

Title: Designing and implementing a home withdrawal service in South Eastern Sydney in response to COVID

Authors:

LYNSEY MCKENDRICK¹, ELEANOR BLACK¹, KYLIE TUSTIAN¹, ANDREW MCDONELL¹, MATTHEW BURDESS¹, KRISTIE MAMMEN¹, NICHOLAS LINTZERIS^{1,2,3}

1 Drug and Alcohol Services, South Eastern Sydney Local Health District, Sydney, Australia

2 Specialty of Addiction Medicine, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia

3. NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN)

Presenter's email: Lynsey.McKendrick@health.nsw.gov.au

Background: The COVID Omicron outbreak meant many people were unable to access withdrawal services (reduced inpatient services, and/or clients in COVID-isolation). In response, SESLHD D&A Services established the Home Withdrawal Service (HWS) to help clients undertake withdrawal at home.

Description of Model of Care: The HWS is delivered by multidisciplinary teams (nurses, doctors, social workers, consumer workers, pharmacists). Clients in isolation due to COVID can complete withdrawal entirely by telehealth (telephone and/or audio-visual), whilst most clients attend an initial face-to-face assessment, with subsequent telehealth follow-up. Clients are asked to identify a support person (or 'carer'). The HWS involves:

- A comprehensive assessment and care plan
- Daily structured telehealth support with client (\pm carer)
- Medications (from community pharmacy or D&A service)
- Written information for clients and carers
- Access to other supports for people in isolation
- Referral to 'post-withdrawal' services

Implementation: 67 HWS episodes (24/01/22-22/04/22).

Demographics: 29(43%) female; 3(4%) Aboriginal; mean age (SD) = 44.2 (12.1) (range 18-71); 38(57%) employed, 21(31%) not working, 8(12%) other.

PDOC: 63(94%) alcohol, 2(3%) BZDs, 1(1%) each cannabis, cocaine.

Referral source: 47(69%) self, 9(13%) GP, 6(9%) hospital, 4(6%) NGO, 2(3%) CHC.

Post-withdrawal referral: 45% community D&A; 4% residential D&A, 45% no referral.

Consumer feedback at end of episode: 93% of clients endorsed "I achieved the result I was hoping for from this withdrawal episode", and 94% rated home based withdrawal as their preferred setting.

Conclusion and Next Steps: HWS is safe and feasible, with strong clinician and consumer support for continuing HWS as the standard MoC for ambulatory withdrawal in SESLHD.

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