Benzo Research Project

The Benzo Research Project

Executive Summary

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The Benzo Research Project is an independent group researching recreational benzodiazepine (benzo) use in young people across the UK. Our purpose is to spark conversation and raise awareness of the emerging issues surrounding this. The project was set up in Summer 2021, and has had over 50 young people volunteering over 4,000 hours for 16 months.

Read the full report on our website:
Our Website > Research > Report

Qualitative Analysis Executive Summary

Over the course of 16 months, the Benzo Research Project collected over 80 testimonies on recreational benzodiazepine use amongst young people (18-25) in the UK. The story-sharing platform was hosted on Drugs and Me's website, allowing us to better protect participants' anonymity and data security. You can find all testimonies that consented to their testimonies being shared here: Our Website > Testimonies.

Participants were prompted to discuss topics such as their experiences whilst taking benzos, or in times of trying to access support for their benzo use. However, these were just guidelines and participants could write about anything they wanted to. Optional demographics such as area of residence and gender were requested, but not necessary.

We conducted an inductive thematic analysis (Neale 2016) of 73 testimonies received between March and September 2022. Submissions were open to people aged 18-25 across the UK. Of the 70 testimonies specifying their country, 93% (65) resided in England (Bright et al. 2022). We did not receive any submissions from people identifying as women. However, our FOI campaign (page 11-12) found this was not indicative of young women not using benzos in the UK.

Key findings from testimonies (03–09/22)

10 different benzos were mentioned. Alprazolam (34) and diazepam (31) were the most common, followed by etizolam (11). A few people discussed designer benzos, e.g. flualprazolam.

Most people first took benzos before the age of 18. Many testimonies felt that learning about benzos at school was important. As 21 people took their first benzo while in education, there is an urgent need for secondary schools to provide trauma-informed, harm-reduction principles within national curricula and pastoral care.

Social circles were key influences in benzo consumption. Multiple participants stated that use of benzos became increasingly commonplace within their social groups. Benzo use often started socially, such as at a friend's house or at a party. Whilst some did not take further benzos after their experiences, others went on to become dependent.

Benzos were frequently used alongside other drugs, but there was a lack of knowledge of the associated dangers. Benzo use was mentioned in conjunction with other drug use in 45% (33) of all testimonies submitted. The most common situation involved the use of benzos to counteract stimulant after-effects (30), a severely under-researched combination. Alcohol was often combined with benzos (17), despite severe risks of blackouts, seizures and overdose.

Easy accessibility and low cost made benzos attractive. Benzos were substituted for, or consumed with, alcohol for cheaper nights out. Testimonies reported sourcing of benzos from both legitimate and illicit sources.

Benzo-induced changes in moods and behaviours had significant impact on participants lives. Issues were commonly experienced work and education settings, leading to suspension in some cases. Breakdown of romantic, platonic and/or familial relationships as a consequence of benzo use was a common theme. Disliking the changes to their mood and behaviour was a big factor in many people's decision to stop taking benzos, alongside the symptoms of memory loss and blackouts which were experienced by 62% (45) of participants.

There is a severe lack of awareness and education about benzos and addiction. 21% (15) of individuals were unaware of the addictive nature of benzos and other associated risks. Six people cited an abstinence-only, hard-drug focused curriculum as the reason for their lack of knowledge, only learning of the harms of benzos through online resources or personal experience.

Support is lacking for young people struggling with their benzo use. Participants reported difficulty accessing support, extensive wait times, and refusal by health professionals to support proper tapering procedures. As a result, individuals resorted to self-regulation and informing of their benzo use, leaning on friends to support them through their battles with benzos, and unsupervised tapering using unregulated black-market benzos.

Freedom of Information Executive Summary

The Freedom of Information (FOI) team utilised UK law (Freedom of Information Act 2000) to request information from local governments and NHS Trusts. We hoped to illuminate the approach to benzodiazepines within key services from 2018-2022, as well as any changes throughout the pandemic era. By sharing this information in a singular space, we are excited to further the accessibility of benzodiazepine knowledge and broaden public understanding of the issue.

NHS: 242 contacted

Our FOI requests to the NHS covered benzodiazepine use in young people aged 15-30, supporting the understanding of early experiences.

We requested data on benzo related hospitalisations, mental health admissions, self-referrals and GP referrals.

Our requests were broken down by both ethnicity and gender to identify varying demographic use .

Our requests included Foundation Trusts, Local Health Boards, Health and Social Care Trusts, Integrated Care Trusts, and Ambulance services throughout the UK.

Find all of the FOI responses on our website:
Our Website > FOI Requests

Councils: 91 contacted

Our local government requests related to drug education and support services in England and Wales. We asked about the number of young people accessing council-led drug services and the length of drug service waiting lists.

Our main focus concerned council drug education resources. We gathered information on the specific content covered, as well as the distribution of these schemes within local schools. We further requested internal or external reviews on staff training and service performance.

Our broad and open-ended requests aimed to encourage responses indicating local government impact in their own words, whilst also revealing how these services are evaluated.

Key FOI findings (2018–2022)

There was no universal approach to drug education and support. In England and Wales, benzodiazepines were treated particularly inconsistently. Some council responses were extremely comprehensive with up-to-date harm reduction approaches. However, many approaches appeared both outdated and narrow in their scope, lacking nuance between substances and their effects, instead emphasising disciplinary action. We encourage further analysis of these council approaches to help understand what successful drug education entails, and where local government may be falling short of expectations.

A lack of review system for drug education and support services. Responding councils often failed to demonstrate any form of external or internal performance review to analyse the success of their drug education services and staff training. Without this, it is unclear how councils are measuring the impact of their support and education.

Inconsistent information governance in public services. Our database demonstrates disparities within the collection and availability of benzodiazepine-related information, signposting a wider problem in UK information governance. Quantitative data on benzodiazepine use was largely inaccessible within the NHS, perhaps indicating a need to review the healthcare classification system and its accessibility to the public.

Outsourced drug education and support services. Many councils provide limited content or guidance themselves, preferring to hand this over to third-party commissioned drug education from charities and private institution. As an emerging alternative to council-led drug education, it would be useful for research to be conducted to review the efficacy of substance use programmes delivered across schools and colleges

Recommendations

Include prescription medications such as benzos in harm reduction-focused drug education curricula. Secondary schools are key distribution points for drug education for young people. We are calling for drug curricula written in collaboration with young people, for young people. Drug education reform should focus on empowering people through unbiased knowledge, reducing the harms associated with problematic drug use, and addressing the link to mental health and trauma.

Adopt a nationwide approach to benzo prescription and tapering. Our research report and FOI data both show a lack of universal approach to benzo management in the NHS. We recommend that healthcare providers be more informed about the risks associated with long-term benzo prescriptions, communicate these risks with patients, and utilise a standardised best practice (based on Ashton Manual, 2002) when tapering the medication. The same should be applied to those seeking help with one's benzo addiction, ensuring vulnerable young people are not tapering with adulterated, illicit supply.

Remove benzodiazepines from Class C. The criminalisation of benzos in the UK and worldwide has led to an influx of 'counterfeit' benzos, including those adulterated with fentanyl. Decriminalisation of these drugs would remove the fear of prosecution when seeking medical support in the event of an overdose, thus preventing avoidable drug-related deaths.

Investigate the short and long-term effects of research benzos and polydrug combinations. The most common class of drugs combined with benzos was CNS stimulants. There is a lack of scientific understanding of how both drugs interact, potentially leading to accidental overdoses as described within our testimonies. Toxicology studies of these combinations, as well as novel benzos such as flualprazolam, should be conducted to inform overdose management and harm reduction education.

Design harm reduction and support outreach campaigns relevant to young people. Our testimonies indicated that young people engaging with nightclub cultures and certain music genres may be more prone to risky benzo use. Targeting campaigns with these demographics in mind and collaborating with relevant event promoters will help increase trust in services and reduce benzo-related deaths among young people.

Harm reduction

Start low and go slow. Different benzos can have different onset times, e.g. diazepam (Valium) can take between 20-60 mins to take effect, whereas alprazolam (Xanax) can take over 1 hour (Ashton 2007). Onset times can be impacted by factors including gender, metabolism, and whether or not you've eaten prior. If in doubt, 'start low, go slow' and always wait before re-dosing.

Avoid mixing benzos with other substances. Combined with other depressant drugs (alcohol, cannabis, opioids), the depressant effect is greatly enhanced, increasing the risk of blacking out and engaging in risk-taking behaviour (Bright et al. 2022). More serious adverse effects include breathing complications and overdose (Sun et al. 2017). Benzos taken with stimulants (e.g. cocaine, MDMA, Ritalin) can mask the effect of the other drug, which may encourage re-dosing. Stick to the initially planned dose to avoid accidental overdose.

Keep track of how much you are taking and how often. Tolerance to benzos can increase rapidly and can lead to dependence fast. Being aware of patterns of use can help avoid this.

Be aware of how to taper off safety. Coming off benzos can lead to withdrawal symptoms which can be very serious, including seizures. Try to taper under supervision of a support service, or by using the Ashton Manual (Ashton 2002).

Test street benzos. Buying illicit benzos comes with the risk of not being what you think it is. Testing your benzos gives you more control, knowing exactly what you are taking.

Our Next Steps

Benzo Research Project

Reforming drug education and support services

We are currently working with secondary drug education providers to ensure benzodiazepines are included, and the information is evidence-based and focused on harm reduction. The findings and recommendations from our report have also been incorporated into harm reduction staff training within NGOs such as Crew 2000 and Cranstoun.

Changing public perception of drug use

Our team are in discussions with journalists to share our findings to the general public, through newspaper articles, evening news pieces, and documentaries. We want to ensure people who use drugs are no longer demonised in the media, and instead bring awareness to the broken education and support services which are failing young people. To see where we've been featured, go to Our Website > Project Updates > Impact.

Developing new harm reduction tools

Our research team has discussed our findings with the Sojourns Inc. Sojourns is an application for planning, tracking and analysing drug experiences. By encouraging reflection and spotting the signs of problematic use early on, we hope Sojourns will help prevent young people from developing benzo addiction.

Passing on the baton

As we are an independent, voluntary project, we recognise the limitations to the changes we can make alone. Therefore, our aim is to pass on our findings to larger organisations with the power and resources to put our recommendations into action. If you would like to pick up the baton, get in touch at hello@brp.org.uk.

Partners

A huge thank you to all our partner organisations, who have been key to the success of our project – from data collection to media training, and translating our findings into real-world harm reduction practice!

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