Waitemata District Health Board
Best Care for Everyone

AOTS 10. Coming off OST

People start thinking about coming off opioid substitution for many reasons. The important thing is to have a really good plan in place. And if you decide to come off and then change your mind that's fine - your decision doesn't have to be final.

For more information about completing OST see *OST and You pp. 25-26*

Making a plan

People do best when their withdrawal is planned and well-supported. Years of research and experience with OST show:

- Slow reductions work much better in the long term than rapid withdrawals
- The rate and speed of reduction is best determined by you with advice and support from your team at AOTS
- Jumping off or going 'cold turkey' isn't recommended as it can be hard going for most people
- Share what you plan to do with those closest to you and let them know how they can help.
- Lots of support and self-care goes a long way. Some people find counselling helpful, some attend groups and 12 step meetings, and some get support from peers who have been through this process themselves

Your key worker will work with you to put a plan in place. It could include such things as:

- your goal for how long the reduction will take to get to zero
- managing cravings and discomfort e.g. using mindfulness or gentle exercise; techniques for relaxation or sleep; what you could use to soothe any symptoms or aches and pains (symptomatic relief); things you enjoy doing
- what other psychosocial supports and community services you might find helpful
- the rate of your dose reduction - how much and how often
- how quickly AOTS can respond if you need to see the doctor for a dose change
- identifying the early warning signs that might trigger you to use and strategies to prevent relapse
- the option of a final doctor's appointment before or after your final dose
- a window period for you to re-enter AOTS if you decide you need to go back on OST soon after you've come off. Usually AOTS will leave your file open for up to 8 weeks after your last dose. After 8 weeks AOTS will 'discharge your file' which means they write in your clinical notes that you are no longer a client of the service.

Reducing your dose

Once you start reducing your dose it's important to listen to your body; you will feel whether it's better to continue the reduction at the same rate or whether to change the rate to a smaller amount, to slow the withdrawal down or even to stop reducing altogether for a while – to 'plateau'.

- Everyone's different: for some people dropping 10mg (2ml) of methadone per fortnight is not a problem when they are on higher doses, then they change to half a ml (2.5 mgs) at a time when their dose is getting low; but for others these kinds of drops might be too much all at once.
- If you find your dose isn't holding you talk to the doctor about split dosing. (Split dosing has to be written on the script before the pharmacist can change from all-at-once dosing). Although the service is reluctant to institute split dosing of methadone without strong indications that it's

- It's a good idea to keep in close communication with your key worker during this time for support plus they can often help in educating the pharmacist around dose reductions or maybe even suggest a change of pharmacy if that's what's needed

necessary, it may be appropriate for stable clients in the latter part of a planned methadone withdrawal. This usually happens at doses of 30mg or less because it reduces the discomfort that can kick in each day before you have your dose and can improve your chance of a successful withdrawal.

See 'When you're reducing your dose and/or coming off' on *AOTS information sheet 7 Managing your scripts* re options for withdrawal

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 25mg – before you switch over to Suboxone®
- Your key worker can tell you more about the process and practicalities of making the switch

Completing treatment against AOTS advice

Sometimes it happens that you want to come off and the AOTS staff don't think it's a good idea. However, even if they disagree with your plan it is ultimately your decision and your key worker will support you through the process of completing your treatment. You will be asked to sign a form that states you are stopping OST against medical advice.

Staying off

During your time with AOTS you will probably have developed your recovery plan: what you want to do with your life and how you plan to get there. See *AOTS info sheet 4 Recovery and treatment planning*

Having a plan for life without OST helps you map a path towards where you want to go and is something you can always refer back to for reinforcement or reminder of what you want to achieve.

OST helps us stabilise our lives so we can recover from opioid dependence but recovery doesn't come in a bottle. Medication can only do so much – the rest is up to you!

Other AOTS info sheets available

1. Opioid treatment with AOTS
2. Facts about OST meds
3. Accidental OD
4. Recovery and treatment planning
5. Clinical tests
6. OST at a community pharmacy
7. Managing your scripts
8. OST and holidays in NZ and overseas
9. Shared care: OST and your GP
10. Coming off OST
11. Involuntary withdrawal
12. Pregnancy and OST
13. Driving and OST
14. Methadone and medication interactions
15. First aid box