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Rock bottom became the solid
foundation on which I rebuilt my life.
- J.K. Rowling

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Xanax Abuse

Xanax is a benzodiazepine drug that is used for treating panic disorders and anxiety, but long-term use can lead to addiction. Benzodiazepines like Xanax are effective medicines when used very short-term, but they are extremely habit-forming. In fact, Xanax dependence can be so severe that quitting "cold turkey" can be fatal.

Xanax abuse, especially among young people in the U.S., is a growing public health problem. Teenagers tend to use Xanax because it is thought to be "safer" than street drugs and easier to find. However, Xanax is never recommended for people under the age of 18. Xanax lowers inhibitions and impairs judgment making it easier for users, especially youth, to engage in risky behavior and end up seriously injured or killed.

The definition of prescription drug abuse is taking the drug without a prescription or taking more than the prescribed dosage. But even people who follow their doctor's orders and take the prescribed amount can still become addicted to Xanax. If someone takes the medication with other drugs or alcohol to achieve or enhance a desired "high" that would be considered abuse. Also, crushing the pills and snorting them to avoid the time-release mechanism, or mixing the pills with liquid and injecting them is a sign of addictive behavior.

Xanax abuse is dangerous, and an overdose can result in fatality, especially if taken with alcohol or other drugs. A person who has overdosed on Xanax will experience confusion, fainting, loss of balance, trouble breathing, muscle weakness, and possibly coma.

An overdose of Xanax may require that the stomach be pumped to remove any unabsorbed amount of the drug. Emergency personnel will often administer Flumazenil or other drugs as antidotes. An IV is usually necessary to replenish lost fluids. Treatment is based on if any other substance(s) might have been ingested along with the Xanax. Heroin addicts, methadone users, and alcoholics regularly abuse Xanax. Mixing any of these drugs is dangerous because doing so can lead to respiratory failure.

If you or someone you know is addicted to Xanax, medical detox and treatment programs may be necessary to recover. It is important to seek the proper treatment professionals and programs to overcome a Xanax addiction.

The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.

While suicide is preventable, it remains one of the leading causes of

death in the United States. Much of the work in suicide prevention focuses on correcting misinformation and equipping individuals with the tools to discuss suicide constructively. A key example of this is the shift from using the term “committed suicide” to “died by suicide.” However, changing established terminology, personal opinions, and natural reactions to suicide can only happen if we first understand the reasons behind these changes.

Suicide impacts people across all cultures, genders, races, and socioeconomic groups. Although adhering to a faith that discourages suicide is often viewed as a protective factor, it can also result in individuals feeling unable to express suicidal thoughts due to fear of judgment. The phrase “committed suicide” carries a moral judgment that further stigmatizes the issue, creating a barrier that makes it harder for those who have suicidal thoughts to speak openly about their struggles. Outdated clinical language, like “completed suicide” or referring to a death by suicide as a “successful suicide,” is unnecessary; terms such as “suicide” and “suicide attempt” convey the same meanings in a less problematic manner.

Feelings and thoughts of suicide usually arise from a combination of factors that lead a person to a state of profound despair. When we are in a positive mental state, it can be challenging to understand the perspective of someone at risk. This can lead to unintentional harsh judgments or minimization of their risk, which hinders our ability to provide necessary support.

Recognizing that life looks very different for someone struggling with suicidal thoughts is the first step in offering help. Our personal views on suicide are not relevant when trying to assist someone in crisis. Typically, that individual does not want to die; they simply don't see another option for coping with their struggles in their current state of mind.

You don't need to know exactly what to say to that person. Worrying about saying the wrong thing can prevent you from reaching out. While carefully chosen words may help now, you cannot expect to be there every time they are struggling. Sincerely and compassionately asking about their experiences while listening without judgment is the most effective way to show that you care. It's important to avoid giving unsolicited advice or offering empty platitudes. Instead, provide resources and hopeful information.

The good news is that while the factors leading someone to feel that suicide is an option are complex, most people who receive the right help do not die by suicide. Offer to accompany them in seeking help or to sit with them while they call 988. It is best to encourage them to seek assistance from someone trained to create a treatment and safety plan tailored to their needs.

To learn more about suicide prevention, visit the DBHDD website at:
<https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at:
rachael.holloman@dbhdd.ga.gov.



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