REVIEW

OF THE DETOXIFICATION SERVICES AND BEST PRACTICES AMONG THE FIRST NATIONS OF QUEBEC AND THE QUEBEC NETWORK

FIRST NATIONS OF QUEBEC AND LABRADOR
HEALTH AND SOCIAL SERVICES COMMISSION

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FOREWORD

The literature review of the services and best practices on the subject of detoxification among the Quebec First Nations and the Quebec network basically aims to colligate the collected information through a documentary research on the First Nations-specific databases at the governmental, scientific and university levels, among various authors and community-based organizations, in addition to literature that is considered “gray” (unpublished documents).

This review was prepared by the Aboriginal Psychosocial Interventions and Research Group (APIRG) on behalf of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). It is divided into several sections including background information on detoxification, its definition and its goals. Then, it addresses the treatment intensity levels in relation with the standards that are recognized by research. This review also presents the trajectories and supply of detoxification services as defined by the governmental orientations and policies that exist in Quebec. Moreover, the review presents the entirety of the programs and services provided by the Quebec network as well as by the First Nations of Quebec and Canada, in addition to the facilities that are in charge of the delivery of detoxification services. Then, the review reports on the best practices in terms of evaluation, treatment and clinical approach models and the organization and integration of the relevant services. Finally, this survey states the criteria for the external detoxification services to define the success factors for the services that could eventually be developed among the First Nations.

WARNING

Among the obstacles encountered with respect to the development of this review, there was the difficulty in retracing the services and practices that exist in the First Nations communities that are not listed or inventoried in the sources of information and references that were consulted. It is therefore possible that certain practices and services were not identified because the scope of the research of the practices and services in the First Nations setting would have required a thorough investigation of each community in Canada, which was not included in the framework of the mandate that was bestowed upon the APIRG by the FNQLHSSC.

We recommend that the reader take this into consideration.

METHODOLOGY

The main objective of this project is to proceed with a review of the detoxification needs of the First Nations and to survey the best practices in terms of detoxification while taking into consideration the services provided by the Quebec network and the availability of these services for the First Nations.

The electronic document sources were researched in order to review the services provided and the best practices in non-Aboriginal settings and the Quebec network. Secondly, the same type of research was carried out to review the services that exist among the First Nations as well as the best practices.

The following information sources were consulted in order to carry out this review:

- First Nations-specific databases;
- Government databases;
- Scientific databases;
- Websites of First Nations regional organizations;
- Websites and databases of community-based organizations;
- Monographs and author collectives;
- “Gray” literature (unpublished documents, for example).

TERMINOLOGY

ASAM	American Society of Addiction Medicine
CCSA	Canadian Centre on Substance Abuse
CHRTR	*Centre hospitalier régional de Trois-Rivières*
CIWA-Ar	Clinical Institute Withdrawal Assessment of Alcohol Scale, Alcohol Revised
CPLT	*Comité permanent de lutte à la toxicomanie*
ICAAT	International Centre for Advancement of Addiction Treatment
CRAT-CA	*Centre de réadaptation en dépendance de Chaudière-Appalaches*
CRD	*Centre de réadaptation en dépendance*
CRPAT	*Centres de réadaptation pour personnes alcooliques et autres toxicomanes*
CRUV	*Centre de réadaptation Ubald- Villeneuve*
CSSS	*Centres de santé et services sociaux*
FNQLHSSC	First Nations of Quebec and Labrador Health and Social Services Commission
FQCRPAT	*Fédération québécoise des centres de réadaptation pour personnes alcooliques et autres toxicomanes*
APIRG	Aboriginal Psychosocial Interventions and Research Group
MSSS	*Ministère de la Santé et des Services sociaux du Québec*
NNADAP	National Native Alcohol and Drug Addiction Program
RISD	*Réseau intégré de services en désintoxication*
PSW	Psychoactive substances withdrawal

BRIEF BACKGROUND OF THE ADDICTIONS SERVICES IN QUEBEC

It is necessary to wait until the 1950s to see the rise in Quebec, thanks to an association between the priests of the Lacordaire movement and physicians, of a first detoxification home that was founded by Father Ubald Villeneuve – a foundation that moreover expanded to Montreal, Trois-Rivières and Sherbrooke under the name of the Centres Domrémy. It is in this manner that structures and adapted care services were progressively established for a clientele that was increasingly recognized as "ill", thereby fostering the evolution of the moralistic idea of alcoholism towards a notion of disease in a coherent manner with the global social movement of the 1960s.

At the end of the 60s and early 70s, Dr. André Boudreau, among others, greatly contributed to the development of the medicalization of care services for addicts. This period marked the birth of the Office de prévention de l'alcoolisme et de la toxicomanie (OPTAT, ministère des Affaires sociales), for which he was the director. He then published OPTAT Informations, a literary work that served as a model that relied upon scientific knowledge in the field in order to provide instruction to the clinical settings (Boudreau, 1972).

In the past, detoxification was being carried out within the rehabilitation centres for people with addictions problems. In the beginning of the 1970s, the detoxification mandate was bestowed upon the hospitals given the primarily medical nature of the interventions that must be performed. However, the result was a broad field of responsibilities that was rather blurred for a large portion of addicts who are not necessarily in need of hospital services. Oftentimes intoxicated individuals are brought to the hospital for safety reasons in a context that is disadvantageous for them. Thus a person who is suffering from addictions, in a busy emergency waiting room, is very disruptive and does not necessarily receive services that are adapted to his/her condition. It was therefore necessary to combine the efforts to deploy the range of adequate services for the various conditions that people who suffer from addictions present (Dufresne, Pépin, St-Louis, 2002).

DEFINITION OF DETOXIFICATION

According to the Maison DOMRÉMY's definition, detoxification is the biological process of eliminating a psychotropic substance. The body therefore attempts to re-establish its natural balance that was rendered deficient through chronic abuse and addiction. The detoxification step requires a medical evaluation that allows for the identification of the risks related to withdrawal and its complications. Detoxification can be achieved in the person's living environment, in a substitute setting such as services with accommodations or in a hospital. Depending on the consumed product and the individual's particular situation, it can be recommended to proceed with a progressive decrease in consumption or a pharmacological substitution. Depending on the presented level of risk, each individual must be rigorously evaluated and an adapted service must be proposed (DOMRÉMY Mauricie/Centre-du-Québec, 2008).

In order to properly understand the detoxification process, it is necessary to comprehend its central phenomenon that is referred to as the "rebound effect", which means that essentially, the consumption of any type of drug causes, in the central nervous system, neurochemical modifications that interfere with the world of emotions. The effects of this drug are compensated for through the activation of circuits that produce the opposite effects (compensation phenomenon). During the detoxification process and the consumption cessation, the compensation mechanisms will continue to act but in an exaggerated manner, which provokes numerous symptoms that are the opposite of those developed by the drug.

The detoxification process that all addicts experience at various degrees when they cease or diminish consumption requires adapted interventions. It is sometimes difficult to distinguish this step from the rehabilitation since the detoxification occurs before but it is an integral part of the global process. Sometimes the two steps are distinct, but most of the time they are confused since the concentrated detoxification that occurs in the first few days upon ceasing consumption (acute withdrawal) can still occur over a very long period of time (subacute withdrawal) depending on the products consumed and the state of the individual. This notion of prolonged withdrawal remains, however, controversial. Many interveners often find it difficult

to distinguish between the symptoms caused by drug withdrawal from those caused by an underlying mental disorder, if present. The risks and symptoms of a prolonged withdrawal process are not as predictable as those for an acute withdrawal. Some people can be predisposed to a prolonged withdrawal process thereby increasing the chance of a relapse. Even if only 10% of people who cease consumption require medical assistance (half of which require a secure environment such as a hospital), they all require an evaluation of the withdrawal risks (Dufresne, Pépin, St-Louis, 2002).

According to the American Society of Addiction Medicine (ASAM) (Mee-Lee et al., 2001),

> "In a context in which multiple intensity levels are found in terms of the management of detoxification, it does not only consist of attenuating the physiological and psychological complications of the withdrawal syndromes, but it is also a process that aims to interrupt the momentum of the compulsive consumption among people who have been diagnosed as being addicted to a substance.
>
> Because of the strength of this momentum and the inherent difficulties involved in overcoming them, even when there are no clear withdrawal syndromes, this treatment phase often demands a greater intensity of services at the beginning in order to establish engagement in terms of treatment and to induce the patient's role. This is vital to the effective unfolding of the treatment because of the impossibility of committing a patient to the treatment when he/she is stuck in a repetitive cycle of intoxication and withdrawal."

DISTINCTION BETWEEN DETOXIFICATION, ADDICTIONS TREATMENT AND BECOMING SOBER

Oftentimes, there is confusion between the concepts of detoxification and the treatment of addictions, which can have an impact on the evaluation of the client and the care that is provided to him/her afterwards. It is therefore important to make a distinction between **detoxification and the treatment of the actual addictions**. In fact, detoxification can sometimes be preceded by a certain form of treatment (for example, "reaching out" to homeless people). Sometimes detoxification is a phase that is preliminary to a treatment of addictions. Finally, detoxification can sometimes take place without being followed by a treatment of addictions. The evaluation for the treatment of addictions and the evaluation for the detoxification are two distinct activities.

The detoxification evaluation leads to placement within one of the five intensity levels in the management of detoxification. The distinction between detoxification and addictions treatment ensures that if detoxification is followed by an addictions treatment, the latter will not be automatically provided at the same level of intensity or at the same location as the detoxification (*Centre québécois de lutte aux dépendances*, 2008).

As for the **sobering** process, it is a type of service for which no specific definition is provided. In fact, in the words of the people who use this term, we find:

a) The support and surveillance services for intoxicated individuals to enable them to recover in a safe manner from a phase of acute intoxication without however taking control over the ulterior withdrawal potential;

b) Low-risk withdrawal support services (detoxification at level III-2D according to the ASAM standards).

It can be a matter of a combination of these two types of services (Tremblay [et al.], 2004).

THE GOALS OF DETOXIFICATION

The treatment of patients who experience a psychoactive substance withdrawal requires an understanding of the natural history of the issues related to the substances, an evaluation of the medical-psychiatric and social problems as well as knowledge of the uses and limitations of the various interventions including pharmacotherapy. All the treatments must be individualized in accordance with the specific needs of the patients and adjusted in an appropriate manner in accordance with the response to the treatment since the withdrawal will differ depending on the biological capacity (hereditary) of each individual.

The goals of the detoxification will **primarily** be to allow for a safe psychoactive substance withdrawal for people who are severely addicted to alcohol; a sudden untreated cessation can provoke a withdrawal delirium, convulsions, severe hyperactivity signs of the nervous system (NS) and even death. Other sedative-hypnotics can also cause withdrawal syndromes that place the consumer's life at risk. However, withdrawal to opiates and stimulants produces a severe discomfort but does not generally put a life at risk. There will however be an increased danger among those who are already affected by a different type of medical problem: HIV, diabetes, cardiac diseases, etc. Finally, it is important to never forget that the more a person is subjected to a poorly treated withdrawal, the more the nervous system will become hypersensitive during subsequent withdrawals, thereby increasing the risk of severe withdrawal complications. Because there is a risk for severe complications for certain consumers who undertake a withdrawal process, an initial health evaluation is indispensable in order to determine the level of care as well as the most appropriate and safe treatment.

A **second important goal** will be to allow for a withdrawal process that is as painless as possible while protecting the dignity of the individual. Personnel that are caring and competent, an adequate and supportive environment, sensitivity to cultural differences, the confidentiality and the selection of an appropriate medication are all important elements of a considerate withdrawal process that minimizes the pains and other uncomfortable symptoms.

A **final goal** will be to prepare the patient for a long-term rehabilitation process since it is confirmed that properly prepared withdrawal will generate the motivation necessary to undertake this process. In order to reach these goals we have access to evaluation criteria, decision flowcharts and treatment protocols that are increasingly precise for the most at-risk classes of psychoactive substance withdrawal (Dufresne, Pépin, St-Louis, 2002).

MANAGEMENT OF DETOXIFICATION IN ACCORDANCE WITH THE TREATMENT INTENSITY LEVELS

The American Society of Addiction Medicine (ASAM, 1996) proposes an orientation guide for detoxification services that are commonly used. It defines the typology by categorizing the needs of the users into four types:

Type I: with light symptoms and requiring little or no support and coaching on an ambulatory basis.

Type II: with light to moderate symptoms and requiring an intensive support in terms of ambulatory services.

Type III: with moderate to difficult symptoms and requiring support in a residential setting yet without hospitalization.

Type IV: with severe symptoms and medical or psychiatric complications requiring hospitalization.

The *Centre québécois de lutte aux dépendances* has translated into the French language and adapted the ASAM guidelines (entitled ASAM Patient Placement Criteria for Adult Patients in Need of Detoxification Services) and published a guide entitled "Gestion de la désintoxication selon les niveaux d'intensité de traitement", supported by a table entitled "Critères pour adultes – Comparaison des services de désintoxication selon les niveau d'intensité de traitement", which provides the practice guidelines for the management of detoxification in accordance with the treatment intensity levels.

The guidelines allow interveners to orient themselves in a more objective manner in the decision-making process in order to better direct the clients towards the most appropriate level of services, particularly by ensuring that a level of service that is more intensive than what they genuinely require is not given. It must be noted that the ASAM typology and the following criteria seem to be considered as principles that are generally acknowledged in medical plans in order to treat individuals who require detoxification services.

First of all, here are the six dimensions that are used by the Centre *québécois de lutte aux dépendances* (2008) in order to evaluate the type of placement that an individual needs for his/her detoxification process:

- Dimension 1- Acute intoxication and/or withdrawal potential;
- Dimension 2- Biomedical conditions and complications;
- Dimension 3- Emotional, behavioural or cognitive conditions and complications;
- Dimension 4- Preparation for change;
- Dimension 5- Potential for a relapse, continued consumption or persistence of the problem;
- Dimension 6- Recovery and life setting.

The scope of the clinical severity observed in dimension 1 (acute intoxication and/or withdrawal potential) has given rise to, in terms of detoxification management, **multiple treatment intensity levels**. There are two types of guidelines for the practice of detoxification management in accordance with the treatment intensity levels, which are the guidelines for the adolescents and the adults. It is however important not to forget that there are special population groups that require special care. Among these special population groups are: women who are pregnant or breastfeeding, HIV-positive people, clients who present physical comorbidities, clients with psychiatric comorbidities, adolescents, elderly people and inmates (*Centre québécois de lutte aux dépendances*, 2008).

Treatment intensity levels and type of placement required

LEVEL I-D

Ambulatory detoxification without intensive follow-up in the detoxification setting
(Physician's office or home care service)

At Level I-D, the detoxification can be provided in a health care facility such as a physician's offices, emergency clinic or hospital emergency services, a mental health or detoxification services facility, a hospital out-patient clinic or at the client's place of residence under the

supervision of a duly accredited care service.

LEVEL II-D

Ambulatory detoxification with intensive follow-up in the detoxification setting

(Hospital day centre)

At Level II-D, the detoxification can be provided in a general health care facility, such as a physician's offices, emergency clinic or hospital emergency services, a mental health or detoxification services facility or a hospital out-patient clinic. When the emphasis is placed on the evaluation in order to determine the intensity of the detoxification services, the Level II-D services can be provided in a short-term care service (less than 24 hours).

However, this level of detoxification is most often provided in the facilities that can provide specific addictions treatment and it is therefore totally integrated into Level II of treatment, which takes into consideration the dimensions 2 to 6. Therefore, external intensive detoxifications and partial hospitalizations as well as the facilities in which these services are provided are appropriate for Level II-D detoxification.

LEVEL III.2-D

Detoxification with clinically-managed accommodations

(Social detoxification program)

At Level III.2-D, the detoxification can be provided in a duly accredited health care service centre or in an addictions treatment centre.

LEVEL III.7-D

Detoxification with accommodations under medical supervision

(Private detoxification centre)

At Level III.7-D, the detoxification can be provided in a clinic, a duly accredited health care service facility or an addictions treatment centre.

LEVEL IV-D

Detoxification with accommodations under intensive medical supervision

(Hospital psychiatric care unit)

At level IV-D, the detoxification can be provided in a duly accredited acute care facility that can provide acute detoxification care services under medical management with associated treatments that aim to treat emotional, behavioural, cognitive or biomedical distress that result from the consumption of alcohol or drugs. At least three types of services provide this level of care:

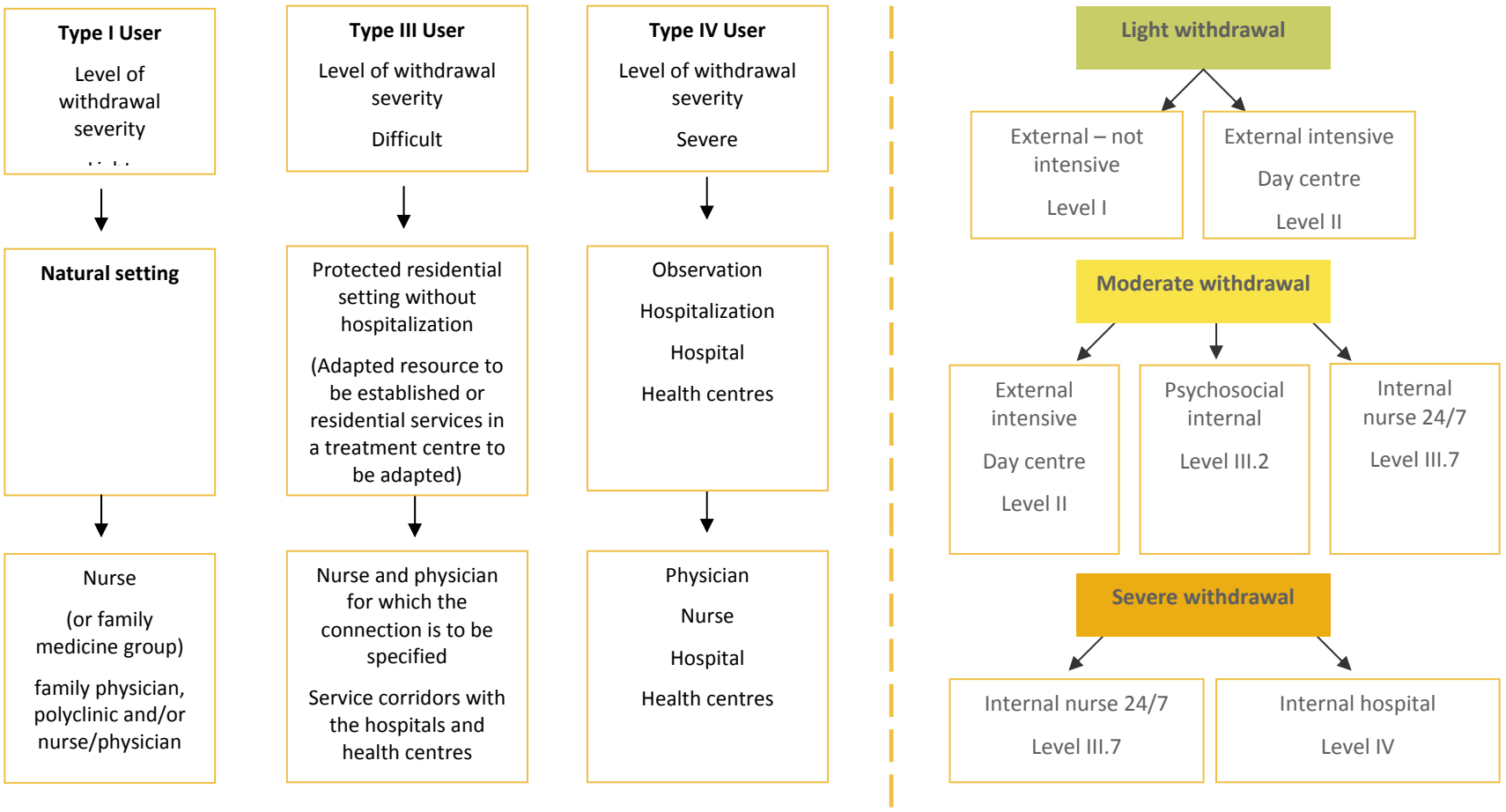
a) A general acute care hospital; or

b) A psychiatric acute care hospital that has an immediate access to all of the resources of a general acute care or a psychiatric unit of a general acute care hospital; or

c) A duly accredited hospital that is specialized in addictions to psychotropic substances that has acute care medical and nursing personnel and resuscitation equipment or an acute care unit.

(Centre québécois de lutte aux dépendances, 2008).

SERVICE TRAJECTORY MODEL IN ACCORDANCE WITH THE SEVERITY LEVEL OF THE WITHDRAWAL



Regardless of the severity of the withdrawal, psychosocial services for rehabilitation, assistance and support must be provided in a complementary fashion. The user may have travelled different paths: by referral to specialized services, directly to a hospital, etc. All of these services must be provided within an integrated network: community-based organizations, CLSC, hospitals, dispensaries, health centres, treatment and rehabilitation centres, etc. (*Centre québécois de lutte aux dépendances*, 2008).

GOVERNMENT ORIENTATIONS WITH RESPECT TO DETOXIFICATION IN QUEBEC: SUPPLY AND TRAJECTORY OF SERVICES

The "Plan d'action interministériel en toxicomanie 2006-2011 – Unis dans l'action (free translation: 2006-2011 interdepartmental addictions action plan – united in action)" of the Quebec government aims, among other things, to improve access to a range of specialized services in each of the regions of Quebec. In fact, the Programme alcoolisme et autres toxicomanies (free translation: Alcoholism and other addictions program) was replaced by the Dependence Program. The evolution allows for broadening the perspective and adopting a global approach for the addictions problem – regardless of what the cause is.

The general objective of the Dependence Program is to prevent, reduce and treat addictions problems through the deployment and consolidation of a range of services for addictions and pathological gambling – on the entire Quebec territory.

From the outset, an improved access to specialized services requires that the assurance that detoxification, rehabilitation, re-integration, support and coaching services are provided in the life environment of the person who needs them. Improving the specialized services also requires adapting these services to the needs of the individuals and subjecting them to the imperatives of quality and continuity.

In particular, the plan anticipates actions that target increasing the level of specialized services in each of the regions, completing the range of services that are rendered accessible and improving the way in which they are organized. The plan particularly insists on the integration and quality of the services. The plan also anticipates, still with the objective of improving access to specialized services, numerous actions that aim to support the delivery of these services: preparation of reference frameworks, development of best practices and standards guides that govern the accessibility and quality of the services, training activities that are intended for the interveners that work with clients who have special needs, etc.

Addictions service offer in Quebec

L'Offre de service en dépendances 2007-2012 (free translation: 2007-2012 addictions service offer) specifies what the public health and social services network can provide to people who are experiencing problems related to alcohol, drugs as well as gambling. The document identifies the roles and responsibilities of each concerned partner: health and social services centres, rehabilitation centres for alcoholic people and other addicts, hospitals and community groups. The service offer fosters the emergence of a coherent and shared vision of the services at the regional and local levels in order to reduce the prevalence and severity of the addictions problems. It takes into consideration the needs of the most vulnerable people and targets particular clienteles such as youth, pregnant women and the mothers of young children as well as people who are suffering from mental health problems. The service offer stems in particular from the Plan d'action gouvernemental sur le jeu pathologique (Free translation: governmental action plan on pathological gambling) and the Plan d'action interministériel en toxicomanie (free translation: Interdepartmental addictions action plan).

Trajectory of the addictions services in Quebec

In 2003, the Act respecting local health and social network development agencies (R.S.Q., c. A-8.1) lead to the creation of a service organization model on a local territorial basis. This model became the foundation of a project that aims to better integrate the services. It is with the objective of overcoming the difficulties in terms of accessibility, continuity and coordination of services that the local health and social services networks were established. This new organization bestows upon the Centre de santé et services sociaux (CSSS), which is at the core of a local network, the responsibility of coordinating the services for the population on its territory. Therefore, each CSSS must define an organizational and clinical project and ensure the participation of the facilities and the various concerned sectors, groups or interveners.

First-line detoxification services

The CSSS are responsible for access to first-line services. Therefore, they receive the diverse clienteles, perform case detection, external detoxification and early interventions. They ensure

methadone maintenance services, refer the people for which the detection process indicates abuse or addiction towards rehabilitation centres for alcoholic people and other addictions for the purpose of specialized evaluation and offer support to the entourage and in the community.

Specialized services

In the framework of the transformation of the network, the Ministère de la Santé et des Services sociaux (MSSS) also defined a service offer for the addictions program that specifies the roles and responsibilities of the first-line and second-line interveners. This service offer bestows upon the CRPAT responsibility in terms of evaluation, detoxification, rehabilitation, social re-integration and support for the entourage. It is important to note that the Fédération québécoise des centres de réadaptation pour personnes alcooliques et autres toxicomanes (FQCRPAT) is an association of facilities of the health and social services network. Its members are rehabilitation centres or related organizations that provide specialized devices to people who are suffering from alcohol, drug or gambling problems. It is the only provincial network that is entirely dedicated to these individuals. The Federation includes 21 members that can be found in all of the regions of Quebec (FQCRPAT, 2006).

In terms of the second-line services, the centres de réadaptation pour personnes alcooliques et autres toxicomanes (CRPAT) (free translation: rehabilitation centres for alcoholic people and other addicts) provide specialized services to addicted individuals. Backed by their expertise in the area of intervention, the CRPAT evaluate the severity of the abuse or addiction of each individual and then direct him/her towards the specialized services that are appropriate for their needs. They also play a frontline role in terms of support, training and expertise among the various partners with the objective of contributing to the collaborative process in terms of addictions in each region.

Certification

Furthermore, in order to ensure that the conditions offered to people who are struggling with addictions problems are safe on the physical, psychological and moral levels, the ministère de la Santé et des Services sociaux is proposing a voluntary certification program for private or community-based addictions organizations that offer accommodations.

The responsibility of the external and internal detoxification services in Quebec

The detoxification services are provided by different sources in accordance with the needs and state of health of the individual[1]. The choice of resources is dependent upon a medical evaluation which specifies the level of required care and indicates the psychiatric pathologies in relation with addictions (Lowinson, 1992).

The detoxification process leads to a consumption cessation or a withdrawal followed by a physical and psychological recovery. The detoxification precedes the rehabilitation process and prepares the person for this process.

The duration of the treatment and the type of support required vary in accordance with the intoxication history, its intensity and the quantities and types of psychoactive substances used (Tremblay [et al.], 2004). They also vary in relation with the associated medical-psychiatric or psychological pathologies.

The CSSS provide external detoxification services without intensive care and internal detoxification services in a hospital.

External detoxification without intensive care[2]

These are generally a matter of external medical consultations that accompany the withdrawal process. The withdrawal is qualified as light (Tremblay [et al.], 2004). People who have light

[1] The range of detoxification services is inspired by ASAM (American Society of Addiction Medicine). "ASAM PPC-2 detoxification services" in *Patient placement criteria for the treatment of substance-related disorders*, 2nd edition, Chevy Chase (MD), American Society of Addiction Medicine, 1996, p. 19-41.

2 Level I of the ASAM.

withdrawal symptoms consult external medical resources that are accessible through a CSSS, family medicine groups or in medical clinics. To that end, the CSSS:

- Receive intoxicated people and evaluate their general state of health and the anticipated withdrawal intensity;
- Establish an intervention plan;
- Apply the treatment and ensure the follow-up;
- Direct the person towards the adapted services, if applicable.

To fulfill their mandate, the CSSS have at their disposal:

- Qualified personnel in order to carry out these interventions and physicians who are trained for detoxification;
- A toolkit, including validated and standardized tests, for the detection of addictions and the evaluation of the withdrawal process;
- Training programs and best practice guides that focus on the addictions issue and detoxification;
- Support and expert advice from the CRPAT and inter-establishment collaboration;
- Orientation mechanisms towards internal detoxification resources when the situation demands these services;
- Orientation mechanisms towards the CRPAT with respect to the range of specialized treatments.

Internal detoxification in a hospital[3]

People who suffer from severe withdrawal symptoms or medical complications require admission to a hospital. This type of service is supervised by medical and nursing personnel in a

[3] Level IV according to ASAM. ASAM PPC-2 detoxification services in *Patient placement criteria for the treatment of substance related disorders*, 2nd edition, Chevy Chase (MD), American Society of Addiction Medicine, 1996, p. 19-41.

general hospital or a hospital that is specialized in detoxification. These types of internal detoxification services are provided by medical or nursing personnel in a general hospital that offers all of the services that are appropriate or associated with a significant level of withdrawal. This type of withdrawal requires a hospital intervention (Tremblay [et al.], 2004).

To that end, the hospitals:

- Receive the individuals and evaluate their state of intoxication;
- Apply the treatment and ensure the follow-up.

To fulfill their mandate, they dispose of:

- Hospital staff who are assigned to detoxification;
- Training programs and best practice guides that focus on detoxification as well as on existing substitute products;
- Orientation mechanisms towards the CRPAT with respect to the range of specialized services such as interconnection with the other detoxification services and the rehabilitation services that are delivered by CRPAT.

Standards

The orientations related to the access, continuity, quality and efficiency standards of the Dependence service program of the mnistère de la Santé et des Services sociaux du Québec (2007) anticipates the following qualities with respect to each of the standards:

Accessibility:

- Detoxification service offer for external non-intensive care in a CSSS and internal detoxification in a hospital;
- Possibility for those who are at-risk of serious complications during the withdrawal process to be directed towards a hospital that is specialized in addictions.

Quality:

- Intervention based on protocols or approaches that are recognized to be effective;
- Validated and standardized clinical evaluation tools that are intended for people in the detoxification process;
- Individualized intervention plan for each user for an external or internal detoxification process;
- Clinical and medical follow-up ensured by specially-assigned personnel;
- Initial and continuous training on addictions and detoxification;
- Adequate support on behalf of the nursing personnel and the social interveners;
- Service offer for expert-advice and support by the CRPAT for the CSSS interveners

Continuity:

- Service agreements with the CRPAT for accessibility to other levels of detoxification care services following the intervention in a hospital;
- Service agreements with the CRPAT for accessibility to specialized rehabilitation services;
- Networking between the facilities that are part of the health and social services network;
- Collaboration agreements reached with the community-based organizations and the mutual aid group.

Effectiveness and efficiency:

- Orientation of the clienteles towards the appropriate services;
- Increase in the number of non-intensive external detoxifications that are carried out in a CSSS and by family medicine groups;
- Increase in the number of people who have benefitted from hospital-based detoxification services and potentially accompanied by psychosocial support that fosters an optimal transition towards the CRPAT rehabilitation services;
- Decrease in the revolving door phenomenon in the network's facilities;

- The CSSS has a specific budget for these measures

The services of the centres de réadaptation pour personnes alcooliques et autres toxicomanes (CRPAT) (Free translation: rehabilitation centres for alcoholic people and other addicts)

The significant commitment of the CRPAT in the continuum of detoxification services specifically commands recourse to health professionals, such as nurses and physicians, in order to ensure the individual's safety during the process of psychoactive substance withdrawal, but also a medical or nursing evaluation (in accordance with the level of service) as well as a more or less prolonged follow-up process.

The levels of care that are most commonly found on the Quebec territory are the Level I, ambulatory non-intensive; level III.2, internal psychosocial, usually managed by a community-based resource and intensely supported by the CRPAT; level III.7 internal and managed by nursing personnel or under medical supervision but not in a hospital, frequently set up by the CRPAT; and the level IV, internal hospital-based detoxification under medical governance. It should be noted that the external detoxification services (levels I and II), or the hospital-based internal services of level IV, are not assumed by the CRPAT. Moreover, the intensive ambulatory level of a level II day centre type is not found in Quebec, However, the CRPAT are ready to provide this level of care when necessary.

The CRPAT are therefore specifically committed to the taking control of the internal nursing services levels (III.7), as well as to the coordination, intensive support and maintenance of psychosocial internal services (III.2). It is finally important to note that the level of detoxification care services are dependent upon each other and that coordination work within a region is vital. Through their mission, the CRPAT are focusing on the smooth operations of all of the detoxification care services since they constitute an indispensable link in the chain of services required to carry out the entire process for the recovery of an alcoholic person or addict (Tremblay [et al.], 2004).

Moreover, one of the 2007-2010 strategic orientations of the FQRCPAT is to "confirm to the CRPAT their exclusive responsibility in terms of evaluation, detoxification and rehabilitation,

especially among certain particularly vulnerable clienteles, such as youth who are experiencing problems, pregnant women and the mothers of young children and people who suffer from mental health issues" (FQCRPAT, 2006).

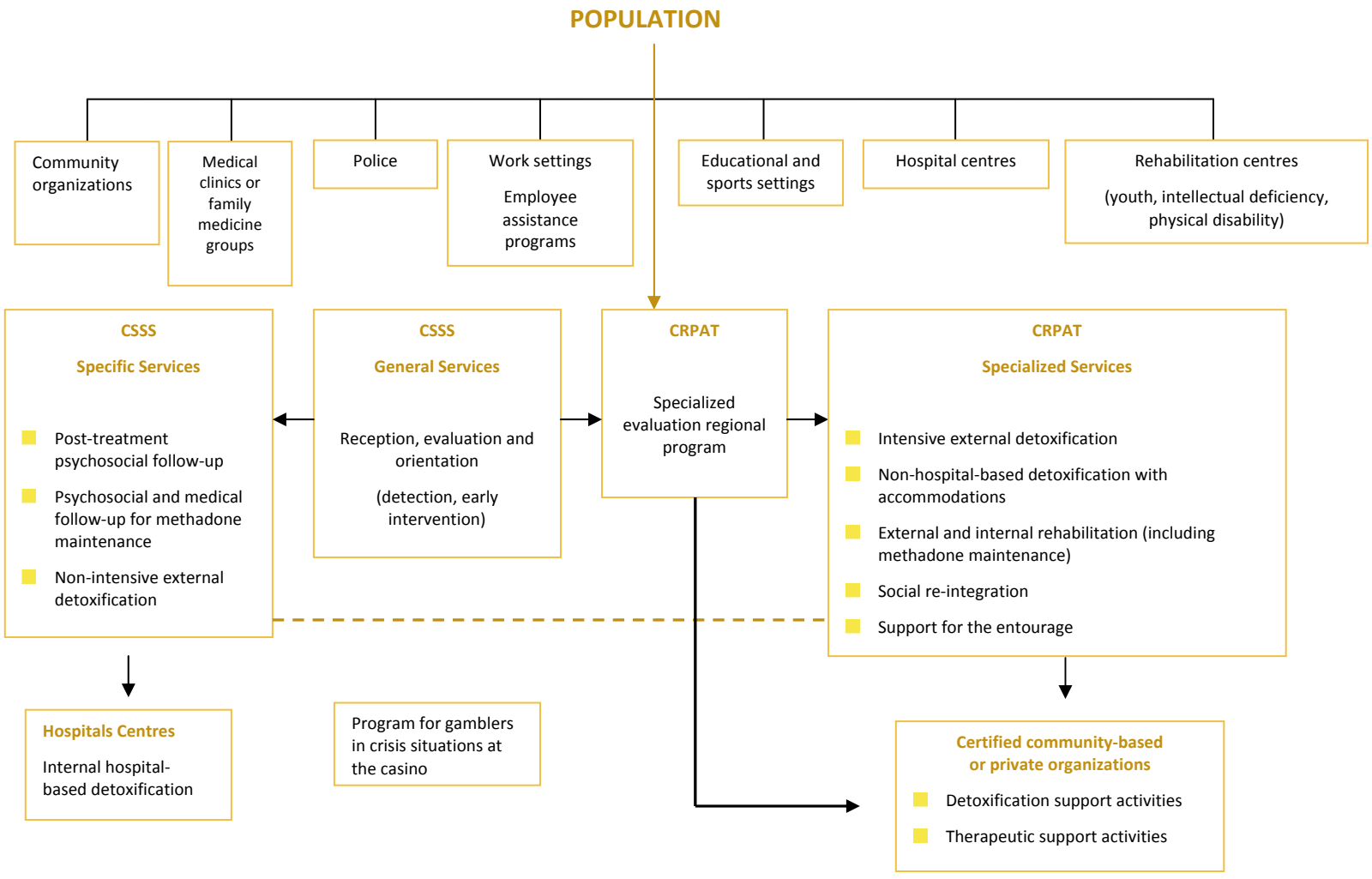
Substitution treatments

Several CRPAT provide methadone maintenance and withdrawal treatments for people who present an addiction to opiate substances. Methadone is a synthetic opioid agonist with a prolonged effect that is prescribed to treat addiction to opiates. Methadone maintenance programs vary considerably in their composition. However, they all have in common the prescription of a dose that is said to be comfortable where a stable and sufficient level of methadone in the blood reduces the urge to consume illicit opiate substances.

Moreover, the programs offer a psychosocial follow-up on a mandatory basis or upon request in accordance with the service modalities established in each of the centres. Certain methadone treatment programs are defined as being low threshold. These programs that allow access to treatment with low requirements are intended for the poor clientele that lives in the urban setting and that does not usually access the services provided by the institutions of the health network. This practice has proven to be effective with respect to the reduction of the harmful effects related to the use of illicit opiate substances.

Currently in Quebec, the *Relais Méthadone* program offered by the *Centre de recherche et d'aide pour narcomanes* (CRAN) provides these low threshold treatments for the region of Montreal. The methadone maintenance services are provided in Quebec by the CRPAT, with the exception of the Montreal region where three specialized centres are dedicated to this type of services: the CRAN, the Herzl Clinic of the Jewish General Hospital in Montreal and the addictions services of the CHUM St-Luc (Tremblay [et al.], 2004).

DIAGRAM OF THE TRAJECTORY OF SERVICES BY VIRTUE OF THE DEPENDENCE PROGRAM (QUEBEC NETWORK)



Source: *Ministère de la Santé et des Services sociaux du Québec* (2007)

ORGANIZATION AND INTEGRATION OF THE DETOXIFICATION SERVICES IN THE QUEBEC NETWORK

In light of the state of the situation achieved by the *Fédération québécoise des centres de réadaptation pour personnes alcooliques et autres toxicomanes* (FQRCPAT) as of the winter of 2007, it turns out that the detoxification component of the service offer is implemented in a different manner from one facility to the next and that it is insufficiently deployed, particularly in terms of the role assigned to the addictions rehabilitation centres (intensity levels II-D and III-D of the ASAM) in the ministère's addictions service offer. As illustrated in table 1 in annexe 2, six regions (Bas-du-Fleuve, Québec, Côte-Nord, Gaspésie, Laval, and Laurentides) do not provide detoxification services in a rehabilitation centre or only provide these services through collaboration with partners.

Another region does not provide detoxification services with accommodations for rehabilitation (Lanaudière). Moreover, it should be noted that certain establishments provide level I-D detoxification services that, according to the MSSS service offer, are under the responsibility of the CSSS and that two CRD that are associated with a CSSS mission provide detoxification services in hospitals (level IV-D). With regards to the deployment of detoxification services on the Quebec territory, the Fédération (2007) carried out an exercise that aimed to estimate the needs in terms of development in each of the regions of Quebec.

The centres that provide detoxification services with accommodations for rehabilitation (III.7-D) favour an integrated service model for detoxification and rehabilitation – only the Dollard-Cormier centre, because of its critical mass, possesses a service that is dedicated exclusively to detoxification.

The experience of Domrémy Mauricie – Centre-du-Québec precisely reveals that the users who undertake detoxification services of this level (III.7-D) integrate easily into the rehabilitation activities if they are provided in the actual location where the accommodations are found.

They also manage to maintain the people in treatment up to an average stay duration of 15,6 days. The experience of Domrémy also indicates that beyond the detoxification process that takes a few days, the stay enables the client to stabilize his/her medical-psychiatric condition and to buckle down through his/her participation in rehabilitation activities and a process of

change. Bertrand and Ménard (2004), in the analysis of services with accommodations of Domrémy, made the observation that the act of remaining in the services with accommodations for 7 days or more or completing a stay for 14 days or more statistically increases in a significant manner the pursuit of external follow-up, while stays that last longer than 20 days are not associated with a greater probability in terms of external continuation.

The Mauricie region has established a model for a *réseau intégré de services de désintoxication* (RISD) (free translation: addictions services integrated network) that suggests profiting in an optimal fashion from the window of opportunity that was created by the crisis associated with the presence of users in hospital centres in order to engage or reengage them in a process of change and rehabilitation with regards to their problematic consumption.

Thanks to formal collaboration agreements, this same model is, to date, deployed in four hospital centres in the region that can count on liaison teams in each of the territories. Service agreement models are present in the directory included in the FQRCPAT document available (in French) at http://www.acrdq.qc.ca/upload/doc/doc203.pdf.

This model has inspired two other regions in Quebec (Chaudière-Appalaches and the Capitale Nationale) that are currently experimenting with liaison team pilot projects in the hospital setting in both the emergency services and the care units in order to better address the needs of the clientele and ensure improved access and enhanced continuity of addictions services.

In Quebec, a common intervention program among the clientele of the emergency services of the CHUL-CHUQ who present concomitant addictions and mental health issues is in progress since July of 2007. This emergency service was the object of special attention given its high level of patronage and a significant proportion of the clientele who present mental health issues that are connected to abuse or addictions to psychoactive substances.

It is for this reason that the Ubald- Villeneuve rehabilitation centre was invited to present a pilot project aiming to address more effectively the needs of this clientele and implement measures to relieve congestion in the emergency services. The nurses of the CRUV, present on a daily basis, receive, as a follow-up measure to the identification performed by the medical and clinical team, the people who consume psychoactive substances or who have problems related

to this consumption (intoxication, sobering, withdrawal, detoxification, suicidal thoughts, etc).

In addition to evaluation services, the CRUV liaison team, supported by the centre's general practitioners, offers orientation and support services to the clientele to direct them to the appropriate assistance resources as quickly as possible as well as support to the CHUL-CHUQ medical team. In January 2008, after six months of experimentation, the CRUV had received 324 service requests for addictions problems – 30% of which specifically concerned intoxication to psychoactive substances. In March 2008, after 33 weeks of experimentation, 76,5% of the users were oriented towards the Ubald- Villeneuve rehabilitation centre following an evaluation that was performed by the nurses of the CRUV. It is also important to note that 83% of the users were not receiving any services for their addictions problem. Finally, approximately one-third of the users would have benefitted from non-hospital-based detoxification services at the CRUV if they would have been available within the region.

Since 2006 and over a period of 18 months, the *Centre de réadaptation en dépendance de Chaudière-Appalaches* (CRAT-CA) set up a pilot project in order to evaluate the relevancy of having the presence of a nurse from the centre within a hospital centre in its region. The objective of the project is to diminish the number of clients in the emergency room, quickly orient the clientele towards the appropriate services and reduce the hospitalization duration for people who no longer require care for physical or mental health and that can obtain the services, depending on their needs, in a CSSS or at the CRAT-CA. Over the period of one year (December 2006 to December 2007), 150 requests for addictions problems were made to the nurse from the CRAT-CA – 59% of which were for intoxication to psychoactive substances. Also, with the increase in the number of references stemming from the hospital, the CRAT-CA obtained funding allowing it to add hours to the nurse in charge of the CSSS territories and to coordinate the clinical journey of the client through a partnership with the interveners of the CSSS, the hospital and the community setting.

Therefore, the pivotal nurse is, within a hospital, the coordinator of the services for the clientele that is suffering from addictions problems. He/she supports the work of the hospital's interveners through the provision of addictions training, through his/her participation in case

discussions within inter-disciplinary teams and through the evaluation, orientation and support of the clientele towards assistance and rehabilitation services.

LIST OF THE ADDICTIONS REHABILITATION CENTRES THAT PROVIDE DETOXIFICATION SERVICES IN QUEBEC

Important Note

Because of the obstacles related to language for the members of the English-speaking First Nations communities that are located in proximity to the borders with other provinces in Canada, it is possible that some communities may send clients who have detoxification needs to centres that are located outside of the province of Quebec. These centres are not listed here.

1) *Centre de réadaptation en dépendance du CSSS de Jonquière*

The CRD of the CSSS de Jonquière sets itself apart from the other rehabilitation centres in the province, since it has the particularity of offering the entire range of services, from detoxification to the consolidation within the actual walls of the rehabilitation centre. Furthermore, the moderate to severe detoxification services are provided in a hospital with follow-up from the medical and nursing personnel.

Website: http://www.csssjonquiere.qc.ca/1730_fr.html

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2) *Centre Jeunesse Saguenay/Lac St-Jean* (youth centre)

The Saguenay–Lac-Saint-Jean youth centre provides, through a service agreement, specialized rehabilitation and social integration services to youth who are less than 18 years of age and struggling with problems related to alcoholism and other addictions, in collaboration with the two centres that, in our region, provide services to the adult clientele and the CSSS of Jonquière and Roberval.

Website: http://www.cjsaglac.ca/page.php?section_id=1&id_page=14

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3) Ubald-Villeneuve rehabilitation centre

Non-intensive, semi-intensive and intensive external rehabilitation services are available for adults who are struggling with alcoholism or addiction problems. Those with a high level of

vulnerability can have access to accommodations services. The Centre deploys teams that are specialized in addictions in three hospital emergency services in the region of the Capitale-Nationale: the *Centre hospitalier de l'Université Laval* (CHUL), the *Hôpital de l'Enfant-Jésus* and the *Hôpital St-François d'Assise*. The actions of the liaison teams are mainly intended for the vulnerable clienteles that present concomitant addictions and mental health problems. Those who suffer from an addiction to opiates have access to a substitution treatment program that provides strict medical and pharmaceutical follow-up as well as psychosocial services.

Website: http://www.cruv.qc.ca

4) Domrémy Mauricie/Centre-du-Québec

Domrémy MCQ has launched, in partnership with the *Centre hospitalier régional de Trois-Rivières* (CHRTR) and the CSSS, from a perspective of organizing the care into a hierarchy, a *réseau intégré de services en désintoxication* (RISD) (free translation: addictions services integrated network) in order to improve access for the most vulnerable individuals to the level of secure care required by their condition. The RISD aims to systematize the standardized evaluation of the withdrawal risk to provide the concerned users with priority and quick access to the level of required care and support. It translates to the provision of health care in the external services of the rehabilitation centre for the entire region and the daily presence of a liaison nurse from Domrémy MCQ at the CHRTR. This nurse evaluates the screened users, proceeds with a motivational intervention and then accompanies them towards the appropriate level of care. This is a matter of a pilot project that has been evaluated.

Website: http://www.domremymcq.ca

5) *Centre Jean-Patrice Chiasson/Maison Saint-Georges*

The *Centre de réadaptation en dépendances et santé mentale de l'Estrie Jean-Patrice Chiasson / Maison Saint-Georges* is a regional rehabilitation centre that provides specialized services for addictions (alcohol, drugs and pathological gambling) and mental health. The specialized services are accessible over the entire Sherbrooke territory and the 7 MRC of the Estrie region. The addictions services are intended for the youth and people of all ages, parents of youth and people who are close to those who are in need of assistance.

The external services (reception, evaluation, orientation and specialized treatments)

- Evaluation services for the required needs and services
- Evaluation services for vehicle drivers
- Services with substitution drugs for opiates
- Services for pathological gamblers
- Services for pregnant women and mothers who are struggling with addictions
- The services are provided through interventions among individuals, couples, groups or in the community

Services with accommodations

Le The rehabilitation services with accommodations (13 adult places and 3 places for youth) aim to provide an environment of transition and treatment in order to allow the person to:

- Undergo detoxification with nursing care services when required
- Become stabilized
- Develop or redevelop his/her personal and social skills through individual and/or group interventions
- Prepare his/her social reintegration

Website: http://crdsm.santeestrie.qc.ca/index.php

6) Centre Dollard-Cormier IUD

The programs and services of the Centre Dollard-Cormier are intended for all those who present an addiction or alcohol, drugs or gambling abuse problem who reside on Montreal Island regardless of their age or social conditions. The Centre also extends its actions to the broader environment of those who are struggling with over-consumption addictions issues and to the other resources that are called upon to intervene among these people.

The detoxification program is intended for all of those who are dealing with an alcoholism or addictions issue who are going through a detoxification period upon ceasing consumption. It includes two components:

Withdrawal component

It allows the person to make it through the physical withdrawal period within a context that is safe and under medical supervision (10 beds – 7 to 10 days per stay);

Recuperation component

This component provides internal coaching for non-consumption by users who do not present symptoms of physical withdrawal or have completed their withdrawal period. It supports the person's motivation through individual or group meetings (18 beds – 10 days per stay). A nursing care follow-up is provided. This component is also accessible to the pathological gambling clientele.

Website: http://www.centredollardcormier.qc.ca/cdc/service.html#pd

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7) Centre Jellinek

The Centre Jellinek offers confidential services to people who have an alcohol, drugs, medication or gambling consumption problem. It mainly provides services to the population in the Outaouais region – to youth and adults. The detoxification program is intended for those who present a risk in terms of withdrawal upon ceasing its consumption. This person needs to recuperate physically, mentally and socially. The goal of the program

is to allow the person to get reorganized in order to get more actively involved in a therapeutic process. The duration of the stay can vary between two and nine days. The admissions take place every day in accordance with the number of available places. Website: http://www.jellinek.org/jellinek/index_f.aspx?ArticleID=369

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8) Centre Normand

All of the clinical activities of the Centre take place within the biopsychosocial model. The Centre offers external and internal services. The interveners who work among both adults and youth use the recommended therapeutic approaches in accordance with the recognized best practices. The therapeutic relationship takes place in the form of individual, couple, family or group interventions. Each client benefits from a reception, an evaluation and an intervention plan that is adapted to his/her needs.

Website: http://www.centrenormand.org/assises.asp

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9) *Centre Le Canal*

Le Canal is a public rehabilitation centre that is part of the services provided by the *Centre de protection et de réadaptation de la Côte-Nord* (CPRCN). *Le Canal* offers services to adolescents and adults who are experiencing problems with alcohol, drugs, medication and gambling. It also offers support and coaching services to their respective families. These services are free-of-charge, confidential and provided by professionals who are trained in diverse fields from colleges and universities.

Services without accommodations

Adults

This program is intended for men and women who are 18 years of age and up who are struggling with a problematic alcohol or drug consumption issue. It provides a personalized process that allows for certain acquisitions that aim to render the person autonomous in terms of facing psychotropic drugs and life in general. This program is also provided to

people who are dealing with legal problems or who are experiencing a mental health issue.

Adolescents

This program is adapted to a clientele between the ages of 12 to 17 years who are dealing with consumption issues that are upsetting the youth and his/her environment. It aims to provoke reflection on his/her consumption behaviour and the challenges that stem from that behaviour. The participation of the parents is encouraged.

Services with accommodations

Adults

This program is provided to adults ages 18 years and up who require a more intensive therapeutic support. Through a reassuring, secure and structuring environment, the person receives help and support in his/her daily life. The program has a 28-day duration and is offered in Baie-Comeau.

Adolescents

This program is provided by resources that are from outside of the region through an agreement with the Centre Le Canal, which acts as the referrer. It is intended for youth between the ages of 12 and 17 years who have greater needs at the physical, psychological and social levels. A more intensive follow-up process with several weeks of accommodations is provided to them.

Website: http://www.cprcn.qc.ca/CPRCN.html

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10) Centre L'Escale/CSSS de la Haute-Gaspésie

The Centre offers external detoxification services. In the MRC of Bonaventure, the services are provided in English. The Centre does not offer any internal services that are intended for youth.

Website: http://www.acrdq.qc.ca/listemembre.php?m=17

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11) *Centre de réadaptation en alcoolisme et toxicomanie de Chaudière-Appalaches* (Alcohol and drug rehabilitation centre)

The interveners are present in all of the CLSCs in the Chaudière-Appalaches region – in addition to all of the regional hospitals. The youth interveners are also present in the points of service of the youth centres. The Centre provides a nine-place internal rehabilitation centre as well as five detoxification places at the *Centre hospitalier de Beauceville* point of service.

Website: http://www.acrdq.qc.ca/listemembre.php?m=18

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12) *Le Tremplin, Centre régional ADH*

Located in Matane, Le Tremplin offers services to men who are suffering from alcohol and drug problems, transitional accommodations, reception, evaluation, listening, coaching and support services for social reintegration, thematic workshops, detoxification services, assistance, referral and orientation services as well as social, cultural and educational activities.

Website: http://www.cam.org/~fobast/letremplin/index.html

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13) Le Tremplin, CSSS du Nord de Lanaudière

The Centre provides external and internal detoxification services in the Nord de Lanaudière region.

Website: http://www.acrdq.qc.ca/listemembre.php?m=20

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14) Centre André-Boudreau

The Centre André-Boudreau offers external rehabilitation services with accommodations, in both French and English, to youth and adults. The detoxification services are provided with accommodations.

Website: http://www.acrdq.qc.ca/listemembre.php?m=21

15) *Le Virage*

The detoxification component of the addictions rehabilitation centre *Le Virage* mainly targets the physical recuperation of people who are more than 18 years of age who present a moderate withdrawal risk upon cessation of their consumption habit. An intensive follow-up of the state of health of the person favours good physical recuperation. This recuperation can be a prerequisite to a more intensive rehabilitation process. *Le Virage* receives its clientele through referrals or by telephone calls from the actual clients. The first contact is carried out and a summary evaluation by telephone is performed by the secretary-receptionist. Afterwards, an appointment is given for a detailed evaluation in order to assess the client's needs. After the complete evaluation of the client's needs, he/she is directed towards the services that are appropriate for him/her. All of the services at *Le Virage* are free-of-charge, confidential, personalized and for everyone.

Website: http://www.levirage.qc.ca/levirage-nosservices.htm

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16) *Pavillon Foster*

The *Pavillon Foster* is a private rehabilitation centre for alcoholics, addicts and pathological gamblers that is funded by the *ministère de la Santé et des Services sociaux* in order to provide rehabilitation and social reintegration services to the English-speaking population in Quebec. The services of the *Pavillon Foster* are free-of-charge and available in the points of service on Montreal Island and in the region of Montérégie. The program for adults with addictions issues is based on a level approach in which are proposed treatments of varying duration and intensity, with or without accommodations, in accordance with the established needs.

Website: http://www.pavillonfoster.org/fr-Mission.asp

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17) CRAN Inc.

A specialized addictions treatment centre with substitution medications, the CRAN has the mission to provide personalized and multidisciplinary health care services to the people who are mainly addicted to heroin and other opiates.

Website: http://www.cran.qc.ca

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18) *Le Grand Chemin*

Le Grand Chemin is a not-for-profit accommodations and therapy centre which provides services completely free-of-charge that are intended for adolescents between the ages of 12 to 17 years who are in the process of developing, or have developed, an addiction to alcohol, drugs or pathological gambling. The program of the *Le Grand Chemin* centres lasts for a duration of eight to ten weeks internally along with four months of post-treatment follow-up. The mandate is supra-regional and the Centre welcomes youth from all over the province of Quebec. Website: http://www.legrandchemin.qc.ca/home.ph

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19) *Maison Jean-Lapointe*

This program is intended for people who are aged 18 years and up who are experiencing problems related to alcohol, medication or drugs. The program's activities are broken down into four distinct phases – the first of which is the detoxification phase. The team supervises the detoxification process for individuals with a condition that requires a medical intervention. If more intensive services are required, the *Maison Jean-Lapointe* works in a collaborative manner with the specialized hospital.

Website: http://www.maisonjeanlapointe.com/alcoolisme-toxicomanie.html

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20) Maison l'Épervier Inc.

The *Maison l'Épervier* is a private psychological treatment centre with a detoxification support unit that provides people with the opportunity for a new start at life. Several types of withdrawal are offered and the duration varies in accordance with the case.

Website: http://www.maisonlepervier.com/sevrage-drogues-medicaments.shtml

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21) Biophysical detoxification program at the *Centre de désintoxication naturelle*

Private withdrawal and detoxification centre with detoxification treatments: drugs, alcohol, medication and chemical products. The program has a duration of 20 days for both men and women.

Website: http://desintox.net/purif.html

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22) Narconon biophysical detoxification

The Narcanon program is composed of a series of educational exercises and steps performed in a precise sequence. These techniques include a withdrawal method that helps both the alcoholic and the addict to cease consuming drugs and alcohol. Afterwards, they learn to start communicating once again with others and their environments. The following phases consist of ridding their bodies of drug and alcohol residues. Finally, the last step allows them to regain control of themselves and their surroundings. This is a matter of a natural therapy without medications for alcohol abuse, cocaine detoxification, withdrawal from opiates and drug rehabilitation.

Website: http://narconon-info.org/Latest/narconon_programme.html

DETOXIFICATION PROGRAMS AND SERVICES AMONG THE FIRST NATIONS

According to the research that was carried out in the framework of this process, very few programs and treatment centres provide detoxification services that are specifically intended for the First Nations – regardless of the region in Canada. The First Nations must generally access the services in the provincial health network in order to benefit from detoxification treatment services that are appropriate for their condition. Nonetheless, the following are the rare initiatives that were identified in the framework of the survey process. It is possible that other initiatives exist without being included here because of misinformation in the various sources and references that were consulted.

1) Telmexw awtexw Treatment Centre, Chehalis, BC.

Hey Way Noqu and Chehalis Indian Band established a partnership in order to provide traditional treatment services to First Nations people who are suffering from an addictions problem. The patients who are following a methadone detoxification program can participate in the sessions. The centre has five beds and the program lasts for five months.

Référence: Jennelle McMillan, (604) 808-5258

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2) Aboriginal Detox Support Worker Program

The support interveners who work in the Aboriginal detoxification program called Aboriginal Detox Support Workers are responsible for the delivery of support and follow-up services for the Aboriginal people who have followed a detoxification treatment and are leaving the Vancouver Coastal Health (VCH) Withdrawal Management Services (WMS). The interveners provide liaison and support services in order to help clients to make the transition between withdrawal and a sober lifestyle.

Website: http://nccabc.ca/index.php/services/aboriginal_detox_support_workers/

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3) Service agreement between the Val-d'Or Native Friendship Centre and the CSSS de la Vallée-de-l'Or

The Native Friendship Centre and the CSSS de la Vallée de l'Or have reached an agreement thanks to a half-million dollar investment from Health Canada. This partnership, which is a first in Quebec, is made possible thanks to an investment in the amount of $475 000 by Health Canada's Aboriginal Health Transition Fund. First of all, an accurate portrait of the genuine needs will be developed. Among the priority files identified by the Native Friendship Centre, the problems related to the consumption of alcohol and drugs were mentioned. This agreement is a first in the province of Quebec. The partners hope that it will serve as a model for all of the First Nations in Quebec. The detoxification services are not explicitly mentioned but it will be important to follow the evolution of the file (Radio-Canada, 2009).

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4) Aboriginal support worker in the 12-bed unit for brief detoxification services in Saskatchewan

This is a short duration emergency admission program for patients who do not require medical care. An aboriginal intervener is employed in order to serve as a liaison with the Aboriginal clients.

Website: http://www.saskatoonhealthregion.ca/news_you_need/media_centre/media/2004/news_112704.htm

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5) "Healing at Home", Guide for home detoxification for First Nations

An Aboriginal nurse from British Columbia, Ms. Pamela O'Donaghey, drafted a complete manual on home detoxification that is intended for First Nations. This manual assists the communities in progressing through the various stages of withdrawal while providing guidance on the continuous treatment options after having completed the initial detoxification. This manual takes into consideration the culture and traditions of the First

Nations. Among other things, it includes many work tools such as the client evaluation forms.

BEST PRACTICES FOR DETOXIFICATION

Pierre Desrosiers, professional affairs advisor at the *Fédération québécoise des centres de réadaptation pour personnes alcooliques et autres toxicomanes* (FQRCPAT) drafted a document entitled "Les services de désintoxication dans les centres de réadaptation en dépendances : Meilleures pratiques et offre de services de base dans un contexte de réseau intégré de services (free translation: The detoxification services in the addictions rehabilitation centres: Best practices and basic service offer in a context of an integrated services network) ". Starting from a literature review, Desrosiers presents the best practices in terms of clinical, evaluation, treatment organization and integration of service models and approaches.

Clinical models and approaches

According to the Center for Substance Abuse Treatment (CSAT, 2006), there are three broad theoretical models of detoxification: the medical model, the social model and the joint model. The programs that refer to the medical model are delivered by a physician and health care personnel and generally take place in hospitals, private offices or a health centre. The social model is generally associated with psychological and social support services for the users and their families. When these clients have medical needs, they are directed towards medical resources where they are evaluated by a physician who is associated with the centre or by a nurse. The social workers can sometimes provide assistance to the user when he/she takes his/her medication, evaluate his/her state or direct him/her towards a health professional if the situation deteriorates. The CSAT (2006) believes that the social detoxification programs should not provide services to people who are severely addicted to alcohol and other hypnotic sedatives. Finally, the joint model refers to the social detoxification programs that also provide medical assistance services. According to the group of experts that make up the Comité permanent de lutte à la toxicomanie (CPLT, 2004), many authors note that an in-depth alliance between the two models (medical and psychosocial) allow for the provision of a better quality of service to the clients. According to these experts, the recent research on addictions treatment tends to demonstrate the pertinence of a joint model in order to adequately treat the withdrawal symptoms. The studies that focus on the different treatment modalities,

recorded by Health Canada (1999), recognize the effectiveness of pharmacotherapy as a complement to a global treatment, including cognitive, behavioural and motivational approaches, learning methods for social skills and the prevention of relapses and community support approaches that depend on the relational network of the people who are consulting – particularly for those who are lacking social support. The use of the motivational approach seems to be particularly recommended in order to allow for the achievement of the third objective of detoxification, which is to prepare the client for rehabilitation or to foster, in the client, a continuity of services. A research by Haro and his colleagues (2006) reports that the use of the motivational approach during the detoxification process that takes place in a hospital is in part associated with a higher level of probability in terms of pursuing rehabilitation services, particularly among the women and in relation with certain consumed substances.

The Canadian Centre on Substance Abuse (CCSA) (2007) reports that the addictions specialists in Canada and at the international level often resort to motivational meetings in various therapeutic environments such as the detoxification services. In Quebec, the transtheoretical model in terms of the process of change and its steps (Prochaska et al., 1994) as well as the motivational meeting that stems from the works of Miller and Rollnick (2003) are now an integral part of the intervention approaches that are preferred in the CRD.

According to the best practices described by Health Canada (1999), it is important to provide services that are adapted to the reality of each individual since all services and all approaches are not appropriate for everyone. It is also necessary to consider the importance, in terms of the success of the treatment, of common factors of all clinical approaches, meaning those of the client (personal resources, environment, etc.) and those of the intervener (competencies, empathy, therapeutic alliance, etc.). The study of DATOS (2003) moreover underlines that the therapeutic alliance and the concrete changes that the client is able to make at the beginning of the process seem to be essential elements in the persistence of the treatments.

Evaluation

a) Criteria

Kasser et al. (1997) underline that because of the risks for medical complications, an initial evaluation of the client's medical condition is essential. It must include an evaluation of the predictable severity of the withdrawal process, as well as an evaluation of the medical or psychiatric comorbidity. The severity of the withdrawal is not always easy to foresee and a fair amount of information must be collected when it is time to perform the initial evaluation: quantity and duration of the client's consumption (particularly in the last month and the last week), severity of previous withdrawals and the client's medical and psychiatric history. According to these authors, the initial evaluation aims to facilitate the selection of the appropriate level of care for the detoxification process.

In order to determine the level of required care in relation with the needs and characteristics of the clients who are struggling with alcohol and drug issues, the ASAM (2001) clinical experts committee established six dimensions that must be measured:

1. The state of intoxication/the withdrawal risk;
2. The physical health;
3. The psychological health;
4. The attitude regarding the treatment;
5. The potential for relapses;
6. The characteristics of the person's environment.

Dimension 1 refers to everything that deals with the nature of the individual's consumption and the need for that individual to be medically cared for in order to assist the withdrawal process or for a substitution treatment.

Dimension 2 describes the person's physical condition, including all of the physical problems, with the exception of the withdrawal symptoms that are already covered by Dimension 1, or

the physical factors that must be taken into consideration as well as the medication taken by the user, with the exception of those that are prescribed for psychiatric reasons.

Dimension 3 deals with the client's emotional and behavioural issues. For this dimension, it is necessary to refer to the psychological and psychiatric history and treatments that he/she experienced, the individual's emotional state and stability as well as his/her capacity to express his/her feelings of depression, anger, anxiety and other emotions, or the absence of emotions.

Dimension 4 touches upon the dynamic of change of the individual, his/her motivation to get involved in his/her own process and his/her attitude with respect to the treatment.

Dimension 5 deals with the level of relapse risk for the user as well as the state of knowledge that he/she has with respect to the nature and the dynamic of his/her addiction problem and the relapse prevention mechanisms. It also includes the degree of integration, by the client, of the relapse prevention tools in his/her daily problems or crisis situations.

Finally, dimension 6 refers to the environment that the person lives in. It refers to the person's physical environment (neighbourhood, lodgings) as well as his/her social environment, particularly the presence or absence of a support network for the person's efforts in terms of making changes. The quality of the person's time management on a daily basis, the balance in terms of time between work, leisure and interpersonal life as well as the individual's contact with the social organizations that can provide assistance are also an integral part of this dimension.

Even though the ASAM criteria are the most commonly used and recognized, they must not constitute a substitution to clinical judgment and the evaluation of the specific needs of each client.

b) Tools

The Clinical Institute Withdrawal Assessment-Alcohol Revised (CIWA-Ar) (1989) represents the alcohol withdrawal quantification questionnaire that is the most widely used in the intervention settings. Rouillard, Tremblay and Boivin (1999) developed evaluation tools for the severity of

the withdrawal and the required associated medical care. These tools are called NID for "Niveau de désintoxication (free translation: level of detoxification". In fact, these include two separate instruments, one for a health evaluation by medical interveners (NID-ÉM), and the other is an adapted version that can be administered by psychosocial interveners (NID-ÉP) and validated by nurses.

These evaluation tools start with a section in which socio-demographic information is collected, followed by questions that deal with the user's medical condition and the medication that he/she is taking. The most important section focuses on the evaluation of the consumption of alcohol and drugs and includes the Clinical Institute Withdrawal Assessment of Alcohol Scale, Alcohol Revised (CIWA-Ar). The following sections focus on the psychological/psychiatric state of health including the evaluation of the suicidal risks and information on the user's general situation in terms of the social sphere (work, family, social, legal, etc.). The questionnaires end with orientation choices.

To provide guidance in a more objective fashion with respect to the decision-making process in order to better direct the clients to the most appropriate level of service, while ensuring that they are not directed to a level of service that is more intensive than they actually need, Ménard, Pépin and Saint-Louis (2007) developed an adapted version of the NID-ÉM, a health evaluation called the NID-ÉM 2.0. This tool, based on user orientation algorithms in accordance with the signs and symptoms of intoxication and withdrawal and the ASAM evaluation criteria, allows for achieving a classification in accordance with the ASAM levels of service intensity. These same authors have also developed an adaptation of the NID-ÉP, version 2.9 (2007).

Treatment

a) Duration

From the outset, we noticed the scarcity of scientific articles that focus on the optimal durations for detoxification treatments. According to Tremblay (2008), it is also necessary to mention that several studies consider detoxification to be an intervention that combines, sequentially, a medical intervention that aims to eliminate in a safe manner the psychoactive substances from

the body followed by a psychosocial intervention that focuses on behaviour modification. In these studies, the optimal duration of services is difficult to interpret.

The duration and intensity of the withdrawal represent the main determining factors in the detoxification duration standards. According to Raistrick (2000), a clinical protocol for alcohol detoxification generally prescribes a treatment of seven days for a detoxification with a severe treatment, five days for a moderate withdrawal and three days for a light withdrawal. The hospitalization durations observed for alcohol detoxification are classically 4,3 ± 2,4 days (Sullivan et al., 1991), which corresponds to the anticipated clinical protocols (Raistrick, 2000). For Miller and Kipnis (2006), withdrawal from opiate substances produces signs and symptoms that are similar from one substance to the next but there are variations such as when they make their appearance and their duration. For example, heroine withdrawal typically commences between 8 to 12 hours after the last dose and lasts for a period of three to five days. According to Miller and Kipnis (2006), the withdrawal duration for benzodiazepines and other hypnotic sedatives depend on the half-life of the substances and generally stretch over several weeks. As for the withdrawal management, normally the procedure is to decrease the doses under medical supervision. This progressive decrease is spread out over the course of several weeks, or even months, especially for benzodiazepines with long-lasting effects.

According to data from the Massachusetts (Jonkman et al., 2005) collected among 21 311 users over the course of the year 1996, the main substances that require detoxification services are alcohol (48%), heroine (34%) and cocaine (18%). This American state, similar to Quebec in terms of its geography and population, has twenty level III.7-D detoxification centres according to the ASAM. The average stay period varies greatly from one centre to the next, oscillating between four and nine days. According to these researchers, the variances are partly statistically explainable by the configuration of the centres: the centres with 35 beds or more have a longer average stay period (7,7 days) while this average is 5,4 days in centres with less than 35 beds. Still according to these authors, these observations raise questions regarding the practices of the centres: centres that have more beds may keep patients for a longer period of time in order to ensure high occupation rates and therefore adequate funding. Other than these

organizational variations, Jonkman et al. (2005) observed great variations between the individuals, associated with various aspects: the problematic substance, the presence of another detoxification episode over the past year, not having a permanent place of residence, being a woman, the presence of mental health problems, being 51 years of age or more and not being a white person.

According to Tremblay (2008), the practice in Quebec with respect to the average stay durations for detoxification varies greatly. With regards to detoxification in hospitals, an average stay of 5,2 days is noted at the CHUQ and 8,7 days at the CHUM/Saint-Luc (HSFA, 2006). As for the average stay durations within a level III.7-D detoxification service, Tremblay (2001) observed, in Chaudière- Appalaches, an average stay duration of 3,6 days over the course of the year 1999-2000 – only referring to the detoxification treatment phase. In his literature review, Tremblay (2008) reached the conclusion that the average stay durations for level III.7-D detoxification services are from 3,6 to 7,5 days for the problematic psychoactive substances, that the practices vary considerably from one centre to the next and that studies that focus on comparisons in terms of detoxification treatment durations are very rare.

b) Intensity

The scientific literature, despite the many studies, does not allow for reaching the conclusion that treatments with accommodations offer better results than ambulatory treatment. However, various studies, Kissin et al.36, Rychtarick et al., (2001), observe that users who are characterized by social instability or more severe consumption problems report better results if they benefit from residential treatments. According to the Center for Substance Abuse Treatment, the best detoxification treatment is the one that is the least restrictive for the user given his/her state and that allows to effectively reach the objectives of the detoxification process while being as economic as possible. The choice in the type of detoxification (internal or external) must first of all be based on the clinical needs of the individual.

According to Alling (1992), internal detoxification offers various advantages: the patient's environment is controlled, as is the case with access to substances, the detoxification takes place in secure conditions since the monitoring of the state of health is more intensive, and the

detoxification process can occur faster than it can externally – usually within six days. Also according to Alling, the external detoxification process is less costly, while also ensuring that the person's life is less perturbed while avoiding an abrupt transition between the detoxification location and his/her natural living environment.

Rychtarick et al. (2001) mentioned that certain clients may resist a form of treatment that is more controlling or invasive. They indicate, like other authors (Finney et al., 1996), that the treatment processes with accommodations should be reserved for clients who present a heightened addiction to products (withdrawal risks) and a significant psychosocial instability.

Bertrand and Ménard (2004), in their literature review on the subject at hand, indicated that there seems to be a consensus forming between clinicians and researchers to the effect that the alcoholism and addictions treatment that is suitable for the vast majority of the clientele is the external treatment – a form of treatment that is as effective, less invasive and less expensive than internal treatment, while specifying that residential treatment and detoxification with accommodations are services that have their place and must be analyzed more. In fact, external treatment does not exclude the need, for certain clients, to benefit from detoxification services in a residential setting that is part of a treatment strategy of an individual with a physical, psychological or social state that must be stabilized.

According to the ASAM (2001), two large criteria are clear in order to direct someone towards detoxification services with accommodations:

- The severity of the addictions and the risks for the physical health;
- A marked psychosocial instability and/or an inadequate environment for the rehabilitation.

Organization and integration of services

A group of clinical addictions experts brought together by the SAMHSA (2006) determined that the detoxification process is an integral part of a global treatment strategy and that it must not be separated from the other phases of the process. They also recognized that offering detoxification services without providing treatment or rehabilitation follow-up is an inappropriate way to use resources that are already limited. Therefore, the detoxification

services are seen as a gateway to the pursuit of treatment (Teesson et al., 2006). The studies indicate that, without this type of continuity of services, the vast majority of the individuals resume consuming within a period of three months following their detoxification.

A research project that was carried out by Mark et al. (2006), in the American states of Delaware, Oklahoma and Washington, reports that, in the year following their detoxification, 27% of the individuals were readmitted. Another study indicates that there is a readmission rate of 20% in the year following the detoxification (Davison et al., 2006). According to Shanahan et al. (2005), the presence of psychiatric comorbidity increases the probability of readmission to detoxification services. In the opinion of Teesson et al. (2006), it may be necessary to anticipate more than one detoxification admission as part of a normal process among part of the clientele within an adequate process of change.

In fact, the pursuit of a rehabilitation treatment often only affects a low percentage of the clientele who receive detoxification services. Rush (1990) estimates that 25% of the clientele registers for rehabilitation services following detoxification. Other studies report varying proportions of people continue their journeys with the help of another type of treatment: Davison et al. (2006) and Rodler et al.(2006) estimate 20%, Span et al.(2006) estimate 1/3 of the individuals, while the proportion even rises to ¾ of the individuals (Blondell et al., 2006). McLellan et al. (2005) state that approximately 15% of the patients use only detoxification services over the course of a year – more than once. In their research among young users of intravenous drugs, Shin et al. (2007) indicate that among the intravenous drug users, being younger is associated with a greater probability in terms of only registering for detoxification services without resorting to rehabilitation services afterwards.

In order to facilitate this pursuit, the best practices prioritize increasing the motivation of the client by providing information on his/her condition, by informing the client that relapses are more frequent during the first three months and by evaluating the psychosocial problems surrounding the family, the employment and the other conditions that could have a possible impact on the outcome of the treatment. O'Farrell et al. (2008) reported that the involvement of a member of their entourage seems to be a promising strategy to improve the addict's

adhesion to rehabilitation services following a detoxification.

Finally, the experts in Quebec indicate the importance of establishing bridges between the detoxification step and the addictions treatment step. The long-term objective is to increase the number of clients who succeed in their detoxification processes and then turn towards a continuation in the rehabilitation services.

McLellan et al. (2005) suggest that a special follow-up for evaluation, orientation and coaching towards the rehabilitation resources, among patients who only resort to the detoxification services over the course of a given year, significantly reduces (55%) the admissions for detoxification only and greatly increases (70%) their use of rehabilitation services. The Alcoholism and Drug Addiction Research Foundation (1994) suggests planning, from the outset of the detoxification process, the orientation of the client by identifying the relevant and available treatment options after the withdrawal that foster the client's rehabilitation and reduce the risks for relapse while reinforcing linkages with the community resources. This is particularly the case for the detoxification services in hospital settings. With that in mind, the *Direction de l'hospitalisation et de l'organisation des soins of the ministère de la Santé, de la Famille et des Personnes handicapées de la France* (2003) developed a best practices guide for hospital liaison teams and addictology services. It insists on the importance of introducing to the hospital an "addictological" culture in order to foster a global, multidisciplinary and quality control over the people who are struggling with a psychoactive substance problem from admission until they are released from the hospital and to ensure ulterior follow-up through an intra- and extra-hospital partnership. This objective can only be achieved through a genuine partnership between the professionals concerned, since it is reliant on the specialized services, health establishments, the psychiatric sector, ambulatory medicine or the social sector.

In their analysis of the services with accommodations that are provided at Domrémy Mauricie – Centre-du-Québec, Bertrand and Ménard (2004) mention that, to ensure the client's engagement in the rehabilitation process for a longer term and thus include the detoxification with accommodations within a global treatment strategy in a CRD, it is necessary to:

- Correct the division between the detoxification and rehabilitation programs by establishing a single program;
- Establish, in collaboration with the client who is admitted into services that include accommodations, an intervention plan based on a systematic evaluation of health and the psychosocial functioning ;
- Foster the pursuit and continuity of the process in the framework of the external services, while prioritizing this already invested clientele and for whom resources have already been granted;
- Propose a standard stay duration of 21 days that allows for the establishment of a therapeutic alliance with the client, to commence the client's process of change as well as maximize his/her motivation to continue this process externally;
- Designate a single main psychosocial intervener who will accompany the client all throughout his/her process in order to foster a therapeutic alliance as well as continuity in terms of the process.

Tremblay (2008) claims that the integration of detoxification and rehabilitation services under a single roof represents one of the ways to increase, in the user, the probability of moving from the detoxification services to the rehabilitation services. In his literature review on the optimal duration for a short-term internal service, he mentions that the studies conclude that a duration of 15 days and up is more effective than a shorter duration and that a duration of 28 days seems to be more effective than 10 or 60 day durations.

In order to ensure a continuity in services, the *Plan d'action interministériel* (2006) underlines the importance of concerted action between the partners involved in the continuum of services. The establishment into the network of the detoxification services takes place in a coherent manner with the orientations on the transformation of the health and social services network based on the principles of populational responsibility and the organization of the services into a hierarchy (MSSSQ, 2007). This transformation implies the implementation of local service networks as well as an organization that gravitates around clinical projects and service agreements.

In its service offer for the *programme-services en dépendances* in 2007, the *ministère de la Santé et des Services sociaux* specified the roles of the *centres de santé et de services sociaux* (CSSS), the hospitals and the *centres de réadaptation en dépendance* (CRD) in the sharing of responsibilities in terms of the detoxification services to be implemented in all of the regions of Quebec by 2012. Thus, while basing itself on the ASAM criteria (2001), the MSSS anticipates that the CSSS and the hospitals will provide the external detoxification services without intensive care services (level I-D) as well as detoxification services in hospitals (level IV-D). As for the external intensive detoxification services (level II-D) and the detoxification services with accommodations (level III-D), they are assigned to the CRD. Moreover, the CRD have, in the orientations of the MSSS, liaison teams that are assigned to addictions in the hospital emergency services in order to evaluate and direct users towards the appropriate services. The latter measure concerns the detoxification services since a portion of the clientele that goes to the hospital requires this type of service.

In Quebec, considering the relatively high rate of hospitalizations that are associated with diagnoses of abuse or addiction to psychoactive substances and the associated hospitalization costs, it is in the Mauricie region that a first experience took place in order to improve the continuity and concertation with respect to the organization of detoxification services. In fact, in order to improve the accessibility, continuity and quality of the care provided to the addictions clientele who go to the hospitals, while ensuring an improved cost efficiency ratio, the *Centre de réadaptation Domrémy Mauricie – Centre-du-Québec* developed, in collaboration with the *Centre hospitalier régional de Trois-Rivières*, a *réseau intégré de services en désintoxication* (RISD) (free translation: integrated network of detoxification services).

The RISD essentially translates to a close collaboration between two establishments that occurs through the daily presence of a nurse-liaison from Domrémy MCQ at the CHRTR where she can, on a voluntary basis, meet with the users who were screened by the medical or social services of the hospital in order to evaluate their needs and direct them towards the appropriate services.

According to the study by Bertrand and Ménard (2005) on the *réseau intégré de services en désintoxication*, the profile of the users encountered at the hospital is different from that of the users who access the services at Domrémy in terms of the gravity of problems that is significantly higher from a medical, psychological and employment standpoint. The results of the evaluation of the *réseau intégré de services en désintoxication* demonstrate that, since its implementation, Domrémy records five times more referrals from the CHRTR, and following the meetings with the nurse, 80% of the users submit a request for assistance from Domrémy and a third of these people access services with accommodations while the remainder (66%) register for the Domrémy ambulatory services and can, depending on their needs, benefit from an external detoxification or a rehabilitation follow-up.

In his scan of the research on service durations, Tremblay (2008) did not identify any study that focuses specifically on the duration of the external detoxification, however, with respect to the minimal duration of an external service, he reported that the literature indicates that a duration of three months seems to be a minimal threshold to ensure that the treatments have a significant effect.

The study of the RISD also attempted to perform an analysis of the perspective of the coordinators and clinicians of the two establishments as well as the perspective of the users. The coordinators and clinicians perceive:

- A more efficient use of the resources by optimising the utilisation of the accommodations places available at Domrémy and by decreasing the hospitalization time and the recurrence of hospitalizations for users who are struggling with consumption problems;
- An improved screening of consumption problems among the clientele of the CHRTR as well as an improved access to the addictions rehabilitation services, a greater commitment from the clientele in their rehabilitation process and an enhanced response to their needs;
- The fulfillment of a real continuum of an inter-establishment continuum of integrated services in a perspective of organizing the care into a hierarchy;
- The development of a mutual trust between the personnel from the two establishments

and willingness on behalf of Domrémy to receive a clientele with more cumbersome and more complex problems;

- The development of a feeling of competence among the interveners from Domrémy and the CHTR so that they feel more effective, more credible, better equipped, more supported and less isolated;
- For the coordinators and interveners from Domrémy, an increase in their clientele essentially translates to a strong prevalence of concomitant psychological problems.

For the users:

- The meeting with the nurse-liaison unfolds at a key time that fosters, in the person, an understanding of the negative consequences related to his/her consumption and a mobilization on his/her behalf in terms of undertaking or pursuing a process of change with respect to his/her consumption;
- The meeting with the nurse facilitates quick access to an addictions resource that is adapted to their needs.
- In short, the convergence of the results of this research allows for the conclusion that the RISD foster an improved quality, enhanced continuity and improved access to addictions services for the clientele of the CHRTR.

EXTERNAL DETOXIFICATION: FACTORS AND CRITERIA TO CONSIDER

All of the studies that focus on external detoxification with medication in order to control the withdrawal symptoms come to the same conclusion. External detoxification is safe and effective for carefully selected patients. An evaluation process with several steps is imperative. The patient must be evaluated by medical personnel and the need for internal detoxification treatment must be eliminated before considering external detoxification and a complete biopsychosocial evaluation must be thoroughly carried out (DeLuca, 2000).

In fact, not all patients are appropriate candidates for external detoxification. The American Society of Addiction Medicine (ASAM) has developed guidelines for referring clients towards external detoxification services that are appropriate for their condition. Summarily, these guidelines are as follows:

1. No use of drugs or alcohol – urine test upon request
2. Frequent visits (usually daily)
3. Low quantity of prescribed medication
4. Observance is crucial
5. Driving vehicles or other dangerous activity
6. Safe and sober living environment
7. The patient understands the potential complications and can use a telephone number in case of emergency

These criteria are self-evident and stem from common sense. The abuse of alcohol or drugs during a detoxification process is a valid motive for putting an end to the treatment. The patient must accept to visit a clinic frequently and he/she must understand that an adequate medication will be prescribed to him/her between visits in order to render the treatment effective. In external detoxification, it is crucial that the patient respect the requirements, the combination of the medication with alcohol or street drugs could be dangerous and so it is absolutely vital to avoid modifications to the medication "recipe". The pills must be

meticulously counted upon each visit and the doses must be rigorously recorded in the patient's file. The patient must have a secure location to live in over the course of his/her detoxification period. The patient must not be able to sell his/her medication to another addict. The patients who suffer from severe cognitive disorders must be in the presence of an adult who understands the instructions and will ensure that the patient respects them. Patients who suffer from severe medical or psychiatric conditions are not candidates for external detoxification. Finally, the patient must accept that if the external treatment cannot be completed in accordance with the guidelines, he/she will have to accept being referred to internal detoxification services (DeLuca, 2000).

Nonetheless, external detoxification for clients who are suffering from addictions to alcohol and drugs is increasingly used. This form of detoxification management is appropriate for the patients who are in stage 1 or 2 of the withdrawal and who are not suffering from any comorbid conditions. These patients must have the support of a person who is motivated to monitor their progress. Adequate doses of substitute medications are important to the success of a detoxification process. Moreover, mental health problems, personality disorders and any medical conditions must be managed and the social concerns with respect to the client's environment must be addressed. By offering support care services that respect the client, the general practitioner can improve the healing chances for a patient (American Academy of Family Physicians, 1999).

CONCLUSION

It is important to remember that the objective of this review is to develop a nomenclature of detoxification services in the Quebec network and among the First Nations and also to report on the best practices on this issue. Nonetheless, the review process is only a single step in a process that aims to study the feasibility of home detoxification in the communities of the First Nations of Quebec. Therefore, many factors will need to be closely analyzed in the framework of this feasibility study such as the implications of the comorbidity of patients by the medical and nursing personnel in the health centres, the training of the nursing staff in the health centres in order to evaluate the degree of intensity of a withdrawal, the work overload that could be burdened with additional duties for the medical and nursing personnel, the human resources required for home supervision, the management of medication related to detoxification, the psychosocial environment of the patients at home, the therapeutic follow-up of patients who are detoxified and referred to rehabilitation services, the potential for a continuum of care that integrates the cultural values of each nation, the adaptability of the existing program in order to respect First Nations languages, the medical protocols to follow for a detoxification process, the potential for agreements with the Quebec health care system, the geographic remoteness of certain communities and undoubtedly many additional factors.

Moreover, the need for detoxification services among the First Nations is not an unknown issue since it has already been raised by respondents during a study that was carried out by APIRG (on behalf of the FNQLHSSC) that allowed for an evaluation of the National Native Alcohol and Drug Abuse Program (NNADAP) in 2009. In this study, the respondents were called upon to select two types of intervention that they would prefer and that the network of NNADAP treatment centres could provide in Quebec. 46% of the respondents indicated that a NNADAP centre should provide detoxification and intervention services in crisis situations. In second place, 38% of the respondents indicated that a NNADAP centre should provide specialized services for addicted individuals who also suffer from mental health disorders.

Furthermore, according to the methodology of the feasibility study on home detoxification among the First Nations of Quebec, approximately fifty interveners who gravitate around the

addictions field in the First Nations communities will be interviewed with respect to the needs in terms of detoxification. Furthermore, it is clear, upon reading the information reported in this survey, that detoxification is first and foremost a medical process that requires the involvement of health professionals such as nurses and physicians. By definition, detoxification is the process of the biological elimination of a psychotropic substance for which the human resources who will be called upon to evaluate the patients will be members of the nursing or medical personnel. It is therefore essential that the process include the opinion of this category of human resources in order to study the feasibility of home detoxification services.

Finally, this survey clearly demonstrates that the detoxification services are severely lacking in the First Nations communities in terms of availability but that the Quebec network seems to be regionalizing the health care services in a continuum of care perspective, thereby allowing patients to be taken charge of from the beginning to the end of a process towards a healthy lifestyle. Moreover, the best practices are clear and many documents allow for the identification of criteria or factors for the success of the detoxification services that respect the individual needs of each patient. However, the fact remains that the psychosocial and economic realities of the First Nations are in some respects very different from those of the citizens of Quebec – many research projects specifically demonstrate this point. Consequently, the feasibility study on the home detoxification services in the First Nations of Quebec communities should allow for the development of a trajectory of services in order to reflect these realities.

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