Why prescribed benzodiazepine addiction/withdrawal has nothing to do with substance misuse – 5 September 2011

It is apparent that the Department of Health and its advisors, doctors and many others do not fully understand benzodiazepine withdrawal. I have therefore worked with Professor Heather Ashton, Emeritus Professor of Clinical Psychopharmacology at Newcastle University and leading world expert on benzodiazepines, to provide a simplified explanation with a view to helping health professionals and all other parties involved to better understand the subject. Professor Ashton endorses this document.

This guide deals with a population of prescribed long-term benzodiazepine users who do not misuse other drugs. This population has not been recognised by the Department of Health or health practitioners.

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Basic understanding - All benzodiazepines, if taken regularly for more than a few weeks, disrupt the nervous system's natural calming mechanism. As a result, the patient's CNS becomes dependent on the drug (i.e. addicted) and may suffer a state of agitation, or hyper-excitability, when it is stopped. This withdrawal reaction includes numerous physical and psychological symptoms which can be disabling and last for weeks, months or years. The severity of withdrawal symptoms can be minimised by slow tapering by substituting a long-acting benzodiazepine such as diazepam. Substitution of a correct dose of diazepam is critical to avoid unnecessarily causing acute withdrawal symptoms and guidance may be found on the website http://www.cks.nhs.uk/benzodiazepine_and_z_drug_withdrawal which provides essential guidance intended for any health practitioner managing withdrawal.

Those health practitioners responsible for prescribing benzodiazepines or managing withdrawal should read and follow the guidance available on the NHS Clinical Knowledge Summaries website. This will avoid the enforced and abrupt withdrawals with insufficient diazepam substitution currently reported by many patients.

A 12 month taper or longer is often required with the patient's consent and at their own pace. A post-withdrawal period of several months or years may be necessary for readjustment and healing of the nervous system. People feel ill during and following withdrawal because of the chemical malfunction caused by the benzodiazepines. In the majority of cases the body gradually restores normal function after withdrawal.

Benzodiazepine dependence and withdrawal symptoms have nothing to do with drug misuse, craving, addictive personality, disorder of the mind, chronic relapsing disease or any other explanation proposed by addiction psychiatrists. It is a chemical reaction resulting from the adverse effects of long-term benzodiazepine use.

GABA – How it works - Benzodiazepines bind to GABA receptors in the brain and enhance the activity of GABA (gamma aminobutyric acid), an inhibitory neurotransmitter which mediates tranquillising or hypnotic actions. During long-term exposure to benzodiazepines these receptors disappear; at this stage the user becomes

dependent on the drug rather than on natural mechanisms. After withdrawal the lack of receptors causes a state of hyper excitability and it takes time for the lost receptors to become re-synthesised. Recovery may take months or years and varies between individuals and this is why abrupt withdrawals are inappropriate and cause unnecessary suffering.

It is the ignorance of these factors that lead health professionals and addiction theorists who should know better to misunderstand benzodiazepine withdrawal.

The main problem those addicted to benzodiazepines have is that the drugs have interfered with the basic function of GABA at its neural receptors. The consequences of this can be horrific affecting the whole mind and body. My withdrawal symptoms listed below lasted 24 hours a day throughout a year of tapering and remained throughout another 15 months following the last dose. Although most of these have now stopped my recovery is still ongoing.

My Withdrawal symptoms - Constant sleep disturbances including persistent nightmares, waking in terror early every morning, feeling frightened and terrified all the time, feeling detached from body, loud constant tinnitus, extreme light sensitivity and a perception of colours changing, feeling that everything including me was unreal or dream like, audio distortions like being in an echo chamber or like listening through cotton wool, hot and cold flushes, crushing headaches like someone is squeezing your brain really hard, a tight band round head, pressure in the head like it will explode, visual distortions as if the ground and surroundings are moving like liquid, breathlessness, intrusive unwanted thoughts, retching and nausea, muscle aches, cramps, heavy limbs, burning sensations in muscles, chronic fatigue, involuntary weeping, agoraphobia and claustrophobia, panic attacks and palpitations, constant agitation, rage and anger, loss of appetite, dizziness and loss of balance, bloated stomach, frequent urination, blurred vision, no concentration, confusion, inability to perform simple tasks or plan things, comprehension problems, spontaneous itching feelings all over body, feeling of complete hopelessness, dry mouth and metallic taste, restless legs and muscle twitches, emotional blunting or the inability to feel, flu like symptoms with sore tight throat, jelly legs feeling as if they will collapse under you, short term memory loss, unfounded thoughts that something is going to happen, hypersensitivity to touch, loss of balance and finally suicidal thoughts caused by all the above.

These symptoms are typical after long-term use and are well described by Professors Lader and Tyrer in literature dating as far back as 1982.

Significantly, craving for benzodiazepines is not a feature of withdrawal.

Dependence is not a “chronic relapsing disease” which is a misguided term used by addiction theorists.

People naturally believe they are ill throughout this process but in reality they have a chemical malfunction caused by benzodiazepines. Therefore to base any provision on substance misuse and addiction theories is completely inappropriate.

Understanding "waves" and "windows" - During healing, these symptoms periodically decrease in severity and many disappear giving temporary relief only to re-emerge again for further indeterminate periods of time and at various levels of severity. Patients call these periods of remission "windows of normality" and the returning symptoms "waves" and these "waves and windows" typically continue for weeks, months and in some cases years.

There is no avoidance of these when tapering and additional medication is rarely of any use; these symptoms simply have to be endured and this is why the reassurance, support and advice given by the current withdrawal charities are crucial to recovery. Doctors often misdiagnose these as "new" symptoms and "treat" them with further medication, thus compounding the problem and causing further addiction to other benzodiazepines, SSRIs or antidepressants.

Talking therapies such as CBT do not help during recovery as withdrawal symptoms do not represent a psychological condition, however, these therapies may help after withdrawal.

Conclusion - Dedicated specialist withdrawal clinics with staff who understand the needs of long-term prescribed benzodiazepine users are essential and polydrug centres concerned with substance misuse are inappropriate for this purpose. There is also a need to train health practitioners including clinical psychologists and research into long-term use is of the utmost importance.

Further information, advice and support may be found at:

www.benzo.org.uk including links to Professor Ashton's Manual and support groups