

7

Benzodiazepines

| | |
|---|-----|
| <u>Overview</u> | 174 |
| <u>Why do people misuse benzos?</u> | 174 |
| <u>Effects on the body</u> | 175 |
| <u>How to recognise benzo misuse</u> | 177 |
| <u>How to recognise benzo dependence</u> | 177 |
| <u>How to recognise benzo withdrawal</u> | 178 |
| <u>How to assess a client who uses benzos</u> | 179 |
| <u>How to help a person who misuses benzos</u> | 180 |
| <u>Reducing the harms if a client cannot or will not stop</u> | 183 |
| <u>Benzo overdose</u> | 183 |
| <u>Preventing benzo misuse from ever starting</u> | 184 |
| <u>Further reading</u> | 184 |

OVERVIEW

Benzodiazepines ('benzos') are a class of drug commonly used as sleeping pills or to calm people down when they are anxious (tranquillisers). These medicines are available only on prescription in Australia.

When people use benzos too often or too long they can become dependent. If they try to stop they can have withdrawal symptoms. These can range from mild (problem sleeping) through to severe (seizures).

Sometimes people become dependent on benzos without meaning to, but sometimes benzos are deliberately misused to get their sedative effect. When a person who is addicted to benzos wants to stop, they may need to be slowly weaned off, with a doctor's help. This is to avoid them having seizures.

How common is benzo use and dependence?

Around 1 in 50 Australians have been taking benzos longer than six months.

Women are prescribed benzos twice as often as men.

WHY DO PEOPLE MISUSE BENZOS?

People may misuse benzos for different reasons:

- To get intoxicated
- To escape from stress
- If they are a heroin user, to enhance the effects of heroin or to use when they run out of heroin.
- To help with the 'coming off' effects of stimulants, i.e. amphetamine-like drugs (speed, ice, base etc.), ecstasy or cocaine
- To help with withdrawal from other substances, e.g. heroin, alcohol.

Although benzos are mostly in tablet form, some people inject them to get a quicker 'hit'.

EFFECTS ON THE BODY

Benzos make you feel sleepy, relaxed and less anxious. How long this effect lasts varies. Benzos, like any other medicines, are made by different drug companies. As a result they can have different brand names. See page 176 for a list of the most commonly used benzos in Australia and how short or long their effects last.

Effects of benzos on the brain

Benzos are brain (central nervous system) depressants. They increase the effects of a natural brain chemical called GABA (gamma-aminobutyric acid). GABA's main role is to transmit messages from one brain cell to another. The message GABA passes on tells the brain cells to slow down (an 'inhibitory' message). As a result, GABA's natural effect is to make you feel calm like you have been 'tranquilised'. Benzos increase this sedating effect of GABA and as a result make you feel sleepy, relaxed and less anxious.

The benzos that have an effect that comes on quickly (e.g. Xanax) are particularly addictive. These benzos are also often the ones that wear off more quickly, so the person keeps cycling between being intoxicated and withdrawing.

Names of some commonly used benzos in Australia

| <i>Chemical Name</i> | <i>Other (brand names)</i> | <i>Some street names</i> | <i>The strength of tablet that is typically misused</i> | <i>How many Valium tablets does that equal?</i> |
|----------------------|---|--------------------------|---|---|
| Alprazolam | Xanax, Kalma, Alprax, Ralozam, Zamhexal | X, Xannies | 2mg | 4 |
| Temazepam | Normison, Tameze, Temtabs | Normies, Temaze | 10mg | 1 |
| Oxazepam | Serepax, Murelax, Alepam | Sarah's | 30mg | 2 |
| Lorazepam | Ativan | | 2.5mg | 5 |
| Diazepam | Valium, Ducene, Antenex, Valpam, Ranzepam | | 5mg | (1) |
| Clonazepam | Rivotril, Paxam | Rivies | 2mg | 4 |
| Nitrazepam | Mogadon, Alodorm | Moggies | 5mg | 1 |
| Flunitrazepam | Hypnodorm, Rohypnol | Rohies, Roofies | 1mg | 1 |

HOW TO RECOGNISE BENZO MISUSE

Your client may be buying benzos off the street (as single tablets or packets) or they may be using prescribed benzos in a risky way, e.g. using them with alcohol, taking more than the prescribed dose. They may experience withdrawals when they stop, or may be experiencing harms from their use.

Harms from benzo misuse

Benzos misuse can cause significant problems such as:

- Impulsive behaviour: taking more risks like having unprotected sex, driving while intoxicated or being involved in criminal activity
- Poor memory of what happened while intoxicated. This increases the chance of family and work problems and relationship breakdowns.
- If used long-term, benzos may cause confusion and ‘short-term’ memory problems (difficulty remembering what happened recently).
- Dependence and withdrawal.

Harms from injecting benzos

Injecting benzos can cause significant harm because they are not designed for that use. These harms include: tissue and vein damage or organ damage. Also, if using shared needles, syringes and other injecting equipment, the person can get blood-borne viruses such as HIV or hepatitis C. Dirty equipment or bad injecting techniques can also cause skin or heart infections (see Harms from injecting, p. 289; Safer injecting, p. 296).

HOW TO RECOGNISE BENZO DEPENDENCE

Benzos are addictive if used for long periods of time. The body and brain get used to the action of these drugs, which is called ‘tolerance’. When this happens, more of the benzo is needed to achieve the same effect. Usually, daily use of benzos for more than four to six weeks is associated with some dependence.

It can be hard for a person to recognise that they are dependent on benzos while they are still taking them. But they may notice they are using up their benzo script faster than before or needing to see more than one doctor to get enough scripts (‘doctor shopping’). They may be topping up by buying benzos off the street. If the person stops using benzos, the withdrawal causes sleep problems or anxiety, which may be similar to the problems that first led them to take benzos. Sometimes the withdrawal anxiety is worse than the anxiety they had to start with.

How long does it take to become dependent on benzos?

The time it takes to form a physical dependence on a given benzo varies. The size of the dose as well as the frequency of use influences whether a person becomes dependent. Rarely, people can develop dependence after only two weeks of regular use at the prescribed dose. Usually, daily use of benzos for more than four to six weeks is associated with some dependence.

HOW TO RECOGNISE BENZO WITHDRAWAL

If a person develops dependence to benzos and then stops taking them for any reason, they can experience withdrawal symptoms as their body adjusts or reacts to being without benzos. Withdrawal symptoms are not the same for everybody and can range from mild (sleep problems and anxiety) to very severe (e.g. seizures).

Physical withdrawal symptoms

The most common ones are:

- Shaking/tremors – usually in the hands
- Muscle twitching – anywhere in the body
- Fitting/seizures.

Other physical withdrawal symptoms

People may also experience:

- Sensitivity to loud noise or bright light
- Pain in the joints
- Headache
- Irregular heart rhythm (palpitations)
- Itchy skin
- Electric shock sensation
- Numbness and pins and needles.

Psychological withdrawal symptoms

- Anxiety
- Trouble sleeping
- Nightmares
- Rapid mood swings
- Trouble concentrating
- Craving benzos
- Feelings of unreality / detached from self ('out of self')
- Thinking negative thoughts a lot of the time (obsessive negative thoughts).

How long does withdrawal last?

The length of time (duration) of the withdrawal symptoms varies as well. Many people feel better in a couple of weeks but some people may need as long as a year to feel completely better. The important thing for your client to know is that these withdrawal symptoms will come and go but will permanently disappear as their body gets used to being without benzos.

HOW TO ASSESS A CLIENT WHO USES BENZOS

Assessment of a client who uses benzos should be done as part of a full assessment about the person's substance use. This should include:

- What type of benzo is used? You can remind the client of the common brand names.
- How long has the benzo been used?
- How often is it used each time (frequency of use); e.g. daily, three times a day, every second day or three times a week?
- How much is used each time? (If more than one type of medicine is used, record each of them.)
- Details of the last use; e.g. What was the medicine? How was it taken? When was it taken?
- What happens when you stop using or run out? (Any withdrawals? What is sleep like?)

Also, ask about:

- Alcohol use history
- Other drug use history
- Medicines prescribed for other medical or psychiatric problems
- Any major co-existing medical problems.

HOW TO HELP A PERSON WHO MISUSES BENZOS



If your client thinks they are dependent on benzos or you think they are dependent, you can support them to see a GP or an addictions doctor. The doctor may need to slowly wean them off benzos to prevent seizures.

What to do about benzo misuse in a person who is not yet dependent (brief intervention)

If this is the first time your client has been using benzos, they have never been dependent on benzos in the past, and they have been using them for less than a month, it is usually safe for them to stop the benzos straight away. But getting a doctor to check this can be useful. It is dangerous for a person who is dependent on benzos to stop straight away.

You can give your client some education about benzos, the risk of overdose, how addictive they are, and the risk of seizures once dependent. You can explore the reason why they are using (Is it for stress? Is it for sleep problems?) and see if they can find another, safer way of coping with this problem. Sometimes counselling or group support may help (see Counselling, p. 20; Mutual support groups, p. 54).

How to help a person who is dependent on benzos

Increasing motivation to change

As with the management of any other substance use problem, the first step is to make sure that the client wants to stop using and is ready for change. If they are not ready to quit, the client needs to be educated in a non-judgemental way about the risks of using benzos. You can also help the client weigh up the good and the bad of using benzos (motivational interviewing).

Managing or preventing withdrawal symptoms

Once a client who is dependent on benzos decides to stop using them, they need to be weaned off in a safe and secure way. To do this, you need to support your client to see a doctor (a GP, or addictions doctor, or at a medicated detox unit). The treating doctor will usually swap the client over to a long-acting benzo (e.g. Diazepam), and then slowly reduce the dose over days or weeks. This is known as a reducing regime, and helps prevent significant benzo withdrawal.

Should my client come off benzos at home or in a detox unit?

The weaning off can either be done at home or in a detox unit or hospital depending on your client's history, their circumstances and the services available. In general, people using higher doses of benzos, or for a longer time, or with other substance use problems (e.g. alcohol dependence) are more likely to need a residential, medicated detox.

Organising a home detox

If the client's doctor agrees that your client is suitable for a home detox, the weaning off process has to be organised carefully. It is not wise to give large amounts of benzos to a client who is already struggling with them. A firm arrangement should be put into place for clients to pick up their medicine (i.e. daily or second daily pick-ups from the chemist). Sometimes a family member can keep their benzos, and give them out one day at a time. But that person has to be very responsible and has to be able to cope if the client becomes demanding, upset or unwell.

Your client should have only one prescriber and have regular reviews by the doctor. Sometimes the prescriber can ask the client to regularly sign a PBS (Pharmaceutical Benefits Scheme) release of information form. This releases information to the doctor about any other benzos the client may be given by other doctors.

Counselling and referral

It is also important to address underlying physical or social and emotional problems. You may need to make referrals to other relevant services.

Psychological treatments such as cognitive behavioural therapy can be effective in managing benzo misuse. Relapse prevention counselling in a group or one-to-one can support the client while they are trying to stop using (see Counselling, p. 20).

Improving sleep without benzos

You can help your client work on better sleeping practices, such as: not drinking tea or coffee six hours before going to bed, exercising during the day, avoiding day time naps, not watching TV in bed, not eating food in bed, going to bed just before feeling ready to sleep, and thinking about ways to try to relax or 'unwind'. Some people relax best by listening to music, going fishing or other activities, other people can learn special breathing techniques or other techniques to help them relax from a counsellor.

Some clients try herbal products like Valerian to help them sleep. We do not know a lot about herbal remedies, but it does not seem that people become dependent on Valerian. If a person has a severe sleep problem, some doctors will prescribe a non-addictive medicine to help. Examples are mirtazapine (Avanza), which is usually used for depression, but is sometimes used in half dose for sleep (even when there is no depression). Also anti-psychotics (medicines more often used for conditions like schizophrenia), such as Seroquel (quetiapine) are sometimes used in very low doses to help with severe sleep and anxiety problems.

Getting other support for your client

Your client can often get support from family or friends. Also, support groups such as Narcotics Anonymous (NA) or SMART Recovery, or men's and women's support groups can be effective.

Follow-up

After detox, it is important for your client to have follow-up. This can be with you and/or with a counsellor, and sometimes also with the prescribing doctor.

REDUCING THE HARMS IF A CLIENT CANNOT OR WILL NOT STOP

Tips for your client:

- Avoid using benzos with other sedating substances (e.g. alcohol, heroin) because of the high risk of overdose.
- Avoid using the very rapid onset benzos like Xanax (alprazolam) as they are more addictive. If you must use benzos, choose slower onset ones such as Valium (diazepam). These also last longer, so they can 'hold' you for longer during the day.
- If you are not yet dependent on benzos, try to use no more than three times a week.
- If you are already dependent on benzos (e.g. you get shakes when you stop), you can try spreading the tablets more evenly though the day.
 - So, instead of taking a handful every morning, and feeling terrible every night, the same amount can be evenly split into a morning, lunch and bedtime dose.
 - Avoid taking the tablets at times of stress. Instead take the benzos 'by the clock' at set times, and build up your other skills of coping with stress.
 - See if you can use a little bit less each week, or at least try not to let the amount creep up.
- Have someone trustworthy (e.g. chemist, family member) keep your tablets and just give them to you a day at a time.

BENZO OVERDOSE

Recognising benzo overdose

Benzo overdose is a serious problem and can happen with either benzos alone or combined with other depressants (e.g. alcohol or opioids such as heroin, methadone or strong pain killers). The symptoms of overdose are similar to that of a heroin overdose – the blood pressure drops and oxygen does not get to vital organs like the brain. The breathing slows down and eventually will stop as the body shuts down. People may make snoring-like sounds as their breathing slows down. This can mean that something may be blocking their airways (breathing).

What to do about benzo overdose

If a person has taken large amounts of benzos (alone or with alcohol or heroin), and is conscious but cannot move or speak, someone should stay with them and someone should call an ambulance. If they are unconscious, place them in a coma position on their side. If they have stopped breathing, CPR (cardiopulmonary resuscitation) should be given and an ambulance called urgently.

PREVENTING BENZO MISUSE FROM EVER STARTING

Benzos are usually meant to be used for short periods of time (less than a month), and when needed, rather than regular daily use. This is because they only treat the symptoms and not the underlying causes of sleep problems or anxiety. It is also to avoid the risk of becoming dependent.

Wherever possible use natural (and non-addictive) approaches to help with sleep and anxiety (see above).

FURTHER READING

Mental Health and Drug & Alcohol Office, NSW Department of Health (2008). *NSW Drug and alcohol withdrawal clinical practice guidelines*. North Sydney: NSW Health. See: www.health.nsw.gov.au/policies/gl/2008/GL2008_011.html.

Sleep habits: www.cci.health.wa.gov.au/docs/Info-sleep%20hygiene.pdf.