



## BENZODIAZEPINE PEER SUPPORT DOCUMENT

*Imagine that you had a car accident. A bad one. A really bad one. Your Prius took on a Mack truck hauling steel piping...and lost.*

*Blood is everywhere. Lacerations cover your arms, legs, and face. Bruises blend with burns leaving little unadulterated skin. Your muscles are twisted and torn. A severe concussion has left you in a fog, barely aware of your surroundings. Paramedics struggle to keep you conscious, but your mind slips into delirium. You're terrified. You don't know what happened, why this happened, or even who you are. You will survive, but your recovery will be grueling and painful at times and may take months, even years. You may lose your home, your job, even your family.*

*Now imagine that same pain, that same fear, that same suffering, but no one else can see it. There was no car accident. No paramedics are rushing to your aid. It all happened inside of you. When you seek help for your injuries, you're met with annoyance, disdain, and disbelief. You attempt to relate your suffering to your family, friends, and colleagues, but no one understands. How could they? Why would anybody believe that this diverse collection of symptoms was caused by one tiny, little pill?*

***Welcome to the world of benzo withdrawal.<sup>1</sup>***

### The Goal of Benzodiazepine Peer Support

To provide education and support to the individual experiencing physical dependence and/or withdrawal from benzodiazepines, their support network, and their providers through benzo-informed<sup>2</sup> strategies targeting the health and wellness of the whole person (psychological, physical, and socio-economic). To create an established, formal program with which this support is offered.

### Peer Support

- Online support groups, counselors, and coaches have been helping others with benzodiazepine withdrawal for decades,<sup>3</sup> and with much success.
- The availability of educated, compassionate, and certified individuals to help navigate the difficulties of benzodiazepine withdrawal is an essential service. Lived experience, either as a patient or caregiver, can provide a level of empathy and understanding rarely found in traditional support settings.

## For Medical Providers

- Approximately 58-100% of patients will experience symptoms upon benzodiazepine cessation, which validates the recommendation that prescribers limit initiation and duration of use as well as safe, supported discontinuation<sup>4</sup>.
- Approximately 10-15% of patients will experience protracted withdrawal symptoms.<sup>5,6</sup>
- Many patients face a lack of support, and even disbelief, when seeking guidance from the medical establishment for benzodiazepine-related issues. This creates an environment of distrust between patient and provider which can be difficult to overcome. **Listening to the patient and believing their recitation of withdrawal symptoms is key to gaining the patient's trust and respect.**
- While some benzodiazepine withdrawal symptoms can be attributed to the return of previous conditions, many of the symptoms that patients note are new, or have worsened, and are the result of benzodiazepine physical (or physiologic) dependence alone. Patients can become frustrated when a physician attributes all of their symptoms to previous conditions (relapse, rebound) or to new medical conditions unrelated to discontinuation. Individuals are discredited when their experience is implied to be psychosomatic.
- **The decision to withdraw should be the patient's decision and should not be forced.**
- A slow taper is the most widely recommended approach to withdrawal. However, **flexibility is KEY to success.** The patient should be the one to control the pace of their taper with consideration to the ebb and flow in severity of symptoms.
- **Abrupt cessation should be avoided due to the risk of seizures.**<sup>7</sup>
- Benzodiazepine withdrawal can be complex and can last months, even years in some cases. Optimally, the patient/provider relationship should be collaborative. A menu of options can be made available to the patient to provide support during the tapering and withdrawal process. This could include group support, peer support, psychological support, in addition to medication management.  
*\*\* It is not uncommon for individuals going through benzodiazepine withdrawal to experience suicidal ideation and/or violent tendencies. It is important to monitor the mental health of your patient during withdrawal and provide additional support resources if needed. \*\**
- Many rehabilitation/detox facilities are focused on addiction, not physical dependence.

## For the Patient

1. **Educate yourself** — It is essential to educate yourself on benzodiazepines, how they work, and the basics of physical dependence and withdrawal. Be cautious of inaccurate information. The Ashton Manual is a widely trusted source for accurate information as are other resources listed below.
2. **Work with your provider** — It is critical to success to have a licensed provider who will support you through withdrawal. This person does not have to be a benzodiazepine withdrawal expert. Someone who will listen and is willing to work with you can be just as beneficial.
3. **Manage your anxiety** — It is valuable to develop and maintain tools for anxiety management. A stable mindset is a key factor to success in withdrawal. This can include counseling, meditation, breathing exercises, yoga, etc.
4. **Build a support team** — It is important to have people to support you through this difficult time. A successful support team can include (but is not limited to): Family/friends, individuals with lived experience, medical professionals, pharmacists, counselors/therapists, and alternative therapies.

## Resources

- **The Ashton Manual** ([benzo.org.uk/manual/](http://benzo.org.uk/manual/)): A free online document which guides individuals and providers through benzodiazepine withdrawal.
- **Benzodiazepine Information Coalition** ([benzoinfo.com](http://benzoinfo.com)): Educating about potential adverse effects of benzodiazepines taken as prescribed.
- **The Alliance for Benzodiazepine Best Practices** ([benzoreform.org](http://benzoreform.org)): Easily accessible evidence-based information about benzodiazepines.
- **Easing Anxiety** ([easinganxiety.com](http://easinganxiety.com)): Information and support for those who struggle with anxiety and anti-anxiety medication. Home of the Benzo Free Podcast.

## References

- <sup>1</sup> Foster, D E. *Benzo Free: The World of Anti-Anxiety Drugs and the Reality of Withdrawal*. Erie, Colorado: Denim Mountain Press, 2018. <https://www.benzofree.org/book>.
- <sup>2</sup> We evaluate the research, literature, as well as lived experience to create a balanced understanding. Benzodiazepine peer support research is limited but promising, with an abundance of information from both research and lived experience.
- <sup>3</sup> Fixsen AM, Ridge D. **Stories of Hell and Healing: Internet Users' Construction of Benzodiazepine Distress and Withdrawal**. *Qualitative Health Research*. 2017;27(13):2030-2041. doi:10.1177/1049732317728053
- <sup>4</sup> (Rickels K, Schweizer E, Case WG, Greenblatt DJ. Long-term therapeutic use of benzodiazepines. I. Effects of abrupt discontinuation. *Arch Gen Psychiatry*. 1990;47(10):899-907.)
- <sup>5</sup> Ashton, H. (2005). **The diagnosis and management of benzodiazepine dependence**. *Current Opinion in Psychiatry*, 18, 249–255. doi:[10.1097/01.yco.00001655-94.60434.84](https://doi.org/10.1097/01.yco.00001655-94.60434.84)
- <sup>6</sup> Ashton, Heather. "Protracted Withdrawal from Benzodiazepines: The Post-Withdrawal Syndrome." *Psychiatric Annals* 25(3)(1995):174-179. Accessed April 14, 2018. doi:10.3928/0048-5713-19950301-11.
- <sup>7</sup> (Hu X. Benzodiazepine withdrawal seizures and management. *J Okla State Med Assoc*. 2011;104(2):62-5), marked acceleration of withdrawal symptoms, and even death (luyau D, Revadigar N, Manobianco BE. Challenges of the pharmacological management of benzodiazepine withdrawal, dependence, and discontinuation. *Ther Adv Psychopharmacol*. 2018;8(5):147-68.) including that due to suicide (Murphy SM, Tyrer P. A double-blind comparison of the effects of gradual withdrawal of lorazepam, diazepam and bromazepam in benzodiazepine dependence. *Br J Psychiatry*. 1991;158:511-6).