self-efficacy, as well as the ability to regulate emotions and navigate relationships. Traumatized people may feel terror, shame, helplessness and powerlessness, and may engage in problematic substance use or other unhealthy behaviours as a way to cope. Understanding the roots and effects of trauma is important for health and human service providers to help establish a sense of safety and connection with the people they are serving and supporting.

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## Appendix: Resources

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*A Guideline for the Clinical Management of Opioid Use Disorder* (BC Centre on Substance Use, 2017)  
[http://www.bccsu.ca/wp-content/uploads/2017/02/BC-OUD-Guidelines\\_FINAL.pdf](http://www.bccsu.ca/wp-content/uploads/2017/02/BC-OUD-Guidelines_FINAL.pdf)

*A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan* (British Columbia, 2013)  
[http://www.fnhc.ca/pdf/FNHA\\_MWSU.pdf](http://www.fnhc.ca/pdf/FNHA_MWSU.pdf)

*A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy* (Ottawa, 2008)  
<http://www.ccsa.ca/Resource%20Library/nts-systems-approach-substance-abuse-canada-2008-en.pdf>

*BC Harm Reduction Strategies and Services Policy and Guidelines – Updated: December 2014. 'Appendix 4: Guidelines for Providing Harm Reduction Services to Mature Minors in BC'*. (British Columbia, 2014)  
<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/BCHRSSPolicyandGuidelinesDecember2014.pdf>

*Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and Are At Risk for HIV, HCV, and Other Harms: Parts 1 & 2* (Working Group on Best Practice for Harm Reduction Programs in Canada, 2013)

[http://www.catie.ca/sites/default/files/BestPracticeRecommendations\\_HarmReductionProgramsCanada\\_Part1\\_August\\_15\\_2013.pdf](http://www.catie.ca/sites/default/files/BestPracticeRecommendations_HarmReductionProgramsCanada_Part1_August_15_2013.pdf)  
<http://www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf>

CARF, *Behavioural Standards Manual* (2016)

Available for purchase at:

[http://bookstore.carf.org/miva/merchant.mvc?Screen=CTGY&Store\\_Code=CC&Category\\_Code=2016-Behavioral-Health-Publications](http://bookstore.carf.org/miva/merchant.mvc?Screen=CTGY&Store_Code=CC&Category_Code=2016-Behavioral-Health-Publications)

CCSA, *Competencies for Canada's Substance Abuse Workforce* (2014)

<http://www.ccsa.ca/Eng/topics/Workforce-Development/Workforce-Competencies/Pages/default.aspx>

*Community Care and Assisted Living Act* (British Columbia)

<http://www.bclaws.ca>

*Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction* (British Columbia, 2004)

[http://www.health.gov.bc.ca/library/publications/year/2004/framework\\_for\\_substance\\_use\\_and\\_addiction.pdf](http://www.health.gov.bc.ca/library/publications/year/2004/framework_for_substance_use_and_addiction.pdf)

*Families at the Centre: Reducing the Impact of Mental Health and Substance Use Problems on Families – A Planning Framework for Public Systems in BC* (BC Family Mental Health and Substance Use Task Force, 2015)

[http://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/families\\_at\\_the\\_centre\\_full\\_version.pdf](http://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/families_at_the_centre_full_version.pdf)

*Harm Reduction: A British Columbia Community Guide* (British Columbia, 2005)

<http://www.health.gov.bc.ca/library/publications/year/2005/hrcommunityguide.pdf>

*Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* (British Columbia, 2010)

[http://www.health.gov.bc.ca/library/publications/year/2010/healthy\\_minds\\_healthy\\_people.pdf](http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf)

*Residential Care Regulation (RCR)* (British Columbia)

<http://www.bclaws.ca>

*Service Model and Provincial Standards for Youth Residential Substance Use Services* (British Columbia, 2011)

<http://www.health.gov.bc.ca/library/publications/year/2011/youth-residential-treatment-standards.pdf>

*Setting Priorities for the B.C. Health System* (British Columbia, 2014)

<http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>

*Substance Use and Suicide among Youth: Prevention and Intervention Strategies* (Canadian Centre on Substance Use)

<http://www.ccsa.ca/Resource%20Library/CCSA-Substance-Use-Suicide-Prevention-Youth-Summary-2016-en.pdf>

*Toward the Heart, project of the Provincial Harm Reduction Program* (British Columbia)

<http://www.towardtheheart.com>

*Trauma-Informed Practice Guide* (British Columbia, 2013)

<http://bccewh.bc.ca/publications-resources/documents/TIP-Guide-May2013.pdf>