

GETTING THROUGH AMPHETAMINE WITHDRAWAL

A guide for people trying to stop
amphetamine use



Turning Point
Alcohol & Drug Centre

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ABOUT THIS BOOK

This book is written for people who are thinking about or trying to stop using amphetamines, even if just for a short period of time.

Information in this book will help you understand what's going on during withdrawal. There are also suggestions for how you can make it easier for yourself and those around you. It is only a guide. For more help, we suggest that you talk to your doctor, counsellor or other health worker.

This book doesn't cover everything about coming off amphetamines – you may have had experiences that are different to those included here. We hope that there are things that you find helpful, even if you have gone through withdrawal before.

You can use this book as one of a range of strategies to help you make the decision to stop using and support you through withdrawal. Other options that may be useful include counselling, medication, natural therapies and involvement in support groups.

MAKING THE DECISION TO STOP USING AMPHETAMINES

Like a lot of things, using amphetamines has some good sides to it but it can also have its problems. These are going to be different for different people. It is worthwhile thinking about what's involved in going without amphetamines. What things will you miss about using? How is using affecting you and how could your life be better if you were not using?

You may find it helpful to make a list of the positives and the negatives about using amphetamines. Put simply, the positives are the things you like about using amphetamines; the negatives are the reasons why you want to stop. You may also find it helpful to talk to someone to help you decide. This might be a non-using friend, your health worker or a professional counsellor. Confidential 24-hour drug and alcohol telephone counselling and information services are available in all Australian states, and they are a good way of getting further help. Contact numbers are listed on page 36.

Many people find that stopping amphetamines can be difficult because, even after making the decision to stop, they still miss some things about using. This is normal and it often takes time to find things other than amphetamines that fill this gap.

Another reason many people find it difficult is that they forget the 'negatives' – the reasons why they wanted to stop in the first place. So the list of negatives you make is important because it helps focus you on all the reasons for stopping (see page 4).

People decide to come off amphetamines for different reasons and they often have different long-term goals. Some people want to stop using forever; others just need a break from it. Whatever your reasons are for starting withdrawal or what your long-term goals are, the main job ahead of you now is to get through withdrawal.

Positives about using amphetamines

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

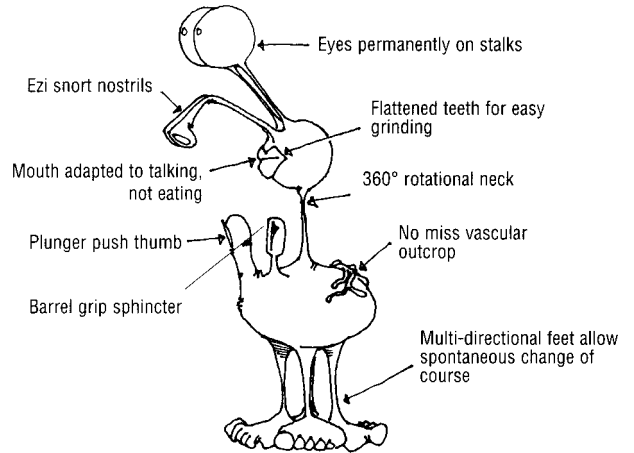
Negatives about using amphetamines

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

AMPHETAMINE WITHDRAWAL

What is withdrawal?

If you use certain kinds of drugs - such as tobacco, alcohol, amphetamines, tranquillisers ('downers', eg Valium, Serepax), caffeine or heroin - regularly and for long periods of time, your body goes through a number of changes. It adapts to having the drug in your system on a regular basis and your body only functions 'normally' when you have taken that drug. When you stop using, your body has to readjust. Withdrawal is this period of readjustment. Your body has to get back to a state of working 'normally' without the drug. The type of symptoms that people go through during withdrawal varies according to the kind of drug they are withdrawing from, but the principle is the same.



Body adapted to amphetamines

How long will the symptoms last?

People vary in the **severity** of withdrawal symptoms they will experience and how long the symptoms will last, even people who have been using the same amount. Some people do it easier than others. The more you know about what's happening, what to expect and what to do, the better you will cope with withdrawal. If you really fear going through withdrawal, don't know what's going on and expect to 'do it hard' – then you probably will.

Other important factors include your general state of health and nutrition, the length of time you've been using the drug, how much you're using on a regular basis, and what's going on in the environment around you during withdrawal. People who regularly use prescription drugs such as amphetamine-based weight reduction drugs (eg Tenuate, Duromine) or other drugs like Ritalin or Dexamphetamine will also experience withdrawal symptoms similar to amphetamine withdrawal when these drugs are stopped.

What kinds of symptoms will I have?

Withdrawal from amphetamines is described in detail on page 7. The list is a helpful guide to what you might expect at each stage of withdrawal.

Not all amphetamine users get all these symptoms and some get symptoms not listed.

Common symptoms in amphetamine withdrawal

Time since last amphetamine use	Common symptoms
Days 1-3	Comedown <ul style="list-style-type: none"> • exhaustion • increased sleep • depression
Days 2-10	Withdrawal <ul style="list-style-type: none"> • strong urges (cravings) to use amphetamines • 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 (eg seeing things that aren't there)
Days 7-28	Most symptoms start to settle down, although common symptoms include: <ul style="list-style-type: none"> • mood swings (feeling anxious, irritable or agitated or feeling flat and lacking energy) • poor sleep • cravings
One to three months	<ul style="list-style-type: none"> • return of normal sleep and levels of activity and mood • major improvements in general health and mood



Factors influencing the severity of withdrawal

A number of factors will influence your experience of withdrawal. These include:

- Knowing what to expect
- General state of health and nutrition
- Length of time you've been using
- Amount you've been using
- What's going on around you

The next section 'Getting started', provides some tips on how to prepare for withdrawal in a way that promotes a safe and supported withdrawal experience.

GETTING STARTED

At the beginning of your withdrawal, it is important to get a few things in order.

Organise a safe environment

Going through withdrawal can be extremely difficult if there are people around you who are using. Although it is possible to do it, you're just making it hard for yourself. **Organise a safe environment before or at the beginning of your withdrawal.** A safe place is one where there won't be any drugs around you and where you are not going to be hassled by people. This means either:

- Go to a friend or relative's house where you are not going to have ready access to amphetamines and where you can't be found by people who you don't want around.

or

- Stay at your usual address, then put the word out that you are not going to be using for a while and for people to stay away. You might even want to change your phone number. This doesn't mean that you have to cut yourself off from them forever, just while you are trying to get through withdrawal.

Make sure that there are no drugs left around the house.

Organise support

You can try go through withdrawal on your own, without talking to anyone and without getting support and advice from anyone. However, you will probably find it easier to get some support. Your doctor or health worker may be able to help you cope with everything that's going

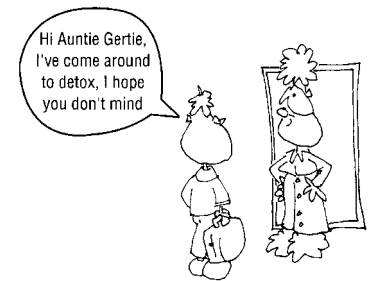


on. People from Narcotics Anonymous (NA) and other support groups can also be helpful.

It is important to have the right people around you while you go through withdrawal. This means people who will be supportive, spend time with you and help you get through the difficult moments. Before you start, make a list of these people (see page 12). Avoid anyone who is going to make it hard for you, such as dealers or suppliers of drugs, people who may want you to score for them, or anyone who you feel that you just couldn't stand having around. A good doctor, community nurse or other counsellor can be a great support. Self-help groups such as Narcotics Anonymous (NA) can provide a lot of support, and also provide you with a 'sponsor' or support person.

Once you've made this list (it may only have one name on it), explain to these people what's going on, how you're going to be feeling, and what they can do to support you. If they aren't aware of what's happening, it's difficult for them to help. They may find it useful to read this book so they have a better idea about what is going on.

Keep in touch with these supporters, as they will help you get over feelings of isolation, loneliness and boredom. Have someone screen your phone calls and answer the door so that you don't have contact with people who you don't want to talk to.



List of support people

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Suggestions for structuring my day

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Structure the day

Getting through withdrawal can be easier if you take it one day at a time and focus on activities that help you cope with the effects of withdrawal. For the first few days you may feel like doing nothing but, as you go through withdrawal, you will begin to feel more active. It may help to think about how you will structure your days before you start. Having a routine can help you sleep and eat better and may help you to manage mood swings and cravings. Make a list of suggestions for structuring your day and fill it with activities that help you relax and avoid using. These may include doing exercise or visiting non-using friends (see **Getting through withdrawal**).

The role of medication

Medication can help reduce the severity of some withdrawal symptoms, but the medication may not stop the symptoms completely. If a tablet existed that could take away all the symptoms then your doctor would give it to you, but no such magic pill exists.

There is no single medication that is particularly effective for amphetamine withdrawal. Some medications can help with some of the symptoms but, on their own, are not enough. It's usually best to take a few things that target different symptoms. Your doctor can advise you.

Some natural therapies may be helpful in assisting you to manage symptoms of withdrawal. See a qualified herbalist, natural therapist or other health profes-



GETTING THROUGH AMPHETAMINE WITHDRAWAL

sional for advice. Don't self-medicate as natural therapies can have side-effects like any other medication.

Some people turn to using large amounts of alcohol or tranquillisers ('downers') to help them get through withdrawal. A real danger with this is the risk of just swapping your habit. So, think about it; you may get to stop using amphetamines, but end up with a pill or grog problem. Back to square one. Remember, withdrawal symptoms are your body's way of getting back to normal without having to have a drug in your system. Flooding it with large doses of other drugs won't help your body get back to normal.

A number of medications that many people find useful are listed in the following sections, together with other ways of dealing with the symptoms.

GETTING THROUGH WITHDRAWAL

Cravings

'Cravings' are urges to use drugs. These urges are a normal part of any addiction and everyone gets them during withdrawal. Some important points about cravings:

- Cravings are a common symptom of amphetamine withdrawal.
- Cravings are not caused by a lack of willpower or motivation, and they don't mean that the withdrawal isn't working.
- Urges to use are not constant. They come and go, and vary in intensity with time. Cravings are only very severe for short periods of time, usually less than one hour, and then settle down to a more controllable level.
- Cravings are often triggered by physical or psychological discomfort. You will have cravings as you go through uncomfortable withdrawal symptoms. The cravings become fewer and easier to cope with as you get over the withdrawal symptoms.
- You will get more cravings if something or someone upsets you or, obviously, if you're presented with the opportunity to use or score. So, if you want to get through this withdrawal, you have to make sure that you avoid these high-risk situations (see page 27).
- You will probably still get cravings, even after you've gone through withdrawal, but they usually become easier to cope with after withdrawal because they are not accompanied by physical symptoms. The longer you go without using, the less severe the cravings become. It's like a hungry cat – if you feed it, it will come back again and again. If you don't, it will (eventually) go away.



How to cope with cravings

It is important that you are prepared for cravings – you will get them. Different people have different ways of coping. Remember, cravings are usually only very severe for short periods of time, then the severity of the craving reduces to a level which is easier to deal with. The goal is to get through this severe period. The following methods have been successful for many people.

Delay the decision about using for one hour

When a craving is severe, the big question is: 'Am I going to use?' It's normal when you get cravings to go through the struggle between the desire to use and the desire to remain drug free. The more you try to battle this out, the more anxious you become and the more severe your craving becomes. So delay this decision; put it off for an hour. Don't try to decide one way or the other.

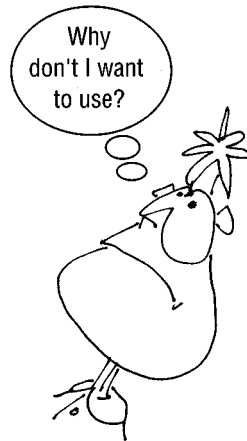
You may use, you may not – that's something that you can decide after an hour.

Distract yourself with some activity during this hour

Cravings can occupy your thoughts a lot. The more you think about them, the bigger they become. One way to avoid this is by putting your energy into other things such as listening to music or a relaxation tape, watching TV or a video, cleaning out the fridge, talking to someone (but not about drugs) or going for a walk with someone 'safe'. Remember, concentration can be difficult during withdrawal, so don't plan to do anything too complicated (such as reading anything too heavy) or you will just get frustrated.

After the hour, ask yourself 'Why don't I want to use?' and 'What have I got to lose?'

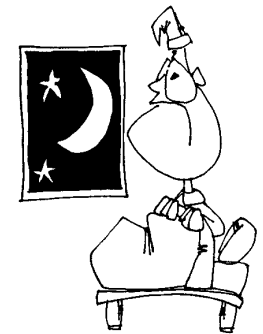
By this stage the craving should have settled down – although probably not gone away. Go over all the reasons why you want to stop using, why you are trying to withdraw and, importantly, what you will be returning to if you get back into using full on again. Look at the pros (positives) and cons (negatives) about using that you wrote down at the beginning of the withdrawal.



Sleep

Unfortunately, disturbed sleep is part of what you can expect when withdrawing from amphetamines. You may be familiar with being awake for long periods, even several days, and then the 'comedown' – sleeping heavily for days. This occurs because of the changes that are happening to your nervous system and brain as your body gets used to working normally without amphetamines. After the initial comedown, you may experience difficulty falling asleep, disturbing dreams, nightmares or night sweats, waking up in the middle of the night, or waking up early in the mornings. It can take a number of weeks before your sleep pattern returns to **normal** (more if you have been using for many years or if you have been using tranquillisers recently). It is important to remember that disturbed sleep is a **normal** part of withdrawal, and that it is not permanent.

There will be nights when you don't get much sleep, but eventually you will get a good night's sleep – when your body needs it. It is unrealistic to expect to get 8 hours sleep every night and, to a certain degree, you have to accept that it will take time to return to a normal sleep pattern. It is like resetting your body clock. There are a number of things that you can do to help this happen more quickly (see **Hints for better sleep**).



Hints for better sleep

1. Lie down to go to sleep only when you are actually sleepy. For some people, this means going to bed a lot later than usual.
2. Do not use your bed for anything except sleeping. Do not read, watch TV, eat or worry in bed. Sex is the only exception to this rule (remember to do it safely). If you have found that reading helps you fall asleep, feel free to break this rule and read in bed but do it for no longer than 20 minutes.
3. If you do not fall asleep within about 30 minutes of turning out the light, get up, go to another room, and do something that is not too arousing (for example, read a magazine or watch TV). Stay up as long as you wish, and then return to your bedroom when you feel sleepy. The goal is to associate your bed with falling asleep quickly. If you return to bed and still cannot sleep, then get up again. Do this as often as necessary until you fall asleep within 30 minutes of going to bed.
4. Get up at the same time every morning, 7 days a week, regardless of how long you have slept. This will help your body to develop a regular sleep rhythm.
5. Do not nap during the day. Even a 5 minute nap in front of the television can take the edge off your sleepiness, and make it harder for you to sleep at night.
6. Do some form of relaxation. While doing relaxation during the day, make sure that you do not fall asleep. However, at bedtime, feel free to fall asleep in bed during the relaxation. Relaxation methods can be particularly useful for people who wake during the night and then have trouble falling asleep again, or for people who are light sleepers. Relaxation methods are described on the following pages.

7. Do some exercise during the day. This will make your body more physically tired. Exercise may include walking, having a swim, yoga, gym or any other activity you enjoy. Avoid stimulating activity before going to bed.
8. Most of the thinking and worrying that we do in bed needs to be done, it just does not need to be done in bed. Take the time earlier in the day for thinking and worrying. Write your thoughts down on a piece of paper to pick up tomorrow. Then, if the thoughts come when you are in bed, say to yourself 'I have thought about this today. I will think about it tomorrow. Now is the time to sleep.' This will not work every time, but if it works only half the time, that's better than not at all.
9. Cut down on stimulants such as caffeine or cigarettes, especially late at night. Alcohol can make you sleepy; however, it also has a waking effect after several hours sleep, so that it often results in a poor night's sleep overall. Hot drinks such as camomile, valerian tea or warm milk at night can help put you to sleep.

Medication for sleep

Certain medications are used by some people to treat insomnia and agitation. However, medication is of limited value in trying to help you return to a normal pattern of sleep. All sedative drugs work by producing abnormal sleep. They may 'bomb you out' for a while but they don't encourage your body to get back into a normal sleep pattern. Sedative drugs reduce what is called 'delta wave' sleep and this is the part of sleep that is most important in 'charging your batteries'. So these drugs lengthen the time it takes for the return of your normal sleep pattern.

If these pills are taken for more than a week or so, then your body gets used to them and you will experience more prob-

lems with sleep when you try to stop them. If you are going to use such medication, don't take them for more than a week, and only take them as directed by your doctor. The sedatives that are routinely used are of two types:

- **Benzodiazepines**

There are a large variety of these drugs (eg Serepax, Mogadon, Valium, Normison, Rivotril, Ducene, Murelax, Euhypnos).

- **Antidepressants**

Antidepressants (eg Deptran, Endep) may be prescribed in low doses. These drugs can be useful as sedatives to promote sleep, and have an effect in lowering anxiety and feelings of agitation. Some people get side effects such as blurred vision, dry mouth and dizziness. If you experience any problems, see your doctor.

Antidepressants can be dangerous in high doses, so only take them as directed by your doctor.

Relaxing

It is very common to get agitated and irritable during withdrawal, so it is important to do things that will help you relax. There are lots of ways to do this, and different people find different things more effective. Everyone has simple ways to relax such as watching television or videos, listening to music, warm baths, doing simple exercise (such as going for a walk with a friend), light reading. **Do whatever works for you.**

There are other more sophisticated relaxation methods that you can try. Some people get a lot out of things such as meditation, yoga and tai chi. If you are familiar with these methods, use them. If you are not familiar with them, it will be difficult to learn them during withdrawal.



There are a number of simple relaxation methods that you can use. One very effective method is the use of relaxation tapes; these are pre-recorded cassettes that you can listen to whenever you feel tense or worried. Use headphones if possible. These tapes are available at pharmacies, community health centres, general practitioners or community libraries.

Another very effective way to relax is to practice the following steps. Read the instructions and familiarise yourself with them before having a go. Be patient and give yourself several tries before expecting to experience the full benefits. It can take time to learn how to relax. The more you practice, the better you get at it. Although these instructions may be adequate, many people find it helpful at first to get further training, either individually or in classes. Talk to your doctor or health worker about it.

Relaxation techniques

Normal routine

Sit in a comfortable chair or lie down somewhere comfortable in a quiet, warm room where you will not be interrupted. Wear comfortable clothing and take your shoes off. Close your eyes. Notice how you are breathing and where the muscle tensions are.

Start to breathe slowly and deeply. Fill your lungs right to the top. Hold your breath for a couple of seconds and then breathe out slowly, and empty your lungs completely. Focus your concentration on your breathing and keep a slow, deep, rhythmic pattern going throughout your relaxation session.

After 5–10 minutes, when you have your breathing pattern established, start the following sequence, tensing each part of the body on an in-breath, holding your breath for 10 sec-

onds while you keep your muscles tense, then relaxing and breathing out at the same time.

After you have completed the whole sequence and you are still breathing slowly and deeply, imagine yourself in a calm and peaceful place (eg at the beach, by a lake or in some other favourite place). Try to 'see' yourself there as clearly as possible (the sound of birds, the colour of the water, the sun on your skin etc), concentrating your attention on it. Continue to breath deeply and rhythmically. After this, go on to visualise yourself in another peaceful place of your choice in a similar way. Finally, give yourself the instruction that, when you open your eyes, you will be perfectly relaxed but alert.

Relaxation sequence

1. Curl your toes hard and press your feet down – then relax.
2. Press your heels down and bend your feet up – then relax.
3. Tense your calf muscles – then relax.
4. Tense your thigh muscles, straighten your knees and make your legs stiff – then relax.
5. Make your buttocks tight – then relax.
6. Tense your stomach as if to receive a punch – then relax.
7. Bend your elbows and tense the muscles of your arms – then relax.
8. Hunch your shoulders and press your head back into the cushion or pillow – then relax.
9. Clench your jaws, frown and screw up your eyes really tight – then relax.
10. Tense all your muscles together – then relax.

The six-second breath

The six-second breath can be used anywhere and any time when you feel anxious. Controlling your rate of breathing is one of the most important things you can do to stop your anxiety from getting out of control. If you keep your breathing to one breath every 6 seconds, this will help. You can breathe in over 3 seconds and out over the next 3 seconds. This can be done in stages eg in–in–in, out–out–out and so forth.

Medication for relaxation

Some kinds of medication can take the edge off agitation during withdrawal. Your doctor will advise you on what's best for you. However, as with everything else, don't expect the medication to work on its own. These medications should only be taken as directed by your doctor, and don't stay on them for more than a week or your body will get used to them and you may have problems when you try to stop the medication.

Mood swings

It is very common during amphetamine withdrawal to experience mood changes.

At times you will feel exhausted, have low levels of energy, be unmotivated to do anything or just constantly tired. At other times you will feel restless, irritable, anxious, agitated and angry. All of these symptoms are a normal part of going through amphetamine withdrawal.

One of the most important things in coping with these symptoms is to remember that they are part of amphetamine withdrawal and they will go away eventually. Other things you can do to cope with these mood changes include use of relaxation techniques, exercise, try to get regular

sleep and eat well. All of these things play a part in your mood. If you think your feelings are getting out of control, see your health worker or counsellor.

Strange thoughts

Some people experience mild paranoia or a feeling that people are 'out to get them'. Others may misinterpret things they see and hear around them (for example, briefly seeing things that aren't there out of the corner of their eye or thinking that the sound of a car going by is someone calling their name). These experiences are common during periods of amphetamine use and may continue (or even get worse) during withdrawal.

Having these symptoms does not mean that you are going mad, and they generally settle down as long as you don't use amphetamines. If the symptoms continue after withdrawal or get worse, or if you feel concerned, you should discuss them with your doctor, counsellor or health worker.

Eating again

Most people who use amphetamines regularly have a poor appetite and often have lost a lot of weight. It is important that you start to eat well again. Usually people's appetites improve within days of their last use. Try to eat healthy foods, such as fresh fruit and vegetables, and stay away from greasy, fried and fatty foods.

It is also a good idea to drink lots of fluids – at least 2 litres a day. Avoid alcoholic drinks (these will dehydrate you) and drinks containing caffeine (eg tea, coffee, cola). Try to drink only water and fruit juices. Cordial mixed with water and non-fizzy mineral waters are also very good. Try to keep the fluids going in throughout the day, taking small sips all the time. Drinking a lot of fluids will help your kidneys flush out the toxins that have accumulated in your body.

Aches and pains

It is common to get headaches or general aches and pains in your body. These are caused by increased muscle tension. The worst of the pains generally settle down within the first week or two. The following things may help:

- **Warm baths, spas and saunas**
Use bath salts or bath oils at home, and check out your local gym or swim centre.
- **Massages**
Great if you can organise a professional job, but even getting a friend to do it or doing it yourself can work wonders (depends on the friend).
- **Light exercise**
Going for a walk, a swim, a jog, a bike ride or even just doing stretching exercises can help – anything that you feel up to. Don't overdo it and try to avoid high impact sports.
- **Medication**
Medications such as aspirin or paracetamol can also help, but only take them as directed as excessive use can have hazardous consequences.

High-risk situations

There are some situations which make you feel like using again. These high-risk situations vary from person to person, and are often related to the circumstances in which you were using amphetamines in the first place – the people you used with or scored from, the places you link with using (such as a certain nightclub, friend's house or part of town) or the time of day (or night) when you used amphetamines.

Not being able to deal with these high-risk situations is a common reason why people 'slip up' and start using again. So think about what the high-risk situations for you might be over the next few days. Make a list.

There are a number of ways to try to deal with them.

- The first is to try to avoid the situation wherever possible. Which of your risk situations can you avoid, and how are you going to do this? This may mean staying away from certain people, places or events.
- Another way to cope is to have a plan ready in case you do find yourself in a high-risk situation. Think about your risk situations. What will you say if you find yourself in 'danger'? What will you do?
- Remember the coping strategies you used before – how to cope with cravings, how to relax.

Counselling

There are many different types of counselling. **Counselling during withdrawal is aimed at helping you get through this period and then looking at what you want to do next.** Sometimes this is called 'supportive counselling'.

Towards the end of withdrawal, you may want to look at counselling to help you avoid using again. This is sometimes called 'drug counselling', and might include relapse prevention or coping skills therapy to help you stay off the drugs.

In general, while you are going through withdrawal, it is recommended that you don't try to get into heavy counselling about stuff that happened to you years ago, nor try to 'work out' your personal, relationship or family problems. This type of counselling is sometimes called 'psychotherapy'.

It is not advisable to begin heavy counselling during withdrawal because:

- Working through such issues can often be emotionally painful and cause a lot of anxiety. Opening a 'can of worms' during withdrawal may make you want to go and use, and may put your withdrawal in jeopardy.
- People often aren't thinking too clearly during withdrawal. There isn't much point in trying to work on stuff that's bothering you while you are feeling irritable, agitated, tired and run down, are having mood swings, poor sleep and difficulty concentrating as part of withdrawal.

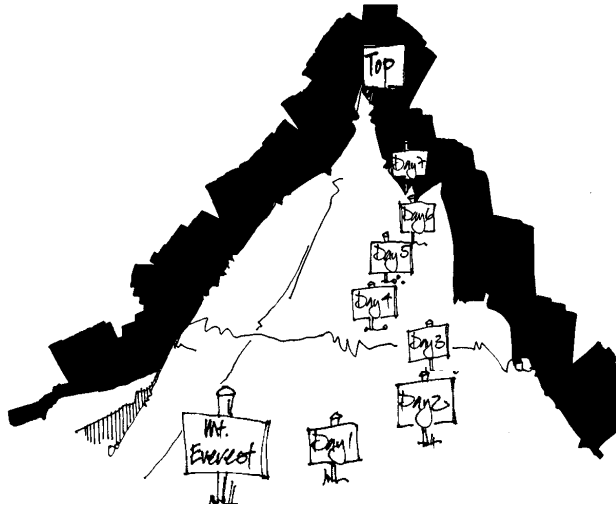
Our advice is to deal with one thing at a time. First, get through the withdrawal. When you are feeling better physically and mentally and you aren't hanging out as much, then you can choose to deal with all the other heavy stuff.

It's all too much

It's very common for people going through withdrawal to feel as though they're not going to get to the end of their withdrawal – which may be 3 days, 10 days or 3 weeks away. Goals that are too far away in time often seem impossible to reach.

The best way to cope with this common difficulty is to stop thinking in terms of days or weeks, and to **concentrate on the immediate future**. Can you make it to tomorrow morning without using? If tomorrow seems too far away, can you get through the next hour without using? After all, you may feel better then (and the next day you may regret having used).

In other words, break up the withdrawal into short periods and deal with each one on its own: 'One day at a time'.



If you get halfway through withdrawal and you are feeling as though you can't finish, it is important to remind yourself that you have been coping with the symptoms for the last few days. Look at what you did then that helped you cope, and continue with it. After all, it has been working. Your doctor, counsellor or health worker can help you through any difficult periods. Or you can contact your local 24-hour alcohol and drug information, counselling and support service. People from Narcotics Anonymous (NA) and other support groups can also be helpful.

Sex and withdrawal

A lot of people notice that their sex drive increases when coming off amphetamines. Others find that it decreases. This isn't going to make your withdrawal easier or harder (but maybe more interesting, it just depends where you're at and your partner). It's always a good idea to practice safe sex. So remember to have plenty of condoms and water-based lubricant (such as K-Y® Brand jelly) handy.

AFTER WITHDRAWAL

What next?

The day will come when you start to feel much better and you are through the worst of withdrawal. It's worthwhile to have something prepared that you will enjoy as a reward for all you have been through (other than amphetamines or other drugs).

It's at this point that you should start to think about what to do next. It's worthwhile talking to someone about your options. These may include counselling, going to a long-term rehab program or changing your scene to get away from all the things that are likely to get you using again. Remember, things are going to be different when you're no longer using and you'll need to plan for these changes.

Getting back on track if you 'slip up'

Giving up amphetamines is not easy. Many people slip up ('lapse') at some point along the way. Don't be too hard on yourself if you do slip up (use when you didn't want to or use more than you planned). It does not mean you have failed or that you have lost control, but it is a sign you may

need to take action to avoid using again. Try to get back on track straight away – a slip doesn't mean you have to go back to using the same as you did before withdrawal.

Learn from your lapse. Think about what happened that led you to use this time? How could you have avoided it? What will you do next time in a similar situation?

It's true that some people who start withdrawal do get back into using again ('relapse'). Learning to read the warning signs and to recognise difficult (high-risk) situations can help you avoid going back to your old patterns of use. Some people go through more than one withdrawal before they give up. Others need only one.

If you do use again, you need to be aware of a few things that will reduce the risk of harm to your safety and your health:

- **Don't use as much as before** – your tolerance drops while going through withdrawal and your risk of overdose increases because you get a greater effect from using less. If you do start using again, don't use as much as you did before – your body may not be able to handle it.
- **Don't mix your drugs** – mixing drugs increases your risk of having problems, including overdose.
- **Test a new supply before using** – the scene may have changed while you have not been using. There may be different gear around or you may be scoring somewhere new. Your risk of problems increases if you aren't sure about the strength of what you're getting. Test what you're using by having a small amount first.

- **Don't use alone** – if something goes wrong or you have a severe reaction, being on your own can make you feel much worse. Having someone with you means you have help in an emergency.

Remember safe using hints

- Wash your hands
- New fit every hit
- Don't share fits, spoons, water, swabs, tourniquets or any injecting related equipment
- Don't mix drugs with alcohol
- Don't mix drugs
- Stay with the person if they are having a bad reaction
- Always ring an ambulance if you think someone has overdosed or is having a severe reaction
- Don't use alone

NOTES FOR SUPPORTERS

Many people can provide support to a person withdrawing from amphetamines. Partners, friends, family members, general practitioners and counsellors can all play an important role during the withdrawal period. Providing support and reassurance during this time can help someone through their withdrawal.

Supporting someone withdrawing from amphetamines is not always an easy job. There may be occasions when supporters feel unsure of how to help, what to do or what not to do, and where to turn when things aren't going smoothly. There are, however, several important steps to follow.

To start, become familiar with what happens during withdrawal. Read the contents of this booklet so you are aware of what the person is going through and things they should be doing.

Someone who is withdrawing may already be aware of what they should be doing, but may find these difficult to remember or to do. Encourage the person withdrawing, especially when they are going through difficult periods, and help them recognise successes throughout their withdrawal.

During difficult periods, it is useful to go over the reasons why the person initially decided to stop using amphetamines. At times, they may not feel as though they are coping and may waver in their willingness to continue the withdrawal. Look again at the pros (positives) and cons (negatives) of returning to drug use. This may help them be clear on the benefits of returning to their original goal of getting through the withdrawal period. It is also important to look at how far they have already come and to remember that with-

drawal passes – the symptoms may be hard to cope with at the moment, but they will not go on forever.

There are times when, as a support person, you may feel frustrated and impatient with the person you are helping. This is normal. It is important that you have someone to talk to and get support from. A friend, counsellor or doctor can be helpful. If there are times when you are unsure of how to cope, get some advice.

There are confidential drug and alcohol telephone counselling and information services in all Australian states, and they are a good way of getting further help.

Contact numbers for these services are listed on page 36.

USEFUL CONTACT NUMBERS

Following is a list of telephone information or counselling services. These can provide advice or referral to other treatment and support agencies.

VIC	1800 888 236
ACT	02 6205 4545
NSW	02 9361 8000 1800 422 599 (country)
QLD	07 3236 2414 1800 177 833 (country)
WA	08 9442 5000
TAS	1800 811 994
SA	08 8363 8618 1300 131 340
NT	1800 131 350

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