



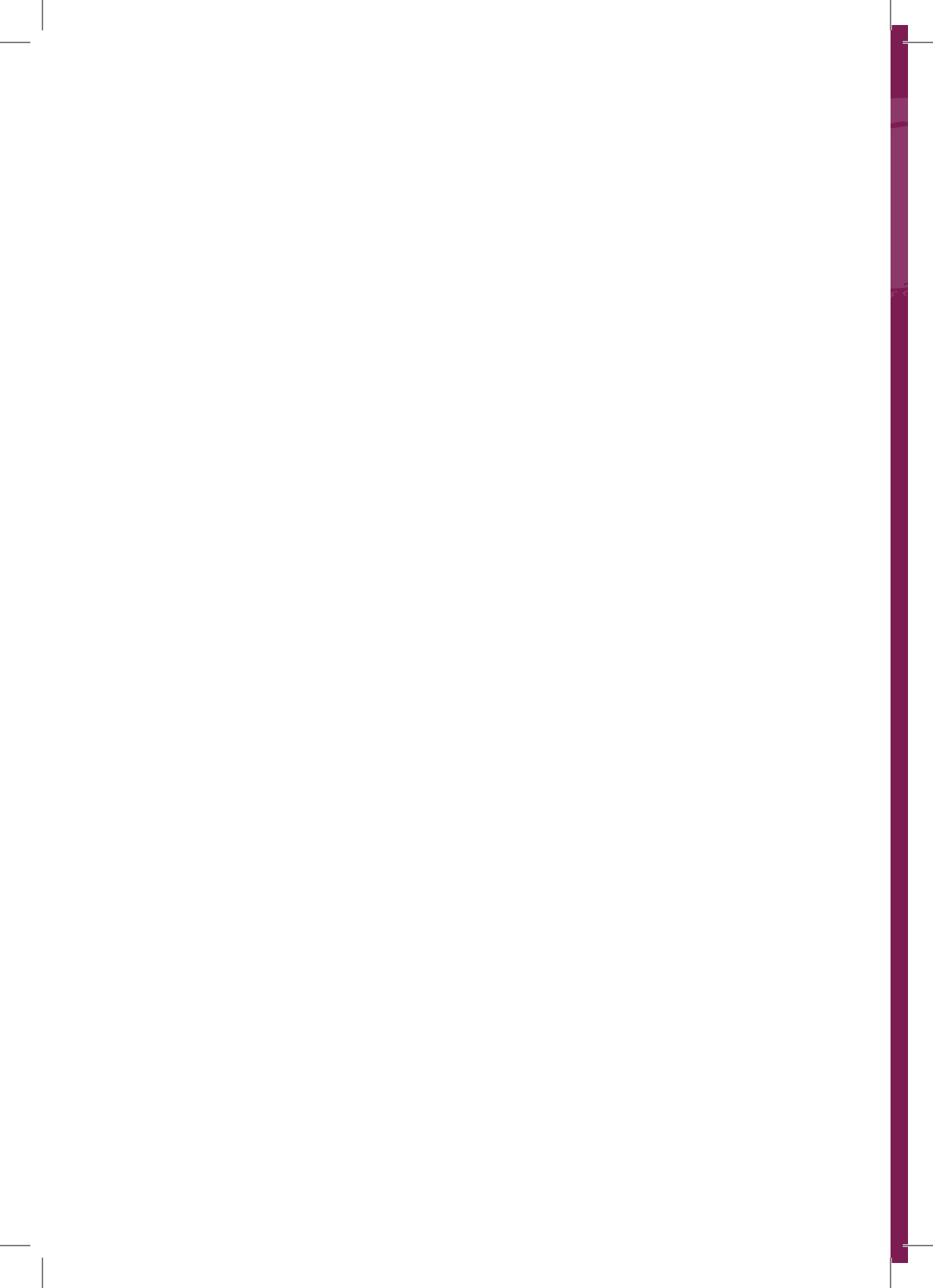
Benzodiazepines: What's the Story?

An information resource to help reduce
the harmful use of benzodiazepines



**Canal
Communities**
Local Drug & Alcohol Task Force

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Contents

1. What are benzodiazepines?	06
2. What are the effects of benzodiazepines?	08
3. How some benzodiazepines have longer-lasting effects than others and how they differ in strength	15
4. Prescribed/licensed benzos	16
5. Fake/street benzos	18
6. Benzodiazepines and your mental health	21
7. Benzos and the law	23
8. Benzo dependency	25
9. Benzo withdrawal syndrome	27
10. Guidance for safe detoxification from benzos	29
11. How benzos can interact with other substances	37
12. Benzo dependency scale/self-assessment tool	40
13. Assessing your readiness to change	41
14. Keeping a drug diary	43
15. Directory of local addiction/specialist services	46
16. Further reading/references	49
17. Appendix 1: List of benzodiazepines & Z-drugs and their effects	52





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Some messages from people who have recovered from misusing benzodiazepines

“Recovery from benzo addiction is possible with faith and perseverance. Trust in your strength, and healing will come. You’re never alone on this journey.”

“My benzo detox was the hardest and best thing I have ever done for myself. I got to do so much work on myself throughout and afterwards and I feel it has shaped me better as a person. I am now working in a community drug team and studying for a level 8 in addiction studies.”

“In the end we only have ourselves. I value my life in recovery now and the connections I have built with people. You have to break down before you can break through.”

Introduction


This booklet has been developed in response to an emerging concern within the Canal Communities related to benzodiazepine* use. The intention was to design a booklet that would provide accurate information to the general public, inform individuals of the pathways to treatment, and act as a resource to staff who are supporting those who are misusing benzodiazepines.

Sections 1 to 4 provide general information on what benzodiazepines are, and on their effects. Topics covered include how benzos work, what they are prescribed for, the different effects and experiences they produce, and their negative impacts, especially with long-term use. There is also information on how different types of benzodiazepines vary, their strengths and how long they remain active in the body.

Sections 5 and 6 deal with the differences between benzodiazepines

which are available on prescription and those which can be bought illegally on the street. The risks arising from the use of street tablets are outlined, and some steps to reduce those risks are set out.

Section 7 covers how benzos can affect your mental health, while **Section 8** deals with benzodiazepines and the law, especially in relation to driving. Benzo dependency is explained in **Section 9**, while **Section 10** deals with benzodiazepine withdrawal syndrome. **Section 11** gives guidelines for safely



reducing benzo use and on detoxification from benzos. **Section 12** highlights how benzos can interact with other drugs, including alcohol, and stresses the risks involved in using benzos with other substances.

Sections 13 to 15 offer tools for self-assessment and preparation for readiness for change. They include a self-reporting tool for assessing dependency, the decisional balance scale and readiness ruler to help you assess your motivation and readiness for making change, and a drug diary to record your daily use. These are tools that can be

valuable to use with the support of an addiction support keyworker.

Section 16 offers a comprehensive list of relevant services in the Canal Communities area. **Section 17** gives a list of the sources used in compiling this booklet, and of books and articles for further reading.

*Benzodiazepines are also commonly referred to as 'benzos', and both terms are used interchangeably throughout this booklet.

1. What are benzodiazepines?

Benzodiazepines are a large group of drugs which have similar chemical structures to one another and which are 'psychoactive', meaning that they affect the mind and are mood-altering. Commonly-used benzodiazepines are often known by their brand names, like Valium, Librium, Xanax and Dalmane, or by their generic names, like diazepam, alprazolam and temazepam. They are described as being central nervous system depressants or sedatives, and they work by inhibiting your central nervous system's ability to process information.

The result is a sedative or calming effect, which is why benzodiazepines are sometimes prescribed for anxiety, panic, or sleep problems. Benzodiazepines are also used as anticonvulsants, for premedication in surgical procedures and for detoxification medication from alcohol.

What are Z-Drugs?

There is another class of drugs, the 'Z-Drugs', which act in a very similar way to benzodiazepines and have the same effects, but which have a different chemical structure. They are known as Z-drugs because their generic names begin with the letter 'z' -zolpidem, zopiclone, etc. They were developed in the 1990s as hypnotics and were designed to overcome the over-sedation or 'hangover' effects from benzodiazepines. Z-drugs are often prescribed as sleeping tablets, used for people who experience severe insomnia (difficulty getting to sleep or staying asleep). They are short-acting drugs, which means that their effects last for a short period.

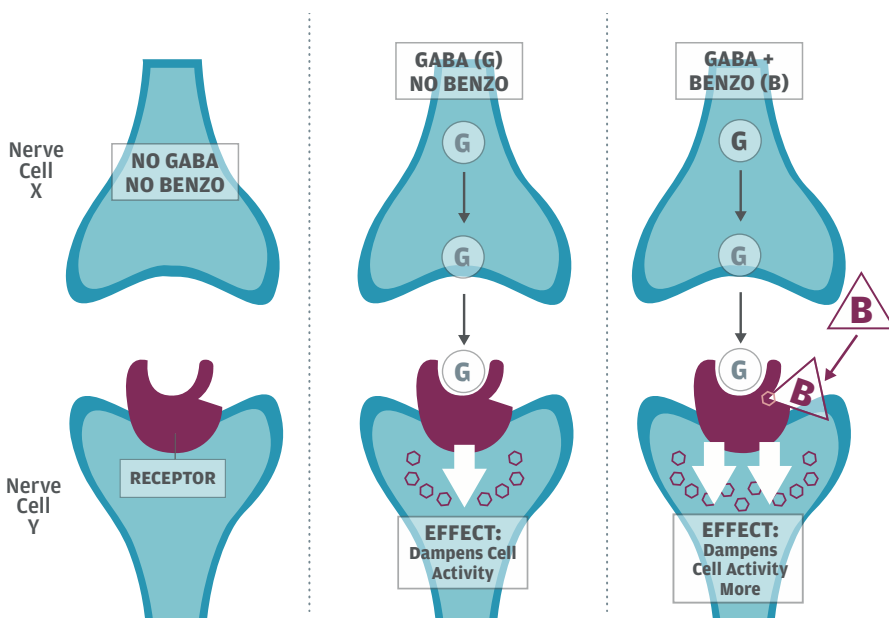
Because they act similarly to benzodiazepines, they can cause similar problems with dependence and withdrawal. Long-term use is not recommended, as tolerance and addiction can occur.

How benzos work on the brain

All benzodiazepines act by enhancing the actions of a natural brain chemical, gamma-aminobutyric acid (GABA). GABA is a 'neurotransmitter', which means that it transmits messages between nerve cells, including brain cells. GABA released by one nerve cell binds to a site, called a receptor, on the outside

of a neighbouring nerve cell. When the GABA binds to it, the receptor responds by triggering changes inside its cell. The message that GABA transmits is an inhibitory/calming one, which causes the nerve cell to stop firing or to slow down. This means that GABA has a general quieting effect on the brain.

How benzodiazepines work at the level of nerve cells



This diagram shows the ends of two neighbouring nerve cells, with GABA and a benzodiazepine binding to just one receptor on the outside of a nerve cell. In reality, there would be many GABA receptors on the outside of the cell, and many molecules of GABA and the benzodiazepine in the space between the cells. Nothing is drawn to scale.

Benzos work by binding to the GABA receptor and heightening the response of the receptor to GABA. The overall outcome is to inhibit other activity in the brain, much like pressing the brakes on a car, and to create a calm, tranquilising effect.

With prolonged use of benzodiazepines (more than two weeks), brain cells adapt - in ways which are not fully understood yet - so that responses to

GABA are lessened. This can cause an increase in anxiety and sleep problems and can increase a person's 'tolerance' to benzodiazepines, meaning that they have to take higher doses of the drug to get the same effect. The end result of prolonged use is often that the person becomes dependent on the benzo medication to feel 'normal', and feels anxious and ill if they stop it.

2. What are the effects of benzodiazepines?

Benzodiazepines can cause drowsiness and feelings of sleepiness. The reason for this is that, as central nervous system depressants, they slow down your brain activity, as well as heart rate and breathing.

After taking benzos, people may experience a 'floating' sensation and feel warm, calm, relaxed and tired. The drugs can temporarily reduce feelings of anxiety; however, some people may experience an increase in anxiety, particularly at higher doses.

High and/or frequent doses also increase the risk of seizures or 'fitting', aggression and emotional turbulence. Other effects can include lack of coordination, dizziness, slowed or slurred speech, reduced mental alertness, short-term memory loss and blackouts (not being able to remember things that happened when you were under the influence). They can also impair judgement of danger which can result in risky behaviour.

Understanding different effects and strengths of benzodiazepine tablets

Although all benzos work in generally similar ways, the different types vary in their particular effects, in how long those effects last, and in the dose needed to produce them. Some benzos have a stronger sedative effect, and others have a stronger relaxant effect. The effects can be split into the following 5 broad categories.

1. Anxiolytic (physical) effect: this means the relief of the physical symptoms of anxiety

2. Anxiolytic (psychological) effect: this means the relief of the psychological symptoms of anxiety

3. Hypnotic effect: this means causing sleep, and is sometimes called a 'sedative' effect

4. Muscle relaxant effect: this means causing muscles to relax

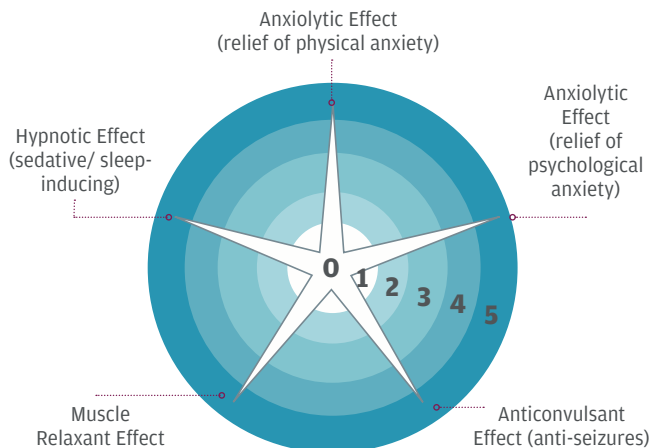
5. Anticonvulsant effect: this means the prevention or stopping of convulsions which occur in seizures or 'fits'.

The strength or potency of these effects varies in different benzodiazepine medications. One way to show this, and to compare the different benzos, is to use a diagram like the one below. The arms of the star show the strength of the different possible drug effects, using a scale of 0 to 5, as seen in the accompanying box.

Strength/ potency charts of different benzodiazepines:

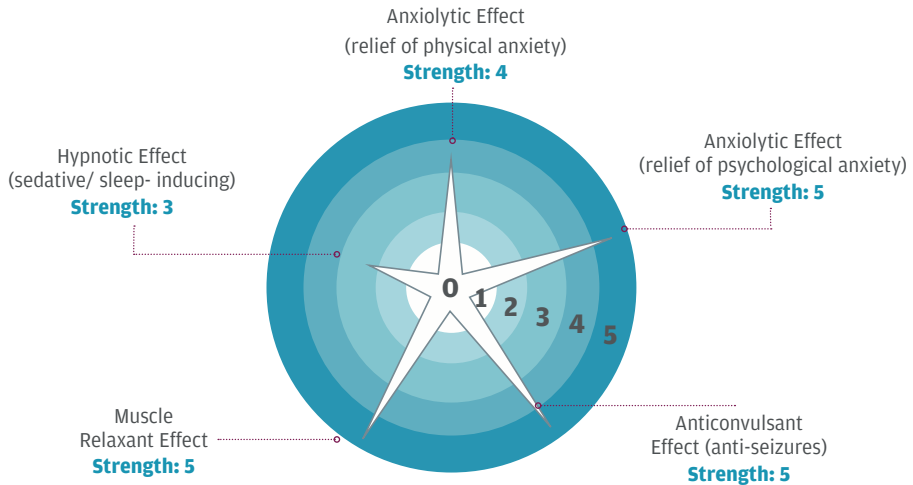


- 0 = inactive
- 1 = weak
- 2 = weak/moderate
- 3 = moderate
- 4 = strong
- 5 = very strong

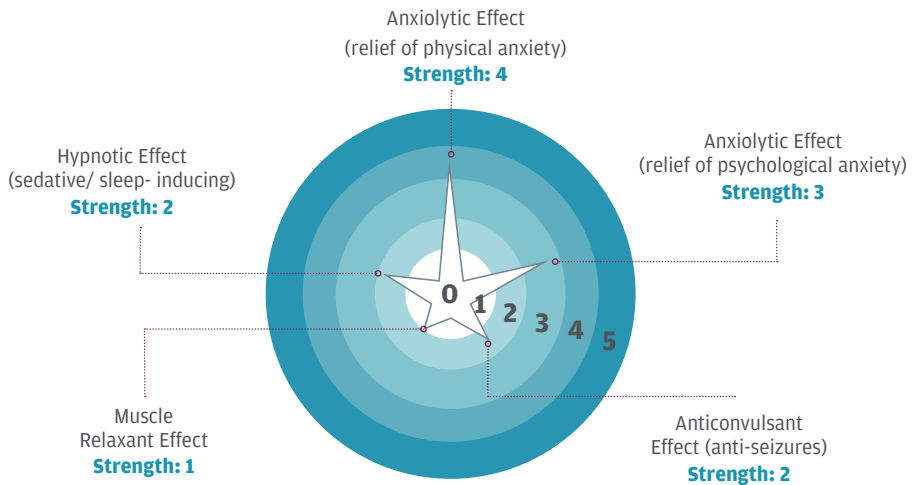


Below, the 'star' diagrams are used to show how three common benzodiazepine medications differ in effect and strength:

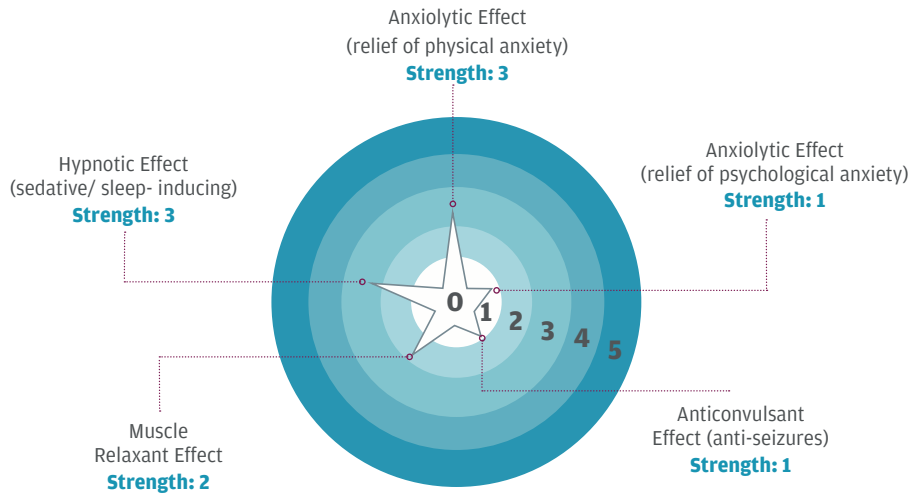
Diazepam: 10 Milligrams



Alprazolam: 0.5 Milligrams



Temazepam: 10 Milligrams



Adapted from: <https://www.crew.scot/wp-content/uploads/2020/11/Benzo-Resource.pdf>



Benzodiazepines can have a range of negative effects, especially with long-term or high-dose use. Some of the common ‘adverse effects’ include the following.

Sedation and Drowsiness: As central nervous system depressants, benzos cause sedation and drowsiness. This can in turn have negative impacts on cognitive or motor functions, for example, causing confused thinking, affecting speech, or impairing balance and physical movement (which can put a person at risk of falls).

Dizziness and Light-headedness: After taking a benzodiazepine, many individuals experience feelings of dizziness or light headedness, especially when standing up quickly.

Confusion, Memory Impairment and Long-term Cognitive Decline: As well as the confusion sometimes occurring as part of their sedative effect, benzodiazepines can cause other cognitive impairment. This can include memory problems, difficulties with concentration, and decreased mental clarity, particularly in older adults.

Many people find that they cannot learn new things if they are taking benzos. There is evidence to suggest that long-term benzodiazepine use, particularly in older adults, may be associated with an increased risk of cognitive decline and dementia.

Emotional Blunting: some individuals may experience a blunting of emotions or a feeling of emotional detachment while on benzodiazepines. For example, you may not respond normally to the people close to you, such as your children.

Tolerance: Over time, the body may become tolerant to the effects of benzodiazepines, requiring higher doses to achieve the same level of relief. This can lead to a cycle of increasing dosage, which can worsen side effects and increase the risk of dependence.

Dependence and Addiction¹:

Benzodiazepines are known to be habit-forming, and long-term use can lead to physical and psychological dependence.

Individuals may feel unable to cope with anxiety or insomnia without the medication, leading to continued use even when it's no longer medically necessary. If dependence has developed, withdrawal symptoms may occur if the medication is stopped abruptly.

Withdrawal Symptoms: Withdrawal symptoms can be severe, and may include anxiety, agitation, insomnia, tremors, sweating, and even seizures. These symptoms can occur after abrupt discontinuation of benzodiazepines, especially after long-term use.

Respiratory Depression: In high doses, or when combined with other central nervous system depressants such as alcohol or methadone, benzodiazepines can cause breathing to become slow and shallow. This 'respiratory depression' can cause death.

Increased Risk of Falls and Fractures:

The sedative and muscle-relaxant effects of benzodiazepines can impair balance, coordination and the control of physical movement, increasing the risk of falls, fractures, and other accidents.

1 We use the words 'addiction', 'dependence' and 'dependency' interchangeably in this booklet.

Paradoxical Reactions: When they take benzodiazepines, some individuals may experience effects which are the opposite to those expected. For example, instead of becoming calmer, they experience increased anxiety, agitation, or aggression. More information on these ‘paradoxical reactions’ is provided below (see page 22).

Sexual Dysfunction: Recent research has investigated the impact of benzo use on libido and sexual functioning in men and women. This has shown that benzodiazepines (including diazepam, alprazolam, lorazepam and clonazepam) can induce sexual dysfunction, including a decrease in sexual desire and erectile dysfunction.

Risk of Overdose: The sedative effects of benzodiazepines and their potential to cause respiratory depression mean that overdoses can be fatal, especially

when benzos are combined with alcohol or other central nervous system depressants. Long-term users may be at increased risk of accidental overdose, particularly if they develop tolerance and inadvertently take higher doses².

2 For example, the Health Research Board recorded 354 deaths in the Republic of Ireland in 2021 due to drug poisoning, and 81% of these deaths were ‘polysubstance poisonings’. Of the 354 deaths, diazepam was involved in 112 and alprazolam in 102. Drug Poisoning Deaths in Ireland in 2021 Infographic (hrb.ie)

3. How some benzodiazepines have longer-lasting effects than others, and how they differ in strength

How long the effects last: 'half-life'

It is crucial to know that some benzodiazepines act on your brain and body for longer than others. The 'half-life' of each drug is a helpful way to understand how long its effects may last: it is the length of time it takes for the level of the drug in the blood to fall by half (assuming no more drug is taken).

Short-acting benzodiazepines have a shorter half-life. This means that the drugs are processed and leave your body more quickly. Short-acting drugs have a higher risk of withdrawal symptoms. This is because your body has less time to adapt to working without the drug once you stop taking it.

Long-acting benzodiazepines have a

longer half-life. They are processed more slowly and take longer to leave it. You are more likely to experience a 'hangover' effect when taking these drugs. But you are less likely to have withdrawal problems.

Benzodiazepines are broken down - 'metabolised' - by the body in different ways. Some of the drugs, such as diazepam, produce further benzodiazepine chemicals when they are metabolised. These additional chemicals stay in your body and make the overall effect of the drug last longer.

Length of action is also influenced by other factors, such as a person's age, weight, general health, and the health of their liver in particular (because that's where most benzos are broken down).

Strength ('potency')

Benzodiazepines can have different levels of strength (potency). This is to do with the strength of the chemical reaction that each drug causes in your body.

If you take a lower dose of a high-

potency benzodiazepine, this may cause similar effects to a higher dose of a low-potency benzodiazepine. For example, 0.5mg of alprazolam (Xanax) is equivalent to 5mg of diazepam (Valium).

4. Prescribed/licensed benzos

Benzodiazepines used as medicines are produced by licensed pharmaceutical companies and authorised and marketed according to national legislation. In most countries, benzodiazepines are prescription-only medicines and are subject to additional restrictions on their supply, use and possession under drug control laws. Pharmaceutical benzodiazepines are medicines that will appear in blister packs or medication bottles alongside instructions about dose and side effects. These drugs are manufactured under controlled conditions, which assures that the dose and compound listed on the packaging are accurate.

The following table gives a list of some of the main benzodiazepines and Z drugs that can be prescribed*. The table shows the 'half-life' and 'market aim' for each drug.

1. Half-life: the time it takes for the level of the drug in the blood to fall by half (assuming no more drug is taken).

2. Market aim: although all benzodiazepines have similar actions, they are usually marketed as anxiolytics (a), hypnotics (h) or anticonvulsants (e).

Main benzodiazepines and Z drugs that can be prescribed:

Benzodiazepine	Half-life (hrs) [active metabolite]**	Market Aims
Alprazolam (Xanax)	6-12 hours	Anxiolytic - relief of anxiety
Chlordiazepoxide (Librium)	5-30 hours [36-200 hours]	Anxiolytic - relief of anxiety
Diazepam (Valium)	20-100 hours [36-200 hours]	Anxiolytic - relief of anxiety
Flurazepam (Dalmane)	[40-250 hours]	Hypnotic (sedative)
Z-Drugs (Non-benzodiazepines with similar effects)	Half-life in Hours [active metabolite]**	Market Aims
Zolpidem (Ambien, Stilnoct)	2 hours	Hypnotic (sedative)
Zopiclone (Zimovane, Imovane)	5-6 hours	Hypnotic (sedative)

* A longer list is available in Appendix 1 at the end of this booklet.

**For a drug that is broken down by the body to produce a different benzodiazepine that still exerts an effect, the half-life for that further benzodiazepine is shown in square brackets; that half-life gives a better indication of how long taking the drug will affect a person.

5. Fake /street benzos

Tablets sold on the street may be called different names, including: *Tranax/ Tranex, Roches, Blues, Yellows, Zimmos, Tabs and Jack & Jills*. These tablets present particular risks to people who take them, over and above the risks found with prescription benzos.

Tablets bought on the street can look genuine, but you can never trust that they really are what they're meant to be. No matter if they're in proper blister packs and no matter what is written on them:

1. They may not contain the drug they're supposed to
2. They may contain other drugs, as well as or instead of the named drug
3. The actual strength of the drug may be much higher than the strength written on the pack or the tablet itself.

Whether or not there is a name on the packet or the tablet itself, you cannot be sure what chemical is actually in the tablet. For example, while the street-

name 'Roche' usually means a diazepam (Valium) tablet, that's no guarantee that a 'Roche' bought on the street is actually a diazepam tablet. It may contain a different drug altogether, or more than one drug.

The risks here are very serious. As illustrated in Sections 3 and 4 above, different benzodiazepines have different effects and require different dosages to produce effects of similar strength. Taking a tablet containing one or more benzodiazepines of unknown identity and strength is dangerous. If a tablet is contaminated with a chemical other than a benzodiazepine, a whole new set of dangers come into play.

Here are two examples of how benzos bought on the street have endangered health and life in Ireland.

In recent years, bromazolam has become a common New Psychoactive Substance (NPS) benzodiazepine on the Irish street market. (A psychoactive substance is one which affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behaviour.)





Bromazolam is a benzodiazepine that was first synthesized in 1976 but was never made available as a prescription medication and is not approved for medical use. It has many of the common negative effects of benzodiazepines listed in Section 3, and some extra ones, such as frequent urination, increased salivation, sleep disturbances including vivid dreams, and loss of libido. Crucially, bromazolam has a particularly strong sedative effect, and so carries a particular risk of overdose. New Psychoactive Substance benzodiazepines like bromazolam can cause death, and overdoses cannot be reversed with naloxone.

In 2024, ‘benzodiazepine’ street tablets containing nitazenes were responsible for several clusters of overdoses in Ireland, some of which were fatal. Nitazenes are a type of synthetic opioid (opium-like chemicals) which were first developed in the 1950’s when scientists were trying to make safe painkillers, but they were never sold to the public because of how risky they are. Known nitazenes can be up to 500 times as potent as heroin, and 10 times as potent as fentanyl. The lethal doses for nitazenes in humans, particularly in combination with other drugs or medical conditions, are not yet fully known. Nitazene overdoses can be reversed with naloxone, but extra doses may be

needed compared to overdoses with other opioids.

Another problem with these contaminants is that, without realising it, you can become addicted to opiates by taking street tablets that you think are benzos, but that actually contain nitazenes.

If you are going to take the risk of using street tablets:

Start by taking a small dose and wait for up to 2 hours before you take more. This way you can judge if it's the normal reaction or is different.

Don't use alone! There is no way of knowing how your body will react to the substances in the tablets. A companion can call for help if something goes wrong.

Remember that a lot of drugs stay in your bloodstream for a long time. Even when the buzz is over, the drugs may still be active in your system, so that using more increases your risk of overdose.

Check <https://www.drugs.ie> for any current warnings

An example of a warning on the dangers of contaminated street benzos, June 2024:

HSE Drug Warning ⚠️
June 14th 2024

Extreme Risk
Nitazene-type opioids found in counterfeit benzodiazepine tablets following overdoses and hospitalisations in Dublin, Galway and the Mid-West.

Ongoing concern
Nitazenes are strong synthetic opioids that can cause serious overdoses, hospitalisation and drug-related death.

Recommendation
Do not take these tablets.
Talk to a local service about naloxone.
Mind yourself and care for others.
It's safer not to use drugs at all.

Appearance
Nitazenes can be found in pills or powder. Current overdoses linked to yellow tablets.

Do not buy:

- new types of drugs
- new batches
- from new sources

HSE #ReduceTheHarms **DRUGS**.ie

6. Benzodiazepines and your mental health

Long-term benzodiazepine use can have significant impacts on a person's mental health. While benzodiazepines may sometimes be prescribed for the short-term relief of symptoms associated with anxiety or sleep problems, extended use can lead to tolerance, dependence, and withdrawal symptoms when attempting to stop.

Benzodiazepines are only meant to be prescribed in the very short-term. For example, the prescribing of benzodiazepines for anxiety or sleep problems might include:

- One- or two-nights' use for prolonged sleeplessness when all other methods have failed and provided that the insomnia is not due to a chronic sleep problem (appropriate use could be for recent grief or acute stress);
- Insomnia due to jet lag;
- Severe and acute recent anxiety if no other appropriate support is available or while counselling support is arranged.

The prolonged use of benzodiazepines for anxiety

Benzodiazepines can initially relieve the symptoms of anxiety. However, as tolerance to the drug increases over time and dependency occurs, the opposite effect can occur. Anxiety and panic are common withdrawal effects of benzodiazepines and if not correctly identified as such, can lead the person to conclude that the initial anxiety is still present or has worsened.

The prolonged use of benzodiazepines for insomnia

In the short-term, benzodiazepines induce sleep in approximately 50 percent of cases. These sleep-inducing effects are short-lived, however - about one to two weeks. Research into the causes of insomnia conclude that benzodiazepines have limited value in the treatment of sleep problems and that long-term benzodiazepine use actually worsens the quality of sleep over time. Long-term benzodiazepine use (over a number of months or years) results in less time spent in deep sleep, and to more frequent waking during the night. Less sleep, especially less deep sleep, can often contribute to mental health problems, such as depression and anxiety.

Paradoxical effects of benzodiazepines on mental health:

As noted above, 'paradoxical effects' refers to reactions that are opposite to the expected effects of the medication. While benzodiazepines are primarily

used to reduce anxiety, induce sleep, and promote relaxation, paradoxical effects can include the following.

Increased Anxiety: instead of reducing anxiety, some individuals may experience heightened feelings of anxiety or panic while taking benzodiazepines.

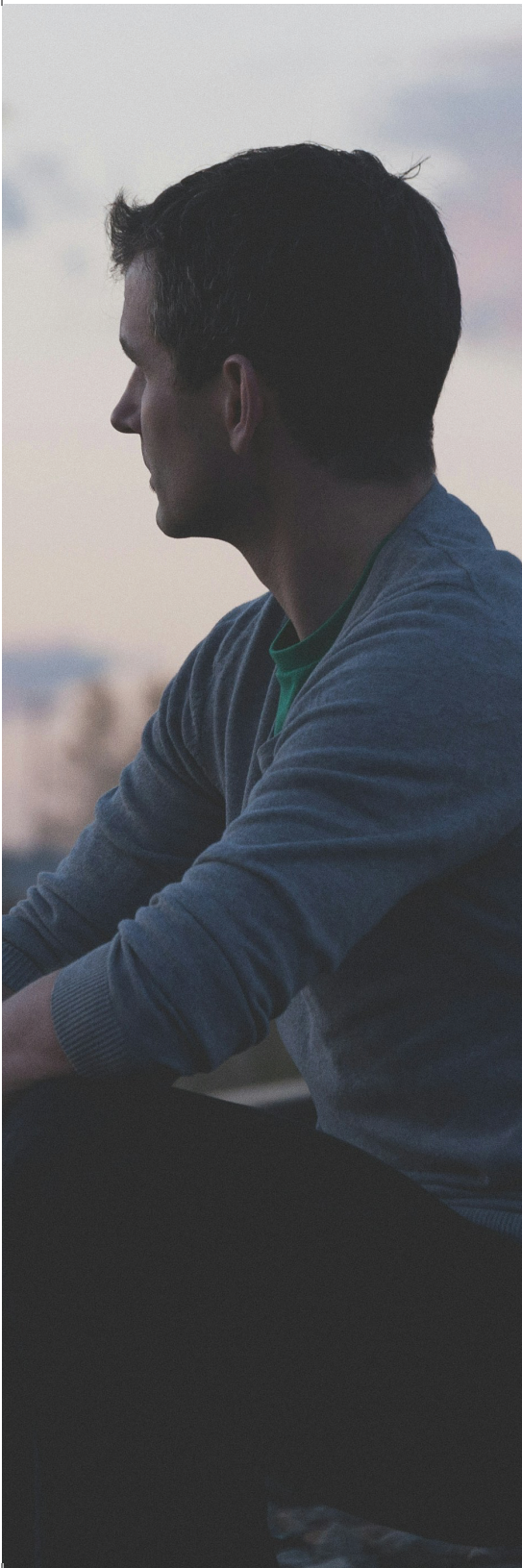
Insomnia or Disrupted Sleep: despite being used as sleeping aids, benzodiazepines can sometimes lead to difficulty falling asleep or staying asleep.

Increased Aggression: long-term benzodiazepine use can exacerbate aggression in some individuals, leading to hostile or violent behaviour.

Increased agitation or irritability: benzodiazepine use makes some people more agitated or irritable.

Hyperactivity: rather than inducing calmness, benzodiazepines may cause hyperactivity or restlessness in some people.

These paradoxical effects are more likely to occur at higher doses, with long-term use, or in individuals who have certain predisposing factors such as pre-existing mental health conditions.



7. Benzos and the law

Possession of benzodiazepines and z-drugs without a prescription is illegal in Ireland, under The Misuse of Drugs Regulations 2017.

It is also illegal to (a) produce, (b) supply or offer to supply, or (c) import or export a controlled drug.

Benzos and driving

It is against the law to drive under the influence of drugs (including prescribed drugs) where your driving is impaired to such an extent that you don't have proper control of the vehicle. You should not drive, cycle or operate any kind of vehicle while taking benzos.

Many people have poor awareness of the impairing effects of drugs and make bad decisions about driving as a result. Even small amounts of certain drugs can seriously affect a driver's motor skills, balance and co-ordination, perception, attention, reaction time and judgment on the roads. Unplanned withdrawal can

also cause problems and withdrawal from benzodiazepines should only be undertaken with your doctor's advice and supervision.

Gardaí regularly conduct 'Preliminary Drug Testing' at Mandatory Intoxication Testing Checkpoints where they can now test for alcohol and/or drugs. Gardaí can test a driver's saliva for benzodiazepines and can conduct impairment tests to assess whether a driver's ability to drive is impaired.

Where a person is arrested on suspicion of drug driving the Gardaí have the power to require the person to provide a blood specimen. The length of time a substance can be detected for varies and can depend on the dose, purity and personal factors. Benzodiazepines can be detected in the blood for several days (sometimes weeks) after use and long after the effects have worn off.

If you are convicted of drug driving, you will get:

- a minimum of 4 years driving disqualification if you are found to have drugs in your body and are impaired

to such an extent that you do not have proper control of a vehicle

- up to €5,000 fine
- up to 6 months in prison
- a criminal record

Medical Fitness to Drive

You are legally required to let the National Driver Licence Services (NDLS) know if you have any long-term injury or illness that may affect your ability to drive safely. You will also have to submit a Medical Report Form to renew your learner permit or driving licence. Included on the list of specified conditions that require a Medical Report Form are persistent drug misuse or dependency and any serious psychiatric illness or mental health problems.

More information on medical fitness to drive in Ireland can be found on the Road Safety Authority Website:

<https://www.rsa.ie/services/licensed-drivers/medical-fitness>

8. Benzo dependency

Psychological and physical dependence can develop within a few weeks of regular or repeated benzodiazepine use. There are several overlapping types of benzo dependence.

Therapeutic dose dependence

A therapeutic dose is a measured amount of a drug intended to be taken at one time and is the quantity that is needed to treat a disease or ailment. People who have become dependent on therapeutic doses of benzodiazepines have usually taken benzodiazepines in prescribed “therapeutic” (usually low) doses for months or years. They have gradually become to feel that they need benzodiazepines to carry out normal, day-to-day activities and have continued to take benzodiazepines even though the original reason for the prescription is no longer evident. Many can have difficulty in stopping the drug, or reducing dosage, because of withdrawal symptoms.

Those taking short-acting

benzodiazepines may develop anxiety symptoms between doses or get a craving for the next dose. They may contact their doctor regularly to obtain repeat prescriptions and become anxious if the next prescription is not readily available.

Some individuals carry tablets around with them and take an extra dose before an anticipated stressful event. Some may have increased their dosage since the original prescription and present with anxiety symptoms, panics, agoraphobia, insomnia, depression and increasing physical symptoms despite continuing to take benzodiazepines.

High dose dependence

Some people who start on prescribed benzodiazepines begin to feel the need to seek increasingly larger doses from their doctor. When the prescribed dose cannot be exceeded, they may contact several other doctors or hospital departments to obtain further doses. Sometimes benzodiazepine misuse such as this is combined with use of other sedatives and excessive alcohol

consumption to help manage high levels of anxiety, depression or personality difficulties. While illicit drugs are not typically used, some may obtain “street” benzodiazepines if they cannot be obtained on prescription.

Recreational benzodiazepine dependence

Recreational use of benzodiazepines is a growing problem, and benzos are taken by a large proportion of polydrug users. Benzodiazepines are used in this way to increase the “kick” obtained from illicit drugs, particularly opiates, and to alleviate the withdrawal symptoms of other drugs, e.g., opiates, cocaine, amphetamines and alcohol.

People who have been prescribed benzodiazepines during alcohol detoxification sometimes become dependent on them. They may take illicitly obtained benzodiazepines as well as relapse into alcohol use. Occasionally high doses of benzodiazepines are used alone to obtain a high.

Recreational use of diazepam,

alprazolam, lorazepam, temazepam, triazolam, flunitrazepam and others has been reported. Usually the drugs are taken orally, often in doses much greater than those used therapeutically, while some are injected intravenously.

High dose users develop a high degree of tolerance to benzodiazepines. While they may use the drugs intermittently, some become dependent. Detoxification of these patients may present difficulties since withdrawal reactions can be severe and include convulsions.

Medical overprescription of benzodiazepines has made them easily available and has aided their entry into the illicit drug scene. Many examples of illicit benzodiazepines are forged prescriptions, theft from pharmacies or are illegal imports.

9. Benzo withdrawal syndrome

Benzo withdrawal syndrome is the cluster of signs and symptoms that may emerge when a person who has been taking benzodiazepines develops a physical dependence on them and then reduces the dose or stops taking them without a safe tapering schedule.

These symptoms may include:

- sleep disturbance
- irritability
- increased tension and anxiety
- depression, panic attacks
- hand tremor, shaking
- sweating
- difficulty with concentration
- confusion and cognitive difficulty
- memory problems
- dry retching and nausea
- diarrhoea, vomiting, loss of appetite and weight loss
- burning sensations and pain in the upper spine
- palpitations
- headaches
- nightmares
- tinnitus
- muscular pain and stiffness
- perceptual changes

More serious symptoms may also occur such as depersonalization, restless legs syndrome, seizure and suicidal ideation.

Withdrawal from normal dosage benzodiazepine treatment can result in a number of symptomatic patterns. The most common is a short-lived “rebound” anxiety and insomnia, coming on within 1-4 days of discontinuation, depending on the half-life of the particular tablet/ drug.

The second pattern is the full-blown withdrawal syndrome, usually lasting 10-14 days. Finally, a third pattern may represent the return of anxiety symptoms which can persist until the person can learn other coping skills to deal with the anxiety.

Physiological dependence on benzodiazepines can occur following prolonged treatment with therapeutic doses, but it is not clear what proportion of patients are likely to experience a withdrawal syndrome. It is also

unknown to what extent the risk of physiological dependence is dependent upon a minimum duration of exposure or dosage of these drugs.

Withdrawal phenomena appear to be more severe following withdrawal from high doses or short-acting benzodiazepines. Dependence on alcohol or other sedatives may increase the risk of benzodiazepine dependence.

Withdrawal can be managed through awareness of the withdrawal reactions, individualized taper strategies (a slow and steady reduction of your medication in conjunction with a GP) according to withdrawal severity, the addition of alternative strategies such as reassurance, and referral to benzodiazepine withdrawal support groups.

10. Guidance for safe detoxification from benzos

If you are considering a detoxification from benzos (or reducing your use) it is important to ensure that you have professional supports to guide you through this process. To counter the risks of withdrawal, the safest way to undertake benzodiazepine detoxification is through a gradual dose reduction under medical supervision.

It is important to manage your expectations of the process and to ensure that you are fully informed about the timeframe of your detox and the supports you will need. Having both a GP and a keyworker in place greatly increases your chances of a successful outcome.

General detox approach with the GP

When the detoxification has been agreed with your GP, they will plan a detoxification schedule that is best suited for you.

*Diazepam is generally used for detoxification because it has an intermediate half-life, so its withdrawal symptoms are less intense. In some cases, a GP may use another benzo for the detox, or may at first combine diazepam with a drug that the person is already using, switching gradually to diazepam-only as the detoxification progresses.

The GP will usually prescribe diazepam,* and will calculate how much diazepam you will need to replace what you are currently taking (whatever type of benzo that is). The maximum dose of diazepam prescribed is 40mg/day. The dose will be gradually reduced, usually over about 3 months, and not more than 6 months. It is usually easier to reduce more quickly in the beginning, when you are prescribed higher doses, and more slowly when you are down to lower doses.

The most common plan is:

- If daily dose is between 30 - 40mg reduce by 5mg fortnightly.
- If daily dose is between 20 - 30mg reduce by 2 - 5mg fortnightly.
- If daily dose is less than 20mg reduce by 2 mg fortnightly.
- When down to 5 mg, reduce by 1 mg every 2 weeks

How a keyworker can help with your detox

A worker from an addiction service can help you prepare and learn about the detoxification process. They can also support you to speak with your GP about your readiness for a detox. Once the reduction has commenced it is vital that you meet this keyworker regularly (twice weekly or at least once a week in the initial stages). These keyworking sessions can help you address any concerns or fears that you have and help you to learn skills to help you cope with the withdrawal process. The keyworker can also support you to explore any other supports you may need. They will continue to liaise with your GP throughout the process and may accompany you on GP visits if necessary. After care is also considered vital after the detox is completed, because you may still experience symptoms as your body and brain continue to adapt to management of anxiety and sleep without the benzos. The following information will give you an indication of what you and your GP/ keyworker may

work on together to help you through the detox.

If you're not in contact with an addiction service, it really helps to have someone else you trust to give you emotional, psychological and practical support. This could be a family member, a friend or someone like a counsellor.

Detox: more points to be aware of

A. Cravings

Craving for drugs can last for a while or can be experienced unexpectedly. Through relapse prevention, your key worker will help you plan to deal with expected and unexpected cravings.

B. Stress

Often people who have used drugs for a number of years respond to stressful situations by taking drugs. Your key worker will help you to develop and strengthen your coping skills to handle difficult situations and life stresses without drugs. Some people attend counselling or a support group etc to look at these issues.

C. Confidence after you finish detox

When you finish a detoxification programme you are still at serious risk of relapse. Often this can be the most difficult time for people. Developing and following an aftercare plan with your key worker, which includes care plan supports and relapse prevention, can help you to move on safely and manage risk after you finish the detoxification process.

D. People around you

Hopefully, while most people around you will be a source of support, some people in your life may not be. Your key worker can help you to plan how to deal with these issues.

E. Loneliness

Significant lifestyle changes can mean that people feel isolated or lonely. An important part of your care planning can be to work with your key worker in finding meaningful ways to fill the spaces in your day and build new social networks.

F. Risk of overdose

As your body gets used to lower doses of the drug, it should become less tolerant to it. This means that if you relapse, and start taking higher doses, you are at

greater risk of overdose.

Lifestyle strategies that can help you during the withdrawal process

Relaxation & meditation: Relaxation and meditation can help to decrease the intensity of a range of symptoms in benzodiazepine withdrawal. Both are useful therapeutic tools in decreasing anxiety. There are many different types of relaxation techniques. All have the same goal - releasing the tension in the body and promoting a calm peaceful experience.

Slow breathing: Slow breathing techniques, like 'box-breathing'³, reduce the escalation and intensification of anxiety and feelings of panic and have a calming effect on the body and mind. The message to the body and mind is one of relaxation. While the mind is concentrating on the breathing technique it cannot concentrate on anxiety-producing thoughts.

A good diet: Individuals may experience either a loss of appetite or an increase

3 See <https://www.medicalnewstoday.com/articles/321805>

in appetite during the withdrawal period and need encouragement to maintain a healthy diet. Sometimes people feel too ill to prepare or eat food. A healthy diet can be an important factor in improving energy levels, strengthening the body and the ability to cope with withdrawal.

- Be sure to drink enough water daily, in order to stay hydrated and help your kidneys to play their part in the breakdown and removal of drug from your body.
- If not feeling very hungry, or if feeling weak or faint at certain times during the day, eat small amounts of healthy food more frequently. This is more beneficial rather than attempting to eat meals three times daily. Regular and small meals will help to stabilise the blood sugar levels.
- If possible, eat plenty of food containing complex carbohydrates, like potatoes, whole-grain bread and pulses, as well as plenty of fresh fruit and vegetables. Eat less fat and sugar and reduce or limit fried foods, pies, cream, butter,

chocolates and snack or 'junk' foods.

- Caffeine is a stimulant that should be avoided during withdrawal. Caffeine stimulates the adrenal glands and increases a person's heart rate, blood pressure and blood sugar level. When the initial effect of the caffeine wears off, the blood sugar level drops and leaves the adrenal glands in a state of depletion.

Ask your key-worker to help you create and plan a healthy daily or weekly menu.

Alcohol: For several reasons, individuals undertaking benzo detox should give serious consideration to abstaining from alcohol:

- the increased sedative effect when alcohol and benzodiazepines are used together may encourage you to consume other substances and to risk abandoning the detox plan;
- drinking alcohol during benzodiazepine withdrawal can worsen the withdrawal symptoms;
- as you lessen your benzodiazepine intake, you may increase your consumption of alcohol.

Exercise: Gentle exercise, such as walking or swimming, can help. It has been shown that, through the release of endorphins, exercise can lift depression and induce a relaxed state of body and mind. Exercise can be especially useful for people who find it hard to use other types of relaxation techniques. It also helps to increase the circulation, helping the elimination of the substance from the body.

Keeping a diary: A diary can be useful for understanding the withdrawal process and what you are going through. Keeping a diary of progress can give a sense of purpose and help you focus on achieving your goal. Because short-term memory loss is a common problem in withdrawal, many people find a diary useful to record the medication they take, how symptoms and emotions change, and other important details. They can then refer to the diary in discussion with the GP and keyworker. One particularly useful aid is a 'drug diary' (see Section 14), which is designed specifically to record any drugs taken, and which can be obtained from a keyworker.

Massage: Massage is beneficial for people going through the withdrawal process because it relaxes the muscles, which may become very tense and occasionally spasm. As well as that, massage is another means for improving both general relaxation and blood circulation.

Support groups: Alongside continued engagement with your keyworker and GP, peer support and recovery groups can be very useful during and after detoxification. These groups allow people to share experiences and to exchange information on strategies for managing withdrawal. Therefore, they provide significant reassurance and support, as well as providing an excellent social outlet.

Coping with benzo withdrawal symptoms

Sleep: For regular benzo users, normal sleeping patterns are disturbed due to the decrease in deep sleep. During the detox process, sleeping patterns begin to return to normal, with an increase in deep sleep. Initially you might experience a return of dreams: they may be strong and intense and include some nightmares. This is perfectly normal during the detox process and your normal sleeping patterns should return after about 4 to 6 weeks. Nightmares will begin to decrease and gradually fade away.

During this period of readjustment, it is better to avoid stimulants like tea and coffee, and to use warm milk or camomile tea as a bed-time drink. Other potential aids include relaxation techniques or tapes used just before bedtime, and also physical exercise.

Memories: It can happen that a person experiences vivid and intrusive memories that they have not experienced in years. These can

be unnerving, especially if combined with vivid dreams. You may also find that you have lapses in memory and poor concentration. Once again, these experiences should fade away after about 4 to 6 weeks. Some tips that could help include talking with family and friends and getting professional support. Vivid memories are a sign that your memory is returning to normal functioning.

Sensory hypersensitivity: Sometimes during withdrawal a person may experience a heightened sensitivity to all sensations, including sound, sight, touch, taste and smell. For example, the sound of a ticking clock could seem unbearably loud or lights could seem extremely bright. You may become very conscious of your heartbeat, or you may have a strong metallic taste in your mouth. Some people experience strange tingling feelings, patches of numbness, electric shock sensations, extreme hot or cold, itching or deep burning pain. Such hypersensitivity and unwelcome sensations are the result of the central

nervous system returning to normal, having previously been dampened down by benzodiazepine use. They need not give rise to fear, but should be viewed as a sign of recovery: the senses will return to normal over time. Once again, relaxation techniques and regular exercise may help to alleviate the symptoms.

Depression and other mental health

issues: Depressive symptoms are common both during long-term benzo use and during the withdrawal and detox processes. Depression may result from changes in the brain, due to a decrease in the release of the neurotransmitters serotonin and noradrenaline. In the case of severe symptoms, your doctor may recommend that you take anti-depressant drugs. A person may also experience other mental health issues during detoxification, for example, irritability or extreme mood swings. Counselling and one-to-one support can be very helpful in coping with depression and other mental health problems, all of which tend to decline and settle as

anxiety levels decrease.

Muscle symptoms: Benzos act as muscle relaxants, and during withdrawal a person may experience muscle tension. Muscle stiffness affecting the limbs, back, neck and jaw are common. Even though they may be painful or uncomfortable, these symptoms should cause no lasting harm, and they are a normal part of the withdrawal process. Methods for coping with them include regular gentle exercise, relaxation techniques, massage, holistic treatments and acupuncture.

Balance problems: Other difficulties that can be encountered include slight giddiness, unsteadiness on the feet, or a sensation of being pushed towards one side. These balance issues arise because the cerebellum, a part of the brain with a major role in controlling motor stability, is packed with GABA receptors, and so is very sensitive to benzodiazepine levels. It may take time for the systems in the cerebellum to re-stabilise as the levels fall during detox. There are specific balancing exercises which can speed

recovery: for example, standing on one leg, first with your eyes open and then with them closed.

Digestive problems: Some people may have no digestive problems whatsoever during detoxification, and may find that they are actually enjoying their food more as their appetites return to normal. Others may find that they experience irritable bowel syndrome, nausea, vomiting, diarrhoea, constipation, heartburn, tummy pain or excess gases. If the appetite decreases, weight loss can occur. Most of these symptoms will discontinue over time and are lessened through a good, healthy diet and drinking plenty of fluids. If the symptoms persist, you should discuss this with your doctor.

Immune System: A person may find that their immune system is low, and that they are more open to infections such as colds, ear infections or thrush. This is generally due to the stress of the detox process. The best way to handle this is

to look after yourself by eating a healthy diet, drinking plenty of fluids and getting plenty of rest. Finding ways to cope with the stress is really important, and you can look for advice from people like your GP, keyworker or counsellor.

Fits/Convulsions: Benzos are potent anticonvulsants and are often used in the treatment of epilepsy. With a slow, medically supervised detox from benzos it is rare that a person will have a seizure (fit/convulsions). If one does occur, it is usually only a single seizure and causes no lasting damage.

11. How benzos can interact with other substances

It is important to be aware of any potential risks associated with the use of benzodiazepines alongside other drugs, including alcohol, illicit substances and other prescribed medication. These web links provide useful resource to check how different drugs interact with each other:

www.drugs.com/drug.interactions.html <https://www.talktofrank.com/drug/benzodiazepines>

In general:

- You should talk to a doctor if you have any questions or concerns about taking benzos with other prescribed medications. A doctor may be able to prescribe alternatives that do not interact, or you may need a dose adjustment or more frequent monitoring to safely use your prescribed medications.

- If you do use benzodiazepines with other drugs, you should avoid activities that require mental alertness, such as driving or operating hazardous machinery, until you know how combined substances affect you.
- You need to be aware that **polydrug use increases the risk of overdose**. For benzos, the risk of overdose is greatly increased when they are used in combination with alcohol, opiates (codeine, heroin, methadone), sleeping tablets or anti-depressants.

Alcohol and Benzos

Like benzodiazepines, alcohol is a sedative. This means that it too depresses the central nervous system, producing many of the same effects as benzos. Using both together is dangerous, because it generally makes

these effects stronger, potentially leading to dizziness, drowsiness, difficulty in concentrating, and impaired judgment. The risks of overdose are higher than with either drug alone: they can combine to produce temporary amnesia (“blackouts”), breathing which is slower and shallower than normal, and death. A particular danger is that together they weaken the protective reflexes in the upper airway, and this increases the risk of inhaling vomit when unconscious. Alcohol can also slow the breakdown of benzodiazepines in the body, prolonging their effect.

You should avoid the use of alcohol while taking benzodiazepines. If you do end up taking both together, you should make sure that you use only minimal amounts, and that you avoid activities requiring mental alertness such as driving or operating hazardous machinery until you know how the medication affects you.

Benzos and Methadone

Using opiate medication such as methadone together with benzodiazepines can also cause central

nervous system depression and can lead to serious side effects, including profound sedation, respiratory distress, coma, and even death. Talk to your doctor if you have any questions or concerns. If you are on prescription methadone, your doctor may be able to prescribe alternative drugs that do not interact, or you may need a dose adjustment or more frequent monitoring to safely use both medications. Do not drink alcohol or self-medicate with these medications, and do not exceed the doses or frequency and duration of use prescribed by your doctor. Also, because these medications may cause dizziness, drowsiness, difficulty concentrating, and impairment in judgment, reaction speed and motor coordination, you should avoid driving or operating hazardous machinery until you know how they affect you.

Polydrug use and benzos

Polydrug use is the use of one or more drugs in order to enhance the effect of a drug, to try and manage withdrawal from the effect of another drug, or to

replace a drug that is unavailable to the user. The effects of depressants such as heroin, ketamine and GHB are significantly enhanced when combined with benzodiazepines, greatly increasing the risk of overdose. Cannabis and synthetic cannabis products, including drugs like ‘HHC’ in vapes, are also depressants which can lead to increased effects when combined with benzodiazepines. With stimulants such as cocaine, speed, ice, and ecstasy, benzodiazepines are more likely to be used when individuals are ‘coming down’, to help lessen restlessness, paranoia, irritability, hyperarousal, and hypertension. It is possible that amphetamine users may unintentionally take dangerously large amounts of benzodiazepines because of the delay recognising an effect, or a reduction in inhibition. The competing effects of both drugs can put the body under a greater amount of stress that can lead to health complications.



One of the biggest dangers when mixing any drugs is that it becomes harder to judge the effect each individual drug is having. This can lead someone to take more of each drug than they had intended.

12. Benzo dependency screening tool - self-assessment

This is a questionnaire to help you to judge whether or not you should look for advice and support around your use of benzodiazepines.

If two or more of the statements below apply to you, you should seek guidance from a GP or an addiction service.

Please indicate if:

- You have taken a tranquilliser or sleeping tablet for four months or longer.
- You feel you cannot cope without taking benzodiazepines.
- You have cut down or stopped taking benzodiazepines and have felt ill, anxious or experienced unusual symptoms as a result.
- You feel the medication is not having the same effect as when you first started taking it.
- You take an extra tablet during a stressful time.
- You experience increasing discomfort close to the time of your next tablet.
- You have tried to cut down or stop taking benzodiazepines and could not sleep.
- You have increased your dose.
- You have increased your alcohol intake.
- You always make sure you never run out of benzodiazepines.
- You carry your benzodiazepines with you 'just in case'.
- The benzodiazepines are interfering with your life in some way, for example, time off work, family or relationship problems, difficulty coping, difficulty remembering things.

Source: <https://vtphna.org.au/wp-content/uploads/2019/02/Benzo-Toolkit-Booklet-v5.2FINAL.pdf>

13. Assessing your readiness to change *

If you are considering reducing or stopping your use of benzodiazepines, it can help to reflect on your readiness to change using the 'decisional balance scale' below. Using the format, complete the following sections:

Continuing my present pattern of benzodiazepine use...

What are the positives?

What are the negatives?

Changing my pattern of benzodiazepine use...

What are the benefits?

What are the costs?

*SAOR HSE © Screening and Brief Intervention Tools



Using the readiness ruler below consider the following questions on a scale of 1 to 10:

How **important** is it for you to make a change to your benzodiazepine use?

How **confident** are you that you can make a change to your benzodiazepine use?



*SAOR HSE © Screening and Brief Intervention Tools

14. Keeping a drug diary

One of the first steps to make any positive change to your benzodiazepine use is to understand your current habitual pattern of use. Keeping a daily record is one of the first things to do, and it can help your doctor to decide what is the best way of supporting you to safely reduce your use. Over the next two weeks use this log to record your daily use of benzodiazepines.

Week 1 (date starting):

What I used:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What I spent:

Where?

When?

With?

Why?

Week 2 (date starting):

What I used:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What I spent:

Where?

When?

With?

Why?



15. Directory of local addiction/specialist services in the Canal Communities

Canal Communities Regional Addiction Services

CCRAS, Oblate Hall, Tyrconnell Road, Dublin 8.

P: 086-3845565

E: admin@ccras.ie

W: www.ccras.ie

Services: Harm reduction & outreach, one to one crisis intervention & counselling support, women's recovery groups, SMART Recovery group, Alcohol Education & Support Programme (with Rialto Community Drug Team), Benzodiazepine Support Group (with Frontline Make Change).

Community Lynks Recovery Programme

Oblate Basketball Hall, Tyrconnell Road, Inchicore, Dublin 8.

P: (01) 4530263

E: info@linksproject.ie

FB: Lynks Strength

Services: CE rehabilitation programme,

keyworking, therapy groups, counselling, psychotherapy, NA groups, health & wellness, aftercare/social hub activities, abstinence group, training & education, QQI certified centre

Community Response

14 Carmen's Court, Carmen's Hall, Dublin 8

P: (01) 4549772

E: jm@communityresponse.ie

W: www.communityresponse.ie

Services: Range of alcohol intervention services including change and recovery groups, women's group, alcohol stabilisation group, family support/ concerned persons group, mindfulness based relapse prevention training, keyworking.

Fatima Groups United Family Resource Centre

F2 Centre, 3 Reuben Plaza, Rialto, Dublin 8.

E: ann@fgu.ie

W: www.fgu.ie

T: @groupsfatima

Services: Housed in the F2 Community Centre, there are a wide range of community programmes to support community connections and emotional and physical wellbeing.

Dublin 8 Social Prescribing Services

M: 085 8581307

E: d8socialprescribing@fgu.ie

Fatima Counselling Service

M: 087 9410734

Fatima Community Sports Hub

E: deirdre@fgu.ie

FRONTLINE Make Change

(1) Kavanagh House, 135 Emmet Road, Inchicore, Dublin 8. (2) Bluebell Youth & Community Centre, Bluebell Road, Dublin 12. (3) Frontline Bikes, 147 Emmet Road, Inchicore, Dublin 8.

P: (01) 4736502

E: info@frontline.ie

W: frontlinemakechange.com

Services: One-to-one services include

keyworking, counselling, art therapy, holistics, outreach, prison links work. Group work including, family support, psychosocial education and stabilisation programmes, drop in service. There is also childcare services available for those who use the services.

Rialto Community Drug Team

468 South Circular Road, Rialto, Dublin 8

P: (01) 4540021

E: admin@rcdt.ie

W: <https://rialtocommunitydrugteam.org>

Services: Keyworking, harm reduction, counselling, systemic family therapy, prison links worker, housing support, family support, specialist club drug support, referral to residential treatment, complementary holistic therapies, drop in service. Groups include, alcohol education and support programme (with CCRAS), mental health and wellbeing, SMART Recovery, family support group & women's group, men's health group.

TURAS Training

Unit C1 Bluebell Business Park, Old Naas Road, Dublin 12

P: (01) 450 5396

E: info@turastraining.ie

W: www.turastraining.ie

Services: CE Rehabilitation Programme for those in recovery from addiction includes: keyworking nationally certified education courses, care planning, case management, group work, outdoor education, holistic therapies, level 7 addiction studies.

Local Drug & Alcohol for Minors/ Youth

Core Youth Service

Bluebell Youth Service

Rialto Youth Service

Services: The drug and alcohol workers in each of these services target and work with young people providing support, education and referral pathways using age-appropriate methodologies and programmes.

Contact details:

Core Youth Service:

Tel: 01-4544791 - 0851027395

info@core-ys.com

Bluebell Youth Service: 01-4738439 / 0874311136

info@ccrys.org

Rialto Youth Service: Tel: 01-4531638

admin@rialtoyouthproject.net

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Appendix 1: Common benzodiazepines and Z-drugs and their effects

Benzodiazepine	Half-life in Hours [active metabolite]*	Market Aims
Alprazolam (Xanax)	6-12	Anxiolytic - relief of anxiety
Bromazepam (Lexotan, Lexomil)	10-20	Anxiolytic - relief of anxiety
Chlordiazepoxide (Librium)	5-30 [36-200]	Anxiolytic - relief of anxiety
Clobazam (Frisium)	12-60	Anxiolytic - relief of anxiety, anticonvulsants
Clonazepam (Klonopin, Rivotril)	18-50	Anxiolytic - relief of anxiety, anticonvulsants
Clorazepate (Tranxene)	[36-200]	Anxiolytic - relief of anxiety
Diazepam (Valium)	20-100 [36-200]	Anxiolytic - relief of anxiety
Estazolam (ProSom)	10-24	Hypnotic
Flunitrazepam (Rohypnol)	18-26 [36-200]	Hypnotic

Benzodiazepine	Half-life in Hours [active metabolite]*	Market Aims
Flurazepam (Dalmane)	[40-250]	Hypnotic
Halazepam (Paxipam)	[30-100]	Anxiolytic - relief of anxiety
Ketazolam (Anxon) 30-100 [36-200]	30-100 [36-200]	Anxiolytic - relief of anxiety
Loprazolam (Dormonoc) 6-12 h	6-12	Hypnotic
Lorazepam (Ativan) 10-20	10-20	Anxiolytic - relief of anxiety
Lormetazepam (Noctamid) 10-12	10-12	Hypnotic
Medazepam (Nobrium)	36-200	Anxiolytic - relief of anxiety
Nitrazepam (Mogadon)	15-38	Hypnotic
Nordazepam (Nordaz, Calmday)	36-200	Anxiolytic - relief of anxiety

Benzodiazepine	Half-life in Hours [active metabolite]*	Market Aims
Oxazepam (Serax, Serenid, Serepax)	4-15	Anxiolytic - relief of anxiety
Prazepam (Centrax)	[36-200]	Anxiolytic - relief of anxiety
Quazepam (Doral)	25-100	Hypnotic
Temazepam (Restoril, Normison, Euhypnos)	8-22	Hypnotic
Triazolam (Halcion)	2	Hypnotic
Z-Drugs (Non-benzodiazepines with similar effects)	Half-life in Hours [active metabolite]*	Market Aims
Zaleplon (Sonata)	2	Hypnotic
Zolpidem (Ambien, Stilnoct)	2	Hypnotic
Zopiclone (Zimovane, Imovane)	5-6	Hypnotic
Eszopiclone (Lunesta)	6 (9 in elderly)	Hypnotic

*For a drug that is broken down by the body to produce a different benzodiazepine, that still exerts an effect, the half-life for that further benzodiazepine is shown in square brackets; that half-life gives a better indication of how long taking the drug will affect a person.









Canal Communities Local Drug & Alcohol Task Force

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