

# **The Benzodiazepine Crisis:**

**Challenges for Behavioral Healthcare Workers**

**cookemjo@gmail.com**

# Disclosure

This presentation is for educational and informational purposes. I do not recommend use of this information in lieu of medical advice. This information is an introduction to the subject and is not an exhaustive review of the subject. I disclaim any and all liability alleged as a result of the information provided herein.

I have no conflict of interest to disclose.

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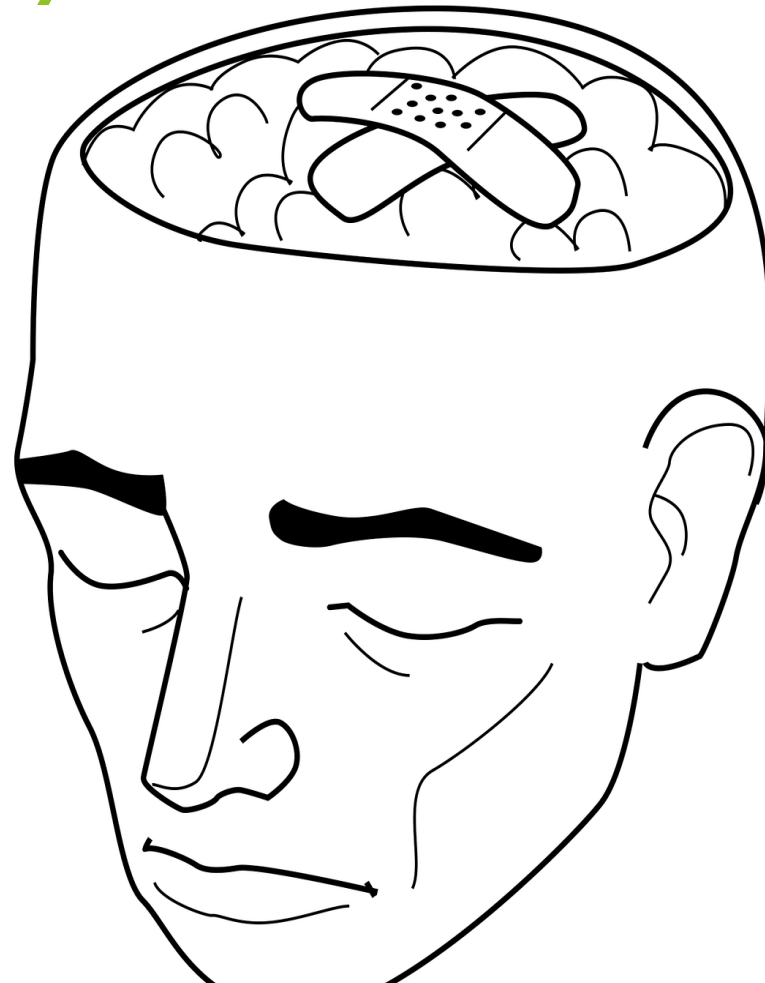
Emily J. Cook, LCSW

[cookemjo@gmail.com](mailto:cookemjo@gmail.com)

# Learning Objectives

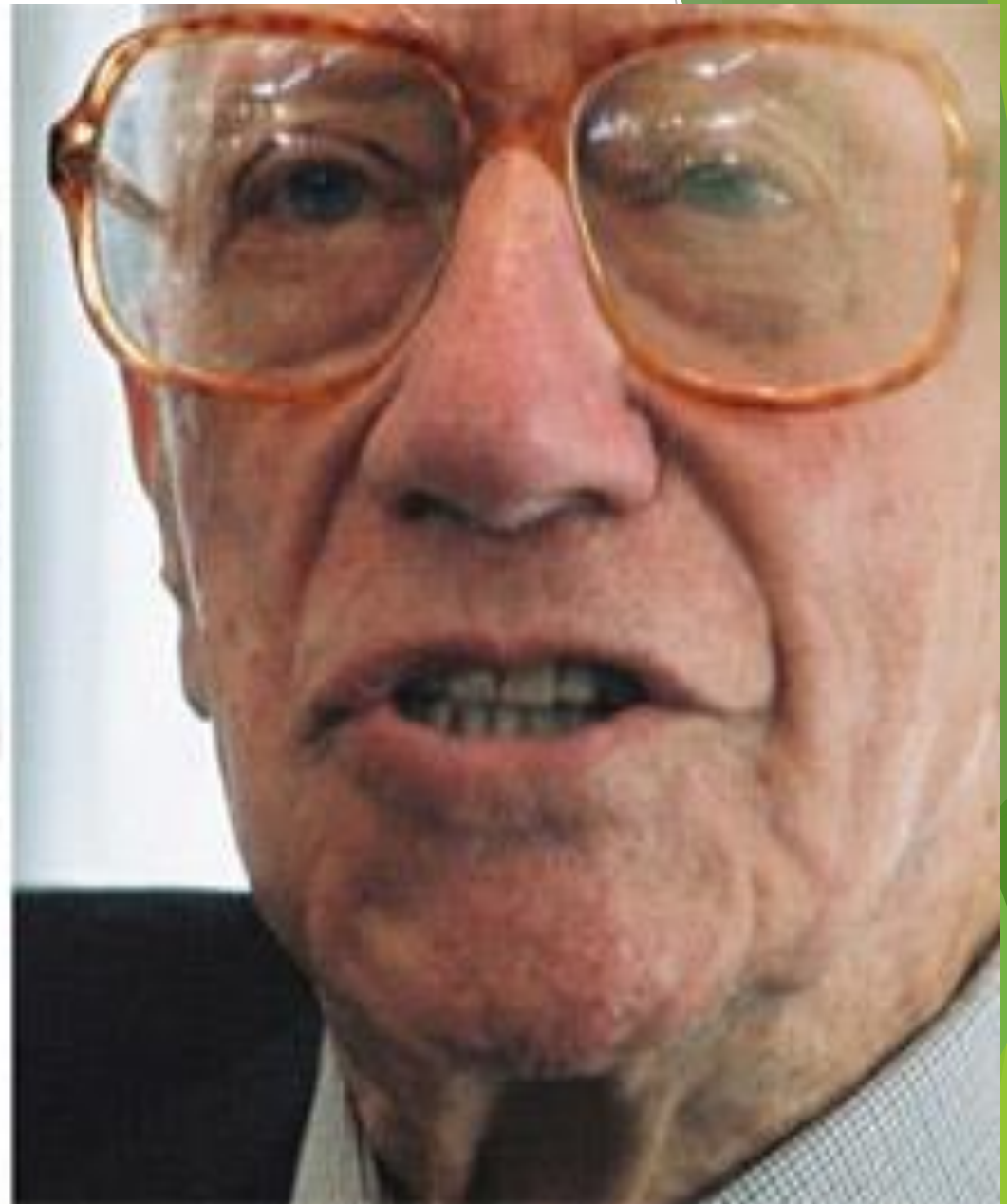
- ▶ Participants will be able to identify types of benzodiazepines and the reasons they are prescribed.
- ▶ Participants will learn about the risks associated with benzodiazepines and sleep medications.
- ▶ Participants will be provided guidance in assisting patients/clients who are working with a benzodiazepine prescriber.
- ▶ Participants will learn what are the symptoms of benzodiazepine withdrawal and techniques in how to counsel people experiencing withdrawal.

What are benzodiazepines or  
"benzodiazepine receptor  
agonists" (BZRAs)?

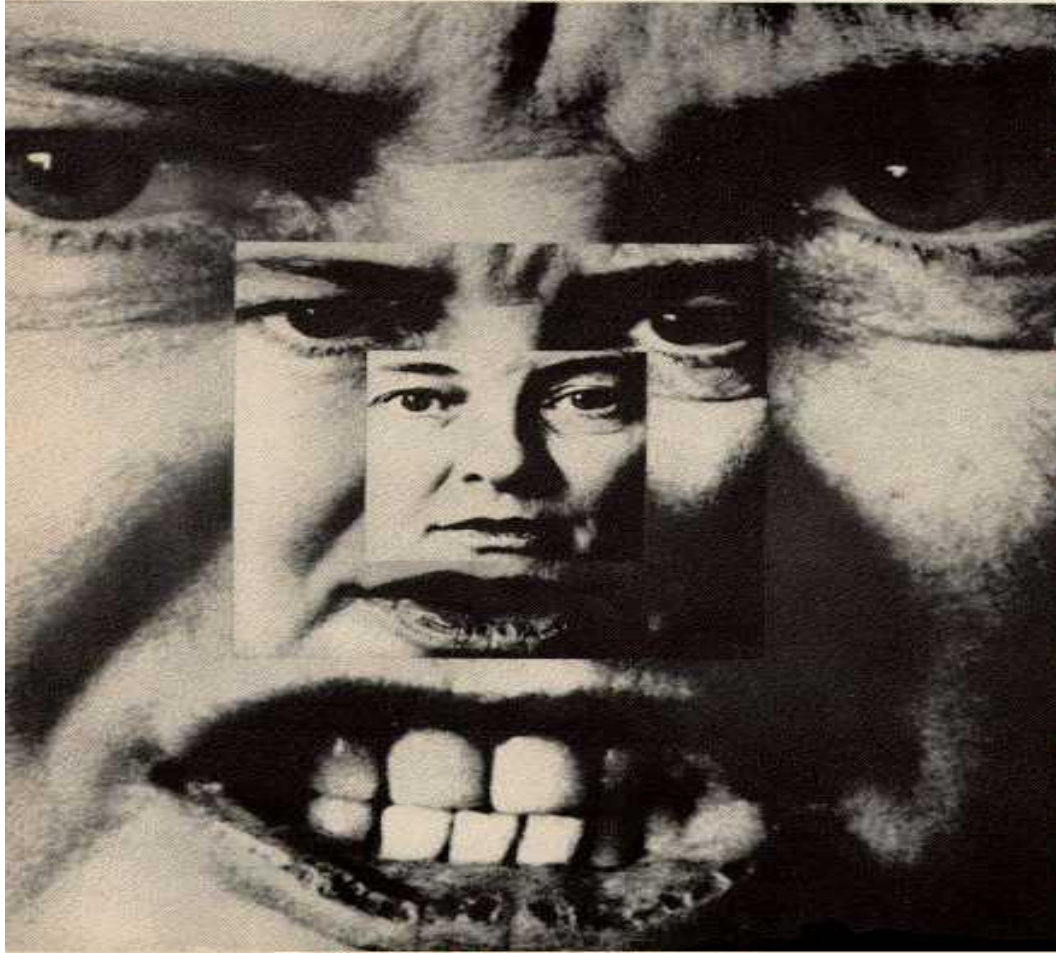




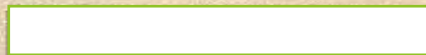
Dr. Leo Sternbach gave the world Librium (1960) and Valium (1963). He doesn't like popping "mother's little helper" himself. He said it makes him feel a tad depressed.



reduce  
psychic tension



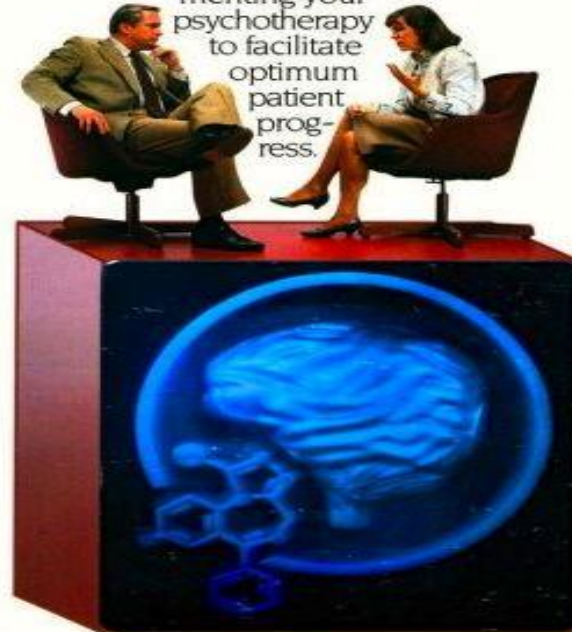
Valium<sup>®</sup>  
(diazepam)



## A UNIQUE STRUCTURE TO SUPPORT YOUR PSYCHOTHERAPY.

The incorporation of a triazolo ring to the basic benzodiazepine structure clearly differentiates Xanax from other benzodiazepines.

Xanax effectively relieves anxiety associated with depression, complementing your psychotherapy to facilitate optimum patient progress.



0.5 mg  
Tablets

alprazolam<sup>®</sup>

COMPLEMENTS AN EFFECTIVE  
THERAPEUTIC ALLIANCE

# List of Common Benzodiazepines

Drug Name	Brand Name	Onset	Elimination	Effect
Alprazolam	Xanax	1-2 hours	6-12 hours	anxiolytic
Chlordiazepoxide	Librium	1.5-4 hours	5-30 hours	anxiolytic
Clonazepam	Klonopin	1-4 hours	18-50 hours	anxiolytic, anticonvulsant
Diazepam	Valium	1-2 hours	18-50 hours	anxiolytic, anticonvulsant muscle relaxant
Lorazepam	Ativan	2-4 hours	10-20 hours	anxiolytic anticonvulsant



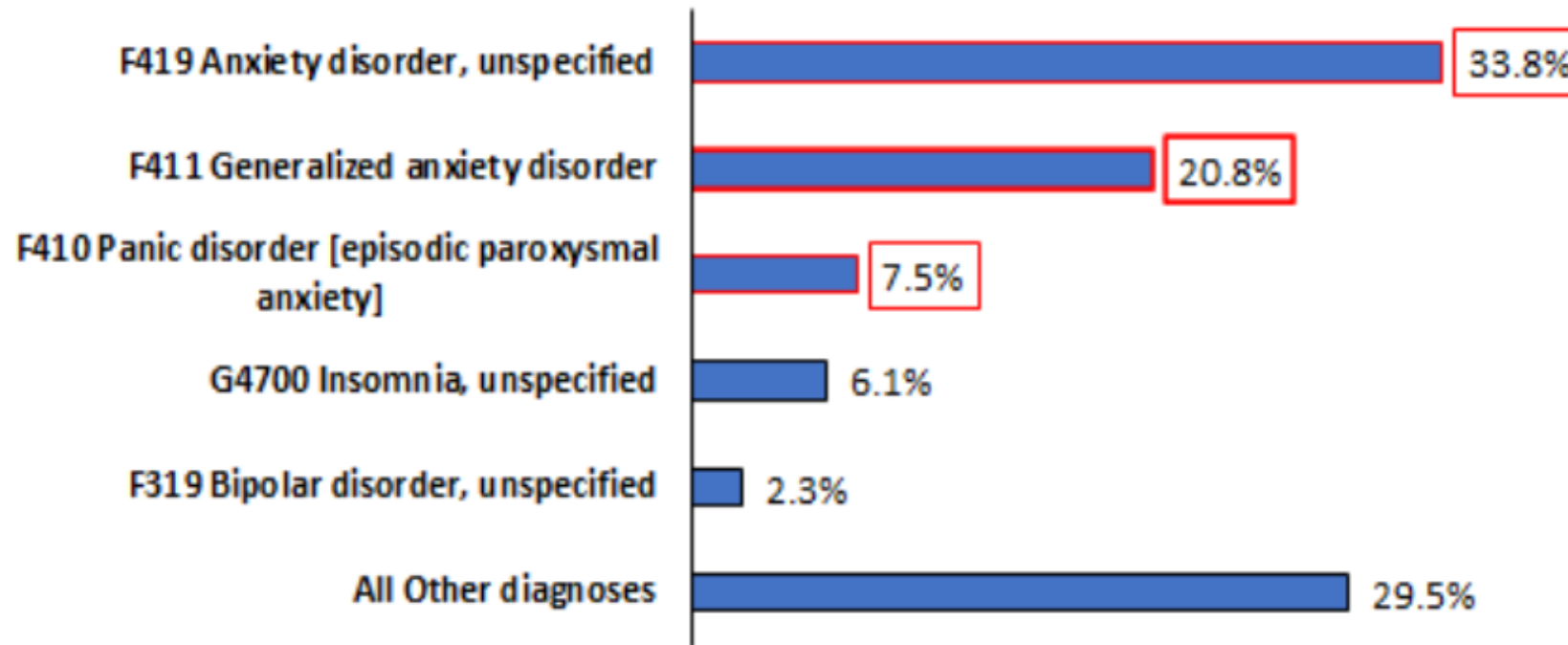
# Z Drugs (Zzzzzz) "sleeping pills"

Drug name	Brand Name		Elimination	Effect
Eszopiclone	Lunesta	45 + minutes	6 hours	hypnotic
Zaleplon	Sonata	45 + minutes	1 hour	hypnotic
Zolpidem	Ambien	30 + minutes	2.6 hours	hypnotic
Zopiclone*	Imovane	60 + minutes	4-6 hours	hypnotic

\*not sold in US

# Diagnoses Associated with Benzodiazepine Prescribing

Top groups of diagnoses (ICD-10) associated with the mentions of top 5 benzodiazepines\* as reported by



Source: Syneo.TreatmentAnswers™ with Pain Panel. 2021. Data extracted June 2021  
 \*Top 5 Benzodiazepines: Alprazolam, Clonazepam, Lorazepam, Diazepam, Temazepam

# How Benzodiazepines and BzRAs work in the Brain

Benzos boost the effects of gamma-aminobutyric acid “GABA” in the brain which is an inhibitory neurotransmitter.

They work to calm or sedate a person, by raising the level of GABA.



By: ThorstenSchmitt

GABA receptors are the most common single receptor found in the synapses where neurons communicate with each other.

**Benzodiazepines are  
effective because they  
provide:**

A photograph of a man in a light-colored suit and a straw hat, sitting on a park bench with his hands behind his head, appearing relaxed. The scene is outdoors with trees and a grassy area. A blue gradient box with the word "RELIEF" in a serif font is overlaid on the image.

RELIEF

## Potential risks of long term use of benzodiazepines and Z drugs

- ▶ Memory degradation
- ▶ Cognitive impairment
- ▶ POTS (POTS; Postural tachycardia syndrome; Chronic orthostatic intolerance)
- ▶ Immune problems including pneumonia

# Discontinuing Benzodiazepines

- ▶ According to the American Psychiatric Association's Benzodiazepine Task Force on Benzodiazepine Dependence, Toxicity, and Abuse **40-80%** of patients experience withdrawal. (1991)



# Recommended Duration of Use

- ▶ Benzodiazepines should be restricted to *short-term* use during crises that are disabling and severe resulting in significant distress or problems in social functioning.

- ▶ DOH, Ireland Benzodiazepines Good Practice Guidelines for Clinicians (2002)

- ▶ The recommended treatment duration is *2-4 weeks* to reduce risks of dependence and tolerance.

- ▶ (College of Psychiatry of Ireland A consensus Statement on the Use of Benzodiazepines in Specialist Mental Health Services (2012))

# DSM-5 Sedative, Hypnotic or Anxiolytic Withdrawal

*Cessation or reduction with 2 or more symptoms that develop within several hours to a few days after cessation*

- ▶ Sweating
- ▶ Pulse rate greater than 100bpm
- ▶ Hand tremors
- ▶ Insomnia
- ▶ Nausea or vomiting
- ▶ Transient visual, tactile or auditory hallucinations or illusions
- ▶ Psychomotor agitation
- ▶ Anxiety
- ▶ Grand mal seizures (may occur in as many as 20%-30% of individuals undergoing untreated withdrawal) - (DSM-5 p.558)

UNIVERSITY OF  
NEWCASTLE



Neurology,  
Neurobiology &  
Psychiatry



*Professor  
Heather Ashton*

PROTOCOL FOR THE TREATMENT OF BENZODIAZEPINE WITHDRAWAL



**Professor C Heather Ashton**  
*DM, FRCP*

**BENZODIAZEPINES:**  
*HOW THEY WORK &  
HOW TO WITHDRAW*

aka  
**The Ashton Manual**

*Revised August 2002  
Includes 2011, 2012 & 2013 Supplements*

Medical Research Information  
From a Benzodiazepine  
Withdrawal Clinic



This free copy provided by  
Benzodiazepine Information Coalition

# Why People Stop Taking Benzodiazepines:

- ▶ Interdose Withdrawal
- ▶ Tolerance
- ▶ Kindling
- ▶ Dependence



# General Timeline

## BENZODIAZEPINE WITHDRAWAL TIMELINE

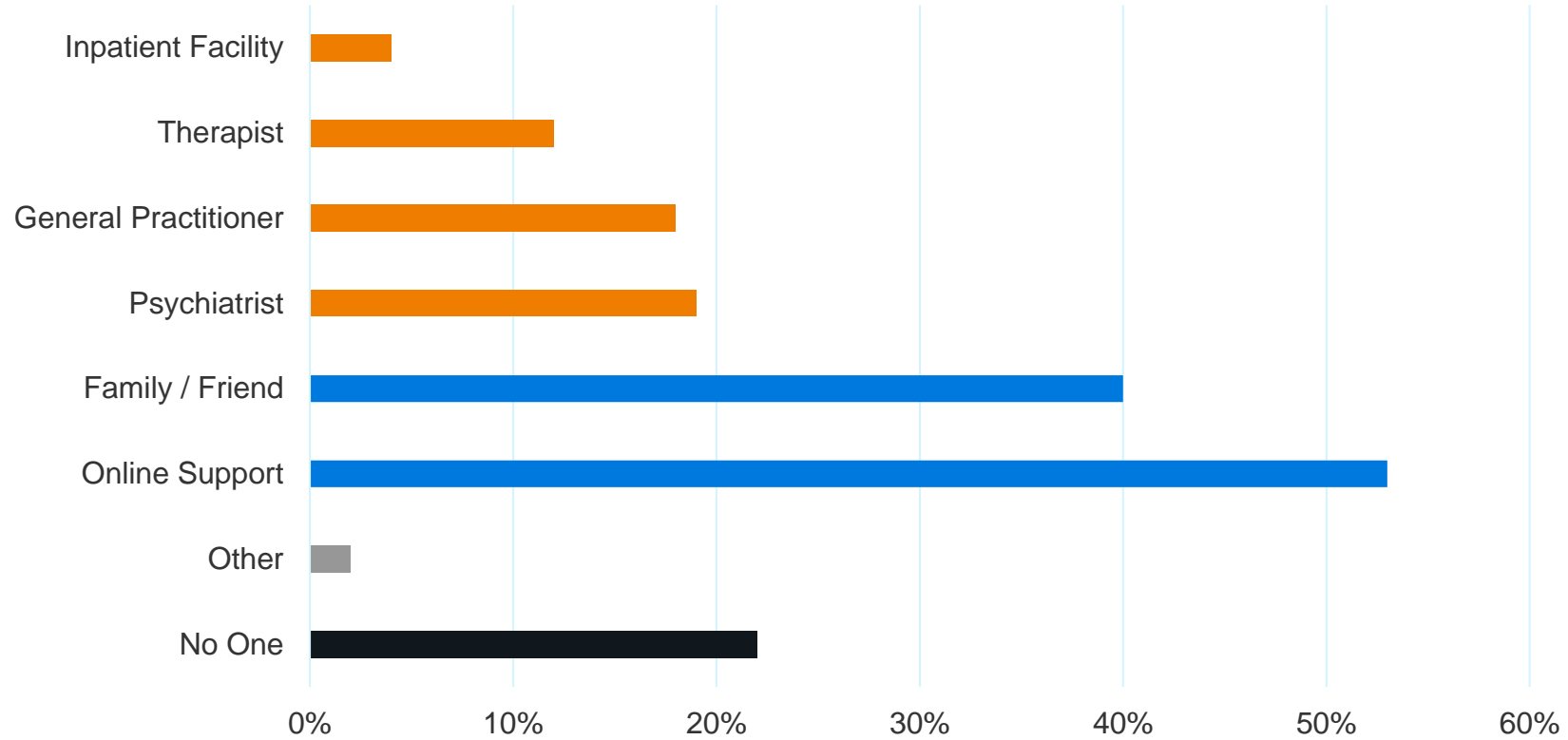
Withdrawal symptoms begin as soon as six hours after and can last years after discontinued use.



# Lack of Support

## Sources of Support

*(Sources of assistance during withdrawal identified by 493 Benzo Buddies participants)*

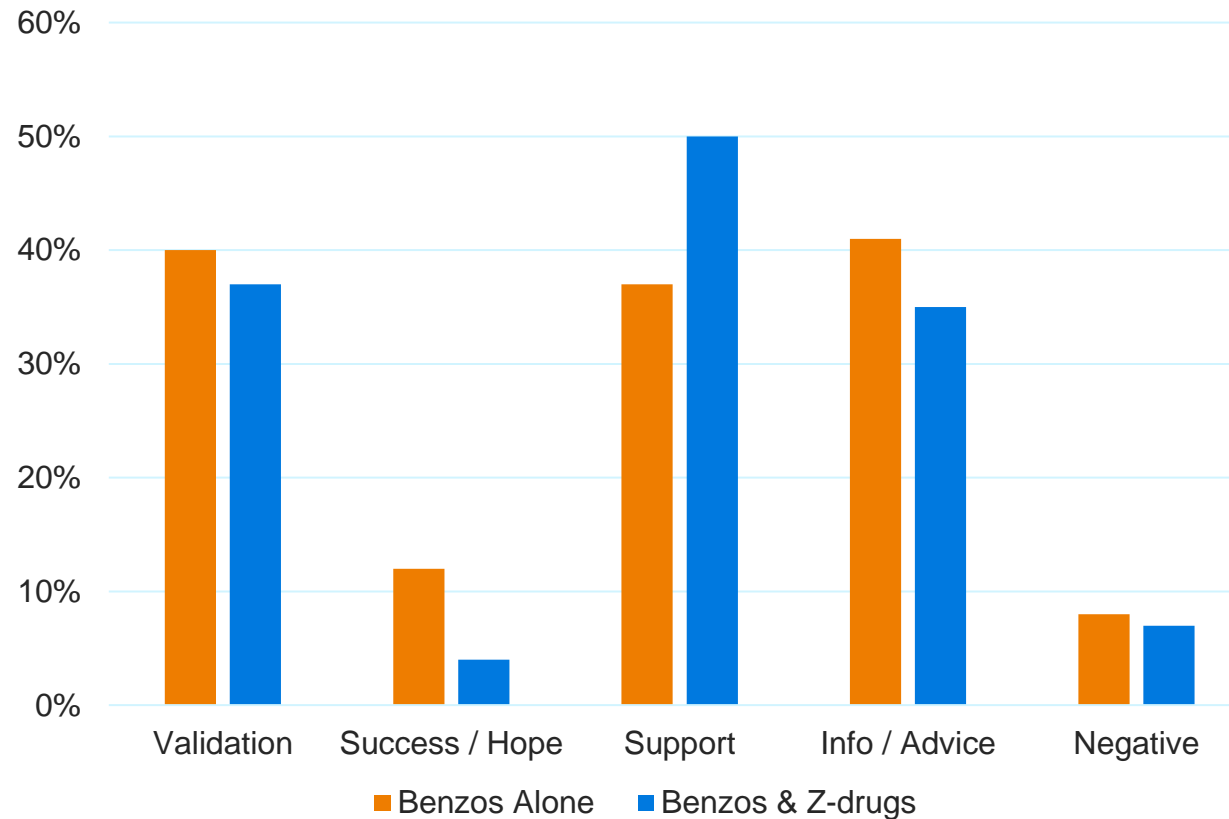




# Lack of Support

## Online Support

Benefits of Online Support (reported by Benzo Buddies members)



# Benzodiazepine Withdrawal is A Public Health Problem

- ▶ Loss of income
- ▶ Overuse of medical resources for diagnosis reasons
- ▶ Overuse of emergency rooms
- ▶ Severe strain on family and other supports
- ▶ Suicidality
- ▶ Injuries

# BIND

- ▶ **BENZO**
- ▶ **INDUCED**
- ▶ **NEUROLOGICAL**
- ▶ **DYSFUNCTION**

# FDA Box Warning

09-23-2020 FDA Drug Safety Communication

“Physical dependence can occur when benzodiazepines are taken steadily *for several days* to weeks, even as prescribed. Stopping them abruptly or reducing the dosage too quickly can result in withdrawal reactions, including seizures, which can be life-threatening.”

# “Deprescribing”



# Discussions With Prescriber

## Client/Patient should be prepared to:

Have a back up plan in case their prescriber is not cooperative.

Ask their prescriber if they will refill their prescription for the duration of their taper - *however long*.

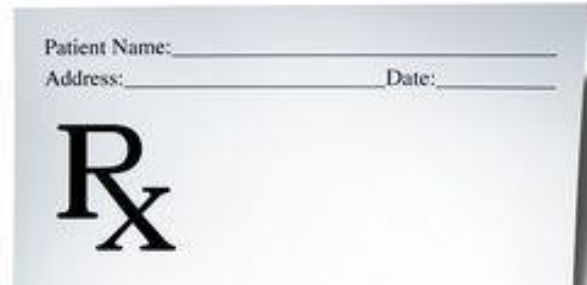
Ask their prescriber if they are willing to transition to longer acting diazepam(Valium).

Rehearse what they want to say to their prescriber using “we” language.

Show the prescriber the updated FDA blackbox warning for Xanax and Ativan.

Research taper plans in advance.

Bring a supportive friend or family member to discuss tapering with the prescriber.



***PRESCRIBERS SHOULD ALWAYS  
FORMULATE AN EXIT PLAN WITH THEIR  
PATIENT WHEN WRITING A BzRA  
SCRIPT!!!!!!***

# Why Avoid Cold Turkey?

- ▶ To prevent death and suicide
- ▶ To prevent, seizures, convulsions
- ▶ To prevent delirium tremens (DTs)
- ▶ To prevent catatonia
- ▶ To prevent hallucinations (rare)
- ▶ To prevent psychosis
- ▶ To prevent Protracted Withdrawal Syndrome



# Why Not Rehabs?

***“There are no rehabs in the United States utilizing slow, safe cessation methods for benzodiazepines.”*** *Benzodiazepine Information Coalition*

# Every Person Involved with the Client/Patient Must Accept:

- ▶ The decision to taper off a medication belongs to the individual and should never be forced by anyone.
- ▶ If physical symptoms cannot be accounted for by a medical diagnosis(es), a benzodiazepine may be the cause.
- ▶ The client/patient is likely to be taking other medications making it more difficult for them to determine cause of symptoms.
- ▶ The client/patient may not be ready to scrutinize their use of benzodiazepine.
- ▶ The client/patient may not be prepared to taper or may never want to - especially if they had already a negative attempt experience.



# Number One Rule of the Clinical School of Hand Holding:

*Avoid being responsible for an  
individual's taper plan*

# “Dont’s” for the Behavioral Healthcare Worker

- ▶ Don’t diagnose formally or informally the client/patient until they are markedly improved from their withdrawal or have completed it.
- ▶ Don’t suggest that their fears may be imagined and can be overcome with willpower or more self-discipline.
- ▶ Don’t suggest they should feel better by now or at some other arbitrary time.
- ▶ Don’t encourage or discourage “holding” their dose.
- ▶ Don’t encourage or discourage “jumping” off their taper.

# Non-Pharmaceutical Treatments

- ▶ Exposure therapy
- ▶ CBT (Cognitive Behavioral Therapy)
- ▶ DBT (Dialectical Behavioral Therapy)
- ▶ Multimodal Therapy
- ▶ Rational Emotive Behavior Therapy (REBT)
- ▶ Psychotherapy
- ▶ EMDR (Eye Movement Desensitization Reprocessing)
- ▶ Mindfulness meditation
- ▶ Herbal Medications (Kava Kava, Valerian, Rauwolfia)
- ▶ Ketamine

# Peer Support Resources for those withdrawing from BzRAs

- ▶ Benzobuddies.org <http://www.benzobuddies.org>
- ▶ <http://www.beatingbenzos.com>
- ▶ Beating Benzos Facebook Page  
<https://www.facebook.com/groups/Beatingbenzos>
- ▶ <https://www.benzoinfo.com/wp-content/uploads/2021/06/Benzodiazepine-Informed-Consent.pdf>
- ▶ <https://easinganxiety.com/blog/suicide-prevention-veterans-crisis-line/>
- ▶ The Alliance for Benzos Best Practices <https://benzoreform.org> lists benzo support groups worldwide
- ▶ Benzodiazepine Information Coalition  
<https://www.benzoinfo.com/resources/#support>
- ▶ <https://www.reddit.com/r/benzorecovery/>

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- ▶ <https://www.sleepassociation.org/sleep-treatments/sleeping-pills/>
- ▶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2784658/>
- ▶ <https://www.verywellmind.com/benzodiazepine-withdrawal-4588452#citation-1>
- ▶ <https://www.benzo.org.uk/manual/> Ashton Manual
- ▶ <https://www.benzo.org.uk/profash.htm>
- ▶ [beatingbenzos@outlook.com](mailto:beatingbenzos@outlook.com)
- ▶ <https://benzoreform.org/doctalks/>
- ▶ <https://postscript360.org.uk>
- ▶ <https://www.benzofree.org>
- ▶ <https://www.drugs.com/answers/support-group/benzodiazepine-withdrawal/>
- ▶ <https://easinganxiety.com>



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Chaterji

Daniel J. Buysse, Charles M. Morin, in [Encyclopedia of the Neurological Sciences](#), 2003

<https://www.fda.gov/drugs/drug-safety-and-availability/fda-requiring-boxed-warning-updated-improve-safe-use-benzodiazepine-drug-class>

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Wright,

<https://thorax.bmj.com/content/68/2/163.full> - immune system

# Books and Resources

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- ▶ <https://easinganxiety.com/blog/suicide-prevention-veterans-crisis-line/>
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- ▶ National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- ▶ To lodge a complaint about benzo side effects: <https://www.accessdata.fda.gov/SCRIPTS/MEDWATCH/INDEX.CFM?ACTION=REPORTING.HOME>

# More Resources

- ▶ Mad in America [madinamerica.com](http://madinamerica.com)
- ▶ Curable [curablehealth.com](http://curablehealth.com)
- ▶ <https://withdrawal.theinnercompass.org/coping/withdrawal-induced-akathisia-quick-tips>

# More Resources

[The Benzodiazepine Medical Disastor by Shane Kelly](#)

<https://www.youtube.com/watch?v=MVoFlGR7Lhs>

<https://www.asprescribedfilm.com> (in post production)

<https://medicatingnormal.com> - requires tickets for streaming

Podcasts from Easing Anxiety website

<https://easinganxiety.com/blog/category/podcast/>

Apps for health: <https://www.curablehealth.com> (introductory free)

Apps for anxiety <https://www.gundersenhealth.org/health-wellness/be-well/feeling-anxious-10-free-apps-to-help-you-cope/>

Calm the Amygdala

<https://thepositivehabit.com/calm-your-amygdala/>

# Film, Media, Social Media, Podcasts cont.

- ▶ National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
- ▶ Lisa Ling delves into the world of benzodiazepine use and uncovers the troubling threat these drugs pose when used long term, and the challenges facing patients who try to quit. This Is Life with Lisa Ling "The Benzo Crisis"
- ▶ <https://www.cnn.com/videos/health/2019/10/02/this-is-life-with-lisa-ling-epi-2-clip-1.cnn>
- ▶ Why is benzo so bad?, April, 2020 Youtube Benzo Brain interview with Robert B. Raffa, PhD

Emily J Cook, LCSW

cookemjo@gmail.com

**What a drag it is getting old  
'Kids are different today,' I hear ev'ry mother say  
Mother needs something today to calm her down  
And though she's not really ill  
There's a little yellow pill  
She goes running for the shelter of a mother's  
little helper.**



[cookemjo@gmail.com](mailto:cookemjo@gmail.com)