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**UNDERSTANDING
ADDICTION *to*
BENZOS**

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UNDERSTANDING ADDICTION TO BENZODIAZEPINES

“Benzodiazepine” is not a word that is particularly common in the news. It has too many syllables and seems too scientific to be threatening. But as America becomes the most heavily medicated nation in the world, we are all becoming increasingly familiar with the term. We mostly know benzodiazepines, or “benzos,” by their brand names. Xanax, Valium, Klonopin, Rohypnol, and Ativan are all names that have popped up in the news over the years, touted as both miracle cures for psychiatric ailments and as dangerous drugs responsible for rising body counts.

As of 2010, the number of annual benzodiazepine-related unintentional deaths overtook cocaine and heroin.

As of 2010, the number of annual benzodiazepine-related unintentional deaths overtook cocaine and heroin. Several notable celebrities in the past decade have died with benzos in their system that may have contributed to their deaths; Amy Winehouse had Librium in her system when she died in 2011, and Heath Ledger died in 2008 from a mix of opioid prescriptions and three different benzos – Valium, Xanax, and Restoril.

The History of Benzodiazepines

The ironic thing about benzos, when you consider just how problematic they have become, is that when they were first introduced in 1960, they were hailed as a low-risk, non-addictive alternative to the then-popular barbiturates. Barbiturates, which had first hit the market in the early 1900s as a sedative and anxiolytic (anti-anxiety) medication, developed a negative reputation after the end of the Second World War, as their high rate of dependency and high chance of fatal overdose came to public attention. Benzodiazepines, discovered by accident, were found to have comparable hypnotic and anxiolytic effects to barbiturates, without the potential for lethal overdose. The first benzodiazepine, Librium (chlordiazepoxide), was released in 1960, followed in 1963 by Valium (diazepam), and the two were rapidly commercially successful. Xanax (alprazolam), an extremely powerful benzo, was released in 1981 and marketed as a highly effective anxiolytic meant for those suffering from the recently coined diagnosis of “panic disorder”; within two years, Xanax became one of the most successful drugs on the market.

The popularity of benzodiazepines began to wane in the mid-1980s, however, as their extremely addictive nature, especially that of Xanax, came to light. The release of Prozac and other non-addictive

antidepressants in the late 80s also provided alternatives to patients seeking anxiolytic or sedative medications not regulated by the Controlled Substances Act. Benzodiazepines are still commonly prescribed in the United States, as the opinion of the medical community is that their efficacy still outweighs the potential risk of addiction, overdose, or abuse.

The Science of Benzodiazepines

Benzodiazepines work by increasing the efficiency of gamma-Aminobutyric acid, more commonly known as GABA, which is the primary inhibitory neurotransmitter in the human brain. GABA binds to receptor sites in the brain to decrease activity among clusters of neurons; benzodiazepines supplement GABA's natural inhibitory capabilities, further decreasing the excitability of neurons and thereby have a calming effect on most brain functions, which is why benzos make for such effective sedatives and anxiolytics.

Medical Uses

The most common conditions that benzodiazepines are prescribed for are panic disorders, generalized anxiety disorder, insomnia, and alcohol withdrawal. However, it is generally agreed that a patient should

not take benzos for longer than two to four weeks for any of these conditions due to the risk of addiction. Benzos are also used in other situations, such as emergency sedatives to treat epileptic seizures, pre-surgery anxiolytics, or to calm individuals suffering from hallucinogen-induced panic or psychosis.

Types of Benzodiazepines

There are dozens of kinds of benzodiazepines that have been on the market at one time or another. Some of the most common types currently available in the United States (and their most common brand names) are:

- Alprazolam/Xanax
- Clonazepam/Klonopin
- Diazepam/Valium
- Flunitrazepam/Rohypnol
- Lorazepam/Ativan
- Temazepam/Restoril

Some of these are more commonly misused recreationally, while others are more likely to be abused because of an unnecessary prescription. Temazepam, for example, is popular as an intravenous recreational drug, although it has only recently found a foothold in the United States – it was most

popular in the United Kingdom in the 1990s. The most commonly abused benzos in the United States are, in descending order, alprazolam, clonazepam, and lorazepam. Diazepam comes in at fourth on the list, as it has fallen in popularity compared to the newer formulations of benzodiazepine. Flunitrazepam – or, as it’s known on the street, “roofies” – is less likely to be abused recreationally, but it is notorious for its use as a sedative in numerous cases of sexual assault.

The most commonly abused benzos in the United States are, in descending order, alprazolam, clonazepam, and lorazepam.

Recently, benzodiazepines have been identified as an adulterant in some batches of street heroin. This is especially worrisome to health authorities, as it can result in unexpected complications from mixing the two drugs, such as seizures or other benzodiazepine withdrawal symptoms.

Long-Term Effects of Benzodiazepine Use

Most doctors advise that benzodiazepines be used either intermittently, such as in the case of patients that take

the occasional Xanax for panic attacks, or for short but regular courses, such as alleviating the symptoms of alcohol withdrawal; this is because the longer benzos are used, the greater the risk to the patient. Long-term benzo use can not only lead to increased tolerance or addiction to the drugs, but also a whole host of detrimental symptoms, such as:

- Nausea
- Headaches
- Dizziness
- Irritability
- Lethargy
- Sleep problems
- Memory impairment
- Personality changes
- Aggression
- Depression
- Social deterioration
- Impaired cognitive abilities
- Increased risk of cancer

CHECKLIST:

The Signs and Symptoms of Benzodiazepine Addiction

Some of the most common signs and symptoms of benzodiazepine addiction, aside from the long-term health complications mentioned earlier, are:

- Restlessness
- Chronic sweating
- Hand tremors
- Increased anxiety or tension
- Panic attacks
- Craving for or inability to cope without benzos
- Neglecting relationships
- Financial difficulties

Treating Benzo Addiction at Behavioral Health of the Palm Beaches

Benzodiazepine Withdrawal

Overcoming a benzodiazepine addiction requires going through withdrawal – the period where the user’s body, which has come to rely on the benzos to function, must return to a state of homeostasis, purging any remaining quantities of drugs still present. This process is usually painful, and involves a whole list of symptoms that are almost impossible to handle without outside assistance. Addicts who attempt to go through withdrawal on their own inevitably relapse, which usually leads to an overdose; relapsing addicts will resume using benzos in the same quantities they were used to before beginning withdrawal, but during the withdrawal period their tolerance for the drug will have gone down, and thus what before may have only gotten them a little high can now possibly result in a stroke. If the addict in question has gone through benzo withdrawal before, this can lead to a medical phenomenon known as “kindling,” where repeated withdrawal can lead to increasingly severe symptoms and even a risk of severe seizures. This is why medical supervision is so important, especially during the withdrawal process. Properly trained recovery specialists can administer medications to help ease the pain of

withdrawal symptoms, as well as provide counseling and assistance with any psychological issues that may arise.

Addicts who attempt to go through withdrawal on their own inevitably relapse, which usually leads to an overdose...

Common Symptoms of Benzodiazepine Withdrawal

- Insomnia
- Gastric problems
- Tremors
- Agitation
- Anxiety
- Muscle spasms
- Depersonalization
- Suicidal behavior
- Psychosis
- Delirium tremens
- Epileptic seizures

Sometimes, when particularly severe benzodiazepine use is stopped too suddenly, or when an addict has habitually abused benzos along with several other drugs, the withdrawal process can be punctuated by particularly severe epileptic seizures. There are multiple ways in which a seizure can manifest, all of which are potentially hazardous for someone attempting benzo withdrawal on their own. Proper medical supervision can prevent seizures from occurring or mitigate their aftereffects - which is yet another reason that getting off of these drugs is best done with help.

Residential Detox and Rehabilitation

Successfully recovering from benzodiazepine addiction means getting help from the right people – people like the staff at Behavioral Health of the Palm Beaches. Once you've checked into a recovery facility, you will be placed in a detoxification program so that you will have the necessary medical assistance and supervision as you go through withdrawal. After the detox, which cleans your system of any benzodiazepines or other toxic substances, you will enter an inpatient residential rehabilitation program.

In a residential rehab program, the patient is removed from whatever circumstances may have influenced their addiction, and by no longer being exposed to that environment, they can more easily undergo the process of recovery. For most patients, this kind of

program lasts for thirty days, during which they stay in a supervised facility and attend therapy sessions and workshops to address the root causes of their addiction. Residential programs like those at Behavioral Health of the Palm Beaches provide both medical supervision and emotional support to patients at this vulnerable stage in their recovery.

Long-Term Residential Recovery

For patients in need of greater support, Behavioral Health of the Palm Beaches offers a long-term residential rehab program that can last from two to twelve months. This program is focused on giving patients a new perspective on life, which can be extremely helpful for people who have spent many years grappling with addiction, as the effects of long-term benzodiazepine use on both a person's brain chemistry and personality are extensive.

Alumni Programs

After a patient has finished treatment at Behavioral Health, their recovery is by no means finished. Maintaining sobriety can be a difficult task after returning to the pressures of everyday life, and that is why Behavioral Health offers a fully-supported community for alumni of their programs, as well

as for the friends and loved ones of those alumni. Through the Behavioral Health Alumni website, former patients can maintain an open dialogue about their progress and their successes, chat with other fellow alums, and organize in-person events. It can be impossible to maintain recovery alone, but with the help of the Behavioral Health alumni community, there will always be someone to talk to who is personally invested in your success.

A Clear Path to Recovery

Recovery is a continuous process; even after you've finished detoxification and rehabilitation, there will still be hardships to overcome. But Behavioral Health's program will give you the tools and the strength to get through those hard times.

There is hope. We can help.

Resources

<http://www.samhsa.gov/data/dawn/benzodiazepines.pdf>

<http://benzo.org.uk/manual/bzchao1.htm>

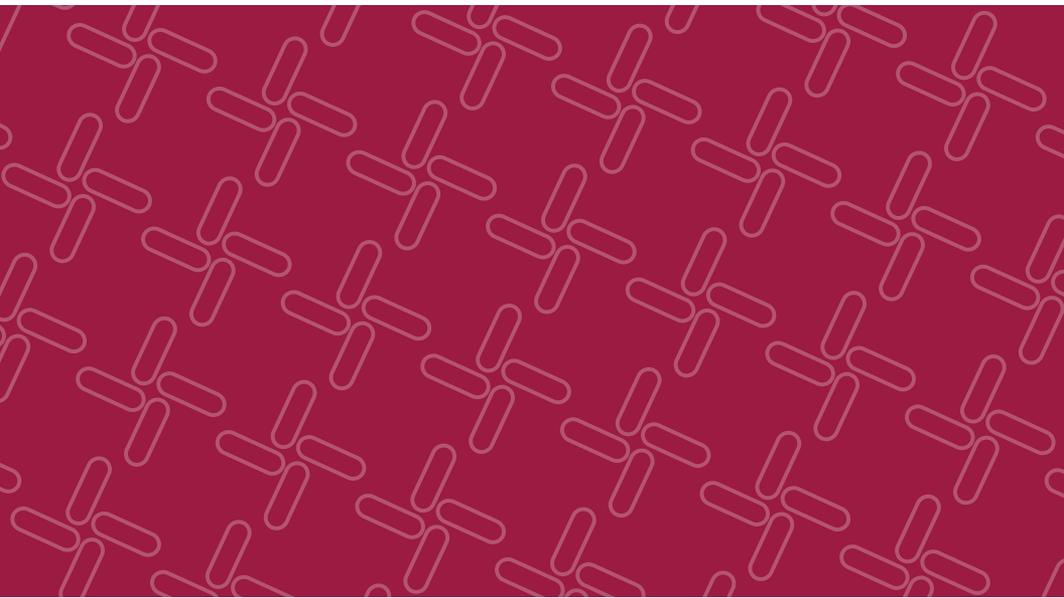
<http://www.aafp.org/afp/2000/0401/p2121.html>

[http://oas.samhsa.gov/2k11/028/
TEDSo28BenzoAdmissions.pdf](http://oas.samhsa.gov/2k11/028/TEDSo28BenzoAdmissions.pdf)

<http://nymag.com/news/features/xanax-2012-3/>

[http://www.sciencedirect.com/science/article/pii/
S0163725803000299](http://www.sciencedirect.com/science/article/pii/S0163725803000299)

<http://www.cesar.umd.edu/cesar/cesarfax/vol22/22-16.pdf>



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