UNDERSTANDING YOUR DIAGNOSIS

Dependence on Calming or Sleep Medicines

Also called Sedative, Hypnotic, or Anxiolytic Use Disorder

Medicines meant to calm you or help you sleep have become hard to stop. This is common, and it is treatable.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 100 US adults	Any age, often from a script	Yes - with a slow, safe taper	Millions take these medicines

What this is

- This covers **benzodiazepines** such as Xanax, Ativan, and Klonopin, and sleeping pills such as Ambien.
- Most people here started with a real prescription for real anxiety or insomnia. Nothing about that was wrong.
- Your body adapting to a daily medicine is expected. A disorder means the use has also become hard to control.
- Needing a slow taper is not a punishment. It is how your nervous system safely finds its footing again.

What it can look and feel like

- You need a higher amount than you used to for the same calm, or for the same kind of night's sleep.
- You run out early, ask for refills sooner, or get prescriptions from more than one place to keep up.
- In the hours before your next dose you feel anxious, shaky, or on edge, and the dose fixes it fast.
- You have tried cutting down on your own, and the symptoms that followed drove you straight back to it.
- You feel foggy, unsteady, or forgetful, and the people around you have noticed the change in you.
- You use it along with alcohol or opioids, which is far riskier than any of those things on its own.
- Your world has narrowed, and your plans now depend on having the medicine with you wherever you go.

What is happening in your brain and body

- These medicines boost **GABA**, your brain's main calming chemical, which quiets anxiety and brings on sleep.
- With daily use your brain turns its own calming system down to balance out the extra push it keeps getting.
- So when a dose is late or lowered, the alarm system takes over and your anxiety rebounds very hard.
- That rebound is a withdrawal effect. It is not proof that your original anxiety was really that severe.
- Fast relief also blocks the learning that lets anxiety fade on its own when you practice sitting with it.

What can make it more likely

- Long-term prescribing is the main path here, so this condition usually begins in a clinic, not on a street.
- Untreated anxiety, panic, or insomnia keeps the medicine feeling necessary year after year after year.
- Older adults are prescribed these the most, and they are also the most affected by falls and by fog.
- Drinking, opioid use, depression, or PTSD alongside them makes stopping both harder and riskier.

What to expect

- A safe taper is slow. Coming down by a small share of the dose every few weeks is normal and it works.
- The last stretch is usually the hardest, so the plan should slow down near the end, not speed up.
- Sleep and anxiety often get worse before they get better, usually settling over **1 to 2 weeks** per step.
- Many people find thinking, balance, and memory improve once they are off. That part takes several months.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** during the taper roughly doubles the chance that you finish it successfully.
- **CBT-I**, a short therapy for insomnia, works better than sleeping pills and the benefit lasts longer.
- **Exposure therapy** rebuilds your tolerance for the very feelings that the medicine has been muting.
- **Motivational interviewing** helps when you are not sure you want to stop a medicine that has helped you.
- Even a personal letter from your prescriber explaining the risks has helped many people start a taper.

Medicines

- Switching to a longer-acting **benzodiazepine** first makes the taper smoother and steadier day to day.
- The taper itself is gradual, with small reductions spread over weeks. Your prescriber sets the pace with you.
- You should have a say in the speed. Forced or sudden tapers cause harm and they usually backfire badly.
- **Gabapentin**, **pregabalin**, or melatonin may take the edge off sleep and anxiety along the way.
- Treat the underlying anxiety with an **SSRI** or **SNRI**, which need about 4 to 8 weeks to work fully.

Everyday things that help

- Never stop these medicines suddenly on your own. The taper has to be planned with a prescriber.
- Use one prescriber and one pharmacy, so that nobody is guessing about what your total dose really is.
- Cut back caffeine, keep a steady wake-up time, and add daily movement while your sleep is resetting.
- Expect rebound insomnia in the first week or two of each step down, and plan your support for it.
- SAMHSA's free helpline, **1-800-662-4357**, can help you find care that knows how to taper safely.

Get help right away if

- Never stop suddenly. Sudden withdrawal from these medicines can cause seizures and can be deadly.
- A seizure, confusion, high fever, or seeing things means call 911 or go to the emergency room now.
- If you think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *How slowly should we taper, and who decides when to take the next step?*
- *What will you offer me if anxiety or insomnia flares during the taper?*
- *Is it safe for me to drink alcohol or take opioids while I am on this?*
- *What is the long-term plan for my anxiety once I am off this medicine?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.