Zopiclone History and Information

Zopiclone is a nonbenzodiazepine hypnotic agent used in the treatment of insomnia and is recommended for short-term use only (7 consecutive days). Z drugs were initially thought to be less addictive but time has shown a high risk of dependence and withdrawal symptoms. Initially Zopiclone was marketed as a safer alternative to benzodiazepines but a meta analysis (quantitative statistical analysis) found there are few clear and consistent differences between Zopiclone and benzodiazepines in terms of sleep onset, sleep duration, number of awakenings, quality of sleep, adverse events, tolerance, rebound insomnia and daytime alertness. More common reactions to Zopiclone show a reduction in total time spent in REM sleep.

Zopiclone has shown it may have a greater addictive potential than Benzodiazepines and has been described as a "benzodiazepine in disguise". Tolerance to the effects of Zopiclone can develop after a few weeks and abrupt withdrawal (particularly after prolonged use) can cause seizures and delirium. Due to the high dependence risk and effect on the GABA receptor, a gradual taper is recommended.

Zopiclone can cause horrible withdrawal symptoms that include a worsening of sleep and anxiety. It is critical to stop this drug properly and that is why our nonprofit was formed nearly 12 years ago. We know the importance of a slow-taper to allow the GABA receptors time to readjust at each reduction, but more importantly is getting the GABA receptors back to a healthy state so true sleep returns. Our program addresses each component of Zopiclone withdrawal - correct taper rates; all-natural items to ease symptoms; removing any interaction items through vitamins, over-the-counter, herbs, etc that actually increase symptoms and augmenting true healing.

It was introduced on the world market in 1988 but is not available in the United States, although its active molecular formula, Eszopiclone, is sold under the name Lunesta. Zopiclone is a controlled substance in the United States, Japan, Brazil, and some European countries. Sepracor Pharmaceutical separated the active compound of Zopiclone and patented it as Lunesta.

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Zopiclone was first developed by Sepracor and introduced in 1986 by Rhone-Poulenc S.A., now part of Sanofi-Aventis who is the main manufacturer. On April 4, 2005 the United States Drug Enforcement Agency listed Zopiclone under Schedule IV, due to the evidence that the drug has addictive properties similar to benzodiazepines.
Zopiclone is not recommended during pregnancy as it is secreted in human milk and its concentrations may reach 50% of the plasma levels. Zopiclone is not recommended to nursing mothers.

Zopiclone is cross-tolerant to Benzodiazepines and Alcohol, meaning that once tolerance to Zopiclone develops, the patient will also have tolerance to any Benzodiazepine and Alcohol. This places recovering alcoholics or benzodiazepine dependent individuals at a higher risk for dependency to Zopiclone. Zopiclone is not recommended during pregnancy as it is secreted in human milk and its concentrations may reach 50% of the plasma levels. Zopiclone is not recommended to nursing mothers.

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*The statements on this website have not been evaluated by the Food and Drug Administration (FDA). The products and labels mentioned / sold are not intended to diagnose, treat, cure, or prevent any disease or illness.
*Because prescription medications can cause severe withdrawal reactions, do not stop taking any medication without first consulting your physician. The decision to taper any medication should be discussed with your doctor and done with their consent and support.