

One of the biggest dangers of BZD use is that the drugs tend to reinforce what psychologists call “learned helplessness,” the tendency of stressed or depressed people to give up and do nothing, believing that nothing they do will make a difference, anyway.

The problem with that thinking is that we need to learn the exact *opposite*—to be powerful to the degree that we can be to take charge of the events and circumstances of our lives.



In fact, the best lesson that an anxious person—BZD user or not—can learn is the ancient serenity prayer: “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Those are the key elements, simple as they sound, to beating anxiety and overcoming addiction: accepting ourselves, facing fear, and learning to change the areas of our lives that trigger it.

It may sound easy, but it isn't. Still, it's a lot easier than living life as a nervous wreck—or as a Valium, Ativan, or Xanax addict.

Give it a try some time.

We're betting you'll like it better than the alternative. Because the alternative is really no alternative at all. ■



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Action Plan

BENZODIAZEPINE BLUES



LIVING WITH (& WITHOUT) MINOR TRANQUILIZERS

a do it now foundation publication by jim parker



Chill out!

It's advice that's as old as time—or dates back at least as long as people have been around, marking time, wasting time, and generally worrying about where all the time goes.

The words change, but the basic message stays the same: **Pull yourself together. Get a grip. Relax.**

With all the pressure and all the advice, it's no wonder that so few of us actually *do* relax. And it's not surprising that so many feel the need for a little chemical help in the process.

That's why we put together this pamphlet. In it, we'll talk about the actions and effects of the leading family of depressant drugs in the world today, the *benzodiazepines*.



Stress Factors. As the pace of life has increased, so has the appeal of the benzodiazepines.

Never heard of them?

Well, we'll bet you've heard of some of them, even if you haven't met the whole crew. Examples include Valium®, Librium®, and Xanax®.

Sound familiar?

If so, stick around. If not, stay even closer.

Because the problem with cooling out with chemical chill pills like the benzodiazepines is that problems can heat up awfully fast if you don't know the risks involved.

And from the looks of things, *lots* of people don't fully know the risks involved when they get involved with benzodiazepines.

What are benzodiazepines?

The benzodiazepines (BZD's, for short) are a family of depressant drugs, discovered in 1957 and introduced throughout the world in the years since.

Although the drugs first found fame for their “anxiolytic” (anxiety-reducing) effects, they're also prescribed as muscle relaxants, anticonvulsants, and sleeping pills.

In general, though, BZD's are more alike than different. Main differences involve how fast they go to work, how long they remain active in the body, and how widely used they are.

Chill Pills

Most BZD users don't take the drugs to get high, but merely to cope with everyday life.



How widely used are they?

They're *huge*. For years, Valium ranked as the number-one prescription drug in America, although it's slipped lately, a victim of its own success (and failures) and a lower-priced generic equivalent, *diazepam*.

But you can't keep a good drug family down.

As successes always do, Valium begat imitators, as drug makers around the world scrambled to spin out variations on the basic BZD theme. The result? A whole *clan* of chemical cousins eventually joined it on the pharmaceutical hit parade.

Today, the top tranquilizer in the United States is Xanax (or *alprazolam*), while another benzodiazepine, Restoril® (*temazepam*), is the most-used prescription sleeping pill. Still, they're only two slices of the BZD marketing “pie,” which accounts for some 64 million U.S. prescriptions a year.

Down, but not out, Valium is still widely used and probably still the best-known member of the family. More recent arrivals include Klonopin®, Ativan®, Serax®, Centrax®, and Tranxene®.

How do they work?

Like most depressants, BZD's are mainly prescribed to reduce anxiety and induce sleep. Unlike other drugs in the class, though, BZD's target receptors in the limbic region of the brain (a key system in emotional control) instead of depressing activity throughout the entire central nervous system.

This means that BZD's produce their intended effects without most of the side effects—impaired thinking and judgment or serious respiratory depression—that are common among other depressants.

Still, that *doesn't* mean they're harmless.

■ You mean they're dangerous?

Not necessarily. When taken as directed for short periods (two months or less, in the case of tranquilizers, and two weeks, for sleeping pills), BZD's *are* relatively safe.

Still, they're not safe for everyone, all the time.

When taken for longer periods, or at high doses, they can be risky. They can also be dangerous when used with alcohol—even small amounts of alcohol.

And some BZD's—including Halcion and Xanax—are being linked to a number of serious side effects, including depression, hallucinations, amnesia, and violence.

In fact, a study by the U.S. Food and Drug Administration ranked Halcion first and Xanax second in violent episodes traced to 329 different prescription drugs.

Experts aren't sure *why* they cause such problems. But they are sure that they do—or, at least, *can*. They say that more research is needed to find out why.

■ Any other risks linked to BZD's?

As a matter of fact, there are. The most obvious—and most likely, for most users—is the risk of dependence.

Dependence is so common because the drugs block anxiety so well that users forget they can live without their daily rations of Valium or Xanax or Tranxene.

And they *should* try for the simple reason that benzodiazepines *are* addicting, and putting your life back together after a BZD addiction can be a tricky, agonizing experience.



■ What makes getting off so tricky?

For one thing, users often don't realize they're getting hooked until they *are* hooked. They just know they need a hit of Valium or Xanax or *something* every few hours to hold things together—not to get high, since most BZD users don't take the drugs for pleasure, but merely to cope.

It's only when the drug *stops* working, when tolerance builds and they have to step up the dosage just to avoid panicking (often in embarrassingly *mundane* situations), that most people begin to suspect they have a problem.

Unfortunately, most suspect their problem is anxiety or insomnia or whatever they started taking tranquilizers to deal with in the first place—not chemical dependency.



Risky Mix. Using BZD's with even small amounts of alcohol is just asking for trouble.

■ Is dependency serious?

Yes—unpleasant, too. But how serious and unpleasant depends on the drug involved and other factors.

With short-acting benzodiazepines (Xanax, for example, or Halcion), withdrawal symptoms appear almost immediately and are difficult from the start. With longer-acting drugs (say, Librium or Centrax), symptoms build gradually and may not reach a peak for several days.

Still, no matter how long they take to arrive, BZD withdrawal symptoms are similar, regardless of the drug involved. Main symptoms include high levels of anxiety, insomnia, tension, tremors, and fatigue.

Symptoms start and peak fast, usually within one to four days, and begin to wind down within 2-3 weeks.

■ Is withdrawal all that bad?

Not if you do it right—and get professional help. But it can be miserable, if you do it wrong.

The fact is that BZD withdrawal can be gut-wrenching because it can unmask so much psycho-emotional junk.

What's worse is that many users don't recognize withdrawal symptoms as signs of chemical dependency, but see them instead as personal inadequacy or a recurrence

a recent FDA study of 329 prescription drugs ranked Halcion and Xanax first and second overall in reported episodes of violence.



of the original problem that gave rise to the dependency.

Not only *that*, but potentially serious physical problems (including seizures) can also develop during withdrawal, especially following long-term, high-dose use.

That's why it's usually wise to seek professional help during withdrawal. Doctors can help reduce the risk of convulsions and the severity of other symptoms by gradually reducing dosage or switching from a fast-acting drug to a longer-acting one, then reducing dosage.

But with help or without, getting *off* benzodiazepines takes a lot longer than getting *on* them does.

■ How long does it take?

The full range of withdrawal symptoms last about six weeks and run a two-phased course. This means that symptoms may seem to ease during the second week, only to get worse again during the third week of withdrawal.

The main factor that determines the course of withdrawal is the pattern of use involved. Dependency resulting from short-term, high-dose use follows much the same course as withdrawal from other downer drugs.

Longer-term, low-dose use is more typical, though.

Symptoms may not be as *immediately* intense, for example, but may hang around a whole lot longer.

In addition, different symptoms can emerge at different times: Physical symptoms usually occur during the first phase of withdrawal, while psychological symptoms can hang on for weeks or months.

But regardless of which problems occur (and when they kick in), withdrawal from BZD's is a difficult process and one that recovering addicts say can take months to complete. In fact, some long-term ex-users report not feeling completely on top of their dependence—and fully in charge of their lives again—for up to a year after they stopped using.

■ Unhooking Up: First Things First

hooked on a tranquilizer and want to get off the hook—and your life back on track? Great start: Recognizing a problem is the first step in any plan for getting past it. That's true with simple stuff, like getting an overdue book back to the library, and it's even more true when it comes to issues as complex as chemical dependency.

Still, you may be less clear about your next move. If so, you might want to consider three more steps for getting past some common pitfalls in BZD recovery:

- **Get medical help.** BZD withdrawal is a potentially-serious medical emergency. Treat it that way.
- **Get support.** Anxiety and depression can *really* rear their ugly heads now. Talking about funky feelings with someone who understands can help. A friendly ear is as near as a Narcotics Anonymous or Pills Anonymous meeting. Check your phone book for a group in your area.
- **Get busy!** Need to manage anxiety? Learn to meditate or start jogging. Can't sleep? Keep a pile of self-improvement books next to your bed. (If you're like most of us, they'll put you to sleep *instantly*.) Just handle whatever it is that you need to handle to fully reverse the addiction dynamic in your life.



The truth is that getting past BZD's can be tough, but it can be done. Thousands of ex-Valium/Xanax “junkies” can tell you that. They'll also tell you it's worth whatever it costs—jangled nerves, hassles, lost sleep—to get free.

But you'll have to find *that* out for yourself. ■