

Benzodiazepine is the name of the group drugs commonly known as benzos, minor tranquillisers, pills or sleepers.

Each drug has a chemical *generic name* and at least one *brand name*. Brand names are the same drug, but made by different companies. Some of the more common brand names are:

Clonazepam (Rivotril)

Diazepam (Antenax, Ducene, Valium)

Flunitrazepam (Hypnodorm. Rohypnol now unavailable)

Nitrazepam (Alodorm, Mogodon)

Oxazepam (Alelpam, Murelax, Serepax)

Tamazepam (Normison, Temaze)

Alprazolam (Zanax, Kalma).

The generic name is always printed on the manufacturer's label.

Background Information

Benzodiazepines were accidentally discovered in 1954 by an Austrian scientist, Dr Leo Sternbach, whilst working for a pharmaceutical company on the development of other medications; but they were not formally prescribed until the mid-1960's for anxiety and sleep problems.

Benzodiazepines are restricted substances under the NSW *Poisons Act* and available by prescription from a doctor. Illegal use, possession or supply carries a heavy fine or imprisonment. Doctors may prescribe benzodiazepines to treat anxiety, panic disorders, muscle spasms, sleep problems and epilepsy. They may also be used in conjunction with other medications to treat mental illnesses

Benzodiazepines only treat the symptoms of these disorders — not the cause — and are only intended to be a short-term medication.

Under strict medical supervision, they may also be used to assist in alcohol withdrawal. Drug users who use heroin, amphetamine and ecstasy may use benzodiazepines to help them sleep, or to ease the effects of withdrawal during detox or lack of supply.

It is useful to know the generic name of these drugs, as some people will say they have stopped taking the drug when they have merely swapped to a different brand. Some recreational drug users make benzodiazepines their drug of choice.

Forms of the drug

Benzodiazepines come in tablet form and should be taken orally. Some users inject benzodiazepines which is highly problematic and potentially dangerous. Injecting benzodiazepines has many risks as they are designed to be broken down by the digestive system, and when injected into the blood stream, they can be toxic to veins, cause infections and abscesses, and increase the risk of bacteria entering the blood.

Drug effects

Benzodiazepines affect the central nervous system. Like alcohol and heroin, they are depressants, and slow down responses such as respiration, heart rate and brain activity.

The effects depend of the amount and the length of time taken. The short-term effects of using benzodiazepines may include:

- · Calming effect and relief from anxiety
- · Muscle relaxation
- Tiredness and drowsiness
- Reduced coordination and judgment
- Dizziness
- Confused thinking
- Aggression
- Slurred speech
 Amnesia (loss of short-ter

Amnesia (loss of short-term memory).

Benzodiazepines may also create a paradoxical effect – they create the opposite effect to what they were prescribed to treat. In some cases, they may actually intensify symptoms such as anxiety if taken long-term

Reducing the risks

- Get adequate information on the effect, dependency rate and side-effects associated with the type of benzodiazepines being taken
- Take as prescribed, and avoid doubling the dose or bingeing on them
- If they are being regularly used, never stop taking them suddenly, and seek medical advice as to how to reduce or withdraw safely
- Benzodiazepines are best used as a shortterm option
- Avoid taking benzodiazepines daily for more than two weeks to reduce risk of dependence and severity of withdrawal
- If high doses are being taken, it is recommended that the dose is reduced gradually
- Check and understand the interaction of benzodiazepines and other prescribed medications and drugs such as alcohol and heroin, to reduce the risk of overdose, over -intoxication or other complications.

Dependency

With the regular use of benzodiazepines, physical and psychological dependence is likely to develop within about four to six weeks. For this reason, doctors should only usually prescribe them for very short periods of time, and monitor their use very closely. Tolerance develops fairly quickly, and people may find they need to take more to get the same effect. Even those on low doses taken over a longer time period will develop a tolerance.

Withdrawal

If a person has been taking benzodiazepines regularly (for more than two to three weeks) and tries to reduce or stop, they will experience withdrawal symptoms. Physical withdrawal from benzodiazepines is slow, and may last from a couple of weeks to months, depending on the length of time and the amount being used. If possible, withdrawal should begin when there is some degree of stability in a person's life.

It is important to withdraw from benzodiazepines under medical supervision.

Common withdrawal symptoms include:

- Increased anxiety and panic attacks
- Bizarre dreams and nightmares
- Loss of appetite
- Sweating
- Hallucinations
- Tinnitus (ringing in the ears)
- Altered perception
- Intensified senses e.g. smell, taste, touch
- · Feeling of electric shocks or pulses in the

body

- Headaches
- Confusion and irritability
- Tiredness and exhaustion
- Body twitches and tremors
- · Convulsions, seizures
- Nausea, stomach pains and vomiting.
 Other less common withdrawal symptoms

Other less common withdrawal symptoms may include delirium, delusions hallucinations and paranoia.

Mixing benzodiazepines with other drugs

Combining benzodiazepines with other depressants such as alcohol or opiates, such as heroin, methadone or morphine, can be a lethal combination. One in every four heroinrelated deaths has involved the combined use of these drugs. Using benzodiazepines with other prescribed over-the-counter drugs may also be risky. Seek medical advice to make sure benzodiazepines are used safely.

Detox and treatment

Phone the Alcohol & Drug Information Service in your State (see rear cover) or your local health service for details of services providing benzodiazepine detox and support programs.

Benzodiazepines are extremely difficult drugs to stop using. It usually takes at least several attempts before success.

Identify the *triggers* that cause the desire to use benzodiazepines – keeping a diary may be useful.

Learn new ways to cope with stress, insomnia and anxiety, with the support of a drug counsellor or rehabilitation program.

Tips for families

Some tips for supporting a loved one with a benzodiazepine problem are:

- Find information on the effects of the type of benzodiazepine being used
- Encourage your loved one to reduce the risks of overdose
- Keep communicating avoid pleading or nagging.

Don't only talk about the problem – choose your moment to express concern. If a person agrees to treatment, don't rush them. Acknowledge that change is hard, and recognise that relapse is part of the process.

Withdrawal can be very slow, and even after coming out of detox they may experience symptoms. They will need plenty of reassurance and support.

Know what to do in the event of an overdose. Learn first-aid, and have contact numbers readily available.

It's okay to talk about it. Get support for yourself, even if they don't want help.

FDS - acknowledgement to National Drug and Alcohol Research Centre (NDARC)

RISKS & HARMS

If a person is depressed or has a family history of depression, benzodiazepines carry a high risk of triggering a depressive episode, and are a common method of suicide. Alcohol and benzodiazepines are also a dangerous combination as the depressant effect of each is magnified. For those already feeling down or experiencing life problems, this combination may intensify negative feelings and thoughts, which increases the risk of suicide or self-harming behaviour.

Problems associated with benzodiazepine abuse may include:

PHYSICAL PROBLEMS

- Organ damage
- Collapsed veins and poor circulation which can lead to amputation of limbs
- Cellulitis (red, swollen, infected skin)
- Stroke
- Thrombosis (blood clots)
- Endocarditis (heart infection)
- Vertigo
- Liver damage.

EMOTIONAL AND SOCIAL PROBLEMS

- Increased risk-taking behaviour i.e. unwanted or unsafe sex, criminal activity such as stealing (often with no recollection of what happened)
- Bizarre, uninhibited behaviour which may be regretted later
- Increased risk of agitation, hostility and in some cases aggression
- · Relationship and family problems
- Blunted, flat, detached emotional states
- Poor or erratic work performance
- Potential legal problems due to involvement in criminal activity.

Almost half the benzodiazepine users in a study conducted by the National Drug and Alcohol Research Centre reported having committed some form of property crime while under the influence of these pills.

MENTAL HEALTH PROBLEMS

- May increase symptoms of anxiety and panic if taken long-term
- Aggravate symptoms of depression
- High doses increase the chances of impulsive, risky behaviour
- People with a history of mental health issues may find their symptoms intensify during withdrawal from benzodiazepines
- Confused thinking and impact on short-term memory.

hours. Common dangerous myths are

that walking a person around, putting

them under a cold shower, making them

vomit, or giving them tea or coffee,

will reverse an overdose or bring them

around. Don't waste time that should be

used to administer first aid and call an

WHAT TO DO IF SOMEONE PASSES

OUT OR EXPERIENCES OTHER

If the person is drowsy, rouse them

regularly to ensure they do not slip into

unconsciousness. A common myth is

that a person is "sleeping it off". This

is NOT true. Snoring or gurgling sounds

may indicate a person's airways are

partially blocked. Do not let their head fall

forward or back - this restricts oxygen

Other signs that a person may be in

· Cold. clammy skin or sweating

· Eyes open, but 'doll-like' - staring and

· Unable to speak or move, but still

• Do not leave them alone - call an

If the person is unconscious, turn them

on their side to reduce the risk of them

vomiting and choking. Make sure their

airway is clear. Do not leave them alone.

Call an ambulance immediately on 000 or

112 from a mobile phone (you don't need

If breathing has stopped, give mouth-to-

mouth resuscitation. If there is no pulse,

commence CPR (cardio-pulmonary

resuscitation) if you are trained.

breathing and conscious

credit or to be in range).

ambulance.

COMPLICATIONS

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trouble are:

profusely

vacant

ambulance