

# **‘INCREASE THE SKILLS, REDUCE THE PILLS’ THE BENZODIAZEPINE CLINIC**



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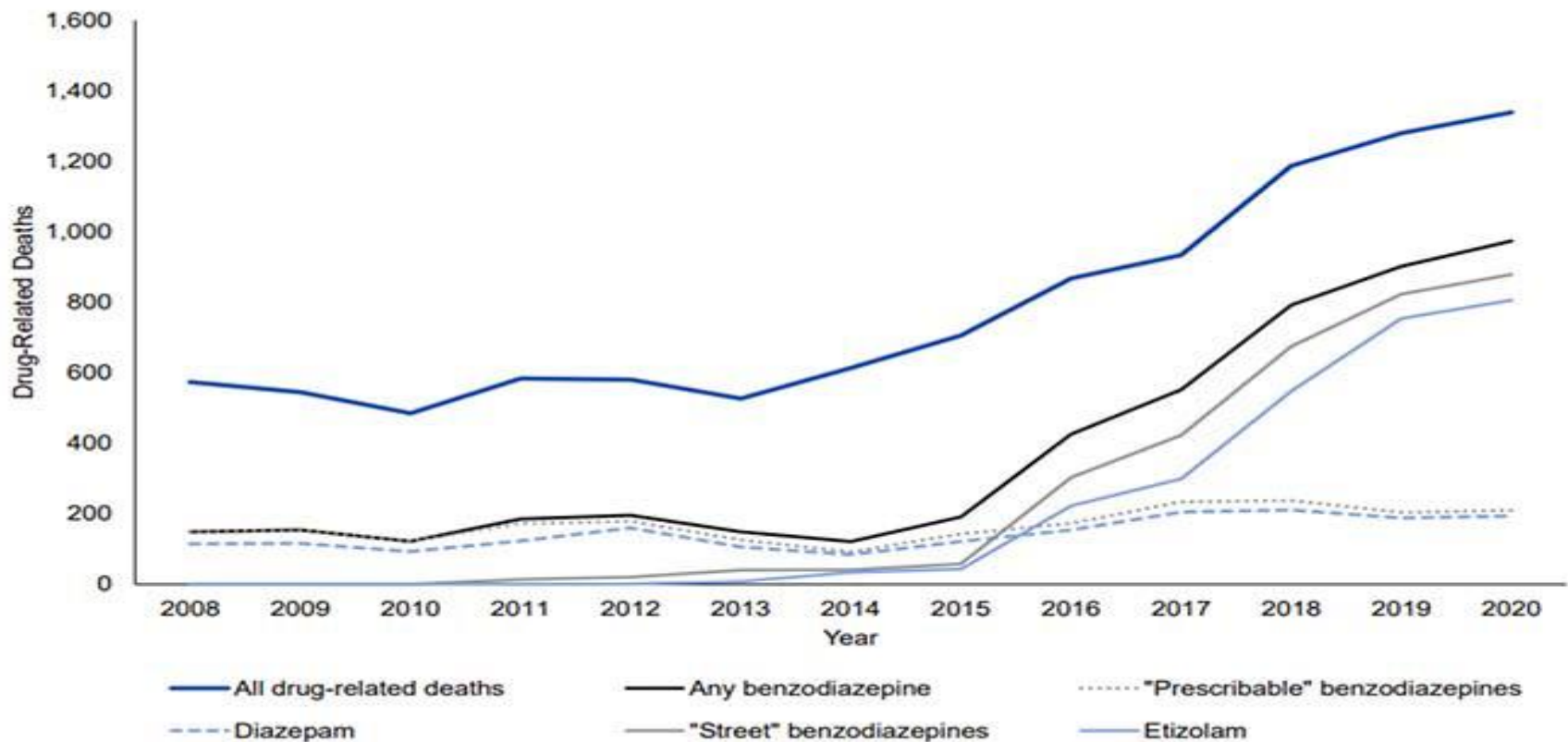
Acknowledgements: Professor Sue Galea-Singer, Dr Mike Simpson & Dr Paul Watson.

# CHANGING ROLE OF BENZODIAZEPINES

In 2020 implicated in 73% of all drug deaths in Scotland



# BENZODIAZEPINES AND DRUG-RELATED DEATHS IN SCOTLAND 2008 - 2020



# IN THE KINGDOM OF FIFE

- In 2023 benzodiazepines were implicated in 53% of drug related deaths.
- Often more than one substance (such as opioids, cocaine & gabapentinoids) is implicated in the death



# WHAT DOES THE EVIDENCE TELL US?

- Insufficient evidence to make clear recommendations for clinical practice.
- Available literature has limited applicability to our core patient group:
  - Age
  - Dose
  - Prescribed v illicit
  - Pattern/context of use
- **Not yet a consensus, but an acknowledged need to do something.**



# OVERALL...FROM THE EVIDENCE

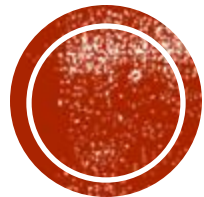
- **Further research needed! Evidence is limited by small study numbers.**
- **Prescribing & psychosocial interventions must go hand in hand.**
- **There is a need for flexible, individualised, person-centred care.**
- **The risks & benefits of prescribing balanced against the magnitude of harm from high dose, unknown potency, illicit street benzodiazepine use within the context of polysubstance use.**



# KEY MESSAGES

- **Not prescribing is harmful**
- **Maintenance is harmful**
- **Target harms related to chronic benzo use**
- **Dose reduction without psychological intervention is not helpful – because of return to illicit use – often whilst prescribed**
- **Timing the prescribing with the psychological input is likely to achieve the best outcomes**





# **THE BENZODIAZEPINE CLINIC**



# PURPOSE

Aims to provide a trauma-informed service which offers a range of psychosocial interventions to tackle mental health problems and distress, alongside a benzodiazepine reduction, based on each individual's psychological formulation



**Increase the  
Skills, Reduce  
the Pills!**



# CONCEPTUAL FRAMEWORK



# TRAUMA



# WEEKLY MDT DISCUSSIONS

All patients using benzos will have an MDT discussion:

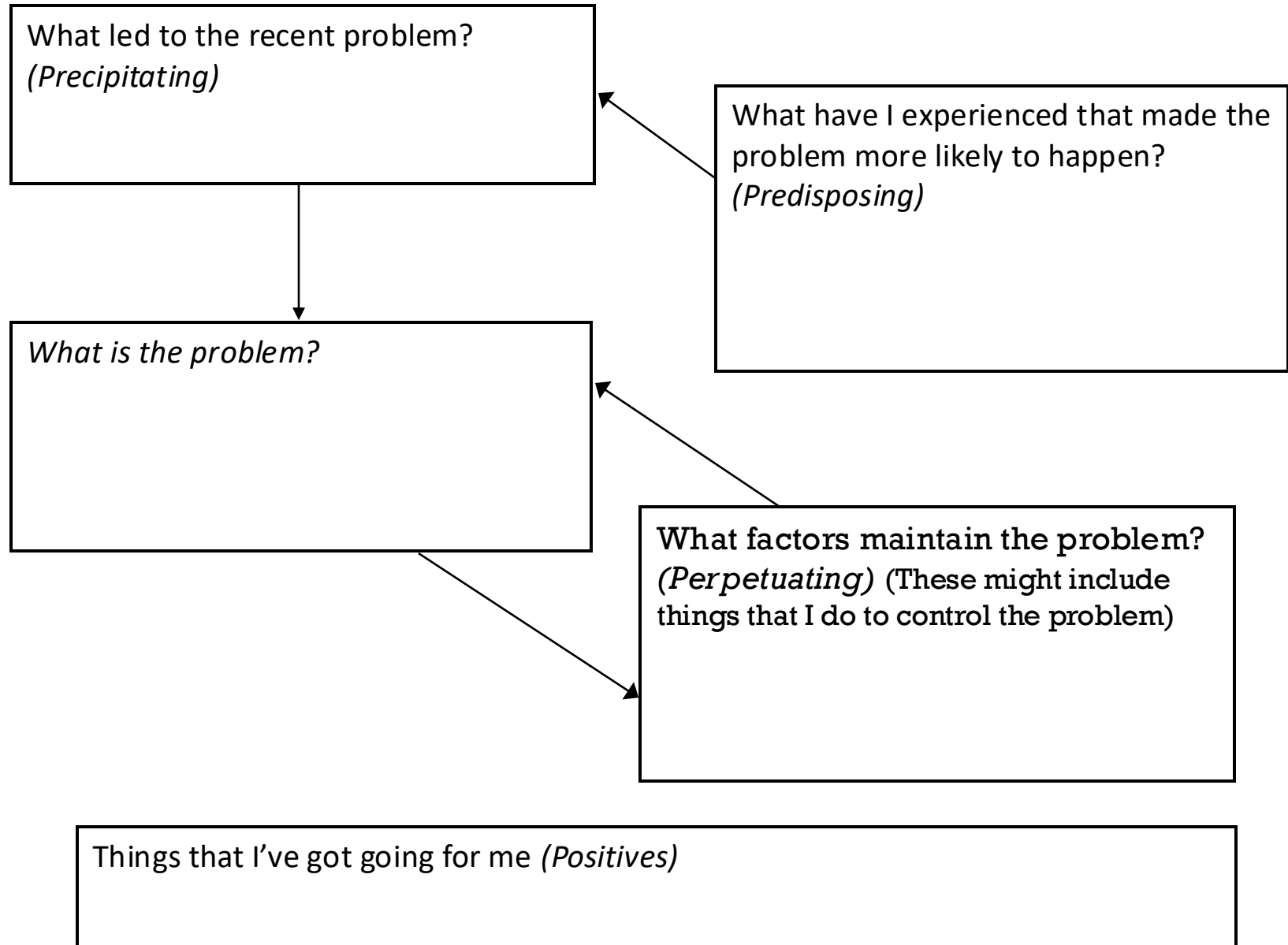
- Severity of dependency;
- Type of benzo used – ‘street’/prescribed;
- Is formulation an option?;
- Stability;
- Patient’s goals for treatment;
- Would prescribing of diazepam be beneficial at this point?



- **Assessment and Formulation**



## 5P Formulation Template - How did the “problem” develop?



# ■ Psychotherapy Skills













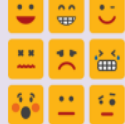






















# MOTIVATIONAL INTERVIEWING



# THE DECIDER

? ACCEPT				CHANGE ?			
<b>DISTRESS TOLERANCE</b>		<b>MINDFULNESS</b>		<b>EMOTION REGULATION</b>		<b>INTERPERSONAL EFFECTIVENESS</b>	
	IT WILL PASS 	BREATHE 	OBSERVE 	SELF CARE 	THINK 	LISTEN 	RESPECT 
DISTRACT 	DO ONE THING  20 MINUTES RIGHT NOW 54321	THIS MOMENT 	FOCUS 	NAME THE EMOTION 	OPPOSITE ACTION 	REFLECT 	CRYSTAL CLEAR 
TURN THE MIND 		DRIFT 	FACT OR OPINION 	SIEVE OR SPONGE? 	BUILD POSITIVE EXPERIENCES 	ASK or SAY NO 	MAINTAIN RELATIONSHIP 
SOOTHE 	VALUES 	WISE MIND 		BALANCE 	PACE & PLAN 	TALK THE TALK 	END OR MEND 
<b>PRACTICE</b>				<b>PRACTICE</b>			



# SAFETY AND STABILISATION



# EMOTIONAL REGULATION



- Cognitive rehabilitation



# 10 Brain Functions Injured by Alcohol & Other Drugs

① Attention    ② Memory

often experience that environmental triggers can produce an inability in me to control my desire to use my drug of preference, even when I do not want to use because using is all I can think about. When this happens, I have very little ability to shift my focus to anything else. Even carrying on a conversation with someone is very difficult when I am locked on to thinking about using. Multi-tasking of any kind is nearly impossible when I am pulled into thinking about drug use when driven by environmental cues.

## Memory

I believe my memory has been negatively affected by my drug use. I seem to experience "involuntary" memories related to my using such as when I pass by or think about places where I would use. I am experiencing lapses in short-term memory, forgetting things as recent as what I had for lunch or if I returned a phone call. I feel like this may cause others to lose trust in me.



Ⓜ Decisions & Control Ⓜ Movement & Speech

I can make a decision to refrain from using but many times, I am unable to follow through with my decision. I feel powerless over my ability to not use, even when I don't want to, especially if I have recently used. Once I am in the presence of and actually see my drug of preference, I lose control. I cannot successfully choose to not use, as if a powerful force takes over and I am at the mercy of craving my drug, using despite my resolve not to. When I am craving, I feel emotionally unstable, my mood changes quickly from happy to sad, angry, to rage, without much stimulus to incite the rage. It just happens, without my permission.

I often find myself searching for the right words in conversations, words I used to know in the context for which I seek them. I feel very limited in my vocabulary resources; very unlike I used to feel in conversation which was confident and adept. I find myself stuttering and/or groping for words.

I also feel like my coordination and dexterity have diminished a great deal. Movements and tasks that used to come very easily for me are much more difficult and I feel sluggish. My driving skills and confidence behind the wheel have diminished and this makes me very fearful of being at high-risk to have an accident.



### ⑤ Brain-Body Connection

do not feel like I am in touch with my bodily senses anymore. When I am stressed, craving, depressed or anxious I do not feel like my mind and body communicate; therefore, I am not aware what my body may need at certain times, such as when I need to hydrate, when I am hungry, or fatigued. It's like my mind and body are completely out of touch with each other. My emotions don't present themselves through bodily sensations, so when I don't pay attention to my "gut level senses", the result is an inability to control these emotions.



### ⑤ Arousal and Sleep

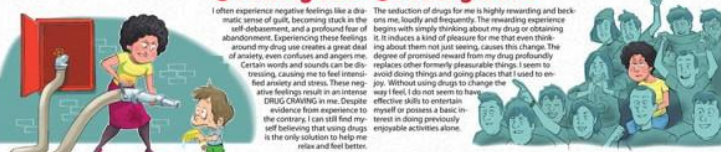
I have a difficult time falling asleep and staying asleep. I wake up startled and anxious. I can feel my heart beat too loudly, remain anxious, excitable and easily annoyed. I find it very hard to become calm once I am experiencing these states. In contrast, sometimes I feel drowsy and sleepy when I believe I should be alert during work. My body, mental state, and emotional being feel heavy and I often find physical movement and motivation to move very challenging.



⑦ Feeling Bad    ⑧ Feeling Good

I often experience negative feelings like a dramatic sense of guilt, becoming stuck in self-debasement, and a painful sense of abandonment. Experiencing these feelings around my drug use creates a great deal of anxiety, even confuses and angers me. Certain words and sounds can be distressing, causing me to feel intense fear and anxiety and stress. These negative feelings result in an intense DRUG CRAVING in me. Despite evidence from experience to the contrary, I can still find myself believing that using drugs is the only solution to help me relax and feel better.

The seduction of drugs for me is highly rewarding and beckons me, loudly and frequently. The rewarding experience begins with the thinking about my drug or obtaining it. It induces a kind of pleasure for me that even thinking about them not just seeing, causes this change. The degree of promised reward from my drug profoundly replaces other formerly pleasurable things. I seem to avoid doing things and going places that I used to enjoy. Without using drugs to change the way I feel, I do not seem to have the effective skills to entertain myself or possess a basic interest in doing previously enjoyable activities alone.



⑨ Social Cognition    ⑩ Awareness & Insight

I have difficulty identifying and expressing my emotions, clearly and understandably. I realize that I cannot accurately pick-up on cues coming from other people about how they see me or I interpret my behavior, so I have lost my ability to empathize. Because I cannot access this type of insight, communicating with my family and others is especially difficult for me. I also seem to be unable to and uninterested in making new friends.

Despite what some of my friends, relatives, and co-workers might say, I do not see myself as someone who has a disease, needs medical care or other treatment. I only drink and use recreationally and can stop anytime I want to. I simply don't want to. I am tempted to use because it feels good when I use, I like the effects produced by alcohol and/or other drugs, cannot see, in the using brain state, how they hurt me; therefore, I do not see the benefit of abstaining or asking for help.



### In Summary

A healthy brain is an absolute necessity for a happy, meaningful, and purposeful life. Chronic use of intoxicants such as alcohol, cocaine, heroin, meth, OxyContin, marijuana and many others, regardless of whether they are legal or illegal can lead to serious brain impairment, even damage, dysfunction and greatly diminished brain functions. Fortunately, research shows that the human brain is capable of being restored or even improved in function in Recovery with the right approaches and exercises during abstinence. In upcoming posters, we will offer some ideas about how to improve your brain healing and recovery, to support abstinence from intoxicants. To learn more, please consult our companion book: "Brain Healing First Aid: How to Recover My Brain's Abilities during Addiction Treatment".

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# DIAZEPAM REDUCTION



# ■ Tier 3 Psychology





# PROGRESS SO FAR...

- 125 patients have been discussed at MDT so far and 36 patient's accepted the intensive programme.
- 89 patients: Revised collaborative care plan – increasing understanding of role of benzos; benzo-related harm; increasing control over use of benzos.
- Patient Feedback:

‘I feel fortunate for the support and so grateful. I enjoy coming to the appointments and want to put the work in’.



# CHALLENGES

- Lack of resources
  - Staff
  - Time
  - Premises (Large Geographical area)
- A New Way of Working in Addiction Services
  - Different Roles for Us
- Vicarious Trauma



# CONTACT DETAILS

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*“Addiction is not a choice that anybody makes;  
it is not a moral failure. What it actually is: a  
response to human suffering”*

Dr Gabor Maté

