

# AN EVALUATION OF PRACTITIONER'S EXPERIENCE OF SERVICE USERS SEEKING COMMUNITY DETOXIFICATION FROM BENZODIAZEPINES

Presented by Marianne Wall, Counselling Psychologist  
Cork Kerry Community Healthcare HSE Addiction Services

Joint research between HSE Addiction Services Cork Kerry & Department of  
Applied Psychology UCC

# LETS TALK ABOUT.....



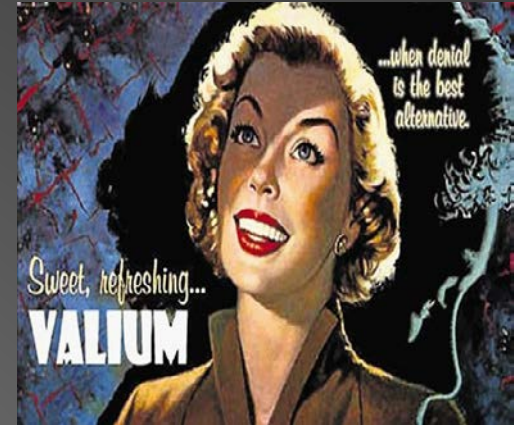
Benzodiazepines are *Group of Prescribed Medicines* which are sometimes used to;

- ▶ Reduce anxiety,
- ▶ Help with sleeping problems
- ▶ Assist when someone is in high distress
- ▶ Can act as a muscle relaxant
- ▶ Common examples include; Xanax (UpJohn 90s), Diazepam (D5s, D10s), Halcion (UpJohn 17s) & Valium (Roche 5)

# BENZODIAZEPINES A NATIONAL ISSUE

- ▶ Increase in numbers presenting as benzodiazepines being their main problem substance when entering treatment by 120 per cent from 2003 to 2008, 64% of cases reported using benzodiazepines on a daily basis (HRB, 2010)
- ▶ Based on 198 service users Matt Talbot Youth Services between Jan 2005 & August 2011; Benzodiazepine were used by 51%, 55.8% were regular use (Daniel Murphy, K. et al, 2014)
- ▶ In Prescription Nation documentary by RTE this year- highlighted the high rates of prescribing according to different regions

<https://www.rte.ie/news/investigations-unit/2019/0301/1033629-sharp-regional-variations-in-benzo-prescribing/>



# BENZODIAZEPINES & FATALITIES

Between 1998 & 2003

**1 in 3** poisonings  
**involved**  
Benzodiazepines

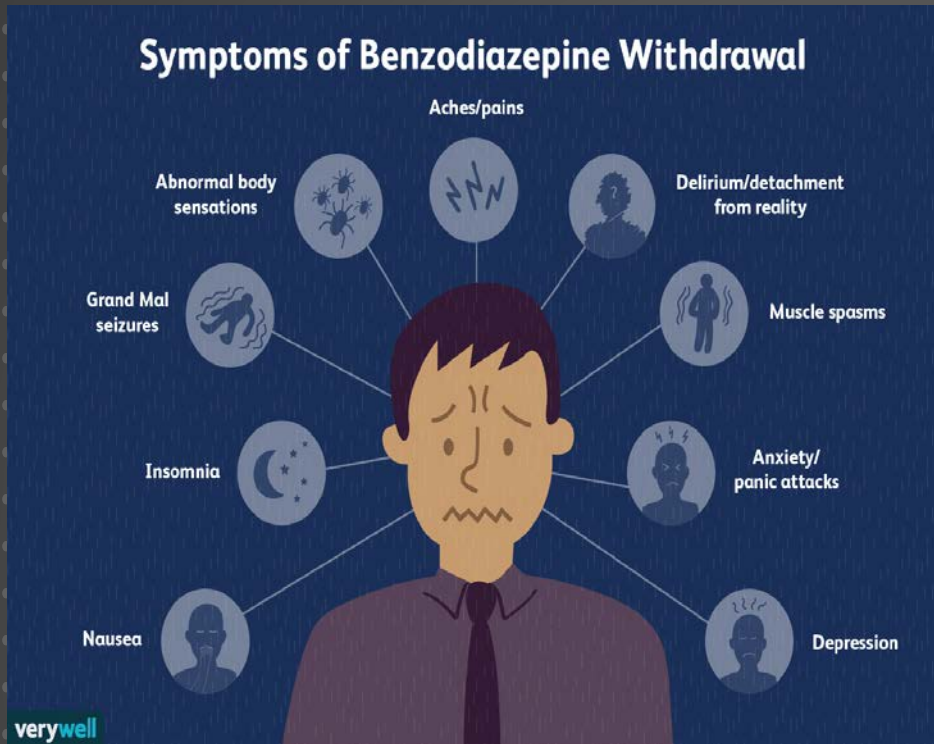


©Health Research Board

## National Suicide Research Foundation, 2012

Benzodiazepines were the second leading method of self-harming in Ireland after alcohol, resulting in 3611 hospitalisations (*Murphy, K.D. et al 2014*) & their report recommends restricting access to benzodiazepines as a priority

# COMMUNITY DETOXIFICATION



Detoxification schedules tailored to the individual with slow and gradual schedules for decreasing the substance (Aston 2002)

# METHOD- QUANTITATIVE & QUALITATIVE



- ▶ Distributed to over 100 professionals across Tier 2 & 3 HSE & community services plus homeless services
- ▶ 83 people took part in the survey
- ▶ Across all professions- community workers, nurses, counsellors, GPs
- ▶ Work with youth & adult service users

# RESULTS AROUND PERCEIVED COMPETENCE

- ▶ 86% reported feeling competent when working with service users that are engaged in a community benzodiazepine detoxification
- ▶ Despite the high levels of competence reported only 36.4% reported being aware of the contraindications of benzodiazepines and a community detoxification



# CHALLENGES EXPRESSED



## 1. Gaps in Knowledge:

PX: *“I feel ill equipped as I do not have medical training, so I feel that I lack adequate scientific knowledge around how benzos effect service users”*

PX: *“Not clear on the risk factors when mixing with other medications, not clear on the risks of internet benzos”*

## 2. Management of Service Users

PX: *“Very unpredictable behaviour, unknown quantities, large quantities”*

PX: *“It is very difficult to determine how much the client is taking...always concern about withdrawals and seizures”*



# CHALLENGES EXPERIENCED

## 3. Treatment Pathways

Approximately 72% of responses stated that they were aware of the pathways yet the qualitative data highlighted some confusion

*PX: "I'm guessing GP"*

*PX: "community or residential, I've found residential easier, I feel I lack expertise on the community detox procedures"*

## 4. Relationship with GP

G.P. was the main port of call for majority of participants,

Nearly two thirds of participants reported that in their experience GP's in the community do not support all service users to detox from benzodiazepines.

*PX: "I found it hard to communicate with GPs. I leave message and they don't return calls...clients don't feel they have enough power to liaise with GPs"*

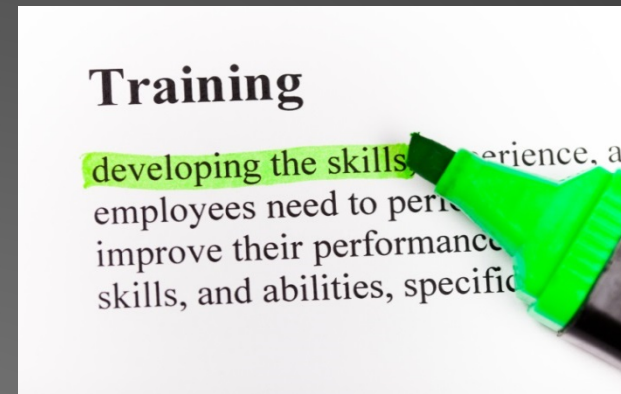
*PX: It varies from GP to GP. Some are excellent and remain involved with the patients and the results can be seen when their meds reduce"*

# OPPORTUNITY TO LEARN ABOUT BENZO DETOXIFICATION

- ▶ *“I think it would be helpful to have an information pack and worksheets about the above that I could go through with a client on a one to one basis.”*
- ▶ *“Everything there is to know.”*
- ▶ *“All there is to know. Need training and soon. It's an area that is constantly changing and increasing”*
- ▶ *“more understanding of benzodiazepines and what can be expected from detox, what do withdrawal symptoms look like, how long does detox take, what meds are used to detox and what is the side effects”*

# RESULTS CONCLUDE:

- ▶ Discrepancies exist amongst front line staff in their perceived confidence and their actual knowledge & skills- training
- ▶ Further research with medical professionals & service users about the challenges they face
- ▶ Best practice guidelines & dedicated protocols developed with all of the stakeholders involved



# RESEARCH REFERENCE

Wall, M., Lambert, S. & Horan, A. (2018). An Evaluation of Practitioner's Experience of Service Users Seeking Community Detoxification from Benzodiazepines. *Journal of Psychoactive Drugs*, Vol 50(3) p.224-230.

# LITERATURE

- ▶ Bellerose, D, Lyons S., Carew A-M, et al. *Problem benzodiazepine use in Ireland: treatment (2003 to 2008) and deaths (1998 to 2007) HRB Trends Series 9*. Dublin, Ireland: Health Research Board, 2010
- ▶ Ballymun Youth Action Group (2004) *Benzodiazepines – whose little helper? The role of benzodiazepines in the development of substance misuse problems in Ballymun*.
- ▶ National Drug Treatment Reporting System (NDTRS)
- ▶ Murphy, K. (2014). *Substance misuse in young people in Ireland - a focus on benzodiazepines*
- ▶ European School Survey Project on Alcohol and Other Drugs (ESPAD) (2011)
- ▶ Ashton, H (2002) Benzodiazepines: How they work and how to withdraw Press release from HRB (15/12/10)
- ▶ <http://www.novas.ie/mid-west-community-detox/>