

**O**f all the facts and figures we've reviewed so far, one fact about downers stands out above all the rest: There's no such thing as a totally safe one.

This isn't meant to alarm people who take depressant drugs for long-standing physical or emotional problems. Sometimes all that stands between health and disease are prescription medications, and for some people these medications are depressants.

Still, if you have any questions or doubts about drugs you may be taking, bring them up with your doctor.

Because of all the wonder drugs developed in all the years we've been trying to fight off tension with pills, none is as miraculous as people taking control of their own lives and making things happen for themselves.

And when people are *really* making things happen, they're rarely strung out on pills—especially downers.

Think about it.

And if you need to, *do* something about it. ■



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# DOWNERS

▶ a new look at depressant drugs

a do it now publication by jim parker

**T**he world *can* be a pretty scary place. And that's never been more true than it is today.

Because even before a global economic meltdown and international terrorism made panic a *rational* response to the day's events, the pace, pressures, and perceived dangers of everyday life put more than a few of us on edge.

It's no wonder, then, that our collective desire for instant escape and automatic oblivion put chemical "cures" for anxiety and insomnia at the top of almost every drug manufacturer's "Most Wanted" list for much of the 20th Century.



*New Age Anxiety. Coping with daily stress was never easy. But once-unthinkable acts now make anxiety a part of all our lives.*

In earlier times, humanity had little besides alcohol with which to numb itself. But here in Century 21, we can choose from dozens of new drugs to tranquilize, trivialize, and otherwise make the world go away—or to at least stop bugging us for a while.

This anti-anxiety pharmaceutical magic act hasn't exactly been playing to an empty house, either.

Depressant drugs consistently rank among the most widely used and abused drug groups in the United States—and, for that matter, in most of the rest of the world. In fact, over the past decade, an estimated 600 million prescriptions were processed for minor tranquilizers in U.S. pharmacies alone.

Obviously, downer drugs are a force to be reckoned with. And they're certainly worth a closer, careful look.

Because even though the drugs *can* be useful as a temporary treatment for anxiety and insomnia, they can also pose a **big** threat to users when misused.

In fact, downers can cause a world of problems, more than anyone should *ever* have to face, with or without a prescription.

## CHILLFACTORS

**D**owners can cause a world of problems—more than anyone should *ever* have to face, with or without a prescription.



The term "downers" itself refers to the entire class of drugs known as *depressants*—chemicals which depress, or slow down, the functioning of the brain and central nervous system.

Although many downers are available today (and more are in the works), they all fall into two main categories: *tranquilizers* and *hypnotics*.

**Tranquilizers** do just what their name implies: they *tranquilize*, or reduce physical/emotional tension. They're also known as *sedatives*.

**Hypnotics** don't put you into a trance, but they *do* take relaxation a step further, by inducing sleep. A common name for hypnotic drugs is *sleeping pills*.

In general, the short-term effects of all downers are similar. Main effects include muscular relaxation and decreased anxiety. In the process, they decrease inhibitions, slow reflexes, and impair coordination.

*Further* down the downside, downers also tend to slow thinking, reduce judgment, and dull memory—all serious liabilities on the road, at work, or other settings that call for clear thinking and fast reactions.

Still, as much as they are alike, depressants can also be very different, particularly in the way they achieve their effects.

## ■ Barbiturates

Forty years ago, when people talked about "depressants," they were usually talking about a single type of drug: barbiturates.

Widely used as sleeping pills, barbiturates (such as Seconal® and Tuinal®) were as available as prescription drugs could be. Not any more.



*De-Stress for Success. The real cure for anxiety involves something a lot tougher than taking a pill: learning new ways to cope with pressure.*

Why? Because they earned a reputation for being risky—even at prescribed doses. Problems include:

■ **Tolerance.** The body adjusts to their effects quickly — so fast, in fact, that users must take increasingly-large doses and face increasingly-serious risks.

■ **Lethality.** Barbiturates act on all areas of the central nervous system, including areas of the brain that regulate respiration, raising the risk of fatal overdose.

■ **Side effects.** Barbiturates disrupt normal REM (rapid-eye movement, or dreaming) sleep, resulting in “hangover” irritability and anxiety.

Another reason for the declining use of barbiturates is the sheer addictiveness of the drugs.

Barbiturates produce *intense* physical and psychological dependence, making withdrawal a difficult process. In fact, due to the risks linked to withdrawal, including hallucinations and seizures, detox should be attempted only under a doctor’s supervision in a medical facility.

## Other Sedatives ■

Dangers linked to barbiturates haven’t exactly been a *secret* in the past, and neither have drug makers’ efforts to find a safer alternative.

Over the years, a string of substitutes (Placidyl®, Doriden®, Quaalude®) enjoyed brief runs of popularity. But all fell from favor, because each causes the same problems as barbiturates.

Still, time marches on. Consider a newer non-barbiturate sleeping pill, triazolam (AKA Halcion®). It’s one of the most common hypnotics in use today.

Triazolam’s chief selling point is its short half-life—less than three hours. That means it breaks down in the body quickly, and causes less morning-after grogginess.

But triazolam has a downside, too. For one thing, it wears off fast, so much so that some users experience anxiety as effects wear off.

Unusual reactions have also

been reported, including amnesia, hallucinations, and violence—even murder and suicide. That’s one reason experts advise those taking the drug to use only the lowest possible dose for the briefest possible time.

That’s great advice, and not just for triazolam. It just as easily applies to *all* the downer drugs.

## Tranquilizers ■

Although tranquilizer use *has* declined in recent years, there are *still* millions of people out there who take the worry out of being alive with a few well-timed daily hits of Xanax®, Serax®, Ativan®, or any one of a dozen or so other “minor” tranquilizers. Millions more take one of the so-called “major” tranquilizers.

But don’t be misled by names. The terms “major” and “minor” only serve as a means of classifying their effects and medical uses, not as a way of ranking their potential for abuse.

■ **“Major” Tranquilizers.** These drugs (Thorazine®, Mellaril®, Prolixin®) are used to reduce the hallucinations, delusions, and emotional intensity of severe cognitive-affective disorders, such as schizophrenia.

Since major tranquilizers don’t produce effects that most people experience as pleasurable (and often produce a number of distinctly unpleasant side effects), they’re rarely abused.

■ **“Minor” Tranquilizers.** In contrast, “minor” tranquilizers are a *big* problem. In fact, the American Psychiatric Association estimates that more than 60 million prescriptions are issued for the drugs in the United States each year.

What all those people are gulping down is a group of drugs known medically as *anxiolytic*, or anxiety-reducing, agents.

Main types include the benzodiazepines (BZD’s), meprobamate, and the sedating antihistamines.

► **Benzodiazepines.** The benzodiazepine family includes old favorites like Valium and Librium®, and such newcomers as Xanax® and Ativan®.

The BZD’s reduce stress by selectively turning on the body’s internal tranquilizers, known as *endorphins*.

It’s important to remember (but often forgotten) that minor tranquilizers are only **temporary** treatments for anxiety—not cures.



In a way, the drugs are chemical “keys” that fit relaxation “locks” inside the brain.

And while BZD’s generally *are* safer than barbiturates and other tranquilizers (especially since they don’t unduly disrupt thought processes or interfere with breathing), that doesn’t mean they’re safe.

Side effects can include drowsiness, confusion, dizziness, weight gain (from reduced activity), and memory loss.

And as if that isn’t bad enough, continued use can cause psychological dependence, even at low doses. Withdrawal can be agonizing, involving severe anxiety, insomnia, and seizures.

Further complicating BZD withdrawal is that symptoms may not be recognized (even by the user) as withdrawal symptoms at all, due to their similarity to the same problems—tension, anxiety, or insomnia—that the drugs are



**Head trip.** Tranquilizers work by mimicking the brain’s own “drugs.”

## The New You, Part 2: Coping Without Chemicals

If you think that downer drugs are turning into a problem for you, they already *are* a problem—one that you should give serious thought to dropping immediately.

It’s not just that downers are addictive—they’re all that and more. The worst part of a downer addiction is that they take away personal power and initiative and freedom, and never give it back. To get it back, you have to *take* it back.

If you’re strung out on tranquilizers or other downer drugs, start *now*. Don’t put off quitting another day. The world is littered with the wrecks of people who were going to do something important tomorrow. Flush your stash down the nearest toilet, then take a deep breath. You’ve taken the first step out of a nightmare.

Because of the physical risks of withdrawal, it’s a good idea to get yourself checked out by a doctor. Then put together a recovery plan that will work for you.

Don’t know where to begin? **Start where you are.** Check the telephone directory for a Narcotics Anonymous or Pills Anonymous chapter or similar group in your area.

And don’t be stopped—by anything. Kicking downers isn’t easy. If you’ve been taking them for years to control anxiety, expect anxiety—lots of it, even—when you quit. But you *can* learn to handle it through changes in diet, exercise, and sleeping habits, if you refuse to let it beat you.

It might seem tough, but tens of thousands of recovering ex-downer addicts swear that it sure beats the alternative. ■



Trouble Squared

The most popular downer in the world today is one that lots of people don’t even think of as a drug: Alcohol.

It’s also the one that causes the most problems for the greatest number of people.

To make things worse, it wreaks its greatest havoc when it’s used in combination with other depressant drugs. Consider this:

According to the Drug Abuse Warning Network, alcohol in combination with other drugs figured into 204,524 emergency-room admissions in 2000. That’s more than double the totals for the next five downer drugs on the O.D. Hit Parade combined.

Best advice? Never take a downer drug (or any other medication with depressant effects) with alcohol. Because downers are risky enough all by themselves. But they can be downright disastrous when they’re used with booze.