



OPIOIDS & BENZODIAZEPINES

A resource for people who use drugs

A BIT ABOUT BENZODIAZEPINES

Benzodiazepines are used for the short-term treatment of anxiety and insomnia. They can also be used to reduce mania and in the treatment of alcohol withdrawal. Benzodiazepines generally shouldn't be used for longer than 2 to 4 weeks.

Benzodiazepines work by increasing the activity of a neurotransmitter in your brain called Gamma-amino butyric acid (GABA). This neurotransmitter dampens down the activity of many neurons in the brain; in particular it can affect neurons in brain circuits associated with fear, anxiety and wakefulness.

SOME OF THE SIDE EFFECTS

Benzodiazepines will reduce your anxiety and make you sleepy, but you may experience certain problematic effects as a result. You may feel drowsy and over-sedated, have poor balance and coordination, dizziness, blurred vision and slurred speech. Some people also experience memory impairment.

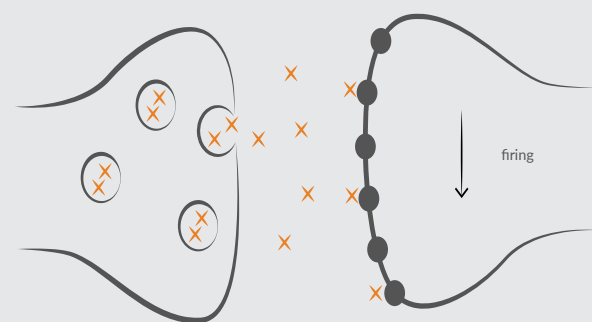
Benzodiazepines can also sometimes cause problematic psychological side effects, including hallucinations, depression, hyperactivity and aggression. They may also cause disinhibition - where a person becomes impulsive and engages in risky behaviour.

The addictive potential of benzodiazepines is well known. If you have developed a dependence on benzodiazepines you may experience withdrawal symptoms if you stop taking the drug. These can begin almost immediately after your last dose or can take 1-2 weeks to develop. Symptoms of withdrawal include anxiety, insomnia and difficulty sleeping, restlessness, irritability, nightmares, gastrointestinal problems, weakness and stiffness. In more severe cases depression, paranoia, delusions, hallucinations, delirium and seizures may occur. The risk of withdrawal can be reduced by slowly tapering the dose in consultation with your prescriber.

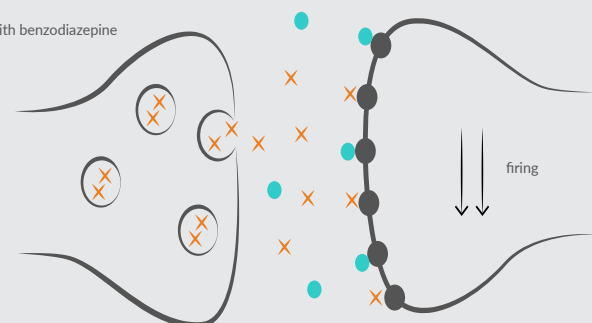
FOR EXAMPLE:

- Alprazolam (e.g. Xanax)
- Bromazepam (e.g. Lexotan)
- Clobazam (e.g. Frisium)
- Diazepam (e.g. Valium)
- Flunitrazepam (e.g. Hypnodorm)
- Lorazepam (e.g. Ativan)
- Nitrazepam (e.g. Mogodon)
- Oxazepam (e.g. Serepax)
- Temazepam (e.g. Normison)

1. Normal GABA function



2. With benzodiazepine



PRE-SYNAPTIC NEURON

SYNAPSE

POST-SYNAPTIC NEURON

The information provided in these fact sheets are a guide only. We recommend speaking with your GP or prescriber about your individual circumstances.

IN THE CASE OF AN EMERGENCY, DIAL 000



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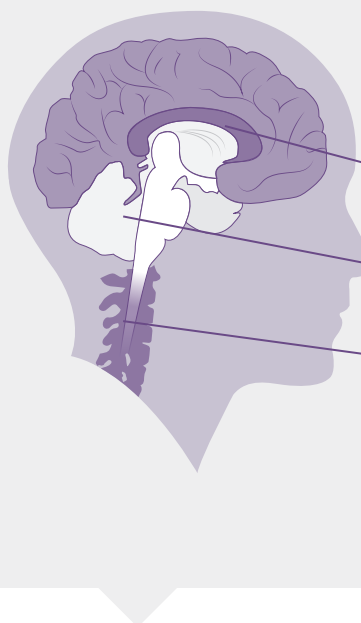


HOW OPIOIDS WORK

Some opioids are compounds extracted from poppies, whereas others (eg fentanyl or methadone) are synthetic. Opioids depress the central nervous system, slowing down messages from your brain to your body. They bind to opioid receptors in your brain and spinal cord – the areas that deliver pain messages, thereby offering pain relief. Opioids can slow your breathing, lower blood pressure and pulse, cause an irregular heartbeat and lower body temperature.

Tolerance to opioids can develop rapidly. Over time, they can modify and slow down brain function.

The specific ingredients in street heroin are unknown and this presents an additional risk - it depends on who manufactured it and where. This obviously makes it difficult to predict the types of interactions it may have with other drugs or medications.



Opioids act on many places in the brain and nervous system

- Opioids affect the limbic system, which controls emotions to increase feelings of pleasure.
- Opioids affect the brain stem, an area that regulates automatic body functions e.g. breathing.
- Opioids block pain messages from being transmitted to the body.

SOME FUN FACTS ABOUT OPIOIDS

THE GOOD	THE BAD	THE REALLY BAD
Opioids manage pain	Hyperanalgesia (an increase in sensitivity to pain)	Frequent use can quickly lead to dependence
Intensifies feelings of pleasure	Can cause mood swings	Risk of overdose
Can increase feelings of wellbeing	Depression and memory impairment can occur	Risk of injecting related harm such as blood borne viruses
	Skin, heart and lung infections	Heart, liver, lung and brain damage

WHAT HAPPENS WHEN YOU TAKE OPIOIDS AND BENZODIAZEPINES TOGETHER?

This resource provides general advice regarding some of the potential side effects of using opioids and benzodiazepines together. Opioids include prescription drugs such as tramadol and fentanyl and also include illicit drugs such as heroin. It is important to note there may be additional or different interactions depending on genetic factors, the amount, type and purity of the opioids you are consuming or if you are also taking other types of drugs. As these resources provide general advice only, please speak with your GP, prescriber or health professional for more information about potential interactions and impacts.

Opioids and benzodiazepines are both central nervous system depressants, meaning they suppress or slow down your brain activity. When used together they can make you very drowsy and

sedated, slow your breathing and heart rate and sometimes lead to a coma.

Benzodiazepines can also affect the breakdown of methadone and heroin in your body. This means you will be exposed to higher levels of the drug and it will be in your body for longer. Taking benzodiazepines with heroin or methadone can increase the risk of an overdose.

The combination of these drugs is considered high risk and is not recommended.

It isn't recommended to take opioids and benzodiazepines together, so make sure you speak with your GP about your options to see if a benzodiazepine is the right drug for you.