BARBITURATES

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Thursday, 25 March 2010 00:00

BARBITURATES

COMMON NAMES: amies, barbs, blockbusters, bluebirds blue devils, blue heavens blues, candy, Christmas trees, courage pills, double trouble, downers, downs, gangster pills, G.B., goofballs, goofers, gorilla pills, green dragons, idiot pills, King Kong, pills, marshmallow reds, Mexican reds, nebbie, nemish, nemmies, nimble, nimby, peanuts, phennies, pink ladies, pinks, purple hearts,' rainbows, red and blues, redbirds, red devils, reds, seccy, seggies, sleepers, sleeping pills, stumblers, tooies, yellow jackets, yellows

As the pace of contemporary life accelerates, our ability to refresh ourselves with natural, uninterrupted sleep is often diminished. Anxiety and sleeplessness have always plagued mankind; they were alleviated in the past by various remedies such as opiates, bromides, chloral hydrate, paraldehyde, and alcohol all with various drawbacks. The development of barbiturates seemed, at first, to be the panacea. Now, it appears, the cure is worse than the disease.

A greater health hazard than the opiates, barbiturates areas addicting as heroin and even more dangerous during withdrawal. Barbiturate-related deaths average over three thousand annually; almost half of these are suicides. Although they constitute a major drug-abuse problem in schools, barbiturates are still considered "soft" drugs because they may be obtained legally, by prescription.

Three hundred tons of barbiturates are produced annually in the United "states, and may' be found in one out of three medicine chests. Of 2,500 barbiturates synthesized, only about a dozen are commonly used. The five top barbiturate "sleepers" (sleeping pills) accounted for nineteen million prescriptions in one recent year, costing the public $16 million. The drug industry churns out an annual ten billion doses of "downers," including both barbiturates and nonbarbiturate sedative-hypnotics-or fifty for each man, woman, and child in the United States. One million people are habitual barbiturate abusers.

Barbiturates are central-nervous-system depressants containing barbituric acid, or malonylurea. Three categories of the drug exist: long-acting, short-to-intermediate-acting, and ultra-short-acting.
The long-acting drugs (eight to sixteen hours) are used as anti-convulsants in the treatment of epilepsy, and for controlling peptic ulcers, high blood pressure. Veronal (bar. bital), Luminal (pennobarbital), Mebaral (mephobarbital), and Gemonil (methabarbital) are in this group.

The short-to-intermediate-acting drugs (four to six hours) are sleeping pills, the most commonly abused barbiturates. These include Alurate (aprobarbital), Amytal (amobarbital), Butisol Sodium (butabarbital), Dial (diallybarbituric acid), Nembutal (pentobarbital), Seconal (secobarbital), and Tuinal (amobarbital and secobarbital).

Ultra-short-acting barbiturates (immediate but brief), used as a sedative in conjunction with inhalants such as nitrous oxide, include Fentothal Sodium (thiopental), Brevital (sodium methohexital), and Surital (sodium thiamylal). Most barbiturates have generic names ending in "al."

Unlike amphetamines, barbiturates have many legitimate medical uses: as a hypnotic (sleep inducer), sedative, anticonvulsant, minor analgesic (pain reliever), stress reliever, and as a treatment for alcoholics. They do not relieve severe pain, however, and paradoxically may cause hyperalgesia, or an increase in reaction to pain. After a few weeks, barbiturates dose their hypnotic power for many and thus their effectiveness as sleeping pills. They also disturb REM sleep, the dream portion, which may have psychological ramifications. As a result, tranquilizers have replaced barbiturates in many areas.

Aside from legitimate medical use, the production of enormous quantities of barbiturates fills another need by feeding the insatiable habits of "downer" abusers. The short-to-intermediate-acting versions are popular for their effect, speed, and duration. Favorites include-blue-capsuled Amytal (amies, blues, bluebirds, blue devils, blue heavens), red capsuled Seconal (reds, pinks, redbirds, red devils, seccies), red-and-blue Tuinals (rainbows, tooies, double trouble), and yellow-capsuled Nembutal (yellows, nembies, yellow jackets, yellow bullets). Longer-lasting phenobarbitals, such as Luminal, are also widely abused.

Mexican reds are homemade pink capsules sold on the street; their content and strength are variable, and therefore they are dangerous.
Cheap enough by 'prescription-a penny' to 15 cents each-barbiturates claim a higher price on the street. The drug is usually sold as a white powder, either in colorful capsules, tablets, and suppositories, or dissolved in liquid for injection. Oral ingestion is usually preferred over injection, since results occur quickly enough with the short-acting capsules. Some "barb freaks" prefer the surging rush that comes with mainlining, however, and ignore the possibilities of severe infection and abscess that may result if the vein is missed and the drug is injected under the skin. Gangrene can occur - if an artery is hit, and may necessitate amputation of the affected part.

Barbiturates affect the central nervous system by depressing or inhibiting nerve signals in the brain, altering chemical balance and decreasing functions of some organ systems.

Heart rate, blood pressure, respiration, and neurological action are all depressed, and general relaxation of the skeletal muscles occurs. Effects of the drug increase according to dosage, as body functions decelerate: from anxiety relief to sedation to hypnosis to anesthesia to coma to death.

Once ingested, the drug enters the bloodstream and is distributed throughout the body, with the highest accumulation in fat deposits and organ tissues. Barbiturates are ultimately metabolized and eliminated through the kidneys and liver. Rate of effect depends on how quickly the drug moves through the body and is metabolized. Laboratory tests can indicate the presence of barbiturates in the body.

Dosage, type of barbiturate, metabolism, and method of administration, along with the circumstances under which it is taken, all affect the drug's result. Barbiturates affect different people in different ways, and even the same individual may experience a variety of effects. Sensitivity reactions may range from serenity to hostility.

Short-term effects of barbiturates resemble those of their CNS-depressant cousin, alcohol. Anxiety and tension melt into peaceful, calm relaxation. Cares vanish into a blurry intoxication, where nothing really matters. The user staggers through his altered universe, speech slurred, muscles like rubber. Reaction time slows to a zombie pace. If sleep overcomes him, he may wake up with a hangover.
Long-term, regular use of barbiturates may lead to chronic symptoms: continual drowsiness and sluggishness, shortened memory and attention span, loss of coordination and awareness, emotional instability, rashes, nausea, anxiety and nervousness, involuntary eye movements, staggering gait, slurred speech, and trembling hands. Paranoid delusion and increased hostility may lead to a barbiturate trademark--violence. Either alone or in combination with other drugs such as amphetamines, barbiturates account for a high percentage of drug-related assaults.

With repeated use over a period of time, tolerance will occur. More of the drug becomes necessary, to produce the same effects, resulting in both physical and psychological dependence. While tolerance develops, lethal dosage nevertheless remains the same; as a consequence, the higher dosage a habituated user needs maybe enough to kill him. For most, a lethal dose is considered to be ten times the prescribed dose.

The usual therapeutic dose, 100–200 mg per day, will not produce dependence over a short period of time. When habitually ingested in dosages exceeding 600 mg a day for two months, or 800 mg a day for one month; tolerance will occur. Unlike the opiates, however, tolerance develops gradually and may disappear after one to two weeks of abstinence. If heavy dosages are taken for three months or more, the user may become addicted, and will experience withdrawal symptoms if use is terminated.

Withdrawal from chronic, heavy use, of barbiturates is more severe and life-threatening than withdrawal from heroin. Untreated, "cold-turkey" withdrawal can last up to two weeks-an eternity to the victim, who suffers increasingly violent symptoms as abstinence continues: Loss of appetite, anxiety, insomnia, sweating, agitation, nausea, vomiting, hyperactivity, tremors, severe cramps, increased heart rate, and muscle twitches accelerate until hallucinations, delirium, paranoia, high temperature, convulsions, and epileptic-like seizures overcome the addict. Alcoholic-tike DTs may occur, resulting in a psychotic state, exhaustion, cardiovascular collapse, kidney failure, and even death. Untreated withdrawal symptoms peak within two to three days for the short acting barbiturates, and within seven to eight days for the long-acting types. Withdrawal should never be attempted alone. Medical supervision, preferably in a hospital, is essential.

Medically supervised withdrawal is accomplished gradually, over a period of several months; the actual length of time depends on the severity of addiction. The addict is first, administered his usual intoxicant dosage, then is withdrawn by reducing this level 10 percent daily until he is drug-free. This process is accompanied by other aids such as careful diet and psychiatric help. Alcohol is often used to relieve withdrawal symptoms, since it has a cross-tolerance to barbiturates. This substitution of one CNS depressant for another helps cancel the most severe
effects of barbiturate withdrawal. Proper diet; vitamins, fluids, and long-term psychiatric care are necessary for the complete rehabilitation of the addict.

Addictive when used alone, barbiturates' dangers are multiplied when they are used in combination with other depressant drugs. Alcohol, opiates, tranquilizers, antihistamines, and nonbarbiturate hypnotic sedatives greatly increase overdose potential. This synergistic effect may result in depression of the central nervous system, causing the heart and respiratory systems to slow down and possibly fail.

The deadly barbiturate-alcohol combination must be emphasized. Alcohol potentiates the effects of barbiturates, multiplying their depressant power; the combination: causes hundreds of deaths annually. In tandem with alcohol, a small amount of barbiturates may cause overdose. While the liver is busily processing alcohol first, barbiturates wait their turn, touring the body and saturating the organ systems. By the time they are eventually metabolized and eliminated, they have done their damage.

Heroin addicts often use barbiturates as a substitute when heroin is unobtainable. Those on methadone may use downers as a means of getting the high otherwise prevented by methadone maintenance. Heroin should never be combined with barbiturates. Most deaths attributed to heroin overdose result from multiple drug use - the combination of heroin, barbiturates and alcohol.

Barbiturates plus amphetamines equals one of the most dangerous of all forms of drug abuse. Taken in combination-as in the amphetamine-barbiturate Dexamyl, or in an alternating pattern of stimulation and sedation-the two drugs may create separate addictions. Combined, they produce a higher degree of euphoria than when either is taken alone. The speed freak often uses them alternately: first, amphetamines for several days of speeding, followed by barbiturates for rest. This vicious cycle can be a deadly one, bath for the addict and for potential victims of his' resulting psychosis.

Downers should be avoided by those suffering from heart defects, low blood pressure, depression, or anxiety. Since barbiturates penetrate the placental walls, causing babies of addict mothers to be born addicted, the drug should be avoided by pregnant women.
Driving under the influence of barbiturates can be as dangerous as drunk driving once the 100-mg dosage level is exceeded.

Street-obtained downers are often cut with indeterminate quantities of unknown drugs or with poisons such as arsenic or strychnine. Homemade capsules may look legitimate, since it is simple to empty a capsule partially and refill it with another powder.

Overdose deaths from barbiturates are estimated at more than three thousand annually; of these, 42 percent are suicides, the remainder accidental, either from ingestion of lethal amounts or from combination with other drugs, such as alcohol. Lethal amounts may be consumed unknowingly by an already-sedated person unable to remember how much he has previously ingested. This confused mental state is called "drug automatism:" Death comes quickly to those who overdose on short-acting barbiturates; the victims of longer-acting downers die in hospitals.

Severe central respiratory depression is the usual cause of barbiturate death. Overdose is indicated by shock syndrome—sweaty cold skin; weak, rapid pulse, and either painfully slow or rapid, shallow breathing. Deep coma, as well as respiratory and kidney failure, follow. Since barbiturates reduce the amount of oxygen reaching the brain, the overdoser who survives may be left with brain damage.

While overdose should always be treated in a hospital, in an emergency and until medical aid arrives, avoid letting the victim fall asleep. Keep him walking and, if possible, force him to throw up by sticking a finger down his throat. Do not give him coffee, as this breaks up barbiturates in the stomach, causing the drug to disperse even more quickly into the system. Do not give the victim amphetamines; the combination may kill him. Contrary to popular belief, amphetamines are not the opposite of barbiturates and will not reverse or cancel out their effects.

Hospitalization may involve pumping the stomach. However, this is often ineffective because it does not remove enough of the drug, which by that time has already been distributed throughout the body. Treatment also includes maintenance of heart functions, blood transfusions oxygen administration, and kidney dialysis-hooking up the overdoser to a kidney machine and washing the drug from his blood. Pharmacological methods of treatment—including the use of stimulants, blood-pressure elevators, and diuretics to promote excretion—are controversial. Some feel that these agents put too much pressure on an already weakened system and thus mask important symptoms.
Barbiturates were first synthesized in Belgium in 1684, but not until 1403, when Veronal was introduced, was the search for the ideal sedative-hypnotic considered over. Luminal, in 1912, was the next popular barbiturate, followed by the synthesis of over 2,500 barbituric-acid derivatives since. Tasteless, odorless, easily prescribed and dispensed, the drug at first seemed the perfect answer to anxiety and sleepless nights.

Evidence began accumulating in the 1930s that this insomniac's delight had many of alcohol's negative side effects. Attendant publicity and warnings had a reverse effect: Barbiturates became known in the forties as "thrill pills"-capsulized benders. Today, although the dangers of barbiturates are acknowledged, official action to curtail their abuse has been minimal. Misinformation, inadequate clinical testing, in complete labeling, and misleading promotional claims all combine to convince the public and government of the drug's safety.

Many addicts are introduced legally to the drug through 'tic prescriptions. Easily obtainable, either by real tie for prescriptions, from friends, or on the street, the drug is everywhere. Black-market barbiturates are produced in the United States by drug manufacturers, shipped to Mexico, and smuggled back into the United States.

Short-acting barbiturates are currently classified under Schedule If of the Comprehensive Drug Abuse Prevention and Control Act of 1970. For all the controversy about their effectiveness and dangers, sleeping pills have not been formally re-evaluated by the FDA since 1969.

Under proper medical supervision, barbiturates can be helpful to some, but the dangers of misuse and abuse cannot be denied. Child of the drug industry; panacea of the seventies-they have earned the name of "downers:"

7/7