



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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Supervisor Newsletter

This edition of *Supervisor Training Newsletters* continues our series on the response of the U.S. business community to the opioid epidemic.

Progress through Prevention

The U.S. Centers for Disease Control (CDC) has predicted an almost 24% decline in drug overdose deaths in the U.S. (based on most recent data) over the previous year.

While this is very good news, overdose remains the leading cause of death for Americans aged 18-44, and the opioid crisis continues to be a significant concern in the United States.

According to the CDC, nearly 87,000 people died from drug overdoses in 2024, with the majority of those deaths involving opioids. This marks a tenfold increase in opioid-related deaths since 1999.

The estimated cost of the opioid epidemic on the American economy is currently at one trillion dollars. That's three hundred times the amount that Congress set aside to combat opioid misuse last year. But

the economic impact is nothing compared to the lives that have been lost.

Businesses Fighting Back

Workplace safety continues to be impacted by the opioid epidemic, and American companies are on the frontlines of this crisis. A recent survey found that more than half of U.S. employers have been negatively affected by the opioid epidemic—and that number includes millions of small business owners. The National Safety Council has identified the opioid crisis as the fastest-growing threat to workplace safety. Therefore, U.S. businesses must remain a part of the prevention solution.

As detailed in prior *Supervisor Training Newsletters*, business efforts to combat the crisis include distribution of naloxone to supervisors, improved employee access to treatment for substance use disorders, and data-informed workplace drug prevention programs.

Other workplace-driven efforts are also making a difference. Addressing workplace injuries and stress through ergonomic solutions reduces the need for pain medications. Implementing

drug testing policies and ensuring proper prescription practices in employee health insurance services is helping to prevent misuse, and partnering with healthcare providers to offer behavioral health support and treatment options is enhancing workplace safety and employee well-being. These strategies not only support employees but also improve overall workplace productivity and safety.

Some companies have partnered with public health initiatives and collaborated with chambers of commerce to share solutions within communities. Others have become involved by supporting legislative efforts to improve access to treatment and prevention programs and advocating for change.

Employers are moving in the right direction, but supervisors within these companies must work harder to accelerate and strengthen American company's drug free workplace programs, including promoting employee drug education and early intervention to prevent substance abuse within the workplace and at home.

Supervisor's Role

Supervisors should continue to encourage employees to take advantage of health benefits that cover addiction treatment and

provide flexible work arrangements for those in recovery. Continued employment can be a powerful stimulus for entering and adhering to treatment for opioid use disorder, making a person's job one of the most important motivators to getting well. And supervisors have the opportunity to identify early signs and symptoms of a substance or opioid use disorder and help connect employees to the help they need.

Supervisors should also work to help reduce the stigma and misconceptions that can keep employees from getting the treatment needed. Managers can change the conversation about addiction and get the word out in the workplace that this can happen to anyone, anywhere. But to do this, supervisors must be intentional about connecting with employees and building relationships that positively carry over into life outside of work so that when help is needed, there is someone to turn to instead of relapsing.

Thankfully, businesses are continuing to use their resources, expertise, and relationships to create solutions to combat the opioid epidemic, and when employers and supervisors respond, it benefits employees and the people that surround them. It is good for employees and good for business.



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