Chapter 8

What Is a Withdrawal Syndrome?

Well, I've been 7 days without Vicodin after taking 10-18 pills per day for about 2 years. It was not fun. Sweats, bad stomach problems, depression, pain, and insomnia. My question is when will I start sleeping again? I dread night cause I toss and turn all night. I'm exhausted so I don't want to just stay up all night, yet I can't sleep. This is making my disposition during the day not very good. I've tried Tylenol PM, Dimetapp, Benadryl, hot baths...nothing seems to help. When will this let up?

-Myrna M.
I had it doubly bad as I was crushing my painkillers and snorting them. I was also smoking an ounce of pot a week. I’ll not lie to you: the withdrawal sucks. I’ve been through this umpteen times and each time I relapse and quit again it gets worse. Different people react differently when withdrawing from pain killers but these are common symptoms: can’t eat, can’t sleep, can’t focus, cold/hot flashes, cold sweats, night sweats, nauseous, the “runs”, anxiety attacks, and irritability.

Arnold A.’s e-mail expresses what the experience of withdrawal is like for him. Withdrawal is the term that describes one’s physical reaction to the sudden stopping of prolonged and heavy consumption of alcohol and other drugs. Why does this occur?

Alcohol and other drugs affect your mood by altering your brain’s chemistry—specifically the production of neurotransmitters. Neurotransmitters are chemicals in your central nervous system that enable nerve impulses to travel through your central nervous system. These neurotransmitters are what regulate your thought processes, behavior, and emotions. Drugs that temporarily elevate your neurotransmitter levels are called stimulants. Drugs that decrease your neurotransmitter levels and depress the central nervous system are called depressants. Depressants include opiates and sedative-hypnotic drugs such as alcohol and barbiturates (there are exceptions: Benzodiazepine elevates the level of an inhibitory neurotransmitter, GABA, therefore it serves as a tranquilizer).
As your alcohol and other drugs consumption increases, your body adjusts to the continued presence of alcohol and other drugs by changing its normal production of neurotransmitters. If your consumption of alcohol and other drugs suddenly stops, your body and central nervous system react to the absence of alcohol and other drugs with an array of symptoms known collectively as a withdrawal syndrome.

An acute withdrawal syndrome begins within hours of abstinence, and includes a full range of physical and psychological symptoms. Long-term withdrawal symptoms such as intense alcohol and other drugs craving may occur weeks or even months after detoxification has taken place. The symptoms of acute withdrawal syndromes vary from drug to drug. Below are descriptions of different withdrawal syndromes according to different types/classifications of drugs.

**Alcohol Withdrawal Syndrome:** In the central nervous system, alcohol interferes with the processes that activates certain nerve cells. It also enhances those processes that tell certain nerve cells to be restrained. Thus, alcohol acts as a nonspecific biochemical inhibitor of activity in the central nervous system. During withdrawal, your central nervous system experiences a reversal of this effect; excitatory processes are enhanced while inhibitory processes are reduced. Such changes can result in overactivation of the central nervous system when alcohol is withdrawn.

Alcohol withdrawal symptoms tend to follow a pattern that is related to the time of one’s last alcohol drink. The intensity of the symptoms usually depends on the severity of one’s alcohol dependence. Not all symptoms develop in everybody.

- Early symptoms—These usually begin within five to ten hours after the last alcoholic drink and typically
peak at 24 to 48 hours. Symptoms may include: tremors, rapid pulse, an increase in blood pressure, rapid breathing, fever, sweating, nausea and vomiting, anxiety, depressed mood, irritability, nightmares and insomnia.

- Alcohol-withdrawal seizures (“rum fits”)—These may occur 6 to 48 hours after the last drink, peaking at 24 hours.
- Delirium tremens—Delirium tremens commonly begins two to three days after the last alcoholic drink, with peak intensity at four to five days. Symptoms include: confusion, disorientation, changes in levels of consciousness, agitation, delusions (irrational beliefs), sleep disturbances and hallucinations. Visual hallucinations are especially common; the patient often sees insects or small animals that aren’t really there.

Betsy B. writes about her observations of her husband whenever he stops drinking for a period of time.

He seems to have diarrhea a lot—at least a couple of days a week. He has obvious tremors in his hands and fingers, then I know he hasn’t had anything to drink, and he needs to drink to stop the tremors. So, it seems the alcohol is maintaining him to a degree.

Donnie D. writes about his method for preventing the onset of withdrawal symptoms—a far too-often used method I might add.

The best way to calm down was to drink more alcohol. The cure
for withdrawals is to never sober up. Drink 24/7 or maintenance drinking to be specific.

**Sedative-Hypnotic Withdrawal Syndrome:** Depressants are drugs that cause sedation by depressing the central nervous system. They include tranquilizers, anti-anxiety drugs, and sleeping pills. The most common sedatives are benzodiazepines, barbiturates, and hypnotic agents. The depressants abused the most are short-acting barbiturates, such as amobarbital, pentobarbital, and secobarbital.

Barbiturates are prescribed as anticonvulsants, sedatives, and general anesthetics. They can also mimic some of the characteristics of alcohol intoxication (including euphoria, elation, and uninhibited behavior), which make them candidates for abuse. Commonly abused barbiturates include amobarbital (Amytal), pentobarbital (Nembutal), and secobarbital (Seconal). These drugs depress the respiratory and nervous system functions. Because abusers rapidly build up a tolerance to the effects of the drug, fatal overdose or coma can easily occur. The symptoms of withdrawal from short-acting barbiturates include:

- Restlessness and nervousness
- Tremors
- Anxiety
- Intolerance to noise and light
- Muscle weakness
- Low blood pressure when standing quickly
- Delirium with hallucinations, disorientation, and paranoia
- Generalized seizures
Darlene D. writes about how difficult it was for her to go through withdrawal from the medication, Xanax.

Xanax can be one of the most or worst withdrawals out of any drug. I’ve been on Xanax .5mg 3x a day for several years. If I don’t take my Xanax every 6 hrs, I could actually feel the withdrawals slowly coming on. I recalled I once stopped Xanax stone cold for 2 days. It was hell. I was seeing spots, heart rate was like 150bpm, sweating, extreme panic and paranoia, facial pains, body aches. BAD.

**Opiate Withdrawal Syndrome:** Opiates are powerfully addictive analgesic drugs that deaden nerve pathways related to pain. Abusers of propoxyphene (Darvon), meperidine (Demerol), percocet (Oxycodone), heroin, morphine, and other powerfully addictive opiates quickly build up a tolerance to the drugs and need progressively larger doses to achieve the desired effect. The cessation of chronic, moderate, or heavy use of an opiate, or a reduction in the amount used, or the administration of an opiate antagonist will produce acute withdrawal symptoms. The severity of the withdrawal symptoms depends upon many factors such as the amount used, the length of addiction, and how abruptly the drug is withdrawn; among other factors.

**Opiate Withdrawal Symptoms:**

*Stage I*

**Stage I**

- Begins within hours of last dose and peaks at 36-72 hours:
  - Craving for the drug
  - Tearing
  - Running nose
• Yawning
• Excessive sweating

**Stage II**

Begins at 12 hours and peaks at 72 hours:
• Mild to moderate sleep disturbance
• Dilated pupils
• Loss of appetite
• Goose flesh, goose bumps
• Irritability
• Tremors

**Stage III**

Begins at 24-36 hours and peaks at 72 hours:
• Severe insomnia
• Violent yawning
• Weakness
• Nausea, vomiting, diarrhea
• Chills, fever
• Muscle spasms (may be severe)
• Flushing
• Spontaneous ejaculation
• Abdominal pain

Tom T. writes about his experience with trying to quit heroin and the withdrawal symptoms that he suffers as a result of his attempts to stop.

I have been a heroin addict for three years and am desperately trying to stop. As the withdrawal symptoms are very severe, the muscle cramps, shakes, and anxiety have always overwhelmed me and so I haven’t succeeded in quitting heroin by myself. Right now I feel like I have a horrible flu. I can’t seem to stop my mind from racing. Someone told me to drink lots of water and just stay home
until it clears. The physical stuff has been hard but I am experiencing tremendous psychological cravings. I have vivid dreams about it.

Freida F. writes about the withdrawal she experiences when she tries to stop taking Vicodin and Percodan.

I haven’t gone one day in 5 years without these pills. I can’t stand it. I take between 10 and 15 a day! I am so addicted that I wake up at like 5:00 in the morning because I am going through withdrawal so bad that the sickness wakes me up. I don’t know what is worse the withdrawal or the craving. At this point, I take the pills so I don’t get sick.

**Stimulant Withdrawal Syndrome:** Use of stimulants, such as cocaine, crack, amphetamines, and methamphetamines cause an increase in neurotransmitters in the central nervous system and produce feelings of alertness and increased energy. This initial *rush* is followed by a longer period of neurotransmitter loss, characterized by depression, lethargy, and a craving for more stimulants—sometimes called a rebound effect. When a stimulant-dependent individual abstains from stimulant use, withdrawal symptoms, including depression, fatigue, insomnia, and loss of appetite, reflect this drop in neurotransmitter levels. Withdrawal typically takes one to two weeks.

**Cocaine Withdrawal Syndrome:** When cocaine use is stopped or when a binge ends, depression (crash) follows almost immediately. This is accompanied by a strong craving for more cocaine, fatigue, anxiety, irritability, sleepiness, and sometimes agitation or paranoia.

Cocaine withdrawal is not as dramatic as withdrawal from other highly addictive drugs. There are often no visible physical
symptoms like the vomiting and shaking that accompanies heroin withdrawal or the seizures and delusions that can follow alcohol withdrawal.

The symptoms usually peak in 2 to 4 days but feelings of depression, anxiety, irritability, and low-level cravings may continue for weeks. Even after a user has stopped using cocaine and begins to forget about the crash, he or she may still feel an intense craving for the drug.

Cocaine Withdrawal Symptoms:
- Apathy, a sense of not caring
- Listlessness
- Severe depression
- Suicidal feelings
- Intense cravings for cocaine
- Unpleasant dreams
- Dysphoric mood
- Fatigue or extreme sleepiness
- Weakness
- Insomnia or hypersomnia
- Increased appetite
- Psychomotor retardation or agitation.

Although there are those who contend that people don’t experience withdrawal when they stop taking cocaine, Gary G. writes about what he is going through as a result of abstaining from cocaine.

I am on my 7th day and I’m feeling a lot better. I’m still depressed and feel really tired. The worst feeling I have is guilt for feeling so horrible and not wanting to do anything or talk to anyone. My
kids want to go to the park or bowling and I can’t get up the ener-
gy to do it and the disappointment in their little eyes kill me.

**Marijuana Withdrawal Syndrome:** Marijuana withdrawal symptoms are not as dramatic as those associated with withdrawal from opiates or alcohol, but are still significant to the individual marijuana user. This means that you may experience withdrawal symptoms if you stop or suddenly cut down. Marijuana withdrawal symptoms usually consist of flu like symptoms such as:

- Headaches
- Nausea
- Irritation
- Depression
- Anxiety
- Upset stomach
- Difficulties in sleeping

One more time, let’s bring the focus back to you.

**Pathfinder’s Exercise**

1) Have you tried to stop consuming all alcohol and other drugs that you consume?
2) If you’ve tried to stop consuming all alcohol and other drugs, have you experienced any withdrawal symptoms?
3) If you’ve experienced withdrawal symptoms, have you gone back to consuming alcohol and other drugs as a way to not have to experience the withdrawal symptoms?
4) If you’ve returned to consuming alcohol and other drugs as a way of not experiencing withdrawal symptoms, have you sought medical assistance as a way of safely stopping your consumption of alcohol and other drugs?

5) If you’ve experienced withdrawal symptoms, what does it mean to you as to whether or not you have a problem with alcohol and other drugs?

Please be aware of the following. If you’re planning to stop consuming alcohol and other drugs, please do so under the supervision of your doctor (be sure to read chapter 13, *What Is Medically Supervised Detoxification?*). Your doctor can give you the medical support that you’ll need during the difficult withdrawal period. Your doctor can also put you in touch with local resources that will help you achieve your goal to live alcohol and other drugs-free.