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Experience Reports

- Cychlorphine
 - This individual used between 1 and 50 mg of intravenous cychlorphine daily.
 - They started transitioning off cychlorphine with a 250 mg dose of SR-17018.
 - As of December 6, 2024, they have tapered down to 25 mg of SR-17018 per day.
- Etonitazepyne
 - An individual reduced their etonitazepyne intake from 1 gram to 37.5 mg daily.
 - They then abruptly stopped etonitazepyne and started taking 300 mg of SR-17018 daily.
 - Over 17 days, with the help of comfort medications, they tapered down to 50 mg of SR-17018 daily (25 mg twice a day).
- Kratom Extracts (Attempt #1, Lowering Tolerance)
 - This is my story!

- I started off on Day 0 taking 250-300 mg mitragynine (~30 g/day of average potency kratom).
- I completely discontinued the kratom extracts on Day 1 and switched to SR-17018, taking anywhere from 25 to 50 mg at a time (minimum 2 hours between doses) until withdrawal symptoms were manageable.
- After ~40 hours of experimentation, I settled on 65 mg every eight hours as a maintenance dose.
- I maintained this dose until Day 7, when I began an 11%/day taper.
- Due to a multitude of extenuating circumstances, I relapsed on kratom extracts on Day 10.
- I concluded this attempt on Day 12 having reduced my kratom tolerance by an estimated two-thirds.
- Kratom Extracts (Attempt #2, Successful)
 - This is part two of my story!
 - On Day 0, I was averaging 100 mg mitragynine (~10 g/day of average potency kratom). This number had previously been much higher (see above), and was only this low because of the tolerance-reducing effects of SR-17018.
 - I completely discontinued all opioids on Day 1 except for SR-17018. After a two-day calibration period, I settled on a dose of 30 mg every eight hours as a maintenance dose.
 - I maintained this dose for two days, then attempted to reduce my dose linearly over the course of eight days. This didn't go well, and I began using kratom again on Day 8.
 - I made the decision to use up my remaining SR-17018 at a rate that would bring me to December 31 when I ran out, then stop opioids altogether starting on January 1.
 - I treated my withdrawal symptoms using high doses of pregabalin for the first 4-5 days after opioid cessation, then tapered off of the pregabalin over the course of January.
 - I struggled with heavy IV stimulant use until Day 63.
 - On Day 99, I checked in for a final time, completely sober, to say that I was finally feeling okay.
- Kratom
 - After quitting synthetic opioids, a person began a daily kratom maintenance program. They consumed 3-7 grams of kratom, 4-6 times per day.
 - They discontinued the kratom, starting with 250 mg of SR-17018 twice daily for a week.
 - They then reduced the SR-17018 dosage to 100-150 mg twice daily for another week.
 - On week three, they took 100 mg of SR-17018 only at night.
- Kratom - Lowering Tolerance
 - This individual used one gram of SR-17018 to lower their tolerance to kratom. They were taking four 7-OH and mitragynine pseudoindoxyl tablets daily in addition to kratom powder or extract.
 - They had tried spirochlorphine, but all that did was increase their tolerance further.
 - They used SR-17018 for about a week, taking 50-60 mg twice daily in addition to just regular kratom.
 - This prevented withdrawals completely and lowered their kratom dosage significantly.
- Methadone (Dose reduction)
 - A person taking 75 mg of methadone daily used SR-17018 to taper their dose over eight days.
 - They reported success in reducing their methadone intake with minimal withdrawal symptoms.
- Methadone (Jump-Off)
 - A person stopped taking 100mg of methadone daily.

- They used SR-17018 for six days, adjusting to a dose of about 18 mg twice a day.
 - They intend to stop using SR-17018 by day 11.
- Methadone (Longer Taper)
 - The user, who had a tolerance to fentanyl, was taking 100mg of methadone daily.
 - They stopped taking methadone and started taking SR-17018, adjusting the dose over three days.
 - They took 100mg of SR-17018 twice a day for a week.
 - They then tapered off SR-17018 over the following 13 days.
- ODSMT withdrawal management
 - This person uses SR-17018 as a substitute when they can't get ODSMT.
 - They've used about 2 grams over the last six months.
 - SR-17018 doesn't completely eliminate withdrawal symptoms for them.
 - Taking multiple smaller doses throughout the day seems more effective for them than taking fewer larger doses.
- 180 mg/day of ODSMT
 - This person had a 180 mg/day ODSMT habit.
 - They stopped ODSMT and started taking 50 mg SR-17018 every 12 hours.
 - They experienced no withdrawal symptoms.
- 1 g/day of ODSMT
 - A user successfully stopped using over 1 gram of ODSMT per day with the help of SR-17018.
 - They began with an allergy test and an initial dose of 200 mg.
 - They then maintained on 50 mg doses.
 - Currently, they take 80-140 mg three times a day for maintenance.
- High-potency full MOR agonists
 - A user claims to have helped four people with severe opioid addictions quit using SR-17018.
 - The individuals waited 24 hours after stopping their previous drug before starting SR-17018.
 - They took 25-30mg of SR-17018 every 4-6 hours for two weeks.
 - After two weeks, they stopped using SR-17018 and experienced only mild withdrawal symptoms.
- Suboxone
 - This individual used SR-17018 to quit suboxone after multiple failed attempts.
 - They took 100 mg doses of SR-17018 for 14 days.
 - They then discontinued SR-17018 with no difficulties.
- Zenes
 - This person is on day 19 of detox using SR-17018 after a year of daily high-dose potent zene use.
 - Their current dosage is 50mg of SR-17018 twice daily.
 - They report zero cravings and only mild withdrawal symptoms.
 - They do report some side effects, which include a heavy head and some confusion.



FAQ

SR-17018 FAQ

Disclaimer: I am not a medical professional, and the information provided herein should not be construed as medical advice. Always consult with a qualified healthcare provider before making any decisions related to your health or treatment. The content provided is for informational purposes only and is not intended as a substitute for professional medical advice.

What is SR-17018? What can I use it for?

SR-17018 is a biased G-protein mu-opioid receptor agonist. This means that when it binds to the mu-opioid receptor, it has a strong preference for G-protein signaling rather than beta-arrestin signaling. Researchers haven't quite figured out the mechanism for why this happens just yet, but for some reason, taking SR-17018 can both **stop opioid withdrawal symptoms** and **reverse tolerance to opioids**. And because of its bias away from beta-arrestin, it has **minimal respiratory depression** compared to something like morphine or fentanyl.

So, basically: if you have been trying to get off of opioids to no avail, SR-17018 *may* help you quit.

Where can I buy SR-17018?

SR-17018 is generally purchased from either research chem vendors, or from the dark web markets. A few examples are:

[Nextgen-chems.com](https://nextgen-chems.com) - shipping within Germany

longflourishpharm.com - Shipping out of China

rentry.org/friendlyneighborhoodshaman - Shipping out of US

Not a comprehensive list of vendors by any means, just a short list of vendors I personally came across when I was looking to buy my own SR-17018.

Personally I know both longflourishpharm.com and friendlyneighborhoodshaman@proton.me are both legit as I have received SR-17018 product from both, both of them tested as over 99% pure SR-17018. My only caution with long flourish is the shipping can take a very long time, and due the research chem being shipped from China, these orders seem to have a much higher chance of being flagged on hold for customs inspection and testing.

My order placed with Shaman was made a week after my order with Flourish, and I received the SR-17 from Shaman a few weeks before my order from Long Flourish finally arrived.

I will say the Friendly Shaman vendor seems to run out of stock much more often, so if they are out of stock the Chinese vendor is a good backup.

Avoid websites like SR17018.com and getmetabolite.com, these are scammers.

How do I take SR-17018?

SR-17018 is insoluble in water and PG, meaning that you have to take it **orally**. It is soluble in 10:10:80 DMSO/Tween-80 (polysorbate 80)/water, so if you really want to, you can make a solution for oral dosing with that. But you cannot snort, boof, or shoot it.

Can SR-17018 get me high?

No. Although it has an impressive ability to attenuate opioid withdrawal symptoms, SR-17018 has not been reported to have any recreational effects, and does not produce euphoria—at least not for people who use opioids regularly.

Can SR-17018 help with pain?

The jury is still out on this one. Some people report SR-17018 helping with withdrawals, but most of the reports I've seen have said that it does **not** have analgesic effects. It *may* help opioid-naive people with pain management, but personally, I experienced a pretty sharp increase in my chronic pain when I switched to it from my 300 mg/day mitragynine habit.

Can I use SR-17018 to reduce my tolerance to opioids rather than to quit them altogether?

Yes, although if you are doing this, you must exercise **extreme caution**. At least one person has reportedly **died** from an overdose after reducing their tolerance to opioids using SR-17018.

Is SR-17018 safe?

Nobody can answer this question yet. It doesn't seem to induce respiratory depression at doses below 150 mg. It also appears to be relatively harmless to mice according to available scientific literature. But nobody will know the long-term effects of SR-17018 on humans for a long time. I personally tolerate it very well and have not noticed any negative side effects while taking it. But I think that it's *very* important that you only take enough to keep withdrawals at bay and that you stay on the drug for as short of a period as possible: the truth is that nobody knows how it could be affecting our bodies and brains, especially long-term.

Is SR-17018 legal?

As of December 12, 2024, SR-17018 is legal for research purposes. It is not legal for human consumption, but in my opinion, unless you are buying hundreds of grams of the stuff or getting caught with mystery white powder in your car when you get pulled over, you are not likely to be at risk of legal trouble for ordering it.

How do I switch to SR-17018?

When transitioning to SR-17018 from another opioid, there are two main approaches that have been reported on Reddit. **Both have been shown to work**, so it's up to you.

- **Immediate Transition:** Discontinuing the current opioid and initiating SR-17018 immediately. Pros of this approach:
 - It's safer (you will not have to continually guess where your tolerance is at and will not risk taking too much of your DOC as your tolerance reduces).
 - It's faster.
 - You will use less SR-17018 overall, which may be an advantage if you are strapped for cash or not able to get SR-17018 consistently.
 - You do not have to rely on willpower to taper down on your drug of choice. When you quit it, you can be done with making that decision.
- **Gradual Transition:** Tapering the dosage of the current opioid down while taking SR-17018 to mitigate withdrawals, then switching to it when your DOC dosage is low enough. SR-17018 does not cause precipitated withdrawals, so it is completely possible to use it concurrently with your opioid of choice to more gradually reduce tolerance before jumping off completely. Pros of this approach:
 - You will likely experience less withdrawal symptoms compared to the immediate transition approach.

How long does SR-17018 last? How frequently should I take it?

Reports say that **SR-17018 lasts anywhere from 6-12 hours**, with most people saying it lasts around eight hours. In my experience, it takes about 30 minutes after a dose to start noticing improvements in withdrawal symptoms. These improvements peak about 2 hours after dosing and this peak lasts for 5-6 hours (7-8 hours total). After the peak, the effects wane off over the course of 1-2 hours. Because of this effects timeline, **one dose every eight hours** works the best for me.

How much SR-17018 should I take?

I've seen reports of success with starting doses **anywhere from 25 mg to 150 mg**. Your exact dosage is going to be dependent on a lot of factors: how much you weigh, how quickly you metabolize SR-17018, and your current opioid consumption will all influence this answer. As an example, someone who had been taking kratom reported needing 150 mg doses every eight hours to get relief, while someone else switching to SR-17018 from zenes said 50 mg every twelve hours was enough. **The best way to figure out how much you should take is experimentation.** I explain how to (more) safely experiment with SR-17018 dosages in-depth in my taper guide.

Additionally, it is not known what the morphine milligram equivalent (MME) conversion factor of SR-17018 in humans is. In rats, 1 mg of SR-17018 is equivalent to 1 mg of morphine. In my experience, however, this does not translate very well. **The potency of SR-17018 does not seem to increase linearly with dosage:** the difference in effects between 10 mg and 25 mg is larger than the difference between 25 and 40, which is larger than the difference between 40 and 55. I'd say the benefits hit a quasi-ceiling effect at around 100 mg per dose: anything above 100 mg will not really be all that much better at helping with withdrawals than just taking 100 mg.

Another important thing to mention is that smaller, more frequent doses are likely going to be much better at managing withdrawal symptoms than larger, less frequent doses. At the beginning of my switch over to SR-17018, after my allergy test, I took **25 mg every two hours until my withdrawals were manageable**. I figured out over the course of about 32 hours with a lot of experimenting (and religious dose logging!) that 65 mg every eight hours is my optimal dose. I would not recommend taking SR-17018 more frequently than every two hours because of how long it takes to fully kick in. You don't want to accidentally overdo it.

I've created an [automatic taper schedule generator](#) using Google Sheets. You can use this to create your own personalized taper schedule.

Key Points About SR-17018

- SR-17018 is a biased G-protein mu-opioid receptor agonist that can reverse opioid withdrawals and decrease opioid tolerance with minimal respiratory depression.
- It is only orally active due to its insolubility in water and PG, increasing safety against abuse. It is soluble in PEG300 and DMSO.
- It is not a recreational substance and does not produce euphoria.
- SR-17018 activates the mu opioid receptor to reduce withdrawal symptoms but does not activate pathways leading to tolerance.
- It can be used for opioid substitution therapy, potentially aiding in overcoming addiction.
- Caution is needed as tolerance reduction increases the risk of overdose if previous drug use is resumed at the same doses.
- SR-17018 does not cause precipitated withdrawal and can be combined with other opioids.
- It's estimated that SR-17018 has a half-life of approximately 8-12 hours.
- In rats, 1mg of SR-17018 is equivalent to 1mg of morphine. It is not known what the equivalent dose is in morphine for humans.

- In my experience, the potency of SR-17018 does not increase linearly with dosage. The difference in effects between 25 mg and 40 mg is about the same as the difference between 35 and 65 mg. It is better to dose smaller and more frequently if you are struggling with withdrawal than to do large doses.
- SR-17018 is unlikely to be effective for pain management due to reported lack of analgesic effects.

General Information

General Information

Dosing SR-17018 Alone vs. Alongside Other Opioids

[TheWindWaker12](#) is confused about SR-17018 dosing. They've **tried 100mg for heroin withdrawal, without relief**, while others report success with lower doses. **They question whether to dose it before withdrawal, combine it with opioids, or use it for withdrawal prevention.** Here are some relevant replies:

- [Dramatic_Sentence_57](#) says they **don't know for sure**, but they think you are supposed to **take SR-17018 with your opioids and slowly taper the amount over time.**
- [Gre-he-he-heasy](#) says they used SR-17018 to get off of opioids. They suggest **stopping your regular opioids cold turkey and going straight to SR-17018**, claiming it **blocks withdrawal completely.**
- [StrainGillis](#) suggests that the user **doses SR-17018 with a lowered dose of their DOC.**
- User [Difficult_One4749](#) stated in the comments of [another post](#) that **SR-17018 did not induce withdrawal** for them. They were **sick for the first few days** because they were slowly titrating their dosage up. They recommend **waiting until withdrawals hit, then dosing 25 mg SR-17018 every four hours until withdrawals stop.** They emphasize that you should always **start low and go slow**, especially if you have other opioids in your system.

Dosing SR-17018

User RCJerry made a post asking how strong SR-17018 is, what its equivalent in more common opioids is, how it feels, the come-up time, and the duration.

- The user stretchandspoon advised **starting with the lowest possible and safest dose and gradually increasing it.** They emphasized the importance of **testing** the product to ensure both parties are discussing the same substance and to verify its purity and potency. The user **warned against dosing based on comparisons to other opioids**, as this could be dangerous without knowing the specific characteristics of the product. They recommended **starting with a sub-milligram dose** and slowly increasing it over time, as this approach could potentially save lives in case of accidental contamination. The user also suggested that if one chooses to proceed with the original plan, they should ensure that the other person has independently verified their product and consider sending a sample for laboratory analysis.
- The user Preference_Guilty suggested starting SR-17018 and **continuing until the withdrawal symptoms subside.** They noted that SR-17018 doesn't provide euphoria but helps reduce tolerance and alleviate withdrawal symptoms. The user recommended **redosing once the withdrawal symptoms return.** They also compared SR-17018 to morphine in terms of its effectiveness in managing withdrawal symptoms but emphasized that, unlike morphine, it doesn't produce euphoria. According to the user, the primary purpose of SR-17018 is to alleviate withdrawal symptoms and reduce tolerance.
- The user [mr_remy](#) recounted a personal anecdote about someone who successfully managed withdrawal symptoms from a nitazene derivative by gradually increasing the dosage. They emphasized the importance of **starting with a low dose and titrating up slowly** to minimize the risk of overdose. While SR-17018 can reduce tolerance, the exact extent of this effect is unknown. To prioritize harm reduction, the user strongly **advised against rushing the titration process**, as it could lead to tragic consequences. They shared a heartbreaking personal experience of losing a friend to an overdose, highlighting the devastating impact of substance abuse on individuals and their loved ones.

- In a [comment](#) on their original post, the user RCJerry initially dismissed SR-17018 as "lame" because it didn't provide the desired euphoric effects. However, **after using it to manage opioid withdrawal symptoms, they now consider it a lifesaver**. They are contemplating purchasing more SR-17018 to aid in their goal of quitting opiates and leading a more fulfilling life. Despite being a functional addict, the user recognizes the need to overcome their addiction, especially if they plan to become a parent. They are determined to break free from their addiction and move forward with their life.
 - The user [stretchhandspoon](#) empathized with RCJerry's "functional addict" remark but **cautioned against using SR-17018 to maintain tolerance**. They warned that **abruptly stopping SR-17018 and then resuming opioid use could increase the risk of overdose**, especially if SR-17018 indeed lowers tolerance. The user expressed hope that SR-17018 could work as a tolerance-reducing agent but acknowledged the skepticism surrounding such a promising claim. They emphasized the need for more data and a larger supply of SR-17018 to fully assess its potential benefits and risks. The user also clarified that the "lame" comment was subjective, as SR-17018 may not be suitable for everyone's desired effects or could potentially have unforeseen long-term side effects. However, if SR-17018 proves to be safe and effective, it could be a valuable tool for managing opioid addiction. The user stressed the importance of education and informed decision-making to mitigate the risks associated with using this novel substance.
- The user [rObot_nick](#) shared a personal experience with using SR-17018 to manage opioid withdrawal symptoms. They described a method of tapering off opioids by using SR-17018 to alleviate withdrawal symptoms, **stopping the original opioid and starting with a 30 mg dose (or 50-100 mg for stronger habits) twice a day for seven days, then gradually reducing it over time**. They suggested **30 mg twice daily** for a **180-250 mg/day ODSMT** habit at first, **then 30 mg once daily for three days, then stopping SR-17018** altogether. They emphasized that SR-17018 is not for recreational use but rather a tool to aid in quitting opioids. The user cautioned that individual results may vary and encouraged responsible use of SR-17018.
 - RCJerry inquired whether the medication produced a completely sober state. [rObot_nick](#) responded that the medication provided significant relief from withdrawal symptoms, allowing for normal functioning and enjoyment of life without any euphoric effects. Additionally, they noted that the medication did not seem to induce tolerance, as the initial 30 mg dose remained effective throughout the entire seven-day treatment period.
- [PomegranateOwn8442](#) stated that overdosing on this substance appears to be difficult, if not impossible. They suggested **starting with a low dose of 20 mg for weaker opioids or 50 mg for stronger ones, waiting an hour and a half, and adjusting the dosage as needed**. They mentioned a case where someone with low tolerance took 150 mg multiple times in a day without experiencing any adverse effects. Based on this information, they concluded that there's little cause for concern. Additionally, they noted that the effects of the substance typically last between **6 and 8 hours**.
- Someone replied asking how it compares to ODSMT. [RCJerry](#) advised against comparing the two substances, stating that SR is intended for quitting opioids, while ODSMT is used for recreational purposes.

In another post, [SacredNeon](#) inquired about appropriate dosages for SR-17018, given their history of using high doses of 7-OH. They expressed uncertainty about a starting dose, considering 10mg as a potential option. They sought advice from others with experience using SR-17018.

- [MIRYuhUrd](#) shared their experience with SR-17018, starting with a **high initial dose of 30-150 mg**. They found that lower **maintenance doses around 30-50 mg** were sufficient. The effects lasted approximately **6-8 hours**, and they initially **used it as needed to manage withdrawal**

symptoms. After a few days, they transitioned to a **twice-daily** dosing schedule. They eventually tapered off of SR-17018 and relied on kratom to complete the withdrawal process. MIRYuhUrd emphasized that SR-17018 was a lifesaver during the initial days of withdrawal, significantly reducing physical symptoms.

- [ComplexLack1373](#) suggested 50 mg, split up into **25 mg twice daily**.
- [stretchandspoon](#) emphasized the importance of **starting with a low dose and gradually increasing it**, regardless of advice from others. They emphasized the need for independent verification or testing to ensure the purity and consistency of the substance. The user recommended starting with the smallest possible dose and titrating up slowly. They also suggested seeking out anonymous or free laboratory testing services to verify the substance's composition.

One user summarized the information they gathered from comments regarding SR-17018 dosage and duration of effects. They suggested that a starting dose of **20 mg is generally sufficient**, even for individuals with high tolerance. However, they noted that higher doses may be necessary for those coming off strong opioids like zenes or methadone. They mentioned a case where someone with low tolerance took 250 mg of SR-17018 multiple times in a day and experienced no adverse effects. However, it's important to note that this is an anecdotal report and not a recommended dosage. The duration of effects is estimated to be around **6-8 hours**. They emphasized that this information is based on anecdotal reports and should be taken with caution.

In [this post](#), InDetox inquired about experiences with SR-17018, as they couldn't find much information online. They recently ordered the substance and were curious about appropriate dosages and potential effects.

- [Merasmus12](#) shared their experience with SR-17018. They found that it effectively alleviated withdrawal symptoms without producing a euphoric effect. They compared its potency to morphine and stated that a **30 mg dose** was sufficient to manage withdrawal symptoms after a "small" binge. They highly recommend SR-17018 for individuals struggling with opioid withdrawal.
- [YHWAH](#) shared their personal experience with SR-17018, noting that they didn't feel any effects until taking a dose of **250 mg**. They also mentioned that they couldn't consistently go three days without using opioids while taking SR-17018, which suggests that it didn't significantly lower their tolerance. While they acknowledged that SR-17018 can reduce tolerance to some extent, the effect wasn't as dramatic as expected. They cautioned that the commonly suggested dosages of 30-50 mg may not be sufficient for everyone.

In the comments of [this post](#), [Wild-Cartoonist9020](#) shared their experience with SR-17018. They found that a **50 mg** dose was sufficient to replace their evening **ODSMT dose, which was typically 250 mg**. They were able to avoid withdrawal symptoms overnight by using SR-17018. They plan to transition completely to SR-17018 and will provide an update on their progress.

Pain Management with SR-17018

[pretty boy flizzy](#) suggests in a comment on [this post](#) that SR-17018 may be useful as an analgesic drug for opioid naive individuals. 40mg2Freedom responds, saying everyone responds differently: they had absolutely **no analgesia** from SR-17018, but their friend who had been addicted to zenes said that "50mg felt like the old days when ODSMT was new and still worked on me." They go on to say that the mechanism of action of this tolerance reduction has not yet been elucidated (or at least, not yet published in literature), but that SR-17018 is a gift to all those that respond to it. "There's not a lot of easy off-ramps for the people like us. I'm sure as fuck happy I got out, and I'm not looking back."

In [this post](#), [Merasmus12](#) clarified that while SR-17018 didn't produce a euphoric effect like traditional opioids, it **did provide some pain relief**, albeit in a milder way, **similar to Tylenol**.

Withdrawal Symptom Attenuation

In a comment on [this post](#), [mercyme555](#) shared their experience with SR-17018. They observed that it **seemed to lower their tolerance to other opioids, but it didn't provide the same level of relief as suboxone**. While intrigued by its unique effects, they found it didn't offer a magical solution. It helped alleviate withdrawal symptoms without inducing euphoria. They also experimented with combining it with suboxone, finding that a lower dose (2 mg) of suboxone was effective when combined with SR-17018. While it provided about **70% relief**, they felt it left them wanting more. However, they believe that with further research, the true potential of SR-17018 will become clearer. They noted that it did enhance the effects of suboxone, making it a potentially valuable tool for managing opioid addiction.

On another post, [ThrowawayTillBanned](#) shared their personal experience with SR-17018 while on methadone. They found it helpful in **reducing their methadone dosage by 50 mg**. However, they acknowledged the lack of clear dosage guidelines and preferred routes of administration for SR-17018. They experimented with doses ranging from 20 mg to 100 mg orally, but didn't keep detailed records of their usage. This lack of standardized information makes it challenging to provide specific dosing advice to others.

In another post, [booksanddrugs](#) described their experience with SR-17018. They started with a low dose of less than **1 mg as an allergy test, gradually increasing to 10 mg, 20 mg 1.5 hours later, and finally 35 mg**. While they didn't feel significant effects, they noticed a reduction in cravings for ODSMT after taking the 20 mg dose. They also reported minimal withdrawal symptoms from ODSMT, despite not using SR-17018 consistently. They attributed this to a combination of kratom and ketamine use. They found that SR-17018 is not euphoric when combined with ODSMT and doesn't seem to be addictive. They believe that if it effectively reduces withdrawal symptoms without increasing tolerance, it could be a valuable tool for treating opioid dependence.

Route of Administration/Solubility

Regarding administration, [booksanddrugs](#) found that **mixing SR-17018 with water was unsuccessful**, as the solution became cloudy and a solid substance crashed out of the water. They opted for rectal administration but didn't experience any significant difference in effects compared to oral consumption. Finally, they noted that their specific SR-17018 sample didn't have a bitter taste or burning sensation, making it easy to administer orally.

In response to a comment on [this post](#) asking if it's in powder or liquid form, [RCJerry](#) stated that their particular sample of the substance was **insoluble in water, even when mixed with propylene glycol (PG)**.

Legality of SR-17018

[Hairy_Candle5262](#) inquired about the legality of SR-17018 and the potential risks associated with importing it. While they believe it's legal, they couldn't find definitive information to confirm their assumption. They acknowledged that the worst-case scenario would involve the package going missing.

- [awp_india](#) stated that **SR-17018 is legal** for research purposes in the US. While possessing or distributing it, especially while under the influence or driving, could lead to legal issues, ordering small quantities for personal use is unlikely to attract significant attention from authorities.
 - [PomegranateOwn8442](#) replied, expressing concern about the potential legal implications of possessing research chemicals (RCs). They acknowledged that if law enforcement were to discover a bag of powder or crystals, they could be detained until the substance is identified. They emphasized the importance of hoping that the substance doesn't test positive for an illegal opioid or substance like buprenorphine.

- [Historical-Pipe3551](#) suggested that the worst-case scenario for ordering SR-17018 would be receiving a warning letter from law enforcement. They also mentioned the possibility of the vendor not shipping the product or the package being seized by customs.

PAWS Symptom Management

[OHP Lovecraft](#) asks 40mg2Freedom in the comments of [this post](#) if they're experiencing any PAWS symptoms after their SR-17018 taper. They respond that they "always want to change the way [they] feel, or numb out, but [they] think that's just the human experience, or maybe that's just what an addict's baseline mindset is." They provided some advice for what to do to mitigate these feelings as well, saying that they needed to **replace that "ritual" of taking a substance to change how they felt by doing something else instead**. Some examples of this:

- Playing music
- Reading books
- Coaching their kids' little league team
- Going to live music shows frequently

Four Heavy Opioid Users' Experiences with SR-17018

Editor's note: I don't know how much I believe this story. It seems really convenient. As always, take everything that people say on with a grain of salt.

User [Ok_Bus7519](#) commented on [this post](#) saying that they acquired 10 grams of SR-17018 for four people, all heavily addicted to illicit, high-potency full mu opioid receptor agonists (strong opioids). Ok_Bus7519 is also an addict, and was motivated to help others struggling with addiction. These individuals took SR-17018 after 24 hours of abstinence from their previous substance but before experiencing withdrawal symptoms. SR-17018 did **not precipitate any withdrawal**. They took **25-30 mg SR-17018 every 4-6 hours** for approximately two weeks after cessation of their opioid DOCs. **After 14 days, they discontinued the SR-17018**. After stopping the SR-17018, they experienced **minor withdrawal symptoms, lasting about one week**. These withdrawal symptoms were **much milder** than what they would have experienced had they gone off of SR-17018 cold turkey. The four individuals have **remained clean** for nearly three months now.

How to Use SR-17018

General Strategies for Using SR-17018

Disclaimer: This information is for general knowledge only and does not constitute medical advice. If you are looking for medical advice, please speak with a qualified healthcare provider and above all, listen to your body.

When transitioning to SR-17018 from another opioid, there are two primary approaches. Reports on Reddit suggest that both approaches can be effective.

- **Immediate Transition:** Discontinuing the current opioid and initiating SR-17018 immediately.
- **Gradual Transition:** Tapering the dosage of the current opioid down while taking SR-17018 to mitigate withdrawals.

I personally have found success with a structured protocol involving an immediate transition and three distinct phases (after the initial allergy test):

- **Calibration Phase:** This initial period focuses on establishing the appropriate SR-17018 dosage to effectively manage withdrawal symptoms and provide adequate relief from withdrawal symptoms. (For me, this lasted three days.)
- **Maintenance Phase:** Once the optimal dosage is determined, it is maintained consistently for at least four days (but preferably seven days or longer) to provide stabilization and reduce opioid tolerance. (I will be spending seven days in the Maintenance Phase.)
- **Tapering Phase:** The SR-17018 dosage is gradually reduced over at least three days (but preferably longer) to facilitate a smooth transition off of SR-17018 while minimizing any potential discomfort. (I plan to taper off of SR-17018 over the course of ten days.)

Given that SR-17018 has an estimated half-life of 8-12 hours, dosing frequency generally aligns with this timeframe. In the maintenance and tapering phases, people typically take SR-17018 every 8 or 12 hours, depending on their individual needs and response.

The Calibration Phase requires a different approach. During this initial period, a lower dose of SR-17018 (usually between 20 to 35 mg) is recommended, with a minimum of two hours between doses. This flexible dosing schedule allows individuals to adjust their SR-17018 intake based on the severity of their withdrawal symptoms, ensuring adequate relief while minimizing the risk of overdoing it.

This "start low and go slow" strategy in the Calibration Phase is crucial for several reasons:

- **Individual Opioid Tolerance:** There is no "one size fits all" dose of SR-17018, and everyone has a different starting point in their journey. Someone taking one kind of opioid (e.g., fentanyl) may need more or less SR-17018 than someone taking another (e.g., methadone).
- **Individualized Response:** People metabolize drugs differently, and starting with a lower dose allows for personalized adjustment based on individual needs and tolerance.
- **Withdrawal Management:** Titrating the dose upwards as needed helps manage withdrawal symptoms effectively while minimizing discomfort.
- **Safety:** A cautious approach reduces the risk of potential adverse effects and allows for close monitoring of your response to SR-17018.

I just want to emphasize again though that this is just one example of a potential approach, and it may not be suitable for everyone. Above all else, *always* listen to your body when you're using SR-17018 to come off of opioids and focus on feeling well.

Creating Your SR-17018 Taper Schedule: A Guide

Disclaimer: This information is based on my personal experiences and should not be considered medical advice. Always listen to your body and prioritize your well-being throughout any process related to your health.

To assist those utilizing SR-17018 for opioid cessation, I've developed an automated taper generation spreadsheet. The following tutorial provides a step-by-step guide on how to effectively utilize this tool to create a personalized taper schedule.

1. Personalize Your Taper Schedule.

Begin by opening the Google Sheets file [SR-17018 Taper Schedule Generator](#) and making a copy for your personal use. Navigate to the "Blank Auto-Generating Taper Schedule" tab. Here, you'll input the following parameters to generate your taper plan tailored to your specific circumstances and goals:

- **Anticipated Start Date:** Enter the date you plan to begin taking SR-17018.
- **Calibration Period:** Specify the number of days you intend to allocate for the Calibration Phase. This period allows you to adjust to SR-17018 and determine your optimal dosage. I went with three days, but you can adjust this based on your individual needs.
- **Maintenance Dosage:** Input the SR-17018 dosage you settled on after completing the Calibration Phase. This is the maintenance dose you'll sustain before initiating the taper.
- **Dosing Interval:** Select your preferred dosing frequency from the provided options: every 6 hours, every 8 hours, or every 12 hours. While every 8 hours is a common choice, you can adjust this based on how quickly you personally seem to metabolize SR-17018.
- **Maintenance Duration:** Specify the number of days you plan to remain on your maintenance dose. This maintenance period is crucial for stabilizing your system and reducing your tolerance before tapering off of SR-17018. A duration of 4-7 days is generally recommended, but this can be extended based on factors such as the half-life of your previous opioid. (Generally, the longer the half-life, the longer the duration of the Maintenance Phase).
- **Tapering Duration:** Determine the number of days you'll allocate for gradually reducing your SR-17018 dosage. Longer taper durations generally promote a smoother transition with less discomfort. I plan on tapering over the course of ten days, but as always, you should adjust the length based on your individual preferences and needs.

2. Do an Allergy Test.

Before initiating your SR-17018 taper, it's crucial to prioritize safety by conducting an allergy test. This involves taking a small dose of SR-17018 (less than 5 mg) and carefully monitoring for any signs of an allergic reaction. While allergic reactions vary, common signs include skin rashes or hives, itching, swelling (especially of the face, lips, or tongue), or difficulty breathing or wheezing. If you experience any of these symptoms after the allergy test, please discontinue SR-17018 immediately and seek medical attention.

3. Start Low When You Start Your Taper.

On the day you choose to discontinue your previous opioid, start taking the SR-17018. Start with a low dose of SR-17018, such as 25 mg and log it in the spreadsheet. Enter the date, time, and dosage into the dose log section highlighted in yellow in your taper schedule spreadsheet. This meticulous record-keeping helps monitor your progress and make informed adjustments as needed.

4. Fine-Tune Your Dosage During Calibration.

After taking your initial dose, the Calibration Phase involves a careful process of self-assessment and dosage adjustment:

- **Individualized Threshold:** Determine your personal threshold for "intolerable" withdrawal symptoms. This is the point at which your discomfort becomes unmanageable and necessitates another dose of SR-17018. It can be helpful to use a scale to rate withdrawal severity, for

example, from 1 to 10, with 1 being minimal discomfort and 10 being the worst withdrawal symptoms you have ever experienced.

- **Observe and Assess:** Wait **at least two hours** after your initial dose, and attentively monitor your withdrawal symptoms. Here are some symptoms of opioid withdrawal, from the website [healthdirect](#):
 - hot and cold flushes, sweating and 'goosebumps'
 - feeling anxious or irritable
 - cravings for opioids
 - nausea, vomiting, diarrhea and lack of appetite
 - tremor (shaking)
 - watery eyes, runny nose and sneezing
 - yawning and disturbed sleep
 - different types of pain, including joint, bone or muscle pain, abdominal (stomach area) pain or headaches
- **Adjust as Needed:** If your withdrawal symptoms exceed your tolerance threshold after the two-hour waiting period, take another dose of SR-17018.
- **Meticulous Record-Keeping:** It's crucial to maintain detailed records of your doses throughout the Calibration Phase. In your spreadsheet, log each dose, including the amount taken and the date and precise time of day. This information will be invaluable in establishing your optimal maintenance dose.
- **Dosage Flexibility:** If your initial dose (e.g., 25 mg) proves insufficient to manage your withdrawal symptoms effectively, consider increasing the dose for subsequent administrations (e.g., to 50 mg).
- **Prioritize Self-Care:** Always maintain adequate hydration and nutrition throughout this process. Keep yourself busy, but remember to make sure you're getting adequate rest as well. The best thing you can do to feel better is distract yourself by working on something you're passionate about or spending time speaking with loved ones.

5. Calculate Your Maintenance Dose.

Once you've settled into a rhythm that effectively manages withdrawal symptoms, it's time to calculate your maintenance dose of SR-17018, which you will take every 8 (or 6, or 12) hours during the Maintenance Phase. To do this, simply review your dose log from the Calibration Phase. Calculate the total amount of SR-17018 you've taken within the past 8 hours (or whichever interval you selected) that effectively managed your withdrawal symptoms and brought you to a comfortable state. This 8-hour total is your starting maintenance dose.

6. Start the Maintenance Phase.

Now that you've established your baseline maintenance dose, it's time to settle into the rhythm of the Maintenance Phase. This involves consistent dosing while remaining adaptable to your body's needs.

- **Eight-Hour Intervals:** Approximately eight (or 6, or 12) hours after your first maintenance dose (the total amount you calculated in Step 6), take that same dose again. Continue this pattern, taking your established dose at the interval you decided on.
- **The Importance of Dosage Flexibility:** While consistency is key during the Maintenance Phase, it's important to recognize that individual needs can fluctuate. Factors such as stress, sleep disturbances, or changes in your environment can influence withdrawal symptom intensity. Allowing for dosage flexibility ensures that you can adapt to these variations and maintain a comfortable level of relief.

7. Start Tapering.

Once you are consistently no longer experiencing withdrawals at the Maintenance dose, you are ready for the Tapering Phase, which involves the gradual reduction of your SR-17018 dosage. Your spreadsheet will provide a personalized tapering schedule based on the duration and maintenance dosage you specified. For example, if you indicated a 10-day taper, you'll reduce your dose by 10% each day.

- **Flexibility and Responsiveness:** While the spreadsheet offers a structured tapering plan, it's crucial to remain flexible and responsive to your body's signals. If you experience intolerable withdrawal symptoms at any point during the taper, slow down your taper: stay at the current dose until your symptoms subside and you feel comfortable proceeding.

8. Complete Your Taper.

The taper is completed when you feel comfortable at 0 mg/day. If you've made it this far, congratulations! You are now opioid-free.

- **Sustaining Your Progress:** After completing your taper, you must remain vigilant and proactive in maintaining your new opioid-free lifestyle. This may involve seeking ongoing support, engaging in relapse prevention strategies, and cultivating healthy coping mechanisms. It may also involve taking a low dose of SR-17018 twice daily, as many users on Reddit have reported that taking it significantly reduced their cravings.
- **A Word of Caution:** If, for any reason, you find yourself considering a return to opioid use after completing this taper, you need to exercise extreme caution. Your tolerance will have significantly decreased, and what you previously used may now be a potentially fatal dose. The risk of overdose is very real, and it's crucial to prioritize your safety above all else.



Cychlorphine

SR-17018

This document tab discusses the experiences of a user (swerveyor) who used SR-17018 to taper off of cychlorphine, an extremely dangerous opioid. had a long history of drug use and **found SR-17018 to be life-saving**.

After using nitazenes, attempted to switch back to buprenorphine on several occasions, but was unsuccessful each time due to experiencing severe precipitated withdrawal symptoms. After turned to cychlorphine, even nitazenes and zepynes became ineffective. Cychlorphine is described as an extremely potent drug with memory-erasing effects, no euphoric feeling, and a high risk of respiratory depression. considered it the most dangerous drug they had ever tried, even compared to substances stronger than fentanyl. This user had been using anywhere between **1 and 50 mg of IV cychlorphine daily**.

SR-17018, a G protein-biased mu-opioid receptor (GPB-MOR) agonist, was considered life-saving by the user. It can reverse and reduce tolerance while having minimal respiratory depression effects. However, it's crucial to remember that once you've used SR-17018, **returning to previous dosages of other opioids can lead to an overdose**. This is due to the reduction in tolerance that it causes.

A Clarification

When Dihydromorphine asked cychlorphine about their SR-17018 usage, provided vague information, mentioning that it relieved withdrawal symptoms and restored libido. They also stated that their current dosage is **25 mg of oral SR-17018 per day**, and that taking too much or too little can lead to withdrawal or a "high" feeling, respectively.

Timing

started taking SR-17018 when they began experiencing withdrawal symptoms. They reported feeling "happy and high" within 20 minutes of taking it.

No Precipitated Withdrawal

was asked if they experienced precipitated withdrawal from SR-17018, and they responded that they did not.

Dosage Information

disclosed taking (an estimated) **250 mg of SR-17018 initially**, using a spoon as a measuring tool.

SR-17018 is a true miracle

TheOnionPatchKid shared their experience with SR-17018 after being on cyclazocine for six months. They found that their tolerance to other opioids had increased significantly, making it difficult to achieve any euphoric effects from even zenes. However, after using SR-17018 for less than two weeks, they were able to experience a noticeable high from a small amount of opium. They also reported no withdrawal symptoms and believe that SR-17018 can even lower tolerance to other opioids when taken daily alongside said opioids.

 **Etonitazepyne**

Etopyne to Sober w/ SR-17018

This document tab details the experience of an individual using SR-17018 to overcome a severe etonitazepine addiction. After tapering their etonitazepine use from over a gram a day to roughly 37.5 mg per day, they began a 17-day SR-17018 taper, starting with 300 mg daily and reducing to 25 mg. They experienced minimal withdrawal symptoms, aided by comfort medications like Soma. The tab emphasizes that SR-17018 dosage should be adjusted based on the potency of the opioid used, and cautions that research on the drug is ongoing. It notes that SR-17018 does not produce a high, is not water-soluble, and can be dissolved in DMSO or PEG300. Finally, it mentions that some individuals combine SR-17018 with their drug of choice to accelerate tolerance reduction.

Background

This individual (a friend of the user bicflamez) had a history of opioid addiction, having been addicted for 10 years and then sober for 10 years. They relapsed a few months ago, starting with fentanyl and quickly progressing to etonitazepine within a month. Etonitazepine, which is 20 times more potent than fentanyl and has a longer duration of effect, was the primary drug used during this relapse. The long half-life of etonitazepine made it the preferred option among the zenes for tapering purposes.

At the peak of their addiction, the user was injecting cumulatively over a gram of etonitazepine each day. They noted the rapid tolerance buildup, starting with 5 mg injections and eventually needing 250 mg doses, highlighting how their life revolved around preparing and using the drug, and stating that a dose sufficient at the start of the week would be inadequate by the end, requiring a near doubling of the dose each week.

Taper Schedule

First, the individual underwent a **three-month taper**, reducing their etonitazepine intake from 1 gram daily to approximately **37.5 mg of etonitazepine daily**.

Subsequently, they **ceased etonitazepine use** and initiated SR-17018 at a starting dose of **300 mg per day**. Although they would have preferred a 400mg starting dose, they managed with the 300mg dose and experienced only minor discomfort for a couple of days, aided by comfort medications.

Here is their taper schedule:

- **Days 1 to 6:** 300 mg per day, divided into **three 100 mg doses**.
- **Days 7 to 11:** 200 mg per day, divided into **two 100 mg doses**.
- **Days 12 to 14:** 150 mg per day, divided into **two 75 mg doses**.
- **Days 15 to 16:** 100 mg per day, divided into **two 50 mg doses**.
- **Day 17:** 50 mg per day, divided into **two 25 mg doses**.

Surprisingly, they hardly experienced any withdrawal symptoms after stopping SR-17018.

Comfort Medications

During the first four days of the taper, they used benzos for comfort. Additionally, they used tapentadol, clonidine, pregabalin, and Soma, with Soma being the most effective in management of withdrawal symptoms. They reported no adverse side effects from these medications.

For Other Opioids

The user's case was extreme due to their use of a highly potent opioid. Individuals using less potent opioids will likely require a lower dosage of SR-17018. As always, it is recommended that users of

SR-17018 do an allergy test before taking any significant doses. It is encouraged that new users are cautious, starting with a low dose and gradually increasing it as needed.

- This individual suggested those taking 4 mg/day of suboxone start with 25 mg SR-17018.
- They suggested that those taking kratom (on the lower end of the dose range) start with 10 mg of SR-17018.

Notes and Disclaimers

They emphasize that there are still many unknowns about this drug and that more research is needed. While it may be helpful for overcoming opioid addiction, they stress the importance of thorough research before making any decisions about its use.

The user reported that **SR-17018 did not produce a high** for them. In contrast to Suboxone, which gave them a mild buzz or mood elevation, SR-17018 only alleviated withdrawal symptoms.

SR-17018 is not soluble in water, so it cannot be abused through injection or snorting. It is also insoluble in PG. The user found it to be extremely effective in helping them overcome their opioid addiction.

SR-17018 is soluble in DMSO and PEG300, but due to the health risks of ingesting those solvents, it may be best to weigh out capsules instead.

It's worth noting that **many people begin taking SR-17018 while still using their drug of choice, gradually reducing their intake**. In this specific case, the individual could have combined SR-17018 with etonitazepyne to accelerate tolerance reduction, but they chose a different approach. They completely stopped using etonitazepyne and started SR-17018 the following day, which proved successful for them.



Kratom

SR-17018 experiment (kratom / ODSMT withdrawal, psychotropic effect, doses, rectal)

CavernsoftheMind, a user with a **history of kratom and ODSMT use**, conducted a **7-day trial** of SR-17018. They experimented with oral and rectal administration, using doses ranging from **50-120 mg three times daily, sometimes using higher doses** to attempt to induce opioid-like effects, which resulted in **sedation but no euphoria**. **After the 7-day trial**, they returned to kratom and **found no significant reduction in opioid tolerance**. However, SR-17018 **effectively controlled cravings** during the trial, and the **only withdrawal effect** they experienced upon discontinuing SR-17018 was **moderate cravings**. **Rectal administration was deemed ineffective** due to **poor water solubility** and **discomfort**. The user plans to conduct longer trials of SR, potentially alternating it with kratom/ODSMT to manage tolerance and withdrawal in the long term. Detailed reports of the first two days of the trial described using varying oral doses on day one, combating residual stimulant effects, and managing cravings on day two with both oral and a difficult rectal administration. They emphasized the experimental nature of their use and warned others of the potential risks associated with SR-17018.

Background

Before starting their SR-17018 trial, the user was consuming approximately **30 grams of kratom per day**. Immediately prior to this kratom use, they had been taking **500-1000 mg of ODSMT rectally each day for about 2-3 weeks**. They then **transitioned directly** from this 30 g/day kratom habit to SR-17018.

Dosage

This user took SR-17018 for approximately **7 days**, transitioning directly from a 30 g/day kratom habit. Their typical SR-17018 dosage was **three times daily**, with doses ranging from **50-120 mg**. They noted that **lower doses likely would have been effective for withdrawal management**, but they sometimes increased the frequency and dosage in an attempt to achieve opioid-like effects, finding **some sedation at 100 mg** orally/sublingually, but **no euphoria**. After the 7-day SR-17018 trial, they returned to kratom use for about 13 days, during which they also used ODSMT on three separate occasions.

Route of Administration

During the trial, they **experimented with rectal administration** of SR-17018 four to five times, using doses of **40-60 mg**. They described the rectal application as "weird" and causing **bloating**, ultimately concluding it wasn't worthwhile due to SR's **poor water solubility**. **All further doses were taken orally**.

Effects on Tolerance and Cravings

After 7 days of SR-17018 use, the user **did not experience a significant reduction in their opioid tolerance**. They noted that **kratom**, which they returned to after the SR-17018 trial, **did not feel significantly stronger**. They attributed this lack of tolerance reduction to their long-term (7 years) history of kratom and ODSMT use, suggesting that a longer period of SR-17018 use might be necessary for substantial tolerance reduction. However, they did report that SR-17018 **effectively controlled their cravings** most of the time during the 7-day trial. **When they discontinued** SR-17018, they experienced **moderate cravings**.

Effects of SR-17018

At higher oral/sublingual doses of **100 mg**, SR-17018 produced a **sedative effect** for this user, but SR-17018 **did not produce euphoria** and did not find it to be recreational.

Withdrawal

They **did not experience any significant withdrawal effects** from stopping SR-17018 apart from **moderate cravings**.

Future Plans

The user plans to order more SR-17018 soon, then continue experimenting with SR-17018 in order to hopefully reduce their tolerance using it. They are considering:

- Conducting a 2-week trial of continuous SR-17018 use to assess its impact on opioid tolerance/the effects of kratom afterwards.
- Exploring an alternating regimen of kratom/ODSMT use with SR-17018 (e.g., 1 day on kratom/ODSMT, followed by 1-3 days on SR, then back to kratom/ODSMT) to potentially maintain a stable tolerance and minimize withdrawal symptoms.

Detailed Check-Ins

Day 1

On the first day of their SR-17018 trial, **eight hours after their last kratom dose**, the user took **30 mg** but **felt little effect**, likely due to residual amphetamine and alcohol from the previous night.

They then took **100 mg**, followed by another **100mg 1.5 hours later**, and then **80 mg another 1.5 hours after that**. After these higher doses, they felt **some sedation** and reported a **reduction in opioid cravings**. They attributed the diminished effects of the SR-17018 to the lingering amphetamine stimulation and noted that they felt like they would finally be able to sleep soon.

Day 2

On day two of their SR-17018 trial, the user took approximately **70 mg** orally in the **morning** and another **80 mg** in the **late afternoon**. They experienced **minor, easily manageable craving** thoughts that **disappeared an hour after the second dose but returned six hours later**.

That night, they attempted **rectal** administration of approximately **45 mg** of SR-17018, using **3 mL of water**, despite their note that the substance is **poorly soluble in water** (it “crashes out as a white solid very quickly”).

Five minutes after rectal administration, they felt a **tingling sensation** similar to what they experienced when rectally administering O-DSMT, which they attributed to **either placebo or SR-17018 absorption**. They had experienced significant kratom/ODSMT cravings shortly before this rectal dose and were tempted to use kratom instead, but chose to continue the SR-17018 experiment.

They noted it had been **39 hours since their last kratom dose** and that they had only consumed caffeine and SR that day. They expressed hope that a total daily dose of 200 mg of SR could suppress cravings and be a viable solution for their opioid use, noting the cost would be higher than kratom but lower than their previous use of 0.5-0.8 g/day of ODSMT.

Forty minutes after the rectal dose, they reported **no significant opioid effects, but the craving had subsided**. They expressed continued motivation to complete the 7-day trial before switching back to kratom due to upcoming travel.

Warnings

The user emphasizes that they are experimenting on themselves and **warns others not to use SR without understanding the risks**. They state that the worst-case scenario of this experiment could be **death**.

Tapering off Kratom using SR-17018

40mg2Freedom comments on [this](#) that SR-17018 has no recreational value, but that it is effective in reducing or eliminating withdrawal symptoms. Anecdotal reports indicate that individuals using high doses of zenes and Cychlorphine have successfully quit using opioids with the help of SR-17018.

40mg2Freedom's background is that they had spent 1.5 years tapering off of synthetic opiates, and that the best they could manage after that was a **kratom leaf maintenance program**. Their daily maintenance was **3-7 grams of kratom leaf 4-6 times per day**. After researching SR-17018, 40mg2Freedom was convinced of its potential.

Interestingly, 40mg2Freedom required a **250 mg oral dose** and experienced a **45-60 minute onset time**, but SR-17018 significantly **reduced their withdrawal symptoms from a 10/10 to a 2/10**. They dosed **twice daily**, and **within a week, the physical dependence on opioids was gone**. They continued using SR-17018 for two more weeks, primarily at night to address anxiety and potential restless leg syndrome. **By the third week, they no longer felt a need for it and were able to taper off quickly with ease.**

There have been anecdotal reports that SR-17018 may be more effective for individuals who have been using zenes or cychlorphine. One individual who was taking large amounts of these substances reported successfully quitting opioids with only 50mg of SR-17018 daily. However, 40mg2Freedom emphasizes that these are just anecdotes and that research on SR-17018 is ongoing.

40mg2Freedom emphasizes that SR-17018 is a research chemical and individuals using it are essentially research subjects. Most of the existing literature on SR-17018 involves tests on mice or rats, with limited research on primates. Studies are still ongoing, so the full effects and safety of SR-17018 are not yet fully understood.

But... 40mg2Freedom has been **off opioids for a month**. That's the **longest they've been off of them in 20 years**.

SR-17018 has no recreational value and should not be used to get high. However, it may be a potential option for those seeking to quit opioids with minimal withdrawal symptoms and a rapid taper.

Guidelines for Getting off of Kratom

NaturalDirt3195 asked 40mg2Freedom about their taper schedule: how much and how frequently they dosed SR-17018, and for how long. They said that for the **first week**, they took **250 mg twice daily**, the **second week** was **100-150 mg twice daily** and their **third week** they took **100 mg at night only**.

However, their friend who had been on strong zenes only required **50 mg** to feel well. They posit that what you need will depend on your body chemistry, metabolism, and which drugs you are getting off of.

Using SR-17018 to Lower a Large Kratom Tolerance

User b8lake4 commented on [their asking if SR-17018 shows up in UAs](#) saying that they had only bought a gram of SR-17018. They had been using kratom daily for eight years, and started using **four 7-OH and mitragynine pseudoindoxyl tablets daily in addition to kratom powder or extract**. They had tried spirochlorphine, but didn't feel anything from it: it only potentiated their kratom extracts, which resulted in their tolerance spiking even more.

They used SR-17018 for around a week, starting at 50-60 mg twice daily alongside their regular kratom with great success: **they did not have any withdrawal** from the 7-OH/mitragynine pseudoindoxyl and **they were able to lower their kratom dosage** in just a week. b8lake4 is interested in acquiring more SR-17018 to further taper their kratom use and eventually quit opioids entirely.

1 My Story (Part 1)

A Failed Attempt at Using SR-17018 to Quit Kratom Extracts: My Experience

Background

I've battled addiction to a lot of things over my 27 years: Dilaudid, Opanas, kratom, MDMA, coke, benzos, amphetamines, meth, GHB... you name it. But for this post, I'll just stick to my experience with opioids.

At 17, following a surgery to repair a broken foot (an injury that still causes me significant chronic pain, preventing me from hiking, running, or even using public transport due to the short walks required), I became hooked on prescription Dilaudid and Opana. I was taking opioids every four hours—6 mg of Dilaudid, though I can't recall the oxymorphone dosage—and even set alarms to ensure I never missed a dose. After about six weeks of this regimen, I was abruptly cut off by my doctor, who expressed concerns about addiction. Unfortunately, it was a bit too late for that. I experienced my first full-blown opioid withdrawal while still on crutches. The recovery from that surgery was the most painful period of my life up to that point and, at age 17, I gained an addictive mindset: I learned that opioids could make the bad feelings disappear and that life felt unbearably painful without them.

A year later, I discovered kratom, which provided relief from my persistent ankle pain and replicated some of the effects I missed after being cut off from Dilaudid and Opana. This quickly escalated into a two-and-a-half-year addiction, spanning from roughly age 18 to 20. By the end, I was consuming around 50 grams of kratom daily, constantly sick, either in withdrawal or vomiting from the kratom itself. Despite multiple attempts to taper (I've never been able to successfully taper off anything on my own), I couldn't break free. In a desperate move inspired by research on LSD's potential therapeutic benefits for addiction, I decided to use an acid trip as a catalyst for quitting. Miraculously, it worked. I flushed all my kratom at the start of the trip and endured the ensuing withdrawals while tripping—a profoundly difficult and spiritually harrowing experience. However, that single trip led to me remaining opioid-free for approximately six years.

After several other substance addictions and three rehab stints, I convinced myself that six years of opioid abstinence was enough to regain self-control. (Spoiler: I was wrong. I have no self-control with opioids; if I use them, I abuse them.) Within a month of trying kratom again, I was addicted. My use escalated until I was admitted to a mental health facility for unrelated reasons. I disclosed my kratom use, and they decided I needed to detox before I was admitted to the mental health ward. (Originally, they were going to do a seven-day detox, but I insisted I didn't need 16 mg/day of subs and convinced them four days would be fine, assuming they would... y'know... actually taper me.)

They were REALLY ill-equipped to manage kratom withdrawal. They initially planned to use clonidine, but by the time they felt comfortable giving me any, my blood pressure had plummeted (I was so delirious from withdrawals I don't remember the exact numbers, but it was *under* ~80/60). So they switched the plan to taper me using Suboxone, administering 2mg doses every 12 hours for five doses. While this kept most withdrawal symptoms at bay, I wasn't entirely comfortable with the dosage. It felt sort of low. After those five doses, they declared the taper complete. I expressed grave concern that I would enter withdrawals, given that I hadn't actually been tapered at all. They assured me I'd be fine.

As it would turn out, I was not fine! Three days after my last Suboxone dose, I experienced the worst withdrawals of my life (and that's saying something, considering I once completed a rapid detox from a major benzodiazepine addiction over the course of six days). For at least three days (I lost count from the delirium), my withdrawal symptoms consistently ranged between an 8/10 and a 10/10. On the worst day, I spent around four cumulative hours in the hottest shower I could manage, shivering and crying. Even with my room in the mental health ward heated to 88 degrees Fahrenheit, I felt cold down to the bone. The restless leg syndrome felt more like "restless body syndrome"—I was in excruciating pain unless I

constantly moved my arms and my legs. The emotional anguish was overwhelming as well. I'm sort of grateful that I was in the psych ward, as the suicidal thoughts I experienced during that period of withdrawal probably would have escalated into a plan.

And here's the kicker: they only put comfort meds (clonidine, when I was able to score for it, and Mirapex) on my chart for the first seven days of my stay there. Meaning that by Day 7, when I was actually withdrawing, I had NOTHING to help me on my chart. It was one of the worst experiences of my life. But eventually, the symptoms subsided, and I completed my three-week stay in the mental health unit.

Unsurprisingly, upon my release from the psych ward, I immediately relapsed on kratom. I hadn't gotten rid of my stash before my stay, and my lack of self-control made it inevitable. Despite attempts at moderation, my use escalated further, reaching approximately 300mg of mitragynine daily in the form of kratom extracts. I dosed at least every six hours, often more frequently, simply to stave off withdrawal. Every morning, I woke drenched in sweat from overnight withdrawals. It was a grim existence, but the memory of my previous withdrawal experience terrified me, making the prospect of quitting seem infeasible.

Then, I discovered SR-17018. Though initially skeptical, after reading various user reports, I decided it was worth trying. I took my last kratom dose at 11:30 PM on December 7th, going from 250-300 mg of mitragynine daily to zero the next day. So, without further ado, let's talk about what happened when I started taking SR-17018.

Dosing Schedule

Start: 250-300 mg mitragynine/day

Calibration Phase: No target.

- **Day 1:** 25 + 25 + 36 + 63 mg (**149 mg** total).
- **Day 2:** 64 + 34 + 41 + 66 + 68 mg (**273 mg** total).
- **Day 3:** 69 + 65 + 68 mg (**202 mg** total).

Maintenance Phase: 65 mg 3x/day targeted.

- **Day 4:** 195 mg/day targeted. 68 + 68 + 65 mg (**201 mg** total).
- **Day 5:** 195 mg/day targeted. 70 + 66 + 63 mg (**199 mg** total).
- **Day 6:** 195 mg/day targeted. 62 + 61 + 59 mg (**182 mg** total).

Taper Phase: 11% (7-8 mg) reduction per day over 9 days targeted.

- **Day 7:** 174 mg/day targeted. 57 + 55 + 55 mg (**167 mg** total).
- **Day 8:** 153 mg/day targeted. 50 + 50 + 46 mg (**146 mg** total).
- **Day 9:** 132 mg/day targeted. 42 + 42 mg (**84 mg** total).
- **Day 10:** 111 mg/day targeted. 35 + 16 + 42 + 44 mg (**137 mg** total). Note: I messed up pretty majorly on Day 10. See "Day-by-Day Reports" section below for details (I also took 45 + 30 mg mitragynine for a total of **75 mg mitragynine**).

The days after I messed up: nothing targeted, just tried to feel better while sick with a cold.

- **Day 11:** 41 mg SR-17018 (one dose) and 30 + 15 + 15 + 15 + 30 mg mitragynine (**105 mg mitragynine** total).
- **Day 12:** 45 mg SR-17018 (one dose) and 30 + 40 + 40 + 40 + 40 + 40 mg mitragynine (**230 mg mitragynine** total).

Full Day-by-Day Reports

This section is organized chronologically by day. Each day's entry begins with a concise summary paragraph of the day's events. The "Quick Stats" then provide a snapshot of key data, including total daily

dosage, individual dose amounts, a daily withdrawal severity rating (on a scale of 0 to 10, where 10 represents the most intense withdrawals), and a comprehensive list of all reported symptoms. Following the "Quick Stats," the "Summary" offers a more detailed, AI-generated narrative (approximately three to four paragraphs) based on my original journal entries from that day. For the complete, unedited journal entries, please refer to the [Raw Journal Entries](#) section below.

Please note that the "Day" designations in this report are defined by my dosing schedule, with each new Day beginning at 4:27 AM—the time of my initial SR-17018 dose on Day 1. Consequently, any timestamps prior to 4:27 AM on a given "Day" are considered part of the preceding Day. For example, 2:00 AM on "Day 2" is, for the purposes of this report, still considered part of "Day 1."

Day 1: 12/08/24

My first day switching from kratom to SR-17018 was mixed but promising. I started well, but withdrawal symptoms like chills, joint pain, and irritability soon emerged, though milder than expected compared to quitting kratom cold turkey, thanks to the SR-17018. I dosed it throughout the day and may switch to an 8-hour schedule. Importantly, there were no recreational effects. Sleep was rough—three hours with night sweats and knee pain—but still better than anticipated.

Quick Stats

149 mg SR-17018 (Calibration phase, no target): 25 + 25 + 36 + 63 mg

Physical withdrawal symptoms ranged from **1.5/10** to **3/10**.

Symptoms experienced: restlessness, feeling cold, headache, cravings, knee pain and general joint pain, stomach gurgles/diarrhea, slight sweating, fogginess/tiredness, chills/goosebumps, irritability, lightheadedness, tense muscles, stress intolerance, stomach cramps, sleep disturbances

Summary

My first day switching from kratom to SR-17018 was a mix of hope and discomfort. I woke up feeling surprisingly good, secure and zen, which gave me the confidence to finally quit kratom. However, I was also nervous about the withdrawal process. I took my first 25mg dose of SR-17018 at 4:27 AM, and while my initial withdrawal symptoms were mild (rated 2.5/10), I felt cold, restless, and emotionally unprepared for this change. The reality of quitting, coupled with the fact that I was running low on funds to support my kratom use, made the situation feel urgent.

Throughout the morning and early afternoon, my withdrawal symptoms fluctuated but remained relatively manageable. I experienced some headaches, which I treated with ibuprofen, along with joint pain, stomach gurgles, and occasional sweating. I even managed to take a nap, though I suspected lingering effects from the 5-APB I took the previous evening contributed to my tiredness. I was genuinely impressed with the SR-17018; by midday, normally I would be experiencing intense withdrawal symptoms from kratom, but this time it was significantly less severe. I also noted that the SR-17018 had no recreational effects for me, which was a positive sign.

As the day progressed, my symptoms worsened slightly, particularly irritability, lightheadedness, and chills. I realized that not eating contributed to some of these issues, and after having a meal, I felt much better. Later in the evening, a severe headache emerged, reminiscent of caffeine withdrawal. This was a significant hurdle, but I was determined not to relapse. I took increasing doses of SR-17018 throughout the day as needed, and ibuprofen helped manage the headache. Although I was tired, cranky, and experiencing various physical discomforts like joint pain, stomach cramps, and goosebumps, I was approaching 24 hours without kratom—a huge milestone for me.

By late night, I woke up after only a few hours of sleep, drenched in sweat and with aching knees. While uncomfortable, my overall condition wasn't terrible, and I was holding onto the hope of obtaining

pregabalin to help with sleep. Despite the challenges, I felt a sense of accomplishment for making it through the first day. The SR-17018 seemed to be helping mitigate the worst of the kratom withdrawal. I had a lot of hope for the days ahead.

Day 2: 12/09/24

Day 2 was definitely the hardest day for me out of the first week, with withdrawal symptoms coming in waves, though manageable while bundled up. Despite taking SR-17018, I experienced noticeable kratom withdrawal: stress, discomfort, exhaustion, achy knees, restlessness, and irritability (I even snapped at my mom). The afternoon brought intensified symptoms: yawning, restlessness, sniffing, and teary eyes. After a nap with vivid dreams, I woke with a strange, painful road rash sensation all over my skin and worsened joint pain—just existing *hurt*. I suspect this is due to kratom's effects beyond opioid receptors, resembling serotonin withdrawal. Remembering that day two is usually the worst for kratom withdrawal helped me push through. I'm grateful for SR-17018, which I believe is lessening the severity. Connecting with friends provided much-needed support.

Quick Stats

273 mg SR-17018 (Calibration phase, no target): 64 + 34 + 41 + 66 + 68 mg

Physical withdrawal symptoms ranged from **1/10** to **4.5/10**.

Symptoms experienced: temperature regulation issues (feeling cold), exhaustion, aching in knees, restlessness, yawning, sniffing, eyes tearing up, vivid dreams, hypersensitivity/skin discomfort ("road rash" sensation), joint aches, serotonin-withdrawal-y feeling

Summary

Day two was a rollercoaster of fluctuating symptoms, but overall, still significantly more manageable than past withdrawal experiences. I woke up at 6:02 AM, noting that the withdrawals came in waves. Staying bundled up in blankets helped immensely, and I planned to keep my room warmer to further alleviate temperature regulation issues. The fact that even 72 degrees Fahrenheit felt comfortable was a stark contrast to my suboxone withdrawal, where even 88 degrees wasn't warm enough—a very welcome improvement. I took my first dose of 64 mg of SR-17018 shortly after waking.

Despite the initial relative comfort, I experienced periods of stress and discomfort throughout the morning. By mid-morning, the only real symptom was mild knee pain, which further solidified my belief that SR-17018 was a godsend. However, boredom and grumpiness set in by early afternoon. I found myself restless and even snapped at my mother, which I regretted. Despite these negative feelings, I was still able to recognize that my situation was far better than it would have been without the SR-17018. I took additional doses of SR-17018 at 1:17 PM and 2:56 PM.

The late afternoon brought a significant increase in withdrawal symptoms, peaking around 5:46 PM with a rating of 4.5/10. After a restless nap filled with vivid dreams, I experienced a strange combination of physical sensations: a stinging, hypersensitive sensation like road rash all over my body, phantom muscle cramps, and the feeling of being covered in tender bruises. My joints also ached like crazy. Despite the intensity of these symptoms, I reminded myself that this was nowhere near as bad as my worst withdrawal experience with suboxone. I also recognized that kratom's effects on other neurotransmitter systems, beyond opioid receptors, were likely contributing to a serotonin-withdrawal-like feeling. Although I knew day two was typically the worst for kratom withdrawal, I felt out of it and struggled through this difficult period. Despite the difficult afternoon, by 6:55 PM, I felt a shift in my mood. While still a bit discombobulated from waking up from a nap, I felt happy and content while talking with online friends from the comfort of my bed. I took further doses of SR-17018 at 9:31 PM and 12:30 AM.

Day 3: 12/10/24

Day 3 began with a pleasant surprise: I woke up feeling completely withdrawal-free, a huge relief. Though symptoms eventually returned over an hour later, this felt like a victory. A later nap left me sweaty, exhausted, and achy, with a general feeling of malaise. However, the withdrawal symptoms were less intense than day two; the pain was less overwhelming, and I slept better. Crucially, the mental fog from opioid use began lifting, bringing a welcome sense of clarity I hadn't felt in a long time. This clarity renewed my determination to complete the taper and break free from these chemical dependencies, regardless of the remaining discomfort.

Quick Stats

202 mg SR-17018 (Calibration phase, no target): 69 + 65 + 68 mg

Physical withdrawal symptoms ranged from **0/10** to **1.5/10**.

Symptoms experienced: goosebumps, slight headache, sweating, fatigue/exhaustion, joint pain, difficulty sleeping (despite feeling tired)

Summary

Day three brought a significant improvement. I woke up with absolutely no withdrawal symptoms—a 0/10—which was an incredible experience. It took over an hour for any symptoms to even begin to surface, a stark contrast to the previous two days. I took my first dose of 69 mg of SR-17018 shortly after noticing the very mild return of symptoms.

The middle of the day was marked by a long, four-hour nap. I woke up at 3:54 PM feeling sweaty and groggy, but unable to fall back asleep. I described my feeling as “bleh and spent.” I took another dose of 65 mg of SR-17018 shortly thereafter. By evening, a familiar wave of discomfort returned. At 8:44 PM, I felt burned out and experienced significant joint pain, along with exhaustion. I expressed my frustration with kratom withdrawal, needing desperately to sleep. I took another dose of 68 mg of SR-17018 at 9:00 PM.

A subsequent nap brought a welcome shift. I woke up at 10:51 PM feeling clear and determined. I felt significantly better than I had earlier in the day. I reflected on the day as a whole, noting that it was easier than day two. The withdrawals were less harsh, the pain was less overwhelming, and I managed to get more sleep than the previous night. Most importantly, I felt a noticeable clearing of the mental fog I had been experiencing. This newfound clarity fueled my determination to continue the taper and ultimately become opioid-free.

Day 4: 12/11/24

Day 4 was generally good. I woke with almost no withdrawal symptoms and remained symptom-free for several hours. My mental clarity also significantly improved, making me realize how much kratom had been affecting me and strengthening my resolve. Later, I experienced exhaustion and lack of motivation, even for simple tasks, along with feeling hot and sweaty, likely due to accumulated sleep deprivation. But I resisted the urge to return to kratom. Sleep proved beneficial.

Quick Stats

201 mg SR-17018 (195 mg/day targeted): 68 + 68 + 65 mg

Physical withdrawal symptoms ranged from **0/10** to **1/10**.

Symptoms experienced: occasional goosebumps, slight headache, exhaustion/fatigue, feeling painfully bored, difficulty with motivation, feeling hot and sweaty, poor sleep quality (likely contributing to other symptoms)

Summary

Day four continued the trend of improvement. I started the day with a 68 mg dose of SR-17018 at 4:31 AM. By 7:46 AM, I was thrilled to report a 0/10 withdrawal rating. I reflected on the previous day, noting that while I had experienced some mild symptoms (peaking at 1-1.5/10), they were primarily limited to goosebumps and a slight headache. The fact that my withdrawals were again at zero after my morning dose was incredibly encouraging.

Beyond the reduction in physical symptoms, I also noticed a significant improvement in my mental clarity. I felt sharper, less disconnected from the world, and more self-aware. This clarity allowed me to recognize the extent to which kratom had negatively impacted my life. I felt a growing desire to reclaim the parts of myself I had lost. I took further doses of SR-17018 at 1:41 PM and 9:15 PM.

Later in the evening, at 10:26 PM, I experienced a slight uptick in symptoms, rating them at 1/10. I felt exhausted and found everything painfully boring. I was also hot and sweaty, needing a shower but lacking the motivation to take one. I attributed this lack of motivation to the consistently poor sleep quality I had been experiencing. Despite these challenges, I remained determined not to relapse. I understood that returning to kratom would negate all the progress I had made. By 1:07 AM, after finally getting some sleep, my withdrawal symptoms had decreased to 0.5/10. I noted the positive impact of sleep on my overall well-being and resolved to remember this in the future.

Day 5: 12/12/24

Day 5 began with temperature dysregulation and exhausting cold sweats, leaving me feeling utterly depleted, though not sleepy. Later, unexpected emotional turmoil arose: intrusive thoughts about my parents' eventual passing triggered uncontrollable sobbing. Another stress dream during a nap compounded the exhaustion and emotional distress. This shift from physical to emotional symptoms makes sense, as processing feelings becomes possible once the physical symptoms subside.

Quick Stats

199 mg SR-17018 (195 mg/day targeted): 70 + 66 + 63 mg

Physical withdrawal symptoms ranged from **0/10** to **1/10**.

Symptoms experienced: temperature dysregulation (cold sweats), extreme fatigue and lack of energy, emotional distress (intense sadness, intrusive thoughts), stress dreams

Summary

Day five saw a shift from primarily physical symptoms to a surge of emotional challenges. I began the day with a 70 mg dose of SR-17018 at 6:06 AM. Shortly after, at 6:13 AM, I noted mild withdrawal symptoms (1/10), primarily focused on temperature regulation issues. I described the frustrating cycle of feeling both sweaty and cold, making it difficult to find comfortable clothing. The lack of motivation to do even basic tasks, like showering, was also a prominent struggle. By 6:51 AM, the overwhelming feeling was exhaustion and fatigue. I felt out of breath even while sitting and described a Sims-like level of energy depletion (you know, where their energy bar goes to zero and they fall over onto the floor, face down, ass up). Although I was exhausted, I knew sleep wouldn't come easily.

The physical withdrawals seemed to subside by early afternoon; at 2:07 PM, I reported a 0/10. However, this relief was quickly replaced by a wave of intense emotions. I was suddenly overwhelmed by thoughts of my parents' eventual death and the prospect of attending their funerals. This led to a period of intense sobbing and emotional distress. I expressed frustration at my brain for dwelling on such painful thoughts. I took a dose of 66 mg of SR-17018 at 1:25 PM.

The evening brought more sleep disturbances and stressful nap dreams. At 8:10 PM, I noted a slight return of physical symptoms (0.5/10) and acknowledged that my sleep schedule was becoming

increasingly disrupted. Despite this, I found myself falling back asleep. I took my final dose of SR-17018 for the day, 63 mg, at 11:22 PM. Overall, day five marked a significant shift towards emotional challenges. This timeline of symptoms makes sense: you get through the physical issues, and then you start having the space to feel things again.

Day 6: 12/13/24

Day 6 began with optimism due to minimal physical withdrawal symptoms, leading me to consider a faster SR-17018 taper. However, low motivation and energy persisted, leaving me feeling unable to tackle even simple tasks. I felt emotionally flat, punctuated by occasional negativity, hindering my usual activities. I found some focus and comfort in working on my taper spreadsheet. Later, I began worrying about post-acute withdrawal syndrome (PAWS), feeling daunted by the prospect of prolonged boredom and lack of motivation. This led to feelings of being stuck and hopeless. In the evening, I experienced anxiety and perceptual disturbances: sensory overload, difficulty concentrating, derealization, and even mild paranoia reminiscent of psychosis prodrome. Connecting with a friend that night helped me feel more grounded and less isolated.

Quick Stats

182 mg SR-17018 (195 mg/day targeted): 62 + 61 + 59 mg

Physical withdrawal symptoms remained at around **0/10**.

Symptoms experienced: lack of motivation and energy, emotional flatness with occasional negative emotions, feeling "stuck" and hopeless, anxiety and perceptual disturbances, (difficulty concentrating, feeling overwhelmed by sensory input, feeling disconnected from reality, unusual thoughts/mild paranoia), possible prodromal symptoms of psychosis, trouble staying awake/narcolepsy attacks

Summary

Day six marked a significant shift in my withdrawal experience, moving from primarily acute physical symptoms to the onset of post-acute withdrawal syndrome (PAWS). I woke up at 4:39 AM with no withdrawal symptoms (0/10) and felt a surge of overconfidence, believing I could accelerate my taper. While physical symptoms remained minimal (consistently at 1/10 or below since day four), I struggled with a pervasive sense of flatness and lack of motivation, making even simple tasks like cleaning my messy room feel overwhelming. I took my first dose of 62 mg of SR-17018 at 4:54 AM.

By mid-morning, I found some solace in working on my [automated taper generator spreadsheet](#). I found the task engaging, describing it as a puzzle that kept my mind occupied—a welcome distraction during this period of withdrawal. I took another dose of 61 mg at 12:27 PM. Shortly after, at 12:48 PM, I realized I was likely entering the PAWS stage. This realization brought a wave of dispiritedness and weariness. I reflected on the long road ahead, remembering my last opioid withdrawal six years prior and the extended period it took to feel normal again. The prospect of potentially years of boredom and lack of motivation felt daunting. I felt stuck and questioned whether the eventual outcome would be worth the current struggle. I took a dose of 59 mg of SR-17018 at 9:03 PM.

Later that evening, at 10:09 PM, I experienced a concerning increase in psychological symptoms, describing myself as dysregulated and uneasy. I noted symptoms resembling the prodromal stage of psychosis: difficulty filtering out distractions, trouble focusing and understanding conversations, perceptual changes, feelings of being overloaded and disconnected, a need for solitude, sleep disturbances, depressed mood, irritability, and suspiciousness. I also described hearing a recurring noise outside my house, which I attributed to a government drone, and noted worsening hypnagogic hallucinations. However, I soon fell asleep. By 12:22 AM, I was officially on day seven without kratom. I also questioned whether my recent drowsiness was due to nodding from the SR-17018 or narcolepsy attacks, noting constricted pupils. Finally, at 2:03 AM, after a meaningful phone conversation with a friend,

my mood shifted dramatically. I felt connected, heard, and realized I had been catastrophizing earlier. The conversation provided much-needed perspective and reassurance.

Day 7: 12/14/24

Day 7 began with difficult emotions: emptiness, loss, and a lack of direction. Intense mood swings brought sadness, loneliness, and profound demotivation, leaving me overwhelmed by the prospect of rebuilding my life without opioids. Despite this, I continued my taper, slightly reducing my SR-17018 dose. Some withdrawal symptoms (goosebumps and chills) arose, but subsided after ibuprofen, magnesium, and breakfast, reinforcing the importance of self-care. Later, I experienced a mix of fragility and pride at reaching one week kratom-free—a significant accomplishment. However, I also felt emotionally raw and vulnerable, with even minor stressors triggering intense emotions (like crying over a post). My emotional regulation was clearly still recovering.

Quick Stats

167 mg SR-17018 (174 mg/day targeted): 57 + 55 + 55 mg taken

Physical withdrawal symptoms ranged from **0/10** to **1.5/10**.

Symptoms experienced: intense mood swings, feeling empty, lost, and directionless, struggling with motivation, sadness, loneliness, and fatigue, feeling like a failure and scared of not recovering, goosebumps and chills (initially, after dose reduction), irritability, emotional sensitivity and tearfulness, feeling emotionally raw and fragile

Summary

Day seven marked a week since quitting kratom, but it was also a day characterized by intense emotional struggles and some initial concerns about my taper. I started the day at 4:52 AM with a 57 mg dose of SR-17018. Shortly after, at 5:16 AM, I described feeling empty and lost, struggling with significant mood swings, lack of motivation, sadness, loneliness, and fatigue. I felt overwhelmed by the numerous paths to self-improvement available to me but felt directionless and unsure how to begin. I expressed fear that this feeling would be permanent and questioned how anyone finds motivation after quitting opioids. I even momentarily considered giving up, struggling to find a reason to stay alive besides “Mom would be sad.” I felt like a failure, convinced I would never recover.

By 7:42 AM, I noticed a return of physical withdrawal symptoms (1.5/10), consisting of uncomfortable goosebumps and feeling cold despite the warm temperature of my room. I attributed this to a recent ~12% dose reduction of SR-17018, speculating that I might have tapered too soon or too quickly. I decided to take 800mg of ibuprofen and 400mg of magnesium and planned to reassess later. By 8:44 AM, after taking the supplements and eating breakfast, the withdrawal symptoms had completely subsided (0/10), leading me to believe it was a false alarm. However, I still felt irritable. I took a dose of 55 mg of SR-17018 at 1:08 PM.

Later in the day, at 2:37 PM, I reflected on reaching the one-week mark without kratom. I described feeling fragile and proud simultaneously. I acknowledged my heightened emotional sensitivity, mentioning that I had cried over a sad post. I felt unable to handle even minor stressors. Despite these emotional challenges, I reiterated my accomplishment of making it through the first week and affirmed my belief that things would eventually improve. I took another dose of 55 mg of SR-17018 at 8:40 PM.

Day 8: 12/15/24

Day 8 began with a headache, possibly from the SR-17018 reduction, late night, or 5-APB use, along with more regular bowel movements, potentially another withdrawal sign. A restorative nap, however, brought a significant improvement, leaving me feeling grounded and refreshed—the best I'd felt since quitting kratom. This sense of peace and clarity, even surpassing previous sober states, powerfully reinforced the

possibility of healing and my body's return to balance. The positive feeling persisted throughout the day, with a clear head and motivation to continue the taper. Even after further reducing the SR-17018, no significant withdrawal symptoms emerged, making the medication feel like a miracle substance. Sound sleep, free from past stressful dreams and hyperventilation, continued to be a source of comfort and healing, allowing my brain much-needed rest and resulting in refreshed and eased awakenings.

Quick Stats

146 mg SR-17018 (153 mg/day targeted): 50 + 50 + 46 mg

Physical withdrawal symptoms remained at around **0/10**.

Symptoms experienced: headache (potentially due to withdrawal, staying up late, or 5-APB use), more regular bowel movements

Summary

Day eight was marked by significant positive changes and a growing sense of hope. I started the day with a 50 mg dose at 4:41 AM. By 9:05 AM, I noted a pounding headache but was unsure of its cause, attributing it to either the recent dose reduction, staying up late, or 5-APB use the previous night. I also noted the return of regular bowel movements, suggesting a possible withdrawal-related cause for the headache. I decided to try sleeping to alleviate it.

A subsequent nap proved incredibly restorative. At 12:58 PM, I reported feeling grounded and refreshed, describing the nap as dreamless and peaceful. This was the best I had felt since quitting kratom, and I was particularly struck by the contrast to my usual sober state, feeling grounded and clear-headed instead of dysregulated. I took another 50 mg dose at 2:11 PM. Another nap followed, further enhancing my positive mood. By 6:18 PM, I felt amazing, noting the clearest my head had felt in over a year. I felt motivated to continue my progress and emphasized the absence of withdrawal symptoms since the dose reduction. I described SR-17018 as a "true miracle substance."

Late into the night, at 1:10 AM, I reflected on the positive impact of sleep, noting that it no longer felt scary. I had woken up from a series of naps feeling refreshed and without the usual stressful dreams and hyperventilation. I pondered whether my brain had been "punishing" me with these negative dreams during my drug use. I took a 46 mg dose at 1:37 AM, and shortly after, at 1:42 AM, realized I had accidentally slept for six hours and missed my scheduled dose by five hours. Despite this, I experienced no withdrawal symptoms. This realization led me to consider tapering even faster than my current rate of 11% per day, although I expressed some initial hesitation. Overall, I felt very positive and confident in my ability to continue my journey.

Day 9: 12/16/24

Day 9 was an emotional rollercoaster. Overwhelming boredom began the day, making everything feel pointless. I tried sleeping it off, but upon waking, it had morphed into intense anxiety, triggered by a video about failed back surgery that resurfaced my own surgical trauma. Later, the anxiety shifted to exhaustion and muscle aches, leaving me feeling gross, dirty, and angry. Despite sleeping having proved unhelpful so far that day, I tried to rest. But I made a crucial mistake: I slept through my nighttime SR-17018 dose. Overall, day nine was extremely uncomfortable with significant emotional extremes. In retrospect, I believe I was also experiencing the first signs of an impending cold.

Quick Stats

84 mg SR-17018 (132 mg/day targeted): 42 + 42 mg (nighttime dose accidentally skipped)

Physical withdrawal symptoms remained at around **0/10**.

Symptoms experienced: intense boredom, intense anxiety, bordering on panic, feeling overwhelmed and triggered by past trauma related to surgeries, extreme fatigue and muscle aches, feeling heavy and a strong desire to sleep, restlessness and muscle tension, generally feeling gross, anger and sadness, difficulty sleeping

Summary

Day nine of my kratom withdrawal, while still showing minimal physical symptoms, was dominated by intense emotional struggles, including boredom, anxiety, and a pervasive sense of fatigue and dread. I started the day with a 42 mg dose of SR-17018 at 6:56 AM. By 8:38 AM, I was overwhelmed by boredom, describing it as the “worst emotion in the world” and feeling unable to escape it except through sleep. I planned to force myself to sleep in hopes of alleviating the boredom upon waking.

However, shortly after, at 8:54 AM, the boredom escalated into intense anxiety. I felt near tears and couldn't pinpoint the source of the anxiety. I mentioned watching a YouTube video about a failed back surgery, which triggered memories of my own four ankle surgeries and the unaddressed trauma associated with them. This led to a panic. I took another 42 mg dose of SR-17018 at 1:17 PM. By 1:37 PM, the dominant feeling was extreme fatigue and muscle tension. My arms and muscles ached, and I expressed a desire to sleep indefinitely, hoping to wake up feeling refreshed. Everything felt heavy, and I longed to feel okay again.

The evening brought a further decline in my mood. At 7:03 PM, I described feeling dread and restless. My body felt uncomfortable, exacerbated by running out of stimulants. My muscles felt tense and painful, making me acutely aware of the pain radiating throughout my body. I felt disgusting, dirty, and angry, expressing a strong desire to be finished with the entire withdrawal process. I reiterated my exhaustion and sadness, noting that sleep was no longer providing relief. Despite this, I decided to go to bed, making a crucial error later that night: I slept through my nighttime SR-17018 dose.

Day 10: 12/17/24

Day 10 was extremely difficult, marked by unexpected complications and intense discomfort. Missing an SR-17018 dose due to stimulant withdrawal (I had run out of clobenzorex) led to mild opioid withdrawal, disturbing nightmares, and sleep paralysis. The situation worsened upon discovering I'd run out of my thyroid medication. In a misguided attempt to compensate, I took four times my usual levothyroxine dose (using a different formulation), which, combined with stimulant withdrawal, triggered a severe, prolonged panic attack. My blood pressure spiked to 140/120, accompanied by intense anxiety, sweating, chills, and restlessness. I genuinely feared I was dying and broke down over the potential cost of hospitalization without medical insurance. To manage the intense discomfort, I took a small dose of mitragynine, which provided some relief but didn't eliminate the awful feeling. A later mitragynine dose further reduced the symptoms' intensity. To compound matters, I also began experiencing cold/flu symptoms. By day's end, I was utterly exhausted and desperately hoped for improvement the following day.

Quick Stats

137 mg SR-17018 and 75 mg mitragynine (111 mg/day targeted): 35 + 16 + 42 + 44 mg SR-17018, 45 + 30 mg mitragynine

Physical withdrawal symptoms ranged from **0.5/10 to 2/10** (symptoms were **potentially higher than 2/10**; it was impossible to tell what was from what).

Symptoms experienced: mild opioid withdrawal symptoms (nausea, stomach cramps, joint and muscle pain, yawning), nightmares and sleep paralysis, mild thyrotoxicosis (elevated blood pressure, sweating and chills, restless leg syndrome, intense anxiety and fear), possible cold or flu symptoms, stimulant withdrawal symptoms (fatigue, intense cravings, brain zaps, extrapyramidal symptoms), panic attack triggered by medication changes, cold/flu-like illness symptoms

Summary

Day ten was a particularly challenging day, complicated by stimulant withdrawal, a thyroid medication mishap, and the onset of what seemed to be an illness. I started the day at 4:45 AM, taking a 35 mg dose of SR-17018. I had missed my dose the previous night due to running out of clobenzorex and subsequently experiencing stimulant withdrawal, which resulted in a night of nightmares and sleep paralysis. Despite going 15.5 hours without SR-17018, I experienced only mild opioid withdrawal symptoms (0.5/10), mainly nausea, stomach cramps, mild joint and muscle pain, and some yawning.

By 5:40 AM, I felt distressed and discombobulated, logging these feelings to remind myself of the negative consequences of stimulant binging. I described the immense effort required for even simple movements, intense cravings, and a desire to escape the nightmares and pain. I experienced brain zaps and extrapyramidal symptoms. By 6:00 AM, my condition worsened, and I suspected I was becoming ill, rating my overall feeling as 2.5/10. I took another dose of 16 mg of SR-17018 at 8:43 AM.

Later, I added a note about the events of the day, explaining that I had been too panicked to log them in real-time. I had run out of both levothyroxine and clobenzorex, leading me to take a significantly higher dose (100mcg) of an Indian thyroid medication, thyroxine sodium. This resulted in thyrotoxicosis and a severe panic attack, with my blood pressure reaching 140/120. I experienced intense sweating, chills, and horrible restless leg syndrome. At one point, I was pretty convinced that I was dying, and I ended up having a breakdown over the potential costs of going to the hospital without medical insurance. If this were solely attributed to withdrawal, I would have rated it a 7/10. In desperation, I took 45 mg of mitragynine, which offered some relief from the overwhelming anxiety.

By 5:27 PM, after another 30 mg of mitragynine, I felt slightly better but suspected I was also developing a cold, flu, or COVID. I rated this combination of symptoms as a 4/10 if considering it as withdrawal. I decided to try and sleep the rest of the day. I took 42 mg of SR-17018 at 5:43 PM and another 44 mg at 9:19 PM.

Day 11: 12/18/24

Day 11 was mixed, beginning with intense fatigue from stimulant withdrawal and a developing illness, leaving me dazed and exhausted with a sore throat. I took small doses of mitragynine throughout the day to manage the discomfort and illness-exacerbated anxiety. Despite the fatigue and illness, I experienced a burst of unexpected, albeit disorganized, energy—a welcome change from the overwhelming exhaustion. I'm hopeful to fully recover soon.

Quick Stats

41 mg SR-17018 and 105 mg mitragynine (no target; just tried to feel okay): 41 mg SR-17018, 30 + 15 + 15 + 15 + 30 mg mitragynine

Physical withdrawal symptoms remained at around **0/10**.

Symptoms experienced: this day was a bit of a blur, and I wrote very minimally. The only symptoms explicitly mentioned were fatigue and exhaustion (likely from stimulant withdrawal) and flu-like symptoms (from the cold I had).

Summary

Day eleven continued to be dominated by the effects of stimulant withdrawal and the onset of illness, with opioid withdrawal symptoms remaining minimal. I woke up at 3:40 AM feeling dazed and exhausted, attributing this to stimulant withdrawal. I also noted the onset of flu-like symptoms, including a sore throat. I took 41 mg of SR-17018 at 4:46 AM.

Throughout the morning, I focused on managing the stimulant withdrawal and flu-like symptoms with mitragynine. I took 30 mg at 5:49 AM, followed by 15 mg doses at 7:55 AM and 8:17 AM. Despite feeling

ill, I experienced no opioid withdrawal symptoms (0/10) after these doses. At 8:23 AM, I unexpectedly experienced a surge of hyper energy. I attributed this to the excessive amount of sleep I had gotten recently (approximately 23 out of the past 30 hours). While acknowledging that this energy was disorganized and unproductive, I appreciated having any energy at all. I took another 15 mg of mitragynine at 8:38 AM. Later in the evening, at 10:30 PM, I took a final dose of 30 mg of mitragynine. The focus of day eleven was clearly on managing the non-opioid related symptoms, with the SR-17018 effectively keeping opioid withdrawal at bay.

Day 12: 12/19/24

Day 12 was a complex mix of emotions and decisions following my relapse and lingering stimulant withdrawal. I began feeling numb and defeated, realizing SR-17018 alone hadn't been enough to stay off kratom, compounded by challenges managing health without proper medication and stable employment. Later, I began to feel more clear-headed as my levothyroxine situation was resolved and I started feeling physically better.

I decided to attempt quitting kratom again later, having experienced the positive effects of being off it and wanting that back. My plan was to use kratom until it ran out, then resume SR-17018 at a lower dose, acknowledging its effectiveness in reducing opioid tolerance. Small doses of mitragynine were used throughout the day to manage withdrawal and illness-related discomfort, with its effects being more pronounced due to decreased opioid tolerance. However, I reaffirmed that kratom's temporary comfort wasn't worth the emotional numbness. Thus, on day twelve, I recommitted to recovery and planned to begin a new calibration phase with SR-17018 the next day.

Quick Stats

45 mg SR-17018 and **230 mg mitragynine** (no target; just tried to feel okay): 45 mg SR-17018, 30 + 40 + 40 + 40 + 40 + 40 mg mitragynine

Physical withdrawal symptoms remained at around **0/10**.

Symptoms experienced: no opioid withdrawal symptoms experienced. I felt the effects of the mitragynine I took much more strongly than I would have twelve days prior though.

Summary

Day twelve marked the final day of my relapse on kratom, followed by a renewed commitment to quitting and reflections on the preceding days. I started the day at 4:38 AM with a 30 mg dose of mitragynine. By 6:02 AM, I expressed feelings of numbness and acknowledged my inability to stay off kratom with SR-17018. I attributed the relapse to a "perfect storm" of circumstances but also expressed exhaustion and frustration with the cycle of needing medication to get better but being unable to access it without health insurance, which in turn required me to be well enough to work. I resolved to break this cycle, starting with the simple task of cleaning my room. I took 40 mg of mitragynine at 8:22 AM.

By 9:05 AM, I felt like I was coming to my senses after a difficult few days. My levothyroxine situation was resolved, and I was feeling less physically ill, although my voice was still hoarse. I acknowledged that the SR-17018 had significantly lowered my opioid tolerance, making the previous ten days worthwhile despite the relapse. I planned to let my kratom supply run out and attempt quitting again in a few days, believing it would be easier without the readily available option to take it. I took another 40 mg of mitragynine at 12:02 PM. By 1:30 PM, I described feeling "okay," not great but also not horribly sick.

Later in the day, at 5:13 PM, I reported feeling cheerful and euphoric, acknowledging the combination of substances I was taking. I took another 40 mg of mitragynine at 4:09 PM and again at 5:54 PM. At 6:05 PM, I noted that I was actually feeling the effects of the mitragynine, experiencing warmth and a "fuzzy" feeling. I recognized that this amount would not have been enough to prevent withdrawals before the SR-17018 experiment, further confirming its effect on my tolerance. However, I reiterated my desire to

stop using these substances, expressing weariness with the emotional numbness they induced. I took a final dose of 40 mg of mitragynine at 12:45 AM.

Raw Journal Entries

Please note that the "Day" designations in this report are defined by my dosing schedule, with each new Day beginning at 4:27 AM—the time of my initial SR-17018 dose on Day 1. Consequently, any timestamps prior to 4:27 AM on a given "Day" are considered part of the preceding Day. For example, 2:00 AM on "Day 2" is, for the purposes of this report, still considered part of "Day 1."

Day 1: 12/08/24

- **3:50 AM: Feeling: secure and zen.** I feel really well-rested and cozy! I'm going to quit kratom today. I'm nervous about it. Really hoping that it isn't too difficult.
- **4:27 AM: Took 25 mg**
- **4:27 AM: Withdrawals: 2.5/10.** I was feeling sort of cold and restless this morning. Also nervous about starting this taper. I don't know if I'm emotionally prepared to stop kratom, but I'm almost out of money at this point. So I need to.
- **7:47 AM: Withdrawals: 2/10.** I am feeling ever so slightly better than I was this morning. Still uncomfortable in my own skin, and I'm starting to get a pretty bad headache (I popped 800 mg of ibuprofen about ten minutes ago to help with that). I'm starting to get some cravings, but they're manageable. I'm also noticing some pain in my knees that I hadn't noticed before, but I have been sitting in my chair rather weirdly for months now. I'm guessing the kratom just masked that pain.
- **11:47 AM: Withdrawals: 1.5/10.** The only withdrawal symptoms I'm noticing right now are slight stomach gurgles, which feel like they'll turn into diarrhea in a bit, some pain in my hands and joints, slight sweating, and some foggiess/tiredness. I just woke up from a nap because I got pretty tired a few hours ago, but that could be due to the fact that I did 5-APB yesterday evening and didn't get enough good rest. I'm really impressed!! Normally by now, which is 12 hours after my last kratom dose, I would be super tense, hot and cold, covered in goosebumps, and super irritable.
I also just want to mention that (at least for me) this stuff has zero recreational value. I don't feel high at all, and I have zero desire to take more. This is wild.
- **12:28 PM: Withdrawals: 2/10.** I'm having some chills/goosebumps and joint pain, so I'm going to have some more SR-17018. I'm wondering if maybe it'd be better to have it every eight hours instead of every twelve hours. I think I'm going to need to take it easy today because of my knees hurting. But I'm still very impressed with this drug.
- **12:36 PM: Took 25 mg**
- **2:26 PM: Withdrawals: 2.5/10.** I'm feeling REALLY irritable and a little lightheaded. I'm going to eat something and see if that helps.
- **2:50 PM: Withdrawals: 2/10.** Update: it was because I hadn't eaten all day. I feel significantly less irritable now. Not 100% better, but... Much better than before.
- **3:41 PM: Took 36 mg**
- **4:11 PM: Feeling: annoyed and tense.** The wifi has been down for the past 45 minutes. Just want to fucking use my fucking computer. I'm in withdrawal from the kratom and everything FUCKING sucks. Fuck this.
- **8:15 PM: Withdrawals: 3/10.** Holy FUCK my head hurts so bad. This headache honestly feels like a caffeine withdrawal headache (which is really bad.) But I can't cave. This is the longest I've gone without kratom voluntarily in almost a year.
- **8:40 PM: Took 63 mg**

- **9:05 PM: Withdrawals: 3/10.** I'm so tired and cranky. My stress tolerance is so low. I'm getting goosebumps randomly. My joints hurt, and I'm experiencing occasional stomach cramps. But I'm approaching 24 hours without kratom, and it's nowhere near as bad as it would be had I not been taking SR-17018. The 800 mg of ibuprofen I took about 40 minutes ago is helping my head out quite a bit. I just wish I had some comfort meds available to me for sleeping.
Oof. Okay. I can do this.
- **12:41 AM: Withdrawals: 2.5/10.** I woke up after just under three hours of sleep. Not unusual for me. But definitely unwanted. My knees are killing me and I'm drenched in sweat, but I'm not doing... Horrible. I am very tired. Hoping I can get some pregabalin today.

Day 2: 12/09/24

- **6:02 AM: Withdrawals: 1/10.** The withdrawals seem to come and go in waves. As long as I stay bundled up in my blankets, they aren't so bad! I'm still going to take a dose of SR-17018 in a bit in order to stay ahead of the symptoms. But I think from now on, it'd be a good idea to keep my room at 72 Fahrenheit or higher.
Note: when I was withdrawing from suboxone, not even 88 Fahrenheit felt warm enough for me. So this is a very welcome improvement.
- **6:25 AM: Took 64 mg**
- **6:55 AM: Feeling: stressed and discomfort.** I'm definitely feeling the effects of kratom withdrawal, but they're not so bad. Mainly temperature regulation issues and exhaustion. I hope things get easier soon.
- **10:39 AM: Withdrawals: 1/10.** The worst symptom right now that I have is just a mild aching in my knees. SR-17018 is a GODSEND.
- **12:55 PM: Feeling: bored and grumpy.** I hate kratom withdrawal!!! But this is so much more manageable than it would be without SR-17018. I am getting a little restless and bored, and flipped out at my mom today for asking me if I still had a headache... feel bad about that. But again, I'm not actively freaking out. Soooo... better than it could be!
- **1:17 PM: Took 34 mg**
- **2:56 PM: Took 41 mg**
- **2:57 PM: Withdrawals: 3.5/10.** Yawning, restless limbs, sniffing, eyes tearing up. God, this sucks.
- **5:46 PM: Withdrawals: 4.5/10.** I just woke up from a gross nap. I had really vivid dreams, but that's par for the course. It feels like I almost have no skin in some areas—it stings like I have road rash all over my body. Or the sharpness of my muscles cramping up, but without the physical muscle tension. Or like my body is covered in tender, painful bruises. It hurts to exist. My joints ache. But this still isn't even half as bad as my worst withdrawal experience (which was a suboxone rapid detox without any comfort meds).
It probably doesn't help that kratom works on other systems of the brain besides the mu opioid receptor. I feel a sort of serotonin-withdrawal-y feeling, like when I cold turkeyed SSRIs before the brain zaps started.
I know Day 2 is usually the worst with kratom withdrawal. I just need to get over this hump. But god, I'm so out of it.
- **6:55 PM: Feeling: frazzled and happy.** I feel frazzled because I just woke up, I'm a little discombobulated, but I'm happy because I'm cozy in bed and talking with friends. Life isn't so bad right now.
- **9:31 PM: Took 66 mg**
- **12:30 AM: Took 68 mg**

Day 3: 12/10/24

- **8:28 AM: Withdrawals: 1.5/10.** Something incredible happened this morning: I didn't wake up experiencing withdrawals at ALL. Literally a 0/10. Right now they're starting to kick in, but it's been over an hour since I woke up. This is so incredible.
- **8:44 AM: Took 69 mg**
- **3:54 PM: Feeling: bleh and spent.** I just woke up from a 4-hour nap. I'm really sweaty and feel gross. But I can't sleep anymore either. Bleh.
- **4:15 PM: Took 65 mg**
- **8:44 PM: Feeling: burned out and hurting.** My joints hurt so badly. I'm exhausted. I need to sleep. I hate kratom withdrawal so much.
- **9:00 PM: Took 68 mg**
- **10:51 PM: Feeling: clear and determined.** I just woke up from a nap. I feel better than I did before now. Today was easier than yesterday was. The withdrawals were less harsh, the pain was less overwhelming, and I got more sleep than I did yesterday. Most importantly, I can feel some of the fogginess lifting. I feel more clear.
I know that I need to just keep moving forward. will complete this taper, and then will be opioid-free. I am determined to get rid of these chemical shackles, no matter how much it hurts.

Day 4: 12/11/24

- **4:31 AM: Took 68 mg**
- **7:46 AM: Withdrawals: 0/10.** I had some withdrawals yesterday, but they didn't go over a 1/10 or a 1.5/10 and mainly manifested in the form of goosebumps and a slight headache. After my SR-17018 dose this morning, my withdrawals were again at a 0/10!! This is absolutely incredible. I can also tell that my head feels MUCH clearer already. I feel sharper, less disconnected from the world... More self-aware. I'm starting to realize how much I was losing to kratom. And I'm starting to feel ready to get it back again.
- **1:41 PM: Took 68 mg**
- **9:15 PM: Took 65 mg**
- **10:26 PM: Withdrawals: 1/10.** I am exhausted and everything feels painfully boring right now. I'm hot, sweaty, and I need a shower, but drumming up the motivation to take one is really difficult at the moment. The consistently poor sleep quality is probably getting to me. But I can't give up. I know that going back to kratom is just going to bring me right back to square one, and all of this will have been for nothing.
- **1:07 AM: Withdrawals: 0.5/10.** Sleep really is a cure-all. Every time I've gone to bed feeling crappy, I've woken up better off. I need to remember this.

Day 5: 12/12/24

- **6:06 AM: Took 70 mg**
- **6:13 AM: Withdrawals: 1/10.** When will I be able to regulate my body temperature again? I'm so sweaty. And it's that kind of sweat that feels too cold on your body and makes you want to wear warm clothes, but the warm clothes make the sweating worse. I could probably go for a shower, but it is SO hard to drum up the motivation to do ANYTHING. I have a feeling motivation is going to be the hardest to get back when I'm fully off of this stuff.
- **6:51 AM: Withdrawals: 1/10.** I'm so tired. I feel out of breath from sitting down. I'm like, the kind of tired that Sims get when their energy bar reaches zero: I just want to collapse on the floor with my head on the floor and my butt sticking up in the air. I have no energy to do anything. But I know that if I try to sleep, I won't be able to. I'm not sleepy. Just exhausted.
- **6:57 AM: Feeling: exhausted and fatigued.**

- **1:25 PM:** Took **66 mg**
- **2:07 PM: Withdrawals: 0/10.** Oh fuck. The emotions are coming back. The physical withdrawals are at a 0/10, but I forgot about the fucking emotions. Why the hell did my brain decide to think about the fact that [TW: sad] one day my parents are going to die and I'm going to have to go to their funerals and see them dead? I'm just laying in bed sobbing. SOBBING. I HATE THIS. I don't want to think about these things. Why is my brain torturing me right now?
- **8:10 PM: Withdrawals: 0.5/10.** My nap dreams have been so stressful lately. I'm tired. I know I already fucked myself over in terms of sleep tonight though. I'm already falling back asleep though. Fuck.
- **11:22 PM:** Took **63 mg**

Day 6: 12/13/24

- **4:39 AM: Withdrawals: 0/10.** Maybe I'm getting overconfident. But I think I can get off of this stuff a lot faster than I originally planned. I have been consistently at a 1 or below out of 10 for withdrawal symptoms since Day 4. I really just want to get some motivation back. My room is an absolute MESS. But I feel so flat (except for when I'm feeling emotions, which have mostly been negative as of late) that it's hard to do anything but sit around. Oh well. At least I'm not cold anymore.
- **4:54 AM:** Took **62 mg**
- **10:01 AM: Feeling: absorbed and comfortable.** I'm working on my automated taper generator spreadsheet more! like these sorts of things; they're like puzzles. They keep my mind occupied, which is much needed during this period of withdrawal. I need to stay busy, so even if most of what I'm doing is trivial, I'm happy to be getting stuff done.
- **12:27 PM:** Took **61 mg**
- **12:48 PM: Withdrawals: 0/10.** I think I am entering the post-acute stage of withdrawals now. I forgot how awful PAWS were. It's been like 6 years since I last quit opioids. I have a very long journey back to feeling normal ahead of me, and I'm really only at the beginning. Maybe I could treat this with some ultra-low dose naltrexone. Has ULDN been studied for the treatment of PAWS? ... Has anything? Well... Anyway... I'll feel better in 2026.
- **12:55 PM: Feeling: dispirited and weary.** I think the PAWS are beginning to set in. This boredom is going to last for a while. Years, potentially. I'm not feeling much hope right now that things will be worth it in the end. I just feel... Stuck. I know that I did this to myself, so I guess I deserve it, but... Ugh. I have zero motivation, zero momentum, zero desire to even do the things that make me happy.
- **9:03 PM:** Took **59 mg**
- **10:09 PM: Feeling: dysregulated and uneasy.** I have most, if not all, of the symptoms of someone who is in the prodromal stage of psychosis. Difficulty screening out distracting information and sensations, difficulty focusing or understanding what they are hearing, changes in perceptual experiences—visual experiences may become brighter or sounds louder, feeling overloaded, finding it harder to keep track of what they are thinking and what others are saying, feeling disconnected, desire or need to be alone, sleep disturbances, depressed mood, irritability, suspiciousness, unexplained difficulty at/skipping school or work. I keep hearing this noise coming from outside of my house. It sounds like a heavy chair moving across a wooden floor in spurts. I know I'm crazy for saying this, but I think it's a drone—potentially created by the US government. My hypnagogic hallucinations are also getting worse. But I don't know. I'm falling asleep right now. I'm going to try to get more than two hours of sleep tonight.

- **12:22 AM: Withdrawals: 0/10.** I am officially on my 7th day of not having any kratom! I was having trouble staying awake for a lot of yesterday evening though. I'm not sure if this was nodding or narcolepsy attacks though. My pupils were apparently a little constricted. So maybe my tolerance to opioids has gone down so much that 65 mg is too much now.
- **2:03 AM: Feeling: connected and heard.** I just had a lovely chat on the phone with Metta about autism and the theories behind it. He's such a wonderful friend and I feel lucky to be able to talk about these things, be heard and taken seriously, and then hear other perspectives in return. I think maybe I was catastrophizing a bit in my last check-in. I just needed to talk to someone who I feel cares about me.

Day 7: 12/14/24

- **4:52 AM: Took 57 mg**
- **5:16 AM: Feeling: empty and lost.** The mood swings have been really rough recently. I don't know how I'm supposed to get better. I'm struggling with motivation. I'm sad. I'm lonely. I'm tired. I have so many paths I could start on to improve. But I feel directionless. I don't know which one to choose, or how to start. I'm scared that I'll feel this way forever. How does anyone find the motivation to do anything after quitting opioids? Should I just give up? I know the answer is "no," but I'm struggling to find a reason for that "no" besides "mom would be sad." I feel like I'm a failure. I feel like I'm never going to get on my feet again.
- **7:42 AM: Withdrawals: 1.5/10.** Over the past day or so, I've gradually reduced my dose of SR-17018 by ~12% (from 65 mg to 57 mg). It may be too early to tell, but I think I may have reduced too soon. Or perhaps too quickly. I have this really uncomfortable feeling of goosebumps all over my body and I feel cold, despite it being 76 degrees Fahrenheit in my room. I'm going to take some ibuprofen and magnesium and report back in a bit, but I think I'll end up extending the maintenance period a bit if these withdrawal symptoms become intolerable.
- **8:44 AM: Withdrawals: 0/10.** I had 800 mg ibuprofen, 400 mg magnesium (some random CVS health "triple complex"), and I ate breakfast. I don't feel any withdrawal effects anymore. False alarm, I guess. I am a little irritable this morning though.
- **2:37 PM: Feeling: fragile and proud.** I've made it a whole week without kratom. I feel emotionally raw. I cried for 15 minutes today because I saw a sad post. I feel unable to handle even small stressors right now. But... I've made it a week. Things will get easier. I just have to keep moving forward.
- **1:08 PM: Took 55 mg**
- **8:40 PM: Took 55 mg**

Day 8: 12/15/24

- **4:41 AM: Took 50 mg**
- **9:05 AM: Withdrawals: 0/10.** My head is pounding today. I'm not sure if it's because I decreased my SR-17018 dosage by another 12% today and I'm having withdrawals, or because I stayed up too late last night, or because I had 5-apb last night. (TMI) I'm starting to have regular bowel movements again as opposed to the worst time ever on the toilet once a week, so this very well could be a withdrawal-related headache. Either way, I'm going to see if sleeping helps.
- **12:58 PM: Feeling: grounded and refreshed.** I just had a super restorative nap in my comfy bed. I don't remember having any dreams and I woke up completely at peace. I feel great right now! I really hope this feeling lasts because this is the best I've felt since quitting kratom. I'm completely sober as well right now, and I'm feeling the opposite of how I normally feel when I'm sober: I feel grounded instead of dysregulated. I feel clear headed.
- **2:11 PM: Took 50 mg**

- **6:18 PM: Withdrawals: 0/10.** I had a nap after that last check-in. It was really refreshing—I woke up feeling amazing. Overall, today has been a good day. My head feels the clearest it's been in over a year, and I feel very motivated to keep this up. Again, no withdrawal symptoms at all since reducing my dose again today (now we're at 50 mg per dose, down from 57 mg yesterday and 65 the day before). SR-17018 seems to be a true miracle substance.
- **1:10 AM: Feeling: at ease and peaceful.** Sleep is the best thing that I can do for myself right now. Sleeping didn't feel so scary today. It's the middle of the night, my parents are asleep, and I just woke up from a bunch of naps in a row. I didn't have any scary dreams. This sounds kind of silly, but I wonder if my brain had been punishing me for using drugs in the way that I was before because for the most part, since I quit kratom, my dreams have been less stressful. I've woken up refreshed more often instead of hyperventilating like I normally do.
- **1:37 AM: Took 46 mg**
- **1:42 AM: Withdrawals: 0/10.** I just accidentally slept for six hours and missed my SR-17018 by five hours. But I'm not having any withdrawals! I think maybe I can taper even faster than 11%/day, but I'm a little nervous to do that. I'm feeling pretty good tonight. I can do this.

Day 9: 12/16/24

- **6:56 AM: Took 42 mg**
- **8:38 AM: Feeling: bored and restless.** Oh no. I'm SO bored. Boredom is the worst emotion in the world for me because if I get too bored, there's nothing I can do to pull myself out of it other than sleep because EVERYTHING SEEMS TOO BORING. I hate this feeling so much. I'm going to force myself to sleep. Hopefully when I wake up, I won't be bored anymore.
- **8:54 AM: Withdrawals: 0/10.** I feel insanely anxious right now. Very very VERY anxious. I hate this. I hate this so much. I was bored before, and now I'm near tears from anxiety. I don't know where it's coming from. I just watched a YouTube video on Luigi Mangione's failed back surgery. I've had four surgeries on my ankle. I don't think I ever allowed myself to process that trauma. I'm fucking panicking.
- **1:17 PM: Took 42 mg**
- **1:37 PM: Withdrawals: 0/10.** I am so tired. So tired. So, so, so, so, so tired. But my arms hurt. My muscles hurt. They're tense. I feel tense. I just want to sleep for the rest of my life. Maybe then I'll wake up refreshed. Everything feels so heavy. I just want to feel okay again. When will I feel alright?
- **7:03 PM: Feeling: dread and restless.** My body feels uncomfortable. I ran out of stimulants today. My muscles feel restless—not so much that I need to move them constantly. But definitely so much that I'm tense all over. And definitely enough to make me very aware of the pain radiating through my whole body. I feel disgusting. I feel dirty. I feel angry. I just want to be done with all of this. I just want to be done. I'm exhausted. I'm sad. Sleep isn't working. I'm going to go to bed anyway.

Day 10: 12/17/24

- **4:45 AM: Took 35 mg**
- **4:47 AM: Withdrawals: 0.5/10.** I missed my SR-17018 dose last night because I had run out of clobenzorex, entered stimulant withdrawal, and slept through the night until now. It was nothing but horrible, horrible nightmares all night. If I woke up too early, I would be stuck in sleep paralysis. I hate narcolepsy. Anyways, I went 15.5 hours without SR-17018, and I'm only experiencing mild opioid withdrawals, mainly in the form of slight nausea, stomach cramps, mild joint and muscle pain, and a little bit of yawning. I definitely could get off of this stuff faster, but I'm going to be cautious with this taper.

- **5:40 AM: Feeling: distressed and discombobulated.** I just took a shower for the first time in way too long. I'm going to log these feelings so future me doesn't think it's a good idea to binge stimulants. I'm out of stimulants now. I just want to feel alright but it feels like every single movement requires a Herculean effort. I'm exhausted. I'm fighting off intense cravings. I'm TIRED. I'm tired of this. I don't want to have nightmares anymore. I don't want to sleep anymore. I don't want to be in pain anymore. I'm so, so, so, so tired. I'm having brain zaps. Extrapyramidal symptoms. Everything HURTS. I just want to go back to bed but that's not a solution. The nightmares make that even worse. I'm going to go catatonic for a bit. Maybe that will make things okay.
- **6:00 AM: Withdrawals: 2.5/10.** I feel sick as fuck. I think I'm coming down with something.
- **8:43 AM: Took 16 mg**
- **12:00 PM: Withdrawals: ???/10.** *Author's note: This was written later when I felt better. I was too panicked all day to log this.* I ran out of my thyroid medication, levothyroxine (normal dose: 25 mcg) today. And I entered stimulant withdrawal at the same time because I ran out of my daily stimulant, clobenzorex (I use it to treat my narcolepsy). So... My dumbass decided it would be a good idea to take 100 mcg of an Indian thyroid medication, thyroxine sodium. Bad idea. I almost ended up going to the hospital because I was panicking so badly that my blood pressure hit 140/120. I was covered in sweat, but felt so cold at the same time. I had horrible restless leg syndrome. If it were withdrawals, I would have said that it was a 7/10. I ended up giving in and taking **45 mg of mitragynine**. It made me feel slightly better---at least not so ridiculously anxious that I was convinced that I was dying.
- **5:27 PM: Withdrawals: ???/10.** I had another **30 mg of mitragynine**. If this were withdrawals, now I'd say I was at a 4/10. But I'm also definitely coming down with a cold or flu or COVID or something. This just doesn't feel right. I think I just need to sleep the rest of today away.
- **5:43 PM: Took 42 mg**
- **9:19 PM: Took 44 mg**

Day 11: 12/18/24

- **3:40 AM: Feeling: dazed and exhausted.** Stimulant withdrawal. I'm so tired. So so so tired. And I'm getting sick. My throat hurts.
- **4:46 AM: Took 41 mg SR-17018.**
- **5:49 AM: Withdrawals: 0/10.** I took another **30 mg mitragynine**. I feel so sick (flu-like sickness, not opioid withdrawal sickness).
- **7:55 AM: Withdrawals: 0/10.** Took another **15 mg mitragynine**.
- **8:17 AM: Withdrawals: 0/10.** Took another **15 mg mitragynine**.
- **8:23 AM: Feeling: hyper.** I don't know why I'm so hyper! Maybe it's the fact that I've slept for like... 23 out of the past 30 hours. Either way we take what we can get. I'm completely disorganized and know this energy isn't productive in the slightest. But it's energy!
- **8:38 AM: Withdrawals: 0/10.** Took another **15 mg mitragynine**.
- **10:30 PM: Withdrawals: 0/10.** Took another **30 mg mitragynine**.

Day 12: 12/19/24

- **4:38 AM: Took 30 mg mitragynine**
- **6:02 AM: Feeling: numb.** I wasn't able to stay off of kratom with SR-17018. Granted, it was sort of a perfect storm that led to that relapse. But... I don't know. I'm just... I'm tired. Without the proper medications I'm not going to be able to get better. But I can't get those without health insurance. And I can't get health insurance until I'm well enough to work. It feels like a vicious cycle. I'm going to try to break out of this. But I just don't know how. Maybe step one can be just... Cleaning my room. Once I've done that, I can work on step two.
- **8:22 AM: Took 40 mg mitragynine**

- **9:05 AM: Withdrawals: 0/10.** Okay. I think I'm finally coming to my senses... That was a ROUGH few days. I have my levothyroxine sorted again. I'm starting to feel less physically sick (although my voice does sound like shit). And I will say, the SR-17018 definitely lowered my opioid tolerance a great deal. So those 10 days weren't for NOTHING... I am disappointed in myself though. I think I need to just stay off of stimulants. I don't care that they treat my narcolepsy; they aren't worth the rollercoaster that I ride down every two weeks. I think that I'm going to just... run out of kratom and try again in a few days. I don't have much left, and it will be much easier to get off of it if I don't have the option to just take it.
- **12:02 PM: Took 40 mg mitragynine**
- **1:30 PM: Feeling: ok.** I feel okay right now because I don't feel horribly sick. But I also don't feel amazing either. Just okay.
- **4:09 PM: Took 40 mg mitragynine**
- **5:13 PM: Feeling: cheerful & euphoric.** I'm on so many different substances! It makes me really happy when I get this right.
- **5:54 PM: Took 40 mg mitragynine**
- **6:05 PM: Withdrawals: 0/10.** I just want to note that I am actually feeling the effects of the mitragynine that I took today. I feel warm, I feel fuzzy, and other than the fact that I'm sick, I feel... nice. Normally this amount of mitragynine wouldn't even be enough to keep me out of withdrawals. So the SR-17018 definitely worked to reduce my tolerance. But I definitely don't want to be on this stuff anymore. Even though it feels nice, I can tell that I'm emotionally a bit numbed out. I'm tired of that feeling, or lack thereof.
- **12:45 AM: Took 40 mg mitragynine**

Reddit Post Draft (Pt. 1)

[A Failed Attempt at Using SR-17018 to Quit Kratom Extracts: My Experience](#)

After struggling with opioid dependencies for years (at the start of this, I was taking 250-300 mg/day of mitragynine), I decided it's my turn to be a guinea pig and try using SR-17018 to break free from my addiction. SR-17018 is a non-recreational opioid that has shown promise in mitigating withdrawal symptoms and reversing opioid tolerance, offering a potential pathway to a smoother detox.

I meticulously documented my first twelve days of this attempt, hoping to provide insights and learn from the process. While this initial attempt wasn't entirely successful in achieving complete abstinence from kratom, it was a valuable learning experience that I want to share with this community. This post details my day-by-day experience, including the challenges I faced, the lessons I learned, and some key takeaways for anyone considering a similar approach.

(Note: If you want to learn more about SR-17018, I've written quite a bit about it: you can check out the [FAQ post](#) I wrote, my [SR-17018 dosing guide post](#), or if you want to get real nerdy about things, take a look through my [SR-17018 Masterdoc](#). I compiled every single experience report on the stuff that I could find on into that Google doc, I also put a much more in-depth version of my own experience report in there. It's in the Kratom section under the "My Story (Part 1)" subtab.)

My Background

I've battled addiction to a lot of things over my 27 years: Dilaudid, Opanas, kratom, MDMA, coke, benzos, amphetamines, meth, GHB... you name it. But in an attempt to keep things short, I'll just stick to my experience with opioids in this post.

At 17, following foot surgery, I became dependent on prescription Dilaudid and Opana. I took Dilaudid every four hours for six weeks straight. When my doctor cut me off (ironically, because he was scared of me becoming addicted to opioids), I endured my first full-on opioid withdrawal while still on crutches. The recovery from that surgery was the most painful period of my life up to that point and, at age 17, I gained an addictive mindset: I learned that opioids could make the bad feelings disappear and that life felt unbearably painful without them.

A year later, I found kratom, which helped with my chronic ankle pain and felt... well, close enough. After two and a half years of use, I ended up taking 50 grams of the green sludge a day, constantly cycling between withdrawal and pure sickness from taking in so much plant matter. I finally quit kratom after a harrowing (but successful) acid trip, which granted me six years of opioid abstinence.

After those six years had passed, I developed the false belief that I could control my use. So I relapsed on kratom, and within a month of use I reached 250-300 mg mitragynine/day in the form of extracts. A subsequent detox in a mental health facility using a short course of Suboxone resulted in the worst withdrawals of my life—I save my 10/10 ratings for symptoms of that magnitude now—and that's saying something because I've had to go through a six-day rapid benzo taper.

However, in spite of this horrific experience, I relapsed immediately upon release, escalating my kratom use to 250-300 mg daily of mitragynine once again, dosing every few hours just to avoid withdrawal. The fear of going through withdrawal again kept me trapped in this cycle for a while. I felt like I had no way out until I started reading about SR-17018. And, although (spoiler alert) this attempt was not successful, it's given me a lot of hope that I will eventually be able to quit opioids entirely once again.

So let's get into it.

My Dosing Schedule

Start: 250-300 mg mitragynine/day

Calibration Phase: No target.

- **Day 1:** 25 + 25 + 36 + 63 mg (**149 mg** total).
- **Day 2:** 64 + 34 + 41 + 66 + 68 mg (**273 mg** total).
- **Day 3:** 69 + 65 + 68 mg (**202 mg** total).

Maintenance Phase: 65 mg 3x/day targeted.

- **Day 4:** 195 mg/day targeted. 68 + 68 + 65 mg (**201 mg** total).
- **Day 5:** 195 mg/day targeted. 70 + 66 + 63 mg (**199 mg** total).
- **Day 6:** 195 mg/day targeted. 62 + 61 + 59 mg (**182 mg** total).

Taper Phase: 11% (7-8 mg) reduction per day over 9 days targeted.

- **Day 7:** 174 mg/day targeted. 57 + 55 + 55 mg (**167 mg** total).
- **Day 8:** 153 mg/day targeted. 50 + 50 + 46 mg (**146 mg** total).
- **Day 9:** 132 mg/day targeted. 42 + 42 mg (**84 mg** total).
- **Day 10:** 111 mg/day targeted. 35 + 16 + 42 + 44 mg (**137 mg** total). Note: I messed up pretty majorly on Day 10. See “Day-by-Day Reports” section below for details (I also took 45 + 30 mg mitragynine AKA **75 mg mitragynine** total).

The days after I messed up: nothing targeted, just tried to feel better while sick with a cold.

- **Day 11:** **41 mg SR-17018** (one dose) and 30 + 15 + 15 + 15 + 30 mg mitragynine (**105 mg mitragynine** total).
- **Day 12:** **45 mg SR-17018** (one dose) and 30 + 40 + 40 + 40 + 40 + 40 mg mitragynine (**230 mg mitragynine** total).

Summary of How it Went

My first twelve days of using SR-17018 were a tumultuous mix of physical and emotional challenges related to quitting kratom, managing other medications, and dealing with stimulant withdrawal.

- Days 1-4 showed initial promise with SR-17018 mitigating some withdrawal symptoms, though discomfort persisted.
- Day 5 marked a shift to emotional struggles, with intrusive thoughts and heightened sensitivity.
- Days 6-7 brought anxieties about PAWS, perceptual disturbances, and intense mood swings.
- Day 8 offered a respite with improved mood and reduced symptoms.
- But, Day 9 brought a return of emotional instability, culminating in missing an SR-17018 dose.
- Day 10 was a crisis point with severe panic attacks triggered by medication mismanagement and withdrawal, leading to a brief mitragynine relapse.
- Day 11 focused on managing lingering fatigue and illness with mitragynine.
- Finally, Day 12 saw a recommitment to recovery, recognizing the need for a revised approach using SR-17018 at a lower dose after intentionally using up the rest of my kratom supply.

What I Learned

I don't want these twelve days to go to waste, so I'm taking them as a learning experience. I want you guys to learn from my mistakes. So, given what happened, here's what I would tell someone who wants to use SR-17018 to get off of opioids:

1: Be prepared for a range of withdrawal symptoms, but expect them to be (more) manageable.

While SR-17018 significantly reduces the intensity of withdrawal compared to quitting kratom cold turkey, you'll likely still experience some flu-like symptoms (aches, chills, fatigue—though this will be much more

manageable on the right dose of SR-17018), mood swings, emotional disturbances, anxiety, sleep problems, and difficulties with motivation and concentration. If you can, try to line up the first few days of the switch off of your opioid of choice with some days off of work.

2: Prioritize self-care and healthy coping mechanisms. Withdrawal can be physically and emotionally taxing. This means you need to be prioritizing sleep (7-9 hours a night, or as much as you can), staying hydrated, eating well *and* frequently, exercising (if you're able to, even taking a walk once a day can help), taking care of yourself (never underestimate the power of a hot shower!), and connecting with your loved ones. That last one is especially important. Do not isolate. You have nothing to gain from hiding away.

3: Be aware of the potential for post-acute withdrawal syndrome (PAWS). PAWS can occur after the acute withdrawal phase and may involve lingering symptoms like low mood, anxiety, and sleep problems. Go easy on yourself: you didn't get addicted on Day 1 of using, so you're not going to be back to normal on Day 1 of quitting, and this is okay.

4: Be prepared for the emotions to come back. Withdrawal and recovery are not just about physical symptoms. You will feel raw, you will feel overwhelmed, and you will be alright. Let yourself feel things again—you've gone too long without that—and don't catastrophize.

5: Individualize your approach. Everyone's experience with opioid withdrawal and SR-17018 is unique. Everyone starts at a different place, and everyone's body is different. Don't compare your journey to others', and always, always, always listen to your body. You can always adjust your schedule if you need to. It's better to taper once *correctly* than it is to fail from going too fast.

2 My Story (Part 2)

SR-17018 for Getting off of Kratom Extracts: A Redemption Arc

Background

At 17, after a bad ankle break and subsequent foot surgery, I became addicted to prescription opioids and suffered brutal withdrawal when my prescription was stopped. This experience ingrained in me the allure of opioids and their ability to numb pain. I then became addicted to kratom for two and a half years, finally quitting with the help of an LSD trip. After six years of abstinence from opioids, I relapsed on kratom, leading to a disastrous detox in a mental health facility where a poorly managed Suboxone taper caused the worst withdrawal of my life, worsened by a lack of appropriate medication. Upon release, I immediately relapsed and escalated my kratom use until I found SR-17018.

Summary of My Previous Attempt

TL;DR: I attempted to use SR-17018 to transition off a high-dose kratom extracts habit (I was taking around 250-300 mg mitragynine/day). Initially, SR-17018 significantly reduced withdrawal symptoms, offering manageable discomfort compared to previous attempts to quit. I experienced improvements in mental clarity and a decrease in physical symptoms during the first week. However, a series of unfortunate events including running out of my daily stimulants and accidentally taking way too much thyroid medication led to compounding withdrawal effects and a severe panic attack. This, combined with a flu-like illness that developed around the same time, overwhelmed my ability to cope, ultimately resulting in a relapse on kratom. While SR-17018 showed initial promise in mitigating kratom withdrawal, the lack of access to other drugs and the added health challenges derailed my attempt.

Dosing Schedule

Here's the plan: Since my opioid tolerance has decreased significantly (from 250-300 mg/day of mitragynine to approximately 100 mg/day), I will begin with 50% of my usual SR-17018 dose. My goal is 30-35 mg every eight hours for a two-day maintenance phase, after (of course) my two-day calibration phase. Following the maintenance phase, I will taper off of SR-17018 completely over the course of nine days, aiming to be opioid-free by January 1, 2025. Might as well start off the new year right!

Start: ~100 mg mitragynine/day

Calibration Phase: No target.

- **Day 1:** 34 + 32 + 34 mg (**100 mg** total).
- **Day 2:** 30 + 33 + 29 mg (**92 mg** total).

Maintenance Phase: 90 mg 3x/day targeted.

- **Day 3:** 28 + 28 mg (**56 mg** total).
- **Day 4:** 27 + 30 + 29 mg (**86 mg** total).

Taper Phase: 11% (7-8 mg) reduction per day over 9 days targeted.

- **Day 5:** 27 + 25 + 20 + 27 mg (**99 mg** total).
- **Day 6:** 24 + 24 + 24 + 16 mg (**88 mg** total).
- **Day 7:** 22 + 19 + 19 + 10 mg (**70 mg** total).
- **Day 8:** 18 + 10 + 22 + 20 mg (**70 mg** total) and **~92 mg mitragynine** (not planned, 23 + 23 + 23 + 23 mg).
- **Day 9:** 23 + 20 + 24 + 26 mg (**93 mg** total) and **~31 mg mitragynine** (23 + 8 mg)
- **Day 10:** 24 + 25 + 26 + 26 mg (**101 mg** total) and **~40 mg mitragynine** (23 + 17 mg).
- **Day 11:** 25 mg (**25 mg** total) and **~55 mg mitragynine** (32 + 23 mg)

- **Day 12:** 31 mg (31 mg total) and 20 mg tapentadol.

Full Day-by-Day Reports

Raw Journal Entries

Please note that the "Day" designations in this report are based on my dosing schedule, with each new "Day" beginning at approximately 4:18 AM, which is when I took my first dose of SR-17018 on Day 1. Therefore, any timestamps before 4:18 AM on a given "Day" technically belong to the previous "Day". (For example, 2:00 AM on "Day 2" is still considered part of "Day 1" in this context.)

Day 1: 12/20/24

Quick Stats

100 mg SR-17018 (Calibration phase, no target): 34 + 32 + 34 mg

Physical withdrawal symptoms remained at **0/10**.

I didn't experience any negative symptoms on Day 1. I'll list some positive emotions I felt here instead: no withdrawals, feeling sentimental, feeling alive and motivated, feeling energized and optimistic, feeling normal, feeling clear and present, feeling human emotions.

Journal

- **4:18 AM:** Took **34 mg**
- **10:00 AM: Withdrawals: 0/10.** I feel alright this morning. The stimulant withdrawal is finally becoming manageable. My cold is coming to a close. My thyroid is back to its old dysfunctional (but properly treated) self. I'm ready to start the SR-17018 taper again. No withdrawals as of right now anyways. I'm feeling really sentimental this morning. Music sounds beautiful. I'm feeling emotions, but they're not overwhelming right now.
I can do this.
- **10:32 AM: Feeling: alive and motivated.** I'm finally feeling better. I feel alive, I feel clear headed, I feel ready to clean up my messes and move forward with my life. Let's go!!
- **12:55 PM:** Took **32 mg**
- **1:01 PM: Feeling: energized and optimistic.** I have an ID verification for work in an hour. I feel very capable of getting things done. Moving around doesn't feel like such a struggle. I'm going to utilize this burst of energy and take a shower.
- **6:27 PM: Withdrawals: 0/10.** I had a really good day today. I took a shower, I cried a bit to some sad songs, I did some work stuff, and I felt... normal. (It goes without saying that I got my clobenzorex back.) I'm wondering if maybe I should just attempt to taper off of kratom entirely in the five days that I'll have this clobenzorex... I don't know. Probably a bad idea if I run out of stimulants and stop taking any opioids whatsoever at the same time.
- **10:58 PM: Feeling: clear and present.** I feel more human than I have in a long time. I'm listening to music, and I'm feeling a genuine warmth from being alive and feeling truly human emotions for the first time in probably over a year. This is the warmth that opioids tried (and failed) to mimic. I can't believe I let myself be led so far astray... It feels clear. Sharp. Strong. Correct. It feels like I'm home in my own body again. I don't know if I'm making any sense, or if I'm going to look back on this and laugh at myself for thinking I knew something that I didn't. But for now, I'm going to sit back, be present, and enjoy the music.
- **11:23 PM:** Took **34 mg**

Day 2: 12/21/24

Quick Stats

92 mg SR-17018 (Calibration phase, no target): 30+ 33 + 29 mg

Physical withdrawal symptoms remained at **0/10**.

I didn't have any opioid withdrawal-related symptoms on Day 2. I'll list what I did experience here instead: no withdrawals (0/10), feeling comfortable and grateful, feeling well-rested (despite light sleep), lingering cold symptoms (runny nose, sneezing), feeling supported and loved, feeling at peace, panic and dissociation (after watching a video)

Journal

- **7:55 AM: Feeling: comfortable and grateful.** My bed is so nice. I'm so lucky to wake up and have no pain (thanks, good mattress!), wrapped up in my soft blankets, feeling refreshed. I didn't sleep all that much last night- just sort of entered "stasis mode" (that mode when you are completely relaxed/halfway asleep, but still semi-aware of what's going on around you). But right now, I don't really mind. I feel at peace. Hoping for a good day today.
- **8:43 AM: Withdrawals: 0/10.** I know that these good feelings are not likely to be permanent. But I'm going to enjoy them while they last. I feel well-rested this morning. My cold is at that stage now where I am just full of snot and my body is doing its darndest to get rid of it. I'm not experiencing any withdrawal symptoms at this moment, despite being over four hours late on my morning SR-17018 dose. I have a feeling I'm going to have a good, productive day today.
- **9:50 AM: Took 30 mg**
- **2:30 PM: Feeling: supported and loved.** My mom called me, asking me if there's anything else I'd like for Christmas. I told her that I'm just grateful that I have a place to stay (this is the truth). She wanted to get me something other than the Govee Smart galaxy projector. I feel loved, I feel supported, and I feel so grateful to have such wonderful parents.
- **3:38 PM: Took 33 mg**
- **1:27 AM: Withdrawals: 0/10.** I have a bit of a runny nose, and I've sneezed more than I would have liked today, but I think I'm finally over the worst of this cold. No withdrawal symptoms to report right now. I've been hyper-focused on doing a deep reading of [Grim et al. 2020's paper](#), "A G protein signaling-biased agonist at the μ -opioid receptor reverses morphine tolerance while preventing morphine withdrawal" - you'll never guess which molecule THIS one's about. (Spoiler, it's a paper about SR-17018. I *may* be slightly obsessed lol.)
- **1:37 AM: Took 29 mg**
- **2:21 AM: Feeling: panicked and disengaged.** I saw a video on reddit that scared the fuck out of me. It didn't even end poorly—it all worked out in the end—but holy fuck. I am so dissociated now. I think I need to be more careful about the content that I watch. I just kept imagining the worst possible outcome... I can't think of that right now. I'm going to focus on breathing for a bit.

Day 3: 12/22/24

Quick Stats

56 mg SR-17018 (90 mg targeted): 28 + 28 mg

Physical withdrawal symptoms remained at **0/10**.

I didn't have any opioid withdrawal-related symptoms on Day 3. I'll list what I did experience here instead: no withdrawals (0/10), feeling absorbed, feeling dissociated/disconnected, feeling discombobulated, depersonalization/derealization

Journal

- **10:11 AM: Took 28 mg**
- **1:32 PM: Feeling: absorbed.** I'm working on doing a deep dive into a piece of scientific literature on SR-17018 right now! This paper is so beyond fascinating to me. I'm really excited about learning more and expanding my knowledge, and it's a good brain exercise as well!
- **8:34 PM: Took 28 mg**
- **9:04 PM: Withdrawals: 0/10.** Nothing to report, really. I don't really remember a whole lot of today. Probably because I've slept for 3.5 hours cumulatively over the past two days. But that's a "clobenzorex" thing, not a "withdrawals" thing. But I'm pretty sure I had a really nice day today.
- **9:30 PM: Feeling: disconnected and discombobulated.** I had an OSDD-1a moment after dinner. I was mid-sentence, talking about... Something... (my runny nose?) when I felt a strange bodily sensation, almost like that burning weakness you get in your limbs after intense exertion or holding your breath too long, and then I felt a rapid switch happen mid-sentence. I don't know what I was talking about, but I saw that I had dishes in my hands and I was in front of the dishwasher, so I clumsily put them away while repeating "uhh" and "umm" quite a bit. It was embarrassing, so I quickly excused myself to "go to the bathroom" and went upstairs. I felt REALLY dissociated for the next hour or so after that—depersonalization/derealization to the extreme. That was odd.

Day 4: 12/23/24

Quick Stats

86 mg SR-17018 (90 mg targeted): 27 + 30 + 29 mg

Physical withdrawal symptoms ranged from **0/10** to **1.5/10**.

Symptoms experienced: uncomfortable feeling in my skin, goosebumps, stomach gurgling, headache, irritability, tiredness (but not sleepiness)

Journal

- **8:02 AM: Took 27 mg**
- **11:34 AM: Withdrawals: 1.5/10 (not sure if opioid withdrawal).** I don't know if this is opioid withdrawal or if something else funky is going on, but I feel sort of uncomfortable in my own skin right now. I had some goosebumps randomly a few minutes ago, and my stomach is gurgling. I *did* completely miss yesterday's afternoon SR-17018 dose though. It could be that there is a delayed effect from missing doses? I'm not sure. I should also note that I had two 300 mg capsules of non-decarboxylated amanita pantherina powder for the first time about an hour ago, so it could very well be that my stomach is throwing a fit. I'm not sure. We'll see how today goes.
- **12:26 PM: Took 30 mg**
- **12:38 PM: Feeling: hurting and tense.** My head is hurting pretty badly right now and I'm out of ibuprofen. I've gotten 7.5 hours of sleep cumulatively over the past three days, but I'm not tired. I'm just kind of irritable. I should probably lay down for a bit, but I don't really want to. I want to do productive things. But I know I won't enjoy doing them like this. I guess I'll go to bed.
- **10:28 PM: Withdrawals: 0/10.** Today went well, I think. I'm really hoping that I sleep well tonight. I've gotten eight hours of sleep *in total* over the course of the past three days, and tomorrow is gonna be really rough if I don't get proper rest tonight. Anyway, no withdrawal symptoms to report about tonight. I'm doing well.
- **10:40 PM: Took 29 mg**
- **10:47 PM: Feeling: meh.** I'm tired. But I'm still not sleepy. This is rough.

Day 5: 12/24/24

Quick Stats

99 mg SR-17018 (81 mg targeted): 27 + 25 + 20 + 27 mg

Physical withdrawal symptoms ranged from **0/10** to **1.5/10**.

Symptoms experienced: feeling refreshed and peaceful (after good sleep) with no withdrawals initially, muscle tension, restless leg syndrome, irritability, diarrhea, dread (about a Christmas party), relief (after the party)

Journal

- **5:59 AM: Feeling: refreshed and peaceful.** I had a FANTASTIC sleep last night. I'm beyond impressed with the muscimol gummies I got recently. Both nights I've tried them, I've had fewer nightmares, I've woken up more easily, and my sleep quality seems to have been much better. 10/10, would recommend.
- **7:45 AM: Withdrawals: 0/10.** Happy Christmas Eve! I slept SO well last night. I had some muscimol isolate gummies (before anyone comes for me, yes, they are real muscimol, and yes, I understand how rare that is) before I went to sleep and I am SO glad that I did. I feel beyond refreshed.
Note: I've also noticed that it seems I can go longer than eight hours between doses now without immediate withdrawal effects. But I do seem to experience some sort of... Delayed withdrawal effects? As in if I take a dose 4 hours late (so 12 hours after the last one instead of 8), I feel fine at hour 12. But then I start feeling sort of funky around hour 18. It feels like VERY mild withdrawal symptoms. The symptoms persist for around... Maybe 8-12 hours? And then (as long as I am being strict with my 8-hour dosing interval) they subside. This could be all a coincidence, of course. It's really impossible to say because I've only done this twice. But it is interesting to note.
- **8:39 AM: Took 27 mg**
- **11:28 AM: Withdrawals: 1/10.** I'm feeling a little uncomfortable in my own skin right now. My muscles feel slightly tense and I have a bit of RLS. Nothing unmanageable by any means though. I took some magnesium about 20 minutes ago and it seems to be helping a little bit. I think I need to just wait this out and hope it passes.
- **11:34 AM: Feeling: angry.** I am feeling EXTREMELY irritable right now. Holy fuck. My dog is barking at something out the window and I want to SCREAM I'm so tense and overstimulated. This very well could just be an "autistic overwhelm" type thing. But yeah. My fuse is SHORT right now.
- **1:15 PM: Took 25 mg**
- **1:16 PM: Withdrawals: 1/10.** I just had some diarrhea for the first time in god knows how long. I definitely think there is something to this delayed effect of taking doses of SR-17018 more than eight hours apart. I feel fine otherwise though. The temperature regulation issues and irritability have calmed down significantly.
- **5:09 PM: Feeling: dread.** I have a Christmas Eve party with my family coming up in an hour. I REALLY don't want to go. I know it's gonna be absolutely fucking exhausting and I'm going to have to mask so hard the whole time. But I also haven't been to a Christmas party in quite a bit of time, and I told my parents that I would go. So I'm going to suck it up and go. Bleh.
- **5:18 PM: Took 20 mg**
- **9:16 PM: Took 27 mg**
- **11:04 PM: Withdrawals: 0/10.** I took an extra 20 mg SR-17018 dose today because I didn't want to be in withdrawals at the family Christmas party. Good news though: it went well. I hadn't realized it until I got there, but it had actually been at least two years since I had seen any of

them. I've lost a lot of time to addiction—time that I'll never be able to get that back. But I didn't lose tonight.

- **11:20 PM: Feeling: relieved.** I survived the Christmas party! I'm so relieved to be back home and back in my room. It's nice to just be by myself in the silence after that. The party wasn't bad by any means. But it definitely was something I will need to rest and recuperate from.

Day 6: 12/25/24

Quick Stats

88 mg SR-17018 (72 mg targeted): 24 + 24 + 24 + 16 mg

Physical withdrawal symptoms remained at **0/10**.

I didn't have any opioid withdrawal-related symptoms on Day 6. I'll list what I did experience here instead: no withdrawals (0/10), feeling refreshed and glowing, feeling at peace

Journal

- **10:49 AM: Feeling: refreshed and glowing.** I just slept SO well! I got EIGHT HOURS of sleep last night thanks to a combination of muscimol gummies the night before and not taking caffeine when I woke up for the first time around 5 AM. I feel completely rejuvenated and at peace this morning. Thank goodness. And it's Christmas! It's going to be a good day. I'm excited to give my family their gifts (I got them sets of MeUndies PJs) and eat delicious food today.
- **11:28 AM:** Took **24 mg**
- **1:08 PM:** Took **24 mg**
- **6:10 PM: Withdrawals: 0/10.** Well, I'm out of clobenzorex again. Now I just need to avoid caving during the stimulant crash tomorrow. Ugh.
- **8:42 PM:** Took **24 mg**
- **11:20 PM:** Took **16 mg**

Day 7: 12/26/24

Quick Stats

70 mg SR-17018 (63 mg targeted): 22 + 19 + 19 + 10 mg

Physical withdrawal symptoms ranged from **0.5/10** to **2/10**.

Symptoms experienced: muscle tension, restlessness, dysregulation, tiredness, overheating, sensitivity to noise and light (overstimulation), restless legs syndrome (in arms and legs), cold sweats/hot flashes, goosebumps, yawning, weakness (from a nosebleed)

Journal

- **8:01 AM:** Took **22 mg**
- **12:47 PM:** Took **19 mg**
- **1:04 PM: Feeling: restless and dysregulated.** I think I'm in mild opioid withdrawal. I've been slowly tapering myself down on SR-17018 and my muscles just feel really tense and uncomfortable. I'm also pretty tired (out of stimulants) and a bit overheated. Noise sounds too loud and lights seem too bright. I guess I'm overstimulated. This is annoying.
- **8:06 PM: Withdrawals: 0.5/10.** My muscles feel awful right now. Sheesh. I'm really tense in general. I wish I had some clonidine or just something to take the edge off of things. I did 4-MMC yesterday night and this afternoon (no clobenzorex) so those feelings could definitely be a comedown from that. Or it could be from my reduced dose of SR-17018. I'm not sure. Maybe I need to slow this taper down. I'll figure out how much I have left and go from there.
- **8:21 PM:** Took **19 mg**

- **11:09 PM: Took 10 mg**
- **11:25 PM: Withdrawals: 2/10.** Ugh. This taper has definitely been going too fast. I am getting restless legs syndrome in my arms, slight cold sweats/hot flashes, the start of what feels like goosebumps, and I'm yawning SO much... Who knew opioids would suck to taper so much, even SR-17018? Well, I guess I knew. But I thought this one (SR-17018) might be different. I had a booster 10 mg dose around half an hour ago. I am really hoping that kicks in soon. I also had a really intense nosebleed today and feel weak as fuck from it. This is not... Ideal. Sleep, I never thought I'd say this: please come soon...

Day 8: 12/27/24

Quick Stats

70 mg SR-17018 (54 mg targeted): 18 + 10 + 22 + 20 mg and **~92 mg mitragynine** (not planned): 23 + 23 + 23 + 23 mg

Physical withdrawal symptoms ranged from **2/10** to **5/10**.

Symptoms experienced: yawning, feeling cold (despite hot room temperature), awful restlessness to the point of flailing and injuring myself, twitchiness, muscle tension, muscle aches

Journal

- **6:41 AM: Took 18 mg**
- **6:44 AM: Withdrawals: 2/10.** I'm yawning SO much. This is OBNOXIOUS. I'm definitely going to reduce my taper speed. Maybe 10 mg total per day? I'm not sure. I really don't have much SR-17018 left. Ugh. Besides that, it is 76 degrees in my room and I still feel so ridiculously cold, restless, and twitchy. I'm hoping getting some caffeine in me will help with the yawning at least. I get more clobenzorex today too, so things MIGHT be easier soon.
- **8:47 AM: Took 10 mg**
- **8:48 AM: Withdrawals: 3/10.** AA
- **9:07 AM: Feeling: restless and distressed.** I HATE OPIOID WITHDRAWAL I HATE IT I FEEL SO SICK AND UNCOMFORTABLE AAAAAAAAAA
- **9:10 AM: Withdrawals: 5/10.** I JUST WAS FLAILING ON MY BED TO GET RID OF THE RESTLESSNESS AND MY MINI SALT LAMP FELL OFF MY HEADBOARD AND LANDED ON MY HEAD I DON'T CARE I DON'T CARE I DONT CARE IM TAKING KRATOM THIS SUCKS
- **9:15 AM: Took ~1.4 mL of 16.7 mg/mL mitragynine (~23 mg mitragynine)**
- **9:45 AM: Took ~1.4 mL of 16.7 mg/mL mitragynine (~23 mg mitragynine)**
- **3:56 PM: Feeling: relieved.** I just got my clobenzorex in the mail. I also ended up taking some kratom. I feel okay again. I hate that I'm reliant on exogenous chemicals to feel okay. But at least I feel okay.
- **10:45 AM: Took ~1.4 mL of 16.7 mg/mL mitragynine (~23 mg mitragynine)**
- **3:08 PM: Took 22 mg**
- **9:00 PM: Took ~1.4 mL of 16.7 mg/mL mitragynine (~23 mg mitragynine)**
- **12:56 AM: Took 20 mg**

Day 9: 12/28/24

Quick Stats

93 mg SR-17018 (70 mg targeted): 23 + 20 + 24 + 26 mg and **~31 mg mitragynine:** 23 + 8 mg

Physical withdrawal symptoms ranged from **0/10**.

Symptoms experienced: None explicitly reported after the initial feeling of being "spent."

Journal

- **5:00 AM:** Took ~1.4 mL of 16.7 mg/mL mitragynine (~**23 mg mitragynine**)
- **5:12 AM: Feeling: spent.** I don't really know what I did today. I don't really know who I talked to. I don't really know where I went. I don't really know much at all.

I know that I was supposed to do onboarding stuff for my new job. I know that I didn't do that. I know that I didn't talk to my family all day. That I stayed up way too late. That I relapsed on kratom again.

I hope I can get some rest soon. It feels like I have nothing left in me. I need to recharge. I have a big day tomorrow... Today? Today. The sun will come up two hours from now, and I need to be asleep by then.

I feel sort of guilty. I feel like I never can get myself to do what I'm supposed to do. But I want to so, so badly. It's upsetting that I wasted an entire day again. Just spent it rotting and being unproductive, and now I am completely spent.

- **9:26 AM: Withdrawals: 0/10.** I had some liquid kratom extract yesterday into this morning. I couldn't take it anymore. No SR-17018 yet for today—I've been sort of lazy. I'm wondering if it's actually better to just... Cold turkey opioids from here? I only have about 150 mg of SR-17018 left. Maybe I should just try to jump off. Just 23 mg was sufficient last night to stave off withdrawals, which makes me wonder if my kratom tolerance has been completely reset. It can't possibly be too bad. (Famous last words, I know...) Maybe the move is to just take SR-17018 today and tomorrow morning while I hang out with my friend, then jump off completely and medicate it away with pregabalin. I have a few days' worth of clobenzorex, so tomorrow would be the day to do that, if any... On a separate note, I am pretty disappointed in myself for that lapse. I know that I was really distressed yesterday. It just sucks that I seem to catastrophize so badly every time I become more than just a little uncomfortable.
- **9:43 AM: Feeling: excited and nervous.** I'm going to see N* (AKA Rehab Bae) today! It's been quite a while since I've seen him (at least three months), and we have a REALLY nice hotel with gorgeous views lined up for tonight. I'm pretty nervous if I'm being honest. I'm going to need to get a lot done this morning to make sure I'm prepared to see him (shave, clean up my room, get my work stuff done, etc.). But I'm also really excited. I haven't hung out with a non-family member in... Months. The change in scenery alone is going to be really good for me.
- **10:58 AM:** Took **23 mg**
- **12:27 PM:** Took 0.5 mL of 16.7 mg/mL mitragynine (~**8 mg mitragynine**)
- **2:07 PM:** Took **20 mg**
- **6:20 PM:** Took **24 mg**
- **11:16 PM: Feeling: engaged and comfortable.** I'm hanging out with N* and it's going great! We did drugs and ate food and had dope sex.
- **11:33 PM:** Took **26 mg**

Day 10: 12/29/24

Quick Stats

101 mg SR-17018 (planned reduction not adhered to): 24 + 25 + 26 + 26 mg and ~**40 mg mitragynine**: 23 + 17 mg

Physical withdrawal symptoms ranged from **0/10** to **0.5/10**.

Symptoms experienced: muscle tension, occasional slight goosebumps, feeling a little cold.

Journal

- **9:42 AM:** Took **24 mg**

- **9:53 AM: Feeling: happy and satisfied.** I had a great night with N* last night into this morning at the hotel! This room is amazing. We got lots of cuddles in (among other things), we tried out my new Govee Aurora Galaxy Projector (it was SO cool), and we had awesome food for dinner and breakfast. I also slept SUPER well last night (as I always do with N*)—so much that my heart rate variability increased to be "out of range"!

I feel a little bit of opioid withdrawal symptoms surfacing—mainly in the form of muscle tension and occasional slight goosebumps—so I took a bit of my dwindling supply of SR-17018. But this was a much-needed change of scenery and I'm glad to be speaking with N* again.

- **2:09 PM: Withdrawals: 0.5/10.** I'm feeling a little cold, but as long as I stay under the blankets and wear my warm hat, I'm okay.
- **2:06 PM: Took 25 mg**
- **2:15 PM: Took ~1.4 mL of 16.7 mg/mL mitragynine (~23 mg mitragynine)**
- **5:31 PM: Took ~1.0 mL of 16.7 mg/mL mitragynine (~17 mg mitragynine)**
- **6:14 PM: Took 26 mg**
- **9:58 PM: Withdrawals: 0/10.** I have around 30 mg of SR-17018 left. I haven't really been following my plan to taper at all these past four or so days. I've just been maintaining. I don't know if this is just in my head, but it feels like above 25 mg, I feel fine if I take it every eight hours. But once I dip below around 22 mg, I start to experience mild withdrawal symptoms, no matter how frequently I dose. I don't know how that would even work from a pharmacokinetics standpoint, and I'm not going to claim that this might be a real phenomenon because the brain is the most important sensory organ in the body, and I've definitely been psyching myself out recently... Anyway, Here's the plan: I'm finally going to be able to pick up the pregabalin that I've been talking about since freaking December 8 on New Year's Eve (I could have gotten it today, but honestly I just didn't want to make the drive). I'm going to take my second-to-last dose of SR-17018 tomorrow around midday. The last one (if there's anything left) will be on New Year's Eve, also around midday. IF (if!! Not when!!) I enter withdrawals, I will take the MINIMAL amount of kratom required to make them BEARABLE tomorrow and the next day. Then on the night of New Year's Eve, I'm going to start on the pregabalin train. I'll stay on pregabalin for 3-4 days, hop off, and then I'll finally, finally, finally be opioid-free.
- **11:03 PM: Took 26 mg**

Day 11: 12/30/24

Quick Stats

25 mg SR-17018 (final dose) and **~55 mg mitragynine**: 32 + 23 mg

Physical withdrawal symptoms reached a rating of **1/10**.

Symptoms experienced: stomach discomfort (feeling flipped upside down), general body uncomfortableness.

Journal

- **12:00 PM: Withdrawals: 1/10.** I'm FEELING! FEELINGS! AND I HATE IT! My stomach feels like it's been flipped upside down. My whole body feels uncomfortable. I fucking hate this! I hate this so much!
- **12:36 PM: Took 25 mg**
- **12:50 PM: Took ~1.8-2 mL of 16.7 mg/mL mitragynine (~32 mg mitragynine)**
- **5:00 PM: Took ~1.4 mL of 16.7 mg/mL mitragynine (~23 mg mitragynine)**
- **9:34 PM: Withdrawals: 0/10.** I'm out of SR-17018 now. I honestly feel depressed as fuck at the moment. Just super low mood, super low motivation, super negative thought patterns... I'm very emotionally raw, and not in a good way. Not in the relieving way. In the "this is why I self

medicated for a year straight" way. I had a really intense day with family issues. I feel sad, I feel guilty, I feel uneasy. I just want to lay on the floor face down and go catatonic. I don't want to do this whole life thing anymore. I'm so burned out and tired.

Day 12: 12/31/24

Quick Stats

31 mg SR-17018 (final planned dose) and **20 mg tapentadol** (unscheduled use for withdrawal).

Physical withdrawal symptoms reached a rating of **1.5/10**.

Symptoms experienced: Not explicitly detailed before tapentadol use, but sufficient to warrant intervention.

Journal

- **10:33 AM: Feeling: excited and at ease.** I'm going to be seeing my friend J* today for New Year's Eve! I'm gonna bring my galaxy projector with me. I'm excited! It's gonna be really nice to see him.

I had some stressful dreams last night, but thankfully I feel fairly rejuvenated this morning. Currently, I'm just laying in bed listening to some bass music on my surround sound system. I'm almost out of clobenzorex, which sucks, but right now I'm not too worried about it. I feel capable of crossing that bridge when I get there tomorrow.

I made my bed last night as well, so right now I feel a lot more comfortable than I did the night before.

Here's to hoping I can ring in 2025 right!

- **1:04 PM:** Took **31 mg**
- **11:45 PM: Withdrawals: 1.5/10.** I just took around **20 mg of Tapentadol** (about 1/8 of a pill) to ease these withdrawal symptoms.

Day 13: 01/01/25

Quick Stats

Physical withdrawal symptoms rated at **2/10**.

Symptoms experienced: stomach gurgling, diarrhea, fatigue.

Journal

- **1:45 AM: Withdrawals: 0/10.** Holy crap. I just passed out for 2 hours. Maybe it was stimulant withdrawal, maybe it was the Tapentadol, either way I was OUT. I don't think that would have gotten close to helping withdrawals before SR-17018. That shit really is a miracle. Oh, also, I'm taking a bunch of molly right now.
- **7:39 PM: Withdrawals: 2/10.** My stomach is gurgling. A lot. I'm going to have diarrhea soon. I'm tired. I'm so tired. I'm in stimulant withdrawal, I'm in opioid withdrawal, I did like 400 mg of MDMA AND some 5-APB last night. I rolled my tits off, that's for sure. But my god. Thank goodness for pregabalin. I'm so dissociated from my body that even though I'm withdrawing pretty grossly, I don't mind.
- **10:02 PM: Feeling: discombobulated.** Aaaaaaaa opioid withdrawal

Day 14: 01/02/25

Quick Stats

Withdrawal symptoms were primarily emotional and psychological, not rated numerically.

Symptoms experienced: dissociation and emotional numbness, followed by increased emotional sensitivity and crying (both from relief and other emotions).

Journal

- **7:43 AM: Feeling: disconnected and dazed.** I'm so dissociated right now wow. I feel like I'm at about 10% capacity. I can't think. I can't feel. I can't talk. All I can do is lay in bed. But that's okay. It's better than opioid withdrawal. Pregabalin rocks.
- **12:04 PM: Feeling: fragile and vulnerable.** Day 2, no opioids. Emotionally, I feel raw. But I also feel like I'm open to experiencing things again. It's weird. I've been crying a lot this morning, but half of those tears haven't been from negative feelings. As an example, the photo attached to this entry is from my New Year's Eve hangout with J*. I looked at it again today and just felt so relieved that I started to cry. I was so worried about him; I really do care about him a lot. I'm so relieved that he's doing better right now.

And in my own way I'm doing better, too. I feel present. I feel clear. Sure, I feel raw, but it feels GOOD to be raw this time. I missed experiencing emotions.

- **1:24 AM: Feeling: moved and in awe.** I'm in an aurora right now. A beautiful, healing Aurora. Schubert is playing on the speakers. I'm getting lost in the colors. The stars.

Just a few minutes ago, tears were streaming down my face uncontrollably. They were tears of relief, tears of grief, healing tears... It was beyond cathartic.

I've been stuffing so much down out of fear that I may not be able to handle it. I've been dissociating, I've had amnesia... When I hear piano, I don't feel so shattered. The shards that make up who I am seem to come together just to experience the music.

This may be the start of something really special.

Day 15: 01/03/25

Quick Stats

Withdrawal symptoms rated at **0/10** due to pregabalin's effects.

Symptoms experienced: dissociation (leading to memory lapse), emotional rawness, grief (processed healthily)

Journal

- **12:19 PM: Withdrawals: 0/10.** Pregabalin has been a lifesaver throughout this withdrawal period. I've been so dissociated that I forgot to log how I was feeling yesterday. But yeah. I haven't felt any withdrawals (or post-MDMA brain zaps!) really at all thanks to the massive (for me) amounts of pregabalin I've been taking. Day three of no opioids couldn't be going better. I feel raw as fuck. But I finally feel able to move forward with my life again. I'm no longer complacent in my situation. Thank you, SR-17018. Thanks to you, I'm finally free.
- **1:29 PM: Feeling: touched and alive.** I'm listening to beautiful music on my makeshift surround sound system. It feels so good to be able to experience music more fully. Day 3 no opioids has brought more gifts.

Good Things Fall Apart vs. Sad Songs came on today's Daylist, and I remembered my cousin R*. He passed away from his alcoholism pretty young. When he died, I remember listening to Good Things Fall Apart and Sad Songs on repeat, and then the artists (Said the Sky and Illenium) decided to collaborate and combine their songs into one.

When the song came on, I felt a wave of grief. He was family. But instead of stuffing the grief down, I let myself experience it. I sang along with the song. My voice cracked at the end:

"I'm coming to terms with a broken heart,

"I guess that sometimes good things fall apart"

I will not cause my parents the same pain that he (inadvertently) did to my aunt and uncle. My parents will not be among the people that bury me when I go. I am going to be alive and I am going to live.

- **3:59 AM: Feeling: satisfied and thankful.** J* found a surprise piece of mail today: the 3-MMC we ordered in September! It had been stuck in Boston's USPS facility for 3.5 months.

I brought my Govee projector with me to J*'s place. We reagent tested it with three reagents (it seemed to be 3-MMC) and then we acetone washed it. It went from a gross yellowish brown to a slightly yellow-white powder after the wash.

We shot the 3-MMC. It was my first time using that ROA. Things went pretty fucking well considering my tiny ass veins and both of our shaky ass hands (J* helped a lot in making things safe).

He did lament that this batch of 3-MMC felt pretty weak. I agree—I was expecting a rush like IV Dilaudid, but I've had nicotine head rushes more powerful than that rush. I mean, to be fair, our serotonin receptors are messed up right now from my recent molly use. But still! I feel like it should've been a bit less... Anticlimactic.

Anyways, J* and I had fun together tonight. We had sex, we talked a lot, we cuddled... It was a great night. Now I'm just laying down in the aurora (this one is called "Space Walk"). I'm hoping I can fall asleep before J* does. That guy snores like a motherfucker.

Day 16: 01/04/25

Quick Stats

Withdrawal symptoms rated at **0/10** (attributed to pregabalin).

Symptoms experienced: strong emotionality, mood swings

Journal

- **12:00 PM: Feeling: balanced and motivated.** I'm really excited to start working at my new job!! Today, I'm going to set up my inbox for my work email and set up filters/labels/etc. for my Gmail account. I'm tired of my emails getting lost and having to wade through so much crap just to see the important stuff.

I set up a schedule for Focus Mode on my phone as well. I will set aside 1.5 hours a day (for now) for productivity, from noon until 1:30 PM. I think having a set time to be away from distractions every day is going to be really helpful.

I feel balanced as well—I always feel so much better after seeing my friends—and I feel capable of accomplishing today's goals (putting away the laundry, work onboarding tasks, email inbox organization).

Today is going to be a good day.

- **3:31 PM: Withdrawals: 0/10.** Day 4, no opioids. I'll do a sharp taper off of this pregabalin starting tomorrow. I've just sort of been using it as needed, which for the past day or two has meant twice a day, morning and night. This has been the easiest jump-off of my life, to be honest. I don't know if this is because SR-17018 has no withdrawals or because Lyrica is just nice, but I feel pretty great. Plus, last night I got to see a close friend of mine. I felt we were able to connect in a way we hadn't before. Maybe it was because we did 3-MMC together, or maybe it was because I have the capacity to feel attraction and deeper human emotions again. Either way, thank fuck I was able to do this.

- **1:13 AM: Feeling: deficient and lost.** I feel fat and ugly because two men fucked me, then didn't text me back. I feel deficient because my mother keeps asking me to do things and I can't do them. I feel lonely because it's Saturday night and I'm not doing jack shit. I'm not out experiencing the world. I'm just... Here. In my messy room. I don't know how to do what I'm supposed to do. I don't know why I'm not... Doing the things I'm supposed to do. I feel lost. I just keep doing drugs. I just can't FUCKING QUIT THE DRUGS. I NEED TO FUCKING QUIT THE DRUGS.
BUT HOW THE HELL AM I SUPPOSED TO QUIT THEM WHEN THEY'RE WHAT'S KEEPING ME ALIVE?

...

I don't know. I just don't know.

Day 17: 01/05/25

Quick Stats

Withdrawal symptoms rated at **0.5/10** (mild physical discomfort).

Symptoms experienced: slight muscle soreness, joint pain, temperature regulation issues, fatigue, potential myxedema crisis symptoms (significant temperature drop, slurred speech, mental instability, ECG abnormalities, bladder cramping, balance issues, abnormal blood pressure, abdominal distension).

Journal

- **6:42 AM: Withdrawals: 0.5/10.** I woke up experiencing slight muscle soreness, joint pain, and temperature regulation issues. I'm tired. I only slept 2.5 hours last night. I'm going to limit my pregabalin use today to 450 mg, as it seems that I've somehow been using about double that each day for the past four days. No wonder I've been stumbling around... Anyway, here's the plan for total Lyrica use:
 - Day 17 (01/05/2025): 450 mg
 - Day 18 (01/06/2025): 350 mg
 - Day 19 (01/07/2025): 250 mg
 - Day 20 (01/08/2025): 150 mg
 - Day 21 (01/09/2025): 50 mg
- **3:44 PM: Feeling: calm and tired.** I feel tired because I've been tired for the past month. In fact, I am 95% sure I had a myxedema crisis last night:
 - My temperature dropped by six degrees Fahrenheit while I slept (that's a body temp of at most 92 degrees—well into the range of hypothermia)
 - I had been heavily slurring my speech all day yesterday
 - I was extremely mentally unstable
 - My Fitbit I Lead ECG showed consistent decreased T-wave amplitudes (all 12 ECGs that I took were "Inconclusive")
 - My bladder was cramping
 - My balance was completely off, I kept stumbling everywhere I went
 - My diastolic blood pressure was abnormally high (but my systolic was below normal)
 - My abdomen was distended

I didn't know what was going on, so I didn't think to go to a hospital. I just thought I had taken too much pregabalin. I didn't put it all together until this morning after I took my thyroid medication and started feeling better.

So this morning, I feel calm. I feel much more balanced than I did last night; I'm in a much better place. I'm exhausted. But I'm okay.

- **7:08 PM: Feeling: satisfied.** Had dinner with the family. Chicken saltimbocca. It was delicious.

Day 20: 01/08/25

Journal

- **9:19 AM: Withdrawals: 0/10.** Sooo... The tapering of the pregabalin isn't going so well. For the past three days or so, my temperature regulation hasn't been the best—I'd rate the symptoms of withdrawal at around **2-2.5/10 for Days 18 and 19**. I've been mainly struggling with uncomfortable goosebumps and feeling cold all the time. So when I ran out of clobenzorex yesterday, I decided I would do what any reasonable and sane person would do in such a situation: buy an 8 ball of blow and order meth to be express shipped to me. I'm currently about 1.5-2 grams of coke deep. I guess the kratom had been combatting some of my cravings for stimulants. What a fucking trade-off. Anyways. I'm 8 days COMPLETELY opioid-free, I'm manic as shit, and I'm loving life. I'm sure I'll regret doing this later, but for now... I'm doing alright.
- **10:32 AM: Feeling: tranquil.** What might be causing me to feel this way? Well, the obvious answer is cocaine. The less obvious answer is the music I'm listening to. It sounds so goddamn good. If coke lasted like... Eight hours instead of 20-30 minutes, it'd be the best (and worst) thing in the world.

But yeah. Right now, I'm just listening to some really pretty downtempo EDM and enjoying the sound of the beat. Head empty, no thoughts.

I realized something this morning: kratom was actually mitigating a lot of my stimulant cravings. It makes sense, it numbs everything out, the good and the bad. I'm going to have to figure out how to combat cravings without kratom.

Oh yeah. I went for a Sylvia Plath quote for this image. It reads "I desire the things which will destroy me in the end." I relate to that so much. Drugs destroyed my life, and yet I still hyperfixate on them. I want to feel okay. Sometimes I even want to feel capital G Good. Good as in... I want to feel like I am a good person who is worthy of care and love.

Anyways. Good morning HWF gang, hope everyone else is doing well ❤️

- **10:40 PM: Feeling: dread.** I don't feel bad right now. But I know that it's coming. The dread I feel is just a logical kind of dread. It's more of a mental acknowledgement that this high is short-lived. And besides, I'm too exhausted to experience a comedown. I'll just end up sleeping instead. ... I don't care. I feel too... Tired? Good? Tired... to care. My ears are ringing, my eyelids are heavy, my brain feels like a fried egg. This has been a fun manic episode!

Day 21: 01/09/25

Journal

- **1:30 PM: Feeling: exhausted.** Stimulant crash.
- **9:00 PM: Feeling: discombobulated.** 2C-B!!!!

Day 22: 01/10/25

Journal

- **7:36 AM: Feeling: clear.** I got a lot of rest these past few days. I'm ready for my shipments to come in. I'm ready to work. I want to experience things again.
- **3:49 PM: Feeling: enthralled.** 2C-B and EDM. Name a more dynamic duo. I'll wait. ... God. This feels so incredible.

Day 23: 01/11/25

Journal

- **7:03 AM:** Well, it's safe to say the kratom addiction was holding a LOT back in my head. I'm... I'm going to be shooting meth today.
- **7:18 AM: Feeling: determined.** AAAAAAAAAAAAAAAAAA
- **12:33 PM: Feeling: agitated.** I just want my package to arrive here today. I've been waiting so long for it...

Day 25: 01/13/25

Journal

- **11:29 AM: Feeling: frustrated.** I WANT MY FUCKING PACKAGE
- **8:20 PM: Feeling: peaceful.** Hanging with J*. It's a full moon (the Wolf Moon) tonight. I picked up a gram of coke and brought his birthday present (a Govee aurora projector) over today. Setting it up now :)

Day 26: 01/14/25

Journal

- **10:19 AM:** I am so manic. The bipolar I disorder really be wildin'. I shot up coke last night, and three nights ago. It felt so fucking good. My meth still hasn't come in the mail. But that's okay. I'm going to use today to prepare. Antibiotics for all the times I missed shots, sleep, water, L-tyrosine... I'm ready. This is definitely a backslide in terms of my addiction. Substance use disorder. Whatever. But right now, I don't really care. I'll be alright.
- **12:10 PM: Feeling: connected.** I'm manic. The universe is giving me its life blood. Its energy. I feel one with it. Thanks to this music, I'm tapped in.
- **6:07 PM:** I got my meth in the mail today. I took some around 1.5 hours ago. I'm no longer frantic. I feel okay. This is Day 14 off of SR-17018, and I'm worried I made a mistake coming off of opioids. I had never shot up anything in my life before about a week and a half ago. I guess the opioids were blunting the cravings (along with EVERY OTHER EMOTION). I quit meth in September. What the hell am I doing?
- **2:59 AM: Feeling: absorbed.** Working on extracting all of the most important information from the work training transcripts! As per usual, Gemini is coming in CLUTCH.

Day 27: 01/15/25

Journal

- **6:23 AM: Feeling: ok.** I'm doing okay right now. But man, sometimes I really, really, really miss Ginja. The caption of this check-in's photo reads, "Grief isn't holding onto loss. It's holding onto love."

Even though it's been over four years since she passed, I still have so much love for Ginge. I know I sound like a broken record when I say this, but I really don't think I knew what true unconditional love was before her. She was more than my dog. I love(d) her more than life itself. Yesterday, I took the plunge and looked at some old Snapchat memories in a moment of grief. Seven years ago, I was recovering from my third ankle surgery, laying in bed, high off my ass on Dilaudid, with her. She never left my side past what was strictly necessary (going for walks and outside breaks).

She was my first best friend. My little shadow. Everywhere I went, I could expect to hear the tapping of her footsteps behind me. At night we would fall asleep together, with her pressed up against my feet. I never had a bad morning waking up to her.

Well anyways. This morning, I'm holding onto love.

Day 28: 01/16/25

Journal

- **10:43 AM: Feeling: accepted.** Well, the obvious answer for why I feel this way is meth. But I'm also having a great time with my friend D*, and I had a wonderful night last night hanging with J*. I haven't slept in a long time, but I don't mind.
- **3:05 AM: Feeling: tranquil.** I finally got to sleep after three days straight of being awake. I also had a big meal—chicken and pasta. And I have some wonderful lo-fi music playing. I feel comfortable, I feel peaceful, I feel... Good. I'm so cozy in my bed right now. I can feel another bout of sleep coming on, so I'm going to keep this short, but today was a good day. It was Day 3 with no GHB as well (!!!).

I feel so much better when I remember to take care of my body. My body is the only one I will ever get—and it allows me to be present on planet Earth. The better I take care of it, the longer I get to stay here. And Earth, for ALL of its flaws, can be pretty damn nice sometimes.

Day 30: 01/18/25

Journal

- **1:58 AM:** I'm tapering down on the pregabalin without any issues. But... I shot up meth. Like... it was really quite a bender. I met up with a friend and he showed me I had been doing it wrong and using the wrong size rigs for what I wanted. It's actually a lot easier than I thought. ... That's not necessarily a good thing. It felt GOOD. Like... I thought I was having an orgasm-type good. I really hope quitting kratom was the right decision, but if you look at how I was doing generally before and after, you definitely wouldn't think it was.
- **2:18 PM: Feeling: loved.** I'm hanging with J* right now. My parents are out of town, so we're at my place for once. We've just been goofy together the whole time so far. He's such an accepting person!! Like, at this point, I truly feel comfortable being my whole self around him. I didn't just allow myself this luxury all at once—unmasking and trusting that it would go okay has been a PROCESS. But the result is that I can be... sort of spiritually and socially naked around someone I care about now, and I don't even need to suck in my metaphysical stomach around him anymore. It all feels so perfectly... human? Honest? I'm not sure how to describe it. I guess I'm just really grateful to have someone in my life like J*.

Day 31: 01/19/25

Journal

- **7:21 AM: Feeling: chatty.** My parents are out of town for the weekend, so I had J* over to spend the night! I've had a lot of fun just hanging out, listening to music, and shooting the shit with him. We ran out of meth around noon yesterday, and I did have two sleep attacks over the course of like 12 hours since running out—one of which happened in the ride to the pharmacy (we had to pick up his Dexedrine, which he has been sharing with me). That sleep attack was embarrassing, but thankfully, my 5 star rating on the app has remained intact! (52 trips and a 5.0 rating is just straight up impressive if you ask me... If only my Uber rating were similar.)

I have my test call for work this morning. I'm a little nervous, but I think it'll go well! Then once it's done, I'll finally be able to start working!

- **7:02 PM: Feeling: proud.** I passed my test calls for work this morning!!!! Apparently I was the only person out of the 13 people in my cohort who did their test calls within the past week to have passed on the first try! I'm SO beyond excited!!

The test calls were actually... really difficult. The first call involved a "caller" who was highly emotional, impatient, and confrontational, and it ended in an "overdose activation." The second one was from a "caller" who kept trying to get a specific operator, which is against work policy. The third "caller" kept bringing up their delusions and talking about inappropriate topics.

I learned a lot and got great feedback from my lead, although admittedly I think I'm going to need to do a few more calls before I feel super comfortable with it all. I think it'd be a good idea to schedule when I want to take calls ahead of time, just so I don't procrastinate on starting this job. It's intimidating thinking about it all—but I am SO proud of myself for doing as well as I've done so far! I'm gonna be doing PAID HARM REDUCTION WORK, BABY!!

Day 32: 01/20/25

Journal

- **8:08 AM: Feeling: happy.** I think I'm going to start taking calls for work today/tonight! I just want to create a cheat sheet for myself so things are a bit easier on calls.

I'm also a little concerned about how few Dexedrine I have left, considering today is a USPS holiday and my package isn't likely to arrive until at least Wednesday. I think I'm just going to have to suffer for a little bit until then. I'll try to get my ducks in a row first before the stimulant crash hits. Maybe J* can spare some extra Dexedrine today?

This is the caption of today's photo:

"Beautiful things come and go"

"But they come"

Day 33: 01/21/25

Journal

- **10:32 PM: Feeling: comfortable.** Today was a good day. I'm tired now. I've been on quite the bender as of late, and could definitely use the rest. Goodnight, HWF Fam ❤️

Day 34: 01/22/25

Journal

- **12:20 PM: Feeling: competent.** I had my first call for work this morning, and it went REALLY well!!!! I'm SO insanely proud of myself. Apparently I got a pretty tough caller, but I thought she was a total sweetheart!! My lead said that she complains about everyone, but that she loved me. She even said at the end, "I know you said you're new, but you did a really good job." How freaking cool is that?

This job is definitely something I want to pour my heart and soul into. It really is the perfect fit. I felt so satisfied after I finished that call!! I mean, how awesome is it to get to BE PAID to talk to people who use drugs and keep them safe? Gosh. I'm so freaking pumped.

This check-in's attached photo reads:

"I treasure my uniqueness. To think nobody else in this universe has the same mind, heart, and soul as me reminds me how precious I am."

The quote is resonating with me quite a bit right now: I've spent most of my life trying to appear to be something I'm not. But about two years ago, post-autism diagnosis, I concluded that it's okay to be myself, and that so long as I have the right intentions, the people that matter will accept me. And since then I've been much closer to happy. I'm so glad I didn't give up when things were hard.

Day 35: 01/23/25

Journal

- **6:14 PM: Feeling: dead inside.** I'm a fucking drug addict.

Day 36: 01/24/25

Journal

- **12:58 PM: Feeling: ok.** I'm feeling alright, I guess. I've had two naps today since waking up, the second of the two having just ended now. The speed I got yesterday is pretty much gone. After the acetone wash, there wasn't much left anyways. I flushed the "4-MMC" that I got. What a fucking waste.

I covered a call this morning around 5 AM for work; it was the same caller as last time. It went really well. We bonded over the new book that she's reading.

I'm probably going to just do some productivity work for my job or straight up go back to bed until I hear from D* about grabbing me my drugs. The meth I ordered almost a week ago to be express shipped to be is, predictably, still in California. I fucking hate how bad the USPS has gotten as of late.

But anyways, yeah, I'm not doing bad today. And hey, we made it through the darkest 10 weeks of the year! That gives me a bit of hope for the future.

Day 38: 01/26/25

Journal

- **6:50 PM: Feeling: accepted.** Just hanging with J* today. We got a fancy hotel last night!! It was great.

Day 43: 01/31/25

Journal

- **10:09 AM:** Well... it's been a month since I stopped taking SR-17018. I've gotten down to 200 mg of pregabalin per day (I started at 900), split up into two doses, but I'm having trouble making the final jump off of it. Every time I try, it feels like my nerves are on fire. I've shot meth every day for the past week. I... I don't know if this whole thing was really a good idea anymore. I feel embarrassed about the state of my arms, I feel ashamed that I'm doing meth... and I feel really empty inside. Yes, I haven't had any opioids in 31 days now. But am I happy? Most definitely not. I'll try to get more sober and check in in a week.

Day 45: 02/02/25

Journal

- **11:46 AM:** Welp! I ended up doing heroin on day 43. (Yes, legitimate heroin. I fentanyl tested it more than once and it was negative each time.) Guess we can conclude that this experiment was... what it was? A total fucking failure? I dunno. I'm fuckin spun dude.

Day 48: 02/05/25

Journal

- **10:32 AM: Feeling: ashamed.** I'm no longer living life in any meaningful way. I'm just existing. I'm not connecting with anyone. I'm not even enjoying music. I feel completely soulless.

I need to stop this. I need to get sober. But I just... can't. I can't control myself. I can't stop. I can't... I don't know what to do. How the hell does anyone stop this?

I hate the paranoia as well. I have this feeling like everyone knows what I'm doing to myself, and they're judging me for it. I know it's not rational. But that doesn't stop the feeling from happening. I just feel so far from baseline, so disconnected from myself that I don't know who I am right now. Who the fuck am I? What the fuck am I doing?

I don't know. I hate this.

- **8:03 PM: Feeling: bleh.** My mouth is way too dry, I'm hungry, I'm tired, and I'm just feeling sort of apathetic in general. I don't want to do a goddamn thing right now. I just want to lay in bed and be catatonic until I die.

But I need to work. I NEED to work. I can't be putting it off every day like this. I need to just... sign on. But then I also need to eat beforehand so I'm in a good mood. But then I also need my mouth to be less dry for that to happen. See my issue?

Today was an okay day, I guess. I didn't get anything productive done, but at least I didn't suffer for the entire day. The morning was a bit rough. Everything felt alien to me—music, YouTube videos, people... it all just felt wrong. I'm glad I'm not in that space anymore.

Day 55: 02/12/25

Journal

- **3:16 PM:** Fuck dopamine.

Day 56: 02/13/25

Journal

- **12:02 AM: Feeling: terrified.** The nightmares are back.

I just spent the past month just... fucking my brain and body up doing meth. And I'm almost out. And I'm not getting more. And the nightmares are back.

Day 57: 02/14/25

Journal

- **11:25 AM: Feeling: contemplative.** I really burned it all down these past four weeks. But now I'm ready to let meth go.

... Which is good, considering I just ran out about an hour ago.

I don't know what any of this meant. I don't think I can find any meaning in it other than... "Don't you dare EVER fucking do that again."

Day 58: 02/15/25

Journal

- **8:39 PM: Feeling: empathetic.** I have experienced so much love already. And there's so much more to give and receive.

Thank you, universe.

Day 59: 02/16/25

Journal

- **9:04 AM:** FUCK DOPAMINE. FUCK IT. FUCK THAT STUPID FUCKING NEUROTRANSMITTER. FUCK IT FUCK IT FUCK IT FUCK IT FUCK IT.

Day 60: 02/17/25

Journal

- **12:57 PM:** Feeling: exhausted.

Day 62: 02/19/25

Journal

- **11:55 AM:** Feeling: exhausted. I'm gonna get sober.

Day 63: 02/20/25

Journal

- **6:40 AM:** Feeling: serene. I'm still exhausted. But... I'm sober. Actually... sober. I never thought I'd be okay sober. Things are going to be okay.

Day 75: 03/02/25

Journal

- **5:15 AM:** Feeling: relieved. J* called from the hospital!! He's finally breathing on his own (no longer on a ventilator!) and in good spirits. He seems truly ready to get sober now. Whatever reservations he previously had seem to be completely gone now.
I'm going to visit him today when visiting hours start at 11.

Day 89: 03/16/25

Journal

- **9:59 PM:** Feeling: lost. I'm feeling really alone right now. It feels like there's no one in my life anymore. I know this isn't true, but I just got back from J*'s a couple of days ago. I went from being around chosen family 24/7 to... well... this.

I don't know how much longer I'll be able to stand living (with my family). My dad's alcoholism has gotten really bad recently. My mom isn't even home yet from her business trip and I'm already dreading interacting with her. And then there's me... just... alone in my room, trying to bury my head in the sand while life goes on outside of my room.

I saw a quote a bit ago that really got to me.

"I feel unspeakably lonely. And I feel drained. It is a blank state of mind and soul I cannot describe to you as I think it would not make any difference. Also it is a very private feeling I have that of melting into a perpetual nervous breakdown. I am often questioning myself what I further want to do, who I further wish to be; which parts of me, exactly, are still functioning properly. No answers, darling. At all." — Anne Sexton, from A Self-Portrait in Letters

Anne Sexton hit the nail on the head with that one.

Day 95: 03/22/25

Journal

- **9:49 PM: Feeling: distressed.** I can't stop gaining weight. I don't know what it is, or why, but I've just been steadily gaining weight ever since I got out of rehab in December 2023. I'm at a number that makes me so viscerally uncomfortable now, and I have no idea what to do about it. I barely fucking eat at all. I'm hungry all the time. It seems like my body is just punishing me for every slip-up I have where I can't take it anymore and I binge. I don't want to go back to purging, but at this point I am at a loss. I don't know what to do. I just want to be skinny. I just want to be skinny.

Day 98: 03/25/25

Journal

- **12:38 PM: Feeling: appreciated.** I've been taking work calls again, and they've been going REALLY well! It feels so good to finally feel like I'm giving back to the world in some way again. Plus, everyone I've spoken with on the phone so far has been lovely to talk to—they're all so genuine and kind (and, well, they're druggies, that's my people). Time has flown by for most of my calls.

Both my lead and my supervisor are super pumped that I'm active and up for taking calls again. I got a wall of text full of positive feedback (and one pointer to improve on) from my lead this morning and it just made me feel so appreciated. Harm reduction is definitely where I'm meant to work.

This entry's attached photo says "The greatest adventure you will ever embark on is the one back to yourself." I started a hyperbolic taper off of my Abilify just over a week ago. (Side note: just starting has felt super empowering on its own.) The past few days have been a bit of a roller coaster in terms of withdrawal symptoms, but I feel like I am already beginning to notice a difference in my motivation and energy levels. I feel good today. And for once, I'm not taking that for granted.

Day 99: 03/26/25

Journal

- **6:54 AM: Feeling: hopeful.** I never realize how much the lack of sunlight in the winters actually messes with me until it's a couple weeks after Daylight Savings, I'm laying in bed in the morning with my windows open listening to the birds chirping, and suddenly I have hope again that things are all going to work out.

The attached image's caption:

I can feel March screaming in my ear. "Wake up! Wake up! The bugs are coming back to life and you must too."

I do sort of feel like I am coming back to life. I feel happier, I feel more motivated, and for the first time in a while, I actually feel capable of doing the things I want to do. Two examples of this increased capacity to get shit done:

- I finally signed up for the prerequisite courses I need for nursing school. I'm starting the first one on April 7. (That's less than 3 weeks from now!)
- I've been taking work calls again and for the most part haven't let my anxiety get the best of me.

😊 Reddit Post Draft (Pt 2)

It's been 101 days since I quit opioids using SR-17018. Here's what I did, how it went, and how I'm doing now.

I've learned a lot over the past... 3.5 months? Wow, time flies. I stumbled and fell quite a few times during this journey, but I kept moving forward. And now, at the time I'm writing this, I am beyond proud to say that I'm sober. So, without further ado, I guess, let's get into it.

Note: This was my second attempt at using SR-17018 to get off of opioids, specifically kratom extracts. Prior to my first attempt, I was using an average of 300 mg of mitragynine per day to avoid getting sick.

Day-to-Day Journal Entries

I have over 10,000 words' worth of journal entries documenting my experiences struggling to recover since I started using SR-17018 on December 20, 2024. I'm going to do my best to pull out the most important entries and put them below.

The Twelve Days of SR-17018 (12/20/24-12/31/24):

- **12/20/2024:** 34 + 32 + 34 mg (**100 mg** total); no withdrawals on this day. **10:58 PM:** I feel more human than I have in a long time. I'm listening to music, and I'm feeling a genuine warmth from being alive and feeling truly human emotions for the first time in probably over a year. This is the warmth that opioids tried (and failed) to mimic. I can't believe I let myself be led so far astray... It feels clear. Sharp. Strong. Correct. It feels like I'm home in my own body again. I don't know if I'm making any sense, or if I'm going to look back on this and laugh at myself for thinking I knew something that I didn't. But for now, I'm going to sit back, be present, and enjoy the music.
- **12/21/2024:** 30 + 33 + 29 mg (**92 mg** total); no withdrawals on this day. **8:43 AM:** I know that these good feelings are not likely to be permanent. But I'm going to enjoy them while they last. I feel well-rested this morning. My cold is at that stage now where I am just full of snot and my body is doing its darndest to get rid of it. I'm not experiencing any withdrawal symptoms at this moment, despite being over four hours late on my morning SR-17018 dose. I have a feeling I'm going to have a good, productive day today.
- **12/22/2024:** 28 + 28 mg (**56 mg** total); no withdrawals on this day. **9:04 PM:** Nothing to report, really. I don't really remember a whole lot of today. Probably because I've slept for 3.5 hours cumulatively over the past two days. But that's a "clobenzorex" thing, not a "withdrawals" thing. But I'm pretty sure I had a really nice day today.
- **12/23/2024:** 27 + 30 + 29 mg (**86 mg** total); withdrawal symptom range: **0/10 to 1.5/10**. **11:34 AM:** I don't know if this is opioid withdrawal or if something else funky is going on, but I feel sort of uncomfortable in my own skin right now. I had some goosebumps randomly a few minutes ago, and my stomach is gurgling. I *did* completely miss yesterday's afternoon SR-17018 dose though. It could be that there is a delayed effect from missing doses? I'm not sure. I should also note that I had two 300 mg capsules of non-decarboxylated amanita pantherina powder for the first time about an hour ago, so it could very well be that my stomach is throwing a fit. I'm not sure. We'll see how today goes.
- **12/24/2024:** 27 + 25 + 20 + 27 mg (**99 mg** total); withdrawal symptom range: **0/10 to 1.5/10**. **11:04 PM:** I took an extra 20 mg SR-17018 dose today because I didn't want to be in withdrawals at the family Christmas party. Good news though: it went well. I hadn't realized it until I got there, but it had actually been at least two years since I had seen any of them. I've lost a lot of time to addiction—time that I'll never be able to get that back. But I didn't lose tonight.
- **12/25/2024:** 24 + 24 + 24 + 16 mg (**88 mg** total); no withdrawals on this day. **10:49 AM:** I just slept SO well! I got EIGHT HOURS of sleep last night thanks to a combination of muscimol

gummies the night before and not taking caffeine when I woke up for the first time around 5 AM. I feel completely rejuvenated and at peace this morning. Thank goodness. And it's Christmas! It's going to be a good day. I'm excited to give my family their gifts and eat delicious food today.

- **12/26/2024:** 22 + 19 + 19 + 10 mg (**70 mg** total); withdrawal symptom range: **0.5/10** to **2/10**.
11:25 PM: Ugh. This taper has definitely been going too fast. I am getting restless legs syndrome in my arms, slight cold sweats/hot flashes, the start of what feels like goosebumps, and I'm yawning SO much... Who knew opioids would suck to taper so much, even SR-17018? Well, I guess I knew. But I thought this one (SR-17018) might be different. I had a booster 10 mg dose around half an hour ago. I am really hoping that kicks in soon. I also had a really intense nosebleed today and feel weak as fuck from it. This is not... Ideal. Sleep, I never thought I'd say this: please come soon...
- **12/27/2024:** 18 + 10 + 22 + 20 mg (**70 mg** total) and **~92 mg mitragynine** (not planned, 23 + 23 + 23 + 23 mg); withdrawal symptom range: **2/10** to **5/10**. **5:12 AM:** I don't really know what I did today. I don't really know who I talked to. I don't really know where I went. I don't really know much at all. I know that I was supposed to do onboarding stuff for my new job. I know that I didn't do that. I know that I didn't talk to my family all day. That I stayed up way too late. That I relapsed on kratom again. I hope I can get some rest soon. It feels like I have nothing left in me. I need to recharge. I have a big day tomorrow... Today? Today. The sun will come up two hours from now, and I need to be asleep by then. I feel sort of guilty. I feel like I never can get myself to do what I'm supposed to do. But I want to so, so badly. It's upsetting that I wasted an entire day again. Just spent it rotting and being unproductive, and now I am completely spent.
- **12/28/2024:** 23 + 20 + 24 + 26 mg (**93 mg** total) and **~31 mg mitragynine** (23 + 8 mg); no withdrawals on this day. **9:26 AM:** I had some liquid kratom extract yesterday into this morning. I couldn't take it anymore. No SR-17018 yet for today—I've been sort of lazy. I'm wondering if it's actually better to just... Cold turkey opioids from here? I only have about 150 mg of SR-17018 left. Maybe I should just try to jump off. Just 23 mg was sufficient last night to stave off withdrawals, which makes me wonder if my kratom tolerance has been completely reset. It can't possibly be too bad. (Famous last words, I know...) Maybe the move is to just take SR-17018 today and tomorrow morning while I hang out with my friend, then jump off completely and medicate it away with pregabalin. I have a few days' worth of clobenzorex, so tomorrow would be the day to do that, if any... On a separate note, I am pretty disappointed in myself for that lapse. I know that I was really distressed yesterday. It just sucks that I seem to catastrophize so badly every time I become more than just a little uncomfortable.
- **12/29/2024:** 24 + 25 + 26 + 26 mg (**101 mg** total) and **~40 mg mitragynine** (23 + 17 mg); withdrawal symptom range: **0/10** to **0.5/10**. **9:58 PM:** I have around 60 mg of SR-17018 left. I haven't really been following my plan to taper at all these past four or so days. I've just been maintaining. I don't know if this is just in my head, but it feels like above 25 mg, I feel fine if I take it every eight hours. But once I dip below around 22 mg, I start to experience mild withdrawal symptoms, no matter how frequently I dose. I don't know how that would even work from a pharmacokinetics standpoint, and I'm not going to claim that this might be a real phenomenon because the brain is the most important sensory organ in the body, and I've definitely been psyching myself out recently... Anyway, Here's the plan: I'm finally going to be able to pick up the pregabalin that I've been talking about since freaking December 8 on New Year's Eve (I could have gotten it today, but honestly I just didn't want to make the drive). I'm going to take my second-to-last dose of SR-17018 tomorrow around midday. The last one (if there's anything left) will be on New Year's Eve, also around midday. IF (if!! Not when!!) I enter withdrawals, I will take the MINIMAL amount of kratom required to make them BEARABLE tomorrow and the next day.

Then on the night of New Year's Eve, I'm going to start on the pregabalin train. I'll stay on pregabalin for 3-4 days, hop off, and then I'll finally, finally, finally be opioid-free.

- **12/30/2024: 25 mg (25 mg total) and ~55 mg mitragynine (32 + 23 mg); withdrawal symptoms: 1/10. 12:00 PM:** I'm FEELING! FEELINGS! AND I HATE IT! My stomach feels like it's been flipped upside down. My whole body feels uncomfortable. I fucking hate this! I hate this so much!
- **12/31/2024: 31 mg (31 mg total) and 20 mg tapentadol; withdrawal symptoms: 1.5/10. 10:33 AM:** I had some stressful dreams last night, but thankfully I feel fairly rejuvenated this morning. Currently, I'm just laying in bed listening to some bass music on my surround sound system. I'm almost out of clobenzorex, which sucks, but right now I'm not too worried about it. I feel capable of crossing that bridge when I get there tomorrow. I made my bed last night as well, so right now I feel a lot more comfortable than I did the night before. Here's to hoping I can ring in 2025 right!

Life After SR-17018:

- **01/01/2025, 7:39 PM:** My stomach is gurgling. A lot. I'm going to have diarrhea soon. I'm tired. I'm so tired. I'm in stimulant withdrawal, I'm in opioid withdrawal, I did like 400 mg of MDMA AND some 5-APB last night. I rolled my tits off, that's for sure. But my god. Thank goodness for pregabalin. I'm so dissociated from my body that even though I'm withdrawing pretty grossly, I don't mind.
- **01/02/2025, 12:04 PM:** Day 2, no opioids. Emotionally, I feel raw. But I also feel like I'm open to experiencing things again. It's weird. I've been crying a lot this morning, but half of those tears haven't been from negative feelings. I'm doing better. I feel present. I feel clear. Sure, I feel raw, but it feels GOOD to be raw this time. I missed experiencing emotions.
- **01/03/2025, 1:24 AM:** Schubert is playing on the speakers. Just a few minutes ago, tears were streaming down my face uncontrollably. They were tears of relief, tears of grief, healing tears... It was beyond cathartic. I've been stuffing so much down out of fear that I may not be able to handle it. I've been dissociating, I've had amnesia... When I hear piano, I don't feel so shattered. The shards that make up who I am seem to come together just to experience the music. This may be the start of something really special.
- **01/03/2025, 12:19 PM:** Pregabalin has been a lifesaver. I haven't felt any withdrawals really at all thanks to the massive amounts of pregabalin I've been taking. Day three of no opioids couldn't be going better. I feel raw as fuck. But I finally feel able to move forward with my life again. I'm no longer complacent in my situation. Thank you, SR-17018. Thanks to you, I'm finally free.
- **01/04/2025, 3:31 PM:** Day 4, no opioids. This has been the easiest jump-off of my life, to be honest. I don't know if this is because SR-17018 has no withdrawals or because Lyrica is just nice, but I feel pretty great. Plus, last night I got to see a close friend of mine. I felt we were able to connect in a way we hadn't before. Maybe it was because we did 3-MMC together, or maybe it was because I have the capacity to feel attraction and deeper human emotions again. Either way, thank fuck I was able to do this.
- **01/05/2025, 6:42 AM:** I woke up experiencing slight muscle soreness, joint pain, and temperature regulation issues. I'm tired. I only slept 2.5 hours last night. I'm going to limit my pregabalin use today to 450 mg, as it seems that I've somehow been using about double that each day for the past four days. No wonder I've been stumbling around...
- **01/08/2025, 9:19 AM:** Sooo... The tapering of the pregabalin isn't going so well. For the past three days or so, my temperature regulation hasn't been the best. I've been mainly struggling with uncomfortable goosebumps and feeling cold all the time. So when I ran out of clobenzorex yesterday, I decided I would do what any reasonable and sane person would do in such a situation: buy an 8 ball of blow and order meth to be express shipped to me. I'm currently about 1.5-2 grams of coke deep. I guess the kratom had been combatting some of my cravings for

stimulants. What a fucking trade-off. Anyways. I'm 8 days COMPLETELY opioid-free, I'm manic as shit, and I'm loving life. I'm sure I'll regret doing this later, but for now... I'm doing alright.

- **01/11/2025, 7:03 AM:** Well, it's safe to say the kratom addiction was holding a LOT back in my head. I'm... I'm going to be shooting meth today.
- **01/14/2025, 6:07 PM:** This is Day 14 off of SR-17018, and I'm worried I made a mistake coming off of opioids. I had never shot up anything in my life before this month. I guess the opioids were blunting the cravings (along with EVERY OTHER EMOTION). I quit meth in September. What the hell am I doing?
- **01/18/2025, 1:58 AM:** I'm tapering down on the pregabalin without any issues. But... I shot up meth. Like... it was really quite a bender. I met up with a friend and he showed me I had been doing it wrong and using the wrong size rigs for what I wanted. It's actually a lot easier than I thought. ... That's not necessarily a good thing. I really hope quitting kratom was the right decision, but if you look at how I was doing generally before and after, you definitely wouldn't think it was.
- **01/23/2025, 6:14 PM:** I'm a fucking drug addict. I feel dead inside, and I'm a fucking drug addict.
- **01/31/2025, 10:09 AM:** Well... it's been a month since I stopped taking SR-17018. I've gotten down to 200 mg of pregabalin per day (I started at 900), split up into two doses, but I'm having trouble making the final jump off of it. Every time I try, it feels like my nerves are on fire. I've shot meth every day for the past week. I... I don't know if this whole thing was really a good idea anymore. I feel embarrassed about the state of my arms, I feel ashamed that I'm doing meth... and I feel really empty inside. Yes, I haven't had any opioids in 31 days now. But am I happy? Most definitely not. I'll try to get more sober and check in in a week.
- **02/02/2025, 11:46 AM:** Welp! I ended up doing heroin on day 43. (Yes, legitimate heroin. I fentanyl tested it more than once and it was negative each time.) Guess we can conclude that this experiment was... what it was? A total fucking failure? I dunno. I'm fuckin spun dude.
- **02/05/2025, 10:32 AM:** I'm done with the heroin. ... I'm no longer living life in any meaningful way. I'm just existing. I'm not connecting with anyone. I'm not even enjoying music. I feel completely soulless. I need to stop this. I need to get sober. But I just... can't. I can't control myself. I can't stop. I can't... I don't know what to do. How the hell does anyone stop this? I hate the paranoia as well. I have this feeling like everyone knows what I'm doing to myself, and they're judging me for it. I know it's not rational. But that doesn't stop the feeling from happening. I just feel so far from baseline, so disconnected from myself that I don't know who I am right now. Who the fuck am I? What the fuck am I doing? ... I don't know. I hate this.
- **02/12/2025, 3:16 PM:** Fuck dopamine.
- **02/13/2025, 12:02 AM:** The nightmares are back. I just spent the past month just... fucking my brain and body up doing meth. And I'm almost out. And I'm not getting more. And the nightmares are back.
- **02/14/2025, 11:25 AM:** I really burned it all down these past four weeks. But now I'm ready to let meth go. ... Which is good, considering I just ran out about an hour ago. I don't know what any of this meant. I don't think I can find any meaning in it other than... "Don't you dare EVER fucking do that again."
- **02/16/2025, 9:04 AM:** FUCK DOPAMINE. FUCK IT. FUCK THAT STUPID FUCKING NEUROTRANSMITTER. FUCK IT FUCK IT FUCK IT FUCK IT FUCK IT.
- **02/19/2025, 11:55 AM:** I'm gonna get sober. I am exhausted.
- **02/20/2025, 6:40 AM:** I'm still exhausted. But... I'm sober. Actually... sober. I never thought I'd be okay sober. Things are going to be okay.

- **03/16/2025, 9:59 PM:** I saw a quote a bit ago that really got to me: "I feel unspeakably lonely. And I feel drained. It is a blank state of mind and soul I cannot describe to you as I think it would not make any difference. Also it is a very private feeling I have that of melting into a perpetual nervous breakdown. I am often questioning myself what I further want to do, who I further wish to be; which parts of me, exactly, are still functioning properly. No answers, darling. At all." Anne Sexton hit the nail on the head with that one.
- **03/26/2025, 6:54 AM:** I never realize how much the lack of sunlight in the winters actually messes with me until it's a couple weeks after Daylight Savings, I'm laying in bed in the morning with my windows open listening to the birds chirping, and suddenly I have hope again that things are all going to work out. I saw something recently that said:: "I can feel March screaming in my ear. Wake up! Wake up! The bugs are coming back to life and you must too." I do sort of feel like I am coming back to life. I feel happier, I feel more motivated, and for the first time in a while, I actually feel capable of doing the things I want to do.

Looking for more information on SR-17018?

You're in luck. As a way to distract myself from the discomfort of mild opioid withdrawal, I amassed quite the collection of resources and experience reports. Here are links to all of the things about SR-17018 that I've written thus far:

- [Masterdoc \(Google docs\)](#)
- [FAQ \(post\)](#)
- [Dosing Guide \(post\)](#)
- [Automated SR-17018 Taper Schedule Generator \(Google sheets\)](#)



Isotonitazene

SR-17018 report from someone with ultra high tolerance (600mg isotonitazene/day)

The WhyIsSocialMedia, someone with a very high opioid tolerance (**600 mg isotonitazene daily**), shared their experience with SR-17018. They found that it **significantly reduced withdrawal symptoms**, with only minor anxiety and insomnia present for the first few days, disappearing after **a week** on a regimen of **80 mg twice daily, then 80 mg once daily for two weeks**. The effects had a slow **onset of about four hours** and **lasted approximately 12.5 hours**. The noted that **food intake had an inconsistent impact on the drug's effects**, except for taking it on an **empty stomach**, which was the **least effective**. They found an effective dosage range of **70-90 mg**, advising others not to take too much or too little, and reported that while SR-17018 **lessened cravings**, they tended to return for about two hours around 7.5 hours after dosing. Finally, the **advised against freezing the substance for storage**, as it can absorb moisture, arguing that room temperature storage is adequate given the typical shipping times of the product.

Withdrawal

Initial Symptoms

In their original post, WhyIsSocialMedia reported **minimal withdrawal symptoms** (anxiety, insomnia) for the first few days, disappearing after their first week.

- Putitupmynose commented comparing their experience to s of heroin/fentanyl and reporting taking **150 mg** of SR-17018 but **still experiencing significant withdrawal symptoms**. They eventually **tried taking 700 mg, only to experience continued sickness**.
 - They question if they overdid it and suggest their tolerance is similar to someone using 600 mg of zenes.
 - They then ask how long zenes typically last and how long until withdrawal symptoms begin after dosing, stating their own withdrawal symptoms begin 17-18 hours after their previous dose. This leads them to suspect their supply might be cut with zenes but they are unsure.
 - WhyIsSocialMedia replied to Putitupmynose, confirming that taking **700 mg of SR-17018 was likely too much**, emphasizing that **SR dosing is independent of opioid tolerance**. They explain that **high doses of SR seem ineffective**, possibly due to limitations related to beta-arrestin bias.
 - They clarify that a 600 mg zene tolerance is much higher than a 1-1.5g heroin/fentanyl tolerance, providing calculations based on equianalgesic values to illustrate this point.
 - They describe the unique duration of zenes, noting 4-8 hours of euphoria followed by a delayed withdrawal onset, with manageable symptoms for up to three days.
 - Finally, they strongly advise Putitupmynose to avoid zenes due to their rapid tolerance development and potential for severe withdrawal, suggesting methadone or methiodone as safer alternatives and recounting a tragic anecdote about a chemist who became addicted to zenes and ultimately committed suicide. They warn that taking zenes creates a dangerous situation if access to SR is lost.

SR-17018 Withdrawals

In response to a comment from c12h17n2o4-, WhyIsSocialMedia replied, saying that **after two weeks on SR-17018, they stopped all opioids and experienced only moderate anxiety for a few days.**

Onset/Duration

In their original post, WhyIsSocialMedia stated that **onset takes about 4 hours, with effects lasting around 12.5 hours.** Food intake has an inconsistent effect, except on an empty stomach, which is the worst.

- PomegranateOwn8442 replied, asking if it truly takes four hours for relief, as they need something faster-acting for work.
 - MIRYuhUrd replied, saying that, **based on their experience getting off 1g+ of ODSMT daily** with SR-17018, the **onset** is more like **50 minutes to 1.5 hours**, similar to most other substances, and reassures them not to worry about a four-hour delay. They describe **using SR-17018 as needed during the first few days of withdrawal**, then **transitioning to twice-daily dosing before stopping completely after about nine days.**
 - WhyIsSocialMedia replied, clarifying that **the four-hour delay was only an issue when they occasionally missed doses early on** and that **dosing every 12 hours generally works fine.**

Dosage

In their original post, WhyIsSocialMedia stated that their effective dosage was between **70-90 mg.** Their regimen was **80 mg twice daily for one week, then 80 mg once daily for two weeks.**

- PomegranateOwn8442 commented asking for advice on SR-17018 dosing. They said that they currently use a gram of ODSMT daily and experience severe nightly withdrawals. They were told to start with 20-30 mg of SR-17018, but given WhyIsSocialMedia's experience with a much stronger opioid and effective 80 mg dose, they believe 20 mg would be a safe starting point. They also mention having heard that SR-17018 acts like a regular opioid at lower doses.
 - WhyIsSocialMedia replied, reiterating that **SR-17018 dosing isn't tied to opioid tolerance** and **suggesting starting with a low dose and increasing if needed.**

Psychoactive Effects

u/ThrowawayTillBanned commented, saying that they share a similar experience to WhyIsSocialMedia, despite using a high initial dose of SR-17018 (150 mg in the morning and 100 mg in the afternoon) while on 140 mg of methadone, reporting feeling fine. They paused their detox due to upcoming surgery but plan to resume it afterward and express a desire to help others detox by providing them with SR-17018.

- withnodrawal replied, claiming **250 mg of SR is equivalent to 1 gram of morphine.**
 - WhyIsSocialMedia replied challenging this, stating that for addiction treatment, **SR dosing is independent of opioid tolerance** and that **50-100 mg does not produce typical opioid effects, regardless of tolerance.**
 - MBG_Rengar replied countering this, stating they know **someone who is not a frequent opioid** who **experiences opioid-like euphoria from SR-17018** and offers to have them share a report.

Cravings

In their original post, WhyIsSocialMedia stated that **SR-17018 reduces cravings**, but they tend to return for about two hours around 7.5 hours after dosing.

Storage

In their original post, WhyIsSocialMedia **recommends against freezing**, as it can absorb moisture, and argues that ambient storage is fine, given shipping times.

- KodaKTS commented, **agreeing that SR-17018 doesn't need freezer storage**. They argue that its chemical structure resembles synthetic opioids like zenes and fentanyl, not peptides as some have suggested, and therefore should have similar stability. They believe confusion about its storage may stem from misinterpreting its description as "G-protein *based*" rather than "G-protein *biased*."
- MBG_Rengar commented, arguing against the perceived over-concern regarding SR-17018 storage, contrasting it with the often-casual storage of substances like heroin and fentanyl. They suggest a simple **amber glass vial in a cool, dark place** is sufficient for proper storage, as long as the room is comfortable for a person. For **long-term storage**, they suggest **vacuum sealing** or, for more advanced methods, ampouling under nitrogen or argon.
- Wild-Cartoonist9020 commented, describing their SR-17018 storage method: a **mason jar with desiccant packs in the refrigerator**. While they're unsure if refrigeration is essential, they prefer to err on the side of caution. They express hope for more research on SR-17018's long-term effects, calling it a potential "miracle drug," and mention they are stocking up on it while available, hoping it becomes as accessible as Narcan and Suboxone.

Length of Use of SR-17018

MrMeska commented asking if SR-17018 would be effective for discontinuing long-term, high-dose methadone use, expressing concern about methadone's long half-life.

- WhyIsSocialMedia replied, assuring them that methadone's half-life is not a significant obstacle and suggests **a month of SR-17018 use** as a precaution, mentioning their own prior methadone use.
 - MrMeska replied, expressing enthusiasm at the possibility of a one-month methadone detox using SR-17018.
 - WhyIsSocialMedia replied, citing reports suggesting **two weeks of SR-17018 use is sufficient for methadone withdrawal**, explaining that after five days, only 3% of the initial methadone dose remains in the system, making the long half-life insignificant in the context of weeks of treatment.
- In response to a comment from c12h17n2o4-, WhyIsSocialMedia replied, advising ensuring sufficient SR-17018 supply and commitment for **2-3 weeks**.

Tolerance Effects

Odd-Asparagus-1712 commented asking WhyIsSocialMedia about the current state of their opioid tolerance after using SR-17018.

- WhyIsSocialMedia replied, saying that **after 10-12 days, a 40 mg dose of methadone had no effect, suggesting their tolerance had not reset**. They state they do not plan on using opioids again and therefore cannot provide further information, explaining they only tried the methadone because they found a lost pill.

Switching to SR-17018 and Precipitated Withdrawal

In response to a comment from c12h17n2o4-, WhyIsSocialMedia replied, saying that they **switched directly from isotonitazene to SR-17018 after a 24-hour waiting period** and that they believe **SR-17018's ability to block other opioids depends on the specific opioid**.

- Odd-Asparagus-1712 replied to c12h17n2o4 to add their perspective, recommending a **direct switch from other opioids to SR**, as **SR doesn't act like naloxone and won't induce immediate withdrawal**. They caution against taking other potent opioids concurrently with SR due to overdose risk, unless starting at a very low dose and slowly titrating up, which they deem pointless.

 **Methadone**

SR-17018 and Methadone - my experience (ongoing)

The document details Difficult_One4749's experience using the research chemical SR-17018 to withdraw from methadone. It includes their story, tolerance, background, dosing protocol, and received regular updates as they continued their regimen.

Background

This individual has a fentanyl tolerance. They've dabbled in multiple types of zenes, ranging from weak to extremely strong. They started the process stable on **100 mg of methadone per day**.

Dosing/Taper Schedule

When they tested out skipping singular days of methadone before the taper started, they were able to stave off withdrawals with **50 mg, twice daily**. **SR-17018 (in rats) is as potent orally as morphine**. They assume that the SR-17018 held them because of methadone's long half life. The **half life** of SR-17018 seems to be around **8-12 hours**. Here is the taper schedule that this individual followed:

- **Day 0: 100 mg methadone**
- **Days 1-2: 2 x 50 mg (100 mg/day)**
- **Days 3-4: 2 x 75 mg (150 mg/day)**
- **Days 5-12: 2 x 100 mg (200 mg/day)**
- **Day 13: 2 x 90 mg (180 mg/day)**
- **Day 14: 2 x 80 mg (160 mg/day)**
- **Day 15: 2 x 75 mg (150 mg/day)**
- **Day 16: 2 x 70 mg (140 mg/day)**
- **Day 17: 65 mg, 50 mg (115 mg/day)**
- **Day 18: 45 mg, 25 mg (70 mg/day)**
- **Day 19: 25 mg (25 mg/day)**
- **Day 20: 10 mg (10 mg/day)**

Below are check-ins they completed as they went through their taper.

Updates/Results

Day 0

The user took their last **100 mg** dose of **methadone**.

Days 1-2

50 mg SR-17018 twice daily.

On Day 2 (09/08/2024), the user reported that it had been two days without methadone and they were dosing SR-17018 at **50 mg twice daily**. They noted experiencing mild withdrawal symptoms, including chills and stomach cramps, and indicated they might increase the dose in the following days.

Days 3-4

75 mg SR-17018 twice daily.

On Day 4 (09/10/2024), the user reported that they had started taking **75 mg** of SR-17018 because their withdrawal symptoms were worsening. They acknowledged that the dosage was not equivalent to their methadone dose in terms of morphine milligram equivalents (MME) and expressed that they were not surprised to be feeling unwell.

Days 5-6

100 mg SR-17018 twice daily.

On Day 6 (09/12/2024), the user reported that **100 mg twice a day** seemed to be working well. They noted that this was the first day they had not felt sick and planned to stay at this dose for a while before attempting to lower it.

Days 7-8

100 mg SR-17018 twice daily.

On Day 8 (09/14/2024), the user reported that they were still going strong and not feeling sick.

Days 9-12

100 mg SR-17018 twice daily.

On Day 12 (09/18/2024), the user reported taking **100 mg** of SR-17018 **twice a day** for about a week and finding it effective. They acknowledged that this dosage might seem high compared to others' reports but emphasized that it was working for them. The user also mentioned trying kratom to assess their tolerance and noticed a slight effect, indicating a decrease in tolerance. They expressed a desire to start tapering off SR-17018 and anticipated being opioid-free soon. Additionally, they expressed gratitude for SR-17018's effectiveness in helping them withdraw from methadone without severe withdrawal symptoms.

The user edited to add that it was "insane" that SR-17018 was able to keep them well while jumping off a 100 mg dose of methadone. They stated that going cold turkey off methadone is usually terrible and expressed gratitude for the chemical.

Days 13-15

Tapering from 100 mg SR-17018 twice daily to 75 mg twice daily.

On Day 15 (09/21/2024), the user reported starting to taper down over the past few days and was currently taking **75 mg** of SR-17018 **twice daily**. They had not experienced noticeable sickness but reported feeling mentally unwell, which they attributed to the cold weather and their diagnosed seasonal affective disorder. The user planned to continue tapering but would consider taking SR-17018 for maintenance if they experienced severe mental distress. They believed that the tolerance-reducing effects of SR-17018 would prevent withdrawal sickness as long as they tapered slowly.

Day 16

70 mg SR-17018 twice daily.

On Day 16 (09/22/2024), the user reported a decrease in their SR-17018 dosage to **70 mg** per dose, with a reduction rate of 5 mg per day. They acknowledged the possibility that this rate might be too aggressive. Additionally, the user shared that they had taken a 12-panel drug test and were no longer testing positive for methadone.

Days 17-18

65 mg, then 50 mg, then 45 mg, then 25 mg SR-17018.

From Day 18 (09/24/2024), the user reported a rapid dose de-escalation, taking **65 mg**, then **50 mg**, then **45 mg**, and finally **25 mg** of SR-17018. Despite the rapid decrease, the user reported feeling no sickness and expressed a desire to finish the taper soon. They planned to stay at **25 mg twice daily** for a few more days before continuing to decrease, partly due to low supply. The user wanted to allow more time for the SR-17018 to work.

Day 19

25 mg SR-17018 once.

From Day 19 (09/25/2024), the user reported taking a kratom shot and feeling a slight warmth and head high. They expressed surprise at being able to feel the effects of something weaker than fentanyl and praised SR-17018. The user planned to try ODSMT after stopping SR-17018 completely.

Day 20

10 mg SR-17018 once (end of taper).

From Day 20 (09/26/2024), the user reported forgetting to take their SR-17018 the previous night and waking up with a slightly upset stomach (cramps), but not feeling sick. They took **10 mg** that morning and planned for it to be their last dose. The user expressed surprise at being able to come off 100 mg of methadone with SR-17018 and planned to provide further updates in the next few days regarding their experience without opioids.

Day 21

From Day 21 (09/27/2024), the user reported feeling fine and taking ODSMT to test their tolerance. They later added an edit, stating that the ODSMT experience reminded them of their first time using it, with warm, fuzzy euphoria and an opioid headspace. They noted that they had to take a larger amount than usual, attributing this to residual buprenorphine in their system from a Sublocade injection six months prior. The user expressed surprise and amazement at being able to feel the effects of ODSMT at all.

Day 22

From Day 22 (09/28/2024), the user reported returning to abstinence from opioids after a one-day relapse. The user acknowledged that, as others had pointed out, they hadn't had a substantial period of abstinence due to trying kratom and ODSMT. They stated they would provide an update in a few days if anything unexpected occurred, otherwise, it should be assumed that everything was going well, and they were happy to be finished with the process.

Days 23-24

From Day 24 (09/30/2024), the user reported still feeling fine and noted that it had been **72 hours without opioids**. They acknowledged that cravings had returned since stopping SR-17018 and expressed that this was their own responsibility. The user reiterated their gratitude for SR-17018's help in getting off methadone and acknowledged that their future actions were their own responsibility.

Days 25-33

From Day 33 (10/09/2024), the user reported being reminded of the post and expressed that they had been **opioid-free** for the first time since beginning their journey.

[Jumping off methadone with SR-17018](#)

This document details the user ExOblivione161's experience using the research chemical SR-17018 to manage withdrawal symptoms while quitting methadone. The person successfully used SR-17018 to mitigate withdrawal symptoms, gradually decreased their dose, and remained symptom-free after six days. They also used nitrazolam for comfort and sleep during the process. The individual reported a positive experience with SR-17018, emphasizing its effectiveness in managing withdrawal and facilitating their journey towards sobriety.

Background and Taper Schedule

This individual is using SR-17018 to jump off of **100 mg methadone per day**.

- **Day 0: 100 mg methadone**
- **Day 1: 25 mg SR-17018**
- **Day 2: 43 mg SR-17018 (20 hours after the first dose)**
- **Day 3: 30 mg SR-17018 twice daily**
- **Days 4-5: 25 mg SR-17018 twice daily**
- **Day 6: 18 mg SR-17018 twice daily**

At the time of this summary, the user had reached Day 6. Here is their anticipated taper schedule:

- **Day 7: 12 mg SR-17018 twice daily**
- **Day 8: 6 mg SR-17018 twice daily**
- **Day 9: 3 mg SR-17018 twice daily**
- **Day 10: 1.5 mg SR-17018 twice daily**
- **Day 11: Discontinue SR-17018**

Updates/Results

Day 0

Last **100 mg** dose of **methadone**.

The user, ExOblivione161, is contributing to the anecdotal reports on using SR-17018 to quit methadone by sharing their experience of using it to stop taking 100 mg.

Day 1

25 mg SR-17018 once.

On their first day without SR-17018, they began experiencing withdrawal symptoms. They took **25 mg** to alleviate them and 12 hours later, they reported still feeling well from the first dose.

Day 2

25 mg SR-17018, then 18 more mg (43 mg total).

On day two, they didn't require another dose until withdrawal symptoms reappeared 20 hours after the initial dose. They took another **25 mg**, but it didn't seem to provide the same level of relief as the previous day. After 90 minutes, they supplemented with an additional **18 mg** and reported feeling more comfortable overall. Their symptoms were mild, primarily yawning and temperature dysregulation. They also took 4 mg of nitrazolam for added comfort. Considering they had abruptly stopped taking 100 mg of methadone, they reported feeling relatively well.

Day 3

30 mg SR-17018 twice daily.

On day three, they picked up a few grams of ketamine to help manage the mental and emotional strain of withdrawal, aiming to both dissociate and potentially promote neuroplasticity as their brain adapted to the absence of methadone. They described the day as a blur. After approximately 20 hours, they took **30 mg** of SR-17018 and reported being free from opioid withdrawal symptoms. They continued to use nitrazolam for comfort and sleep. They expressed surprise at their relatively stable condition, acknowledging that abruptly stopping 100 mg of methadone would typically cause severe withdrawal effects. They increased their SR-17018 dosing frequency to **every 12 hours**.

Days 4-5

25 mg SR-17018 twice daily.

The user stated that they believe they have turned a corner in their recovery. They expressed that the experience was miraculous, except for the need to dissociate for 24 hours. The user expressed gratitude

to the creators and distributors of SR-17018, and described the research chemical as a "Nobel worthy invention."

Day 6

18 mg SR-17018 twice daily.

The user reported being completely symptom-free, with only cravings and reduced sleep. They planned to continue decreasing their SR-17018 dose, taking **18 mg every 12 hours**, and noted that symptoms were no longer appearing at the 12-hour mark. The user expressed that they felt capable of discontinuing SR-17018 but intended to continue for a few more days, spacing doses further apart. They also mentioned continued use of nitrazolam for sleep but planned to stop taking it in three days.

The user stated that their updates will likely become less frequent now that they feel they are out of the most challenging phase. Their plan is to continue decreasing their SR-17018 dose and discontinue completely by next weekend (Day 11). If they experience any symptoms upon cessation, they will continue for a few more days and try again. The following weekend, they will test their tolerance with something weak and report the effects on that aspect of the experience.

SR-17018 Report

Editor's note: I don't find this report very helpful. It lacks dosage information and details about days 4-8, and this individual went back on their methadone on day 3. However, I have included it for the sake of completeness.

Background and Taper Schedule

This individual (crumblingconscious) started off taking **75 mg methadone per day**.

- **Day 0: 75 mg methadone**
- **Day 1: 85 mg SR-17018**, divided into doses of 10 mg, 25 mg, and 50 mg
- **Day 2: 100 mg SR-17018**, divided into two 50 mg doses
- **Day 3: 40 mg methadone**
- **Days 4-8: "Tapering down"**

Summary of Taper

Day 1

- **7:45 AM:** The user took **10 mg** orally. They reported no noticeable effects 30 minutes after taking the dose. Their last dose of 75mg an additional **25 mg** orally as a precaution due to uncertainty about the onset time and a desire to preempt withdrawal symptoms.
- **9:30 AM:** The user still reported no noticeable effects.
- **11:00 AM:** The user reported no recreational effects or withdrawal symptoms, except for some yawning.
- **4:00 PM:** The user experienced slight temperature fluctuations and excessive yawning, prompting them to take **50 mg**.
- **11:30 PM:** The user reported feeling okay with no severe withdrawal symptoms, not even diarrhea, which they noted is usually one of the first symptoms to appear. They planned to go to sleep.

Day 2

- **9:00 AM:** The individual woke up feeling completely fine and well-rested. They took an additional **50 mg** of SR-17018 as a precaution, anticipating potential withdrawal symptoms later in the day.

- **11:00 AM:** The individual noted increased temperature fluctuations and chills, but considered these symptoms mild compared to the expected withdrawal from two days without methadone.
- **2:30 PM:** The individual reported feeling the same as in the morning, with some relief from the chills attributed to having a couple of drinks.
- **6:00 PM:** The individual took another **50 mg** dose of SR-17018 and went home to sleep.

Day 3

- **9:00 AM:** The individual decided to take **40 mg of methadone** to assess how their tolerance had been affected. They reported that the 40 mg dose seemed to stabilize them.

Days 4-8

- **Days 4-8:** The individual has been tapering down on SR-17018 since Day 4. They reported **no major withdrawal symptoms** besides temperature dysregulation.
- **Day 8:** The individual expressed gratitude for SR-17018, calling it a "miracle drug."



[Tapering from 1 g/day of ODSMT](#)

User MIRYuhUrd shared in a comment on [another post](#) that they transitioned directly from using **over a gram of ODSMT daily** to SR-17018 when their supply ran out. They described the experience as relatively easy, with only minor discomfort compared to the usual agony and misery of withdrawal.

The user Wild-Cartoonist9020 inquired about the dosage of SR-17018 that MIRYuhUrd used to manage withdrawal symptoms, as they currently take approximately 250 mg of ODSMT daily and were seeking guidance on an appropriate starting point.

MIRYuhUrd acknowledged that **individual responses to SR-17018 can vary** and emphasized the importance of self-awareness and personal limitations. They suggested **starting with a lower dose and increasing it if no relief is experienced** within an hour. (*Editor's note: One hour may not be enough time to fully assess the effects of SR-17018. I recommend waiting a bare minimum of two hours, preferably longer.*) MIRYuhUrd then shared their personal experience with dosing, but cautioned that their measurements might not be accurate.

- **Allergy Test:** The user started with an allergy test of approximately 80-110 mg. (*Editor's note: I advise against using such a high dose for an allergy test. I recommend taking no more than a few milligrams for the allergy test.*)
- **Initial Dose:** About an hour after the allergy test, the user took around **200 mg**. They noted that others have reported requiring a high starting dose, then only needing **50mg to maintain**. (*Editor's note: I don't think this is the safest way to go about this. Always start low and gradually increase your dose when trying new drugs.*)
- **Maintenance Dosing:** The user maintained their treatment with **doses ranging between 80 and 140 mg**, taken **three times daily** (morning, midday, and nighttime).
- **Dosing Interval:** They mentioned waiting for stronger signs of withdrawal before taking another dose, which typically occurred around 6-7 hours after the previous dose.

They mentioned that they would share a detailed account of their entire tapering experience on Reddit once it's complete.

[Using SR-17018 for ODSMT Withdrawals](#)

User TheChosenBun69 shared in a comment on [another post](#) that they have gone through roughly **2 grams** of SR-17018 over the past **six months** for the purposes of helping themselves through ODSMT withdrawal. They state that "it's not the magic bullet that it's been rumored to be," and although it does take the edge off of withdrawals, it **doesn't completely eliminate withdrawals**.

They have found that there seems to be a **cap of therapeutic effects at 25 mg**; they have taken up to **125 mg** at the peak of withdrawals, and that it **felt no different from 25 mg** doses.

They do mention that effects **stack**: their withdrawals seemed (to them) to be **better controlled** after **4-5 doses in a day**.

[Getting off High-Dose ODSMT](#)

echo_499 asks 40mg2Freedom for advice on how to taper off an 800 mg/day habit of ODSMT in the comments of [another post](#). They suggest that echo_499 switches to oral dosing from boofing (it's less compulsive), then titrating down, then switching to kratom. After enough time, SR-17018 will bring them to the finish line. Here's what they suggested, in steps:

1. **Switch to the oral ROA.** It's less compulsive because there's not a rush and there's no psychological addiction to the ritual of boofing.

2. **Make a spreadsheet and track your dosage and the time of day you used.** Track this for a week, and be honest with yourself about it, writing down every dose that you take. This way you'll get an idea of what you require to "stay well."
3. Remember: Tapering off a substance is challenging. It can feel like being stuck in a constant state of near-withdrawal.
 - a. The aim is to take just enough to avoid severe withdrawal symptoms, not to get high.
 - b. The speed of your taper should depend on your individual circumstances, like work and family responsibilities.
 - c. It's crucial to be well enough to function and fulfill your obligations. If you lack the self-control or willpower to adhere to a tapering schedule, seeking professional help through a medical detox program is a good option.
 - d. 40mg2Freedom says that they tapered for 1.5 years until they needed to take <100 mg per dose twice daily most of the time.
4. **Jump to kratom.** Switching from ODSMT to kratom isn't a seamless transition. ODSMT affects norepinephrine levels, and your brain chemistry will react negatively when you suddenly switch to kratom.
 - a. Pay attention to which vein of kratom you get: for example, green vein kratom is "speedier" while red vein kratom has more analgesic and sedative properties (generally).
 - b. 40mg2Freedom says that they took a green vein kratom in the morning, white vein in the afternoon, and either yellow or red vein at night.
5. **Switch from kratom to using SR-17018 with reduced kratom doses with the goal of switching over to using SR-17018 exclusively.**
6. **Use SR-17018 for 2-3 weeks**, dosing only in the morning and at night, **tapering down to zero.** 40mg2Freedom states that after 1 week of using exclusively SR-17018 only, dosed morning and night, they noticed that they no longer had feelings of physical dependence to opiates any longer. They took SR-17018 for another 2 weeks (mostly just to discourage themselves from reaching for ODSMT, kratom, tapentadol, etc) They reduced their SR-17018 dosage over those two weeks. The third week, they'd take SR-17018 at night if they remembered to (they have insomnia and extreme anxiety about RLS from years of opiate use). "But for [them] personally, [they] could take it or leave it at that point."

"And that's it. After ~24 years of opiate imprisonment, I was exonerated and walked away a free man, clean and released from the bondage of opioid slavery." 40mg2Freedom experienced very few withdrawal symptoms while using SR. If they missed a dose and withdrawal symptoms became severe, SR reduced the severity to a manageable level. Benzos and ketamine were helpful initially but likely not necessary.

Tapering off 180 mg/day of ODSMT

rObot_nick [commented](#) on [this post](#), saying that they're currently using SR-17018 to quit their 180 mg/day ODSMT habit, and that they're incredibly impressed! They take **50 mg every 12 hours** and **withdrawal symptoms disappeared about 2 hours after taking it and haven't returned**. Their last ODSMT withdrawal in March was awful, so SR-17018 has been a lifesaver for them. They plan to use it for at least 2 more days and then see how they feel when they stop. It's worth noting that it didn't stop the diarrhea associated with withdrawal, but that's manageable with loperamide."

[MIRYuhUrd](#) had a similar experience getting off a high dose of ODSMT using SR-17018, which greatly reduced their withdrawal symptoms. They added kratom after a few days and plan to stop SR-17018 soon, feeling optimistic about the process.

rObot_nick finds it interesting that MIRYuhUrd was using over a gram of ODSMT and acknowledges how quickly tolerance can build. They ask MIRYuhUrd about their SR-17018 usage, including dosage, timing,

duration, and how they combined it with kratom. rObot_nick hopes that stopping SR-17018 will be easy but anticipates mild withdrawals. They also mention they plan to stop SR-17018 without tapering.

MIRYuhUrd shares their experience using SR-17018 to manage opioid withdrawal. They typically use **between 30mg and 150mg, mostly twice a day**, and find it very effective for physical symptoms.

SR-17018 takes away the severe pain of withdrawal but leaves some discomfort. They use it as needed, mainly when they experience hot, itchy skin during the initial withdrawal days. It seems to last for 6-8 hours. They've never been a fan of kratom, but they recently got some high-quality stuff and it seems to work better when they combine it with SR-17018. They take **6-8 grams of kratom at night** until they feel okay and can fall asleep. They hope quitting SR-17018 will be manageable, and they're about to find out since they're almost out.

Later on, rObot_nick [commented](#) on [another post](#), saying they had a positive experience with SR-17018. They were doing a maximum of 200 mg ODSMT daily. They found 30-50 mg twice daily, then once daily after a week, completely eliminated their withdrawal symptoms. Although they resumed using "Odin" (ODSMT? Vicodin?) later on, indicating it didn't fully eliminate cravings, they emphasized its effectiveness against withdrawal. They also noted that while using SR-17018, other opioids had diminished effects, suggesting it "smoothens out the extremes." Furthermore, they felt SR-17018 addressed underlying psychological issues (in their case, BPD) that contributed to their opioid use, suggesting it could be helpful for those using opioids to cope with physical or emotional pain. They concluded by expressing hope for its continued availability and long-term safety.

 **Oxycodone**

My Experience on SR-17018 as a Fentanyl/Oxycodone Addict - a not so Normal Report

Impressive_Coyote_69, with a **long history of opioid addiction**, including **fentanyl, heroin, and high-dose oxycodone** use, shared their experience with SR-17018. They explicitly stated **their intention was *not* to quit opioids, but rather to reduce tolerance and withdrawal symptoms**. Starting with **50 mg** of SR-17018, they quickly increased to **150 mg daily, taken in three doses**. Initially, while continuing their oxycodone use, SR-17018 only provided minor reductions in cravings and tolerance. However, on day 9, they cold turkeyed their 300 mg/day oxycodone habit using only SR-17018 and experienced **surprisingly mild withdrawal**, limited to minor hot flashes and restless legs. After four days of solely using SR-17018, they tested their **tolerance** with oxycodone and found it **drastically reduced**, achieving **significant euphoria and sedation from much lower doses**. Currently, they continue to use oxycodone at a significantly reduced daily dose, with **less intense cravings**. The user strongly **cautions against using SR-17018 as a means to enhance existing opioid use**, emphasizing that it's **most effective for those committed to quitting**. They warn that using it to chase a better high will only lead to further abuse and that it will not solve the underlying addiction.

Background

The user has an **eight-year long history of opioid addiction** (which started around the age of 16), ranging widely from **pharmaceutical opioids to pressed blue M30s to fentanyl, heroin, or oxycodone**, and is familiar with withdrawal mitigation techniques like the Bernese method, which they have previously used with success (minimal withdrawals). Within the past year, they have begun to use **300+ mg oxycodone daily, with IV/IM hydromorphone, morphine, and occasional fentanyl**.

They often stop for about a week at a time, using Suboxone and occasionally 7OH, avoiding withdrawal enough that they would not have to be forced to skirt their responsibilities. They note that they have a **pre-established "cheating" mindset**, and hope to share their experience with SR-17018, keeping that in mind. They started their experiment of using SR-17018 with 2 grams of oxycodone in their possession and a goal to significantly reduce their tolerance, withdrawals, and use without the regular financial implications of those things.

Dosage

After an allergen test, they started SR-17018 at **50 mg**, quickly increasing to **150 mg/day (50-60 mg three times daily)**. They **remained at this dosage** for the duration of their experiment.

Cravings

This section of the post describes the user's experience with cravings while using SR-17018. On **day 1**, a 50 mg dose of SR-17018 **quickly reduced the "incessant need for [their] fix"** (which was purposefully particularly high that day due to having allowed withdrawal symptoms from their recent Suboxone usage) within an hour. On **day 2**, despite this initial reduction, they still experienced some cravings for their drug of choice (oxycodone), though **"not nearly as bad."** From **days 3-8**, while continuing their typical oxycodone use, SR-17018 only provided a **slight reduction in cravings overall**. However, after a four-day break from oxycodone using only SR-17018 (day 9-12), and resuming oxycodone use on **day 13**, they reported a **significant change: while they still experienced a desire to use, they no longer had the intense, physical cravings** like waking up in cold sweats or constantly thinking about their next dose. They describe this as "genuinely surreal."

Initial Withdrawals

On **day 9**, they abruptly **stopped their 300 mg/day oxycodone use** and **used only SR-17018**. They were "floored" by how easy and effortless the transition was, experiencing **almost no withdrawal symptoms** during the following four days, **apart from minor hot flashes and possibly some restless legs (RLS)**. They contrast this experience with Suboxone, which can cause precipitated withdrawal and blocks the effects of other opioids, suggesting that SR-17018 is different and could be abused by those seeking to enhance their high.

Tolerance Reduction

On **day 2**, after starting SR-17018 but still using oxycodone, they found their tolerance was "**less so than before**" starting SR-17018, but not back to baseline. From **days 3-8**, while maintaining their usual oxycodone use, SR-17018 **only slightly reduced their tolerance**. However, **after four days of using only SR-17018 (days 9-12)**, they tested their tolerance again on **day 13** and experienced a **significant reduction**. They felt euphoria and sedation from a much lower dose of oxycodone (~40 mg) than they had in over a year, describing it as "breaking the simulation." This **lower dose completely satisfied them**, which was unusual for them. Consequently, their **daily oxycodone use dropped to approximately 120 mg**, and they were able to experience **more frequent nodding and euphoria**. This reduction in tolerance allowed them to stretch their supply much longer than usual. **Although they continued to abuse their DOC, they were able to stay "higher" while doing so**. They later clarified in a [reply](#) to a [comment](#) from user Revolutionary-Bid-72 saying that **it wasn't a full reset, but it was pretty close to one**.

Impressive_Coyote_69 [commented](#) later on in reply to a comment from user [LSDMDMA2CBDMT](#) talking about the potential dangers of relapse after taking SR-17018 to achieve sobriety. Impressive_Coyote_69 agrees, pointing to their own experience of "consistent nodding" (indicating strong opioid effects) after resuming their drug of choice following four days of SR use. This highlights the **risk of fatal overdose during relapse**, as tolerance is significantly reduced by the SR. They reiterate that SR should be monitored if it becomes widely available, as it **carries a much higher risk of overdose during relapse than Suboxone**.

Warning

The author's main takeaway is that **SR-17018 is a potentially "miracle" drug for opioid addiction when used by those truly committed to quitting**. They explicitly state **it's not suitable for those**, like themselves, **who intend to continue using opioids**. They warn that using SR-17018 simply to enhance existing opioid use, reduce tolerance, or lessen withdrawal symptoms is still abuse and will not address the core addiction. They emphasize the need for careful monitoring and responsible distribution of SR-17018, contrasting it with Suboxone, which induces precipitated withdrawal and blocks highs. They predict that if SR-17018 is widely available like Suboxone, it will be abused by those seeking to get higher. While acknowledging SR's potential as a significant advancement in opioid treatment, especially for those who haven't benefited from buprenorphine, they **strongly advise against its use for addicts not intending to quit**, stating **it will only become another substance to abuse and will not prevent the eventual consequences of addiction**. "You will still be an addict, and there will still be a time when it all falls apart. As always."



SR-17018 Is a Godsend

The user Gre-he-he-heasy had been struggling to get off of suboxone for the past year, then they found SR-17018: they took 100 mg sublingually and nasally for 14 days and experienced zero withdrawals afterwards. This user claims that **SR-17018 has a 1:1 potency compared to morphine**, and they suggest using the morphine equivalent of the drug they are on. Alternatively, they suggest **starting with 100 mg and raising your dosage in increments of 50 mg until withdrawals are no longer present**. Gre-he-he-heasy states that this compound should be widely available as a treatment for opioid addiction and dependency: it truly has saved lives, and has the potential to save many more.

“Free Lunch”

Gre-he-he-heasy said, “This compound is absolutely a free lunch.” They haven’t taken it in two weeks, and haven’t had a single withdrawal symptom since stopping.

Another user, Technical_Pain_4855, doubts the efficacy of SR-17018, suggesting it could be the placebo, but admitting at the end that they don’t have enough information.

Gre-he-he-heasy says that they don’t understand it either, but they normally have extreme reactions to opioid withdrawal: they’re shaky, clammy, having diarrhea, and puking at the same time, all while being tortured mentally. This user is more than confident that they did not experience any withdrawals, because they would have noticed them.

They also mention that SR-17018 doesn’t cause respiratory depression, and it doesn’t help with pain even a little bit: it’s quite different from morphine. They suggest it could be similar to ketamine in the way that it blocks opioid withdrawal. (*Editor’s note: I don’t know what they’re talking about here.*)

No Recreational Potential

The user eloquence707 asks Gre-he-he-heasy if SR-17018 has any recreational potential. They respond saying no, that ashwagandha has greater recreational potential than SR-17018.



SR-17018: The Key to Ending Opioid Cravings?

The original poster, CertainExtreme7928, says that they're on day 19 of an ongoing detox after a year of daily use of extremely strong, high-dose zenes. They check in, stating that they're currently on **50 mg of oral SR-17018 twice daily**, and they are amazed with the results. They have **no cravings**, no desire to use any opioids at all, which is a welcome relief after 20 years of opioid dependence and constant intense cravings. They also note that they have almost **only mild withdrawal symptoms**, which is absolutely incredible.

The only downside that CertainExtreme7928 has noticed is a heavy head and some confusion. But they note that by day 5, after some much-needed rest, things are starting to improve as their body and brain adapt to SR-17018.

They edited the post later on to clarify that they have their substances available right now, and could use again if they wanted to. But... they don't want to. It feels ridiculous to go back to zenes, which has blown their mind because they've tried everything: methadone, suboxone, Catapresan, cold turkey... but SR-17018 is the only thing that has worked this well.

They have attempted to detox off of opioids countless times, both at home and in controlled environments, but they express that nothing compares to this feeling. They used to have agonizing withdrawals and intense cravings, but now they feel normal. SR-17018 doesn't just *suppress* the cravings; **their urge to use has completely vanished**.

They say that SR-17018 could be a breakthrough that completely changes how opioid addiction and withdrawal are handled; it could potentially save millions of lives.

Dosage Comparison - Animal Studies

For those interested in the technical side, CertainExtreme7928 looked into the dosages used in animal studies. In primates, doses of 0.1–1 mg/kg were used, which translates to about 100-180 mg per day for a human weighing 100 kg. This closely matches the 100 mg they're taking daily, which is proving to be very effective. In rats, doses range from 0.3 to 3 mg/kg, and SR-17018 shows promise at these levels for opioid withdrawal without intense cravings.

The balance between effectiveness and avoiding side effects, like the heavy-headedness they mentioned earlier, seems important. The fact that SR-17018 can provide relief without causing euphoria or dependence is groundbreaking.

Cravings Post-Cessation of SR-17018

User Difficult_One4749 says that they used SR-17018 to get off of methadone, and the substance completely suppressed their cravings. They've noticed the cravings coming back after getting off of SR-17018, but they are not nearly as bad as the "animalistic" cravings of active addiction; they're manageable.