

EMOTIONS, ANXIETY AND ADDICTION

A Guide to Coping with Unpleasant Emotions During Early Recovery

Congratulations on making the decision to stop your addiction; whether your substance of choice was alcohol, cocaine, marijuana, prescription drugs, or were addicted to unhealthy behaviors. Almost everyone who stops their addiction will soon feel better both physically and emotionally, and their life circumstances will improve. Generally, the longer you are abstinent, the greater the improvement will be.

However, we realize that the road of recovery is not always an easy ride. If you could do it all on your own, and it was easy, you probably wouldn't be reading this. One of the roadblocks to recovery that many experience are the overwhelming negative emotions that often arise during the first few days and weeks of your new lifestyle. These emotions can be so painful that you may return to using, despite being fully aware of the negative consequences of your addiction.

This pamphlet is a guide to helping you understand why your emotions are so painful and unstable during this period and offers some suggestions about coping with them. Please don't hesitate to discuss these suggestions with your counselor, nurse, doctor, or sponsor.

What is Anxiety?

You may experience many unpleasant emotions when you first stop your addictions, including sadness, irritability and anger, but one of the most common experiences is a marked increase in anxiety. Anxiety is an unpleasant emotion, which has both physical and mental symptoms. Physically, it is characterized by a host of symptoms including; headaches, stomachaches, diarrhea, muscle tension, weakness, fatigue, palpitations (feeling your heart is beating too fast or irregularly), and shortness of breath, to name but a few. Mentally, symptoms include constant worry, and the fear that something terrible is going to happen to you, even though there is no evidence for this.

Anxiety is a normal human emotion and in proper doses can be a useful and motivating factor. When we are faced with challenges in our lives, the increased energy and mild unpleasantness of anxiety can drive us to find solutions to problems we face. However, too much anxiety can be completely disabling and can frequently lead to relapse to alcohol or drugs.

Anxiety can be thought of as a signal to you that something is wrong and some action needs to be taken. Anxiety may mean that something is physically wrong with your body, or that you are in some danger. It is important that you initially discuss your symptoms with a health-care provider to help determine if there is a medical cause to your symptoms. If there is no medical cause (such as an overactive thyroid), then spend

some time to try to determine if you truly are in danger at this time. (Often discussing your feelings and situation with a trusted friend or advisor is helpful.)

If there is no medical cause for your anxiety, and there is no immediate danger to you, then your anxiety is likely a “false signal”. This does not mean your discomfort is not real, or that it is “all in your head”. It does mean that you may need to learn additional skills to help you cope with anxiety.

What is “Early Recovery”?

When you first stop your addiction, you may experience acute withdrawal symptoms. If you have been using alcohol, opiates, or sedatives you have a risk of becoming quite physically ill after you stop using. If you are using any of these substances frequently and in large amounts, we strongly suggest that you meet with a medical professional to discuss whether you may require an admission to a hospital or detoxification unit to safely stop using. Alternately, you may be given a prescription for a short time to help you through this early period and prevent serious health consequences. If you have been using stimulants such as amphetamines or cocaine you are generally not at risk for becoming physically ill, but you may be very sleepy, hungry, irritable, and depressed and have powerful cravings to use. If your addiction is behavioral (e.g., gambling, shopping, internet, sex) you may find yourself very anxious and irritable with a marked increase in craving.

No matter your addiction, however, you are likely to experience a high level of anxiety during your first week of abstinence. When you use drugs or alcohol, you are artificially altering your moods and thoughts. When you stop, you will feel negative emotions much more intensely than normal because your natural ability to regulate moods and feelings has been impaired by substance use. It may help to accept that the anxiety that comes with withdrawal is part of the natural healing process associated with recovery.

Studies have shown that up to 85% of people admitted to a treatment program with symptoms of depression and/or anxiety will improve dramatically without the use of antidepressant medication within four weeks of stopping their use of drugs or alcohol. For patients admitted to the Addictions Unit, we often see substantial improvement within a week.

Since most people will make substantial gains without the use of specific medication, any decision about medication for anxiety or depression will be postponed for at least one to two weeks, and preferably for up to four weeks after your last use. This does not mean that the staff do not take your symptoms seriously. It would be unwise to prescribe medications that you may not require, and that carry the risk of side-effects along with a financial cost.

Will I Receive Medications to help me with Anxiety?

As mentioned earlier, symptoms of anxiety are very common when you are withdrawing from drugs or alcohol. When you are first admitted to the Addictions Unit, you will have a complete and thorough assessment done by the staff. If you are at risk for serious physiological withdrawal symptoms, the staff will monitor your condition closely and provide medications as needed.

Physiological withdrawal refers to specific signs and symptoms of withdrawal that are extremely uncomfortable or dangerous to your health. For example, if you have been drinking large amounts of alcohol over a large period of time you may be at risk for serious symptoms such as seizures. Staff will monitor and assess you frequently, and if your condition warrants, will administer medication such as diazepam (Valium).

However, diazepam will not be provided for symptoms of anxiety alone. We recognize that the symptoms of anxiety may be uncomfortable, but as part of your recovery program it is important to learn other methods of coping with uncomfortable emotions besides using drugs or alcohol.

Although the particular medications administered for withdrawal are an individual decision between you and your doctor, some general rules apply. For alcohol withdrawal, you may receive diazepam over a three to five day period. If you have been using large amounts of benzodiazepines (e.g., diazepam, lorazepam, alprazolam, etc), you will generally be placed on a regular dose of long-acting benzodiazepine and tapered off

(slowly decreasing doses) over a two to three month period. If you have been using opiates (e.g., morphine, oxycodone, fentanyl, heroin, etc.), there are different options for treatment. In the community, some people attempt rapid tapers, some slowly taper off, often with limited success, and most people elect to go on buprenorphine or methadone maintenance programs. Buprenorphine and methadone are long-acting opiates taken daily as treatment for opiate addiction; they help you feel stable and normal while learning new coping skills in recovery. This type of treatment is strongly recommended for longer-term success in recovery and supported by much medical evidence. Rapid tapers are not recommended since they are associated with increased risk of harm. In-patient detoxification off opiates is strongly **not** recommended, nor is it offered in medical units, as it increases risk of overdose and death upon relapse.

If you have been using stimulants such as cocaine or methamphetamine, medications are generally not administered for withdrawal. While the craving and anxiety may be uncomfortable when you stop using stimulants, you are not at risk for serious or life-threatening withdrawal symptoms.

Many people ask about the long-term use of medications for anxiety or depression. Several medications are available for the treatment of anxiety. Some of you are familiar with the benzodiazepines such as lorazepam or alprazolam. These medications are indicated for the short-term treatment of anxiety only. The benzodiazepines are also quite addictive. For people who suffer from addiction, the use of these medications can

be associated with relapse. For these reasons, it is very unusual for the doctors or nurses on the unit to recommend that you receive this class of medications to deal with anxiety.

Antidepressant medications such as Prozac or Effexor are prescribed for both depression and anxiety. They are intended for longer-term treatment, and are unlikely to be addictive. [Note: Although these medications are not addictive, they should not be suddenly stopped.] If you continue to have marked symptoms of depression and anxiety despite two to four weeks of abstinence, your doctor may consider prescribing antidepressant medication.

It is important to know that antidepressant medications need to be taken exactly as prescribed to be effective. Do not take extra doses when you are sad or worried, or skip doses if you are feeling well. They do not work quickly; you need to be on a regular dose of antidepressants for at least four weeks before their effectiveness can be judged. They will not solve all your problems, but may decrease your symptoms enough so that you can fully participate in treatment programs.

As with all medications, the antidepressants have side-effects. Some are mild and fairly common, while some are rare and serious in nature. Your doctor will discuss these with you before you start medications. Do not be afraid to ask about side-effects if you have concerns.

On a final note, some believe that you should not be on medications if you attend a 12-step program such as AA or NA (Alcoholics or Narcotics Anonymous). This is not AA policy. AA recognizes that the prescription of medication is a matter between a patient and their doctor. If you have questions about this, AA has a very informative pamphlet entitled “AA and Medications”.

Will 12-Step Programs Help Me with My Anxiety?

Groups like NA and AA were set up with the primary purpose of “carrying its message to the alcoholic/addict who still suffers”. Groups are not set up to treat depression or anxiety.

However, attending meetings, groups, meeting with sponsors, working the steps and reading AA/NA literature has helped many deal with their emotional symptoms. As mentioned earlier, staying clean and sober alone can help with depression and anxiety. In fact, many find their symptoms disappear entirely with sobriety.

Your sponsor is a valuable resource during early recovery. Very likely he or she has had to battle similar symptoms when they were at your stage. Discuss your symptoms with your sponsor, and be willing to listen with an open mind to any suggestions they may have.

Working the steps is an important component of dealing with emotional symptoms.

Many who suffer from addictions have secrets, shame, guilt, and resentments. All of these can make depression and anxiety worse. The steps (particularly steps 4 and 5, and 8 and 9) help you in facing these issues, work towards improving yourself, and accepting yourself as a worthwhile human being who has both strengths and weaknesses.

Some AA literature can be particularly helpful when dealing with depression and anxiety.

“Living Sober”, a booklet published by AA has many practical suggestions for coping during early recovery. Pages 18, 32, 41, and 44 have particular relevance if you are struggling with depression or anxiety. “The Best of the Grape Vine Volume I” has a number of articles that deal with emotional symptoms. Pages 20 to 30 may be very helpful.

Several of the AA slogans may be useful when you are struggling with anxious feelings.

When you feel overwhelmed with life, spend a few minutes considering the slogans “First things first” and “Easy does it”. “First things first” is a reminder that if you do not establish your abstinence and sobriety, it is very unlikely you will be able to successfully tackle other problems in your life. The problems you may be facing with finances, work, relationships, or your physical health all have occurred over time. It will take time and patience to begin to rebuild your life. “Easy does it” is a reminder not to overwhelm yourself with attempts to repair the damage all at once. It should be added that some members warn that “Easy does it” can be used as an excuse to avoid doing anything and tell themselves, “Easy does it, but do it”.

On a final note, when you are worried or anxious, take a moment to reflect on the

Serenity Prayer:

God grant me the serenity to accept the things I cannot change;

Courage to change the things I can;

And wisdom to know the difference.

What are Some Other Methods to Deal with Unpleasant Feelings and Emotions During Early Recovery?

There are many different ways of coping with anxiety and it is impossible to list all of them. However, they can be broken down into several different categories, and some examples of each category will be given.

1. Relaxation Techniques

Firstly, there are methods of relaxing your body and your mind when you are acutely anxious. One method is to use deep breathing exercises. In brief, this requires that you focus on just your breath. Be aware of the inhalation, of your stomach gently rising with your breath, and of the air slowly escaping from your lungs. When thoughts and worries enter your mind, notice them, and let them go. Return to your breathing and focus on your breathing. Don't feel like a failure because your mind wanders away from your breath. Like most things in life, it takes practice to make perfect. Try setting aside 10-15

minutes twice daily to sit quietly and practice this technique. It will work better with regular structured practice rather than trying to use it only when you are acutely distressed.

Another method that many people find helpful is “walking meditation”. For some, sitting still is very difficult and this may be an easier method to help you relax. Walk at a slow, relaxed pace. Pay close attention to your feet as they touch the ground, and note how your weight transfers from your heel to the front of your foot. Be mindful of your arms as they swing through the air. As with deep breathing exercises, when thoughts and worries enter your mind, notice them, then let them go and return to awareness of your walking. This technique also takes regular practice, two sessions of 10-15 minutes a day is recommended.

Other relaxation methods include “body scans”, progressive muscle relaxation, and yoga. All work for some people, but all require routine practice in order to obtain the most benefit from them.

2. Lifestyle adjustment

Maintaining an addictive lifestyle can be very anxiety provoking. Withdrawal symptoms and the constantly fluctuating level of drugs or alcohol in your body increase anxiety. Additionally, the need to have secrets to maintain your addiction, the fear of discovery,

the financial and legal consequences, and the disagreements with friends and family all combine to make you anxious and depressed.

You have made an important first step in changing your lifestyle by making the decision to stop using. You can continue to build on this step by restructuring your habits and lifestyle. Although insomnia is often a problem in early recovery, retire to bed at the same time each night and get up at the same time each morning. Avoid napping during the day. If you absolutely must nap, set an alarm so it is no longer than 20 minutes. It may take some time for sleep to normalize, but in almost all cases it will if you stick to a regular schedule.

Ensure you eat regularly and have a wide variety of food groups. Try not to skip meals and then “double up” next meal. When you eat, try to relax and enjoy your meal, rather than mindlessly racing through it while watching TV or reading. Avoid overusing caffeine or nicotine. Caffeine should not be taken after 2:00 p.m. generally. While it may be hard to give up smoking during these early stages, do not increase your smoking to make up for the loss of drugs or alcohol.

Introduce healthy structure into your daytime routine. Plan for routine physical activity or exercise. Recovery or 12-step groups provide healthy activities. Set aside time to tackle household chores or errands you may have been avoiding. As you progress through your recovery you may wish to return to the workforce, or take additional training or educational courses. Some people find even taking a general interest course helps them on their road to recovery. For many, it’s helpful to explore and express their

spiritual needs. This is an individual decision, but an important part of a balanced lifestyle.

We also recommend that you avoid certain things. Time spent in negative conversations, either with others, or just in your own mind, is unlikely to be helpful. Spending energy on blaming others, contemplating negative events, and pointing out other's faults will not help with anxiety and will increase your chances of relapse. Negative emotions such as anger, resentment, and self-pity will increase the intensity of your negative emotions such as anxiety and depression.

3. Cognitive-Behavioral Methods of Coping with Anxiety/Depression

Cognitive-behavioral therapy (CBT) is a popular and effective method of learning to cope with anxiety. Many books have been written about CBT, and some are designed as workbooks with exercises to work through. Formal CBT programs generally run weekly for 12-16 weeks. An important part of the therapy is completing assigned exercises. It would be impossible to teach everything about CBT in this short booklet. However, we will present a few key points that may help you during this early recovery.

The basis of CBT is that by changing the way we think (cognitive) and act (behavioral) we can change the way we feel. It has been found that many people with anxiety or depression have distorted thinking patterns or automatic negative thoughts. Those patterns or thoughts make them feel overwhelmed and unable to solve problems.

Firstly, when facing difficulties, do not overstate the problem. Beware of all-reaching statements such as, “My life is totally ruined”, or “No one will ever love me again”. Break your difficulties down into manageable parts. Exercise patience and persistence. You may be able to solve your larger problems, “One step at a time”.

Secondly, look at the evidence to support your beliefs about your problems. You may find that you are jumping to conclusions before you have all the facts. Frequently we meet with people who tell us they “know” something has happened, but really have no evidence or facts to back this up.

Finally, when you are facing real-life problems, it is helpful to try to see them as challenges or opportunities. Very few people make the decision to stop using drugs and alcohol when everything is going well. Generally a series of losses such as job loss, relationship break-ups, sickness, or mental illness occur before the decision is made to seek help. However, now you have the opportunity to rebuild your life, without the burden of addiction.

There is much more to CBT than the few examples above. As with any type of treatment, the more you put into it, the more you will benefit from it.

Final Words

Considering different ways of looking at the human condition may help you when dealing with anxiety and depression.

It is important to realize that suffering is a natural and expected part of life. All of us must face pain and loss at different times and in different ways throughout our lives. Our pain will only be magnified if we refuse to accept this, blame others, or search our pasts for some unconscious event that caused our suffering. Accepting what has happened and moving forward in a positive manner is an important part of your recovery.

Secondly, remember that nothing in this world is permanent. Everything, be it material objects, relationships, emotions, or suffering will change. Knowing that your emotional pain is not permanent is important to remember. Positive change is much more likely to occur if you accept your present situation, but work in a determined manner to develop new coping skills. We hope that the suggestions contained in this booklet will be an initial step towards your total recovery.

COMMUNITY RESOURCES

Addictions Foundation of Manitoba

(204) 944-6200

www.afm.mb.ca

Offers residential and out-patient services for addictions. Also has a library that is open to the public.

Anxiety Disorders Association of Manitoba

(204) 925-0600

www.adam.mb.ca

Offers 12-week cognitive-behavioral courses for anxiety, along with peer support. Also has a library open to the public.

Canadian Mental Health Association

(204) 982-6400

www.mbwpg.cmha.ca

Publishes “Mental Health Resource Guide” which has up-to-date information on community resources available for treatment of mental health problems.

Dual Recovery Anonymous

(204) 284-3903/772-1037/955-7899

www.draonline.org

A 12-step program for those suffering from both chemical dependency (drugs or alcohol) and emotional or psychiatric illness.

Emotions Anonymous

(204) 269-6248

www.emotionsanonymous.org

A 12-step program designed for those with emotional problems such as anxiety or depression

Mood Disorders Association of Manitoba

(204) 786-0987

www.mooddordersmanitoba.ca

Offers support groups for those with depression or bipolar mood disorder. Also has a library open to the public.

BOOK LIST

Many of these books can be found at Winnipeg's public libraries. Also, some of the community resources listed have libraries that are open to the public. This is not an all-inclusive list, there are many other books, CDs, DVDs, and cassette tapes that may be helpful to you.

12-Step Literature

- ◆ Alcoholics Anonymous ("The Big Book")
- ◆ 12 Steps and 12 Traditions
- ◆ The Best of the Grapevine Volume I
- ◆ Living Sober
- ◆ The AA Member – Medications & Other Drugs (pamphlet)

Anxiety and/or Depression

- ◆ Feeling Good (also had accompanying workbook) – Dr. D. Burns
- ◆ Mind over Mood – D. Greenburg & C. Padosky
- ◆ Dying of Embarrassment (for extreme shyness) – Markway, Carmin & Pollard
- ◆ Anxiety & Phobia Workbook – E. Bourne
- ◆ Coping with Panic: A Drug Free Approach to Dealing with Anxiety Attacks – G. Klum

Other Material

- ◆ Full Catastrophe Living – Jon Kabat Zinn
- ◆ The Art of Happiness – The Dalai Lama