**Fact Sheet for Staff in Contact with People Who Use Drugs**

**Alprazolam (Xanax®)**

**NB: This information sheet is not intended to be handed out to clients**

Xanax® is the brand name for the drug alprazolam. Alprazolam is a benzodiazepine drug and therefore shares similar properties to drugs such as diazepam and temazepam. In the UK alprazolam cannot be prescribed under the NHS. Supplies are therefore only available from private doctors or illicit sources.

All benzodiazepines are central nervous system depressants and act as mild tranquilizers, creating a relaxed and often pleasant feeling in the user. They work by increasing the activity of a neurotransmitter called GABA which quietens or calm things down in the brain.

**WHY IS ALPRAZOLAM SO ADDICTIVE?**

Alprazolam is a potent, short-acting prescription drug which is used in some countries to treat anxiety disorders, panic attacks and acute stress disorder. It is a very fast-acting drug with peak effects being experienced within 30 minutes of taking. It also wears off more quickly than some benzodiazepines. These two properties in combination make it a very addictive drug and people can become addicted even after relatively short-term use.

**ADVERSE EFFECTS/RISK OF HARM**

Clients who report alprazolam use may experience a number of adverse effects which will generally increase in severity with increasing doses. These may include:

* **Amnesia**
* **Altered co-ordination and balance (increasing the risk of falls)**
* **Slurred speech**
* **Confusion**
* **Mood swings**
* **Muscle weakness**
* **Sedation** – with some reports of sedation that last up to 4 days (more commonly when combining multiple depressant drugs)
* **Respiratory depression, coma and death**

People who use alprazolam for an extended period of time can experience long-term side effects – one of the most common is memory impairment. While the impairment is mild and it mostly affects your short-term memory, it can impart a lasting effect.

Although benzodiazepine drugs can cause overdose when taken as a sole agent, the likelihood and severity of this occurring greatly increases when taken with other depressant drugs. These may include, but are not limited to; alcohol, opioid drugs e.g. heroin, methadone, morphine etc, other benzodiazepines, gabapentin and pregabalin.

**DEPENDENCE AND TOLERANCE**

Tolerance is also an issue with alprazolam i.e. people need to take the drug in increasing amounts or frequencies to achieve the same effect.

Continual use, especially in larger quantities, can lead to physical dependence where people are likely to experience symptoms of withdrawal on stopping taking it.

**WITHDRAWAL FROM ALPRAZOLAM**

Because benzodiazepines can cause physical dependence, suddenly stopping them can result in withdrawal symptoms like anxiety, depression, agitation, hallucinations, panic, nightmares, seizures and insomnia. Alprazolam leaves the body more quickly than some other benzodiazepines, causing these symptoms to appear in as little as two hours after the last dose.

To reduce the severity of symptoms of withdrawal it is recommended that people who are using benzodiazepines slowly taper the dose. Symptoms of withdrawal will gradually reduce in severity and frequency however some people will continue to experience some of symptoms, including mild anxiety and trouble sleeping, for up to two years. Support is available from drug services across Grampian.

**HARM REDUCTION ADVICE FOR CLIENTS**

Staff discussing alprazolam use with clients should be mindful of the in-advert risk of highlighting availability of a “stronger” or “better” benzodiazepine drug. For this reason it is not expected that the detail of this fact sheet is shared with clients rather that general harm reduction advice is recommended. This includes:

* The risk of overdose is higher when Xanax is taken together with alcohol or opioid containing drugs. The combination has an additional respiratory depressant effect greater than either substance taken on its own.
* It is impossible to know the contents of any illicit substance. A small amount of all substances should be tested first to assess the effect and strength.
* Wherever possible, do not to use alone.
* Know how to identify and respond to overdose and how to use naloxone.
* Have a supply of naloxone handy wherever people are using substances. Although naloxone will not reverse the effects of benzodiazepine drugs it may reverse the effects of any opioid drugs that have also been taken.
* The importance of calling 999 and asking for an ambulance. See above – naloxone won’t reverse all drugs
* Sharing this information with peers
* Signposting or referral of people who are concerned about their alprazolam use or dependence to specialist services for support and/or assessment. This may include treatment services or 3rd sector agencies such as Alcohol and Drugs Action, Arrows and Turning Point Scotland.