

BENZODIAZAPINES

<p>History</p>	<p>Medically, drugs in the benzodiazepine group (benzos) are used for a number of purposes. They are often lumped together as minor tranquilisers (tranx). Drugs in this group include:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Brand</th> <th style="text-align: left;">Slang</th> </tr> </thead> <tbody> <tr> <td>Nitrazepam</td> <td>Mogadon</td> <td>Moggies</td> </tr> <tr> <td>Diazepam</td> <td>Valium</td> <td>Vallies / blues</td> </tr> <tr> <td>Lorazepam</td> <td>Ativan</td> <td></td> </tr> <tr> <td>Flurazepam</td> <td>Dalmane</td> <td></td> </tr> <tr> <td>Clonazepam</td> <td>Rivotril</td> <td></td> </tr> <tr> <td>Temazepam</td> <td>Normison</td> <td>Tems / temazies / jellies</td> </tr> <tr> <td>Chlordiazepoxide</td> <td>Librium</td> <td></td> </tr> <tr> <td>Bromazepam</td> <td>Lexotanil</td> <td></td> </tr> <tr> <td>Alprazolam</td> <td>Xanax</td> <td></td> </tr> <tr> <td>Lormetazepam</td> <td></td> <td></td> </tr> <tr> <td>Flunitrazepam</td> <td>Rohypnol</td> <td></td> </tr> </tbody> </table> <p>More recently benzodiazepines, especially diazepam, have been illicitly imported in to the UK. Some have been entering from Eastern Europe and sold on the illicit markets. Others have been ordered on-line from one of the many internet pharmacies. Some of these tablets are fake, or of variable quality. However, these imported tablets have meant that benzodiazepines remain widely used and available, even though the number of prescribed drugs has decreased in recent years. The most frequently available drugs are those with italicised slang names above. Valium, temazepam and rohypnol are the most commonly available on the illicit market.</p> <p>The increased availability of benzos in the UK, thanks to the internet and other illicit routes, has meant that the level and extent of benzo use has probably increased lately. Workers have reported people entering treatment with staggeringly high levels of benzodiazepine dependency, built up exclusively using street benzos</p>	Name	Brand	Slang	Nitrazepam	Mogadon	Moggies	Diazepam	Valium	Vallies / blues	Lorazepam	Ativan		Flurazepam	Dalmane		Clonazepam	Rivotril		Temazepam	Normison	Tems / temazies / jellies	Chlordiazepoxide	Librium		Bromazepam	Lexotanil		Alprazolam	Xanax		Lormetazepam			Flunitrazepam	Rohypnol	
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<p>Street name</p>	<p>Moggies, vallies, blues, tems, tamzies, jellies, benzos, tranx</p>																																				
<p>Type</p>	<p>Tranquilisers.</p>																																				
<p>Drug Effect</p>	<p>Benzodiazepines are widely prescribed as sedatives to combat anxiety, as skeletal muscle relaxants, anti-epileptics and anti-convulsants. However some benzodiazepines leak onto the street and are quite widely misused.</p> <p>They induce physical relaxation and reduce stress and anxiety. Drowsiness and sleepiness are often present. In addition they may cause forgetfulness, slurred speech, clumsiness and confusion. Some users experience depression and,</p>																																				

	<p>paradoxically, a few users become over-excited or violent. Some users gain a feeling of invulnerability or invisibility when using benzodiazepines therefore some people favour this and find this useful when, for example, shoplifting.</p> <p>They are used recreationally in a number of settings. Some people combine benzodiazepines with alcohol to enhance and increase intoxication. Some stimulant users take benzodiazepines to alleviate the 'come-down' from speed, ecstasy or cocaine, and to promote sleep.</p>
Dependency	Yes
Description	Pills
Street use	<p>Tablets are designed for oral use though some users crush and inject tablets. It is not uncommon for dependent heroin users to use benzodiazepines when heroin is unavailable or to use them to help offset some of the symptoms of withdrawal. The use of benzos on top of prescribed opiates - such as with methadone or subutex - is also common as it can make the effects of the opiates feel stronger. Such use increases risk of overdose.</p> <p>A few people self-medicate with benzodiazepines to alleviate mental discomfort caused by mental health problems, painful memories or to escape unpleasant circumstances. For such users, where unsupervised use may be long-term and extensive, careful assessment of needs, of underlying reason for the drug use and comprehensive care plans are likely to be needed to achieve reduction and cessation of drug use.</p> <p>Assuming that the pills are correctly identified and genuine, quality is assured. However it is difficult to correctly identify all of the drugs in this family by eye, let alone assay the strength, so mistakes in strength and name are frequent amongst those purchasing outside medical spheres. Some illicitly produced, imported benzodiazepines are of variable strength and extreme caution should be exercised when using fake benzos.</p> <p>At a street level benzodiazepines have a very low value, typically around 50p per tablet. Ampoules can cost a pound or two.</p>
Withdrawal	Withdrawal from Benzodiazepines, especially when they have been used for more than a month, should only be done under medical supervision. It is possible to die due to severe benzodiazepine withdrawal.
Long term use	When used within a supervised medical regime, benzodiazepines should not be used for extensive periods as tolerance develops rapidly and withdrawal can be an unpleasant and, in some cases, dangerous process. After a few weeks, and certainly within a few months, they cease to be effective at

promoting sleep and subsequently cease to be effective in reducing anxiety. Indeed, the converse becomes true; without increasing the dose a user is liable to experience insomnia, anxiety, tremors and, in severe cases, convulsions.

Current practice is to prescribe at the lowest doses possible for the shortest period possible and to discourage long-term prescribing. People who have been on long-term prescriptions should be having their prescriptions reviewed and, where feasible, reduced.

When tablets are crushed for injection this brings with it a range of associated health risks. Of specific concern are temazepam capsules. These capsules were originally introduced as a response to growing concern over temazepam tablets being crushed for injection. The capsules contained a viscous jelly that was intended to discourage injecting but users found that heating the jelly made it become liquid and so injected it. However at lower temperature, such as at body temperature, the gel solidifies again and a large number of gruesome injecting injuries were reported. Gel capsules were withdrawn in the UK but reports suggest that these capsules are still imported in to the UK illicitly.

Benzodiazepines were introduced and have largely supplanted the barbiturate group of drugs which were widely prescribed and widely misused in the 70s. They were seen as preferential to barbiturates as the risks of overdose, dependence and side-effects were thought to be less. They are very widely prescribed; some critics argue that they are over-prescribed and do not tackle the causes, merely masking symptoms temporarily.

Overdose

There is a low risk of fatal overdose; this risk is raised through ignorance as to the strength of various tablets. Risks are exacerbated when benzodiazepines are combined with other depressant drugs such as alcohol or heroin. The presence of benzodiazepines is a significant factor in opiate-induced overdoses.

Legal Status

Benzodiazepines are Class C drugs. Most of them are Schedule 4i drugs, meaning that they can only be supplied and produced by those authorised to do so. Since February 2002 it has been an offence to possess Schedule 4i drugs without prescription. Temazepam and rohypnol are Schedule 3 drugs; it is also an offence to possess these without authorization, such as a prescription.