

Physician Advice for Withdrawal From Alcohol and Other Drugs

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(The following information is not a substitute for AVRT.)

AVRT is the only medically sound educational method of ridding yourself from addiction to alcohol and other drugs. Withdrawal from substances can be unpleasant, but AVRT will provide some relief from that unpleasantness in the form of self-confidence and hope for a prompt resolution of the long-term problem.

1) Alcohol Withdrawal

The most common substance withdrawal experience since the Babylonians and their forbears started brewing. Alcohol withdrawal can be, but rarely is, a medically dangerous undertaking. Most people who stop drinking, therefore, will do fine. Common unpleasant physical symptoms include nausea, a slight increase in body temperature and tremulousness, or a sense of shakiness. Other common symptoms are two to five days of sleep difficulty and (don't be shocked) irritability. Rarely, reported as 1 in 10,000 (0.01%), but probably less, delirium tremens occurs in alcohol withdrawal. This includes seizures, hallucinations, and high blood pressure. This is usually predated by the above noted symptoms and is associated with one or more of the following risk factors: over age 45, long-term consumption of over 12 oz. of liquor per day or its equivalent, history of head injuries, and poor nutritional status. The most significant predictor of DT's is a history of DT's or any history of seizures. Again, delerium tremens is very rare, but is life threatening. In my ten years of practice, having taken care of many drunks who withdraw, I have never seen a true case of delirium tremens.

2) Sedative Withdrawal

This includes barbiturates and benzodiazepines such as phenobarbital, Fioricet, Fiorinal, Xanax,

Ativan, Librium, and Valium. This is the only other medically sticky withdrawal situation, because heavy use for a long period of time can trigger seizures upon withdrawal. In order to avoid withdrawal-induced seizures, it is best to taper down use, reducing your dose by a third or a half each day, for about a week. Other minor symptoms again include irritability, sleeplessness, and a sense of shakiness. These tend to dissipate over a period of about five days. If tapering down, it is best to taper over about one week.

3) Opiate Withdrawal

This includes heroin, fentanyl, opium, morphine, Dilaudid, Lorcet, Vicodin, codiene, oxycontin, etc. One may die from overdoses of these substances, but not from underdoses. There is no danger of death or seizure from withdrawal from opiates. (Unless you consider diarrhea to be a bowel seizure.) Muscle aches, diarrhea, a sense that you have the flu, and yawning frequently are common. Difficulty sleeping for about a week can also occur. Most of the physical symptoms are usually over after about three days.

4) Marijuana Withdrawal

No known physical withdrawal symptoms.

5) Stimulant Withdrawal

This includes cocaine, amphetamine, crystal meth, Adderall, Ritalin. By the time you have read this far down, you have recovered from stimulant withdrawal. You may feel depressed and exhausted for 24-48 hours at the very most, but you probably already knew that. Sleep it off.

- Finally, keep in mind that almost no person needs to be hospitalized for symptoms of withdrawal. The vast majority do not need to see a doctor or even talk to one, as this might put you at risk of acquiring a recovery group disorder or addiction treatment disorder. As you practice AVRT you may notice the Abstinence Commitment Effect, which will help you through many of the symptoms you might encounter. Withdrawal symptoms will last a short time. After you have taken your body back from the Beast, you will have the rest of your life to get back in shape! ■