

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Draft Article on Sedativism

FROM:

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EXTENSION

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DD/A Registry

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TO: (Officer designation, room number, and building)

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1.

DDA/EXA

15 SEP 1988

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ADDA

16 SEP 1988

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DDA

17 SEP 1988

11/11/88

During your visit to OMS on 9 September, you asked a number of questions about clients who abuse or are addicted to legal drugs. The attached article (now in draft) will appear in our next OMS Newsletter.

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DA/Registry (File)

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Gary

DDA REGISTRY

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## SEDATIVISM

In the last decade, increased attention has been given to the use of illegal drugs and alcohol. The efforts of such groups as Just Say No Clubs of America, Partnership for a Drug-Free America, Mothers Against Drunk Driving and Students Against Drunk Driving have increased public awareness of the dangers associated with substance abuse. Government, private industry and the medical profession have spent billions of dollars for research, treatment and control of these substances.

Public concern has generated much literature aimed at the abuse of illegal drugs, but there also are alarming consequences from the abuse or misuse of prescription medications. The effects~~x~~ of abusing drugs classified as sedative-hypnotics have not been so well publicized -- and the effects are severe. Sedative-hypnotics include benzodiazepines, barbiturates, minor tranquilizers and alcohol. All are legal under certain government regulations. All are debilitating or lethal if misused. In 1985 there were an estimated 85 million prescriptions written for benzodiazepines such as Valium, Librium and Ativan. Unfortunately, it is unlikely that all the patients for whom these drugs were prescribed were aware of the possibility of physiological dependence~~x~~ (addiction). The use of all sedative-hypnotics requires careful monitoring. Patients must be warned about potential adverse consequences, particularly those associated with increased ~~use~~ long-term use, and of the use of such drugs with alcohol.

Taken in the amounts prescribed, and under the supervision of a knowledgeable physician, sedative-hypnotics can be helpful

in the treatment of anxiety, insomnia, muscular tension, back pain, and irritability. These drugs act by depressing the central nervous system.

As in the case of alcohol, the effects may be expected to vary from person to person and from time to time. Low doses produce mild sedation. Higher doses may produce a temporary state of euphoria, but they may also cause irritability, mood depression, and apathy. Intoxicating doses, as with alcohol, will cause impaired judgment, slurred speech, and loss of motor coordination. At still higher doses they can progressively lead to drowsiness, sleep, stupor, coma, and death.

The physiological impact of mixing sedative-hypnotics may be life threatening. Alcohol and tranquilizers use the same enzyme processing system in the liver; however, these enzymes cannot metabolize both drugs at the same time. Alcohol is metabolized first, while the other drugs build up in the blood stream, potentially causing toxic reactions such as convulsions, coma, and respiratory failure. These toxic reactions often occur due to the phenomenon of synergy. Synergy results from adding alcohol to another sedative-hypnotic, <sup>u</sup>thus multiplying their individual potencies by a factor of three, four, or more. There are well-publicized cases that are tragic examples of drug synergy. In one, a 21 year-old mixed alcohol and the tranquilizer methaqualone (quaalude), sustaining irreparable brain damage. She lapsed into a coma and ultimately died ten years later, never having regained consciousness. The list of victims of sedative overdose is long and includes several celebrities who have died from a combination of prescription

playing with a chemical time bomb that could explode into multiple addictions, multiple withdrawal symptoms, or death.

Another little known effect of sedative-hypnotics is cross-tolerance. Tolerance is an adaptation the body makes to certain drugs, such that increasing dosages of the drug are required to obtain the same effect. When tolerance builds to one sedative-hypnotic, it carries over to another. Often those using tranquilizers find that their alcohol tolerance increases; they need to drink more in order to get the effect that one or two drinks once had. Treated alcoholics are well aware of this phenomenon. They know that the use of any sedative-hypnotic can reactivate their addiction to alcohol. In fact, sedative tolerance can lay the groundwork for alcoholism. Mrs. Betty Ford~~1~~ reports that her use of prescribed Valium over a period of time increased her tolerance to alcohol; she consequently became addicted to both.

Unfortunately, as tolerance increases, so do the effects of withdrawal.The withdrawal symptoms of all sedative-hypnotics are similar to those of alcohol; however, some are longer lasting and more distressing. The mildest form of withdrawal is characterized by anxiety, agitation, apprehension, and may be accompanied by a loss of appetite, nausea, vomiting, palpitating heart, excessive sweating, insomnia, tremulousness and muscle spasms. In withdrawing from dependency on a large amount of the drug, delirium, psychotic behavior, convulsions and death may occur. Withdrawal symptoms are diagnostic of sedative dependence. Withdrawal from the shorter acting sedatives (also the most addictive) occurs usually within 12 hours. For the benzodiazapines the onset can be 2-9 days from the last dosage.

Due to the potential severity of withdrawal, it is recommended that detoxification be supervised in the controlled conditions of a hospital. Treatment for sedative dependence in general calls for medical intervention, abstinence from all drugs and alcohol, participation in self help groups, and often concurrent family treatment. Monitoring is usually advised for at least two years.

In preventing sedative dependence, it is wise to keep in mind the following:

- (1) Using any mood altering drug requires personal responsibility. Ask questions and be informed.
- (2) Usually these drugs should not be prescribed for longer than one week and should not be refillable without a visit to your physician.
- (3) Chemically dependent persons should not use sedative-hypnotics. If you are a recovering alcoholic, inform your physician.
- (4) Do not drink alcohol while using a sedative-hypnotic drug.

The following is a partial list of the most common sedative-hypnotics prescribed:

Minor Tranquilizers: Chloralhydrate, Doriden, Placidyl, Methaqualone, Meprobomate, Paraldehyde.

Benzodiazapines: Valium, Librium, Sperax, Tranxene, Ativan, Centrax, Dalmane, Xanax, Halcion.

Barbiturates: Phenobarbital, Seconal, Amytal, Twinal, Nembutal,

STAT

Questions about drugs or alcohol may be directed to the  
Employee Assistance Program's Alcohol and Drug Abuse Branch on  
 Information, assessment, referral to appropriate  
treatment, and family intervention assistance is available to  
all employees and their family members.