



A QUICK GUIDE TO BENZODIAZEPINES

Xanax, Valium, Rohypnol... many people have heard of these drugs, and probably not for a good reason.

This quick guide, developed in conjunction with [Tooled Up Education](#), covers information that parents and carers need to know about benzodiazepines, as well as signposting to additional resources.



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WHAT ARE BENZODIAZEPINES?

Like many drugs that are used recreationally, benzodiazepines came to the public consciousness as medicines. It is a big group with a wide range of uses from the short-term treatment of sleep problems, anxiety disorders and distress, fear and panic (for example, due to bereavement), but also as a muscle relaxant and for the prevention of seizures.

Among the most well known benzodiazepines are **diazepam (brand name Valium), alprazolam (Xanax), and flunitrazepam (Rohypnol)**, plus many others, such as temazepam, nitrazepam, etizolam and bromazolam. These vary in potency, length of time to take effect, and duration of action, but all are depressants (sometimes known as sedatives). This means they cause drowsiness and a slowing down of heart rate and breathing, which some people experience as a sense of relaxation, calmness and warmth.

Benzodiazepines are known by many names, some of which relate to the different drugs within the group such as “etizzy”, “xan” and “vallies”, but more broadly they are often referred to as “benzos”, “downers” or “tranqs” (short for tranquilisers), these last two around their perceived effects. Some names allude to appearances, such as “bars”, “jellies” and “blues”. Benzodiazepines are most commonly tablets or capsules, though powder forms are also in circulation. It is common within the pharmaceutical industry for sleeping tablets to be manufactured as blue in colour, as research has shown that many patients regard this as a calming hue. There are also some street names such as “roofies”.

The drug class first came about in the 1960s in the search for alternatives to **barbiturates** such as sodium amytal and phenobarbital. These are effective anticonvulsants, anxiolytics and sleep aids, but were causing concern because of the high risk of unwanted effects, overdose (due to the small difference between a therapeutic beneficial dose and one that could cause significant harm or even death) and emerging awareness of addiction issues, but also because increasing amounts were being diverted or stolen for recreational use.



It wasn't until the late 1970s that the problems associated with benzodiazepine use – debilitating side effects, tolerance and dependence – were acknowledged. This resulted in [prescriptions falling](#) from 30 million in 1979 to 11 million in 2012, and 1.4 million in 2019. [Strict prescribing guidelines are now in place in the UK to manage the risks and potential harms of benzodiazepines.](#) These state that for short-term use, only the lowest effective dose should be taken for no longer than two to four weeks. For longer-term use, the guidelines give clear instructions around the need for careful downward titration (which can take weeks or months) due to the risk of significant withdrawal symptoms.

An increase in recreational use has fueled what seems to be an explosion in the illicit manufacturing of benzodiazepines, notably in Scotland where over 2.7 million tablets were seized in 2014-15 (though by 2017-18 this had fallen to around 680,000). This is contributing to significant harms, of which the most stark is [drug deaths](#). In Scotland, deaths where benzodiazepines were implicated or were a potential contributing factor rose from 191 in 2015 to 601 in [2022](#) – over half of all drug related deaths.

According to [NHS Digital](#) data, there has been a rise in the number of young people taking benzodiazepines. In 2013, 0.4% of 11-15 year olds said they had ever taken them, whilst in 2021, 0.8% said the same.

[Substance misuse treatment statistics](#) for England, however, paint a different picture. 247 under 18s in contact with alcohol and drug services between April 2022 and March 2023 said they had a problem with benzodiazepine, which, at around 2%, is a fall from the high of 3.7% seen in 2020-21. In Scotland, where data is recorded differently, a stark figure is in [drug-related hospitalisation data](#) for 15-24 year olds, with sedatives/hypnotics (including benzodiazepines) implicated in nearly 14% in 2019-20.

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WHAT'S THE PROBLEM?

Benzodiazepines make people feel relaxed and calm because they potentiate the effect of **GABA** (gamma-aminobutyric acid) in the areas of the brain that control vital functions such as breathing, important aspects of functioning such as coordination, and cognitive functions such as memory, alertness and reasoning. This can mean that someone becomes confused and can't think clearly, experiences loss of coordination, feels dizzy and may fall, and may even have their breathing depressed to a fatal extent. Mental health can dip significantly. The effects of benzodiazepines can persist for several days, with the user feeling tired and out of sorts, with balance, coordination and judgement still likely to be impaired.

People who use benzodiazepines repeatedly are likely to become **tolerant** to them, meaning they take more to get the effects they want, which in turn builds more tolerance, but also increases the risk of dependence – both psychological and physical. Withdrawal symptoms, which can occur if someone is on benzodiazepines for only a few weeks before stopping, can include shaking, nausea, vomiting, headaches, confusion, anxiety, insomnia, mood swings, panic attacks, depression, hallucinations and seizures. These can be extremely debilitating, particularly if someone stops abruptly.

Like all drugs, benzodiazepines can **interact** with a range of substances including some medicines (both recreational or prescribed). Anything that causes drowsiness increases the dangers, including alcohol, cannabis, and even some cold and hayfever remedies. The effects may also be masked if someone also takes – or has taken – a stimulant, meaning that the user takes more to try and feel the effects, putting them at risk of overdose, as well as potentially dangerous interactions.

Benzodiazepines are Class C drugs in the UK, meaning they are illegal to possess – unless prescribed by a healthcare professional – and illegal to supply.



BENZODIAZEPINES AND SPIKING

A significant issue is the amnesia or blackouts that can occur, where the user has little or no memory of what has happened in a certain period of time. This is why benzodiazepines are often implicated in cases of **spiking**, as people unwittingly lose their usual faculties, and become vulnerable to assault and/or robbery, without subsequently being able to remember what has happened to them.



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WHAT IS THE IMPACT?

As well as the risks already described, there are some circumstances under which the dangers increase:

- Some people experience what are known as **paradoxical effects** becoming aggressive, anxious and delusional. These are basically opposite effects to those that have been described earlier in this guide, and opposite to what users might expect. Paradoxical effects are more common in children and older people, and those with a history of alcoholism, but the exact reason it happens is unknown.
- Benzodiazepines are **more risky** for individuals with certain health conditions, particularly muscle or breathing disorders, and they are highly inadvisable for anyone at risk of falling or with memory problems, such as older people.
- Because benzodiazepines are associated with causing relaxation, those around someone who falls asleep while under the influence might not make much of it. But this is actually a perilous situation, and anyone who becomes unresponsive after taking any drug needs **emergency medical assistance**.
- Judgement and coordination can be significantly impaired, so attempting skilled activities such as **driving** is incredibly dangerous.

- A significant issue is the prevalence of **illicit or fake products**, which may look legitimate and safe. Most commonly they are sold as diazepam (Valium) or alprazolam (Xanax). Instead, they may contain other benzodiazepines – often more potent and therefore dangerous – or other chemicals, as well as other potentially unpleasant or hazardous ingredients, and will have been made using processes that are completely unregulated. At the time of writing (summer 2024), the **European Drugs Agency** had issued several alerts regarding benzodiazepines, including some containing synthetic opioids known as nitazenes. The harm reduction project **WEDINOS** has reported similar. For example, tablets purporting to be Xanax (alprazolam) were found to be the much stronger bromazolam.
- While benzodiazepines are usually taken orally – in pill or powder form – there are injectable versions available. This is the **most dangerous way of taking any drug** as it introduces the risk of infection due to poor administration technique or lack of hygiene, as well as the possibility of contracting a blood-borne disease such as hepatitis or HIV if injecting equipment is shared.



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WHAT CAN PARENTS DO?

Parents and carers have a significant role to play in helping their children make decisions about drug use, including benzodiazepines.

Here are some tips:



Remember that dependence removes free choices.

Someone who becomes dependent on a substance is then motivated by getting their **next fix** – which means they are not making decisions of their own free will anymore.



Emphasise safety among friends.

A good message to give is that **friends** are amazing safety tools, by keeping an eye out for each other and being able to spot signs that a situation is not going as anticipated.



Think about headspace and emphasise help-seeking.

Someone who takes something because they are **struggling** is more likely to have a bad experience, and with benzodiazepines this can mean they may tip into suicidal thoughts. There are no quick fixes, and reaching out for help in real life is a much more positive thing to do.



Raise the issue of spiking.

Benzodiazepines can make people vulnerable and so they may be used for spiking. Talking about this can help your child spot the signs and reduce the chance of it happening to them.



Understand the basics of harm reduction.

If your child is with someone who is taking any drug, a really important piece of advice they can give is to start low and take it slow. With pills, this means **taking a quarter** rather than a whole one and allowing plenty of time to see what the effects are.



Mixing is masking.

Because benzodiazepines may be used because people think they will help them chill out after taking a stimulant such as ecstasy, it is easy to overlook that this is mixing. Mixing is not only dangerous in itself, it also risks masking the effects of one of the drugs in someone's system, meaning that they can't perceive what it is doing to them.



Remember that every drug death is a person.

It can be easy to feel detached from drug death statistics, but every single one leaves behind a life that included family, friends, love and laughter.

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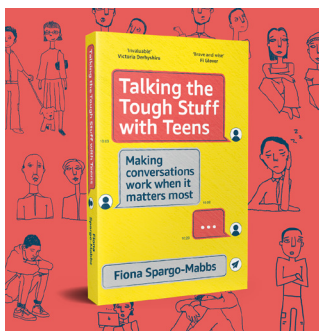
WHERE CAN I GO FOR MORE INFORMATION?

Healthy, open, non-judgemental conversations with young people can be – literally – life-saving.

Fiona Spargo Mabbs OBE, founder and director of the **DSM Foundation** has written two books that are packed with advice and information.

Award-winner, **[I Wish I'd Known](#)**

interweaves the story of one family's terrible loss with calm, measured and practical suggestions for parents about young people, drugs and decisions.



[Talking the Tough Stuff with Teens](#)

draws extensively on hundreds of conversations with young people and parents in focus groups and

school and college workshops, to give a warm and compassionate framework for tackling tough conversations about difficult things, without judgement or anger. It covers everything from curfews and screen time, to sex, self-harm and suicide.



Resources to check out

[The DSM Foundation](#), our drugs education charity, has a number of resources to support parents and carers in their conversations with young people including a **[video on benzodiazepines](#)** made by Head of Education and Engagement Asha Fowells.

Useful information on benzodiazepines can be sourced from **[Talk to Frank](#)**, **[Drug Science](#)** and **[Drug Wise](#)**, and on understanding risks, reducing harm and seeking support from **[Crew](#)**. Please also check out the **[Benzo Research Project](#)**, which was set up with the aim of seeking to understand and improve the lives of young people who use benzodiazepines.

Remember that none of the resources listed here are a substitute for clinical advice and if you are worried about your child, your first port of call should always be your GP (or other relevant medical professional).

[Tooled Up Education](#) is thrilled to be collaborating with the DSM Foundation. **Tooled Up** brings evidence-based resources to school communities and enjoys strong relationships with some of the most respected researchers and organisations in the world. The **Tooled Up Team** dedicates its time to studying thousands of hours of research evidence and turning this into easy to use resources, in the form of videos, articles, podcasts, activities and tips to try.