

psychological dependence — A craving or compulsion for repeated use of a drug despite any adverse effects which may occur.

sedatives — Drugs used to induce calmness.

tolerance — A process involving the body's lessening response to a drug, making it necessary for users to take higher doses of the drug to achieve the same effects once reached with lower doses.

withdrawal — Symptoms of illness that occur when an addict discontinues use of a drug. Withdrawal from tranquilizers and other depressants can produce anxiety, illusions, diarrhea, abdominal cramps, seizures and death.

Discussion Topics

- Describe the physical effects of tranquilizer use. What are the dangers of mixing tranquilizers with other drugs?
- Discuss the psychological and social consequences of tranquilizer addiction. List the places where a person can find support if he or she is experiencing problems.
- Blackouts and amnesia from drug and alcohol use make sexual assaults a very real possibility, with the victim either unaware of what happened, or too ashamed to admit it. Brainstorm ways that students can protect themselves and their friends when they are out at a club.

Follow-up Activities

- The execution of criminals who receive the death penalty is accomplished by lethal injection in many states. Have students research the drugs used in such injections.
- Have students create a poster showing the cycle of addiction. Use a large circle to represent the ongoing cycle of any addiction and illustrate the stages of tranquilizer addiction around the circle.
- In peer discussion groups, have students share strategies for keeping themselves drug-free.

Suggested Internet Resources

Periodically, Internet Resources are updated on our Web site at www.LibraryVideo.com

- www.acde.org
The American Council for Drug Education site offers an extensive library of substance abuse education and prevention information for kids and adults.
- www.clubdrugs.org
A NIDA companion web site designed to educate the public on the dangers of club drugs, including Rohypnol.

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- www.drugabuse.gov

This Web site has fact sheets on the health effects of drugs of abuse and further information on NIDA research.

- web.sfn.org/baw/pdf/brainfacts.pdf

The Society for Neuroscience produces this downloadable booklet on the brain and nervous system which includes information on addiction to tranquilizers.

Suggested Print Resources

- Belliner, Karen, ed. *Drug Information for Teens: Health Tips About the Physical and Mental Effects of Abuse*. Omnigraphics, Inc. Detroit, MI; 2002.
- Kuhn, Cynthia. *Buzzed: The Straight Dope About the Most Used and Abused Drugs from Alcohol to Ecstasy*. W.W. Norton & Company, New York, NY; 2003.
- Nagle, Jeanne M. *Polysubstance Abuse*. Rosen Publishing, New York, NY; 2000.

For help with a drug problem, call 1-800-662-HELP or go to:
www.findtreatment.samhsa.gov

TEACHER'S GUIDE

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DRUG Education for Teens™

TRANQUILIZERS & OTHER DEPRESSANTS

Grades 7 & up

Successful prevention education must empower teens to develop their own decision-making skills and assume responsibility for making choices that keep them healthy and safe. It is important to convey that most youths do not use drugs. In fact, smoking, drinking and other drug use has fallen among teens in recent years.

Nonetheless, drug related problems continue to devastate families and communities. Prepared with credible information, students develop an understanding of the risks involved in the use of any drug and learn that you don't have to be an addict for drugs to change your life.



Before Viewing the Program

Engage the group with the following discussion points before viewing the program. Brainstorm a list of responses and record them on the chalkboard or flipchart. After viewing the video, refer to the list and add or revise if necessary.

- Why do people use drugs?
- What is addiction?
- Do you know of someone who is addicted to drugs? What is his or her life like?
- Is there a type of person more likely to become addicted to drugs?
- What is your image of a drug addict?
- Where can a person find support if they are experiencing problems?

Background

Depressants are drugs that slow down the normal activity of the brain and spinal cord. (In other words, they “depress” the central nervous system.) They have been used throughout history to induce sleep, relieve stress and reduce anxiety. While alcohol is one of the oldest and most universal depressants used for these purposes, hundreds of substances have been developed that produce central nervous system (CNS) depression. Most depressants are prescription drugs given by doctors to treat pain or other health problems like anxiety disorders or to provide short-term relief of anxiety symptoms. They are legal when taken by the person for whom the prescription was written. Other depressants can be purchased without a prescription (over the counter) in drugstores. Because of the availability of these drugs, they are often abused. The word “downer” is slang for this large group of drugs that come in pill and capsule form and are illegally obtained by theft, illegal prescriptions and the illicit market. Two groups of depressants most commonly abused are barbiturates and benzodiazepines.

Barbiturates were first developed for medical use in the early 1900s. Until the 1960s, they were widely prescribed for anxiety and insomnia. Accidental death by overdose, depression, suicide and other serious side effects when barbiturates were used with other drugs or alcohol led scientists to pursue another type of drug that was not so dangerous.

Benzodiazepines were first marketed in the 1960s as a class of drug that was safer and less addicting than barbiturates. Valium is a trade name for diazepam, a commonly prescribed benzodiazepine used for short-term relief of symptoms of anxiety disorders, agitation, tremors, delirium, seizures and hallucinations as a result of alcohol withdrawal. It was once the most prescribed drug in the United States. Xanax is the trade name of another commonly prescribed benzodiazepine.

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Rohypnol is the trade name for flunitrazepam. While not marketed in the United States, this benzodiazepine is smuggled into the country by drug traffickers. When mixed with any liquid, including sodas, water or alcohol, the tablet dissolves instantly, with no taste. It is colorless and odorless, and is virtually undetectable after dissolving. GHB (gamma hydroxy butyrate) is another commonly abused depressant that usually takes the form of a clear, odorless, slightly salty-tasting liquid. Like most CNS depressants, it can induce coma and respiratory suppression in sufficient doses. Both GHB and Rohypnol have a reputation as date rape drugs, as they are being used to sexually assault women and men.

Effects of Tranquilizers & Other Depressants

Tranquilizers slow brain activity through actions on the GABA system. GABA is gamma-amino butyric acid, a neurotransmitter that acts as a natural tranquilizer. Neurotransmitters are chemicals that deliver messages from one nerve cell to another. The chemicals fit into special receptors on the cell membrane and either excite or inhibit the nerve cell. GABA inhibits the activity of nerve cells and, therefore, produces a calming effect. Depressants, if used over time, actually interfere with the body’s production of GABA molecules and can result in physical and psychological addiction. Long-term use can also cause headaches, irritability, confusion, memory impairment and depression.

Small amounts can produce calmness, drowsiness and relaxed muscles, but can also cause symptoms similar to alcohol drunkenness, like aggressive behavior, slurred speech, staggering gait, stupor, confusion, depression, visual disturbances and altered perception. Depressants reduce heart rate and rapid eye movement (REM) sleep. The user may become happy, pleasant, euphoric or ‘mellow’ on one extreme, or possibly hostile, suspicious, aggressive and violent on the other. Emotional depression and self-pity are also not uncommon.

Some depressants act very quickly, and begin to affect their user within seconds. Others act more slowly, sometimes taking 30 minutes or more to begin to exert an influence. Some factors that determine the effects of depressants on users: health, weight, gender, mood and expectations of the user; the setting in which the drug is taken; the amount, method and speed of ingestion; whether or not there is food in the stomach.

Regular use leads to tolerance: You have to increase the amount you take to get the same effect. This increases the risk of overdose. The effects of depressants when mixed with other drugs are much greater and can be very dangerous. The combination of depressants and alcohol multiply the effects of the drugs, increasing the risks of overdose. Using any depressant decreases self-control and exposes the user to possible dangerous risks.

Since depressants reduce REM sleep, users who try to ‘kick the habit’ after even a few days of depressant use can find themselves suffering from nightmares or insomnia.

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Withdrawal from barbiturates can be fatal and more painful than heroin withdrawal. Barbiturate withdrawal should always be done under a doctor’s supervision. Withdrawal symptoms may occur if one suddenly stops regular use. Depending upon the amount of the drug used, these symptoms can be very severe and can include twitching, insomnia, vomiting, sweating, gastrointestinal problems and possible death. For this reason, gradual reduction in dosage of the drug while under the care of a physician is necessary.

Treatment typically involves steps to help the user withdraw from using the drug, followed by counseling and attending self-help groups to help to resist using the addictive drug again.

Focus Questions

1. What are some examples of prescription tranquilizers?
2. What are ‘date rape drugs’?
3. Why do people use tranquilizers?
4. How do tranquilizers and other depressants “trick” the brain and cause dependence?
5. What are some long-term effects of tranquilizer use?
6. How did the people interviewed in the program put themselves in physical jeopardy? What psychological problems were caused by their drug use?

Vocabulary

addict — A person who is physically dependent on a drug to the point of not being able to do without it. If he or she stops taking the drug, physical withdrawal symptoms will occur.

anxiolytics — Drugs prescribed to calm anxiety.

depressants — Drugs that act on the central nervous system and slow down brain activity.

GABA (Gamma Aminobutyric Acid) — An inhibitory neurotransmitter that has a tranquilizing effect.

hypnotics — Drugs prescribed to induce sleep.

neurotransmitter — A chemical released by a neuron at a synapse to relay information to an adjacent nerve cell.

overdose — To take more of a drug than one’s body can tolerate. An overdose can cause death.

physical dependence — The process that occurs when the body has adapted to the presence of a drug and reduces its own production of neurotransmitters. When drug users develop physical dependence, withdrawal symptoms occur if use of the drug is reduced or stopped abruptly.

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