

# Withdrawal

Why is stopping substance use so difficult?

Withdrawal occurs in drug dependant individuals who stop or considerably reduce their drug use.

# Definitions

**Dependence syndrome** is characterized by :

- Tolerance,
- Withdrawal,
- Inability to cut down or control use,
- Behavioural changes in the areas of relationships ,  
occupation, social/recreational activities,
- Continuation with use with the knowledge that it is  
harmful

# Definitions

**Withdrawal** is a state with a group of symptoms of variable clustering and severity.

Occurs with absolute or relative withdrawal of a psychoactive substance.

**Withdrawal** is time limited and related to the type and amount of substance being used before cessation or reduction.

**Withdrawal:** Within the AOD sector it is that state that exists following the reversal of neuroadaptation to a psychoactive substance.

# Definitions

- **Neuroadaptation**
- is the process whereby the body compensates for the presence of a chemical so that it can function normally.
- Neuroadaptation leads to tolerance and dependence.

# Substance dependence DSM-IV

Presence of 3 or more of the following

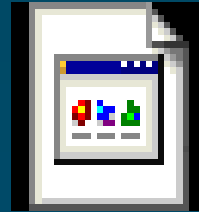
- **Tolerance**; increasing dose to get similar effects to previous use
- **Withdrawal**; display withdrawal symptoms
- **Larger amounts** over a long period
- **Unsuccessful** efforts to cut down; history of relapses
- **Time spent** obtaining the substance replaces social, occupational or recreational activities; forego work, school or other activities to use
- **Continued use** despite adverse consequences; legal, family problems

# A little about Neurotransmitters

- **All drugs of addiction act on the dopamine neurotransmitter, except for benzodiazepines. This includes alcohol, nicotine and caffeine.**
- **A neurotransmitter, a chemical which transmits a message from one brain cell to the next.**
- **The effects of psychoactive substance use in the brain is the effect on neurotransmitters, their release, inhibition and reuptake.**
- **Alcohol increases the effects of inhibitory GABA neurotransmitter while inhibits the effects of excitatory neurotransmitter glutamate and serotonin.**

# Normal Dopamine Function

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Video - Normal Dopamine Function.mht

# Principles of Withdrawal

- Withdrawal from substance use carries with it risks of physical harm, psychological trauma, and sometimes (rarely) death.
- The aim of withdrawal management is to minimize the risks associated with withdrawal.
- Supportive care and client choice are crucial to success.
- Planning and co-ordinating post withdrawal is an integral part of treatment.



# Principles of Withdrawal

- The primary objective of withdrawal is to achieve the clients goals in relation to withdrawal from their substance use safely.

These goals are determined by a thorough client intake interview and assessment . They need to client driven.

## Why does the client want to change ?

- What is motivating the client to change their lifestyle?
- What's changed in them to bring them to this point in their life
- What's different this time?

# Withdrawal Management

- A comprehensive **ASSESSMENT** is the first step.
  - It defines the risks
  - Identifies the drug(s)
  - Identifies health issues
  - Identifies the most appropriate setting for withdrawal
  - Identifies factors that will influence the success of withdrawal
  - Builds the therapeutic relationship
  - Formulation of a management plan

# Psychosocial Factors

- **Expectations of withdrawal**

  - Reasons for presenting at this time

  - Past experiences of withdrawal

  - Current understanding of withdrawal

  - Ability to cope with withdrawal

- **Supports for withdrawal**

  - Accommodation

  - Clients social network extent and suitability

  - Supportive family /friends

  - Links with health professionals

# Psychosocial Factors

- Barriers to withdrawal

**Isolation**

**Transport**

**Relationship issues**

**Care of children**

**House mates that use**

**Legal issues**

**Financial issues**

**Work commitments**

# Withdrawal effects

- Exhaustion
- Irritability
- Mood swings
- Anxiety
- Agitation
- Cravings
- Disturbed Sleep
- Memory Impairment
- Lack of Concentration
- Flat , amotivated
- Lethargic
- Adhedonia
- Impulsive
- Depressed

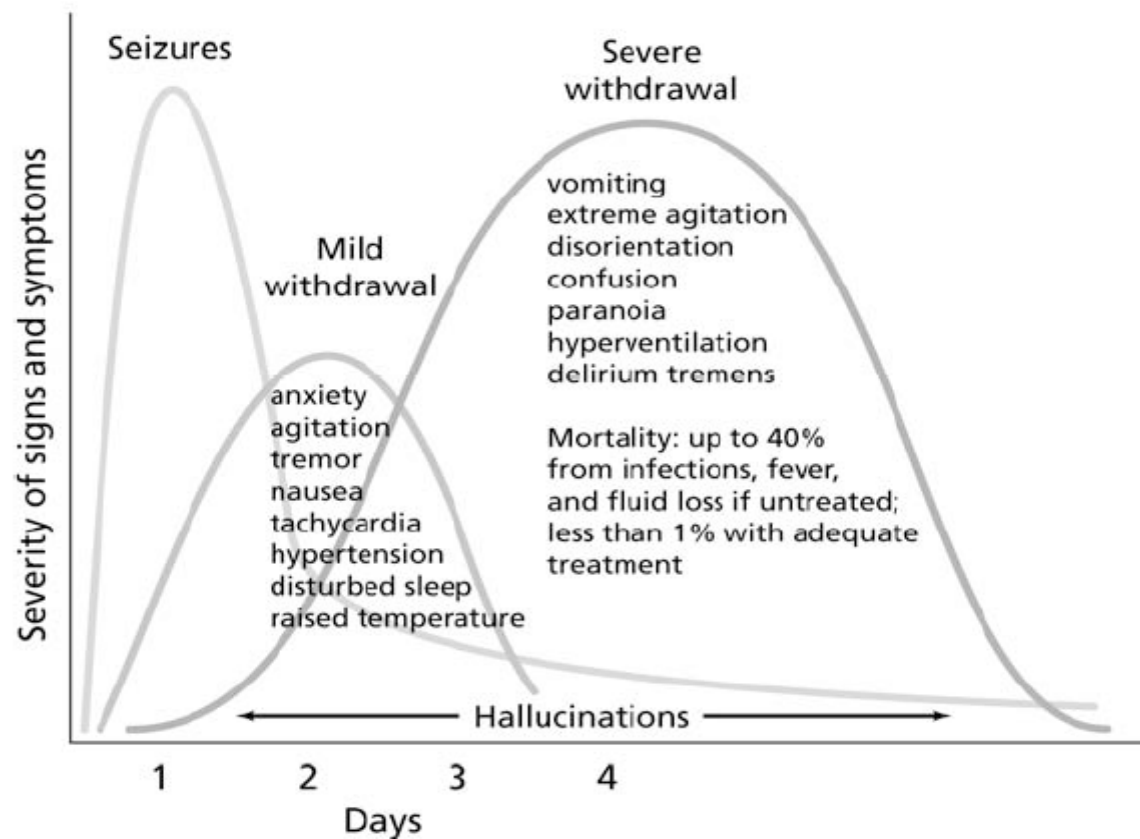
# Alcohol

- Alcohol withdrawal carries a significant risk to the health and wellbeing of the individual and can be life threatening

# Alcohol Withdrawal is likely where

- there is an alcohol-related reason for admission/assessment
- there is regular alcohol use of > 80 grams per day (males), > 60 grams per day (females)
- < 10 days after last drink (withdrawal usually commences within 6–24 hours of last drink, and may last 2–12 days)
- there is a history of alcohol dependence/significant previous withdrawal history
- AUDIT Score > 12

## Course of alcohol withdrawal



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# Withdrawal: Alcohol.

Cessation or reduction of alcohol use that has been heavy and prolonged

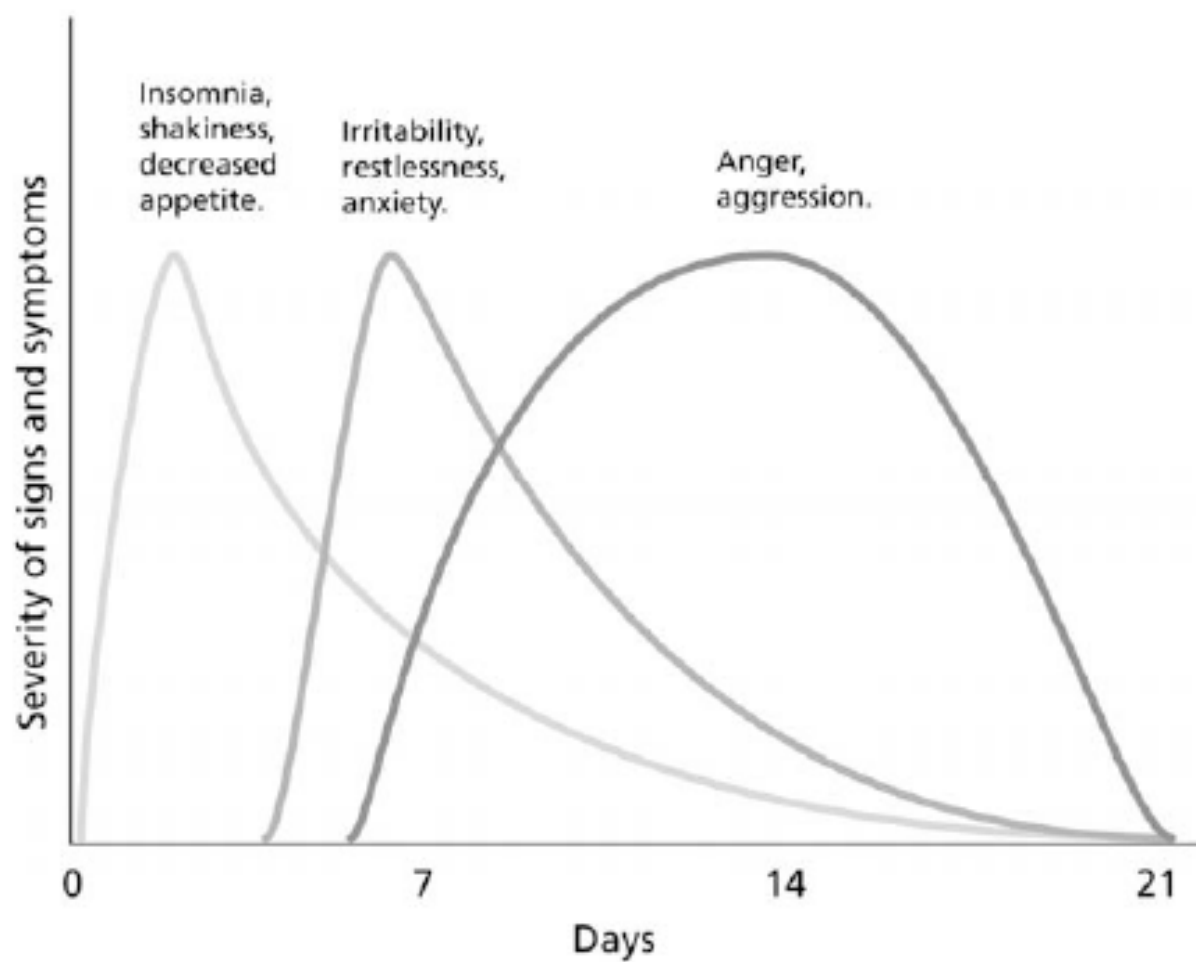
Two or more of the following developing within several hours to a few days after cessation.

- Autonomic hyperactivity (sweating, pulse greater than 100 bpm)
- Increased hand tremor
- Insomnia
- Nausea or vomiting
- Transient hallucinations (auditory, visual, tactile, illusions)
- Psychomotor agitation
- Anxiety
- Generalized tonic – clonic seizures.

# Cannabis

- Cessation does not produce the severity of withdrawal symptoms associated with other substances. Although giving up the drug is difficult for long term users.
- Symptoms of anxiety, irritability, insomnia.
- Physical pain, headaches, abdominal pain.
- Nausea.
- Depressed mood

## Course of cannabis withdrawal



# Synthetics- Withdrawal

Some of the reported withdrawal symptoms include:

- tachycardia (rapid heart beat)
- insomnia
- difficulty breathing
- constipation
- nausea
- difficulty eating
- weight loss.
- paranoia
- anxiety
- panic attacks (even when sober)
- severe memory problems
- severe confusion or disorientation
- fear of dying
- difficulty concentrating

# Management

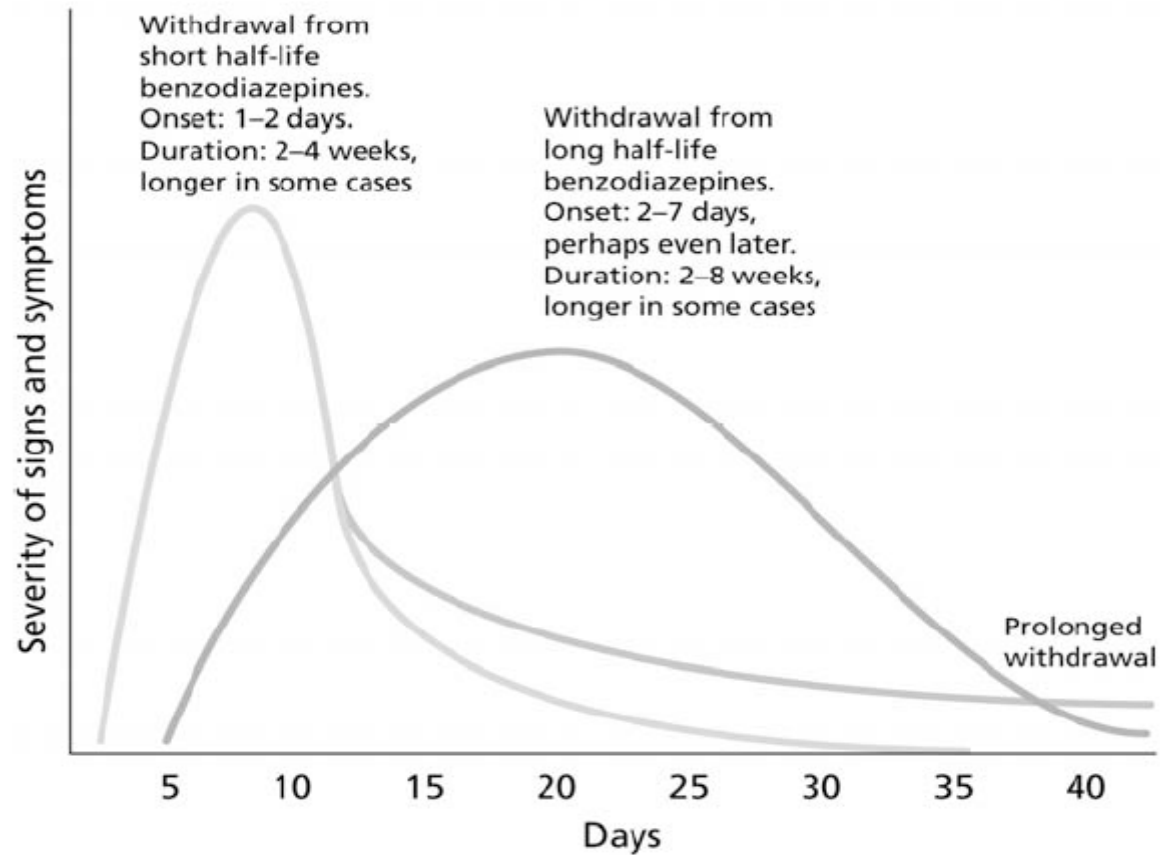
## **Symptomatic relief**

- Diazepam for the anxiety and agitation
- Buscopan for the stomach pains
- Generalised aches and pains mild pain relievers.
- Anti nausea medication.
- Psychosocial support.
- Reducing use strategies

# Benzos

- Withdrawal usually mild.
- Users are often poly drug users
- Abrupt withdrawal can produce a rebound effect of increased anxiety and insomnia.
- Major complication is delirium and seizures
- Withdrawal is slow and gradual.
- Few clients are able to comply with treatment and obtain additional supply.

## Course of benzodiazepine withdrawal



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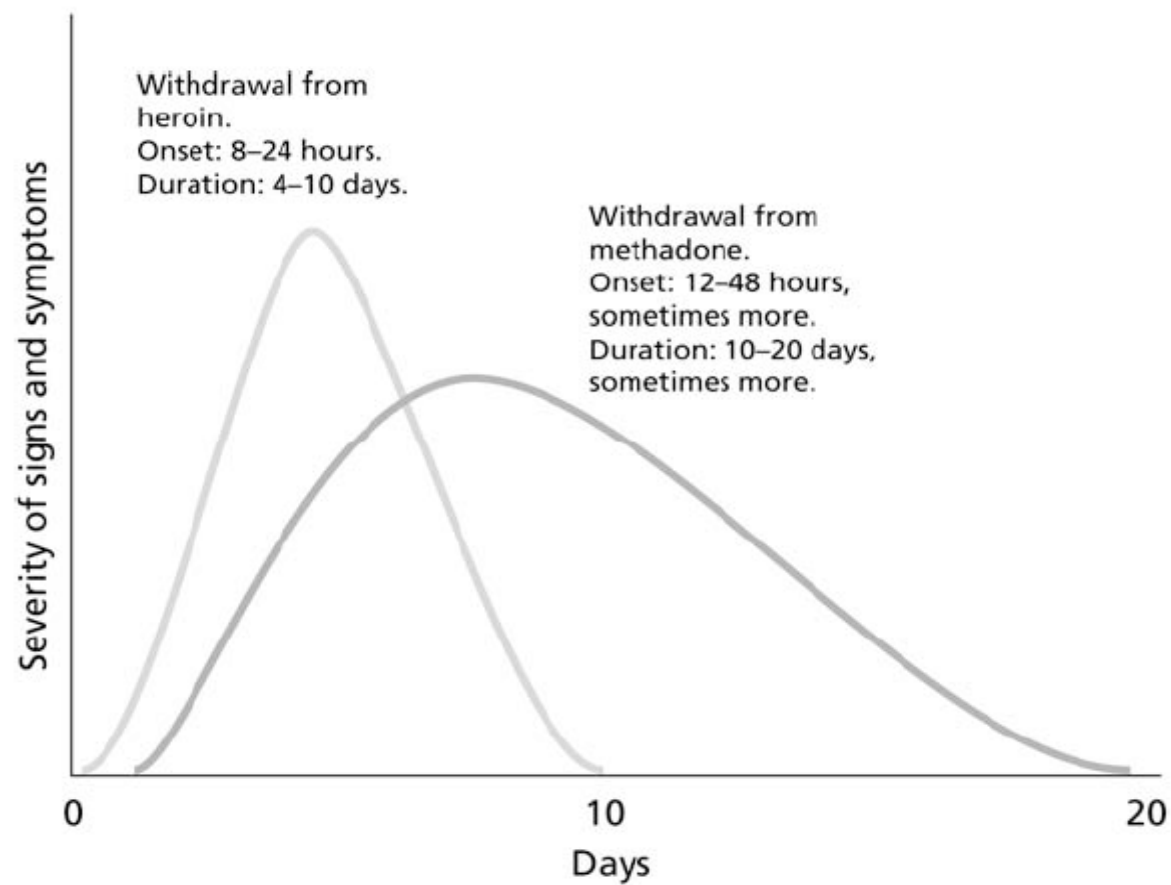
# Opioid



# Opioid Withdrawal

- Severity , onset and duration is related to the type, route of administration and half life of the drug.
- Opioid withdrawal is not life threatening for those without medical complications.
- Opioid withdrawal involves the reversal of neuro-adaptation and withdrawal symptom management.
- Relapse rates are high as there is often an inability to complete withdrawal.
- Planning for post withdrawal support is an essential component of care, assisting clients to work towards their goals beyond withdrawal.
- There is a significant risk of over dose on relapse due to reduced tolerance

## Course of opioid withdrawal



Adapted from NSW Department of Health. NSW detoxification clinical practice guidelines. © 1999 NSW Department of Health. Reproduced with permission.

# Opioid withdrawal. Symptoms and signs

## Symptoms

- Anorexia and nausea
- Abdominal pain
- Hot and cold flushes
- Bone, joint and muscle pain
- Insomnia and disturbed sleep
- Cramps
- Intense craving for opioids

## Signs

- Restlessness
- Yawning
- Perspiration
- Rhinorrhoea
- Dilated pupils
- Piloerection
- Muscle twitching restless legs(particularly while lying down)
- Vomiting
- Diarrhoea

# Withdrawal Management

- Symptomatic relief.

**Nausea and vomiting** – Maxalon, Stemetil, Ondansetron.

**Muscle aches and pains** – paracetamol, ibuprofen.

**Diarrhoea** – Imodium, Lomital, Kaomagma.

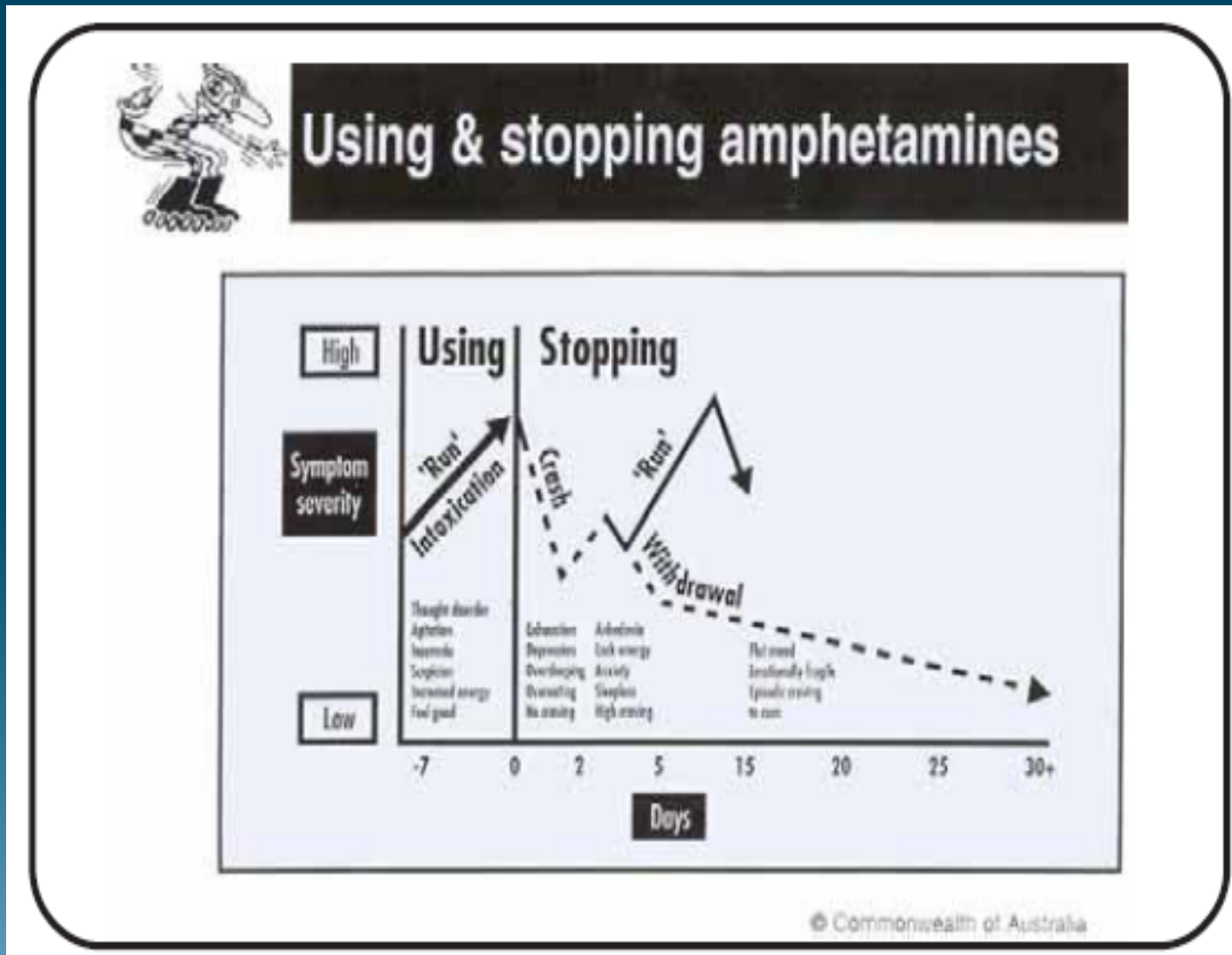
**Abdominal Cramps** – Buscopan,

**Anxiety/agitation** – Diazepam.

**Sympathic Nervous system activity** (anxiety sweats G.I. Upsets, craving) – Clonidine.

**Restless legs-** Diazepam, Baclofen, Magnesium

# ATS – Amphetamine Type Stimulants



# Amphetamine type Stimulants

## What we see when someone is using amphetamines.

- Movement- twitching restless fidgety moving about
- Facial- may be flushed and or sweating, pupils dilated.
- Speech- loud and rapid may be tangential, unable to keep on topic.
- Skin- long term users may have scabs, injecting site abscess.
- Body – long term users thin undernourished and very active
- Teeth- ground down, discoloured, receded gums.
- Behaviour- irritable, anxious may aggressive.



Video - Amphetamine effect on Dopamine function.mht

# ATS withdrawal pattern

The withdrawal pattern from amphetamines will vary according to the duration and level of use, general and mental health. The intensity and duration of symptoms varies, depending on a range of factors including:

- Duration of use
- Amount used
- Route of administration
- Pre-existing mental health issue such as underlying depression or anxiety
- General level of health
- Psychosocial supports or lack thereof



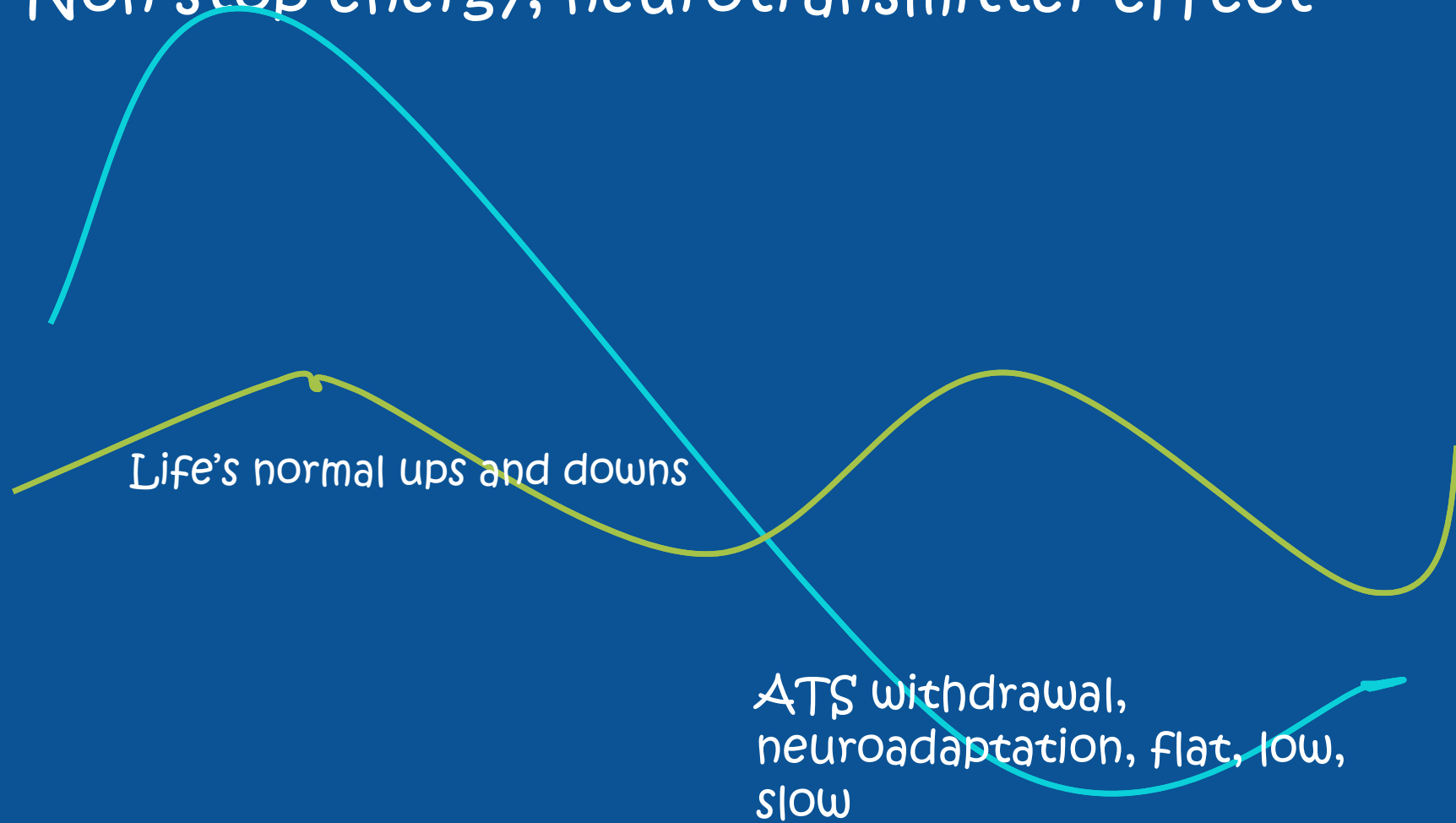
# Withdrawal Management

- ❑ Withdrawal symptoms can range from mildly uncomfortable to life threatening.
- ❑ *It is not necessary for users to binge on amphetamines for long periods to experience these symptoms.*
- ❑ Withdrawing from ATS is different from withdrawal from depressants (opiates, alcohol, cannabis)
- ❑ These symptoms are likely to be experienced to some extent after much shorter exposure and may be exacerbated by tiredness associated with lack of sleep or extended partying.
- ❑ Most will be poly-drug users

## 3 Phases of Withdrawal

- I. Crash, 1-3 days. Recovery from exhaustion, lack of sleep and food.
- II. Peak, 2 – 10 days. Most intense phase of withdrawal symptoms.
- III. Residual, 2 – 10 weeks. Symptoms may persist for some time.

Memory of ATS use, high, happy,  
Non-stop energy, neurotransmitter effect



Life's normal ups and downs

ATS withdrawal,  
neuroadaptation, flat, low,  
slow

# ATS withdrawal pattern phase one – Crash 1 -3 Days

## Symptoms

- Exhaustion
- Insomnia and/or hypersomnia (oversleeping)
- Craving sleep and food
- Vivid unpleasant dreams
- Irritability and depression
- Little craving for drugs

## Presentation

- Flat, exhausted, depleted
- May not participate in program, in need of sleep and food
- Vivid, terrifying dreams are common,
- Waking in night

## Phase Two, 8 – 10 days

- This phase may last longer than 10 days
- The transition from phase 2 to phase 3, may not be all that apparent, Motivation to continue is key
- Anxiety and depression are real
- In treatment, they may present as 'medication-seeking' when other clients are at end of withdrawal
- Psychosis-like symptoms may reappear
- Unlikely to come in for treatment
- Support information for home withdrawal is very useful

# To clients this may feel like ...

- Strong urges and cravings to use
- Mood swings, feeling anxious, irritable or agitated, or feeling flat and lacking energy
- Poor sleep
- Poor concentration
- General aches and pains, headaches
- Increased appetite (very hungry)
- Strange thoughts, such as feeling that people are 'out to get you'.
- Misunderstanding things around you (e.g. Seeing things that aren't there)

# ATS withdrawal Phase Two

## Peak Symptom last 8 – 10 Days

User feels physically and emotionally awful,  
Lacks energy  
Increased appetite,  
Generalised aches and pains,  
Experiences anxiety,  
sleeplessness

**Psychomotor retardation\***

**\* what's this? Next slide**

- ▶ Poor concentration
- ▶ Depression, risk time for self-harm or suicide
- ▶ Strong drug cravings and
- ▶ May have re-emergence of psychotic features such as misperceptions, paranoia and hallucinations.

Some examples of "psychomotor retardation" may include the following:

- ❑ **Unaccountable difficulty with carrying out what are usually considered "automatic" or "mundane"** self-care tasks for healthy people, (i.e., without depressive illness).
  - ❑ **Real physical difficulty performing activities that normally would require little thought or effort**, such as walking up a flight of stairs, getting out of bed, preparing meals and clearing dishes from the table.
  - ❑ **Tasks requiring mobility** suddenly or gradually and inexplicably seem to be "impossible". Activities such as shopping, getting groceries, caring for the daily needs of one's children, and meeting the demands pertaining to employment or school are commonly affected.
- [http://en.wikipedia.org/wiki/Psychomotor\\_retardation](http://en.wikipedia.org/wiki/Psychomotor_retardation)



# Psychomotor agitation

- **Psychomotor agitation** is a series of unintentional and purposeless motions that stem from mental tension and anxiety of an individual. This includes pacing around a room, wringing one's hands, pulling off clothing and putting it back on and other similar actions.
- In more severe cases, the motions may become harmful to the individual, such as ripping, tearing or chewing at the skin around one's fingernails or lips to the point of bleeding.
- [http://en.wikipedia.org/wiki/Psychomotor\\_agitation](http://en.wikipedia.org/wiki/Psychomotor_agitation)

# Support in the Peak phase:

- ▶ Follow organisational protocols for suicidal/self-harm behaviours
- ▶ Communicate with the client, ask, inquire, be interested
- ▶ Monitor and observe their behaviour
- ▶ Reassurance and support them
- ▶ Ask for check-ins
- ▶ Discuss 'Urge surfing' and craving for substance
- ▶ Remove sharps/blunts/ objects of risk
- ▶ Give client as much control and responsibility for self monitoring as possible
- ▶ Seek medical advice regarding medication
- ▶ Consult a medical officer, doctor, nurse
- ▶ Encourage Participation in tasks with others
- ▶ Provide Encouragement for each stage and day
- ▶ Provide relaxation strategies
- ▶ Provide structured activities which do not require high levels of concentration (meal preparation, gardening, games, walks)



# ATS withdrawal Phase Three

## 1 – 8 Weeks Residual symptom phase

- ▶ Episodic cravings for drugs, may be very strong
- ▶ Insomnia
- ▶ Poor concentration
- ▶ Fluctuate between restlessness and lethargy
- ▶ Lack of motivation
- ▶ Low mood
- ▶ Depression
- ▶ Anxiety
- ▶ Psychomotor retardation

# ATS Summary

- ▶ **Mental health**; Depression, low mood, anxiety, cognitive impairments are real
- ▶ **Withdrawal vs. neuroadaptation** withdrawal may last 8 weeks, recovery may take months
- ▶ **Duration** of withdrawal may be up to 8 weeks
- ▶ **Maintaining commitment** and engagement is the challenge
- ▶ **Peak phase-** behaviour, self-harm, mood, psychosis, and aggression may require closer attention
- ▶ **Longer term** – requires continuity of care and commitment, psychosocial support, ongoing treatment, aftercare

# Summary of Withdrawal

- Withdrawal priorities are safety, outcome, choice
- Comprehensive assessment:
  - Predict the risks of withdrawal
  - Identify the clients needs to enhance the chances of successful completion.
- Formulation of a management plan with active involvement of the client, use of withdrawal scales
- Build the therapeutic relationship.
- Identify motivations for change
- Identify barriers to success
- Support is critical to the success of treatment

**CHEERS !**



# Resources

- **Alcohol and other drug withdrawal**: Practice Guidelines 2012. Turning Point Alcohol and Drug Centre.
- **NSW Drug and Alcohol Withdrawal**. Clinical Practice Guidelines 2007 NSW Dept. Health.
- **Preparing for Methamphetamine Withdrawal** – 2pg pdf doc.: [www.jdcounselling.com.au/](http://www.jdcounselling.com.au/)
- [www.bluebelly.org.au](http://www.bluebelly.org.au) – an online harm reduction, support and information source for psychostimulant users, interactive.
- **Getting through amphetamine withdrawal, A guide for people trying to stop amphetamine use**, Turning Point, Alcohol and Drug Centre, or read information online, both at : [www.meth.org.au/](http://www.meth.org.au/)
- **Alcohol and Drug Service** TAS Dept. Health.
- **Me** Salvation Army Bridge Centre Hobart.
- **The internet**