



## AOTS 11. Involuntary withdrawal

Occasionally AOTS finds it necessary to withdraw a client from opioid substitution treatment (OST) against their will - though it happens very rarely. (It used to be called involuntary discharge or being counted off). It is generally a last resort and happens only after all other strategies have been explored and attempted.

### Why would this happen?

The most common reasons for involuntary withdrawal are:

- The benefits of OST are outweighed by the negatives and OST isn't effective for the client
- Threatening/intimidating/violent behaviour towards AOTS staff, community pharmacy staff, other clients, and/or staff of the 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
- The client regularly overdoses or is frequently and significantly intoxicated
- 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
- 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
- Where it is not possible for the client to attend or the client chooses not to attend, the review will still go ahead
- 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.

### The withdrawal process

- An involuntary withdrawal usually takes 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).

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## 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.

AOTS will take all practical steps to ensure the continuation of OST for AOTS clients who are in police or court holding cells or are 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 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](http://www.cads.org.nz)

### 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               |

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