

16. Involuntary withdrawal



Occasionally, AOTS finds it necessary to withdraw a client from opioid substitution treatment (OST) against their will. (This used to be called involuntary discharge). Involuntary withdrawal is generally a last resort and happens only after all other avenues have been explored and attempted.

Please note: AOTS follows the National Guidelines 2008 (pp.44-45) regarding the involuntary withdrawal of a client from treatment.

Why would this happen?

The most common reasons for involuntary withdrawal are:

- OST isn't effective for the client (i.e. the benefits of OST are outweighed by the negatives).
- Regular overdose or frequent and significant intoxication.
- Threatening/intimidating/violent behaviour towards AOTS staff, community pharmacy staff, other clients, and/or staff of your Shared Care GP practice. This is the kind of situation where AOTS may make an immediate decision to withdraw treatment.
- Supplying illicit drugs on AOTS and CADS premises or at community pharmacies.
- An inability to keep to the safety requirements of the programme e.g. repeated diversion of doses; persistent non-attendance at medical appointments which makes it unsafe for AOTS to keep prescribing.

Wherever possible the client will receive written warnings before any decision is made to withdraw treatment.

The clinical review process

Any decision to involuntarily withdraw a client is made at a clinical review.

- **The client will be involved in the process as much as possible within safety considerations.** The involvement of support people and/or advocacy services is encouraged.
- Where it is not possible for the client to attend or the client chooses not to attend, the review will still go ahead.
- The people involved in the review will be the client's key worker and AOTS doctor, the charge nurse/team leader and the lead doctor. Input may also be sought from others such as the client's dispensing pharmacist and GP, AOTS pharmacist/s, another AOTS doctor, and service manager.
- A second opinion will be sought from another Opioid Treatment Service or independent addiction specialist.
- The Service will provide the client with a written summary of the reasons for the involuntary withdrawal. The summary will also include a discharge plan outlining the withdrawal regime, the Service's complaints process, and information about other treatment options.

(See over for the withdrawal process, Imprisonment, and Appeal and complaints procedures)

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

The withdrawal process

- Service-initiated withdrawals normally take 4 – 6 weeks and no more than 8 weeks, depending on individual circumstances.
- Although rapid dose reduction is not recommended it can be undertaken in exceptional circumstances (e.g. in cases of violence).

Imprisonment

In the past people receiving OST were involuntarily withdrawn from treatment if they were imprisoned. This is no longer the case.

In 2006, the Department of Corrections revised its policy to allow all prisoners who were on a specialist opioid substitution programme before entering prison to be maintained on opioid substitution while in prison. (This is “The Prison Opioid Substitution and Managed Withdrawal Programme” policy.)

AOTS will take all practical steps to ensure the continuation of OST for AOTS clients who are in police or court holding cells, or in a NZ prison for remand or sentencing.

Appeal and complaints procedures

Any client who is dissatisfied or disagrees with the decision to withdraw their OST, or with the process by which the decision was made or carried out, can appeal the service decision or make a complaint by contacting any of the following contacts:

- AOTS Manager 815 5830
- CADS Quality & Safety Coordinator 815 5830
- CADS Consumer Team 815 5830
- Health & Disability Consumer Advocacy Service 0800 555 050
- Health and Disability Commissioner 373 3556
- Complaints can be made on-line at www.cads.org.nz

Need to know more?

If you have more questions about involuntary withdrawal, talk with your key worker. For more information sheets, see CADS reception or visit the CADS website -

www.cads.org.nz/More/Brochures.asp