

# Street Benzodiazepine Use: The perspectives of those who Use

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## Introduction

This work was undertaken as scoping work to inform intervention development for an application to the Chief Scientist Office. Evidence of harm from 'street' benzodiazepines (BZP) was evident in drug related death data and is not covered here. As a result it was clear that an intervention was required to minimise harm from street BZDs. Current evidence is insufficient to inform clinicians and offer the reassurance they need. The aim of this study was to explore experience and motivation of BZD users. The intention is to bring this understanding into a complex intervention development model as part of the CSO funded project. A COM- B approach framed the questions. COM B requires that three factors affect behaviour: capability, opportunity and motivation.

The research questions were :

1. How are street BZDs accessed and used? (capability)
2. What is the availability of street BZD? (opportunity)
3. Why do people use street BZDs? (motivation)
4. What sort of treatment/support do people have experience of or want? (opportunity for behaviour change)

## Methods

Participants were recruited via voluntary sector drug and homelessness services across Scotland. Participants contacted the researcher directly via text message or phone call to express their interest in taking part and to request a call back. Two participants were recruited via snowballing. All interviews were conducted by telephone as this work was conducted during Covid19 restrictions. The participant information sheet was read to all participants and their verbal consent was given prior to starting the interview and recording. Participants were invited to ask questions and reminded their contributions were anonymous and that they could withdraw at any time. All interviews were audio recorded, with participant consent. Interviewees received a £20 supermarket voucher which was sent via SMS, email or post, depending on their preference.

Each interview was transcribed and anonymized. Codes were then organised under COM-B themes with emerging sub themes: **opportunity** (sub themes: source, supply, price and availability); **motivations** for use, (sub theme negative effects of BZDs); **Behaviour Change** (experiences and preferences regarding interventions to reduce or stop BZD use). Within each theme the range of views and experiences were explored. Verbatim quotes are used to illustrate themes.

This research was approved by the General University Ethics Panel at the University of Stirling.

## Results

Interviewees consisted of seven males and five females aged 31 – 51 years (n=12) predominantly from the central belt of Scotland.

### Current Use Profile

Prescribed and street BZD use varied. Four participants said they did not take BZDs anymore. Two said they were current users but tapering off them; four participants said they used BZDs frequently, and; two participants claimed to be infrequent BZD users. The key emerging theme described in detail below are availability and initial use; patterns of use and motivations and views and experiences of interventions.

### Opportunity

#### Source, supply, price and availability

The majority spoke of street valium and prescribed valium being the dominant BZD they had taken in recent years. Others spoke of using temazepam, lorazepam, alprazolam and etizolam. Three participants acknowledged the increase in risk of street Xanax (alprazolam). One 31 year-old male participant from Lothian said the increase in potency appealed to him.

Two participants over the age of 50, spoke of first being exposed to BZDs via family members' temazepam prescriptions when they were much younger. Other participants spoke of using diverted prescription of valium.

One female participant, who was initially prescribed valium for mental health issues throughout university, said she was given two months supply of valium via a healthcare practitioner, which led to misusing the prescription and street drug use.

*'[I was given] 56 tablets to take away after just a 10 minute consultation... [which] kinda opened up me taking them like sweets essentially' (BZ008)*

Another participant, a 49 year-old male from Lothian was also prescribed diazepam at a young age due to anxiety, depression and agitation following a severe car crash. He claimed to top up his prescription with street valium.

A dominant theme was that BZDs were readily available and easily accessible and all participants spoke of an abundant supply of street BZDs via street dealers or peers. Three interviewees spoke about buying large quantities which they either sold or gave away to their partners and peers. Buying large quantities in bulk equated to cheaper prices and participants spoke of selling half of the amount to cover the costs of personal use.

*'When I took them I used to buy 1000 of them. So I used to buy 36 boxes for £250 and sell half and take half, so I made my money back' (BZ001)*

*'The more you buy, the cheaper they get. So you tend to buy a lot more than what you need but you're just getting them so much cheaper. It's a vicious circle 'cos when you start running outta money then you start selling them and become part of that problem' (BZ011)*

One participant claimed to sell her own diazepam prescription. It seems there may have been an element of coercion involved:

*'...after a while I started selling them... I'd take a couple and maybe give a pal a couple and you had the chemist people, like they would just chung ya. You had certain people in the street that would just wait for you. People knew like on a Monday and knew she was getting a strip, that's what people do, they wait for you to come outta the chemist and that' (BZ012)*

This indicates how those being prescribed could be targeted to sell/share/ give up their supply.

Participants acknowledged that they were often consuming fake BZDs bought off the street, which contained unknown ingredients and of varying potency. Current users were fearful of taking counterfeits but stated they had no other option.

*'It's Russian roulette every time you buy off the street. Even when you're topping up on your own prescription, you have no idea about the dose and your body might not be used to it and anything could happen' (BZ004)*

*'...the street ones aye... A lot of them have got like xanax and lorazepam in them... You just end up cuckoo you know. You wake up in the morning, freezing. You wake up and have no clue what's happened or how you got there, what you've done, it's a complete blank' (BZ011)*

Participants reported a general awareness of poor quality BZDs in circulation which often had unwanted, unpleasant effects.

### **Motivation for Use**

Seven participants had initially taken diverted prescribed BZDs and/or street BZDs with friends or family members out of curiosity, opportunity or for 'the buzz'. Participants said that casual use often developed into heavier use and that motivations changed.

*'...because they're there, you're just gonnae take them. Everybody else is doing it so... You just do it to pass the day 'cos you're on the streets, you're homeless and just wanna numb everything out eh' (BZ011)*

This links back to the widespread availability which enables use.

Anxiety, depression and insomnia were the dominant reasons for participants' BZD use. One participant spoke of needing BZDs to boost his confidence and motivation to do productive things like go to the gym.

Three participants expressed severe depression linked to deep-rooted trauma. This ranged from: eating disorders; abusive parents; addiction within the family growing up; a severe car crash; childhood poverty and neglect; severe bullying throughout school; deaths of parents and other family members and the death of a child.

*'My baby passed away 2 years ago, I lost my dad and I just lost my mum in January. I can't cope with my mind... It's the only thing that keeps me up. My doctors still refusing to give me things... The doctor wouldnae even give me anything when my baby died... And aye then I have to go oot and use street valium... I've been taking them for 12 years now, the longest I've been off them is 8 months...' (BZ003)*

One participant was initially prescribed 'valium' for seizures reportedly brought on by anxiety. One participant, a 33 year-old female who is now on a tapering plan and enrolled in services, said she had purposefully overdosed in order to get help from drug treatment and mental health services.

It was noted that motivations differed greatly, but then merged together and overlapped.

*'[Other people] might take them to get rid of hangovers, help them sleep or for anxiety. There's always a reason behind it, whether it's a good reason or a bad reason. I had a couple of friends who dinnae take them but they'd phone me and say 'have ye got any valium I've not slept for 2 days, my baby's been up all night and I have nae had a good sleep'. They didn't usually take them but they didn't wanna go to a doctor' (BZ001)*

### **Effects of BZDs and risk behaviours**

Several participants often used the terms 'invincible' and 'invisible' when they spoke about the feelings of BZD intoxication. This change of mood was often associated with criminal activity such as stealing and vandalism. Three male participants said they had woken up the cells following heavy BZD use including one who said he was currently on trial for attempted murder following an event that occurred whilst he was intoxicated on street BZDs.

*'I've been in police stations... Woke up the next morning absolutely black and blue and having to ask what I'm in for... I know I would never hurt anymore... I'm not physically violent... But when I was taking them, I was being violent' (BZ004)*

Almost all interviewees shared experiences of black-outs and memory loss due to BZD use. Some experienced long-lasting memory impairment.

*'My memory isn't as sharp as it used to be and that's down tae benzos. My short-term memory is terrible but my long-term memory is perfect! I can remember probably 2 years out of the whole decade... It's all scatter, small memories' (BZ004)*

A 31 year-old female participant who currently uses street BZDs, said she is experiencing liver failure due to long-lasting, heavy BZD use. She claimed to take up to 100 x 5mg street valium in one day. Another participant did not realise the severity of his addiction until he also had a physical health scare:

*'The big issue with them was the memory loss. The fact you don't remember taking them some days and other days you just forget the previous day completely. It made it kind of hard to understand exactly how bad my habit was until I had the seizure' (BZ009)*

Almost all participants said they had taken excessive amounts of BZDs, one participant said because they are so easy to consume a handful of pills.

*'[I first took them when] I was 18. That's when my dad died... Then I thought 'oh these are brilliant...' Then 20 went to 50 and 50 went to 100...' (BZ003)*

Other risks factors participants spoke about were: the normalisation of BZDs; taking them alone; heavy polydrug use; crushing them and snorting them.

### **Personal experiences of withdrawal/ detoxification**

When asked about reducing or stopping BZD use, all participants stated that abrupt discontinuation was not an option. Two individuals said they had experienced aggressive seizures after halting use

suddenly. A 31 year-old male who regulated his dosage following a tapering plan with the help from a service, stated:

*I'd put myself down 10 at a time and kinda got myself stuck in a rut when I got to about 20mg and slowly reduced myself again until I was taking only about 3 or 4 a day which is when I realised I could probably just stop because the chances are, some days I'm not even taking a valium! BZ009:*

There were mixed opinions from participants regarding what a detox plan would be like: Some believed the tapering plan should be put in place with a healthcare professional but the dosage should be managed by the BZD-dependent individuals, yet others believed that having less control was better.

*'[On a community detox] I kind of said to them 'if it's possible, can you not give me the medication to take myself, or it to be my responsibility to take it... at least in the first instance. Because I'm pretty sure I will smile and wave and tell you everything is ok but manipulate you into abusing things...'* (BZ008)

One participant, who was prescribed valium for childhood trauma and also uses street valium, said his doctors once reduced his dosage without consulting him.

*'[The GP] kept chipping away at my prescription of valium and they kept bringing it doon and bringing it doon and bringing it doon and I was trying to explain to them like 'look I'm nae taking these to get a buzz, I dunnae get a hit or a stone from them, they genuinely just calm my insides doon''* (BZ011)

In addition to third-sector led interventions, seven participants said that family and friends were a strong motivation to reduce or stop BZD use. Two participants said moving away from negative influences would reduce their street BZD use. Participants also spoke about enhancing their knowledge around BZDs in other ways, and how this helped them in the recovery process. Some participants welcomed additional information which was passed on by their addiction worker, and some accessed other content:

*I was a member of the benzo buddies and I used to listen to different shares from guys from America who knew about benzos and withdrawal. All that online stuff helped me as well. (BZ002)*

### *Withdrawal Effects*

Participants also noted intense and unpleasant withdrawal from BZDs. It was described as a 'black cloud' by one participant, who claimed to also experience rebound panic attacks, palpitations, cold sweats, muscle aches and cramps. Another participant noted stomach cramps, sore legs, mood swings and lack of sleep alongside another participant who stated he felt stiffness in his bones, constant sweating and numb toes when he stopped taking valium. Another 43 year-old male who is currently on a tapering plan, expressed his worries about his lack of sleep when coming off BZDs. He spoke about smoking cannabis as a replacement, and taking herbal remedies.

## **Experience of interventions**

### ***Access to care***

There were also numerous positive comments regarding the services for people who are BZD-dependent.

*'That's my only regret of not working with [service]... Is not working with them sooner. What they do is amazing for addicts and ex-addicts. The aftercare is amazing, there is always somewhere you can pop in for a chat or go to a meeting. If I feel like using I can call my worker and tell her I've got the urge. It's good to know that with Turning Point there is always someone there... Instead of calling a drug dealer I can call my [recovery] worker (BZ004)*

However, some participants expressed that they were unable to access counselling and other mental health services and were added to long waiting lists. One participant was refused services by her GP. Another experienced challenges accessing care for underlying mental health problems:

*When I had a breakdown, that's when I started taking them. They blanked everything out, just made me feel like I was normal, but I was nae... I've been screaming for help and it felt like I was nae getting the help I needed for ages. It basically took me to nearly jumpin off a bridge for me to get the right help. Nobody knew I was gonnae jump, it was just a guy that walked passed and he phoned the police who grabbed me off the wall. It was all because I was nae getting the proper help' (BZ005)*

### **Peer support**

Five participants, previous and current users, were enrolled in peer recovery group meetings. Participants said it was positive to be surrounded by people in a similar situation: to see where they once were and to see where they aim to be. Interviewees said that encouraging others to overcome addiction was a great motivation for themselves to become abstinent.

*'The good thing about the SMART meetings is that 1) it shows you where you can get to 'cos there's people that are doing really well and it also shows you that you're not as bad as your think, 'cos there are always people that are worse. Then you can kinda help them as well by giving your opinion and try and be a bit supportive towards them as well' (BZ001)*

On the contrary, two people said they disliked peer recovery groups. They said they didn't like talking to peers who they knew already. One female participant said she could entertain the idea of attending a group in a different city where she didn't know anybody. Those enrolled in services had differing levels of one-to-one contact with their main specialist worker, which ranged from daily texts or calls to weekly calls.

### **Relationship with key care provider**

One participant, a current, heavy street BZD user, said she may benefit from having more than once weekly calls from her support worker. Two participants said they didn't want to let their support worker down, which was a motivation for their progress in treatment.

*Well, I feel like wae [my addiction worker], I'm not wanting to let her down. I feel like she's putting the work in as well (BZ001)*

One participant, a current user on a reduction plan, said she was missing the physical notion of attending the service due to Covid-19 restrictions. Another participant said he cannot afford to attend more than one virtual peer recovery group per week due to having to pay for internet data.

## **Main Findings to Consider in Intervention Development**

**Capability:** Prolonged, heavy use leads to further health problems like memory loss, black-outs, aggression and seizures. Memory loss could negatively impact on capability to process information.

**Opportunity:** There is an abundant supply of BZDs on the streets of Scotland, which are readily available and can be bought very cheaply. Casual BZD use amongst peers and family members often developed into heavier, long-term use.

**Motivations:** Street BZD users often have overlapping motivations for use. Many participants spoke of a deep-rooted history of trauma. Sleep management, anxiety management and confidence building were mentioned as motivations for use.

## **Interventions to aid Behaviour Change**

Those enrolled in psychosocial support such as peer groups, spoke very highly of the intervention. Specialist addiction support was valued by those who had experienced it. Strong relationship with a GP or specialist worker were vital in a positive treatment experience but also a motivating factor to stick with the treatment plan.

There were mixed views on whether there should be prescribing on a fixed reduction, tapered reduction or even maintenance, and who should have main control over this. This indicates that flexible person centred approach is needed.

Those enrolled in peer recovery groups found the intervention very motivating but those who didn't engage well with local groups should be offered support groups further afield to grant anonymity.

Those who are prescribed BZDs are at risk of being targeted by dealers and other BZD users when they pick up their prescription from the pharmacy. This risk needs consideration.

## **Adverse Effects and Risks to Consider**

Interviewees acknowledged the risks associated with street BZDs and some had lost peers. Current users claimed they had no other option than to consume potentially-counterfeited drugs in order to self-medicate deep-rooted trauma, anxieties, depression and to help with sleep.

Some street BZDs users said they liked to be alone whilst intoxicated which is a risk behaviour.

## **References**

West R. & Michie S. A brief introduction to the COM-B Model of behaviour and the PRIME Theory of motivation <https://www.qeios.com/read/WW04E6.2>