

## 15. Thinking about coming off

People start thinking about coming off opioid substitution for many reasons: your life is stable and you've achieved the goals you set yourself; pressure from others; the inconvenience of treatment/ "liquid handcuffs"; dissatisfaction with the programme; health concerns; etc. If you're having thoughts about coming off ask yourself the following questions:

- Have you been on a stable dose for six months or more?
- Have you achieved some of your treatment and recovery goals?
- Can you maintain your recovery without opioid substitution? For example:
  - will your physical health be okay?
  - will things remain stable at home?
  - can you avoid illicit drug use?
- Are many of your friends active drug users?
- Do you have good strategies for dealing with everyday stress?
- Do you know ways to prevent relapse?
- If you relapse into unsafe drug use, do you have a plan to deal with this?
- If treatment is proving to be a hassle, are there other solutions to this?

It's a good idea to discuss these things with your key worker who can assist you in assessing whether or not this is a good time for you to complete treatment.

### Organising Treatment Completion

If you decide yes, it's a good time, your key worker and doctor can also help you:

- Clarify your reasons and fully assess your situation.
- Explore all your options.
- Identify your possible supports and advise you of other relevant support services in the community.
- Determine which method you'd like to try:
  - do you want to know the rate you're coming down at or not?
  - do you want the rate to be fixed or to be flexible?
  - do you want to use methadone or Suboxone® for your withdrawal?
- Determine a realistic rate of reduction.
- Co-ordinate your treatment plan with a focus on planning for your discharge from AOTS.
- And of course, support you through the process.

Please note: More information is available in the CADS resource "*Withdrawing from opioids: a guide*" which you can get from your key worker.



### Also available:

1. Opioid treatment with AOTS
2. Facts about methadone
3. First methadone dose and stabilisation
4. Accidental overdose
5. Ongoing Opioid Substitution Treatment (OST)
6. Indicators of stability
7. Clinical tests: blood, urine, etc.
8. Restabilisation
9. Pharmacy dispensing
10. Changes to prescriptions
11. Holiday arrangements within NZ
12. Travelling overseas
13. Methadone takeaways
14. Shared Care with your GP
15. Thinking about coming off?
16. Involuntarily withdrawal
17. Pregnancy and opioid treatment
18. Methadone and medication interactions
19. Driving and OST
20. Finding a GP

Facts about buprenorphine (Suboxone®)

Suboxone® treatment with CADS

## Discharge planning

Planning is the key when it comes to withdrawal. A discharge plan can cover things like:

- Identifying the early warning signs that might trigger you to use
- Deciding what other community services you might access
- Liaison with any other agencies involved
- Information about your possible re-entry to AOTS.

Before you complete treatment it's a good idea to negotiate a window period with your key worker so that after your last dose you will still have a negotiated time frame (up to 8 weeks) to re-engage with the service and return to your place on the OST programme.

If you don't return to AOTS during that window period, the service will complete a 'file discharge' which means they write in your clinical notes that you have been discharged from the service.

If some time later you need to re-engage with AOTS you don't just come straight back into the system – you start from square one, i.e. go through the whole assessment process again.

If you are unsure about withdrawal, you can try a dose decrease and see how you feel. Your decision doesn't have to be final.

## Coming off methadone by changing to Suboxone®



Many people can come off methadone by gradually reducing their methadone dose down to nothing, but some find it difficult to come off the last few mgs.

In these circumstances you might want to consider switching to Suboxone® to complete your withdrawal. You need to get down to a low dose of methadone – usually around 20mg – before you switch over to Suboxone®. Your key worker can tell you more about the process and practicalities of switching and can provide you with the CADS information booklet *Suboxone treatment with CADS*.

## Completing treatment against AOTS advice

- If you decide to leave treatment, but it's against the advice of the AOTS staff, you will be asked to sign a form to confirm this.
- Even though the AOTS team might disagree with your plan to withdraw from OST, your key worker will still offer to support you through the process of completing your treatment.

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## Need to know more?

If you need more information talk to your key worker or local AOTS team. For more information sheets, see CADS reception or visit the CADS website - [www.cads.org.nz/More/Brochures.asp](http://www.cads.org.nz/More/Brochures.asp)

Ask your key worker for a copy of the booklet "*Withdrawing from opioids: a guide*" which provides additional information for anyone wanting to withdraw from opioids and contains information for support people.