



Waitematā
District Health Board

Best Care for Everyone

CADS

COMMUNITY
ALCOHOL & DRUG
SERVICES

Te Wai Awhina
Rongoatia o Tamaki

Withdrawing from Opioids: a guide

What you need to know

Contents

Making the decision	1
It's all in the planning	2
Doing it on your own (without professional help)	3
What CADS can do to help	5
Getting professional help outside CADS	7
The withdrawal process	7
Coping with withdrawal symptoms	10
Hints for better sleep	11
Relieving withdrawal symptoms	14
Other supports	17
After the withdrawal	17
Lapse and relapse	20
Using again	20
Information for support people.....	22
During the withdrawal process	25
After withdrawal	27
Community Alcohol and Drug Services (Auckland)	28
Other services	29
Notes	29



Making the decision

Most people who use opiates think about stopping – the challenge comes when you actually decide to do it. That's the really hard part.

This booklet is designed to provide you (and your support people) with some information to make the process of coming off just a bit easier. Forewarned is forearmed as they say. (And although the information's aimed at people doing a planned withdrawal, some of the strategies will also be useful for those times when you're hanging out.)

One of the most important factors in dealing with withdrawal is how much you know about what's going on - the more you know about what's happening, what to expect and what to do, the better you'll cope with the whole process.

It can be helpful to look at what you enjoy and what you don't like about using.

Things I like about using opiates	Things I don't like about using opiates

It's all in the planning

Timing

Finding the right time to start coming off is important:

- Is it a good time in terms of your physical health?
- Are you feeling emotionally strong enough to do this?

Commitments

For example you might need to consider:

- Children? Job? Time off work?
- Do this at home or stay with a friend or family member?
- Impending or current legal or financial issues or relationship problems?

It's a good idea to tie up any loose ends – get bills paid, dramas sorted out - before you begin your planned withdrawal.

Support

Having the right people there at the right time can make all the difference. Maybe there are people you've lost contact with, people who do care, who would be willing to provide the support you need if you ask them. However, if you do have to go through this alone then planning ahead becomes even more important.

Support people need information too

They need to know what's going on, how you might feel, and what you're going to need from them. If they don't know, then this could become a difficult process for them and they might not be as helpful as you hope or need. (*Information for Support People starts on p.22*)

Non opiate medication See pages 16-17

Comfort food and other goodies

Stock up on necessary items such as light food/ snacks, movies, books, mags, etc

Sleep and relaxation See pages 12-14 for info on sleep

Pre-book any appointments

If you're planning to go to a residential treatment centre or support house after your planned withdrawal get the assessment and admission date organised before you start.

It's also a good idea to pre-book any appointments with your GP, medical herbalist, acupuncturist etc. as you might not be able to get an appointment when you feel you need one or you might not feel up to even making an appointment – so do it early.

Doing it on your own (without professional help)

Though opiate withdrawal is not normally life threatening, the process can lead to symptoms that are difficult to manage and some can cause serious health complications. According to the thousands of people who've done it, going 'cold turkey' is the least appealing and least successful way to stop using. For these reasons we recommend withdrawing with professional help.

However, if you want to try withdrawing without professional help here are some tips.

Work out your own withdrawal regime. For example if you've been using 100mgs of an opiate or opioid¹ a day you might manage jumping down 5 - 10mgs every few days or so until you hit about 50mgs. Then you might want to reduce the amount and frequency - say 2.5 - 5mgs every few days. If you start to feel shaky and wanting to have a bigger blast stop reducing and sit on that dose for a bit before you start reducing again.

When you get down to the smaller amounts, say 20 mgs a day, you could try dropping by only 1 or 2mgs each day or every few days especially when you get down to 5 -10 mgs.

¹ 'Opiates' are naturally occurring; 'opioids' includes synthetics such as methadone.

It also pays to have enough on hand to see you through the process so you don't need to score as that can be too tempting.

You are the only person who knows exactly how you feel when you're going through this; some people manage to jump off quite high doses while others need to take it real slow. Take note of what your body is telling you. Manage the amount you're using to minimise the discomfort of the withdrawal symptoms.

Be aware that the days and weeks after your last dose can be the most difficult.

The environment

It can be really difficult to withdraw if the people you live with are using or you have friends and acquaintances phoning or dropping around with gear when you're trying to stop.

- Is it possible to stay with a non-using friend or relative at their place?
- Is there someone you trust to hold your stash so the temptation to use more is reduced? Arrange with them that if you change your mind and want to use, that they wait 1-24 hrs so you're not giving in to cravings immediately
- Set clear limits with people who are still using. You could remove your SIM card from your phone or even delete the phone numbers of people you score from. Do this before you start withdrawing
- Organise support people to stay or visit. They can help you stay motivated and screen phone calls and knocks at the door ("Sorry, he/she's not available/gone away for a couple of weeks")
- If you have children you might find you don't have the energy – physical or emotional – to look after them 24/7 so ask a close friend or a family member if they'd take care of them even for a day or two

Who are the people who could support me?

Which people and places should I avoid?



What CADS can do to help

CADS have units in Central Auckland, North Shore, Waitakere, and Counties Manukau. Each unit runs a clinic Mon – Fri between 10am and 1pm so you can visit without an appointment and talk with someone about wanting to come off opiates. (See addresses of CADS units on p. 28)

A counsellor or nurse will ask you some questions about how much you're using, how often etc. They will talk with you about the CADS services available - medical detox, opioid substitution treatment, groups and individual counselling – as well as services outside of CADS. With their advice and support you can work out what option you would like to try. Or you can speak to one of the CADS Consumer Team which includes people with their own experience of withdrawing from opioids.

Auckland Opioid Treatment Service (AOTS)

AOTS specialises in working with people dependent on opioids. Treatment can be short term or ongoing when you can take your time stabilising on methadone or buprenorphine² and then withdraw when you feel ready. You may also be able to access groups like Managing Mood through AOTS.

Opioid substitution treatment (OST) is well documented as a very effective treatment which offers stability and gives people time to recover from opioid dependence.

Opinion is divided amongst clients over which medication is easier to withdraw from. Some people find a slow withdrawal with methadone to be a gentler option while others prefer buprenorphine (with naloxone). For information on methadone and buprenorphine see AOTS information sheet *2 Facts about OST medications*

All AOTS information sheets are available in CADS reception areas or online at the AOTS page www.cads.org.nz

Also available is *OST and You* a client-friendly version of the national opioid treatment guidelines.



CADS Counselling Service

For additional support and to learn some skills to minimise relapse you might find it helpful to take part in the groups run by the Counselling Service. Individual counselling may be available if you require more support.

Also available is CADS Abstinence Programme. If you want to remain alcohol and drug-free but don't want to 'go residential' an intensive outpatient 12-step programme might be an option for you. For more information see leaflets in CADS reception areas or go to <http://www.cads.org.nz/services/cads-abstinence-programme-cap/>

² The formulation used in NZ also contains naloxone

Getting professional help outside CADS

Social Detox

'Social detox' is withdrawal with support but no medication. The Auckland City Mission provides a residential social detox service in central Auckland. (Contact phone number on p.29)

Going private

Contact your local Citizens Advice Bureau, Lifeline, or the CADS units for information on private counsellors and social services in your area.

The withdrawal process

Anyone who is dependent on opiates will experience withdrawal symptoms if they stop using. How severe the symptoms will be and how long they will last vary from person to person – two people can use the same amount of opiates and withdraw at the same rate and have quite different experiences of the process. Symptoms and their severity depend on:

- what drug/s you've been using, how much and how often
- your general physical health and mental/emotional wellbeing
- your attitude and ability to cope
- how you withdraw and the rate of withdrawal. Coming off a low dose is easier to deal with than from a higher dose so it's a good idea to reduce your daily use as much as possible before you stop completely (down to the equivalent of 30mg MST per day or less).

Once you start the withdrawal it's important to listen to your body; it will tell you if you need to slow the withdrawal down or even to stop reducing altogether for a while, to 'plateau'.

When you use opiates or alcohol or other drugs it's easy to get into the habit of medicating your mood; if you're having a bad day, you're stressed out or annoyed, simply taking your drug of choice can help you escape these emotions. After the subduing effect of opiates, powerful emotions can emerge and you may feel emotionally up one minute down the next, raw, reacting angrily or tearfully to any

little thing. This is normal and it will go away. *However, if you experience deep depression or suicidal thoughts get help right away – don't ignore these thoughts and feelings.*

The following time frames and commonly experienced withdrawal symptoms are averages based on morphine and heroin. If you're coming off synthetic opioids – like methadone - it can take longer to experience these symptoms.

For the first few days it's common to experience	<ul style="list-style-type: none">○ Strong craving to use○ Feel agitated and irritable, weak and listless/low energy and mood, poor sleep (insomnia), poor concentration○ Runny eyes and nose, sneezing, increased sweating and hot and cold flushes, yawning, goose bumps, tremors, reduced appetite, nausea, stomach cramps, vomiting, diarrhoea, headaches, back pain, pain in arms and/or legs○ These symptoms reach their peak after about 2-4 days
About the 5th – 7th day	<ul style="list-style-type: none">○ Symptoms especially the physical discomfort continue though may become less intense○ Low mood and energy, irritability and continued cravings○ Improved appetite○ Sleep disturbed though getting better
At 2 weeks	<ul style="list-style-type: none">○ Craving for opiates may still be present though less intense○ Much less physical discomfort○ May experience ongoing sleep disturbances/tiredness, depression, irritability and low mood
3 - 4 weeks	<ul style="list-style-type: none">○ Cravings to use reduced○ Sleeping better○ Better mood and sense of general wellbeing tho depression may continue
3 – 6 months	<ul style="list-style-type: none">○ The “honeymoon” period where everything feels fine – a time of high risk for relapse

After a couple of weeks of not using, you might start to feel pain (e.g. dental pain) that has been 'hidden' by continued opiate use - it's a good idea to get any pain checked out by a health professional.

Withdrawing from methadone

Methadone is a longer acting drug than opiates like heroin so it can take longer to feel the full effects of a drop in methadone dose. The most severe symptoms usually start 1 - 3 weeks after the last methadone dose when there's no longer ANY methadone in your system.

If you are a client of CADS Auckland Opioid Treatment Service (AOTS) coming off methadone is usually planned and arranged with your key worker and doctor or GP.

Many people come off by gradually reducing their methadone dose down to nothing; some have chosen to transfer to buprenorphine to come off the last few mgs. Your key worker can tell you more about the process and practicalities of withdrawing and switching meds and can provide you with the information sheet *10 Coming off OST*.

The AOTS Consumer Liaison may contact you after you come off a planned (or unplanned) withdrawal as we are keen to know about your experience: did you feel well supported?? Is there something else the service could do to support you during this time?

Withdrawing from buprenorphine with naloxone

Buprenorphine is long-acting so the onset of withdrawal symptoms is often delayed and symptoms last for longer than many other opioids.

Some CADS clients who have at different times used both buprenorphine and methadone to withdraw from opiates say they found it easier to withdraw from buprenorphine; they describe the withdrawal process as being 'smoother' and easier to cope with.

However, a number of the CADS clients who transferred to buprenorphine to help them get off methadone reported experiencing significant withdrawal symptoms about 3 days after their last buprenorphine dose. This is called 'rebound withdrawal' and typically starts 1 - 3 days after the last dose of bup with a peak at 2 - 5 days after the last dose and symptoms can persist for several weeks.

We have found that people who remain in contact with CADS after their last dose tend to have better longer term outcomes than those who disengage as soon as their medication has finished. Again, the Consumer liaison is likely to call you after you come off, to see how the withdrawal process was for you.

Coping with withdrawal symptoms

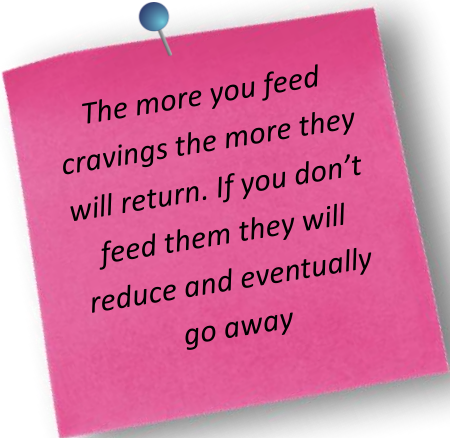
Cravings

Be prepared - you will get them! The things to remember are:

- Craving to use drugs is normal – they are part and parcel of the process of addiction and withdrawal. *Getting cravings doesn't mean the withdrawal isn't working nor that you need to try harder!*
- Cravings come and go. They can be triggered by physical or psychological discomfort
- Denying cravings can be the hardest part of withdrawal and ongoing recovery for many people. Congratulate and reward yourself when you get through it – you have made a great step forward

Tips to cope with cravings

- When the cravings arrive distract yourself as soon as possible to reduce the possibility of acting on the urge: go for a walk (if you've got the energy), have a bath/shower etc.; watch TV or go to a movie; listen to music; phone a support person or someone you know who doesn't use



The more you feed
cravings the more they
will return. If you don't
feed them they will
reduce and eventually
go away

- Concentration can be difficult so don't plan to do anything too complicated – you may just end up frustrated – it's probably easier to flick through a magazine than read a book
- Keep a record of when the cravings occur. Then you may be able to work out when you're more likely to experience cravings – it might be certain times of the day or in certain situations, with particular people, or when you feel a certain way. This can help you plan ahead how you'll deal with each situation as it comes up
- Trying to drink your way through an opiate withdrawal is a mistake. Alcohol increases the intensity of withdrawal symptoms and can negatively affect your judgement and decision making. Best avoided.

If you feel you are going to use:

- Delay the decision for 5 minutes. After 5 minutes delay for another 5 minutes. Over time you may find the times get longer and longer. Eventually you will find it has been an hour since you thought about it. Then you can decide whether to use or not - or try for another 5 minutes – or hour ...
- Ask yourself "do I really want to have to go through all this again?" Try focussing on the reasons you chose to do this in the first place and on what you've achieved already
- Remember it's unlikely you'll have just one blast if you start. As the old saying goes "One's too many and a thousand's not enough".

Sleep

Access CADS info sheet *Sleep alcohol and other drugs* in reception areas, from a staff member or online at <http://www.cads.org.nz/more-info/brochures/fact-sheets/>

Disturbed sleep is part and parcel of the withdrawal process: it can be hard to get to sleep, to stay asleep; some people have weird dreams (including dreams about using) and nightmares; some get night sweats.

Some people find lack of sleep the hardest thing to cope with because it can persist for a long time after you've actually come off. It can take months before you get a full 8 hours healthy sleep

Hints for better sleep

- Medications can provide short-term relief but there's a couple of problems: your body starts to tolerate them so – like the opiates before them – you may need to use more and more for them to work and when you stop taking them your sleep is worse.

Also, sleeping pills give you an abnormal sleep in that they knock you out for a while but don't help you get back into a healthy sleep pattern. Best to avoid ... but if you must, use them only very occasionally

- Do something physical for 20 – 30 minutes during the day preferably at lunchtime or in the late afternoon (even if you don't feel particularly energised)
- Avoid sleeping and napping during the day. And avoid coffee, tea, soft drinks, alcohol, chocolate and foods with high sugar content within 6 hours of your bedtime
- Make sure your room is dark or dimly lit or wear a sleeping mask/ blindfold
- A cup of warm milk or herbal teas such as kava root, passion flower, chamomile, tart cherry and others can help
- Take a hot bath before going to bed to relax your muscles
- Use your bed for sleep (and sex) only - not for watching TV, eating or worrying - though some people find reading helps them fall asleep
- To ease 'brain chatter' or if you're worried about something and thoughts are running around in your head, write it down. Deal with it the next day
- Lie down to go to sleep only when you are actually sleepy even if this means going to bed really late. If you're still awake after lying in bed for half an hour, get up and go to another room to read or watch TV. Go back to bed only when you feel sleepy. If you find you still can't get to sleep after 30 minutes, get up again and do it over until you fall asleep within 30mins of going to bed

- Get up at the same time every day. This helps set your 'body clock' so you develop a regular sleep pattern – though this can take months.



Diet

Your whole abdominal system can react badly when you're reducing your opioid intake. You feel like throwing up so don't want to eat; your stomach cramps and you get diarrhoea, and run the risk of dehydration. It might not be possible to avoid these things completely but you might find it easier if you:

- Eat small meals often or stop eating solid food for a while if you're throwing up or have diarrhoea; just consume small sips of liquid. Going without or only having a little solid food doesn't matter too much at this stage
- Avoid heavy and/or greasy meals. Go for snacks and foods like soup, salad, yoghurt, toast, biscuits, and fruit and vegetables
- Keep your fluids up (2 - 3 litres per day – though in small amounts at a time) especially if you're vomiting and/or have diarrhoea. Water or fruit juices are much better than soft/fizzy drinks which can make you feel more nauseous
- Avoid alcohol which can make symptoms worse (especially when it wears off)

Aches and pains

Opiate withdrawal can feel similar to the flu and nothing takes these feelings away completely. You can relieve these symptoms by having a warm bath or shower (if possible use some oils or bath salts such as Epsom salts), spa, sauna, massage, or light exercise (e.g. walking).

Relaxation

Different things work for different people: some like relaxation tapes or mellow music; some get into tai chi, yoga, meditation, mindfulness and controlled breathing techniques. Try several things to see what works for you.

Check out books and videos about relaxation techniques on-line or in your local library as you prepare for your withdrawal.

On the next page note the things you can do to get through each day and night and refer back to this list when you are going through the withdrawal process.

Relieving withdrawal symptoms

See a doctor/ General Practitioner

Your GP may be able to prescribe medications to ease your withdrawal symptoms. (Your doctor is welcome to contact CADS Medical Detox Services for info and advice.)

Prescription medications that might be helpful:

- Clonidine can help with reducing anxiety, agitation, muscle aches, sweating, runny nose, and cramping though it potentially has more side effects than methadone
- Benzodiazepines (a.k.a benzos) can be a useful short-term medication for withdrawals but can also increase cravings. They are easy to get addicted to so avoid if you've previously had problems with benzo dependence
- Prochlorperazine (e.g. Antinaus) can help alleviate nausea/vomiting
- Buscopan (Hyoscine Butylbromide) can help alleviate stomach cramps (though may not eliminate them entirely)
- Quinine is sometimes prescribed for leg cramps but can have unpleasant side effects and make you feel nauseous

Although medications can reduce the severity of withdrawal symptoms they don't stop them completely.

Over the counter medications (no prescription needed) that might help

- Loperamide for diarrhoea. Don't overdo it or you run the risk of constipation and then you need to take stuff like Metamucil, Senokot or linseed to get you 'moving'.
- Paracetamol to reduce temperature and for pain relief. This works best if taken regularly. Don't take more than the recommended maximum safe dose and don't take at all if you have hepatitis. Use Aspirin or Disprin instead – and talk about this with the pharmacist.
- Anti-inflammatory drugs for joint pains such as Ibuprofen or diclofenac.
- Before taking anti-inflammatories you do need to ensure that they are safe for you – that you don't have a history of stomach ulcers or kidney problems, aren't on heart or blood pressure medication etc. Check with the pharmacist that they're okay for you to take. And always take them with food as they irritate your stomach.
- Although diclofenac is available without a script anyone buying it will be asked for their details (which will be recorded) and may be asked some questions. You're less likely to be asked as many questions about purchasing Nurofen (Ibuprofen) and if you want Nurofen Plus you'll need to get a script
- Pharmacists are obligated to ascertain whether the drug is appropriate for the kind of pain you're experiencing and to ensure your safety. Although you don't need to give all the details about why you're in pain it's best to be honest about why you need them. It's therefore a good idea to go to a pharmacy that's sympathetic - for example one you know is involved in needle exchange or one that dispenses opioid substitution meds like methadone and buprenorphine.



Complementary medicine and therapies

Some people find alternative therapies useful when withdrawing to help reduce cravings and physical discomfort: herbalism, naturopathy, acupuncture etc.

While we are not aware of any complications, we advise that you see a registered practitioner before taking any alternative preparations so they can assess other health factors and ensure your safety.

Compounds which some people have found useful are:

- Melatonin which is a natural ingredient that works by replicating a naturally occurring compound in our bodies that helps our brain figure out when to sleep. Melatonin takes time to work (usually at least a couple weeks) and the dose needed to help sleep varies from person to person so it's worth talking with a registered practitioner if you want to give this a try
- 5-HTP is a naturally occurring amino acid and chemical precursor in the biosynthesis of the neurotransmitters serotonin and melatonin that can help normalise sleep patterns, mood and anxiety
- Tart cherry can help minimise anxiety, stress and worry and acts as a natural sedative. It helps to amplify the melatonin sleep message and induces sleepiness

For more information contact:

NZ Association of Medical Herbalists

<http://nzamh.org.nz/>

NZ Society of Naturopaths

naturopathsofnz.org.nz

Acupuncturists NZ

www.acupuncture.org.nz

Other supports

The following options may be useful in helping you to plan your withdrawal, deal with cravings, and remain abstinent from opiates if this is your goal.

Alcohol Drug Helpline

Call 0800 787 797, 24 hours a day, 7 days a week, to speak with a trained counsellor. All calls are free and confidential

NA (Narcotics Anonymous)

A free community based 12-step fellowship with an abstinence focus. Find daily support meetings at www.nzna.org

Residential treatment/ rehabilitation centres

Some people find going to a live-in alcohol and drug treatment programme helps reduce the chance of relapse and helps them develop new ways of coping without drugs. (See p.29 for phone numbers) The sickness benefit helps to fund many of these programmes.

CADS clinicians can tell you more about the different residential treatment programmes available or contact the Alcohol Drug Helpline 0800 787 797 where trained counsellors can tell you about services in and outside of Auckland.

After the withdrawal

An opiate dependent lifestyle can create a lot of drama - and debts. It can take some time to adjust to being straight, to deal with emotions, people, and life without drugs and to cope with consequences of the past. And even though the withdrawal period may have passed, the mental urge to use can continue for some time. Don't be freaked if you dream about it – that's not unusual.

All the research is showing that people do better when they connect with other people – as Johann Hari said the opposite of addiction isn't abstinence, it's connection³.

³ Johann Hari. 2015. Chasing the Scream. Bloomsbury; USA

Making connections

If you have done a withdrawal with CADS it is recommended that you stay connected to your nurse or key worker after your last dose because this is when people really struggle to stay off and to deal with any withdrawal symptoms that wait 'til now to really kick in. They can provide you with info advice and support to get through this.

It's also a good time to connect with CADS groups. It's highly likely that others in the group will have gone through something similar and will know how you are feeling; they can share what worked – and didn't - for them. And you make new connections with people who are trying to do the same thing as you – and that is so much easier than trying to do it on your own.

Connecting to other people though doesn't mean only connecting with people also in recovery from addiction. You might choose to take up a hobby or restart one you used to enjoy. It may have nothing whatsoever to do with drugs and recovery and that's fine – it's the getting connected and doing stuff that helps.

Testing yourself

When the physical discomfort has passed and you're feeling better it's also easy to be seduced into the delusion of “just one last taste” or “an occasional one will be okay now I haven't got a habit”.

This is when the risk of overdose increases significantly especially if you use the same amount that you were using before your withdrawal. See “Using Again” p.20

Also after only a short break from using many people who had been injecting opiates are surprised to find that strong withdrawal symptoms can return after just one blast. The reality for many people is: the closer you are from your last habit, the nearer you can be to your next.

It doesn't matter what meds you use to withdraw, relapse rates to illicit opioid use are comparable for both methadone and buprenorphine.

And relapse after withdrawal is common. It's important to remember that withdrawal is just a stage in a process and the best outcomes happen when you're supported by positive people and psychosocial interventions like attending CADS groups and counselling.

People who withdraw from opiates often experience unwanted thoughts, fantasies and urges to use. You might even dream about it and feel stoned even though you're asleep. Some people get through this while others find that dealing with emotions, conflict with other people, and social pressures are catalysts to use again.

Sometimes we can make what's known in treatment as 'seemingly irrelevant decisions' – those decisions which seem to have nothing to do with using but really are. For example, you might drop round to see a friend just to say hi but in the back of your mind lingers the thought that your friend might be holding.

Also there are associations in our minds with certain people, places, events, music, whatever, that can prompt us to use again. Some of these things you simply cannot avoid; the idea that you can protect yourself from 'risky situations' is easier said than done though you can try staying away from certain people and places, anything or anyone who triggers your desire to use. Changing your phone number can be a good way of distancing yourself from people who you want to stay away from.

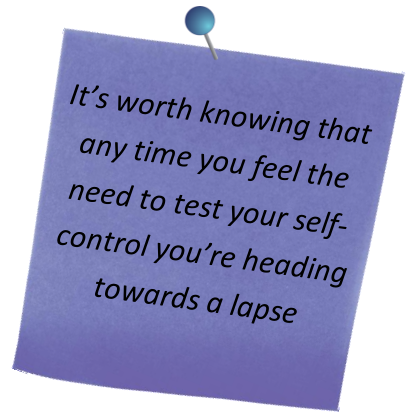
It's also a good idea to have a plan ready so if you do find yourself in situations that can't be avoided or happen unexpectedly like bumping into someone you know you could score from, you have a way of coping.

It's possible that there'll come a time when you want to test yourself so you might invite temptation, putting yourself in a situation with the honest intention of not using.

Lapse and relapse

There's a significant difference between a lapse and a relapse:

- A lapse is a 'slip' in your plan to stop or control your using.
- A relapse means you've given up the idea of stopping or controlling your using and have returned to what you used to do.



Sometimes people use a lapse as an excuse to relapse: because they've had a slip they decide they may as well keep using.

Lapses happen to most people who withdraw; and if it happens to you, it needn't be the end of everything. *It doesn't mean you've failed.*

You can learn from the experience and do things differently next time - because there probably will be a next time - and when there is, utilise your coping strategies and seek out support from the right people so you can prevent a full-on relapse.

Using again

If you haven't used for a while and you do decide to indulge, **overdosing is a very real danger**. Your tolerance to opiates (how much you need for effect) **will** have reduced.

- It is **not** advisable to use as much as you did before; try 1/3 of your old dose first. You can always have more later. And check the strength (e.g. small taste first) if buying from a new source or supply in case it is stronger than before

- Many people have overdosed after having the same size taste as they did when using daily and some of those people died. For this reason, it is best not to use alone, in case you go over
- Don't mix your drugs. Many ODs happen when people mix other drugs with opiates; this includes the meds they've been taking through or after their withdrawal. Many people are not aware that some drugs like Diazepam stay in your system for several days so using opioids on top can be fatal
- Finally, if you choose to use again, then it may be time to consider (if you hadn't already) the safest ways to reduce potential IV-related health problems. For example, when you get your fits, pay a bit extra and invest in wheel filters and sterile water. Talk with your local needle exchange staff about ways to stay safe or look at www.needle.co.nz

Frequent relapse can be frustrating as we get sick and tired of being sick and tired. A more comprehensive plan for withdrawing may be required next time or perhaps longer-term opioid substitution treatment might be a better option. Talk about this with a CADS clinician if you haven't already.



Information for support people

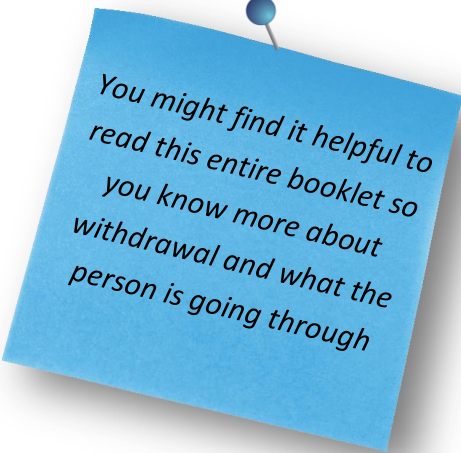
Supporting someone while they are withdrawing is not easy. Friends and family of opiate users report how difficult and stressful it can be watching loved ones go through withdrawal, and often how helpless and ill-informed they feel.

There may be times when supporters feel unsure of how to help, what to do, what not to do, and where to turn when things aren't going smoothly. One of the most important factors in supporting someone through withdrawal is knowledge: the more you know about what's happening, what to expect, and what to do, the better you'll be able to support the person and take care of yourself.

The person going through withdrawal may already know what they could be doing but may not be able to think clearly so are finding them difficult to do or may have simply forgotten; this is when some positive encouragement and support can be helpful.

It's important to remember that although opiate withdrawals can be unpleasant, they are seldom life-threatening – and they will pass. However, if the person has other health problems then professional advice is recommended.

The severity of withdrawal will vary from person to person; even if two people have been using the same amount of a drug for the same period of time, their withdrawals are unlikely to be the same.



You might find it helpful to read this entire booklet so you know more about withdrawal and what the person is going through

Planning ahead

There is no 'best method' for people trying to stop using drugs, and no one type of treatment will work for everybody.

Also, what worked one time might not work another. It's not unusual for people to try several options and attempts before they find what works for them - this time.

Although it's not always possible it helps to plan ahead. Talk things through with the person before they start so you are both clear on the process and what is expected of each of you.

It's important not to set the person up to fail by attempting too much without establishing outside support for you and for them.

You might like to ask the person have they tried this before? What worked and what will need to be done differently this time?

- Do they have a sympathetic GP who knows about withdrawal and is available for advice or emergencies? If the person is withdrawing from opiates prescribed by their GP the person might want to change to a different GP for help with this process
- What is their goal? Though you might prefer they stop using drugs completely that may not be their goal; they might want to cut down and stabilise their drug use by making it more manageable or want to get back into a job or stabilise their relationship with their partner and kids.
- Once you've established their goal, stick with it. You need to be able to accept their goal if you want to be part of this process. Having someone with a different goal is not helpful. Having said that, their goal needs to be SMART: specific, measurable, achievable, realistic and time-framed.

Some of the other things you may need to discuss and plan in as much detail as possible include:

- Where will the person stay? Your place or their place? Helping someone detox at your home needs to be weighed against the other options available.
If they are staying in their own home have any drugs and paraphernalia been removed from the house?

- Can someone be with them through the day and overnight? Nights can seem **very** long for someone going through withdrawal because sleep can be difficult so having someone available for company, support, and distraction can be really helpful especially during the first few days
- Support people need support too. It's hard doing this on your own so try to get another person or people involved (with the person's consent) so you get some 'time off'.

What support looks like

Support takes many forms. Different people can provide different things so it's helpful to clarify exactly what you mean by 'support'. It helps to clarify what it will look like for you and the person you are supporting.

Work out what you can and cannot provide and find people to fill gaps in what you are able to do wherever possible. For example:

- One person might be good at keeping the person distracted and entertained through gaming. Another might be good at organising magazines, books, DVDs, etc. while another provides great food
- Who would be good at screening phone calls and visitors and working out strategies to avoid contact with others who might encourage their drug use?
- Is it necessary to limit the person's access to money? Perhaps to get someone else to take care of their finances like paying the rent, mortgage etc? **Whoever looks after their finances during this time should not be the same person who will be spending most of their time with them.** Money issues can be contentious at the best of times; during this time they have the potential to turn into a battleground

Some other ways to provide support are to:

- Become more informed about the chronic relapsing nature of opiate addiction/dependence and about the treatment options available
- Realise how difficult the process of getting back to "normal" can be for someone who's given up drugs. "Normal" to someone who uses drugs may not mean the same thing as it does to you

- Try to stay with today rather than being anxious about the future. The desire for instant gratification is not unusual in people who use drugs, but it's important that they take things slowly and not put too much pressure on themselves.
- Encourage the person to access support through counselling or groups such as those available at CADS, or in the community (e.g. AA or NA) though it's important to remember that groups aren't for everyone
- It can be helpful to talk with someone who has their own experience of opiate addiction and withdrawal and who is now in recovery (which might include opioid substitution treatment). Hearing from someone who has been through the process can be informative and reassuring. The CADS Consumer Team may be able to help you with this
- Attend doctor's or counsellor's appointments with them if that's what they want
- Help organise time or activities for the person
- Help the person develop stress management techniques such as relaxation, yoga or complementary therapies. If they tried some of these while going through withdrawal encourage them to stick with it
- Acknowledge the positive achievements of attempting/ getting through the withdrawal process – because it is not easy.



During the withdrawal process

Opiates suppress all sorts of feelings so when someone goes through withdrawal their emotions can seem very raw and intense. They may feel anger, sadness, have disturbed thoughts or feel like they can't go on.

Try to stay calm and don't take it personally – this is all a normal part of the withdrawal process.

- Take time out for yourself even if it's just going to another room and relaxing with a book. There may be times when you feel frustrated, tired, or impatient with the person you're helping. **This is normal**
- Keep the environment calm and wherever possible keep people away who might cause stress or arguments
- Distract and reassure the person withdrawing especially when they are experiencing cravings. Concentrate on getting them through the next half-hour rather than thinking long-term. When they're feeling more settled talk with them about the pros and cons of returning to drug use, why they've chosen to withdraw, their goals and how incredibly far they've come – and if the big picture's too big or the future's too scary go back to getting through the next half hour
- Listen and try to be non-judgemental. You may hear things you'd prefer not to know and it's important that you have somewhere to offload that stuff
- It's important that you have someone to talk to and get support from – a friend, counsellor, doctor, or support group.

Contact CADS on 09 845 1818 about joining a Family and Friends group

After withdrawal

What next? What will the person do when the withdrawal symptoms have passed?

Sometimes the most difficult time is when the worst of the physical withdrawal symptoms have passed. For many this is a time of boredom and depression, being on an emotional roller coaster, and having to cope with emotions which have previously been suppressed by drugs.

Be prepared to deal with this 'new' drug-free person on new terms. If you are the user's parent, partner, or sibling it's likely that your relationship has changed and a new dynamic needs to be created. Some family members find this difficult which is where groups like CADS Family and Friends can be very helpful.

For many users being drugfree will be scary and going back to using may seem like the 'safer' option. It is not unusual for people to return to using after they have stopped especially if they're still experiencing cravings.

Being dependent on drugs can take a lot of someone's time and when they stop using they have what feels like an enormous amount of empty time on their hands. How are they going to occupy their time? Not having meaningful things to do can be a catalyst for lapse and relapse.

If the person you're supporting does slip ('lapse') into using try not to look at them as having failed. Every lapse can be a learning experience whereby the person works out ways to deal with their situation. (A relapse is if they continue using and give up on their goal. See pp.19-20)

It is not uncommon for people to go through repeated attempts at withdrawal and some people will choose to engage in long-term opioid treatment rather than go through repeated cycles of using/ not using.

Support people can end up feeling defeated if the person starts using again, like the whole thing's been a waste of time. It helps to look at each withdrawal attempt as being one step closer to being drug-free in the long-term, and to learn from the experience to prepare for the next time more effectively.

Community Alcohol and Drug Services (Auckland)

Ph (09) 845 1818

www.cads.org.nz

Auckland Opioid Treatment Service	Pitman House, 50 Carrington Rd Point Chevalier and CADS North, South and West
CADS Central	1st Floor, 409 New North Rd, Kingsland
CADS Abstinence Programme	Pitman House 50 Carrington Rd Point Chevalier
CADS North	44 Taharoto Rd, Takapuna, North Shore
CADS South	7 Ronwood Ave Manukau City
CADS West	1 Trading Place, Henderson
Medical Managed Withdrawal (Detox) Services	Pitman House, 50 Carrington Rd, Point Chevalier

Other services

ADIO/ Auckland Drug Information Outreach (Central)	09 356 7373
Alcohol & Drug <i>Helpline</i>	0800 787 797
Auckland City Mission Social Detox	09 m303 9200 www.aucklandcitymission.org.nz
Family Drug Support	https://fds.org.nz/
Higher Ground	09 834 0017
NA/Narcotics Anonymous	https://nzna.org/
Odyssey House	638 4957 (Adults) 631 0624 (Youth)

Notes

Disclaimer: Care has been taken to ensure the accuracy and suitability of the information contained in this document at the time of publication. Information is meant as a general guide only. CADS/Community Alcohol and Drug Services do not accept any liability for this information.

Note: CADS do not endorse the use of illegal substances and believes that no drug use is the safest option.

058.005

Printed Dec 2021

CADS Auckland www.cads.org.nz