

Flunitrazepam

Hypnodorm (Australia); also known as Rohypnol

A short-term medicine for severe insomnia in some countries. It is not approved in the United States.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ALLOW 7-8 HOURS FOR SLEEP

NO ALCOHOL OR UNAPPROVED SEDATIVES

This sheet describes Australian Hypnodorm. It is not a US prescribing recommendation.

What it is used for

Where it is prescribed, flunitrazepam may help with severe trouble sleeping. It is usually a brief treatment, with a clear review and stopping plan.

For ongoing insomnia, ask about CBT-I: structured therapy for sleep-related thoughts and habits. It is more than a list of sleep tips.

How it works

It strengthens GABA, a chemical that slows nerve signals. That can promote sleep, but can also affect memory, thinking, breathing and balance.

The medicine and its active breakdown products remain in the body after bedtime. Effects can build with repeated doses and continue the next day.

What to expect over time

AT BEDTIME

Sleepiness may begin during the first hour.

NEXT MORNING

Check alertness, balance and memory.

EARLY REVIEW

Call if sleep is not improving within 7-10 days.

Taking your medication

Take only the prescribed dose immediately before bed, with or without food. Allow seven to eight hours before activity. Do not add an overnight dose.

Australian Hypnodorm tablets may be halved if that is your prescription. Ask your pharmacist about your actual product; never assume tablets from different sources are interchangeable.

Do not change or stop regular use suddenly. Ask for a written taper or stop plan, and contact your team before you run out. Do not share tablets.

When to get help

Get emergency help: slow or difficult breathing, collapse, inability to wake, a seizure, or tongue/throat swelling with trouble breathing.

Contact your team immediately: sleep-driving, sleepwalking, severe agitation or activities you cannot remember. Get advice before the next dose; regular use may need a supervised stop plan.

Get urgent help: suicidal thoughts, hallucinations or severe confusion. Unexpected sedation or memory loss after possible unconsented drug exposure also needs prompt medical help; you are not to blame.

Early side effects

Sleepiness, morning grogginess, dizziness, headache, dry mouth, stomach upset and poor coordination can occur.

Other effects to discuss

Report memory gaps, falls, unusual behavior or ongoing daytime impairment. Never drive or do hazardous work while affected.

What to keep track of

Keep a sleep and next-day alertness record. Ask someone you trust about unusual nighttime behavior. Your team may arrange blood counts and liver tests, and should review whether the benefit still outweighs the risks.

Before you start

Tell your team about breathing pauses during sleep, lung disease, muscle weakness, falls, glaucoma, liver or kidney problems, depression, seizures and prior withdrawal. Discuss pregnancy or breastfeeding promptly: exposure can affect a newborn, and Australian information advises against breastfeeding during treatment. Share all medicines, supplements, alcohol and other substance use without stopping regular medicines on your own.

Medicines & interactions

Alcohol & opioids

Avoid alcohol. Opioids can dangerously add to breathing suppression. Ask about naloxone if opioids are involved; it does not reverse flunitrazepam itself. Do not stop methadone or buprenorphine yourself.

Sleep & allergy aids

Other sleep medicines, sedating allergy tablets, muscle relaxants and some seizure medicines can add impairment. Check before combining them.

Other medicines

Cimetidine and disulfiram can raise exposure. Some medicines also add dry mouth, constipation or confusion. Ask your pharmacist before adding or stopping anything.

Procedures & tests

Tell doctors, dentists and anesthesia teams that you take it. Mention it before an EEG or other testing, because it can affect some results.

Everyday tips

Ask for CBT-I if insomnia keeps returning.

Keep a consistent wake time and calming routine.

Review caffeine, naps and nighttime distractions.

Address snoring, pain, restless legs or mood symptoms.

Your questions, answered

What if I miss bedtime?

Skip the missed dose if you wake later in the night or early in the morning. Do not double up. Taking it late can make waking and functioning safely harder.

Can I drive the next morning?

Nighttime dosing does not guarantee safe morning driving. Ask your team about your schedule and dose. Feeling awake does not prove your coordination or memory are unaffected.

Does dependence mean addiction?

No. Physical dependence means your body has adapted; it can happen during prescribed use. Addiction is a different pattern, such as loss of control or use despite harm. Both deserve care without blame.

What if sleep worsens when I stop?

Rebound insomnia or withdrawal can resemble the original problem. Contact your team instead of increasing or restarting tablets yourself. A gradual plan and structured sleep therapy may help.

Storage & safety

Keep Hypnodorm in its original bottle below 30 C, away from moisture, heat, children and pets; store securely and return unused tablets to a pharmacy. For overdose, seek urgent help even without symptoms. Australia: Poisons 13 11 26; emergency 000. US: Poison Control 1-800-222-1222; emergency 911.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://www.safetyandquality.gov.au/medicine-finder/hypnodorm>
 2. <https://www.dea.gov/factsheets/rohypnol>
 3. <https://www.healthquality.va.gov/guidelines/CD/insomnia/index.asp>
-

Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC