Emergency Withdrawal Guide

Managing HRT, Medication, & Drug Withdrawal During Emergency Escape





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If you're trans and escaping a dictatorship, odds are you're not just running from bullets, you're running out of meds, out of time, and out of options. Whether you're on HRT, anti-seizure meds, antipsychotics, or managing street drug withdrawal on top of all that, this guide is for you.

We made this for the ones who cross borders with hormones in sock linings. For the ones detoxing in moldy basements, safehouses that aren't safe, tents on the side of muddy refugee roads. For the ones who can't stop shaking in a camp because their clonazepam ran out two days ago. For the ones who buried their last spironolactone pills inside a hollowed-out bar of soap. For the ones injecting bootleg hormones from a ziplock bag under candlelight in a squat, whispering to themselves, "I am still me."

Medical systems fall fast under fascism. Pharmacies shut down. Doctors disappear. The black market gets flooded with bunk meds. Trans bodies are criminalized, and our medications are weaponized against us. Your existence becomes contraband. And yet you persist. You improvise. You stretch doses meant for a week to last a month. You share. You whisper coordinates of safe clinics into burner phones. You show up, you carry, you survive.

But with knowledge, creativity, community, and a radical belief that you deserve to live, you *can* survive withdrawal, ration what you've got, and come out the other side alive, and still trans as hell.

This is not medical advice. It's survival strategy. Battle-tested. Field-ready. From trans hands to yours.

I. COMMON MEDS AND WHAT HAPPENS IF THEY SUDDENLY STOP

1. HRT (Estrogen / Testosterone / Blockers)

When you suddenly lose access to your hormones, whether due to fleeing a fascist regime, a supply chain breakdown, incarceration, or healthcare sabotage, your body will react. Understanding what's happening and what you can do about it can keep you grounded through one of the hardest times in a trans person's life.

Sudden HRT Interruption: What to Expect

Mood and Mental Health:

- Estrogen and testosterone both modulate neurotransmitters like serotonin and dopamine. Stopping suddenly can lead to:
 - Severe mood swings
 - Heightened anxiety or panic
 - Irritability or aggression
 - Deepened dysphoria
 - Suicidal thoughts in severe cases

Physical Effects:

- **Estrogen withdrawal:** Hot flashes, night sweats, fatigue, joint pain, and breast tissue sensitivity. Return of libido or erections for AMAB folks.
- **Testosterone withdrawal:** Sluggishness, muscle weakness, mood instability, resumption of menstruation, breast tenderness.
- **Blocker withdrawal:** Rebound testosterone, acne, oiliness, hair loss, increased body/facial hair, erections.

Hormonal Reversal:

• If you've been on HRT for years, your body won't instantly revert, but hormonal levels *will* shift. It may take weeks to months for noticeable physical reversals, but mental health deterioration is often fast.



DIY HRT and Black Market Survival

If you're in active crisis mode with no legal access to hormones, it's time to talk about **DIY HRT** and **black market strategies**. This isn't ideal. This is harm reduction. This is life-saving knowledge.

DIY HRT Compounding

If you have access to raw hormone powders (estradiol valerate, testosterone enanthate, etc.) or unmarked vials, it's possible to compound your own doses.

- **Start here:** <u>DIY Trans HRT Wiki</u> the most comprehensive source for safe DIY protocols, including sourcing, sterility, dosing, and injection.
- Safety first:
 - Always sterilize equipment (boil, alcohol wipe, sterile vials).
 - Never re-use needles.
 - If unsure, use oral or transdermal methods over injection.

Common supplies:

- Hormone powder (from grey market sources)
- Bacteriostatic water or oil (e.g. MCT, grapeseed)
- Sterile vials, syringes, alcohol pads

A Never inject powders directly without proper dilution and sterilization. Risk of embolism or infection is high.



Black Market HRT: Risk & Realities

People do get HRT from informal channels. Here's how to do it as safely as possible:

- Use vetted vendors when possible:
 - o Trans DIY HRT Discord servers often vet sources
 - r/TransDIY on Reddit (use Tor or VPN if in danger)
- **Check expiration dates, packaging, and language**: Legit products usually come in blister packs, with batch numbers.
- **Beware counterfeits**: Online pharmacies, especially those that don't require prescriptions, often sell fakes. Use <u>ScamAdviser</u> to check domains.

Cross-border Hormone Smuggling Tactics

- **Hide in cosmetics**: Estradiol tablets fit in vitamin bottles, compact mirrors, or behind false container bottoms.
- **Microdosing for concealment**: A week's worth of gel can be soaked into gauze inside makeup pads.
- Injectables: Hide in insulin pen cases or glucose monitor kits.

Legal Tips

- **Research import laws**: Many countries allow a 90-day personal medication supply. Know which ones. Medimap's international laws overview
- Labeling helps: Even forged pharmacy labels can reduce hassle at customs.
- **Don't declare** unless legally required.

Your survival is more important than any law. Harm reduction means equipping people to live through criminalized care. If systems deny you access, you make your own system.



Food is not a replacement for HRT, but it can support your body's hormonal pathways and help buffer the effects of withdrawal or low supply. Below are researched examples of hormone-modulating foods, with studies where possible.

Foods that support Estrogenic Activity

- **Soy, tofu, tempeh** Rich in isoflavones, which are phytoestrogens. These compounds bind weakly to estrogen receptors and may offer mild feminizing support.
 - NIH study on soy isoflavones and estrogen
- **Flaxseed** Contains lignans, another form of phytoestrogens. They modulate estrogen metabolism and are also anti-inflammatory.
 - o Lignan intake and hormone levels
- **Cruciferous vegetables** (broccoli, kale, Brussels sprouts) Help detoxify excess hormones and regulate estrogen metabolism through DIM (diindolylmethane).
 - o Role of crucifers in estrogen metabolism
- Dried fruits (especially dates, apricots, prunes) Contain small amounts of phytoestrogens and antioxidants.
 - o Dietary estrogen sources in dried fruit
- Red Clover (in teas or tinctures) Contains isoflavones, similar to soy. Often used in menopause symptom relief.
 - Efficacy of red clover on estrogen symptoms

Foods that support Testosterone Activity

- **Eggs, beef, tuna** Rich in cholesterol, which is the precursor molecule for testosterone synthesis. Also high in vitamin D and zinc.
 - Cholesterol intake and testosterone levels
- Pomegranate May improve blood circulation and modestly increase testosterone in some cases.
 - Pomegranate and testosterone link
- Leafy greens (spinach, Swiss chard, kale) High in magnesium, which may enhance free testosterone.
 - Magnesium and testosterone in athletes
- Avocados, almonds, walnuts Excellent sources of healthy fats, critical for hormone synthesis. Also support cardiovascular and neurological health during hormonal shifts.
 - Monounsaturated fats and testosterone

1 Caution with Grapefruit:

• Grapefruit can inhibit CYP3A4 enzymes in the liver, affecting the metabolism of many medications, including <u>oral estradiol</u>. If you're still on a limited HRT dose, it's best to avoid grapefruit to prevent overdose risk or inconsistent absorption.



Rationing and Microdosing Strategy

If you have a small HRT supply, whether pills, gels, or injectables, prioritizing consistency and strategy can help you maintain hormonal balance for as long as possible. This isn't about thriving. This is about buying time.

- **Dose Spacing:** Switch to every other day or every 3-day dosing to extend your supply. Research shows longer intervals may still provide stable levels for some users.
- Steady Blood Levels: Apply topical gels evenly and at the same time of day. Rotate injection sites (e.g., left thigh → right thigh → buttocks) to reduce tissue trauma and <u>ensure absorption</u> consistency.
- **Microdosing Strategy:** For estrogen, <u>microdosing oral estradiol</u> can maintain a minimum feminizing effect. For testosterone, even half-doses weekly may prevent crash symptoms.
- **Tracking & Logging:** Keep a detailed log (paper or encrypted app like <u>Standard Notes</u>) with date, time, type, and amount of dose. Include symptoms, especially dysphoria or side effects.
- Supplement With Alternatives: Combine rationing with herbal and dietary support as outlined in previous sections. Some users report improved baseline stability with <u>phytoestrogens</u> during rationing periods.
- **Emergency Buddy System:** Alert someone you trust, whether in-person or digitally via <u>Keybase</u> or encrypted messengers about your dose schedule. If symptoms escalate (e.g., suicidal ideation, seizure risk), they need to know how to respond.
- **Diversify Storage:** Split doses into separate containers and hide in different locations in case of raid, theft, or border checks. Consider vacuum-sealing or waterproof capsules to prevent damage.

Every drop counts. Make each dose strategic, not desperate.



Psychological Support While Off HRT

Mental resilience during hormone withdrawal is often more volatile than the physical symptoms. These strategies are drawn from trauma-informed therapy, trans-led support networks, and survival psychology. When your body feels out of sync, re-anchoring your mind is revolutionary.

- Anchor to Identity: Remind yourself daily of who you are. Say your name out loud. Write affirmations. Use <u>mirror work</u> to affirm your gender, even if your reflection is triggering. Speak your pronouns with conviction, not apology.
- Trans Peer Helplines & Online Support:
 - Trans Lifeline (US/Canada): Peer-run crisis line by and for trans people.
 - LGBT Foundation (UK): Helpline, online chat, mental health referrals.
 - Switchboard LGBT+ Helpline (UK): Emotional support and signposting.
 - <u>Q Chat Space</u>: Live chat groups for LGBTQ+ teens.
 - o <u>7 Cups</u>: Offers chat-based emotional support and anonymous counseling.
- Journaling and Ritualized Expression: Keep a gender journal using apps like <u>Penzu</u> or <u>Journey</u>. Develop routines that anchor your gender—lighting a candle, wearing a specific scent, drawing sigils, or naming yourself at dawn.
- Gender Euphoria Kits: Build a sensory affirming box: favorite cologne, affirming clothes, binders/gaffs, photos from good days, affirming notes, or trinkets. Kits can reduce dysphoria spikes and ground you in moments of panic. Inspiration from <u>The Trevor Project's Self-Care</u> Guide.
- Art, Movement & Voice Practice: Use voice apps like <u>EvaF</u> or <u>VoiceTools</u> to maintain gendered vocal tone. Dance, draw, scream. Artistic embodiment reclaims the body from dysphoria.
- For Neurodivergent and Mentally III Folks: Structure is medicine. Use low-spoons tools like <u>Todoist</u> or <u>Notion templates for executive dysfunction</u>. Turn routines into rituals. Give yourself a job—tracking pills, writing one sentence a day, sending one emoji to a friend. These keep the wheels turning.
- **Mutual Emotional Aid:** Form micro-support groups. Daily text check-ins. Use apps like <u>Marco Polo</u> or private Discords for asynchronous conversation. Don't isolate—loneliness amplifies dysphoria and can distort time and memory.
- Grounding Techniques for Dysphoria or Panic:
 - <u>TIPP skills (DBT)</u>: Temperature, Intense exercise, Paced breathing, Paired muscle relaxation.
 - <u>54321 grounding</u>: Name 5 things you can see, 4 you can touch, 3 you hear, 2 you smell, 1 you taste.

You are not broken. You are not behind. You are surviving. And survival is sacred.



Resources for Verified Medical and Community Information

These organizations and platforms offer accurate, peer-reviewed, or community-verified resources on HRT, trans healthcare access, DIY hormone strategies, legal updates, and harm reduction support. All links verified as of 2025.

- <u>National Center for Biotechnology Information (NCBI)</u> The central database of peer-reviewed biomedical research, including hormone therapy, withdrawal, and transition science. Use for scientific studies on estrogen, testosterone, blockers, and herbal alternatives.
- <u>World Professional Association for Transgender Health (WPATH)</u> Publisher of the Standards of Care for the Health of Transgender and Gender Diverse People. An essential reference for affirming providers and for understanding the medical consensus on gender-affirming care.
- <u>Plume Gender-Affirming Telemedicine</u> U.S.-based digital platform providing trans-specific care including HRT prescriptions, blood work, and guidance. They also maintain a resource library on DIY and emergency hormone continuity.
- <u>QueerDoc</u> Offers accessible, sliding-scale gender-affirming telehealth. Especially helpful for trans people in rural or red-state areas. Frequently shares survival tips and provider letters that can aid in border crossings.
- <u>Erin In The Morning</u> A trans journalist compiling near-daily legal updates, trans survival strategies, and breakdowns of anti-trans legislation by U.S. state. Essential for those planning escape routes or watching policy shifts.
- <u>DIY HRT Wiki</u> A crowdsourced, trans-led database for safe hormone access, compounding, dosage guides, and vendor vetting. If you're completely cut off from the medical system, start here.
- <u>Trans Healthcare Map</u> Maintains global access data for HRT, legal ID changes, and queerfriendly clinics. Great for route planning and identifying which countries offer asylum or care.
- <u>Reddit /r/TransDIY</u> Peer-moderated forum discussing DIY hormone use, sourcing, dosage, risks, and survival techniques. Highly active and often updated with new vendor reports and harm reduction advice.
- Hormone Resource Guide (GenderKit UK) UK-focused but globally relevant. Excellent printable guides on every form of HRT and what to do during interruptions.

Remember: You are still trans when the meds run out. You are still valid when your skin changes, your voice cracks, or your body rebels. Hormones help, but you are the real medicine. Your existence *is* the resistance.



2. Anti-Seizure Medications (Keppra, Lamictal, Valproate, etc.)

Seizures don't stop for fascism. Whether you're escaping a dictatorship, surviving displacement, imprisoned, or forced into underground care, losing access to anti-seizure meds (ASMs) can quickly become a life-threatening situation. This guide is a lifeline for people with epilepsy and seizure disorders trying to survive without stable medical systems.

Without medication, even those whose epilepsy has been controlled for years may find themselves at high risk. The strategies here focus on prolonging stability, buffering triggers, and minimizing harm while navigating severe instability. Use them alone or share them with your community.

Sudden Withdrawal: What Happens When You Stop

Abrupt discontinuation of ASMs such as:

- Keppra (levetiracetam) Mechanism of action
- Lamictal (lamotrigine) Clinical use overview
- **Depakote (valproate)** Side effects and tapering risks
- **Tegretol (carbamazepine)** Drug profile
- **Topamax (topiramate)** Pharmacological profile

...can result in *rebound seizures*, *status epilepticus*, and in extreme cases, *neurodegeneration* or death. Cold withdrawal is never advised, but for many, it's not a choice.

You may experience:

- Seizure recurrence within 12–48 hours depending on drug half-life
- Seizure clustering (2–4 seizures within minutes to hours)
- Focal to bilateral tonic-clonic escalation
- Loss of consciousness, confusion, or postictal aggression
- Heightened sensitivity to light, noise, or movement
- Visual or auditory hallucinations in rare cases (especially with Keppra or Lamictal)

Even people without a history of epilepsy have developed seizures after rapid ASM discontinuation due to withdrawal neurotoxicity.

Resource: <u>NIH: Understanding seizure recurrence risk</u>



Risk Factors That Accelerate Withdrawal

When withdrawing from anti-seizure medications, even minor environmental or internal changes can lower your seizure threshold and make you more vulnerable to neurological crises. Understanding these risk factors can help you build a layered defense system, even if meds are scarce.

- **Sleep deprivation**: Sleep is crucial for electrical regulation in the brain. Even partial deprivation (under 6 hours) increases cortical excitability and dramatically raises the chance of seizures. <u>Study:</u> <u>Sleep and epilepsy link</u>. Use blue-light filters like <u>f.lux</u> and avoid screens 1 hour before sleep.
- Extreme emotional stress: Prolonged stress elevates cortisol, a hormone that can
 overstimulate neurons and contribute to seizures. This is compounded in people with PTSD,
 autism, or ADHD, where emotional dysregulation overlaps with neurological instability. <u>Cortisol's
 role in epilepsy</u>. Mitigation tips: grounding exercises, DBT skills (<u>PDF skills set</u>), breathing patterns
 (e.g., 4-7-8 method).
- Sensory overload: Flashing lights, echoing spaces, visual clutter, or too many people talking at once can push sensory systems into chaos, especially in neurodivergent or photosensitive people.
 <u>Photogenic seizure data</u>. Try noise-canceling headphones like <u>Loop Earplugs</u> or tinted lenses (like <u>FL-41 glasses</u>).
- Alcohol and stimulants: Both impair GABA, a neurotransmitter that normally dampens excitability. Caffeine, nicotine, cocaine, and alcohol all reduce seizure thresholds, especially during withdrawal. <u>Caffeine and seizure interaction</u>. Switch to herbal infusions (e.g., chamomile, valerian) to calm the nervous system.
- Infections and fever: Illness increases inflammation, disrupts electrolytes, and can raise your risk of febrile seizures. Fever over 100.4°F (38°C) is especially dangerous. Febrile seizures explained. Keep oral thermometers, fever reducers (acetaminophen), and cold compresses in your kit.
- Poor nutrition and dehydration: Electrolyte imbalances (especially sodium, magnesium, potassium) and low blood sugar can directly trigger seizures. <u>Electrolyte imbalance and seizure study</u>. Tools: <u>Oral Rehydration Salts</u>, magnesium glycinate supplements, salty broths, and glucose tabs.
- Hormonal fluctuations (bonus): Menstrual cycles, puberty, and sudden shifts in estrogen/testosterone can influence seizure patterns. Learn about <u>catamenial epilepsy</u> and track symptoms using <u>Clue app</u> or paper logs.

By monitoring and controlling these variables, you can carve out stability even without pharma intervention. Your brain is adaptable. Give it the tools to fight back.



Tactics: Harm Reduction & Emergency Planning

1. Eliminate Known Triggers

Set and follow a strict protocol:

- Maintain 7–9 hours of consistent sleep, ideally with naps if possible
- Orink 3-4 liters of water a day, use <u>electrolyte solutions</u> when under stress
- 10 Eat every 4 hours if possible to prevent hypoglycemia
- 6 Minimize stimulant use (coffee, nicotine)
- G Protect your senses: earplugs, noise-canceling headphones, blue-light filters

2. Routine as Ritual

Create a stable nervous system through repetition:

- Alarms for meals, water, meds, rest
- Repetitive, soothing movement (rocking, pacing, hand fidgets)
- Use light therapy or sun exposure in early morning to regulate circadian rhythm
- Maintain consistent temperature, avoid overheating and overexertion

3. Emergency Seizure Preparedness

- Learn and teach seizure first aid
- Register medical IDs on Road ID
- Use apps like <u>SeizAlarm</u> or <u>EpiWatch</u> to monitor symptoms or send help alerts
- Wear visibly labeled IDs or flashcards if you're prone to postictal confusion

4. Buffering Strategies When No Meds Are Available

These are not cures, but may reduce frequency or severity:

- Magnesium glycinate or citrate: Used for calming excitatory neurons. <u>Magnesium and</u>
 <u>epilepsy</u>
- Vitamin B6: Essential cofactor in neurotransmitter regulation
- **Melatonin**: Improves sleep architecture and protects the brain
- **CBD oil** (full-spectrum if possible): Used in drug-resistant epilepsy, especially Lennox-Gastaut and Dravet syndromes. <u>CBD review</u>
- L-theanine: Amino acid from green tea, reduces anxiety and promotes calm



Build a Low-Supply Seizure Survival Kit

Creating a personalized seizure survival kit is essential when traditional care is unavailable. Whether you're navigating displacement, hiding in safehouses, or crossing hostile terrain, these items can prevent emergencies from turning fatal. Always aim for compact, multi-use items that can survive heat, moisture, or impact.

Essential Medical Supplies

- Oral rehydration salts Prevents dehydration and electrolyte imbalance during or after a seizure
- Glucose tablets or sealed honey packets Treats postictal hypoglycemia or pre-seizure dizziness
- Reusable gel cold packs Helps cool down after febrile or heat-related seizures
- Diazepam rectal gel (Diastat) or Midazolam nasal spray (Nayzilam) if legally and physically available

Identification & Emergency Communication

- Medical alert bracelet or laminated info card with your condition, triggers, medications, emergency contacts, and instructions
- Translation apps like Google Translate offline mode or pre-printed language cards
- ICE cards (In Case of Emergency) or QR code tags that first responders can scan

Comfort & Protection Items

- Compact clean soft surface like a foldable yoga mat or inflatable mattress to cushion falls
- Disposable underpads or absorbent liners for incontinence or postictal urination
- Spare change of underclothes and cleaning wipes in a resealable bag for dignity and hygiene postseizure
- Foam helmet or protective headgear if you are prone to drop seizures (atonic)

Monitoring & Documentation

- Printable seizure log to track seizure type, triggers, and duration
- <u>Seizure diary apps</u> like Seizure Tracker or EpiDiary for Android/iOS
- Pen, permanent marker, and waterproof notebook for analog tracking
- Photo ID and printed medical history sealed in waterproof sleeve or dry bag

Pro tip: Pack everything in a waterproof, shock-resistant case such as a Pelican Go Case.

Your emergency kit should reflect *your* body, *your* needs, and *your* journey. Tailor it with dignity tools, communication aids, and layers of backup plans. You are your own field medic now.



Border Survival & Smuggling Strategy

Crossing borders with anti-seizure meds, especially unlabelled or without a prescription, can be dangerous. But it's sometimes necessary for survival. Here are expanded, risk-aware strategies with reliable tools and global data links.

Research & Documentation

- Use <u>Drugs.com international database</u> to verify legal status of your specific medication in destination and transit countries.
- Cross-check legality on <u>Global Drug Policy Index</u> or country-specific health agency websites (e.g. Health Canada, <u>EMA</u>).
- Use Medicine Export Restrictions Tracker to find out if seizures meds are restricted from crossing into certain warzones or embargoed territories.

Disguising & Concealment Tips

- Hide blister packs in vitamin bottles, especially those with foil liners and desiccant packs to maintain freshness.
- Combine with innocuous OTC meds like ibuprofen, aspirin, or fish oil. Choose generics that look similar.
- Use <u>Smell-proof bags</u> or false bottom containers to transport in plain sight.
- Carry backup decoys: a bag of harmless vitamins to present if questioned.

Forged Labels & Papers

- Print forged pharmacy labels using Canva medical templates or generate editable fake Rx slips using <u>PDFescape</u>.
- Add batch numbers and expiry dates to mimic legitimacy. Use language and fonts from real pharmacies.
- Store PDFs on an encrypted USB key using VeraCrypt or password-protected cloud storage (ProtonDrive).

Multilingual Translations & Scripts

- Use <u>DeepL Translator</u> to create high-quality translations of prescriptions, seizure diagnoses, and dosage instructions.
- Include generic terms like "neurological disorder," "anticonvulsant therapy," or "brain wave stabilization."
- Script your defense: If stopped, say, "These are for seizure prevention. My doctor prescribed them. I cannot survive without them."
- Avoid words like "epilepsy" in regimes that link it with disability persecution. Instead, say "neuro-regulatory supplements."



Behavioral Strategy at Checkpoints

- Dress conservatively if passing through authoritarian checkpoints.
- Pack medications in a disorganized bag to look 'normal'.
- Have a backup story (e.g., "I get migraines," or "These are supplements for my blood pressure").
- Keep an offline version of your "medical passport", a document with prescriptions, allergies, and emergency contacts. Templates available at <u>MedicAlert ICE Cards</u>.

Pro tip: Use a <u>Faraday pouch</u> to carry burner phones or encrypted drives containing backup records. Keeps you off digital grid.

Smuggling is not safe, but sometimes, neither is legal compliance. Choose the risk that keeps you alive.

You Are Not Broken

If you're trembling, overloaded, or drifting through postictal fog, remember: **you are not defective**. You are the electricity, not the error. Your nervous system might be unruly, but it is still *yours*, still sacred, and still salvageable.

You have survived disrupted synapses, misfiring neurons, collapsing infrastructure, and hostile institutions. You are the reason people know what DIY neurology looks like. Seizures don't mean failure. They are a storm. And you are not just the eye, you are the sky.

Even when your meds vanish, your instincts remain. Your adaptations are real, and they're enough to carry you one more hour, one more checkpoint, one more night. You have been reshaped by fire. That doesn't make you broken, it makes you *tempered*. Like steel.

You are the glitch the system didn't expect. The body they couldn't silence. The spark they couldn't trace.

Learn from the people who survived war zones with nothing but a pillbox and a laminated seizure card. Learn from the undocumented epileptics in ICE detention who taught others to time a seizure. Learn from freedom fighters in Gaza who kept children alive with no meds, just cold water and prayers. You are not alone.

Learn. Archive. Pass it on. Here are some final tools:

- Disability Visibility Project
- Survivor-Led Mutual Aid Resource Hub
- <u>MedManage App</u> for tracking irregular supply
- <u>Seizure Action Plan Coalition</u>



3. Benzodiazepines (Xanax, Klonopin, Valium, etc.)

Benzodiazepines (benzos) are fast-acting central nervous system depressants. Prescribed for panic, trauma, seizures, and insomnia, they're also among the most dangerous drugs to withdraw from without medical support. Unlike opioids, which are rarely deadly during withdrawal, benzos can kill you. Cold turkey withdrawal can cause seizures, delirium, coma, or death.

Now imagine you're trapped in a refugee camp, locked in a prison cell, hiding from a regime, or just cut off from healthcare in a crumbling system. This guide exists for exactly those moments.

It builds on field-tested harm reduction and community knowledge from withdrawal survivors, prison medics, anarchist clinics, mutual aid workers, and people with no access to detox centers, doctors, or pharmacies. It's not pretty. But it could save your life, or help you save someone else's.

🎽 Sudden Benzodiazepine Withdrawal: What Can Happen

The risk of benzodiazepine withdrawal is often underestimated. In resource-deprived settings, war zones, prisons, refugee camps, natural disaster shelters, benzos may disappear overnight. When they do, the consequences can be catastrophic. Understanding the specific medications, timelines, and neurological fallout is crucial.

Common Benzodiazepines and Their Profiles:

- Alprazolam (Xanax) Extremely short half-life (6–12 hours), often prescribed for panic. One
 of the most dangerous benzos to stop suddenly due to its quick drop-off and intense rebound
 symptoms.
- **Clonazepam (Klonopin)** <u>Half-life 18–50 hours</u>, used for epilepsy and panic attacks. Withdrawals may take longer to manifest, but still carry seizure risk.
- Lorazepam (Ativan) <u>12–18 hour half-life</u>. Commonly used in ERs and psychiatric care. Associated with rapid-onset withdrawal symptoms.
- **Diazepam (Valium)** <u>Half-life up to 100 hours</u>. Often used to taper off other benzos due to its slower, steadier release.
- **Temazepam, Oxazepam, Chlordiazepoxide** Used as hypnotics or for alcohol withdrawal. These may be more common in international and black market settings. Oxazepam profile

Comprehensive equivalency and conversion chart



Common Withdrawal Symptoms:

The withdrawal timeline varies depending on the benzo's half-life, dosage, and duration of use. Cold turkey from high doses or short-acting benzos like Xanax is especially high risk.

• Physical Symptoms:

- Profuse sweating, muscle tremors, tachycardia (rapid heartbeat)
- Headaches, blurry vision, photophobia (light sensitivity)
- Gastrointestinal upset: vomiting, nausea, abdominal cramps, diarrhea
- o Joint pain, flu-like symptoms, uncoordinated movement

• Psychological/Cognitive Symptoms:

- Panic attacks, social phobia, insomnia
- Dissociation, depersonalization, derealization (feeling unreal or disconnected from body/world)
- Rebound anxiety worse than before medication
- Visual and auditory hallucinations, intrusive thoughts, severe paranoia

• Neurological/Seizure Risk:

- \circ Loss of consciousness, blackouts, intense brain zaps
- Tonic-clonic seizures or absence seizures (brief lapses of awareness)
- Catatonia or psychomotor agitation in severe cases
- Risk of status epilepticus: prolonged seizures requiring emergency intervention

連 Resources:

- Benzodiazepine withdrawal overview Ashton Manual
- Benzodiazepine withdrawal: clinical and neurobiological perspectives
- Fatal risks of abrupt benzo cessation
- Neuroadaptive changes from long-term use

Pro tip: Keep a log of symptoms to track severity and onset times, this can help distinguish between panic, withdrawal, and neurological emergencies.

▲ If you're experiencing hallucinations, seizures, or suicidal thoughts, **this is a medical emergency**, even in collapse conditions. Prioritize hydration, supervision, and protection from falls or accidents.

Even in survival mode, knowledge can stabilize the storm. Keep breathing. Keep tracking. You are not broken, you're in a chemical siege. And you're not alone.

Lesources:

- Benzodiazepine withdrawal overview Ashton Manual
- Benzodiazepine withdrawal symptoms: PubMed
- Journal of Clinical Psychiatry: Fatal risks of benzo withdrawal



Harm Reduction Strategies

1. Taper When You Can

- Tapering is safer than stopping. If switching benzos, go to **diazepam (Valium)** or **chlordiazepoxide**.
- Convert doses using a <u>benzo equivalency chart</u>
- Drop no more than 5–10% per week. If symptoms spike, hold.
- Make a taper log. Apps like <u>MedManage</u> help, or use a paper calendar.
- Detailed taper schedules from Ashton Manual

2. If You Must Go Cold Turkey

- Antihistamines: Hydroxyzine, Diphenhydramine (Benadryl), Doxylamine
- Low-dose sedating antipsychotics: Quetiapine (Seroquel), Olanzapine (Zyprexa), Risperidone, these may reduce hallucinations or paranoia
- Herbal allies:
 - Valerian root (mildly sedating)
 - Passionflower extract (shown to ease anxiety)
 - Chamomile (mild GABA mimic)
 - <u>L-theanine</u> (from green tea, reduces overstimulation)

3. Sleep Management: You Must Sleep

- Sleep debt worsens every symptom. Do everything to stabilize it:
 - o <u>Melatonin</u>
 - Blue-light filters like <u>f.lux</u> or <u>Twilight</u>
 - Weighted blankets for pressure stimulation (study)
 - Use blackout eye masks and earplugs

4. Minimize Harmful Stimuli

- Avoid all stimulants: coffee, nicotine, energy drinks
- Alcohol and cannabis may feel helpful but destabilize long-term recovery
- Limit visual and auditory clutter. Noise-canceling headphones and soft lighting help reduce sensory overload.

5. Prepare for Seizure Risk

- Learn <u>basic seizure first aid</u>
- Don't isolate if you can help it. Sleep near someone who knows what to do.
- Wear a medical bracelet or carry an ICE card
- Avoid risky environments (stairs, showers, balconies)



Cold-Turkey Survival Kit

Assemble this if you're at risk of losing your supply and can't access healthcare. The goal here is to reduce the danger of unmanaged withdrawal by supporting hydration, sleep, emotional stability, and neurological safety. Store items in a waterproof, shock-resistant container like a <u>Pelican Go Case</u> or DIY foam-lined box.

Electrolyte & Hydration Support

- Oral rehydration salts (ORS) or Gatorade powder to prevent dehydration and stabilize sodium levels
- Liquid I.V. Hydration Multiplier packets electrolyte drink mix with added vitamins

😴 Sleep and Sedation Tools

- <u>Benadryl (Diphenhydramine)</u>, <u>Doxylamine</u>, or <u>Hydroxyzine</u> OTC or prescription sedating antihistamines that can assist sleep and reduce anxiety
- <u>Melatonin</u> 1–5 mg tablets or fast-dissolve strips for circadian rhythm alignment
- <u>Weighted blanket</u> or compression wrap calms the nervous system through deep pressure stimulation
- <u>Blackout eye mask</u> and <u>noise-canceling earplugs</u> block overstimulation

W Herbal Calming Aids

- <u>Valerian root</u> mildly sedating herb, can be taken as tea or capsules
- <u>Passionflower extract</u> shown to reduce anxiety in clinical trials
- <u>Chamomile tea</u> gentle support for restlessness and mild gastrointestinal symptoms
- L-theanine amino acid found in green tea, supports focus and calm

Nutrition and Energy

- Protein-rich soft foods: peanut butter, meal replacement shakes like <u>Ensure</u>, canned lentil soup, nut butters
- Hard candy, glucose tablets, or honey packets prevent blood sugar drops that can worsen anxiety
- <u>Ginger chews or capsules</u> help with nausea and stomach cramping



Sensory Management & Distraction

- Sunglasses or blue-light blockers for photophobia
- Earplugs or white noise app like myNoise
- Distraction tools: fidget cubes, adult coloring books, journaling paper
- A copy of the Ashton Manual or downloaded PDF survival guide

e Emergency Safety Items

- Cold packs reduce fever or panic-related heat flush
- Soft blankets, spare underclothes, wet wipes
- <u>Emergency contact ICE card</u>, plus printed seizure and withdrawal instructions
- <u>Seizure log template</u> for tracking episodes

Tracking and Communication

- Bearable App symptom tracker for mood, sleep, and energy (offline mode available)
- <u>MedicAlert bracelet</u> or QR-coded ID tag
- Disposable burner phone with local emergency numbers pre-programmed

Customize your kit based on your withdrawal pattern, climate, and mobility. Use waterproof ziplocks, label everything, and hide it in plain sight if needed. A well-prepared bag can turn chaos into continuity, even in collapse.

Mutual Aid & Survival Networks

You are not alone. These platforms offer peer guidance, lived experience, harm reduction advice, and user-submitted survival tactics. Tap into these communities for support, information, and to learn from others who've been through what you're facing:

- <u>BenzoBuddies</u> The most established and active benzo withdrawal forum online. Contains tens of thousands of threads discussing tapering, symptom tracking, relationships, functional tools, and success stories. Includes a search function to explore by symptom or drug.
- <u>The Withdrawal Project</u> A carefully curated library of free guides and articles by and for psychiatric survivors. Covers everything from tapering plans to social isolation, spiritual trauma, and preparing a safe withdrawal environment.
- PsychonautWiki Benzodiazepine Withdrawal Page A community-maintained pharmacology encyclopedia that documents subjective effects, neurobiology, timelines, and drug interactions. Highly technical and updated frequently.



- <u>Erowid Experience Vaults: Benzodiazepines</u> First-person narratives describing benzo withdrawal in vivid, raw detail. Helpful for identifying rare symptoms or validating your unique experience.
- <u>r/BenzoWithdrawal</u> An active, moderated Reddit community centered around mutual aid, peer check-ins, symptom logs, and anti-stigma support. Often contains up-to-date info on supplements, recent science, and community-generated coping strategies.

Other related hubs:

- <u>Mad in America</u> News and blogs about psychiatric reform, including benzo survivor columns.
- <u>Inner Compass Initiative</u> The nonprofit behind The Withdrawal Project, with research reports and downloadable zines.
- <u>Surviving Antidepressants</u> Though focused on SSRIs, the forums have significant crossover with benzo users.

Whether you're tapering slowly, stuck in cold-turkey hell, or trying to support someone through it: these communities are your lifeline. Read, post, vent, and learn. This struggle has many names, many stories, and none of them are yours alone.

You Are Not the Drug

Benzos didn't fail you. Systems did. The doctors who prescribed recklessly and disappeared when it got hard. The insurance companies that rationed mental health care. The governments that treat dependency as criminal rather than medical. The pharmacies that lock life-saving meds behind ID checks and price hikes. You are not weak, you were entrapped by an extractive system that profits off your pain.

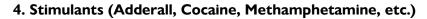
Journal of Psychiatric Research: Misuse of benzos is often caused by under-treated trauma. WHO Report: Overprescription and dependency are fueled by systemic failures.

Withdrawal doesn't mean you're broken or failing. It means your central nervous system is recalibrating after prolonged suppression of GABA activity. It means your synapses are rewiring. Your adrenal system is recalibrating. You are not regressing, you are reconfiguring. You will shake. You will rage. You may dissociate. But your brain is not your enemy, it's trying to protect you, even through confusion, even through fire.

If you survive the first 72 hours, you've crossed the stormfront. If you last a week, begin journaling. Start measuring your sleep, even in fragments. If you're still breathing at day 10, you've begun neuroregeneration.

Resource: Understanding GABA and benzodiazepine withdrawal

• Share what you learn. Write it down. Translate it. Teach it. Pass the knowledge to the next person who runs out too.



Stimulants are among the most widely used and abused drug classes, both prescribed and illicit. When these substances vanish, whether due to border crossings, incarceration, disaster, economic collapse, or repression, the crash can be intense. While stimulant withdrawal is not usually life-threatening on its own, it can lead to suicide, dangerous behavior, or total nervous system shutdown.

TRANS

This guide focuses on how to stabilize yourself (or someone else) through stimulant withdrawal in an emergency. This means no hospital, no prescription refills, no detox center, just you, your body, your allies, and the terrain.

Kernel What Happens When You Suddenly Stop Stimulants

Whether prescribed (e.g., Adderall, Ritalin, Vyvanse) for ADHD and narcolepsy, or illicit (methamphetamine, cocaine, MDPV) for performance enhancement, escape, or self-medication, stimulants create a temporary surplus of dopamine and norepinephrine in the brain. These chemicals are responsible for motivation, alertness, energy, and pleasure. Chronic use downregulates your natural production, leaving your nervous system dependent on the drug to feel normal.

When stimulants vanish, because you ran out, crossed a border, got arrested, lost access, or chose to quit, the drop is brutal. It's like your brain has been thrown into blackout mode.

Typical withdrawal symptoms include:

- Extreme fatigue or exhaustion Sometimes called "amphetamine crash," this can mimic the symptoms of mono or chronic fatigue syndrome. You may sleep 14–20 hours at a time. <u>NIH crash</u> profile
- **Hypersomnia or insomnia** Sleep patterns swing wildly. Some people sleep constantly, others can't sleep for days due to rebound stimulation or anxiety.
- **Suicidal ideation, depressive collapse** One of the most dangerous symptoms. Suicidal thoughts are often biochemical in nature. PubMed: Depression after stimulant cessation
- Apathy, slowed cognition, disinterest in food or hygiene You may feel like a zombie. Motivation evaporates. Don't confuse this with laziness. It's dopamine depletion.
- **Muscle pain, headaches, tremors** Especially common in heavy meth or cocaine users. <u>Meth</u> withdrawal review
- **Paranoia or irritability** The absence of stimulants may intensify trauma responses, intrusive thoughts, or general unease.
- Drug cravings and high relapse risk These may spike in response to emotional stress, boredom, or sleep deprivation. Have a plan for "the moment of maybe."

This stage can last from a few days to several weeks, depending on duration and intensity of use. Symptoms tend to come in waves, don't assume you're "cured" if you have a good day.



TRANS ARMY

Resources:

- Comprehensive stimulant withdrawal timeline and guide
- Mayo Clinic: Cocaine withdrawal symptoms
- NIH psychiatric risk post-stimulant use
- DSM-5 Criteria for Stimulant Withdrawal
- NIH on stimulant withdrawal and psychiatric risk
- Mayo Clinic: Cocaine withdrawal
- Neurochemical impact of amphetamines
- Dopamine regulation and stimulant abuse



1. Nutrition for Recovery

- B-complex vitamins help repair neurotransmitter function. Especially B6, B12, and folate.
 <u>Harvard Med: B vitamins and mood</u>
- Vitamin C helps flush toxins and reduce oxidative stress.
- Magnesium calms the nervous system and supports sleep. Magnesium & stimulant detox
- Eat frequent, small meals to stabilize blood sugar.

2. Stimulant Substitutes (Non-Addictive)

- Matcha green tea or yerba mate offer mild caffeine without the crash of coffee.
 - o Green tea neuroprotective effects
- **Dark chocolate** (70%+) stimulates dopamine without hard comedown.
- Low-dose caffeine in consistent, small amounts can ease the transition.

3. Movement and Mood Regulation

- Gentle, rhythmic motion (walking, pacing, rocking) helps move dopamine naturally.
- Stretching or yoga, even five minutes, supports nervous system balance.
- Avoid intense cardio if sleep-deprived; it may spike agitation.
- Exercise as neurochemical repair

4. Sleep and Fatigue Management

- Respect sleep if it comes. Crash sleeping (18+ hours) is normal.
- If you can't sleep: dim lights, avoid screens, use melatonin or sleep-safe herbal teas
- Sleep may cycle through hypersomnia \rightarrow insomnia \rightarrow broken rest. All are part of the reboot.

5. Emotional First Aid & Suicidality

- You may feel like you want to die. This is normal in early withdrawal. It's biochemical.
- Talk to someone safe. Use helplines if they exist, or write letters you don't send.
- Keep yourself on a 1-hour plan: "Just make it to the next 60 minutes."
- Make a boredom kit: puzzles, string, music, paper, soft objects.

Resources:

- Crisis Text Line (Text HOME to 741741 U.S.)
- Trans Lifeline peer support by/for trans folks
- List of Global Mental Health Hotlines



Dangerous Traps to Avoid

Stimulant withdrawal can make your brain desperate, for energy, relief, or even destruction. Here's what to steer clear of, and why:

- **Don't chase your last high.** The desire to feel "normal" again can drive people to binge use. This often leads to overdose due to lowered tolerance. <u>CDC data on post-detox overdose risk</u>
- **Don't mix with alcohol or benzos.** It may seem like you're calming down, but combining depressants with lingering stimulants in your system can lead to blackouts, respiratory depression, and death. NIDA: Polydrug interaction risks
- Don't isolate completely. Withdrawal lies to you. It says you're a burden, a failure, unworthy
 of contact. Maintain *some* communication, even passively. A single emoji or text can anchor you.
 Try <u>Marco Polo</u> for low-pressure video check-ins.
- **Don't punish your body.** You may feel ashamed for sleeping 18 hours, eating too much or too little, crying uncontrollably, or zoning out. That's not weakness. That's survival mode. Let your body grieve and reboot. Self-compassion in recovery
- **Don't romanticize relapse.** The "one last hit" myth kills people. Your brain might trick you into thinking you can control the next dose. If possible, build a *Relapse Prevention Plan* in advance, trigger list, emergency contacts, and a safe distraction kit. <u>SMART Recovery tools</u>

Remember: The impulse to seek relief is real, but not always safe. Build a wall between desire and action. Rest behind it. Reinforce it every day you're still breathing.



Crash Survival Kit (Low-Resource Edition)

A crisis-ready stimulant withdrawal kit should stabilize mood, hydration, sleep, and sensory regulation. Use portable, weatherproof containers like a dry bag or <u>Faraday pouch</u> if crossing borders or going offgrid.

- B-complex vitamins and <u>magnesium glycinate</u> tablets support neurotransmitter recovery, reduce irritability, aid sleep
- <u>Chamomile</u>, <u>lavender</u>, or <u>valerian</u> tea bags calming herbs for anxiety and rest
- Emergency snacks: nut butter pouches, protein bars, <u>electrolyte drinks</u> (preferably with potassium and magnesium)
- <u>Rehydration salts or ORS packets</u> prevent dehydration, reduce stimulant comedown headaches
- Sunglasses, noise-isolating headphones, sleeping mask reduce overstimulation during rebound sensory sensitivity
- Phone charger, battery bank, offline-friendly apps (e.g., Headspace, Insight Timer, Calm Harm)
- Notebook, colored pencils, or tactile drawing tools to redirect anxiety, record thoughts, or manage cravings
- Backup ID plan: <u>ICE card</u>, paper with trusted contact info, seizure/medical alert card (<u>template</u>)

Optional but powerful: soft fabrics, compression items, photos of loved ones, laminated affirmations, old playlists, and tactile items like putty or beads. Familiarity reduces panic.

Pack small, think modular, and update weekly. In emergency conditions, your survival pack is not just gear, it's your neurological lifeline.



You're Not Lazy. You're In Recovery.

What feels like laziness, apathy, or even worthlessness is often nothing more than a **dopamine crash**, a biochemical blackout triggered by stimulant withdrawal. Your brain isn't malfunctioning; it's struggling to rewire after losing the external source of motivation, energy, and focus. <u>Dopamine deficiency after</u> <u>stimulant use</u> is a documented phenomenon, especially in individuals with long-term or high-dose use.

During this phase, **your motivation molecule is offline** but not gone forever. <u>Neuroplasticity research</u> confirms the brain can rebuild dopamine pathways over time. This is not a personal failing. It's a healing process, gritty, nonlinear, and deeply physical.

You are not broken. You are **rebooting**, cell by cell, synapse by synapse. You are recalibrating your system to produce and respond to reward signals without external amphetamines or stimulants. That's hard science. That's resilience.

Sleep. Eat. Cry. Repeat. You don't need to perform, produce, or prove anything to be worthy of rest and repair. Productivity is not a measure of survival. Every hour you stay alive, even curled under a blanket with empty hands and a heavy brain, is an act of biochemical resistance.

Lesoources:

- Understanding dopamine's role in motivation
- Why rest is vital in stimulant recovery



Opioids are powerful central nervous system depressants that hijack the body's natural endorphin system, creating artificial euphoria and eliminating pain, until they're gone. Whether you're using street heroin, pharmaceutical painkillers like Oxy or Dilaudid, synthetic opioids like fentanyl, or long-acting alternatives like methadone or buprenorphine, withdrawal is inevitable when supply is cut. In emergency conditions, war, displacement, prison, or climate disaster, this can happen fast.

TRANS

The truth is: **opioid withdrawal rarely kills**. But it *can* kill your hope, your sanity, and your connection to your body if you're not prepared. This guide is for those who have no access to clinics, no insurance, and no easy exits. It's survival, not strategy. And it can be done.

Kernel Whet Happens When You Stop Opioids Suddenly

Common opioids include:

- Heroin A semi-synthetic opioid derived from morphine, it is fast-acting and highly euphoric. Because of its short half-life (approximately 30 minutes), withdrawal symptoms typically begin within 6–12 hours of last use. <u>DEA Fact Sheet</u>
- Oxycodone (Percocet, OxyContin) A widely prescribed opioid used for moderate to severe pain. Oral oxycodone has a half-life of 3–5 hours. Withdrawal can begin in 8–12 hours. Tolerance develops quickly, especially with extended-release formulations. NIH Rx Profile
- Hydromorphone (Dilaudid) and Fentanyl These synthetic opioids are extremely
 potent, with fentanyl estimated at 50–100 times stronger than morphine. Their effects
 dissipate rapidly, especially if smoked or injected, leading to abrupt, intense withdrawal
 within 4–8 hours. Fentanyl CDC Data | Hydromorphone Pharmacology
- Methadone A full opioid agonist with a very long half-life (8–59 hours). Onset of withdrawal is often delayed until 24–48 hours after the last dose, but symptoms can last 2–3 weeks or more. This makes methadone withdrawal harder to time and longer to resolve.
 WHO Methadone Guidelines
- Buprenorphine (Suboxone) A partial opioid agonist that binds tightly to receptors but activates them less strongly. While safer for overdose, it can still cause significant withdrawal symptoms when tapered too fast or stopped suddenly. Symptoms may begin 36–72 hours after last dose. <u>SAMHSA Buprenorphine Guide</u>

Learn more:

- <u>CDC Training Module on Opioids</u>
- <u>COWS: Clinical Opioid Withdrawal Scale</u>



Withdrawal symptoms can begin as early as 6 hours after the last dose, and may peak between 72– 96 hours, depending on the substance. These symptoms vary in intensity based on the opioid used, duration of use, dosage, and individual health factors.

Early and acute symptoms include:

- **Diarrhea, vomiting, and abdominal cramping** Triggered by sudden hyperactivity in the gut due to the removal of opioid-induced motility suppression. Prolonged episodes can lead to dangerous dehydration. Gastrointestinal symptoms in opioid withdrawal
- Profuse sweating, chills, fever, shivering Caused by autonomic nervous system rebound. These temperature regulation issues are hallmark signs of acute withdrawal. <u>Autonomic</u> <u>symptoms in detox</u>
- Severe anxiety, restlessness, irritability Linked to a drop in GABAergic tone and dopamine levels. Emotional regulation becomes severely impaired. <u>Neurobiology of withdrawal</u> <u>anxiety</u>
- **Insomnia, inability to stay still or sleep** Opioid withdrawal induces hyperarousal, which disrupts circadian rhythms. <u>Sleep disturbances post-opioid use</u>
- **Muscle and bone pain, tremors, twitching** These are due to hypersensitization of pain pathways and dopamine receptor downregulation. <u>Pain rebound and withdrawal</u>
- **Goosebumps, yawning, watery eyes** Result from increased noradrenaline release; these symptoms often precede more intense phases. <u>Early withdrawal symptom analysis</u>
- Dysphoria, panic attacks, suicidal ideation Caused by sudden reductions in dopamine, serotonin, and endorphin levels. Suicidality is chemical, not character. <u>Mood instability after</u> <u>opioids</u>

These effects are clinically documented using tools like the <u>Clinical Opioid Withdrawal Scale (COWS</u>), and although they can be profoundly distressing, they are often survivable with proper hydration, rest, and emotional regulation strategies.

Sources:

- Harvard Health Blog on Opioid Withdrawal
- Mayo Clinic: Opioid Withdrawal
- NCBI: Opioid Withdrawal Management

Withdrawal can make you feel like you're dying, but barring complications, it won't kill you. The risk is in *how* people respond to it: relapse, dehydration, infections, or risky behaviors.



Street Survival Tactics (No Access Edition)

1. Stabilize the Body: Triage the Most Dangerous Symptoms

- **Hydrate constantly**. Dehydration from diarrhea and vomiting is a real danger. Use <u>ORS (oral</u> <u>rehydration salts)</u>, <u>Pedialyte</u>, or even a mix of salt, sugar, and clean water.
- For diarrhea: <u>Loperamide (Imodium)</u> can reduce intestinal chaos. Start small. Avoid megadosing.
- For pain/cramping: Use heat therapy, <u>hot water bottles</u>, warm baths, or DIY heating pads with rice socks. Gentle massage or pressure (like a weighted blanket) can help.
- For chills/sweats: Layers are key. Dry clothes, hoodies, beanies, and thick socks go a long way. Try heat-reflective space blankets.

2. Accessible Alternatives: Herbs, OTC Meds, and Legal Tools

- Kratom (Mitragyna speciosa): Legal in many places, acts on opioid receptors. Can reduce withdrawal severity. Use responsibly. Kratom clinical overview
- Cannabis: Effective for nausea, sleep, and anxiety. Cannabis and opioid withdrawal study
- **CBD oil:** Calms the nervous system without intoxication. <u>CBD and anxiety research</u>
- **Diphenhydramine (Benadryl):** Useful for sleep and mild sedation
- Chamomile, ginger, peppermint: Soothe stomach, ease cramping, reduce nausea. <u>GI herbal</u>
 <u>study</u>

3. Cognitive Anchors: Manage the Storm in Your Head

- Use repetition: "This is temporary. I'm surviving the hour."
- Place affirmations where you sleep or sit. Even just a sticky note.
- Journal your symptoms, fears, and victories. Use voice memos if writing hurts.
- Rock, hum, sway, pace, repetitive motion calms the nervous system. <u>Somatic regulation</u>
 <u>techniques</u>

4. Emotional Lifelines

- Text a friend, even if you don't say much. Connection grounds you.
- Watch soft, slow media: nature videos, calming YouTube ASMR, or non-triggering movies.
- Use <u>binaural beats or ambient noise</u> to disrupt the panic cycle.
- Cry, scream, curl up. These are natural nervous system releases. Let them out.

Behavioral support tips: <u>Psychosocial interventions for opioid withdrawal</u>



Emergency Withdrawal Kit (Low-Supply Edition, Expanded)

Assemble your kit before symptoms hit. In low-access situations, being able to treat dehydration, insomnia, nausea, and psychological distress quickly can make the difference between survival and collapse. Everything should fit into a backpack or shoulder bag. Prioritize portability, sensory stability, and hydration.

- <u>ORS salts</u> or powdered electrolytes like <u>Liquid I.V.</u> Replaces salts lost through vomiting and diarrhea, prevents dangerous dehydration.
- <u>Imodium</u> (loperamide), <u>Benadryl</u>, <u>kratom caps</u> (if legal) Manage bowel distress, nausea, anxiety, and serve as opioid substitutes.
- Herbal tea bags: <u>Ginger</u>, <u>peppermint</u>, <u>chamomile</u> calm nausea, reduce stomach cramping, and help sleep.
- Emergency food: Crackers, bread, instant rice, peanut butter, canned lentils anything **bland**, **protein-rich**, and **shelf-stable** that won't trigger nausea.
- <u>Hot water bottle</u>, hoodie, scarf, thermal socks, <u>Mylar blanket</u> For managing chills and muscle pain.
- Eye mask, <u>Mack's Earplugs</u>, <u>calming apps like Insight Timer or Rootd</u> Reduce sensory overload during panic attacks or overstimulation.
- Tactile grounding tools: <u>Fidget cubes</u>, putty, adult coloring books, pencils, <u>mandala journal</u> prompts
- Printed <u>ICE card</u>, hotline or crisis numbers, contact details of someone who won't judge you if you call at your worst.

Optional add-ons (highly recommended if possible):

- <u>Melatonin</u>, <u>valerian root</u> Non-addictive sleep aids.
- Offline playlists or calming soundscapes Soothing noise can disrupt obsessive thoughts or panic spirals.
- <u>Printed affirmations</u>, scent oils like <u>lavender</u> or <u>cedarwood</u> Grounding tools for olfactory stabilization.
- Small first aid kit: bandages, antiseptic wipes, <u>acetaminophen</u>, <u>thermometer strips</u> Useful if you spike a fever or suffer skin irritation from sweating.

Think of this kit as a **ritual toolset**: to comfort, to interrupt panic, to stabilize your gut and heartbeat. You don't have to be perfectly stocked, *you just have to be able to make it through the next hour*. Then the next.



You're Not Weak. You're Recalibrating.

Opioid withdrawal doesn't mean you've failed, it means your nervous system is engaging in one of the most demanding healing processes known to neurobiology. When opioids are removed after extended use, your brain must rapidly adapt to the sudden absence of synthetic stimulation in the **mu-opioid receptor system**, which regulates pain, reward, and emotional balance. <u>Neurobiological analysis of withdrawal</u>

This rebalancing is brutal, but it's also evidence of your body's **capacity to adapt and survive**. Your pain sensitivity increases. Your mood plummets due to depleted dopamine and endorphins. You may shake, rage, cry, or collapse, and still, your brain is trying to live. <u>Opioid-induced hyperalgesia</u>

It's painful, yes. But not shameful. It's slow, sacred, biological work, neuroregeneration in real time. You're not broken. You're reweaving a shattered nervous system under siege.

You are not weak, you are rebooting. You are **reclaiming the part of you that remembers how to feel pain without splintering**, how to sleep without sedation, how to cry without chemical silence. <u>Recovery neuroplasticity</u>

Every second you endure is a heartbeat reclaimed. Every hour you stay alive is **living proof** that your story isn't over, it's just beginning again, on your terms, in your rhythm.

Read more: Neurobiology of Opioid Withdrawal

Cry if you must. Shake. Rock. Sleep. Beg the sky for peace. Do whatever keeps your body here.

And if you relapse? Start again. You're not back at zero. You're back in the fight.



II. EMERGENCY HRT STRATEGIES

Hormone access under siege, whether due to fascist laws, war, natural disasters, incarceration, medical gatekeeping, or border controls, is a survival-level emergency for many trans people. Gender-affirming hormone therapy (HRT) isn't cosmetic. It's mental health. It's suicide prevention. It's autonomy. And when the system collapses or actively turns against us, we adapt.

This guide offers a comprehensive, real-world toolkit for navigating emergency HRT survival. It's meant for situations where medical systems are inaccessible, actively hostile, or criminalize gender-affirming care. This is field medicine, mutual aid, resistance science, and biochemical autonomy in motion. Verify sources. Share cautiously. Protect each other.

Hide Your Stash: Smuggling, Stealth & Camouflage

Sometimes the difference between being treated or not is whether you can get your hormones across a checkpoint, into a shelter, or past a raid. Think creatively.

- **Cosmetic disguises:** Transfer hormone gels or tablets into <u>refillable lip gloss tubes</u>, <u>tiny travel</u> <u>jars</u>, or <u>eyedropper bottles</u>. Looks like makeup = less suspicion.
- Vitamin bottles & toiletry kits: Store hormones in <u>common supplement bottles</u>, preferably mixed with other legitimate vitamins to reduce search risk.
- Sew into clothing: Hollow out <u>bra cups</u>, sew tiny zipper pouches into waistbands or the underside of binders. Store vials flat and wrap in plastic.
- **Books, binders & laminated stash:** Hollowed books or laminated envelopes in notebooks can store pills or syringes. Keep decoys for added protection.
- **Heat-seal + foil wrap:** Protect from moisture and scent detection with <u>mylar bags</u>, foil, or <u>food</u> <u>vacuum sealers</u>.

Resource: <u>Global guide to smuggling medicine safely (PDF)</u>



DIY Emergency Compounding: When All You Have is Raw Material

A Serious warning: injecting homemade hormone solutions is extremely dangerous and can lead to abscesses, sepsis, or fatal embolism. The following is for oral and transdermal survival only, unless you have verified sterile technique and clinical-grade supplies.

- Oral estradiol survival technique: If you have estradiol valerate tablets or sublingual pills, crush them with a spoon or mortar and pestle. Mix the powder into a small quantity of high-proof alcohol (such as Everclear, ≥75% ABV), vodka, or even mouthwash in a pinch. Hold the solution under the tongue for 2–5 minutes to maximize sublingual absorption, which is significantly more effective than swallowing. Do not swallow immediately, wait to minimize liver metabolism. PubMed study on sublingual estradiol efficacy. Store remainder in a clean, sealed glass vial away from light.
- Spironolactone (anti-androgen workaround): Best used sublingually in emergencies. Crush tablets and suspend in <u>glycerin</u> (found in many drugstore skin-care aisles) or ethanol. This preserves the compound for several days if stored in a dark container. Administer sublingually in microdoses for stable plasma levels. <u>Study on Spironolactone pharmacokinetics</u>. Expect diuretic effects: increase hydration accordingly.
- Dissolving hormone powders: If you somehow obtain raw estradiol or testosterone base (often from grey-market suppliers), dissolve in 95% ethanol. Avoid oils unless you are trained in sterile filtration and autoclaving. Filter your ethanol solution through an unbleached coffee filter, and store in an amber glass bottle to prevent light degradation. Begin with microdoses (e.g., 0.1–0.25 mg), as dosing accuracy will be variable. Never inject unless you have sterile vials, new syringes, bacteriostatic water, and clean technique validated by a trained harm reductionist.

I Recommended Resources:

- TransfemScience DIY Estradiol Protocols
- Home Chemistry Safety Basics
- Sterile Technique Medical Review
- Hormone Bioavailability + Alcohol Interactions

Keep doses low, notes clear, and containers labeled. The goal here is biochemical continuity, just enough to avoid crash, dysphoria spirals, or endocrine whiplash. If you're not sure about your solution, **don't use it**, ask a peer, test with microdoses, or wait until you're stable. Your survival is more important than perfection.

🌉 Resources:

- TransfemScience: DIY Estradiol & Spiro methods
- Drug formulation safety



Transdermal Workarounds: Low-Efficiency Hacks to Stay Afloat

When swallowing or injecting isn't possible, due to nausea, injury, trauma, lack of supplies, or risk of seizure, the skin becomes your emergency hormone delivery surface. While **transdermal delivery is inefficient**, especially without pharmaceutical-grade formulations, it can provide a **low, steady stream** of estradiol that prevents hormonal crash, mood destabilization, or acute dysphoria. It's not ideal, but it's far better than nothing.

- **Softgel hacks:** Break open softgel estradiol capsules (e.g., Estrace or generic estradiol valerate) and rub the gel contents onto thin-skinned areas like the **inner upper arms**, **inner thighs**, **abdomen**, or even behind the **knees**. Skin should be **clean**, **warm**, **and dry** for best absorption. Heat dilates capillaries and increases uptake. Cover with breathable fabric to minimize loss. Avoid contact with others while the skin is wet. Estradiol absorption mechanics
- Estradiol paste: Crush estradiol pills with a clean spoon or pill crusher, and blend into a dollop
 of pure aloe vera gel or unscented lotion (e.g., Cetaphil). Apply the mixture to skin and cover
 with <u>Tegaderm film</u>, plastic wrap, or even duct tape in emergencies. Leave in place for 2–4 hours.
 This improves skin contact time and creates a makeshift transdermal patch. Be cautious of skin
 irritation.
- DIY transdermal patch (gauze method): If you have alcohol-based estradiol or an ethanol solution from compounded powder, soak a sterile piece of gauze or cotton pad in it. Apply to a clean skin area and occlude it using plastic wrap, waterproof tape, or Tegaderm. Change every 6–12 hours. Use medical tape for sensitive skin if irritation occurs. Always test a small patch first.
- **Maximizing bioavailability:** Consider using a <u>dermaroller</u> (0.25mm–0.5mm) to create microchannels in the skin **before applying gel or paste**. This significantly increases drug penetration, but should only be done with sterile equipment and clean hands.

Resources:

- Estradiol pharmacokinetics via skin
- Microneedling and transdermal drug delivery
- Estradiol skin absorption and contact precautions
- Estradiol gel pharmacokinetics



Mutual Aid Hormone Logistics: Network or Die

No one gets through scarcity alone. Building a small, resilient hormone mutual aid network can be the difference between survival and collapse. Mutual care is not charity, it's infrastructure. Even two people with a system are stronger than one alone.

- Log doses and stock: Track everything. Use <u>encrypted spreadsheets</u>, <u>offline-first inventory</u> <u>logs</u>, or physical tools like dry erase boards and notebooks. Include date, time, type of hormone, dosage, and user initials. This helps avoid overdose, misdosing, or supply confusion during trauma fog or evacuation.
- **Batch & rotate:** Pool vials across trusted networks and rotate use to ensure even depletion. Label each vial with initials, date opened, and approximate remaining volume. Use <u>colored tape</u> or stickers to track ownership or dosage levels visually.
- Keep a shadow kit: Maintain an emergency backup dose or kit in a neutral, low-surveillance location: a <u>locker at a gym</u>, a waterproof jar hidden in the woods, or sealed in a heatproof bag and taped under furniture. Use <u>weather-resistant mylar or Pelican cases</u> for durability.
- **Encrypted comms:** Only coordinate hormone logistics using secure, decentralized, <u>end-to-end</u> <u>encrypted messengers</u>: <u>Signal</u>, <u>Session</u>, or <u>Briar</u>. Assume every platform is compromised. Never store dose information or schedules in public channels or cloud-based documents.
- **Train new medics:** Create short, practical tutorials for others in your circle, how to dose, store, share, and track hormones safely. Use <u>Zine libraries</u> or sites like <u>TransfemScience</u> to distribute PDFs, guides, and teaching tools. Even a sticky note or voice memo could save someone's transition. Create redundancy: don't centralize knowledge in one person.

Resource: Gender-Affirming Mutual Aid Organizing Tips

Food That Supports Endocrine Resilience

When you're low on hormone medication or navigating a complete break in access, strategic nutrition becomes one of the few biological tools left to keep your endocrine system functioning. While diet cannot replicate the pharmacological effects of HRT, it can influence your hormonal terrain in measurable ways, by stabilizing mood, supporting neurotransmitter production, reducing systemic inflammation, and promoting optimal liver metabolism of available hormones.

For example, **phytoestrogens** found in <u>soy</u> and <u>flaxseed</u> structurally mimic estradiol and can weakly activate estrogen receptors, helping blunt the psychological and metabolic effects of estrogen withdrawal. They also aid in improving skin health and lipid profiles, which are commonly disrupted during low-E2 states.



On the testosterone-supportive side, nutrients like <u>zinc</u>, <u>magnesium</u>, and <u>vitamin D</u> are directly involved in testosterone synthesis and receptor sensitivity. Their presence in the bloodstream can help maintain energy, mood, and libido during low-testosterone states.

Healthy fats such as <u>omega-3 fatty acids</u> from flax oil, sardines, and walnuts play a key role in hormone production, since steroid hormones are lipid-derived. Without adequate dietary fat, your body's ability to produce sex hormones drops rapidly.

Moreover, <u>B vitamins</u> and <u>adaptogens</u> like rhodiola or reishi support stress resilience by helping regulate the hypothalamic-pituitary-adrenal (HPA) axis, one of the systems most destabilized by hormone crashes.

Even liver-supportive foods like <u>cruciferous vegetables</u> (broccoli, cabbage, kale) can improve your body's natural hormone clearance and recycling pathways (especially via CYP1A1 and CYP3A4 enzymes).

Additional peer-reviewed reference:

- Nutrition, Endocrine Function & Hormonal Health NIH Overview
- Dietary phytoestrogens and hormonal balance

In short: food won't replace your estrogen or testosterone, but it can help your body survive the dip, ride out the crash, and stay chemically resilient until you regain access to HRT.

Estrogen-friendly:

- Soy: Contains isoflavones (phytoestrogens)
- <u>Flaxseed</u>: Lignans support estrogen pathways
- Turmeric: Anti-inflammatory, may modulate estrogen
- <u>Black cohosh</u>: Used for menopause, not a replacement but helpful

Testosterone-friendly:

- Zinc, Magnesium, Vitamin D
- Omega-3s: Found in sardines, flax oil, walnuts
- Ashwagandha: May support testosterone levels indirectly

General endocrine & mood support:

- <u>Cruciferous vegetables</u>: Detox liver, help with hormone processing
- Adaptogens: Rhodiola, maca, reishi can help mood and endocrine balance
- B vitamins: Critical for mood and neurological health

Create a "hormone-support pantry": peanut butter, olive oil, lentils, brown rice, seaweed, tinned sardines, seeds, turmeric, green tea.



Reminder

Your need for HRT is not vanity, it's grounded in decades of medical consensus and peer-reviewed evidence showing that access to gender-affirming care reduces suicide risk, depression, and anxiety in trans populations. <u>American Medical Association</u>, <u>The Lancet Psychiatry</u>, and <u>WHO</u> all affirm the necessity of trans healthcare. Your body is not wrong, systems that pathologize it are.

Denial of gender-affirming care isn't neutral policy, it is a form of structural and medical violence, one that intersects with racism, classism, ableism, and xenophobia. These are not "culture wars", they are coordinated campaigns to limit bodily autonomy, especially for those already at the margins. <u>UN Report on transphobic violence</u>

Whether you're crossing a militarized border, surviving anti-trans laws in a red-state town, fleeing a war zone, or stuck under surveillance in your own family's home, you deserve **continuity of care**. You deserve **access to biochemical tools** that affirm your gender and stabilize your mind. You deserve **biochemical sovereignty**: the right to alter your body and neurochemistry in accordance with your needs, not their norms.

We survive by innovating, making tinctures from crushed pills, patching estrogen with aloe and plastic wrap, hiding vials in shampoo bottles. We resist by teaching, zines, TikToks, underground clinics, whispered instructions at queer shelters. We win by **never again ceding control of our bodies to institutions designed to erase us**.

Lev readings:

- WPATH Standards of Care v8
- Trans PULSE Canada: Mental Health & HRT
- LGBTQ+ Healthcare Discrimination, Human Rights Watch
- "Hormones are Infrastructure" by adrienne maree brown

I Further Resources:

- TransfemScience
- NotBinary Wiki DIY HRT
- Queer Pharmacy Zine
- The GenderKit Toolkit
- Trans DIY Care Guidebook (PDF)



III. WITHDRAWAL FIRST AID KIT

When systems collapse, whether through fascist repression, ecological breakdown, forced migration, border violence, or incarceration, you may be cornered into detoxing under unimaginable conditions. You might be in a camp with no medicine, a basement with no power, a refugee center with no privacy, or a prison with no empathy. Withdrawal does not wait for stable environments. It punishes the body exactly when the body is most fragile. It is a biochemical ambush.

There will be no nurse monitoring your vitals. No clean bed. No call button. When the vomiting starts, when your bones ache like they're burning from the inside, when the hallucinations creep in, you won't have access to a clinic, you'll have what you packed. Or didn't.

This isn't about comfort. This is about survival. Clinical detox is a luxury. In collapse, care becomes DIY, underground, improvised. That's what this kit is for: the moment your nervous system begins to unravel and the only medical infrastructure you have is what's in your pocket.

Pack like your body is sacred. It is. Your body is worth defending. Your neurotransmitters are worth regulating. Your digestion, hydration, circulation, these are not trivial. These are what keep you alive long enough to rebel.

Pack like the state wants you gone. Because it does. It criminalizes your substances, your body, your neurodivergence, your transition, your survival tools. It wants you compliant or dead. This kit is how you tell it: not today.

Resources:

- WHO: Access to Medicines in Emergencies
- UNHCR Health in Emergencies Field Guide
- HRW: Denial of Healthcare in U.S. Prisons

What to Carry: Essential Medicine, Buffers, and Biochemical Shields

1. Multivitamins + B-complex

B vitamins are obliterated by stress, especially during stimulant crashes and alcohol withdrawal. Supplementing $\underline{B6}$, $\underline{B9}$, and $\underline{B12}$ can stabilize mood, reduce cognitive fog, and ease fatigue. Choose brands with methylated forms (methylfolate > folic acid) if possible. Multivitamins support nutrient repletion when food is scarce or nutrient-void.

2. Electrolyte tabs or powders

Diarrhea, vomiting, sweat, and shaking = lost sodium, potassium, and chloride. These aren't optional, they're essential for cardiac and nerve function. Use <u>Nuun tabs</u>, <u>ORS packets</u>, or make your own (1 liter water + 6 tsp sugar + $\frac{1}{2}$ tsp salt). Add a pinch of baking soda if you're vomiting. <u>WHO-approved ORS formula</u>



3. Ginger chews / activated charcoal

<u>Ginger</u> helps settle nausea and reduce abdominal cramping, especially during opioid and benzo withdrawal. <u>Charcoal</u> can bind toxins, useful after bad street pills or contamination. Always take with water.

4. Diphenhydramine (Benadryl)

Antihistamine that doubles as sedative. Helps with insomnia, anxiety, itchiness, and panic. Especially helpful for stimulant or alcohol comedown. Risk of grogginess. <u>Diphenhydramine medical profile</u>

5. Ibuprofen / Aspirin

Inflammation, muscle aches, or pounding headaches, this helps with all of them. Can also reduce fever. Don't combine with alcohol or NSAIDs. <u>Ibuprofen safety guidance</u>

6. Loperamide (Imodium)

Key for opioid withdrawal. Slows intestinal spasms and prevents dehydration from diarrhea. Use only per label instructions. Do not mega-dose; high doses can cause cardiac issues. <u>Loperamide for detox</u>

7. Caffeine pills / green tea / matcha

Mild stimulation can help bridge stimulant withdrawal. Avoid high-dose energy drinks. Use <u>caffeine with</u> <u>L-theanine</u> if possible to prevent jitters. Even one tea bag can bring you back from cognitive collapse.

8. Melatonin / Valerian Root / Chamomile

Sleep is medicine. These non-addictive aids help reset circadian rhythm. <u>Valerian</u> is useful during benzo tapering. <u>Melatonin</u> supports sleep onset. <u>Chamomile</u> has mild anxiolytic and GI benefits.

9. THC/CBD gummies (if safe)

Cannabis supports nausea relief, sleep, and pain tolerance. <u>CBD alone</u> helps opioid detox without the high. Don't combine with paranoia-inducing environments. Keep hidden. Gummies are ideal for discretion.

10. Nicotine gum / lozenges

Reduces benzo, stimulant, and alcohol withdrawal cravings by stimulating dopamine release. May calm agitation in acute detox. Use in moderation to avoid dependence. <u>Nicotine regulation during withdrawal</u>

11. Digital thermometer

Track fevers, especially if you're sweating, hallucinating, or shaking. A fever over 101°F during opioid or alcohol withdrawal needs medical attention. Use cheap <u>battery-powered models</u>.

12. Menstrual products (even if on T)

T lapses can restart spotting or irregular bleeding. Carry <u>pads</u>, <u>discs</u>, or absorbent underwear to avoid being caught unprepared.



Tactical Extras (Space-Permitting Add-ons, Expanded Edition)

- Oral syringes For titrating hormone microdoses or measuring reconstituted medications like antibiotics or anti-seizure suspensions. Look for <u>1ml and 5ml sterile syringes</u> with caps to reduce contamination. They can also be used to administer fluids sublingually during vomiting spells.
- Flushable wipes / travel bidet Crucial for hygiene when there's no running water. Wipes
 reduce infection risk during menstruation or diarrhea episodes. A <u>travel bidet</u> helps reduce use
 of toilet paper and avoids microabrasions that can become infected in unsanitary conditions.
- Emergency calories Portable, high-calorie, protein-dense snacks like <u>RX Bars</u>, <u>Clif Builder</u> <u>Bars</u>, <u>peanut butter sachets</u>, or <u>Soylent powder</u> can stabilize blood sugar, stave off nausea, and provide brain fuel during stimulant crashes or opiate detox. Aim for slow-release carbs + fat.
- **Basic trauma tools** Include <u>sterile gauze</u>, alcohol prep pads, trauma scissors, and small tweezers. Include <u>hypoallergenic bandages</u> for sensitive skin. In emergencies, even a sanitary pad can be used as an absorbent dressing.
- ICE card + printed log Use this <u>ICE card generator</u> to print your emergency contact info, drug allergies, and preferred name/gender. Pair with a <u>symptom/dose tracking log</u> to monitor what you've taken. Especially important if cognition is affected by withdrawal.
- **Grounding object** Something that reminds you you're real. This could be a <u>mini zine</u>, a laminated quote, a vial of a familiar scent, a photo of someone you love, a carved charm, or even a <u>pocket worry stone</u>. This is your reality anchor when panic, psychosis, or derealization strikes.

Consider storing it all in a <u>TSA-approved clear toiletry kit</u> for visibility and speed, or a <u>MOLLE-</u> <u>compatible tactical pouch</u> that can be clipped to any bag or belt. Label pouches clearly by category (pain, gut, sleep, etc.). Color-coding can help in low-light conditions.



Strategy

This kit isn't glamorous. It won't cure addiction. It won't substitute for long-term care. But it can stabilize the vital systems, gut, brain, joints, hydration, and sleep, that keep you alive through the worst of withdrawal. It can reduce your chances of infection, shock, dehydration, panic, and psychotic breaks. It's triage for biochemical collapse.

Every item in this kit buys you time: <u>electrolytes</u> keep your heart firing, <u>diphenhydramine</u> slows panic, <u>caffeine</u> staves off coma-like stimulant crashes, <u>CBD</u> softens the edge of detox. None of it is a cure, but all of it is a strategy.

Store your kit in your <u>bug-out bag</u>, evacuation pack, or car emergency compartment. Keep one in your locker if you work in an unsafe or remote area. If you can, build two versions:

- A stealth kit with only what fits in a makeup bag, fanny pack, or sock: 4–5 essential items.
- A fully loaded kit for home or longer-term hideouts, stored in a MOLLE pouch or dry bag.

Check expiration dates every 3–6 months. Keep <u>a printed log</u> of doses, allergies, and your ICE contact. Label everything. Write your name on the inside.

This isn't just a bag. It's a mobile biochemical clinic. It's a shield. It's a promise you made to your future self to stay alive long enough to get out.

Further Resources:

- Opioid withdrawal overview (Mayo Clinic)
- Benzo tapering survival site
- r/StopSpeeding Withdrawal Wiki
- DIY Emergency Drug Detox Guide (PDF)



IV. MOBILIZE COMMUNITY CARE: DIY HEALTH INFRASTRUCTURE IN EMERGENCY CONTEXTS (EXPANDED VERSION)

When formal systems collapse, or when they become weapons used against us, we don't vanish. We don't wait. We rewire. When hospitals start gatekeeping gender, when police carry Narcan but arrest you for needing it, when border crossings mean medication seizures and family separations, we don't sit back and die. We organize. Community care isn't charity, it's **counter-infrastructure**. It is built by necessity, grounded in refusal, and delivered peer-to-peer, not top-down.

The logic is simple: when you are deemed unworthy of institutional survival, you survive together. <u>Trans</u> <u>communities</u> have long histories of building alternate systems: underground hormone swaps, group seizure tracking, mutual aid for detox meds, syringe exchanges when clinics won't help. <u>Disabled</u> <u>organizers</u> pioneered the mutual aid model during HIV/AIDS, long before mainstream systems acknowledged them. <u>Sex worker collectives</u> developed encrypted comms and safehouse rotations long before Signal was cool.

Community care is logistics. It's a distributed supply chain of meds, food, sleep spots, comms channels, trauma knowledge, and healing practices. It's trauma-informed crisis response and no-questions-asked micro-clinics. It's the whisper chain that gets a trans kid their T when the pharmacy says no. It's who you call when your hands are shaking too hard to take your pills.

For trans folks, disabled people, sex workers, undocumented migrants, neurodivergent folks, and criminalized drug users, those targeted first and resourced last, community care is not a feel-good practice. It's the literal **infrastructure of survival** in a world that profits from our disappearance.

💄 Resources:

- Transgender Health and Peer Support
- <u>Community Care as Disability Justice</u>
- Red Umbrella Fund Global Sex Worker Solidarity

This field guide expands on how we **engineer care from the underground up**, when healthcare becomes weaponized or deliberately withheld. It's not charity. It's **counter-power**.



1. The Buddy System: Mutual Monitoring in Crisis Zones

Mutual aid begins with the smallest unit: not a group chat, not a meeting, but a **buddy**, a dyad or triad system that ensures **no one faces crisis alone**. These small units can be deployed quickly, make decisions faster, and are resilient under pressure.

- Create crisis dyads or triads: This isn't just friendship, it's infrastructure. One person might
 be navigating benzo withdrawal, and the other keeps track of hydration, electrolyte intake, and
 panic symptoms. One person could be dodging ICE or police, and the other carries their critical
 documents and medical card. Triads allow rotating shifts for rest and safety, much like <u>frontline
 protest medic protocols</u>.
- Document emergency protocols: Collect vital info: allergies, medications, neurodivergent needs, trauma triggers, seizure history, blood type. Store on <u>IronKey USBs</u>, waterproof cards, or even <u>QR-coded dog tags</u>. If crossing borders, use <u>digital steganography</u> to embed data inside images.
- Identify each other discreetly: In low-trust environments, physical identifiers can save lives. Use shared symbols on shoelaces, safety pins on jacket lapels, or subtle color codes on fabric bracelets. If tattooing is culturally or politically risky, encode data onto <u>laminated ICE cards</u> or wear <u>coded med-alert bracelets</u>.
- Practice and log check-ins: Set timed check-ins (hourly, every 4-6 hours, or every 24 depending on context). Use coded messages like "⁽¹⁾ " for stable, "⁽¹⁾ " for needs support, and "⁽¹⁾ " for urgent. Consider <u>automated SMS tools</u> or offline apps like <u>Briar</u> for crisis zones without network access.
- Use escalation plans: If a buddy doesn't check in, what happens next? Who is the third contact? Where are their meds? Who calls who?

💄 Resources:

- Mutual Aid Pods by CrimethInc
- UNHCR: Community-Based Protection Handbook
- <u>Street Medic Training Resources (IFSM)</u>
- The Get ICE Card Project
- QR Code Tools for Encrypted Data
- Briar: Offline Messaging App for Activists



2. Underground Clinics: Building Care Below Surveillance

Universal healthcare is a myth under most regimes, especially for trans, disabled, or criminalized people. What exists instead are **patchworked webs of resistance**, often decentralized and unofficial: street medics, underground hormone clinics, pop-up syringe exchanges, and herbalists operating in defiance of state hostility. These networks **save lives quietly**, under the radar, often without legal protection, and they need to be found, shared, and protected.

- Map medical safe points: These include queer-led health collectives, harm reduction vans, disability mutual aid centers, underground pharmacies, herbalist dens, and trauma counselors working off-grid. Use apps like <u>Organic Maps</u> that run offline and don't harvest user data. Print your map or write out addresses. Learn how to store clinic lists in <u>steganographic images</u> or QR-encoded business cards.
- **Track undocumented-friendly clinics**: Certain cities and regions have a documented history of providing gender-affirming and drug-supportive care without ID, insurance, or immigration papers:
 - Mexico City, MX Autonomous trans-led clinics in neighborhoods like Roma Norte, and drop-in centers offering STI tests, food, and legal referrals.
 - <u>Belgrade, Serbia</u> Mobile harm reduction units with queer access points; informal HIV clinics with clean injection support.
 - <u>Bangkok, Thailand</u> Inexpensive hormone therapy clinics with cash payment options, known for welcoming refugees, sex workers, and trans migrants.
 - <u>Buenos Aires, Argentina</u> The Gender Identity Law guarantees HRT access even for undocumented people—many local clinics honor this in practice.
 - <u>Berlin, Germany</u> Queer collectives run informal clinics where hormone sharing and overdose response coexist.
- Use encrypted communications: Do not list addresses on public Google Docs or Signal group bios. Instead, use:
 - OnionShare for anonymous file-sharing.
 - <u>Tails OS</u> to browse anonymously and carry your data on a secure USB.
 - CryptPad for zero-knowledge collaborative maps.
 - Signal and Session for encrypted messaging.
- **Document safe protocols**: Write up what to expect at each clinic: ID requirements, languages spoken, accessibility info, how long to wait, who to ask for. Share this as an encrypted zine or QR-linked pamphlet.

Lesources:

- WPATH Clinic Directory
- OpenStreetMap: Harm Reduction Services
- No Papers, No Problem Migrant Health Toolkit (PDF)
- Medical Steganography Basics
- Encrypted Cloud Notebooks (CryptPad)



When supply chains collapse or governments suppress trans healthcare, **data becomes infrastructure**. We route meds, hormones, and emotional lifelines through shadow channels: encrypted files, burner accounts, QR-coded zines, memes with secret meanings. In dark times, signal isn't noise, it's survival.

- Join resilient platforms: Choose platforms with decentralization, anonymity, and low metadata retention. <u>Signal</u> for direct encrypted texting. <u>Matrix</u> for decentralized community chatrooms. <u>Mastodon</u> for open federation. <u>Briar</u> for peer-to-peer Bluetooth messaging in blackout zones. <u>Session</u> uses no phone numbers and no servers.
- Signal without surveillance:
 - Clean files before sharing using <u>MAT2</u> (Metadata Anonymisation Toolkit v2) or <u>ExifCleaner</u>. Photos, PDFs, and Word docs often contain hidden GPS and author info.
 - Use <u>Tails OS</u> or <u>Whonix</u> for browsing without trace. Boot from a USB, never from your device's internal memory. Share documents via <u>OnionShare</u>, not email.
 - Always use cryptographic hash verification before running anything sent via mutual aid networks.
- **Post wisely, disguise intent**: Never post med requests in plain text. Say "I'm looking for vitamins" with a syringe emoji. Say "I need to sleep tonight" when you're out of benzos. Use emoji cipher keys. Build coded communication libraries and share only in person or over Signal.
- **Create signal chains**: Designate people to check forums, pull requests, verify needs, and forward to those with supply. Use <u>automated bots</u> in Matrix or <u>IFTTT</u> chains for alerts. Prioritize anonymous fulfillment. Avoid centralizing.
- **Give what you can, when you can**: That leftover box of spironolactone or those three antinausea pills might mean everything to someone spiraling in a public bathroom stall. Even texting "You matter. We see you." can interrupt a death loop.

Resource:

- <u>Riseup's Guide to Secure Messaging</u>
- Digital First Aid Kit
- EFF Surveillance Self-Defense
- Tails OS Live Anonymous System
- <u>Matrix + Riot Guide to Decentralized Chat</u>



4. Micro-Safehouses: Decentralized, Mobile, Disposable

Safehouses don't have to be buildings, and they rarely are when you're in motion, undocumented, hunted, or fleeing state violence. Some of the most effective safe spaces are improvised, mobile, and disposable by design. These are the **cracks in the system where resistance blooms**.

• Think modular and layered: A micro-safehouse is anywhere you can inject, change, cry, or collapse without surveillance. That means a punk venue couch, a mall's single-stall restroom, the employee breakroom of a queer café, or the shadowy corner of a library. Urban Survival tactics teach us how to remain unbothered in occupied spaces, learn how to blend and disappear in plain sight.

Consider <u>vanlife survival</u> techniques, rooftop hideouts, supply closets in public buildings, or even abandoned trailers behind warehouses. Think "function first, footprint last."

- Mark them as caches: Analog mapping is safer than digital. Keep a <u>Field Notes waterproof</u> <u>notebook</u> with coded entries. Use <u>chalk graffiti</u> to mark locations for those in the know. Drop coordinates via <u>what3words</u>, and use <u>One-Time Pad ciphers</u> to share them.
- Equip the basics:
 - o IFAK-level trauma kit
 - Solar-powered phone chargers, power banks, USB adapters
 - o Next Distro naloxone kits or Narcan Finder
 - Non-perishables (like <u>Peanut Butter sachets</u>), menstrual products, condoms, baby wipes, warm socks, gloves, <u>emergency Mylar blankets</u>
- **Rotate and document**: No safehouse stays safe forever. Rotate locations monthly. If you're building a network, install a **check-in protocol**, "Is the bathroom still safe? Is the backroom still open?" Use encrypted group chats and zine-style guides to keep your crew in sync.

Resources:

- Autostraddle: How to Create Safer Spaces
- Street Medic Handbook (PDF)
- The Trans Mutual Aid & Shelter Wiki (archived)
- Hidden in Plain Sight: Urban Disguise & Occupation Tactics
- Narcan Locator (U.S.)

Every authoritarian collapse leaves behind survivors who refused to disappear. They built tents. Clinics. Encrypted spreadsheets. Whisper networks. They fed people. Hid people. Healed people.

Now it's your turn.

Don't ask permission. Build now. Signal wide. Care loud. Protect each other like it's the last thing we'll ever do, because sometimes, it is.



V. LEGAL STRATEGIES FOR CROSSING BORDERS WITH MEDS (EXPANDED EDITION)

When you're carrying survival medications, whether it's hormone replacement therapy (HRT), antiseizure drugs, antipsychotics, opioid reversal kits, insulin, or controlled substances like Adderall, you're not just bringing your health kit. You are transporting **criminalized chemistry through heavily policed geopolitical zones**. Meds that keep you functional, stable, and alive become liabilities in the eyes of border control agents trained to suspect, confiscate, and criminalize.

You're not just a traveler, you're a walking pharmacy navigating legal systems that don't account for your body. In countries like <u>Japan</u>, <u>Saudi Arabia</u>, or <u>Singapore</u>, common medications such as amphetamines (e.g., Adderall), anxiolytics (like Xanax), or even painkillers with codeine are **completely banned without special permits**. Possession, even with a prescription, can lead to arrest, fines, or permanent deportation. For ADHD, depression, seizures, gender dysphoria, or chronic pain, access can evaporate overnight.

Even <u>CBD</u> is punishable by prison time in parts of Southeast Asia. <u>The UAE</u> considers many psychotropics as narcotics. Some nations do not distinguish between personal medication and drug trafficking when it comes to certain pills.

For LGBTQ+ travelers, the risk compounds. In countries that criminalize gender nonconformity, queerness, or HIV-positive status, even carrying **perfectly legal** medications can flag you for invasive questioning. Hormones may be viewed as performance enhancers or proof of identity fraud. Antiretrovirals may be treated as HIV disclosure. Even mental health meds can lead to accusations of instability or threats to national order.

Use <u>Equaldex</u> to map LGBTQ+ risk zones, and <u>ILGA World</u> for legal breakdowns of gender and sexuality laws by region. Check <u>Human Rights Watch</u> for recent detentions, and the <u>International Narcotics</u> <u>Control Board (INCB)</u> for the latest on controlled medication rules.

I Resources:

- U.S. State Department Travel with Medication
- TravelHealthPro Controlled Substance Rules by Country
- Open Society Foundations Access to Medicines & Harm Reduction

You're not smuggling. You're not breaking the law. You are surviving in a system that wasn't designed for your biology.

1. Label Everything Like It's From a Licensed Pharmacy

Use original pharmacy bottles and boxes: Keep everything that came with your prescription, labels, leaflets, even the pharmacy bag. These build legitimacy. If you're traveling for an extended period, ask your pharmacist for <u>travel-sized pill bottles</u> or <u>split-dose organizers</u>. Avoid unlabeled bags or loose blister packs, border agents may interpret them as illicit substances.

TRANS

- **DIY labels with legitimacy**: If you're compounding meds yourself or accessing them outside a formal system, simulate legitimacy. Use <u>Avery sticker paper</u> or thermal label printers (like <u>DYMO</u>) to print out your own. Include:
 - Full name and birthdate
 - Medication name, dosage, administration method
 - Fictive prescriber or clinic name
 - "Use by" date and refill count

Use clinical design templates via <u>Canva Pharmacy Label Maker</u> or <u>TemplateLab</u>. Choose sterile, pharmacystyle fonts like <u>Roboto</u>, <u>Noto Sans</u>, or <u>Source Sans Pro</u>.

- **QR codes for verification and documentation**: Create QR codes that link to:
 - PDFs of mock prescriptions
 - WHO or NIH drug fact sheets (Estradiol, Keppra)
 - o Letters from real or fictive doctors

Use <u>QRStuff</u>, <u>GoQR</u>, or <u>Beaconstac</u> for customization. Consider offline options using <u>OnionShare</u> or <u>CryptPad</u> to host docs securely. Back up codes in your wallet or print them on waterproof cards (<u>like</u> these).

• **Bonus tactic**: Add <u>fake drug information leaflets</u> mimicking FDA printouts for added realism. Use real drug inserts from generic packaging as templates.

Resources:

- Pharmacy Label Design Examples Figma
- TemplateLab Free Drug Label Templates
- FDA Insert Database U.S.



2. Carry Paper Documentation: Printed, Translated, Hidden, Redundant

- Doctor's letters and mock scripts: Craft a professional-looking letter on generic letterhead, stating: "Patient requires daily administration of [medication] for a chronic condition. Disruption could result in severe health risks including [e.g., seizures, dysphoria, or psychiatric instability]." If you can't get a real doctor's letter, create one with believable formatting. Use free tools like Canva's Medical Letter Templates or TemplateLab's Doctor's Notes. Sign using a fictive name and real or simulated DEA/medical license numbers you can verify via <u>NPI Registry</u>. Include contact info like a burner email or encrypted voicemail account (like Proton Mail or SimpleLogin).
- Translate documents into relevant languages: Use <u>DeepL</u> (for higher nuance accuracy) or <u>Google Translate</u> to prepare versions in local and transit languages. Have at least English + the destination language. Use <u>Microsoft Word's translate feature</u> to keep formatting intact. Add encrypted symbols in the footer or header (e.g., 13-A or a strange emoji sequence) to track leaks. For extra cover, make one version that looks "official" and one plain version you can hand over casually.
- Lamination + waterproofing: Print at least 3 copies of every document. Laminate one with heat-sealing pouches, fold one into an envelope in your shoe or wallet, and keep one in your hygiene kit. For ultra-stealth copies, shrink them down and hide them inside <u>false-bottom</u> <u>containers</u>. Store digital backups on <u>encrypted USBs</u>, hidden <u>micro-SD cards</u>, or embed in QR codes on blank business cards using <u>Beaconstac</u>.
- CDC Travel Medical Documentation
- U.S. Customs Medicine Guidelines
- <u> Proton Mail Encrypted Email</u>
- SimpleLogin Anonymous Email Aliases
- Microsoft Translate in Word



3. Rehearse Your Story: Appear Calm, Stay Believable

- Use medically generic language: Language is camouflage. Avoid terminology that flags ideological or identity-based assumptions in low-trust states. For estrogen, say "hormonal therapy for menopause symptoms" or "endocrine regulation." For Keppra or Lamictal, use "neurological disorder management" or "seizure prophylaxis." Use phrases drawn from <u>WHO essential medicines categories</u>.
- **Practice under stress**: Simulate questioning environments. Use a mirror, roleplay with trusted allies, or record video drills. Practice non-verbal calm—neutral posture, controlled blinking, no erratic speech. Use de-escalation tone models taught in trauma-informed first responder courses. Learn to say: "This medication was prescribed by my physician for a chronic neuroendocrine condition. I have translated documentation if needed." Keep scripts tight and clear.
- **Prepare local scripts and decoy explanations**: In authoritarian countries, it's often safer to blame symptoms on "thyroid disorders," "anemia," or "recovery from surgery." Use <u>TravelHealthPro</u> to find medical conditions with plausible overlap.
- Feign symptoms only if safe: Use caution. In some regions, feigning illness can escalate risk, especially if interpreted as manipulative. But mild symptoms—dizziness, nausea, or fatigue—can be believable without raising alarms. Memorize key emergency phrases in local languages using Omniglot or carry translation cards.

💄 Resources:

- Trans Lifeline Border Survival Tips (Archived)
- Equaldex LGBTQ+ Risk Index by Country
- WHO Essential Medicines List
- TravelHealthPro Medical Profiles
- <u>Omniglot Survival Phrases in 100+ Languages</u>



4. Know the Laws of Each Border You Cross

- **Check what's illegal**: Medications that are routine in your country may be strictly banned or regulated elsewhere. These include:
 - Adderall and other amphetamines (banned in Japan, UAE)
 - **Codeine** (prescription only or banned in many Asian and African countries)
 - **Cannabis and CBD** products (zero-tolerance in Singapore, Indonesia, and others)
 - **Testosterone** (controlled substance in many countries, often considered doping)
 - SSRI antidepressants (banned or require disclosure in places like the UAE)
 - **Z-drugs and sedatives** like zolpidem or diazepam (regulated under narcotics law in some countries)

Research each transit and destination country's stance using:

- INCB International Meds Guidelines: Global overview of narcotic control rules.
- o <u>TravelHealthPro Country Pages</u>: UK-based travel medicine profiles for 200+ countries.
- o U.S. Embassy Health Info: Find each U.S. embassy's health and customs guidance.
- <u>Canada's Importing Controlled Substances</u>: Canadian CBSA policy on personal medications.
- Japan's Narcotics Control Division: Special import permissions required for ADHD, sleep, and anxiety meds.
- <u>Saudi Arabia's Medication Rules</u>: Requires authentication of medical documents and specific approvals.
- **Print national health regulations**: Bring printed proof of legality in both English and the local language. Highlight the relevant sections in color. Keep physical copies and backups on <u>encrypted USBs</u>. If dealing with arbitrary or corrupt regimes, be ready to surrender documentation without losing your full stash.

Lesources:

- Gov.UK Guide on Bringing Medicine Into the UK
- Australian Government Therapeutic Goods Admin Import Guidelines
- Customs Drug Guide for Travelers Gov.UK



5. Split, Camouflage, and Rotate Your Supply

- **Distribute your stash like a field medic**: Never keep all your medications in one place. Treat your doses like mission-critical gear. Spread them across your luggage:
 - A clearly labeled pharmacy bottle in your toiletry kit
 - A mini cache inside your shoe or sole inserts
 - A waterproof <u>pill pouch</u> taped inside your bra lining, hat band, or jacket hem
 - A micro ziplock hidden in <u>a hidden pocket scarf</u>
- Decoy containers: disguise with common objects: Use containers that won't draw suspicion in airport scans or customs checks:
 - Empty vitamin jars or pill organizers
 - o <u>Tampon applicators</u> or resealed <u>tampon wrappers</u>
 - o False-bottom water bottles or shaving cream containers
 - o Unused lip balm tubes, deodorant sticks, or even hairbrush storage
- Expect and plan for partial loss: Assume you may lose a third of your stash to confiscation, misplacement, or damage. Always carry at least 3-4 days' worth of your essential meds in your most concealed backup. Consider burying a micro stash (like <u>Desiccant pill capsules</u>) inside makeup compacts, sanitary pad packaging, or <u>bar soap with a hollow core</u>.
- Set decoy sacrifice points: If stopped, offer your cleanest, most official-looking bottle. It may protect the more vital caches. Use a <u>pharmacy-style travel bag</u> with laminated prescription printouts and travel-sized OTCs like Advil or vitamins.

Resources:

- MSF Medicine Kit Packing Guide
- Best Diversion Containers The Prepared
- Survival Medicine: Hidden Compartment Tricks (PDF)



Life matters more than legality

Crossing international borders with life-critical medications is one of the most dangerous legal gray zones for trans, disabled, neurodivergent, and chronically ill people. You are not simply going from Point A to Point B, you are **navigating militarized bureaucracies, pharmacopolitical bans, and biopolitical hostility**. In some countries, carrying testosterone without a permit is a felony. In others, epilepsy meds like Valproate require declaration and seizure. LGBTQ+ travelers have been detained for carrying hormones or antipsychotics and accused of being drug traffickers or mental health liabilities.

Many regimes criminalize your meds not because they are dangerous, but because **you are**, your existence, your autonomy, your chemistry. You are treated as a risk to national security because your survival resists assimilation.

- Read how Japanese customs treats personal ADHD meds
- Understand the risks of carrying controlled meds in Saudi Arabia
- LGBTQ+ medication seizure cases globally Human Dignity Trust

You are not breaking the law, you are asserting **bodily sovereignty** in a world that wants to legislate your disappearance.

This isn't smuggling. It's pharmacoresistance. It's tactical biopreservation. It's survival engineering.



CONCLUSION: BODIES LIKE OURS SURVIVE

Withdrawal won't kill your identity. Lack of meds won't erase you. No border, regime, or distance will undo what you are. Not now. Not ever.

You are trans when you exhale and say your name out loud, even if no one else hears it. You are trans when you gently mark your pronouns in a notebook, or when you whisper them to yourself in a mirror. You are trans when you see your reflection change and smile, even a little. You are trans when you choose to keep going.

Even if your pills are gone, your syringes lost, or your access interrupted, your truth remains untouched. **Transness is not a hormone. It's not a passport. It's not a diagnosis.** It's a pulse of knowing. A thread connecting you to generations of survivors. You are part of something ancient and luminous.

You don't have to be perfect. You don't need to be fearless. You don't owe anyone your composure or your productivity. You owe yourself tenderness, rest, and a tomorrow.

Your body is not a site of shame. It is a canvas of becoming. A sanctuary in progress. Even without access. Even under pressure. Even in change. It is still worthy. It is still yours.

You are not broken. You are becoming.

You are not alone. You are not the first. You are not the last. <u>Trans people have always existed</u>, <u>have</u> always adapted, have always resisted, and have always found each other. We made it. You will too.

If you are <u>hiding your hormones</u>, <u>dosing where you can</u>, <u>sharing what you have</u>, <u>teaching someone seizure</u> <u>first aid</u>, <u>reclaiming your name</u>, or just **trying your best to stay soft in a hard world**, that is holy work.

<u>Trans Mutual Aid Networks</u> are out here. <u>Queer border support groups</u> are watching. <u>HRT bootleg</u> guides keep circulating. <u>Encrypted crisis lines</u> answer when others won't. We exist.

YOU GOT THIS.

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