

Sleeping Pills and Sedatives: THE RISKS

Englisch



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Every tenth person in Switzerland regularly takes medicine which can become addictive. According to conservative estimates, 60000 people are already addicted, and a further 170000 in serious danger of becoming addicted, to such medicines, mainly sleeping pills, painkillers and sedatives. Women are twice as likely as men to become addicted, especially in the second half of life. Because pills can be inconspicuously swallowed, abuse of these drugs passes unnoticed in society. Yet dependency on prescription medicines is, after tobacco and alcohol dependency, the third largest type of addiction.

Risk factors for addiction

In most women's lives there are critical situations in which the need for support is felt most strongly. This is often especially so during socalled life transitions such as the birth of children, children leaving home, the onset of menopause, migration, separation, retirement or the death of a partner. The loss of a job or the continual stress of everyday life, such as the double burden of work and family, or responsibility for dependant relatives, can lead to a crisis too.

A woman's well-being can also be disrupted by difficult life situations (e.g. poverty, low social status, problems at work, uncertain residence status) in the present, or bereavement and traumatic experiences (e.g. childhood sexual abuse) from long ago that have not been properly worked through. These can affect the person both physically and psychologically to manifest as complaints which are classified as mood disorders ▶ see Box 1.

Sleeping pills, painkillers and sedatives promise a "quick fix". They appear to make life easier and act as a kind of protection. Moreover, a degree of vitality may be restored thanks to them. These "moodaltering" drugs have one thing in common: they quickly alleviate the symptoms, but not their causes.

Beware of Benzodiazepines!

Sleeping pills and sedatives containing benzodiazepines ("benzos", **•** <u>see Box 2</u>) are very problematic. They are currently among the most widely prescribed and used psychiatric drugs **•** <u>see Box 3</u>. Since benzos are well tolerated and their use can be effortlessly and discreetly integrated into everyday life, there is a danger of gradually developing a habit that can lead to dependence. Potentially addictive medicines **•** <u>see Box 4</u> are only available in Switzerland on a doctor's prescription. Nonetheless, these pills are prescribed far too widely to women in difficult life situations who are often inadequately warned of the subsequent risk of dependence.

Dependence and withdrawal symptoms

Often the women affected are unaware of their addiction or dependence. The warning signs of potential drug abuse are:

- Fixation on the drug: The person never leaves home without their pills, they reject other forms of assistance, and cannot imagine reducing the dose or discontinuing use of the drug.
- Extended use: sleeping pills are also used, for example, during the day to counter restlessness.
- Increased dosage: more tablets are routinely taken than prescribed by the doctor.
- Secrecy: pills are sometimes taken in secret and additional sources are discreetly sought.

Longer-term use of medication can have undesirable consequences:

- dulled emotions
- poor concentration
- depression and slower reactions.

If the regular use of a drug is suddenly stopped, it may cause withdrawal symptoms (which may range from a tremor, shivering, restlessness and disturbed sleep, to hallucinations, anxiety and seizures). To avoid this, it is recommended that use should always be stopped slowly by gradually reducing the dose.

Coming off medicine containing benzodiazepine must always be under medical supervision.

The doctor's prescribed instructions for the drug must be followed. Any new prescriptions of benzodiazepines should be avoided! It is only in acute crisis situations that short term use of benzodiazepine sedatives and sleeping tablets are indicated or useful. Prescription of these drugs should always be supplemented with a detailed explanation of the dangers of addiction and dependency, as well as other possibilities for further assistance.

Do not be ashamed to ask for help

Someone who is no longer able to sleep properly, perhaps because everything has become too much for them, may try to use willpower to pull themselves together and deal with their problem. Although people aren't ashamed of physical illness, a mental problem is felt by many to be shameful. To talk about a mental problem with a partner or with friends can bring some relief but it is often not enough – help from a trained professional is necessary.

The following options are available:

● PSYCHOTHERAPY:

a therapist helps you to understand why you feel, think and act like you do.

Who pays?

Health insurance companies pay for psychotherapy as a basic service, as long as it is provided by a psychiatrist or psychotherapist working in collaboration with a medical doctor.

Where can I find a suitable therapist?

- Psychiatrists (including those working in foreign languages): Kanton Zürich: <u>www.therapievermittlung.ch</u> Switzerland: www.psychiatrie.ch
- SPV-Therapieplatzvermittlung (043 268 93 75): Provides addresses of psychotherapists who are members of the Swiss Psychotherapists Association (SPV) free of charge.
- Address list of the FSP (031 388 88 00): Provides a list of available psychologists who are members of the Swiss Psychologists Federation (FSP).

● ADDICTION COUNSELLING CENTRES:

These advice and contact points for people with addiction problems offer consultations for individuals, but also for couples or families.

Addresses of addiction counselling centres

- For Kanton Zürich: Zürcher Fachstelle zur Prävention des Alkohol- und Medikamentenmissbrauchs (ZüFAM), 044 271 87 23, <u>www.zuefam.ch</u>
- For all other Kantons: <u>www.infoset.ch</u>

⊕ GENERAL COUNSELLING CENTRES:

Various advisory bodies can offer support depending on the problem (such as welfare advice, mothers and fathers advice, counselling centres for immigrants).

● SPECIALIST CLINIC FOR WOMEN:

The Forel Klinik has a department for women dependent upon alcohol, drugs and tobacco. Forel Klinik, Abteilung Hirschen, Tösstalstrasse 65, 8488 Turbenthal, 052 396 28 00.

Information about drugs

- On www.sfa-ispa.ch the homepage of the Schweizerischen Fachstelle für Alkohol- und andere Drogenprobleme (SFA), questions about drugs can be asked anonymously via the link «Beratung und Hilfe» > «Sie fragen wir antworten».
- The Schweizerische Medikamenten-Informationsstelle (SMI) offers patient advice and information. Helpline 0900 573 554 (1.49 francs per minute). <u>www.medi-info.ch</u>
- Psychopharmaka, Informationen für einen selbstbestimmten Umgang[»], Andreas Knuf and Margret Osterfeld, edited by: Pro Mente Sana, order from <u>www.promentesana.ch</u>, 044 563 68 00.
- Inventory of all drugs approved in Switzerland: «Arzneimittel-Kompendium der Schweiz», www.kompendium.ch.

Anyone who consults a doctor or a pharmacist should not be afraid to ask questions. It may also be useful to get a second opinion from another doctor.

Factors that protect against addiction

Some circumstances and mental attitudes can help people to cope better with difficult situations in life, and thus protect them from the risk of drug dependence.

Examples of these factors are:

- Stable environment among family and friends
- Contact with friends and neighbours
- Regular work
- Financial security
- Structured lifestyle
- · Ability to make oneself useful without feeling exploited
- Familiarity with the local language (to prevent social isolation)
- Physical fitness
- · Ability to manage stress without medication
- Access to information and advice

The following psychological attitudes can have a protective effect:

- Good self-esteem
- Ability to form stable relationships
- Ability to tolerate and deal with stress and frustrations
- Adequate self-expression to resolve conflicts
- Recognition and paying attention to personal needs
- Good working through of personal losses

BOX 1

Symptoms which may indicate a mood disorder, including depression or an anxiety disorder:

- General fatigue
- Lack of energy
- Sleep disturbance
- Frequent headaches and back pain
- Palpitations
- Feelings of despondency
- Dizziness
- Indigestion
- Feeling generally anxious
- Feelings of insecurity
- Irritability
- Hyper-sensitivity
- Aggression
- Social withdrawal
- Permanently feeling overloaded

BOX 2

Benzodiazepines

are prescription drugs for the short-term treatment of stress, agitation and anxiety, and psychosomatic disorders. Their effects are to reduce anxiety, calm, suppress agitation and aggression, and promote sleep.

Benzodiazepines pose a considerable potential for physical and psychological dependence. Their use can become habit-forming in only two to three weeks. Dependence is often not recognized as such and may last for many years.

Anyone can, depending on the dose and their sensitivity, experience undesirable effects such as fatigue, headaches, depression, muscle weakness, drowsiness and dizziness.

When use of benzodiazepines is discontinued, withdrawal symptoms are experienced depending on age, dose, and above all, duration of use. Therefore this must always be done under medical supervision.

BOX 3

Psychiatric drugs

are prescribed to treat psychological (emotional) suffering. They affect certain chemical processes in the brain and influence and change the user's perception, thinking, feeling, experience and behaviour. Psychiatric drugs include benzodiazepines, antidepressants, neuroleptics and mood stabilisers.

Antidepressants and, less commonly, neuroleptics may be used as an alternative to benzodiazepines. They have no dependence potential, but should only be used in conjunction with psychotherapy.

BOX 4¹

Potentially addictive drugs:

- Sedatives with a benzodiazepine as the active ingredient.
 These include: Anxiolit[®], Demetrin[®], Lexotanil[®], Lorasifar[®], Paceum[®], Seresta[®], Stesolid[®], Temesta[®], Tranxilium[®], Urbanyl[®], Valium[®], Xanax[®].
- Sleeping pills with a benzodiazepine as the active ingredient. These include: Dalmadorm®, Dormicum®, Halcion®, Loramet®, Mogadon®, Noctamid®, Normison®, Rohypnol®, Somnium®. Benzodiazepine dependence can even develop from a constant low dose of the drug. Stilnox® is not a benzodiazepine, but has the same potential for dependence.

Non-addictive alternatives:

- Commonly prescribed antidepressants are: Citalopram (Seropram[®]), Paroxetin (e.g. Deroxat[®]), Fluoxetin (e.g. Fluctine[®], Fluocim[®]), Mirtazepin (Remeron[®]), Trimipramin (e.g. Surmontil[®], Trimin[®]), Mianserin (e.g. Tolvon[®]).
- Truxal[®]: Drug for the treatment of mental illnesses (so-called neuroleptic).
- Herbal remedies, e.g. valerian, hops.

¹ This is not a complete list of all sedatives and sleeping pills, but a selection of those most commonly prescribed in Switzerland. Mit finanzieller Unterstützung von:

- Amt f
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- Migros-Kulturprozent
- pharmaSuisse,Schweizerischer Apothekerverband
- Suchtpräventionsstelle Zürcher Oberland
- Suchtpräventionsstelle der Stadt Zürich



Zu diesem Thema ist auch der Film «Benzo&Co.: Vom Umgang mit Medikamenten.» in folgenden Sprachen erhältlich: Schweizerdeutsch, Hochdeutsch, Albanisch, Arabisch, Bosnisch/ Kroatisch/Serbisch, Englisch, Französisch, Italienisch, Persisch, Portugiesisch, Somalisch, Spanisch, Tamilisch, Türkisch. Zu beziehen bei der ZüFAM.

IMPRESSUM

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