Depressants

WHAT ARE DEPRESSANTS?
Depressants will induce sleep, relieve anxiety and muscle spasms, and prevent seizures.

Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal®, and Nembutal®. A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death.

Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin®, and Restoril®. Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally.

Lunesta®, Ambien®, and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude®), and the illicit drug GHB.

WHAT IS THEIR ORIGIN?
Generally, legitimate pharmaceutical products are diverted to the illicit market. Teens can obtain depressants from the family medicine cabinet, friends, family members, the Internet, doctors, and hospitals.

What are common street names?
Common street names for depressants include:
- Barbs, Benzos, Downers, Georgia Home Boy,
- GHB, Grievous Bodily Harm, Liquid X, Nerve Pills,
- Phennies, R2, Reds, Roofies, Rophies, Tranks, and Yellows

What do they look like?
Depressants come in the form of pills, syrups, and injectable liquids.

How are they abused?
Individuals abuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs’ high or to deal with their side effects. Users take higher doses than people taking the drugs under a doctor’s supervision for therapeutic purposes. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault.
What is their effect on the mind?
Depressants used therapeutically do what they are prescribed for:
• To induce sleep, relieve anxiety and muscle spasms, and prevent seizures

They also:
• Cause amnesia (leaving no memory of events that occur while under the influence), reduce reaction time, impair mental functioning and judgment, and cause confusion

Long-term use of depressants produces psychological dependence and tolerance.

What is their effect on the body?
Some depressants can relax the muscles. Unwanted physical effects include:
• Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing

Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.

What is their legal status in the United States?
Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol® and Quaaludes® are not manufactured, legally marketed, and have no accepted medical use in the United States.