

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. 26 - 29*

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
- Jumping off or going 'cold turkey' isn't recommended as it can be hard going for most people
- The rate and speed of reduction is best determined by you with advice and support from your AOTS team
- 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
- the rate of your dose reduction - how much and how often
- managing cravings and discomfort e.g. using mindfulness or gentle exercise; techniques for relaxation or sleep (we have an info sheet for that); what you could use to soothe any symptoms or aches and pains (symptomatic relief)
- how quickly AOTS can respond if you need to see the doctor for a dose change
- identifying the early warning signs that your reduction isn't holding you and strategies to prevent relapse
- what other psychosocial supports and community services you might find helpful
- 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: some people find it relatively easy to drop 10mg/2ml of methadone per fortnight when they are on higher doses then slow the reduction down to 5mgs or 2.5 mgs when they get down to a lower dose (less than 40mgs) but other people can find these kinds of reductions too difficult and choose to go much slower and over a longer timeframe
- You might find it helpful to keep in close communication with your key worker during this time; they can help educate the pharmacist around dose reductions
- 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 necessary, it can be very helpful for clients in the latter part of a planned withdrawal. This usually happens at methadone 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

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 is easier with a plan

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

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| 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 |