

Alcohol, Benzos, and Opiates— Withdrawal That Might Kill You

Quitting drugs can actually kill you—educate yourself for safety.

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<https://www.psychologytoday.com/us/blog/all-about-addiction/201001/alcohol-benzos-and-opiates-withdrawal-might-kill-you>

Along with teaching and telling stories, part of my goal here at All About Addiction is to get important information out to those who can benefit from it.

Most drug users who quit drug use "cold turkey" have to go through withdrawal of some sort. Withdrawal is never comfortable, but sometimes it can actually be dangerous. The list below outlines some drugs that should NEVER be quit suddenly without medical supervision. This is the reason why some rehab treatment is preceded by a medical detox period lasting anywhere from 2 days to a week or more.

Which withdrawals can actually kill?

1. Alcohol - Yes, after long term use, withdrawal from alcohol can kill. Alcohol withdrawal syndrome can take on mild, moderate, or severe forms. If while withdrawing from alcohol a person develops a fever, extreme nausea, diarrhea, or DT (delirium tremens), they need to be rushed to see a doctor as soon as possible. In fact, alcohol withdrawal after heavy, chronic use is best managed under the care of a doctor or a professional medical detox unit. By using medications that relieve withdrawal symptoms, these professionals can essentially eliminate any of these risks.
2. Benzodiazepines - Benzos were introduced as a replacement to barbiturates that were causing common overdose cases, many of which resulted in death. Nevertheless, withdrawal from extended use of benzodiazepines can kill. Whether Xanax (alprazolam), Ativan (lorazepam), Valium (diazepam) or other variations, long term use of Benzodiazepines requires medical supervision to be completed successfully with minimal side-effects and risk to the patient. Normally, the withdrawal

process is managed by slowly reducing the dose and transferring the patient from a slow acting, to a long acting, form of the drug. Still, full resolution of benzodiazepine withdrawal syndrome can take up to 6 months (or even longer).

3. Opiates - Many people are surprised to learn that in most cases, withdrawal from many opiates is not deadly. Still there are some very important exceptions. Methadone, a long-acting opiate often prescribed as a replacement for heroin can cause death during withdrawal if it's consumed in high enough doses for a long enough period. ****DISCLAIMER** A literature search by me failed to find any documentation of methadone withdrawal death risk and the original statement relied on anecdotal evidence. Death by overdose of methadone is far more common and the statement regarding death by methadone withdrawal should be considered with caution**** The debate of whether the state should be prescribing something like this should be saved for a later date. It is one of the better ways of getting people off of heroin, though obviously, it does replace dependence on one substance with another, more manageable one. Also, some of the recently popular methods of rapid-detox from heroin addiction can themselves cause death, and many other negative side-effects. Overall, I would recommend checking in with a physician and conducting opiate withdrawal in a controlled setting. Withdrawal under Suboxone or Subutex can be far less horrific although many still report severe discomfort at final cessation.

How long does opiate withdrawal last?

<https://casapalmera.com/blog/opiate-withdrawal-timeline-expect/>

The length of opioid withdrawal can depend on many variables such as the age of the person, the half-life of the drug, the severity of drug abuse, and the length of time the person was abusing the drug. Generally, individuals who have been using drugs for longer periods will experience withdrawals that are more difficult (National Institute on Drug Abuse).

Long-term users can typically expect five days of opiate withdrawal symptoms before they start to subside. Some underlying medical or mental health issues

may also change how long withdrawal will last, as the brain works to restore itself to where it was before the opiate was introduced.

For drugs like heroin, which have a shorter half-life and are shorter-acting, withdrawal symptoms can begin six to twelve hours after the last dose. With longer-acting drugs such as methadone or buprenorphine, symptoms may take anywhere from one to two days to appear. Withdrawal symptoms for short-acting opioids usually peak within one to three days and taper off over the course of a week.

Chronic symptoms such as anxiety, insomnia, and dysphoria may last for weeks or months following withdrawal. Many systems in your body are altered when you take large amounts of opiates for a long time. Withdrawal effects occur because it takes time for your body to adjust to no longer having opiates in your system.

While the physical symptoms associated with opiate withdrawal, do not last quite as long as the psychological symptoms, they can feel like a lifetime to someone who is currently experiencing them. It is hard to pinpoint an exact withdrawal timeline, as all cases are different, but most cases of opiate withdrawal follow a generally standard timeline

As the articles show, various drugs have different withdrawal effects. Alcohol and Benzodiazepines are the only two drugs which could result in death during withdrawal and that is for chronic long-term users. Opiates do not run the risk of death. Methadone, which is a synthetic drug and referred to as a possible death-risk during withdrawal is also followed by a disclaimer indicating research has resulted in zero cases of death due to methadone withdrawal. Detox from methadone and benzodiazepines is extremely long and can take up to a month or more. We have not had any residents come into our program detoxing from either of these and a long stay in a hospital for medical detox is recommended by healthcare professionals. Upon entering the program, residents must either have documents from the detox medically clearing them to come in, or they must pass a urine screen analysis.