



**LOGO**

### **Involuntary Withdrawal Procedure**

When a patient involuntarily withdrawals (is dismissed) from the program, it can be for various reasons:

1. Multiple relapses (depending on how often the relapses occur and on what substance the patient relapses) which are indicative of the need for a more intensive level of treatment and appropriate referral options will be provided.
2. Continual use of benzodiazepines which constitutes a serious health risk. Continued use of benzodiazepines, as with other repeated relapses, is indicative of the need for a more intensive level of treatment and appropriate referral options will be provided.
3. Continual misuse of alcohol constitutes a serious health risk and, as with other repeated relapses, is indicative of the need for a more intensive level of treatment and appropriate referral options will be provided.
4. Continual use of marijuana, as with other repeated relapses, constitute repeated relapses and are indicative of the need for a more intensive level of treatment. Should the program physician and the MAT team determine, with the patient's input, that withdrawal from the MAT program is best, appropriate referral options will be provided.
5. Habitual absences from group meetings, both in the clinic and 12 step meetings, are a violation of the program rules that were agreed upon during the admission process. Various treatment alternatives will be provided for you to choose from and recommendations will be provided. A referral will be done for you.
6. Missing individual counseling sessions repeatedly which are a violation of the program rules that were agreed upon during the admission process. Various treatment alternatives will be provided for you to choose from and recommendations will be provided. A referral will be done for you.
7. Missing a random drug screen or any occurrence or information which leads to serious suspicions of diversion or misuse may result in involuntary withdrawal. Generally, no taper will be given during the process of offering a referral to another appropriate program. or if there is other information which is suspicious for diversion or alcohol misuse
8. Being abusive or disrespectful to the staff or other patients which is completely unacceptable and are a violation of the program rules that were agreed upon during the admission process. Various treatment alternatives will be provided for you to choose from and recommendations will be provided. A referral will be done for you, but any provider you select will be advised of the reason for your dismissal from the MAT program.

The dismissal is always at the discretion of the physician and the MAT team. You will be provided with a 7 day supply of their current dose of Suboxone with the understanding that this is their “tapering dose” and that this prescription should be used to slowly taper themselves off Suboxone. As you have been provided with a list of alternative treatment providers, unless a referral was arranged for you with an initial appointment scheduled, you will immediately begin to identify another Suboxone or comparable MAT program to enter into. If Intensive Outpatient Treatment or Residential Treatment was recommended for you, MAT staff can assist you in identifying an appropriate program if you have not chosen one upon dismissal from the program. No tapering dose will be written for patients who relapse on benzodiazepines because of the risk of death when Suboxone and benzodiazepines are used together. A detoxification referral will be offered to you and arrangements will be made for your admission.

You will be provided with a prescription for naloxone. Many health departments offers a 30 minute training for Naloxone and provides free Naloxone during the training. Call your local health department for information.

Readmission to the MAT Program is always at the discretion of the MAT Team and can be discussed with you should you so desire.

### **Medical Withdrawal**

When a patient voluntarily withdraws from the MAT Program, it can be for various reasons:

1. The patient has chosen to titrate their dose of Buprenorphine down gradually and has decided to discontinue the medication all together.
2. The patient has reasons such as work or school that necessitates that Buprenorphine be discontinued.

Medical withdrawal occurs as a voluntary and therapeutic withdrawal in accordance with approved national guidelines. In some cases, the withdrawal may be against the advice of clinical staff or against medical advice yet the patient wants or needs to discontinue Buprenorphine.

The MAT program shall supply a schedule of dose reduction well tolerated by the patient. The program shall continue to offer supportive treatment, including increased counseling sessions and recommendations for 12-self groups or other counseling services as appropriate. The MAT Director and Medical provider will work with the patient to devise a plan for gradually decreasing doses of Buprenorphine until the dose of medication is low enough that cessation of the medication will not result in severe withdrawal symptoms and / or induce cravings.

If the patient leaves the MAT program abruptly against medical advice, the program may re-admit the patient within 30 days without a formal reassessment procedure. However, the program must perform a physical assessment and a biopsychosocial assessment upon re-admission after 30 days of departure. The program shall document attempting to assist the patient with any issues which may have triggered his or her abrupt departure.

The MAT program shall offer continuing care of each patient following the last prescription given for Buprenorphine. The patient will be encouraged to continue with counseling as warranted and agreed to by the patient and their primary therapist for any length of time needed and desired by the patient.

Re-entry to maintenance treatment will be available to the patient who has voluntarily withdrawn if the patient feels at risk for relapse or a relapse has occurred or if the patient has reconsidered withdrawal and decided voluntary withdrawal is not in their best interest.

Female patients shall have a negative pregnancy screen prior to the onset of medically-supervised withdrawal. Should a pregnant patient decide to voluntarily withdrawal from the MAT program, the patient will be advised of the potential impact on the fetus as well as the risks for themselves. Should a pregnant patient determine to withdrawal against medical advice, the dose will be gradually titrated in accordance with approved national guidelines for pregnant patients.

The MAT program shall provide an individually tailored detailed relapse prevention plan developed by the primary counselor in conjunction with the patient and in accordance with approved national guidelines. The prevention plan shall be given to the patient in writing prior to the administration of the final dose of medication.

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Patient Signature

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Date

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MAT Program Staff Signature

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Date